

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



BOARD MEETING

**Friday 13 December 2013
10.00am**

**West Coast Regional Council
388 Main South Road
GREYMOUTH**

ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

Paul McCormack (Chair)
Peter Ballantyne (Deputy Chair)
Kevin Brown
Helen Gillespie
Michelle Lomax
Peter Neame
Sharon Pugh
Elinor Stratford
Joseph Thomas
John Vaile
Susan Wallace

Executive Support

Mary Gordon (*Acting 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*)
Mark Newsome (*General Manager, Grey/Westland*)
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 West Coast Regional Council, Greymouth
Friday 13 December 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 ▪ 22 October 2013	
3.	Carried Forward/Action List Items	
REPORTS		10.15am
4.	Chair's Update (Verbal Update)	Dr Paul McCormack <i>Chairman</i> 10.15am – 10.25am
5.	Chief Executive's Update	Michael Frampton <i>Programme Director</i> 10.25am – 10.40am
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> 10.40am – 10.50am
7.	Finance Report	Justine White <i>General Manager, Finance</i> 10.50am – 11.00am
8.	Maori Health Quarterly Update	Gary Coghlan <i>General Manager, Maori Health</i> 11.00am – 11.20am
9.	2013/14 Health Targets Quarter 1	Michael Frampton <i>Programme Director</i> 11.20am – 11.30am
10.	Proposed 2014 Meeting Schedule	11.30am – 11.40am

11. Report from Committee Meetings

- | | | |
|---|--|-------------------|
| - CPH&DSAC
28 November 2013 | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | 11.40am – 11.50am |
| - Hospital Advisory Committee
28 November 2013 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 11.50am – 12noon |
| - Tatau Pomanau Advisory Group
27 November 2013
Verbal Update | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | 12noon – 12.10pm |

12. Resolution to Exclude the Public

Board Secretariat 12.10pm

INFORMATION ITEMS

- Confirmed Minutes
 - CPH&DSAC Meeting – 10 October 2013
 - HAC Meeting – 10 October 2013

ESTIMATED FINISH TIME

12.10pm

NEXT MEETING

To be Confirmed

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 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"> Member, 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
Helen Gillespie	<ul style="list-style-type: none"> Peer Support Counsellor, Mum 4 Mum Employee, DOC
Michelle Lomax	<ul style="list-style-type: none"> To be advised at meeting
Peter Neame	<ul style="list-style-type: none"> To be advised at meeting
Sharon Pugh	<ul style="list-style-type: none"> Shareholder, New River Bluegums Bed & Breakfast Chair, Greymouth Business & Promotions Association
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, Grey/Westland district 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 Resource Centre, Queenstown/West Coast Elected Member, Arthritis New Zealand, Southern Regional Liaison Group

Joseph Thomas	<ul style="list-style-type: none"> • To be advised at meeting
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"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • 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 25 October 2013 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from Dr Paul McCormack.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Karyn Kelly (Director of Nursing & Midwifery); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Acting Chair advised that due to weather, flights from Christchurch had been cancelled so the Chief Executive and Health & Disability Commissioner would not be able to attend the meeting.

Susan Wallace led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

- Elinor Stratford asked that the following amendments be made to the wording of her interests:
 - Trustee, Disability “Resource” Centre, Queenstown/West Coast.
- Sharon Pugh advised that she is now “Chair” of the Grey Business Promotions Association.

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 (42/13)

(Moved Doug Truman/seconded Mary Molloy - 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 13 September 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. ACTING CHAIR'S UPDATE

The Acting Chair congratulated those elected in the DHB elections and passed thanks to Doug Truman & Mary Molloy who had been unsuccessful in their bid for re-election for their work on the Board and Committees over their time on the Board. He advised he had spoken to both new elected members and the Board noted that appointments by the Minister are still awaited.

South Island Alliance Meeting

The Acting Chair advised that the South Island Alliance is working well and understands that the Alliance in the North Island is also working well. He added that Minister Turia had attended the meeting and discussion took place around Whanau Ora in DHBs. The Board noted that the focus of Whanau Ora is to provide more independence and assist families to do this. Minister Turia commented that she had appreciated the meetings organised for her on her visit to the West Coast.

Facilities Business Case

The Acting Chair advised that he had attended two meetings of the Partnership Group and it was evident that an immense amount of work is going into the facilities development.

Visit by South Island Chair's to Auckland

The Minister of Health had requested South Island Chairs to visit Auckland DHBs and a day was spent looking at the Auckland DHB and also Waitemata DHB.

Resolution (43/13)

(Moved Peter Ballantyne/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Acting Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

In the absence of the Chief Executive, Michael Frampton, Programme Director, presented this report which was taken as read.

Mr Frampton highlighted the following:

- A lot of work continues in Primary Care and in terms of our partnership with Better Health. A Better Health recruitment specialist has commented which will focus of course on recruitment. Practice Managers have now been appointed into GP Services.
- District Community Nursing Teams are working really hard which indicates that we are providing more care closer to people's homes as we move closer to a flexible working model.
- There has been a lot of media coverage in the last six weeks in relation to Reefton and Mr Frampton advised that he had met with all Reefton staff a few weeks ago to talk to them about the unhelpful media speculation.
- Mr Frampton commented that Board members would recall from the last meeting that there had been three resignations in Reefton in a short time and he advised that he is heartened by the amount of applicants for these positions. He added that we can now be really clear that there is roster cover through until the end of the year.
- In response to a query regarding GP cover Mr Frampton commented that this remains a challenge in Reefton (as it is elsewhere) and the focus is not just on GPs but on the whole of the

clinical team.

- He drew members attention pages 4 & 5 which provides an extensive update of the position regarding work being undertaken on our facilities.
- In terms of the new facilities a tremendous amount of work is taking place. Design teams from CCM Architects and SKM Planners were here for the best part of last week and will be meeting with staff over the next seven weeks to develop initial concept design plans.

A query was made regarding consumer input and the Board noted that the next round of workshops will include consultation with the Consumer Council and careful consideration is being given to how engagement will take place with iwi and the rest of the community.

Discussion took place regarding the intention in Buller and the importance of community involvement sooner rather than later.

- In regard to Maternity Services the Board noted that the summary report has been released and regular conversations were taking place with staff in Buller around the evolving model of care. Transport arrangements are also being considered.
- Mr Frampton commented that work is continuing with engaging the community and he agreed that more of this needs to take place in the Buller area.

The Acting Chair commented that the new reporting is really good and a credit to management.

Resolution (44/13)

(Moved Helen Gillespie/seconded Susan Wallace – carried)

That the Board:

- i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery spoke to this report, which was taken as read.

Ms Kelly commented in particular about the 2014 Nursing Entry Programme and the large number who have indicated the West Coast as their first preference.

The Board noted that Stella Ward, Executive Director, Allied Health, has been appointed to the Board of Health Workforce New Zealand.

Resolution (45/13)

(Moved Sharon Pugh/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Clinical Advisor's updates.

7. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for August 2013 which was taken as read. She commented that the first forecast submitted to the Ministry of Health at the end of September is that we will be on budget at year end.

The Board noted that management are still working hard around the cost of resources.

Resolution (46/13)

(Moved Helen Gillespie/seconded Doug Truman – carried)

That the Board:

- i. notes the financial result for the period ended 31 August 2013.

8. PROPOSED MEETING SCHEDULE

There was no discussion regarding the meeting schedule.

Resolution (47/13)

(Moved John Vaile/seconded Kevin Brown – carried)

That the Board:

- i. Confirms support for the proposed schedule of meetings for 2014;
- ii. Notes that in terms with the West Coast DHB Standing Orders (Clause 1.6.4) a formal resolution will be required from the incoming Board in December 2013 to adopt a meeting schedule for 2014;
- iii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

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 10 October 2013. She commented in particular regarding the Hepatitis outbreak in Ashburton and the assurance from Community & Public Health that should this take place on the West Coast that they are well prepared to deal with it.

The update was noted

- b. Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 10 October 2013. She commented in particular regarding the discussion that had taken place around patients attending the Emergency Department who may have been able to see a GP. Michael Frampton., Programme Director, commented that this is one of the things that has been a long standing challenge in Primary Care and improving access to these services should reduce these presentations.

The update was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (48/13)

(Moved Susan Wallace/seconded Doug Truman – 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, 4, 5, 6, 7, 8 & 9 and the information items contained in the report. Item 3 is cancelled due to air travel being cancelled.
- 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.	Facilities Briefing	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	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)
5.	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)
6.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7	IEA Salary Review	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)
8.	Supply of Consumable Products	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Advisory Committee – Public Excluded Updates	For the reasons given in the Committee agendas	

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

There being no further business the public open section of the meeting closed at 11.00am.

The Public Excluded section of the meeting commenced at 11.15am and concluded at 12.30pm

Peter Ballantyne, Acting Chair

Date

TO: Chair and Members
West Coast District Health Board

SOURCE: Programme Director

DATE: 13 December 2013

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

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 is organised around the key organisational priorities that drive the Board and Executive Management Team's [EMT] work programmes. Its content is focused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.

 	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY
---	---

A: Reinvigorate the West Coast Alliance

- **Alliance Leadership Team [ALT]:** The West Coast ALT [which governs the West Coast Health Alliance], continues to provide clinical leadership and governance across all six Alliance workstreams, being [1] *Health of Older Persons*; [2] *Child and Youth*; [3] *Healthy West Coast* [public health and nutrition]; [4] *Grey and Westland Integrated Family Health Service* [IFHS]; [5] *Buller Integrated Family Health Service* [IFHS]; and [6] *Pharmacy*. Particular highlights in the period under review include:
 - *Healthy West Coast*: \$60,000 has been endorsed to be shared between three public health projects; Te Whare Oranga Pai [a physical health and healthy eating programme delivered in Hokitika], the “Appetite for Life” programme, and the provision of a part time Community Nutritionist.
 - *Child and Youth*: A number of recommendations have been endorsed regarding improvement to immunisation programmes for the Coast to improve the sustainability of achieving our Health Targets.
 - *Grey / Buller IFHS*: Achievements noted below
 - *Health of Older Persons*: An update on the progress toward implementation of the Complex Clinical Care Network [CCCN] is provided below.

-
- *Pharmacy*: An initial meeting has been held with representatives of both community pharmacies in Grey in relation to their participation in the Grey Integrated Family Health Centre.
 - ALT continues to support the review and development of new and existing *Health Pathways*, the online resource for health professionals in Primary Care.
 - The **Poutini Waiora** Kaupapa nurses have been provided with training in local Medtech systems across the Coast and the one new graduate will be joining the DHB NEtP [Nursing Entry to Practice] programme.
 - **Alliance Support**: The Alliance Coordinator is supporting the facilities design workstreams for both the Grey and Buller Integrated Family Health Centres. Alongside this, additional capacity has been recruited into the Planning and Funding team to support Alliance activity.
 - **Health Equity**: Work is being done across the workstreams to better address Maori Health equity and to embed the Maori Health Plan into the six workstreams' work plans and reporting requirements.
 - **Reporting**: It is intended that a quarterly report be provided to the Community and Public Health / Disability Support Advisory Committee [CPHAC / DSAC], summarising key achievements in relation to each workstream. It is expected that this report, organised by workstream, will be available for the first CPHAC / DSAC meeting of 2014.

B: Build Primary and Community Capacity and Capability

Primary

- *Better Health* continue to make progress against its workplan. All four Practice Managers have now been recruited into DHB-owned practices in Buller, Reefton, Greymouth and South Westland, and are working within the Better Health practice management framework. This team is being supported with ongoing training through Better Health.
- Each practice has reviewed its use of Medtech, and income is now reconciled with Xero [accounting software] reporting, with income accounts reported in full in Xero and reconciled with DHB budgets.
- GP recruitment continues following service sizing at each practice to understand Full Time Equivalent [FTE] GP requirements.
- The Practice Clinical Nurse Manager [CNM] role in Buller has been filled and the Greymouth CNM role is soon to be advertised. We also expect to be back to full practice nurse FTE in Buller by January.

Community

- In Q1 [July – September 2013], our *B4 School* checks team performed well, exceeding the national target. The *B4 School* checks programme provides a comprehensive health and wellbeing assessment for children prior to their enrolment in primary school.
- As a result, the service has received a small amount of additional funding which will be used to support the 'one stop shop' delivery of this service. The 'one stop shop' ensures eligible children have all of their checks completed by the one health care professional at one visit. Traditionally, checks were delivered by multiple appointments, and often by different providers.

Greymouth and Hokitika

- Greymouth and Hokitika District Nursing services are fully staffed. Work continues to further develop a strong team approach across home-based support and District Nursing Services.

- 2014 will see the introduction of a new graduate nurse position within the public health nursing team. This is a new innovation and seeks to increase capacity and improve sustainability of this service.
- We continue to have ongoing difficulty recruiting a dental therapist for preschool and school aged children. A service plan is in place to ensure the most equitable service is provided across the Coast within this constraint. Alongside this is an emergency pathway for urgent referrals to ensure children with an identified problem receive priority care. In addition, the DHB has commissioned a clinically-led review of oral health services on the West Coast. This review is underway, and the associated review report is expected in early 2014.

Reefton

- Only one registered nurse [RN] vacancy remains at Reefton with recruitment continuing. The roster is now fully covered with casual RNs assisting until the final vacancy is filled.
- The district nursing team in Reefton is looking forward to having a new graduate nurse next year for 6 months. This new graduate will also have a six month placement working in the medical centre as a practice nurse. This is a new placement for the *Entry to Practice* programme and reflects the focus on developing a robust community-based service with well supported and competent nursing teams.
- The fourth Rural Nurse Specialist [RNS] is currently completing the orientation programme; this team will then be able to provide the on call service [Primary Response in Medical Emergencies – PRIME] on a 24/7 basis. This will ensure GPs will be able to focus on the complex presentations during the week.
- Following a recent visit from Annette King and Damien O'Connor, a community health group will be established in Reefton. This group will include DHB representatives.

Buller

- District nursing is currently short-staffed as a result of long term sick leave. Innovative solutions for this - and for responding to increased demand - include a new role that integrates home-based support with district nursing. A working group is being established to quantify demand and to explore options for reducing paperwork and for the place of enrolled nursing in the team.
- We are currently recruiting into the cardio-respiratory Clinical Nurse Specialist [CNS] role, and the CNM role for aged residential care.

South Westland Area Practice

- Recruitment is already underway to replace three RNS's who - for a variety of personal, family and career reasons - have resigned. These nurses are currently located at Haast, Fox and Whataroa. As part of our recruitment, we will be advertising one of these positions as either an RNS or a Nurse Practitioner [NP].
- One of our RNS staff in South Westland has agreed to be the neonatal outreach nurse to support families whose child is discharged back to the community from a neonatal unit. This nurse is our resident casual RNS based in Whataroa and has a background from the Neonatal Intensive Care Unit in Waikato. The framework for this service will replicate the model in Westport.

C: Implement the Maori Health Plan

Health scholarships

- The WCDHB has awarded 20 scholarships of \$500 and four studentships of \$5,000 for the 2013 academic year.
- The scholarships are offered to students pursuing undergraduate health-related careers at a

New Zealand University or Polytechnic. At least five scholarships per annum are available to students with Maori or Pacific Island whakapapa, and three Maori and one Pacific Island person have been successful

- The studentships are offered to applicants at the end of their study at either a Polytechnic or University in a clinical speciality. The work placement occurs between November 2013 and February 2014, targeting research, primary care, Maori Health, and secondary services. One studentship is available to students with Maori or Pacific Island whakapapa, and one Maori student has received a studentship for this summer.
- We have referred the successful candidates on to Mokowhiti to ensure that they receive the support and assistance available to them through the *Kia ora Hauora* [“Welcome to Health”] programme.

Pacific Island Whanau

- The Pacific Island community on the West Coast is steadily growing, particularly in the Greymouth area. Initial scoping is underway to see how we can support our Pacific Island families through the West Coast health system.

Poutini Waioara

- On 16 November, Rata Te Awhina Trust re-launched itself as Poutini Waioara. This is an exciting development for Maori health and social services on Te Tai O Poutini, as it signifies a change in direction with a stronger focus on working collaboratively across the West Coast health system to improve the health and wellbeing of West Coast Maori.
- It was pleasing to see such a good turnout of support from the community and the WCDHB at the launch event in Hokitika.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

Grey Hospital

- The works for the cable replacement and switchboard installation are now well underway and due for completion by 20 December 2013. Communication is ongoing with the departmental staff as much of the changeover work is invasive. Mechanical and electrical engineers are now regularly on site at Greymouth overseeing this work. The major switchboard was delivered to site on 3 December.
- Work is progressing on the boiler surveys with one due for completion prior to Christmas and the next one due in late January 2014.

Buller Hospital

- Work is ongoing around fire separation to ensure the site complies with its ongoing BWOE requirements.

Reefton

- Repairs are underway to the kitchen floor area and modifications are complete to the site generator to convert it to automatic start on mains failure.

General

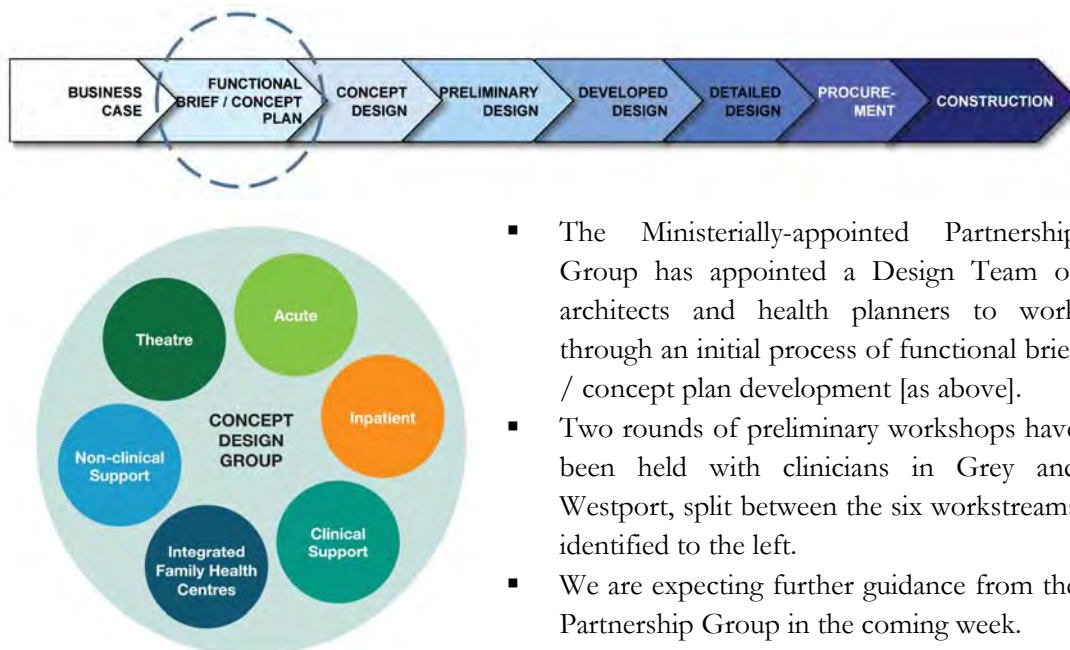
- The Facilities Manager has resigned and his role is currently being re-evaluated. An initiative is underway to improve team work and future working relationships both within the department and with other areas. Actions have been taken to rationalise work flow via the onsite maintenance management system [BEIMS], with weekly reports in place showing

performance levels for individual trades.

Areas of focus

- The electrical upgrade at Grey Hospital is a highly important project and will require meticulous planning to ensure minimum disruption to operational sites. There is a lot of time and effort being devoted to ensuring this project runs smoothly. This project is due for completion prior to Christmas and will mitigate a lot of electrical failure risk for the site.
- The structural defects on the boilerhouse and chimney stack still present a risk for anyone entering the building. The building is only 9% of IL3 and has been identified as earthquake prone. The chimney stack in particular needs to come down as a high priority and Site Redevelopment is currently working on this project. A safety plan has been agreed regarding the necessary boiler survey work and this is now well underway.
- Focus is also 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.
- Additionally time will need to be spent in formulating an asset management plan, taking on board the intention of the facilities master planning for the 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.
- Contracts for service are being aligned between CDHB and WCDHB where possible, to ensure one overall system is in place for both DHBs.
- There has been some input into the proposed new facilities development at Greymouth and Buller.

B: Facilities Case Update



- The Ministerially-appointed Partnership Group has appointed a Design Team of architects and health planners to work through an initial process of functional brief / concept plan development [as above].
- Two rounds of preliminary workshops have been held with clinicians in Grey and Westport, split between the six workstreams identified to the left.
- We are expecting further guidance from the Partnership Group in the coming week.



A: Hospital Services [including Secondary Mental Health Services]

Workforce Update

- ***Nursing Recruitment and Retention at Grey Hospital:*** Recruitment continues for the Emergency Department, where we are seeking experienced registered nurses. Appointments have been made for vacancies in Barclay and Morice Wards. Orientation continues for an additional two casual Duty Nurse Managers. The *Trendcare Coordinator* position is being re-advertised due to the withdrawal of the applicant. In addition, a review is currently underway of nursing and midwifery FTE that best reflects our current workforce needs. Finally, we have accepted the resignation of the Nurse Manager – Clinical Services, who has accepted a role with Mid Central DHB. Given the appointment of the GM Grey | Westland and our service integration priorities, we will consider replacement of the Nurse Manager – Clinical Services role in the context of our commitment to locality-based health service provision across all services.
- ***Maternity Services:*** The *Model of Care* work continues with both the Buller and Grey teams, following the release of the West Coast Maternity Services Review 2013. Consultation continues with the sole DHB employed midwife in Buller, in particular in relation to on-call arrangements. It is anticipated that formal consultation will begin in early December. Recruitment continues for both locum and core midwifery cover in Greymouth.
- ***Careerforce / DHB pilot programme:*** The Careerforce/DHB pilot programme for training allied health assistants is continuing. Into the future, rehabilitation assistants who currently assist with either occupational therapy or physiotherapy will work across Allied Health therapy services, not just one or the other. This means that, once qualified, instead of sending two people to follow up on a patient we will be able to send one person.
- ***Physiotherapy:*** Approval has been given to increase the staffing levels locally to provide a solution for Buller area physiotherapy.
- ***Industrial Relations:*** Bargaining has been initiated from PSA representing South Island Clerical Workers and negotiations have commenced. Bargaining with the RDA representing Resident Doctors has been deferred until 2014 whilst a national group works on a number of agreed and identified projects. An offer of settlement to Medical Radiation Technologists is currently in the ratification process.

Elective Services Patient Indicators [ESPI] Compliance

- ESPI Compliance was met for the months of August and September. The preliminary results for October indicate that compliance will be met for this month also.
- All DHBs are expected to maintain waiting times for both ESPI 2 and ESPI 5 to a maximum of five months [150 days] throughout the 2013/14 year.

Quality

- **Health Quality & Safety Commission [HQSC] National Patient Safety Project - Open for Better Care Launched:** The West Coast DHB launched *Open for Better Care* at Grey Base Hospital on Thursday 7 November. The HQSC's four prime focus areas are:
 - Falls Prevention

- Medication Errors
- Surgical Site Infections
- Peri-operative Harm

Open for Better Care was launched nationally with the first focus on fall prevention. Recently surgical site infection was launched. The promotion raises awareness of the campaign and to promote simple interventions to reduce surgical site infection including what patients themselves can do.

- **CLAB [Central line associated bacterium]:** As of 4 November 2013, the West Coast DHB has been 467 days CLAB free. Work has been undertaken on the compliance with the maintenance bundle and we have managed 100% compliance several times during the past month.
- **Home and Community Support Sector Standards:** The Home and Community Support Sector Standards audit report has been received. Auditors commented on the comprehensive quality processes in place, and the real benefit from having quality coordinators working alongside staff at service level. The West Coast DHB is leading the field and other DHBs are looking to the West Coast for resources.
- **Quality Accounts:** The DHB is preparing its first set of quality accounts, providing a snapshot of how our health system is meeting the health needs of our community.

Mental Health Services

Changes to Contract for Residential Provider

- The only provider of supported accommodation on the West Coast - PACT - has recently changed from being funded on a beds basis to an FTE basis. PACT was originally established 13 years ago following the closure of Seaview Hospital, and was intended to provide long term 'home for life' care for 22 residents exiting Seaview. Over the years this client group has diminished, but PACT's ability to meet the needs of the younger clients in the MHS requiring long term or high levels of support has been compromised by the need to mix their needs with the remaining home for life group. This change to an FTE model has enabled greater flexibility for PACT to provide a wider range of supported accommodation and outreach services, and an opportunity to work more collaboratively with the MHS to provide support for these clients.



DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

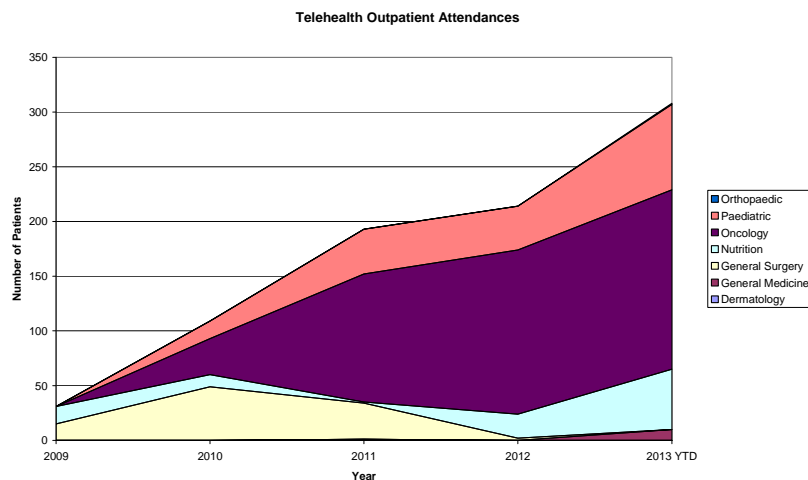
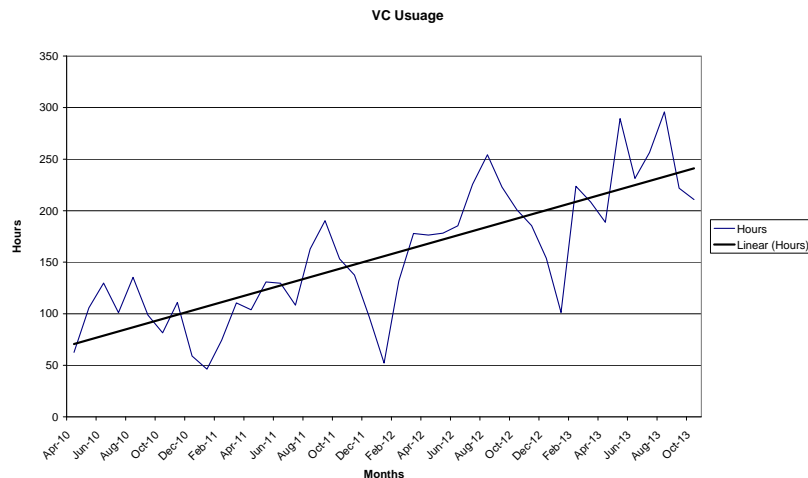
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- The voluntary Red Cross Buller Community Transport service is continuing to run on a regular basis, Monday to Friday with Saturdays added when required. The West Coast DHB is in discussions with Red Cross to formally support and continue the current service.
- Further work is being undertaken on the proposal to supply chartered flights between Greymouth and Christchurch to support patient and staff transport within the Transalpine framework. This follows consideration of value for money as part of the overall evaluation and due diligence process.

- Negotiations are still continuing with St John as part of a South Island wide joint DHB approach for the provision of unplanned patient transport services.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.
- Plastic surgery is now planning to book patients into Telehealth clinics run from Greymouth. Fox Glacier now has improved network capacity allowing Telehealth at a good quality.
- John Garret [Paediatrician] and Miles Roper [Chief Information Officer] are involved with a videoconferencing working group, to help improve interoperability with different vendors. This is a subgroup of the New Zealand Telehealth Forum which is chaired by John Garret.



INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- The CCCN continues to develop. Ongoing training in the form of fortnightly peer review sessions has commenced with a strong focus on restorative goal-setting for clients. These review sessions aim to promote integrated and collaborative care for the clients involved. Representatives from the CCCN, *Access Home Health*, *Coasters*, and Planning and Funding are

present.

- Into the future, we are planning to manage complex patient caseloads by classifying clients based upon the severity and complexity of their needs. This will then be reflected in a funding model that drives resourcing decisions. Up to 10 less-complex clients will be piloted with each homecare provider above [*Access Home Health, Coasters*] to identify and solve process problems.
- Currently, the CCCN is piloting a change in the way it delivers home-based support services. Under this new model, clients are assessed using a comprehensive assessment tool [*InterRAI* – explained below], and an individual goal-based care plan is developed with the client. This model allows for care to be flexed up or down to meet the changing needs of each client. This will also allow a rapid response and a supported discharge. This initiative, while in its infancy, is designed to:
 - prevent hospital admission from ED through the provision of a responsive assessment and community support service;
 - Provide appropriate seven-day support for patients on discharge from ED until self-care can be re-established, with the assistance of normal service provisions; and
 - provide and improve the smooth transfer of clients from ED to the community by identifying and resolving issues as and when they arise.
- InterRAI is an international collaborative that aims to improve the quality of life of vulnerable persons through a comprehensive assessment system. It is designed to assist staff to assess the medical, rehabilitation and support requirements of the older person to enable them to remain in their own home for as long as possible. This tool will improve the assessment experience and outcomes for older people by identifying what help and support people require against a number of factors including vision, continence, and nutrition and health prevention.

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

- Work has progressed to physically co-locate Poutini Waioara onto the Buller premises and this is due to take place in December.
- Following the allocation of project resource to this workstream, a workplan of key activity is under development ready for endorsement by the Alliance Leadership Team [ALT].
- Membership of the workstream is being clarified following the recent work carried out by clinicians towards concept design planning for the Integrated Family Health Centre build in Westport.

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

- Recent planning discussions for the Integrated Family Health Centre have identified the space requirements for services to be physically co-located in the new IFHC facility. The workstream, which is being formed based on this group, will continue to work through this and define the *best for patient, best for system* solution.

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

- Three of the four West Coast pharmacies offered have accepted DHB support for working regularly in general practice to assist with the medicines-related care of complex patients.
- Links between community pharmacy and the CCCN are forming with pharmacists becoming involved in interdisciplinary team discussions on an informal basis. Work is continuing to

formalise the processes around pharmacy and the CCCN.

	BUILDING CAPACITY TO TRANSFORM THE SYSTEM
---	--

A: Live Within our Financial Means

- The consolidated result for the year to date ending October 2013 is a deficit of \$0.207m which is \$0.011m favourable against the budgeted deficit of \$0.218m. The year to date position is now \$0.008m unfavourable.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	0	(1)	1	0	(6)	6
Funder Arm	(152)	(62)	(90)	10	(226)	236
Provider Arm	(55)	(155)	100	(967)	(733)	(234)
Consolidated Result	(207)	(218)	11	(957)	(965)	8

B: Implement Employee Engagement and Performance Management Processes

- A Health and Safety Management Plan has been put in place that covers staff and individual contractors in terms of safe access and emergency planning across all sites and locations.
- Work is continuing with the maintenance and engineering teams to ensure a compliant and smooth process for surveying the boiler. Advice was sought from the Ministry of Business, Innovation and Employment Worksafe inspectors to ensure that we are compliant with legislation.
- Implementation of the online performance management tool has been requested by EMT to commence April/May 2014, following the appointment and settling in period of the new General Manager.
- Our Canterbury based recruitment team has recently spent time on the Coast delivering training to hiring managers and emphasising the importance of providing timely responses and exceptional service to candidates.
- The IEA remuneration review process for 2013/14 has been completed, with all staff shortly to be informed of the grade outcomes of their job evaluation and remuneration around a grade midpoint.
- Approval has been provided for the implementation of the Learning and Development Calendar for 2014. Since September, 275 people have participated in the core curriculum with 103 staff and 39 managers attending training on 'Having the Courage to Act' and 'Dealing with Difficult Situations' in 2013.
- Negotiations with APEX representing IT workers are progressing without the need for further industrial action

C: Effective Clinical Information Systems

Clinical Information System Business Case

- The Clinical Information system *Health Connect South* project has now been completed. A post implementation review of the Mental Health Solution has occurred and been distributed to relevant stakeholders. Of note, the Mental Health Solution has been included as an innovation project at the Health Informatics New Zealand conference [HINZ]. A number of

other DHBs are also highly interested in the solution, with some likely to implement it next year.

eReferrals Project

- A kick off meeting has been held for stage two. The scope will only be the Central Booking Office [CBU] at this stage, with other departments to follow next year. Planning for go live of the CBU is early December.

Maternity Systems

- WCDHB doesn't currently have an electronic maternity information system. A temporary data capture system using a spreadsheet has been found to be the best option for reporting on the new maternity quality indicators. In 2014, WCDHB is planning to implement the National Maternity system which will enhance our ability to report on the new maternity quality indicators.

eSign Off

- The eSign off business case has been approved. This will allow electronic sign-off by clinicians of hospital-ordered pathology and radiology tests. Planning for implementing this system is in progress with Christchurch Health Laboratories.

Windows XP replacement

- All DHBs need to have replaced or provided risk mitigation strategies for any Windows XP desktops in their organisation by April 2014. IT currently has this as one of its highest priorities and is in the process of building the replacement equipment/software to achieve this.

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

Implementing a Grassroots Strategy

- The grassroots strategy is proving to be very successful. The idea of this strategy is to share information with community organisations from the ground up. The strategy has targeted key groups across the West Coast with the goal of the DHB's messages spreading to larger audiences. This is happening as evidenced by organisations now seeking out DHB representatives to speak at local meetings, and positive feedback on the delivery and content of the presentations.
- Last month meetings were held with the Franz Josef Community Association and Inangahua Community Board.
- Upcoming meetings include Whataroa Community Association and the Inangahua Community Board. Meetings will also be extended to Buller, Hokitika and Karamea.
- 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.

Other External Communications

- Healthy West Coast's [DHB, PHO, Poutini Waiora and Community & Public Health] community newsletter *Report to the Community* will be distributed to over 15,000 Coasters via the West Coast Messenger. It will also be sent to all GP practices and other public areas across the Coast. Copies are sent to key stakeholders with a letter from the chief executive and a pdf copy will be sent to over 100 people on the grassroots database. In this issue, one of the items we are informing the community about is the Complex Clinical Care Network [CCCN] and introducing Dr Michelle Dhanak, the community geriatrician for the CCCN. We also introduce the role of public health nurses and the different ways they can help people. Informing the community about the various health services available to them across

the Coast is an important part of the work Healthy West Coast does.

- The National Travel Assistance programme brochure is being printed and will be distributed this week. A communications plan will accompany the release of the brochure.

Internal Communications

- The Internal Communications Advisory Panel has met four times, with one final meeting scheduled for this year. These meetings are providing the communications team with valuable 'grass roots' information which is shaping current internal communications initiatives.
- Internal grassroots staff meetings have been held in:
 - South Westland
 - Buller
 - Reefton
 - Greymouth
 - Meeting being organised for staff based in Hokitika
- The weekly CE update continues to be a strategic document, giving staff and other stakeholder's first-hand information about initiatives and change occurring across the West Coast health system.

Proactive Media Relations

- Sharing proactive positive stories with the media continues, with West Coast and other 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.
- The communications team has been busy this month working with the new facilities design team and helping to co-ordinate meetings.
- Proactive stories released to the media and reported this month include:
 - **Full steam ahead for new West Coast health facilities** – design team appointed – story updating the community about the appointment of the design team who are working on the concept design phase.
 - **Design team meet West Coast staff to progress initial concept design phase for facilities development** - story updating the community on the progress of the facilities development and the role of staff consultation.
 - **An opinion piece by David Meates** – emphasising the importance of the West Coast DHB's relationships with the Canterbury DHB.
 - **Musculoskeletal service now available on the West Coast** - story informing Coasters of this new service.
 - **Students get a flavour of rural medicine** – story profiling three RMOs and their experience working on the Coast.
 - **DHB confirms consultation with Buller community in the New Year** – story reassuring the Buller community that they will have an opportunity to input into the way in which aged care services are provided in Buller in the New Year.
 - **Making our Hospitals Safer** – a media briefing was arranged with key journalists to meet with them and provide context and background regarding the increase in serious adverse events occurring at the West Coast DHB.

Reactive Media Relations

- Issues commented on this month included comments on:
 - Bed numbers in the proposed Buller IFHC
 - Further maternity questions

- Questions relating to the facilities redevelopment
- Further comments on particular serious adverse events
- Comment on the insulation programme and announcement that the final homes in the programme were to be insulated



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

West Coast teams lead the way in the Wellbeing Game

- The Wellbeing Game finished on Sunday 3 November with two West Coast teams topping the wellbeing charts. SPK Koffie Group, representing Solid Energy - Spring Creek finished in pole position nationally, and West is Best from Community and Public Health were the Top Teams with over 10 players. Between them these two teams logged nearly 2,000 hours of positive action. 252 teams played the game nationally with 20 teams from the West Coast taking part. Teams were from various workplaces and schools, including Stockton Alliance, Buller High School, Grey District Council, Kokatahi-Kowhitirangi School, KiwiRail and the West Coast District Health Board. The Wellbeing Game was promoted widely around the Coast by CPH.

Grey New Food Growers Gardening Group and Fruit Trees at Uniting Church

- CPH has worked with the Uniting Church to plant apple trees on the front lawn of the church to promote the growing of edible vegetation in public spaces and encourage people to think about growing more produce locally. Once grown, the apples will be distributed to people in need via the church and/or the Salvation Army. CPH is also working with New Coasters to support local food production. The New Food Gardeners Group was set up in October with members visiting three gardens to view and get ideas from the garden owner. The members have also swapped seedlings, seeds and ideas about what else they would like the group to do to support each other to grow food.

The Westland Wilderness Trail Opened






- CPH has been involved in the development of the Westland Wilderness Trail [the Trail], through its involvement in the West Coastal Pathway section that makes up the northern end of the Trail. The trail will officially open on November the 23rd. CPH has supported the development of both the Pathway section and the longer Trail as a means to encourage safe active transport and recreation, develop community capital and create opportunities for economic development. We have provided input into the planning stages, coordinated community clean-up and planting days and submitted our support for a 'clip-on' on the Taramakau Bridge to minimise safety issues for walkers and cyclists.


Health Promoting Schools

- CPH's Health Promoting Schools initiative partnered with Runanga School, WestReap and Nurturing the Future: The Hub to bring Celia Lashlie, well known speaker and author, to Runanga to speak to parents. This was in response to the school identifying the need for increased parental involvement [especially dads] in students' learning as one way to improve their educational and social outcomes. Celia's presentation focused on 'Growing Gorgeous Boys into Good Men.' Approximately 90 people attended (mostly from Runanga and Cobden) and just under half were men. Celia used a humorous style to deliver a serious

message. After her talk, she was approached by several parents wanting to discuss their own situations while the remainder stayed to enjoy the light supper provided by the school and to talk about the messages they'd heard. The formal and informal feedback was very positive, as this comment from one attendee illustrates, *'Learning to acknowledge the communication gaps with our boys and LAUGH more and have fun!! Thanks.'*

- CPH will also work with the school on a wider evaluation of the collective effect of the events it held during the year on student engagement, participation and achievement, especially amongst its priority learners

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES	
	<p>The West Coast DHB continues to achieve the Shorter Stays in Emergency Department Health Target, with 99.8% of people admitted or discharged within six hours during the current year to date to 31 October 2013 – well above the target of 95%.</p> <p>Furthermore, 96.7% were seen, treated and discharged within 4 hours.</p>
	<p>West Coast DHB is on track to meeting the Electives Health Target, delivering 434 confirmed elective discharges for the year to date to 30 September (just 1 case behind year-to-date target for the three months). The West Coast DHB target to deliver 1,592 elective procedures remains unchanged for 2013/14.</p>
	<p>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.</p>
	<p>The West Coast DHB did not achieve the Increased Immunisation Health Target for Quarter 1 2013/14. This target increased from 85% in the 2012/13 year to 90% in the 2013/14 year. The West Coast DHB achieved 85% fully immunised eight-month-olds with 93% NZ European and 85% Maori children fully vaccinated. This quarter also had an 8.8% opt-off and declines rate, therefore 93.8% of children were reached this quarter.</p>
	<p>In Quarter 1, West Coast DHB staff provided 93% of hospitalised smokers with smoking cessation advice and support –just five patients shy of meeting the targeted 95%.</p> <p>While small numbers continue to make the 95% target a challenge, the WCDHB is committed to achievement in future quarters. Clinical Nurse Managers (CNMs) continue to identify ‘missed’ patients and pinpoint any gaps at ward level.</p> <p>Communication between the Smokefree Services Coordinator (SSC) and the ED Clinical Nurse Manager continues, with ABC performance and staff's understanding of what is required steadily improving. The SSC will carry out an audit with ED to assess the level of progress the staff has made with implementing the ABC initiative so that their efforts can be documented and acknowledged.</p> <p>In Quarter 4 2012/13, the SSC started background work on a Nicotine Replacement Therapy (NRT) charting audit. This work has carried on during Quarter 1, and the audit showed that NRT is being prescribed at a low level on the wards. Raising awareness of the value and use of NRT on the wards is a priority, which is being promoted to staff by the SSC, the Chief Medical Officer and the Director of Nursing. Further NRT promotion will continue next quarter through the DHB in-service and CEO updates.</p>

	<p>Provisional performance against the More Heart and Diabetes Checks Health Target has shown an increase of 5.8% in the September quarter, with 64.1% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the last five years. Rates for West Coast Maori are slightly higher than our overall total population, with 66.5% having had their CVD risk assessments undertaken.</p> <p>The West Coast PHO is working on increasing the rates during this year, and has set a progress target to reach 78% for this measure by December 2013 and to achieve the national target of 90% of eligible people assessed by 30 June 2014.</p> <p>Additional funding has been received from the Ministry of Health to help support further uptake of More Heart and Diabetes checks through General Practice. Contracts for this work are currently with the West Coast PHO for signing.</p>
---	--

Report prepared by: Michael Frampton, Programme Director

CLINICAL LEADERS UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 13 December 2013

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

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

Rural Learning Centre Update

During 2013 the Rural Learning Centre (RLC) has been providing staff support for the wide range of education activities at the West Coast District Health Board.

Education and Student Statistics

West Coast DHB departments have again supported a large number of students during 2013:

Allied Health	22	Pharmacy, Pharmacy Interns, Occupational Therapy, Speech Language, Physiotherapy and Social Work students
Nursing	113	Nursing Entry to Practice Programme, Nursing New Entry to Specialist Practice (Mental Health), Nursing including District Nursing, and Community Mental Health Nursing students.
Medical	27	Rural Medical Immersion Programme (5 th Year), General Practice Rotation Programme (5 th year), Medical Psychiatric Run Grey Base (4 th Year), General Practice Education Programme, Rural Hospital Medicine Student and Trainee Intern
Total	162	

Out of the 1150 West Coast DHB staff, 30 have educator or support for educators in their Job Descriptions. These staff have coordinated over 1500 internal training events during 2013. A large proportion of this training is designed to meet professional standards.

The Rural Learning Centre (RCL) ran 244 Interprofessional sessions with 1880 attendees, this equates to an average of 5 sessions per week.

The Rural Learning Centre keeps track of many of the learning and training sessions run locally. Within WCDHB this year, over 1400 training sessions have been run, with up to 30 attendees at some sessions.

Student Scholarships and Studentships

The West Coast DHB has reinstated Student Scholarships and Studentships in 2013 for students studying a health profession.

Twenty Scholarships are for a reimbursement of \$500.00 each for students studying a health profession:

2013 Scholarship Recipients	
Frances Barber	Georgina Kioa
Lucy Barnes	Laura Mooney
Katherine Doonan	Miyuki Neufield
Jeremy Eastman	Sophie Newcombe
Nicole Friend	Ezra Ritchie
Jessie Gibbens	Holly Robinson
Rachel Glue	Shannon Solomon
Alice Green	Rachel Springer
Lochie Jennison	Bethney Teasdale
Leah Jones	Rebecca Tinney

Four Studentships are for \$5,000 for work placement between 2 December 2013 and 24 January 2014. The recipients of the West Coast DHB 2013 Studentships and Learning and Development are:

2013 Studentship Recipients
Maegan Cameron
Laura Mooney
Kate Mulholland
Bethney Teasdale

School Engagement Programme

The RLC is pleased to see the progression of students who participated in the previous Incubator School Engagement Programme with the following statistics for this year:

- One Incubator student from 2008 has been offered and accepted a place on the NetP Nursing New Graduate Programme for 2014;
- Two Incubator students are recipients of the West Coast DHB 2013 Studentship; and
- Six Incubator students are recipients of the West Coast DHB 2013 Scholarships.

One of the RLC's priorities for 2014 is to work with Learning and Development and Canterbury DHB developed programmes to reinvigorate our School Engagement Programme.

Workforce:

The Allied Health discovery report was shared with staff this month. This report is the outcome of a review of the Allied Health Services and current leadership framework across the West Coast DHB, Hospital Services and Specialist Mental Health Services. Recommendations for the future development of an Allied Health leadership framework and the design of an integrated service delivery model for patient focused care across the whole of system are proposed. The recommendations present an exciting opportunity to position Allied Health, West Coast DHB as

the national leaders in the delivery of rural health services. It is anticipated a Proposal for Change for a future leadership framework will follow the release of the Discovery report.

Quality and Safety

The Clinical Board, the Quality Team and Communications Team are preparing the West Coast DHB's Quality Accounts, and these will be completed by the end of December.

The National Patient Safety Campaign "Open for Better Care" was launched locally in November, with the support of the Health Quality and Safety Commission (HQSC). The key focus for the first part of the campaign is on falls prevention. With this in mind, a falls prevention workshop was held in November to further develop a system wide approach to falls prevention. The HQSC Clinical Lead for falls prevention will be re visiting in February to further support work underway.

A Medications Audit was undertaken at Grey Base Hospital by a Clinical Nurse Educator in October. A comprehensive report and series of recommendations were developed that have been endorsed by the senior nursing group. The purpose of this audit was to identify key areas for improvement in relation to patient safety with the reduction of medication errors.

November also saw the national release of the Serious Adverse Events report by the Health Quality and Safety Commission, with each DHB posting a summary of their serious adverse events on their website.

4. CONCLUSION

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

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

FINANCE REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance

DATE: 13 December 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 October 2013.

3. DISCUSSION

Overview of October 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 October 2013 was a deficit of \$207k, which was \$11k favourable against the budgeted deficit of \$218k. The year to date position is now \$8k unfavourable.

The breakdown of October's result is as follows.

Financial Overview for the period ending 31 October 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,640	6,875	(235)	x	27,318	27,500	(182)	x
Governance & Administration	148	181	(33)	x	631	620	11	v
Funds & Internal Eliminations	4,322	4,355	(33)	x	17,633	17,524	109	v
	11,110	11,411	(301)	x	45,582	45,644	(62)	x
EXPENSES								
Provider								
Personnel	4,148	4,447	299	v	17,316	17,104	(212)	x
Outsourced Services	648	287	(361)	x	2,267	1,705	(562)	x
Clinical Supplies	609	777	168	v	3,091	3,519	428	v
Infrastructure	912	973	61	v	3,836	3,721	(115)	x
	6,317	6,484	167	v	26,510	26,049	(461)	x
Governance & Administration	148	182	34	v	631	626	(5)	x
Funds & Internal Eliminations	4,474	4,417	(57)	x	17,623	17,750	127	v
Total Operating Expenditure	10,939	11,083	144	v	44,764	44,425	(339)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	171	328	(157)	x	818	1,219	(401)	x
Interest, Depreciation & Capital Charge	378	546	168	v	1,775	2,184	409	v
Net surplus/(deficit)	(207)	(218)	11	v	(957)	(965)	8	v

4. APPENDICES

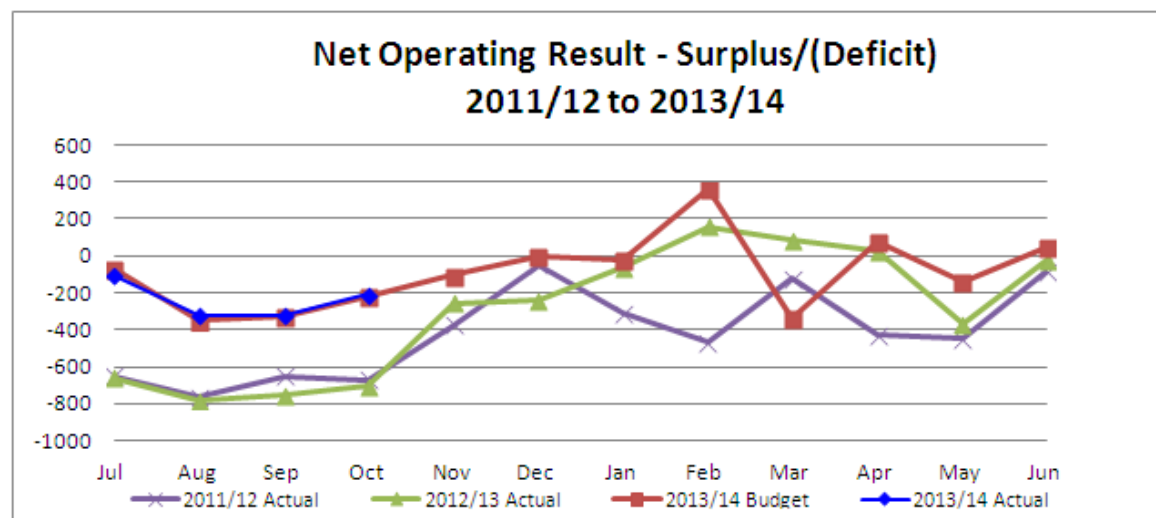
Appendix 1:	Financial Results for the period ending 31 October 2013
Appendix 2:	Statement of Financial Performance – October 2013
Appendix 3:	Statement of Financial Position – October 2013
Appendix 4:	Cashflow – August 2013

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – YTD OCTOBER 2013

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(207)	(218)	11	-5%	✓	(957)	(964)	7	-1%	✓

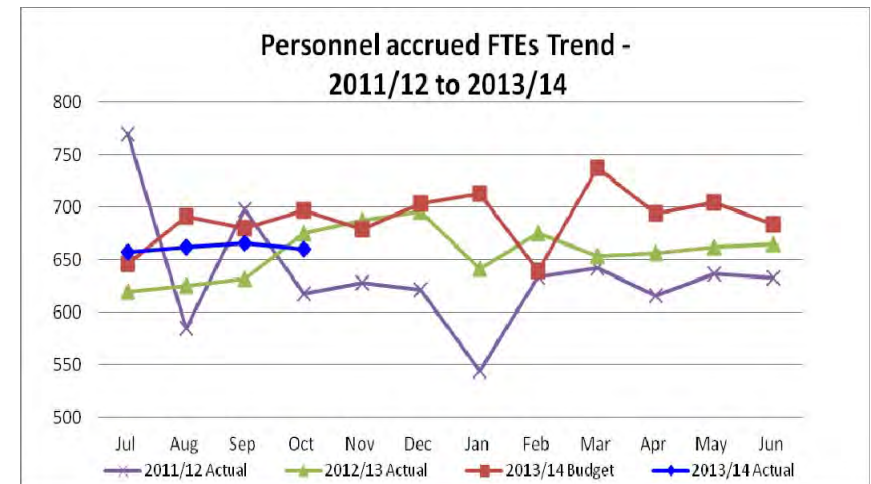
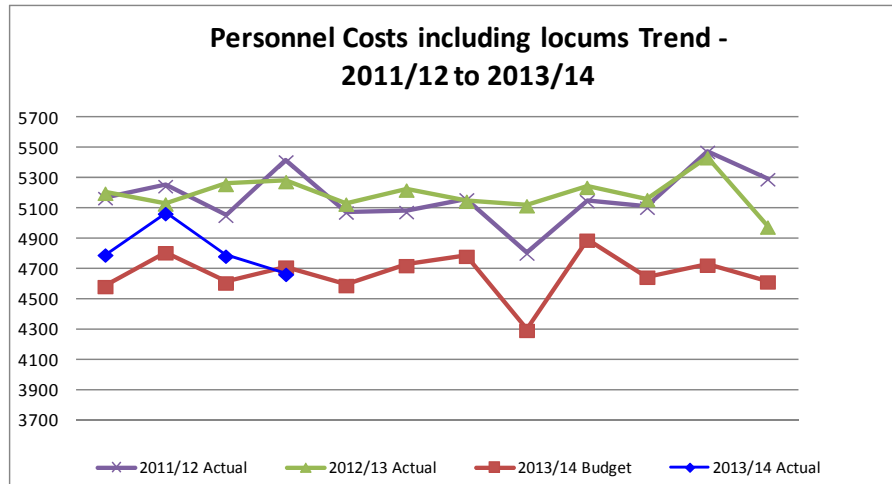


We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

KEY RISKS AND ISSUES

Although currently tracking on target, the achievement of the annual plan will continue to require a significant level of oversight and management in order to be achieved.

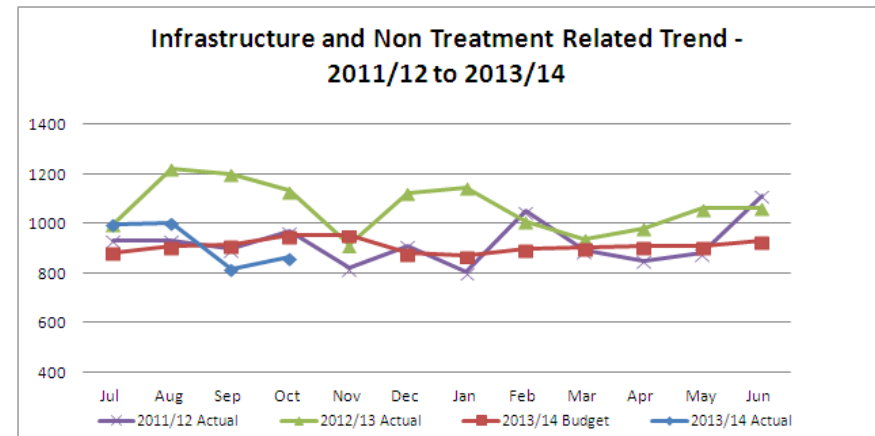
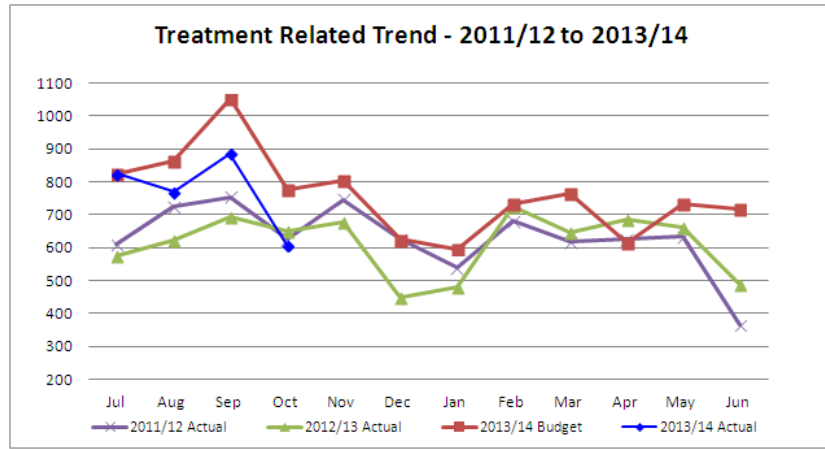
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



KEY RISKS AND ISSUES

From July 2013, Locum costs related to backfill are being included in Personnel costs rather than outsourced clinical costs. Significant reporting has been introduced to mitigate deterioration against budget through better use of stabilised rosters and leave planning, although these costs are significantly below last year, they are still tracking ahead of budget from a YTD perspective. .

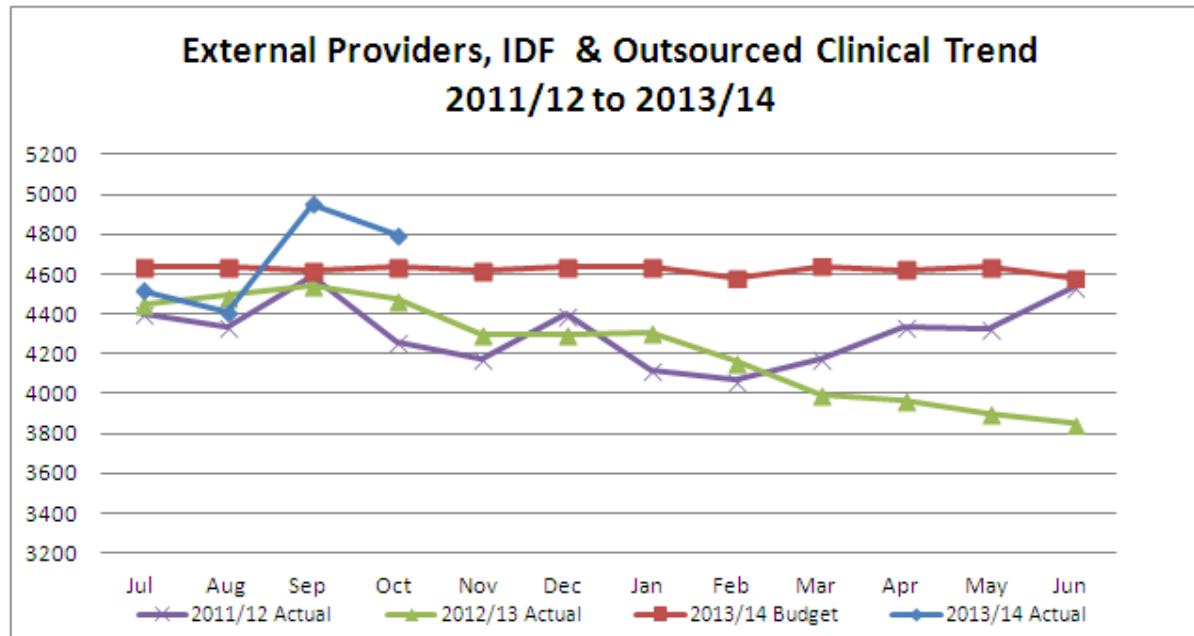
TREATMENT & NON TREATMENT RELATED COSTS



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



KEY RISKS AND ISSUES

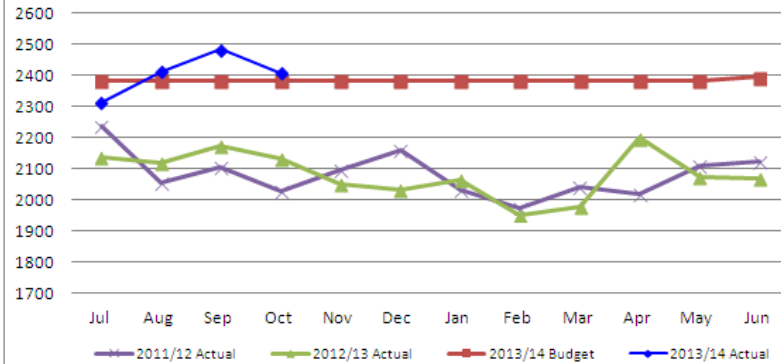
Capacity constraints within the system require continued monitoring of trends and demand for services.

Planning and Funding Division
Month Ended Oct 2013

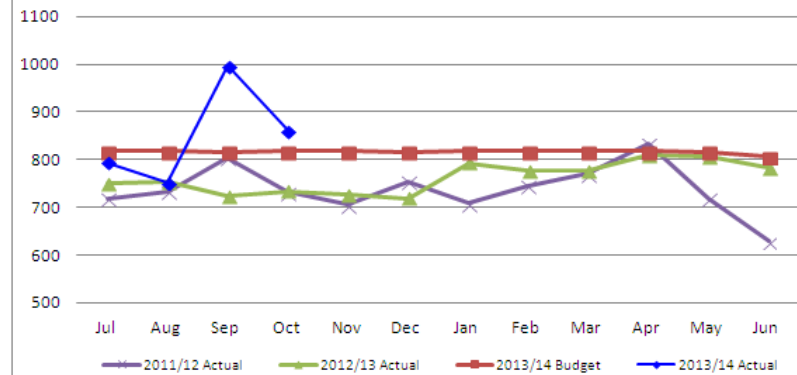
Current Month				SERVICES	Year to Date				2013/14 Annual Budget \$000		
Actual	Budget	Variance	% 		Actual	Budget	Variance	% 			
\$000	\$000	\$000			\$000	\$000	\$000			\$000	
				Primary Care							
19	43	23	54%	✓	Dental-school and adolescent	139	170	32	19%	✓	512
0	2	2	100%	✓	Pregnancy & Parent	0	9	9	100%	✓	28
0	3	3	100%	✓	Sexual Health	0	11	11	100%	✓	33
2	2	0	19%	✓	General Medical Subsidy	9	9	0	-2%	✗	28
636	577	-58	-10%	✗	Primary Practice Capitation	2,368	2,310	-58	-3%	✗	6,930
72	79	8	10%	✓	Rural Bonus	295	317	23	7%	✓	952
1	5	4	88%	✓	Child and Youth	8	18	10	56%	✓	55
1	4	3	70%	✓	Immunisation	26	18	-8	-48%	✗	53
12	12	0	0%	✓	Maori Service Development	49	49	0	0%	✗	148
46	45	-1	-3%	✗	Whanau Ora Services	210	179	-32	-18%	✗	536
19	18	-1	-6%	✗	Palliative Care	64	72	8	11%	✓	215
7	7	0	0%	✓	Chronic Disease	30	29	-1	-3%	✗	87
46	18	-28	-157%	✗	Minor Expenses	207	72	-135	-188%	✗	215
861	816	-45	-6%	✗		3,405	3,263	-142	-4%	✗	9,790
				Referred Services							
-142	56	198	352%	✓	Laboratory	90	225	135	60%	✓	675
779	687	-92	-13%	✗	Pharmaceuticals	2,760	2,748	-12	0%	✗	8,238
637	743	106	15%	✓		2,850	2,973	123	4%	✓	8,913
				Secondary Care							
96	96	0	0%	✓	Inpatients	300	384	84	22%	✓	1,161
145	66	-78	-118%	✗	Radiology services	456	265	-191	-72%	✗	795
126	112	-14	-13%	✗	Travel & Accommodation	387	448	61	14%	✓	1,344
1,365	1,366	1	0%	✓	IDF Payments Personal Health	5,476	5,464	-12	0%	✗	16,396
1,732	1,640	-92	-6%	✗		6,619	6,561	-57	-1%	✗	19,696
3,231	3,199	-31	-1%	✓	Primary & Secondary Care Total	12,873	12,797	-76	-1%	✓	38,399
				Public Health							
21	11	-11	-103%	✗	Nutrition & Physical Activity	96	42	-54	-129%	✗	126
0	6	6	100%	✓	Public Health Infrastructure		26	26	100%	✓	79
18	11	-7	-58%	✗	Tobacco control	58	46	-12	-27%	✗	137
39	28	-11	-40%	✗	Public Health Total	154	114	-40	-35%	✗	342
				Mental Health							
23	2	-21	-1102%	✗	Eating Disorders	23	8	-15	-200%	✗	23
2	0	-2		✗	Community MH	12	0	-12		✗	0
2	0	-2		✗	Mental Health Work force	7	0	-7		✗	0
47	47	0	0%	✓	Day Activity & Rehab	190	190	0	0%	✗	569
10	10	0	0%	✗	Advocacy Consumer	36	38	2	6%	✓	115
11	11	0	0%	✓	Advocacy Family	33	44	11	25%	✓	132
0	3	3	100%	✓	Minor Expenses	0	12	12	100%	✓	30
131	117	-14	-12%	✗	Community Residential Beds	472	469	-2	-1%	✗	1,408
69	69	0	0%	✓	IDF Payments Mental Health	274	274	0	0%	✓	823
294	259	-36	-14%	✗		1,046	1,035	-11	-1%	✗	3,099
				Older Persons Health							
19	57	38	67%	✓	Home Based Support	216	224	8	3%	✓	665
3	9	6	65%	✓	Caregiver Support	29	36	7	20%	✓	111
230	214	-16	-8%	✗	Residential Care-Rest Homes	855	854	-1	0%	✗	2,520
-4	-4	0	2%	✗	Residential Care Loans	-12	-17	-6	33%	✗	-51
10	27	17	64%	✓	Residential Care-Community	44	104	60	57%	✓	314
320	372	51	14%	✓	Residential Care-Hospital	1,316	1,486	170	11%	✓	4,371
0	0	0		✓	Ageing in place	-3	0	3		✓	0
9	8	-1	-6%	✗	Day programmes	37	33	-4	-13%	✗	96
-7	8	15	189%	✓	Respite Care	50	32	-18	-57%	✗	99
92	93	0	0%	✓	IDF Payments-DSS	370	364	-6	-2%	✗	1,089
673	783	111	14%	✓		2,904	3,115	212	7%	✓	9,214
967	1,042	75	7%	✓	Mental Health & OPH Total	3,950	4,150	201	5%	✓	12,313
4,237	4,269	33	1%	✓	Total Expenditure	16,977	17,061	85	0%	✓	51,054

EXTERNAL PROVIDER COSTS

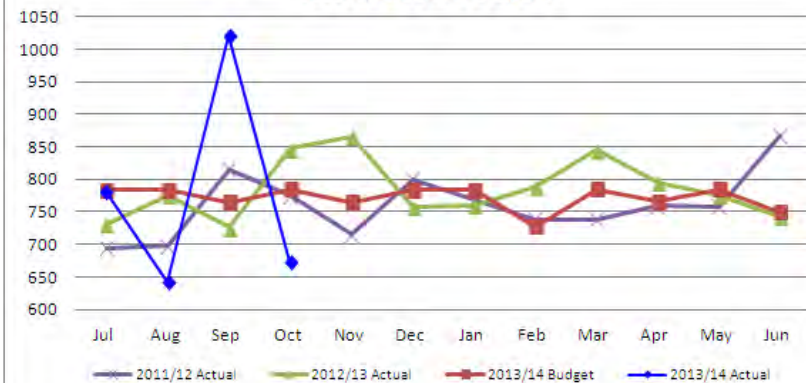
**Secondary and Referred Services Trend
2011/12 to 2013/14**



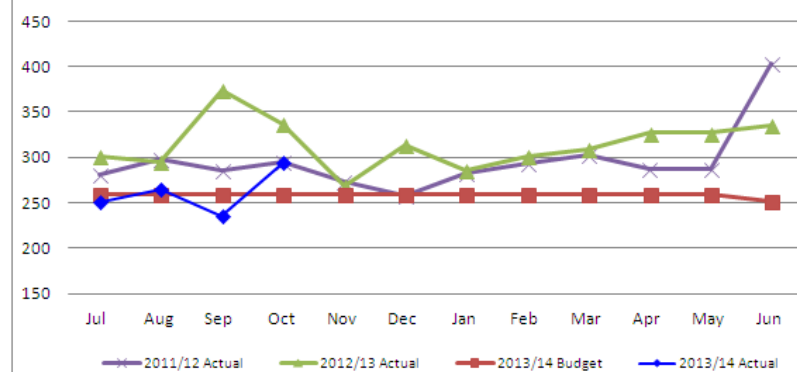
**Primary Care Trend
2011/12 to 2013/14**



**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	9,195	11,163	(1,968)	-18% ✗	12,060
Cash	6,115	5,722	393	7% ✓	7,809

KEY RISKS AND ISSUES

The cash on hand position reflects that the costs of building and seismic strengthening have been incurred, yet funding which has previously been approved of \$2M has not yet been received.

APPENDIX 2: STATEMENT OF FINANCIAL PERFORMANCE

Statement of comprehensive income

For period ending

31 October 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	10,780	10,930	(150)	(1.4%)	43,685	43,720	(35)	(0.1%)	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	12	8	66.7%	36	36
Inter District Flows Revenue	135	134	1	0.7%	540	536	4	0.7%	1,622	1,656
Patient Related Revenue	196	281	(85)	(30.2%)	871	1,124	(253)	(22.5%)	3,371	3,112
Other Revenue	(1)	63	(64)	(101.6%)	466	252	214	84.9%	759	1,088
Total Operating Revenue	11,110	11,411	(301)	(2.6%)	45,582	45,644	(62)	(0.1%)	136,944	134,833
Operating Expenditure										
Personnel costs	4,191	4,498	307	6.8%	17,458	17,296	(162)	(0.9%)	53,310	55,688
Outsourced Services	572	203	(369)	(181.8%)	1,931	1,369	(562)	(41.1%)	2,532	9,120
Treatment Related Costs	609	777	168	21.6%	3,091	3,519	428	12.2%	9,114	7,369
External Providers	3,060	3,002	(58)	(1.9%)	11,951	11,986	35	0.3%	35,866	29,843
Inter District Flows Expense	1,526	1,526	0	0.0%	6,120	6,104	(16)	(0.3%)	18,308	16,675
Outsourced Services - non clinical	116	123	7	5.7%	530	492	(38)	(7.7%)	1,460	1,445
Infrastructure and Non treatment related costs	1,071	954	(117)	(12.3%)	4,600	3,659	(941)	(25.7%)	10,915	12,787
Total Operating Expenditure	11,145	11,083	(62)	(0.6%)	45,681	44,425	(1,256)	(2.8%)	131,505	132,927
Result before Interest, Depn & Cap Charge	(35)	328	(363)	110.7%	(99)	1,219	(1,318)	108.1%	5,439	1,907
Interest, Depreciation & Capital Charge										
Interest Expense	57	54	(3)	(5.6%)	220	216	(4)	(1.9%)	642	650
Depreciation	49	424	375	88.4%	368	1,696	1,328	78.3%	5,085	4,156
Capital Charge Expenditure	66	68	2	2.9%	270	272	2	0.7%	812	677
Total Interest, Depreciation & Capital Charge	172	546	374	68.5%	858	2,184	1,326	60.7%	6,539	5,482
Net Surplus/(deficit)	(207)	(218)	11	5.0%	(957)	(965)	8	0.8%	(1,100)	(3,576)

APPENDIX 3: STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

31 October 2013

in thousands of New Zealand dollars

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
25,928	30,145	(4,217)	(14.0%)	112,985
1,635	1,322	313	23.7%	3,518
2,791	528	2,263	428.6%	2,540
22	2	20	1000.0%	8
30,376	31,997	(1,621)	(5.1%)	119,051
6,115	5,722	393	6.9%	23,003
60	58	2	3.4%	232
1,009	1,040	(31)	(3.0%)	4,155
5,378	4,614	764	16.6%	18,954
136	136	0	0.00%	544
12,698	11,570	1,128	9.7%	46,888
43,074	43,567	(493)	4.7%	165,939
12,195	12,195	0	0.00%	48,780
3,100	3,461	(361)	(10.4%)	12,789
15,295	15,656	(361)	(2.3%)	61,569
250	250	0	0.00%	1,000
10,676	8,374	2,302	27.5%	36,964
7,658	8,124	(466)	(5.7%)	32,816
18,584	16,748	1,836	11.0%	70,780
33,879	32,404	1,475	4.6%	132,349
69,729	71,729	(2,000)	(2.8%)	264,788
19,569	19,569	0	0.00%	78,276
(80,142)	(80,174)	32	(0.0%)	(309,630)
39	39	0	0.00%	39
9,195	11,163	(1,968)	(17.6%)	33,473
43,074	43,567	(493)	(1.1%)	165,822

APPENDIX 4: CASHFLOW

Statement of cash flows

For period ending

31 October 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

Payment of finance lease liabilities

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
10,261	11,391	(1,130)	(9.9%)	44,754	45,564	(810)	(1.8%)	136,704	135,453
(6,264)	(4,714)	(1,550)	32.9%	(20,790)	(18,670)	(2,120)	11.4%	(55,948)	(55,710)
2660	(1,841)	4501	(244.5%)	(5,297)	(7,618)	2321	(30.5%)	(21,335)	(31,744)
(3,195)	(3,002)	(193)	6.4%	(12,491)	(11,986)	(505)	4.2%	(35,866)	(31,499)
(1,391)	(1,526)	135	(8.8%)	(5,580)	(6,104)	524	(8.6%)	(18,308)	(15,019)
2071	308	1763	572.0%	596	1186	(590)	(49.8%)	5,247	1,480
(57)	(54)	(3)	5.6%	(220)	(216)	(4)	1.9%	(642)	(648)
272	(68)	340	(500.0%)	272	(272)	544	(200.0%)	(812)	(677)
2286	186	2100	1127.8%	648	698	(50)	(7.2%)	3,793	155
(35)	20	(55)	(275.0%)	175	80	95	118.8%	240	229
0	0	0		0	0	0		0	0
(364)	(258)	(106)	41.1%	(947)	(1,032)	85	(8.2%)	(3,300)	(3,436)
0	(17)	17	(100.0%)	(54)	(68)	14	(20.6%)	0	(1,706)
(399)	(255)	(144)	56.5%	(826)	(1,020)	194	(19.0%)	(3,060)	(4,913)
0	0	0		0	0	0		0	3,600
0	0	0		68	0	68		0	(68)
0	0	0		68	0	68		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	0
1,887	(69)	1956	(2842.0%)	(110)	(322)	212	(65.8%)	1,765	(1,226)
4,228	5,791	(1,563)	(27.0%)	6,172	6,044	128	2.1%	6,044	7,398
6,115	5,722	393	6.9%	6,062	5,722	340	5.9%	7,809	6,172

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Maori Health

DATE: 13 December 2013

Report Status – For: Decision Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report will be a regular quarterly report to the West Coast District Health Board. This report has also been presented to the Community & Public Health & Disability Support Advisory Committee.

2. RECOMMENDATION

That the Board:

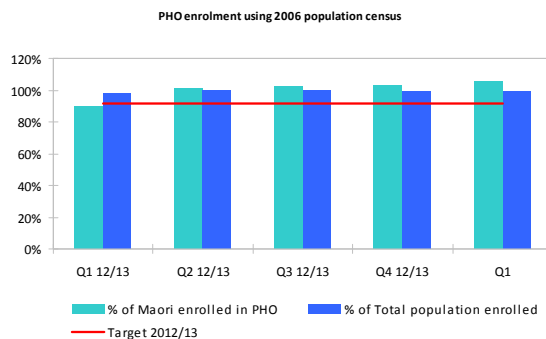
- i notes the Maori Health Quarterly Update.

3. SUMMARY

Maori Health Quarterly Report – Q4, 2012/13

Access to care

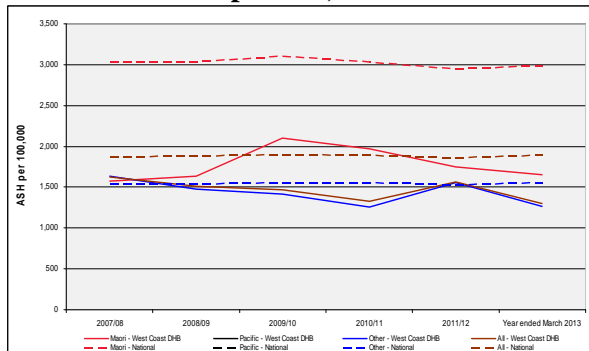
Percentage of Maori enrolled in the PHO



* 2006 census population was used as the denominator.

Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation per 100,000



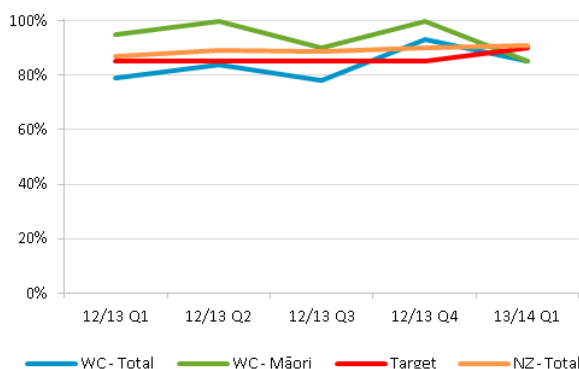
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2006 population census figures 100% of Maori were enrolled with the PHO as at September 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 exceed that of other ethnicities.

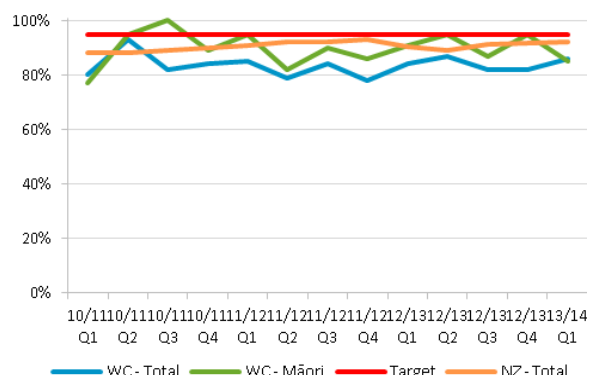
On the 20th June 2013 the Ministry of Health issued a Request for Proposal, to Implement the Primary Care Ethnicity Data Audit Tool'. The West Coast PHO and the DHB have jointly developed the proposal and it was submitted in August. The Audit tool comprises Systems Compliance and Audit Checklist, Implementation 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.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

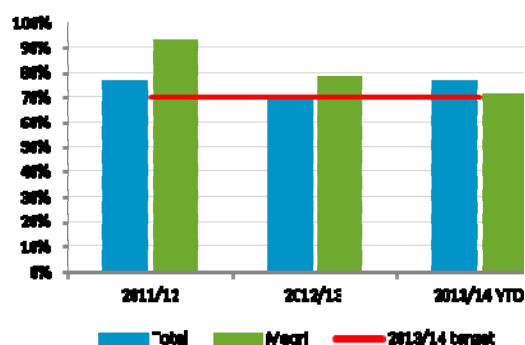
Eight-month-old immunisation: 85% of Maori babies have been immunised on time at 8 months of age in quarter 1. This equates to 17 babies out of 20.

Two-year-old immunisation: The West Coast DHB's total coverage for Quarter 1 is 84%. - This remains high as was the case in Quarter 4 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 90% so 17 from 20 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:

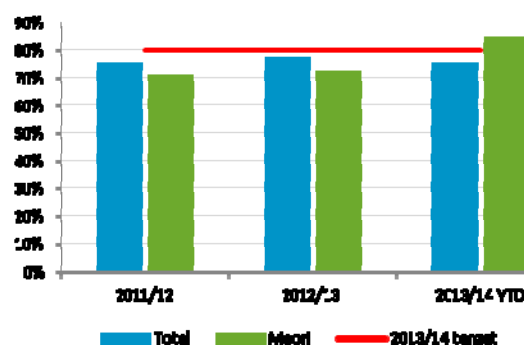
- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other Well Child service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

Cardiovascular and Diabetes

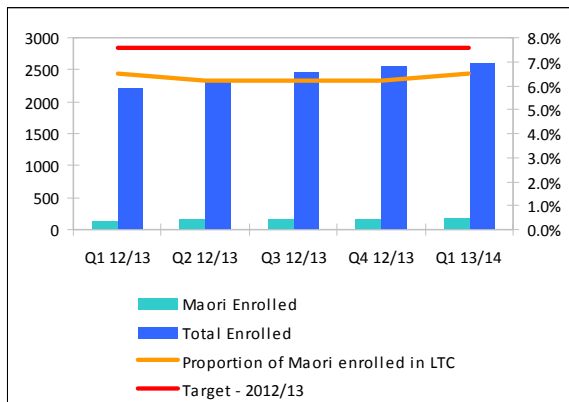
Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



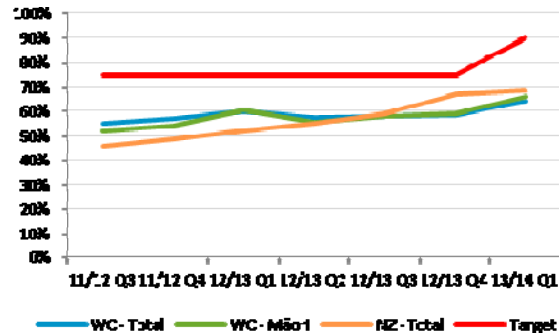
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



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: A joint publicity campaign by West Coast DHB, West Coast PHO and the West Coast Diabetes Society is being run in *The Messenger* newspaper and at general practices in November to encourage people to become more active and to get checked for their cardiovascular disease (CVD) and diabetes risk. The campaign is designed to coincide with nationwide messages for national Diabetes Awareness Week in mid-November and television advertisements on CVD risk.

Performance against the heart checks health target has shown an increase from 58% in the June quarter to 64% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the five years to 30 September 2013. Rates for West Coast Māori are slightly higher than our overall total population, with 66.5% having had their CVD risk assessments undertaken. The West Coast PHO is working on increasing the rates during this year, and has set a progress target to reach 78% for this measure by December 2013 and to achieve the national target of 90% of eligible people assessed by 30 June 2014.

Practice teams continue to actively identify and invite eligible people to nurse-led clinics to have their cardiovascular risk assessed, with a special focus on high-need people who haven't been screened.

Collaboration with Rata Te Awhina Trust, the PHO and several practices is enabling better outreach to high-need Māori, including an awareness campaign (which began during Quarter 1) and a tailored package of care from Rata Te Awhina through its Kaupapa Māori Nurses and its Kaiarataki (non-clinical Māori Health Navigators). Greymouth Medical Centre and Rata Te Awhina began working together in Quarter 4 2012/13 to provide support and health care for Māori and Pacific people with long-term conditions, with the Kaupapa nurse working within the practice and 'out-reaching' directly to practice patients. This pilot model expanded to Hokitika during Quarter 1 and is working well.

Diabetes care: The West Coast achieved our diabetes annual review target for Quarter 1, with 77% of people with diabetes having had an annual review. Results for Māori dipped to 71%, but still remain above the 70% target set for all population groups.

Among those who had their review during the quarter, 76% had satisfactory or better management of their diabetes, with better rates for Māori (85%). Our annual target for diabetes management is 80%.

A diabetes retinal screening week of clinics was held in August, with clinics held in Franz Josef, Reefton and Westport. The next series of diabetes retinal screening clinics is scheduled for the week 11-15 November in Greymouth and Hokitika.

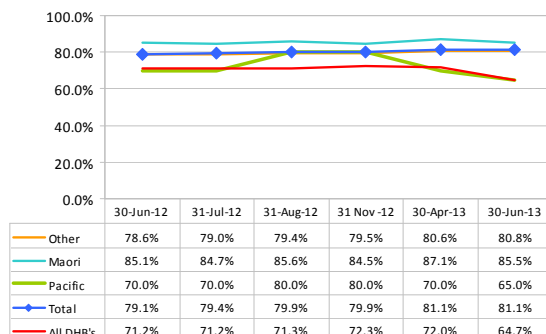
Green Prescription: As part of the larger 2013 Diabetes Budget package, the Ministry of Health have indicated an increase in funding for Green Prescription referrals over the coming four years. For the 2013/14 year, this is an increase from 360 to 500 referrals on the West Coast. Green Prescription has

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.

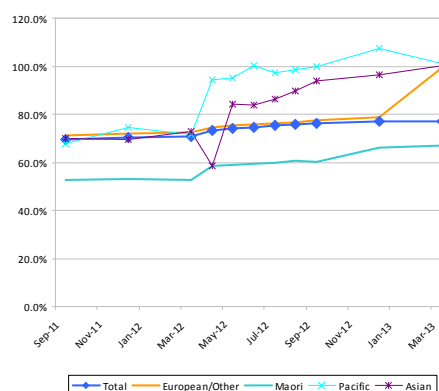
Long Term Condition Management (LTC): 159 Maori are enrolled in the Long Term Conditions programme as at June 30 2013 Maori enrolment makes up 6.2% of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. The 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.

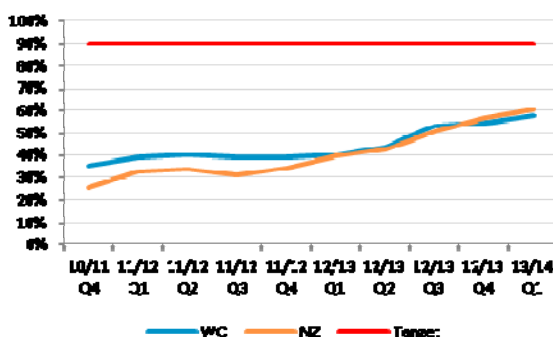
Cervical cancer screening: At the end of June 2013, the three year coverage rate for cervical screening on the West Coast was 76.8% a small drop from last quarter. The coverage rate for Maori eligible women is at 69.4% an increase of 2% from last quarter and an increase of 10% from June 2012. We are 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. The overdue priority lists are now being regularly referred to the Maori screener who is working with the Kaupapa Maori Nurses and Kaiarataki to follow up.

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:

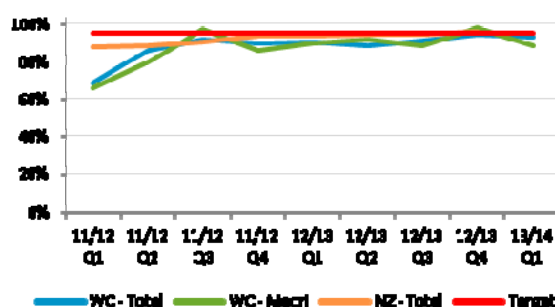
- monitoring Faster Cancer Treatment pathways and providing auditable data to review areas of inequality;
- identify Maori patient utilisation of cancer services for cancer diagnosis;
- to identify gaps that may occur in existing care pathways and act as a representative of West Coast DHB to incorporate 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;
- work is occurring with the Southern Cancer Network to host a health promotion hui over on the Coast and they are having their network hui in December.

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: Results for Quarter 1 2013/14 show an increase in performance of 3%, with 58% of smokers attending general practice offered advice and support to quit. The Smokefree Services Coordinator has liaised with individual practices regarding their tracking of performance over time and offered support where required.

Secondary Smokefree Health Target: It was disappointing that the West Coast DHB did not reach the hospital smokefree health target of 95%, with a Quarter 1 result of 93% of hospitalised smokers getting help and advice to quit. Small numbers contribute to month-to-month fluctuations. To mitigate this challenge, Clinical Nurse Managers continue to monitor 'missed ABCs' and act upon them to improve the next month's results.

Aukati Kai Paipa: For the period 01 July 2013 to 30 September 2013 the AKP service is working with 51 clients, 34 who identify as Maori with 27% validated abstinence rate at 3 months.

InterRAI is an international collaboration that aims to improve the quality of life of vulnerable persons through a comprehensive assessment system. It is designed to help staff assess the medical, rehabilitation and support requirements of the older person so they can stay at home for as long as possible. This tool will improve the assessment experience and outcomes for older people by identifying what help and support people require against a number of factors including vision, continence, and nutrition and health prevention. While interRAI is an internationally recognised tool it does not specifically take into account the needs of Maori. The question remains what more can be done to ensure Maori have access to assessment that is not only clinically appropriate but culturally appropriate also.

Te Auahatanga Maori Innovation Fund: Poutini Waiora has been successful in an application to the Te Auahatanga Maori Fund (Maori Innovation) for our proposal - Mana Tamariki - Mokopuna, Mana Whanau O Te Tai O Poutini. The application was ranked 3rd out of all the proposals that were presented to the Ministry - which numbered over 20. This will be a significant investment in our young Maori hapu wahine, young Maori mothers and their whanau on Te Tai O Poutini. The West Coast DHB helped to support in the development and subsequent presentation of the proposal in Wellington.

Report prepared by:

Kylie Parkin, Maori Health Portfolio Manager

Report Approved for Release by:

Gary Coghlan, General Manager Maori Health

HEALTH TARGET REPORT – QUARTER 1



TO: Chair and Members
West Coast District Health Board

SOURCE: Planning & Funding

DATE: 13 December 2013

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

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 1 (July – September 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 1 health target league table is attached as Appendix 2.

2. RECOMMENDATION

That the Board:

- i note the West Coast's performance against the health targets; and
- ii note that due to the timing of the release of the report this will be provided to the Community & Public Health & Disability Support Advisory Committee as an information item at their next meeting.

3. SUMMARY

The West Coast has performed well in Quarter 1. It has:

- Achieved the **ED health target**, with 99.8% of people admitted or discharged within six hours. The West Coast is leading the country in performance against this health target.
- Achieved the **electives health target**, delivering 434 elective surgeries this quarter.
- 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.

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

- For the **immunisation health target**, 85% of all eight-month-olds were fully immunised in Quarter 1 (the national target has changed this quarter increasing from 85% to 90%). While this is a decrease from the exceptional results of the previous quarter (where 93% of all eight-month-olds were fully immunised), it is higher than the coverage achieved in Quarters 1-3 last year. The National Immunisation Register Administrator is working closely with each practice to ensure a stronger focus on pre-call and on-time immunisation.
- The West Coast DHB was just 2% off meeting the **hospitalised smokers health target**, with 93% of hospitalised smokers having received advice and help to quit. As noted in previous reports, the main challenge with this target is the small numbers involved; the Quarter 1 result was just five patients shy of meeting the 95% target. Identifying 'missed' patients and addressing any gaps at ward level continues to be the key strategy to improve performance. In

addition, lifting ED performance and promoting the provision of Nicotine Replacement Therapy throughout the DHB are current areas of focus.

- General practices' performance against the **primary care smokers health target** continues to show modest increases, up 3% on the previous quarter, with 58% 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 had a substantial 6% increase this quarter to 58% 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 (currently undergoing technical issues but expected to be functional soon) will support improvement in both these targets.

4. **APPENDICES**

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

Quarter 1 2013/14 Performance Summary

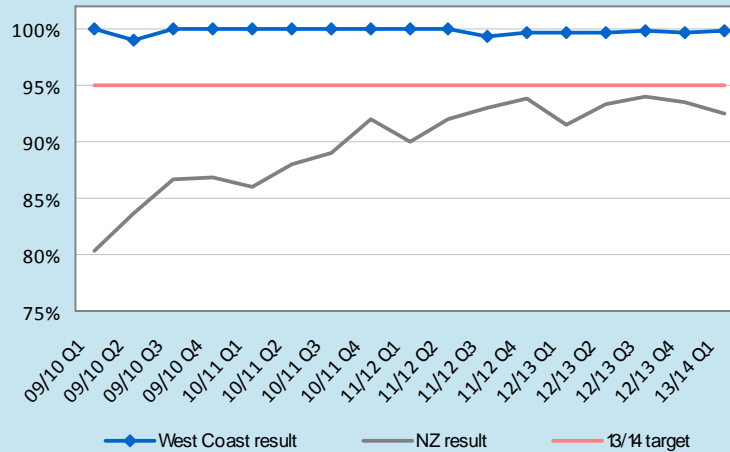
Target	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.7%	99.8%	99.6%	99.8%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	846 YTD	1,173 YTD	1,686	434 YTD	1,592	✓	3
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	84%	78%	93%	85%	90%	✗	4
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	89%	91%	95%	93%	95%	✗	5
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	44%	53%	55%	58%	90%	✗	6
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	58%	58%	58%	64%	90%	✗	7

Shorter Stays in Emergency Departments

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



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



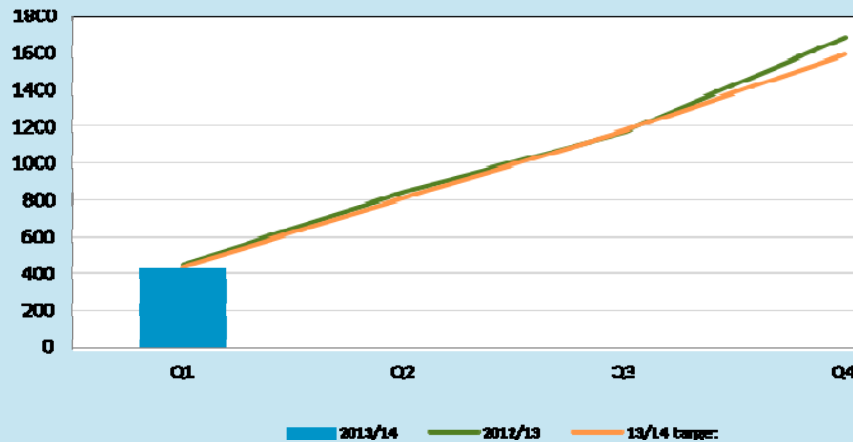
The West Coast continues to achieve impressive results against the ED health target, with **99.8%** of patient events admitted, discharged or transferred from ED within 6 hours during Quarter 1.

Improved Access to Elective Surgery

Target: West Coast's volume of elective surgery is to be 1,592 in 2013/14



Figure 2: Elective surgical discharges delivered by the West Coast DHB¹



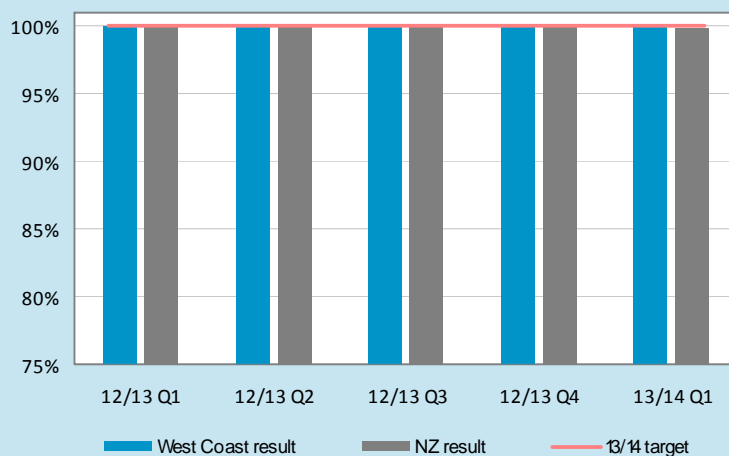
434 elective surgical cases were delivered to Coasters in Quarter 1 2013/14, representing **99.8%** of our year-to-date target delivery. At just one discharge below target, the discrepancy from the year-to-date target is not considered material and will be made up in future quarters.

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 1 2013/14, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

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

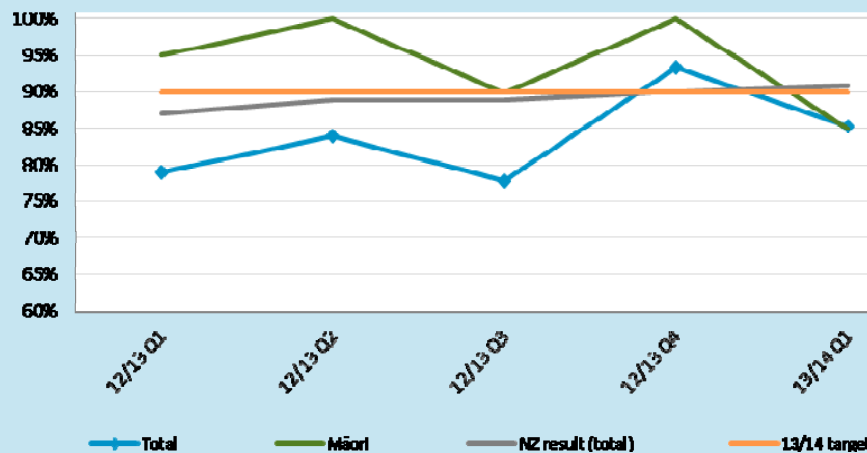
² This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

Increased Immunisation

Target: 90% of eight-month-olds are to be fully immunised



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



Quarter 1 is the first quarter against the increased national target, which has risen from 85% to 90%.

The West Coast has not achieved the revised national health target this quarter, vaccinating **85%** of eligible children. While this is a decrease from the exceptional results of the previous quarter (where 93% of all eight-month-olds and all Māori eight-month-olds were fully immunised), it is higher than the coverage achieved in Quarters 1-3 last year.

Opt-offs³ and declines (3.9% and 4.9% respectively) continue to be a challenge for the West Coast; however, they are at lower rates than previous quarters.

Of the 102 eligible children, 87 were fully vaccinated, nine opted-off or declined and only six children were unvaccinated. Three of these six were vaccinated after their milestone age, leaving only three still overdue.

This may suggest that considerable effort is going into recall and outreach services, rather than pre-call and on-time immunisation prior to and at five months. To address this, all practices will now be using a suggested process timeline for their guidance to ensure timely immunisation for children by eight months of age. With the support of the PHO and practices, the National Immunisation Register (NIR) Administrator is working closely with a key person in every practice to identify children who have not been enrolled with a practice, notify the practices to follow up on children who are due or overdue for an immunisation and ensure timely referral to Outreach Immunisation Services when required.

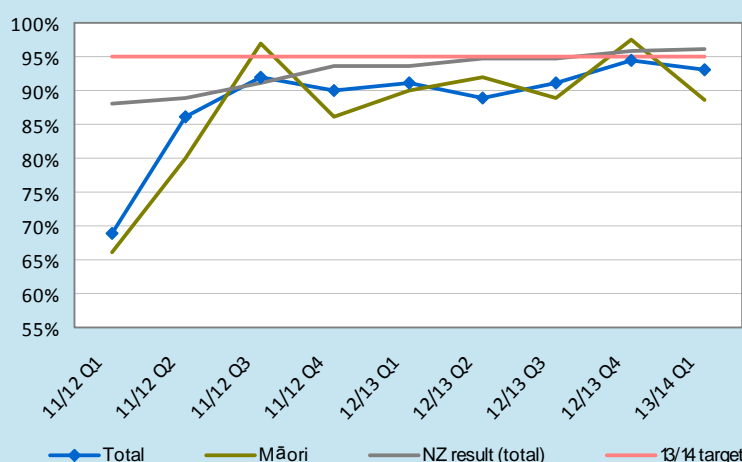
³ Children's parents can decide (typically at the child's birth) to opt their child off the NIR. These children continue to be counted in the cohort for the DHB of birth, but there is no way to determine or record if they have later been vaccinated, declined or moved out of the DHB area.

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 1, West Coast DHB staff provided **93%** of hospitalised smokers with smoking cessation advice and support – just five patients shy of meeting the targeted 95%.

While small numbers continue to make the 95% target a challenge, the West Coast DHB is committed to achieving the target. Clinical Nurse Managers (CNMs) continue to identify ‘missed’ patients and pinpoint any gaps at ward level. These are then acted upon to improve the next month's results. Following up these patients has now become standard practice by CNMs and is crucial for picking up the last few percentage points.

Communication between the Smokefree Services Coordinator and the ED Clinical Nurse Manager continues, with ABC⁴ performance and staff's understanding of what is required steadily improving. The Smokefree Services Coordinator will carry out an audit with ED to assess the level of progress the staff have made with implementing the ABC initiative so that their efforts can be documented and acknowledged.

In Quarter 4 2012/13, the Smokefree Services Coordinator started background work on a Nicotine Replacement Therapy (NRT) charting audit. This work has carried on during Quarter 1, and the audit showed that NRT is being prescribed at a low level on the wards. Raising awareness of the value and use of NRT on the wards is a priority, which is being promoted to staff by the Smokefree Services Coordinator, the Chief Medical Officer and the Director of Nursing. Further NRT promotion will continue next quarter through the DHB in-service and CEO updates.

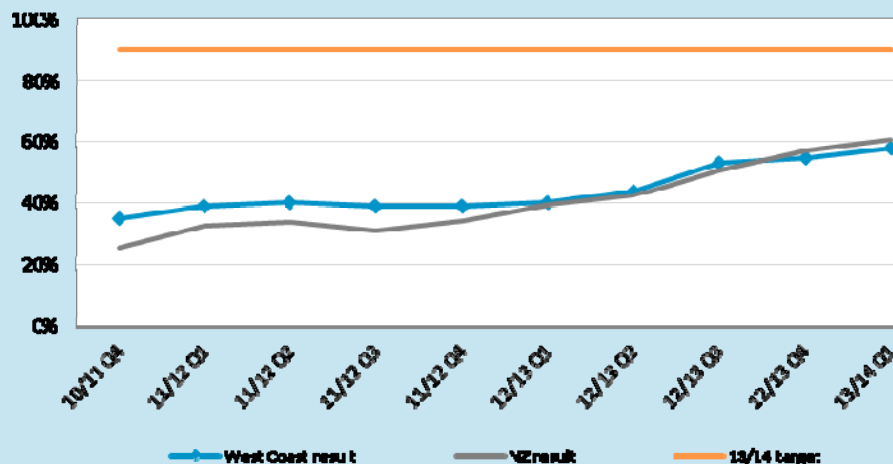
⁴ The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support.

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 smoking⁵



West Coast general practices have reported giving 2,554 smokers cessation advice in the 12 months ending September 2013, representing **58%** of smokers expected to attend general practice during the period.

The key barrier to achieving this target is data capture and coding of conversations taking place. Monthly coding and data entry training has been implemented at the PHO as part of standard orientation for all new practice staff in an effort to increase data capture. Smoking assessment tools that prompt staff where required should also increase data capture, and their implementation continues to be progressed.

The PHO Clinical Manager is liaising with each practice to review results, set goals and identify actions to improve individual practices' performance against the health target. The PHO is also working alongside Better Health to support improved practice management of DHB-owned general practices.

Training has increased this quarter, with Quit Card Update training sessions provided in Westport and Greymouth for both community services and DHB staff.

During Quarter 1, an action plan was developed to support increased integration of activity for the primary care smokefree and cardiovascular risk assessment health targets. Activity was already underway to support this way of working (such as the implementation of IT systems); however, further actions that are to be explored to support improved performance against the primary smokefree health target include:

- Improved senior and clinical leadership and accountability by supporting the reinvigoration and expectation of functioning Quality Improvement teams in DHB-owned general practices;
- Supporting Quality Improvement Champions for both health targets; and
- Implementing texting as an IT tool to be used for target groups across both health targets.

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

More Heart and Diabetes Checks


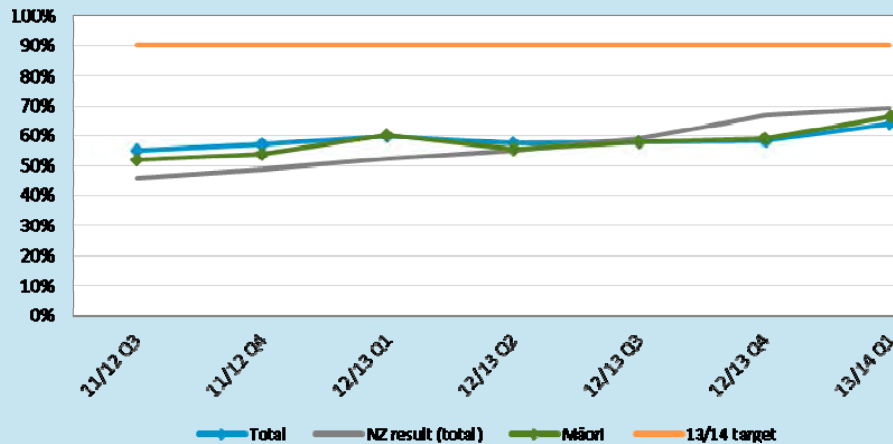
Target: 90% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years 

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years⁶



Data for the five years to 30 September 2013 shows that West Coast general practices have continued to increase coverage, with **64%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA) – up from 58% in Quarter 4.

The West Coast PHO has set a progress target to reach 78% for this measure by December 2013, a good milestone on the way to achieving the national target of 90% of eligible people assessed by 30 June 2014.

Key activities during Quarter 1 included the following:

- Ongoing support from the PHO clinical manager to practice nurses/teams to identify and actively recall 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 now 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 again due to IT issues. A fix is now underway. 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;
- Continued support of non-fasting blood testing for people who have never been screened before for screening purposes, and follow-up of identified high risk people; and
- New funding issued for 2013/14 for incentivising additional CVRAs.

Specific services have also been introduced to support Māori, Pacific, and other high-risk populations, including the following:

- Collaboration between Rata Te Awhina Trust's Kaupapa Māori nurses, the PHO and several practices on outreach to the high-needs Māori population who have not responded to invitations for CVRA screening. An awareness campaign has commenced; and
- Extension of the Rata Te Awhina Kaupapa Māori nurse outreach model (originally piloted in Greymouth Medical Centre in Quarter 4) to Hokitika in Quarter 1. So far, this is working very well.

⁶ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

In achieving the target a quality and patient focus remains paramount. The West Coast PHO is actively working to encourage and support the programme through audit, clinical leadership champions, quality improvement programmes, and encouraging individuals to see the benefits of the programme for their patients.

How is My DHB performing?



2013/14 QUARTER ONE (JULY–SEPTEMBER) RESULTS

www.health.govt.nz/healthtargets

Shorter stays in

Emergency Departments

	Quarter one performance (%)	95%	Change from previous quarter
1 West Coast	100		–
2 South Canterbury	97		–
3 Wairarapa	96		▼
4 Counties Manukau	96		–
5 Waitemata	96		–
6 Whanganui	96		▼
7 Tairāwhiti	96		–
8 Nelson Marlborough	95		▼
9 Auckland	95		–
10 Hutt Valley	95		▼
11 Canterbury	94		–
12 Taranaki	94		▼
13 Hawke's Bay	93		–
14 Northland	92		–
15 Southern	90		▼
16 Bay of Plenty	90		–
17 Lakes	90		▼
18 Waikato	87		▼
19 Capital & Coast	86		–
20 MidCentral	85		▼
All DHBs	93		–

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.

This quarter, four smaller hospitals have been added to the Shorter Stays in Emergency Departments target (see the website for further details).

How to read the graphs



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

Improved access to

Elective Surgery

	Quarter one performance (%)	100%	Progress against plan (discharges)
1 Lakes	123		▲
2 Northland	118		▲
3 Waikato	116		▲
4 Counties Manukau	114		▲
5 Hutt Valley	113		▲
6 Taranaki	112		▲
7 Bay of Plenty	108		▲
8 South Canterbury	107		▲
9 Waitemata	104		▲
10 Wairarapa	103		▲
11 Canterbury	102		▲
12 Auckland	100		▲
13 West Coast	100		▼
14 MidCentral	100		▼
15 Whanganui	100		▼
16 Southern	98		▼
17 Hawke's Bay	95		▼
18 Capital & Coast	94		▼
19 Nelson Marlborough	94		▼
20 Tairāwhiti	93		▼
All DHBs	105		▲

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 38,629 discharges for the year to date, and have delivered 1964 more.

Shorter waits for

Cancer Treatment

	Quarter one performance (%)	100%	Change from previous quarter
1 Northland	100		–
1 Waitemata	100		–
1 Auckland	100		–
1 Counties Manukau	100		–
1 Lakes	100		–
1 Bay of Plenty	100		–
1 Tairāwhiti	100		–
1 Hawke's Bay	100		–
1 Taranaki	100		–
1 MidCentral	100		–
1 Whanganui	100		–
1 Capital & Coast	100		–
1 Hutt Valley	100		–
1 Wairarapa	100		–
1 Nelson Marlborough	100		–
1 West Coast	100		–
1 South Canterbury	100		–
1 Southern	100		–
19 Canterbury	99.7		–
20 Waikato	99.5		–
All DHBs	99.9		–

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.

During quarter one 2013/14, three patients who were ready-for-treatment waited longer than four weeks, one for radiotherapy and the other two for chemotherapy.

Increased

Immunisation

	Quarter one performance (%)	90%	Change from previous quarter
1 Wairarapa	97		▲
2 Hutt Valley	94		▲
3 Auckland	94		▲
4 South Canterbury	94		▲
5 MidCentral	94		–
6 Southern	94		▼
7 Canterbury	93		▼
8 Capital & Coast	92		–
9 Hawke's Bay	92		▼
10 Counties Manukau	91		–
11 Waitemata	90		▼
12 Nelson Marlborough	90		▲
13 Taranaki	90		–
14 Lakes	89		▲
15 Bay of Plenty	88		–
16 Whanganui	88		▼
17 Tairāwhiti	87		▼
18 Waikato	87		▲
19 Northland	86		▲
20 West Coast	85		▼
All DHBs	91		–

Increased immunisation

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

Better help for

Smokers to Quit

	Change from previous quarter	95%	Hospitals	Quarter one performance (%)	Primary care	90%	Change from previous quarter
▲			99	1 Wairarapa	98		▲
–			98	2 South Canterbury	83		▲
–			99	3 Hawke's Bay	81		–
▲			93	4 MidCentral	77		▲
–			99	5 Northland	77		▲
–			98	6 Bay of Plenty	75		–
▼			94	7 Whanganui	74		▲
–			95	8 Nelson Marlborough	73		▲
–			95	9 Capital & Coast	68		▲
–			96	10 Taranaki	67		▲
–			97	11 Hutt Valley	64		▲
–			96	12 Waikato	62		▲
▼			96	13 Lakes	61		–
–			96	14 Southern	60		▲
▲			96	15 Counties Manukau	59		▲
▼			93	16 West Coast	58		▲
–			96	17 Tairāwhiti	56		▲
–			95	18 Auckland	51		▲
–			97	19 Waitemata	47		▲
▲			95	20 Canterbury	37		▲
–			96	All DHBs	60		▲

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

	Quarter one performance (%)	90%	Change from previous quarter
1 Wairarapa	82		▲
2 Counties Manukau	81		▲
3 Auckland	80		▼
4 Capital & Coast	78		▲
5 Whanganui	77		▲
6 Northland	76		▲
7 Taranaki	76		▲
8 MidCentral	75		▲
9 Waikato	75		▲
10 Hawke's Bay	73		–
11 Bay of Plenty	72		–
12 Waitemata	72		–
13 Tairāwhiti	70		▲
14 South Canterbury	68		▲
15 Lakes	68		▲
16 West Coast	64		▲
17 Southern	64		–
18 Nelson Marlborough	59		▲
19 Hutt Valley	56		▲
20 Canterbury	36		▲
All DHBs	69		▲

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 by July 2014.

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

PROPOSED MEETING SCHEDULE - 2014



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 13 December 2013

Report Status – For:	Decision	<input checked="" type="checkbox"/>	Noting	<input type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	-------------------------------------	--------	--------------------------	-------------	--------------------------

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2014 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board, as recommended by the outgoing Board, at its meeting on 25 October 2013::

- i. Confirms the proposed schedule of meetings for 2014 (refer Appendix 1 attached); and
- ii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The date for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee (QFARC) and the Hospital Advisory Committee (HAC) in particular and also the timing of Canterbury DHB meetings. The suggested meeting dates for 2014 are based on the current cycle of meetings as adopted by the Board in 2013.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.2), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2014 contained in Appendix 1 are based on the current cycle of meetings with Committee meetings on Thursday's and Board meetings on Friday's.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

In terms of standing orders it is be necessary for the incoming Board at its first meeting in December 2013, to formally adopt the schedule of meetings for 2014.

4. APPENDICES

Appendix 1: Proposed Schedule of Meetings - 2014

Report prepared by: Kay Jenkins, Board Secretariat

Report Approved for Release by: Michael Frampton, Programme Director

WEST COAST DHB – MEETING SCHEDULE FOR 2014

DATE	MEETING	TIME	VENUE
Thursday 30 January 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 30 January 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 30 January 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 30 January 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 21 February 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 20 March 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 20 March 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 20 March 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 20 March 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 4 April 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 1 May 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 May 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 May 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 1 May 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 9 May 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 12 June 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 June 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 June 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 12 June 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 27 June 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 24 July 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 July 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 July 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 July 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 8 August 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 September 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 September 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 September 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 September 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 26 September 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 23 October 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 October 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 October 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 23 October 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 31 October 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 27 November 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 November 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 November 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 27 November 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 12 December 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth

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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 28 NOVEMBER 2013



TO: Chair and Members
West Coast District Health Board

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

DATE: 13 December 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 28 November 2013. Following confirmation of the minutes of that meeting at the next meeting, confirmed minutes of the 28 November 2013 meeting will be provided to the Board at its February 2014 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 – 28 November 2013.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update.**

This report provided the Committee with updates on: The Wellbeing Game; the Westland Wilderness Trail; Health Promoting Schools; Fruit Trees at Uniting Church and the new Food Growers Gardening Group.

Discussion took place regarding water quality and the Committee noted that currently bacterial problems are more of an issue on the West Coast than nitrate levels..

- **Alliance Update**

This report provided an update of progress made around the West Coast Alliance

The report also provided the Committee with information on the Complex Clinical Care Network (CCCN); Buller Integrated Family Health System; Pharmacy; Healthy West Coast and work being undertaken across the Alliance work streams

- **Maori Health Activity Update**

This quarterly report is included in today's Board papers.

- **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 key priority areas.

Key Achievements

- The West Coast continues to perform well above the 95% **ED health target**; results for the year to 31 October 2013 show that 99.8% of patients were admitted, discharged or transferred within 6 hours - and 96.7% within just 4 hours.
- The West Coast has continued to achieve the **cancer treatment health target** throughout the first four months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- At the end of Quarter 1, West Coast **B4 School Check coverage** exceeded the year-to-date target of 25% for both the high deprivation group (26%) and for total checks (27%).

Key Issues & Associated Remedies

- 85% of eight-month-olds were fully immunised in Quarter 1— missing the new **immunisation health target** (90%) by just four children. A position paper to streamline immunisation events on the West Coast has been approved by the Alliance Leadership Team, and the implementation plan is now being developed.

Upcoming Points of Interest

- Implementation of a **restorative homecare model** as part of the Complex Clinical Care Network project continues to make progress. A recent development is the offer of a short period of goal-based rehabilitation to help clients improve their functioning and stay independent at home.
- Work continues on increasing integration to enhance responsiveness and flexibility of **mental health services** across the system. The findings of a recent stock-take against the national Mental Health and Addiction Service Development Plan will support this work.
- A joint publicity campaign by the West Coast DHB, PHO and Diabetes Society is being run in November to encourage people to become more active and to get checked for their

cardiovascular disease (CVD) and diabetes risk. The campaign is designed to coincide with nationwide messages around national Diabetes Awareness Week and CVD risk.

Discussion took place regarding variances in home based support remuneration and the Committee noted that there is a move to a more case-mix funding model for these payments.

- **General Business**

The Chair advised that members of the Community had raised with her concern around the number of suicides on the West Coast in recent times. The Committee noted that this was part of the background behind the commissioning of the Mental Health Review. They also noted that some areas do have a suicide prevention plan and that there is work taking place here on the West Coast to determine the need for such a plan.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 28 November 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 28 November 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**
10 October 2013.
- 3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

9.10am

- | | | | |
|----|---|---|--------------------|
| 4 | Community and Public Health Update | Jem Pupich
<i>Team Leader, Community and Public Health</i> | 9.10am - 9.25am |
| 5. | Alliance Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 9.25am - 9.40am |
| 6. | Maori Health Activity Report | Gary Coghlan
<i>General Manager, Maori Health</i> | 9.40am – 9.55am |
| 7. | Planning & Funding Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 9.55am – 10.05am |
| 8 | General Business | Elinor Stratford
<i>Chair</i> | 10.05 am - 10.50am |

ESTIMATED FINISH TIME

10.50am

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 13 September 2013
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule

NEXT MEETING

Date of Next Meeting: to be confirmed

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 28 NOVEMBER 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 13 December 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 28 November 2013. Following confirmation of the minutes of that meeting at the next HAC meeting, full minutes of the 28 November 2013 meeting will be provided to the Board at its February 2014 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 – 28 November 2013.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 October 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

As advised in my report to the last Board meeting a new look management report is progressively being rolled out to the Committee. I have attached to this report, for the information of Board members, the Elective Patient Journey flow chart which was presented at the meeting for the second time. Once the Acute Patient Journey and Allied Health Patient Journey have been embedded I will provide copies of these also.

The Committee noted that ESPI compliance was met for both ESPI 2 and ESPI 5 thus meeting our commitment to patients and avoiding any financial penalties.

Discussion took place regarding patients who did not attend appointments (DNAs) and the Committee noted that this is an absolute focus for the CBU as it is wasted capacity. Management are looking at alternative ways for notification to patients including ensuring the correct contact details are held.

Discussion also took place regarding the patients sent back to GP care and the Committee noted that this continues to be a key theme emerging from the Primary Care sector and work is taking place to improve this process.

FINANCE REPORT.

The Committee noted the favourable result against budget for the month of October 2013. It was also noted that the year to date position is also favourable.

CLINICAL LEADERS UPDATE

Karyn Kelly, Director of Nursing & Midwifery, presented this report which was provided to the Board at their last meeting.

GENERAL BUSINESS

- Michael Frampton, Programme Director advised the Committee of the appointment of the new General Manager, Grey/Westland, Mark Newsome, who will commence his role on 9 December 2013.
- The Chair advised of the resignation of Karen Hamilton from the Committee.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 28 November 2013.

Appendix 2: Elective Patient Journey

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 28 November 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**

10 October 2013

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Michael Frampton *11.10am - 11.30am*

Acting General Manager, Hospital Services

Ralph La Salle

Acting Operations Manager, Hospital Services

5. **Finance Report**

Justine White *11.30am - 11.45am*

General Manager, Finance

6. **Clinical Leaders Report**

Dr Carol Atmore *11.45am – 12noon*

Chief Medical Officer

Karyn Kelly

Director of Nursing & Midwifery

7. **General Business**

12noon

ESTIMATED FINISH TIME

12.15pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 22 October 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Work Plan

NEXT MEETING:

Date of Next Meeting: To be confirmed
Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 13 December 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 25 October 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, 10 October 2013 commencing at 9.00am

PRESENT

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

APOLOGIES

An apology for absence was received and accepted from Dr Paul McCormack & Robyn Moore.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services) (via video conference); Ralph La Salle (Acting Operations Manager); Karyn Kelly (Director of Nursing & Midwifery & Acting General Manager, Primary & Community Services); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Gary Coghlan to lead the Karakia.

1. INTEREST REGISTER**Additions/Alterations to the Interest Register**

Lynette Beirne advised that she is Patron of the West Coast Stroke Group Inc and also wording for South Island Regional Stroke Foundation Committee should be amended to read "Advisory" Committee.

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING**Resolution (9/13)**

(Moved: Jenny McGill; Seconded: Cheryl Brunton - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 22 August 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Report regarding Disability plan to be added to carried forward list.

4. COMMUNITY & PUBLIC HEALTH UPDATE

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

This report provided the Committee with updates on: Liquor Licensing; Psychoactive Substances Act; Smokefree WERO Challenge; Drinking Water Assistance Funding and the Wellbeing Game.

The Community & Public Health six monthly report to the Ministry of Health was included in the information items.

Discussion took place regarding the Hepatitis A outbreak in Ashburton and the ability to contain this to Ashburton and also the readiness capacity on the West Coast should there be an outbreak here. In this regard, the Committee noted that Community & Public Health believe they have the capacity to manage this issue on the West Coast if necessary.

The Report was noted.

5. PLANNING & FUNDING UPDATE

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

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 key priority areas.

Discussion took place regarding waiting times at DHB owned General Practices and the Committee noted that there is a high focus with Better Health to ensure the best processes are in place to manage this. The Committee also noted that there are also a range of other things taking place as well with the key being to improve and stabilise the GP workforce.

The Complex Clinical Care Network (CCCN) project continues to make progress. The Community Services Operations Manual has been prepared for the West Coast services, and a date of 14 October 2013 has been set for the separation of responsibility for complex and non-complex assessments to take place. After the split, the CCCN will be responsible for assessments of clients with complex needs and the home-based support providers will take responsibility for the assessments of people with non-complex needs.

The report was noted

6. ALLIANCE UPDATE – QUARTERLY REPORT

Ralph La Salle also presented this update which was taken as read.

This report provided an update of progress made on the implementation of "Better Sooner More Convenient".

The Committee noted that the West Coast Alliance Agreement has now been signed by both Alliance partners, the West Coast DHB and the West Coast PHO.

A review has been completed of Allied Health services and reporting structure with a view to improving integration locally and connections with Canterbury. A Report with recommendations for the future is underway.

The update was noted.

7. GENERAL BUSINESS

The Chair reminded members about the Disability Network meetings held each month and provided some information regarding the rationalisation of PACT and how this organisation is moving from a funding model based on beds to an FTE model.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 13 September 2013
- CPH&DSAC 2013 Work Plan
- Health Target Results – Quarter 4
- Community & Public Health 6 Monthly Report to Ministry of Health
- West Coast DHB 2013 Meeting Schedule

There being no further business the meeting concluded at 10.05am.

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 10 October 2013, commencing at 11.00am

PRESENT

Sharon Pugh (Chair); Doug Truman (Deputy Chair); Paula Cutbush; Karen Hamilton; Gail Howard; Richard Wallace; and Peter Ballantyne (ex-officio).

MANAGEMENT SUPPORT

Michael Frampton (Programme Director & Acting General Manager, Greymouth & Westland); Kathleen Gavigan (General Manager, Buller Health Services) (via video conference); Karyn Kelly (Director of Nursing & Midwifery); Ralph La Salle (Acting Operations Manager); and Kay Jenkins (Minutes).

WELCOME

The Chair asked Richard Wallace to open the meeting a Karakia.

APOLOGIES

An apologies for absence was received and accepted from Dr Paul McCormack.

1. INTEREST REGISTER

There were no additions or alterations to the interest register.

There were no declarations of interest for items on today's agenda.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (18/13)

(Moved: Doug Truman/Seconded: Paula Cutbush – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 22 August 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Exit Interviews – Discussion took place regarding exit interviews and the Committee noted that the response rate was so low (3 in the current calendar year) that it is difficult to provide any trends that are meaningful. Management advised that Human Resources are already looking at why the response rate is so low and also look at the current format of the questionnaire. The Committee agreed that this item be removed from the carried forward items.

A query was made regarding the facilities development and the Programme Director advised that there will be an announcement in the next few days regarding the appointments of architects and planners. He confirmed the intention to keep people well informed of progress.

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 spoke to the Management Report, which was taken as read.

He commented that the “new look” management report will be progressively rolled out over the next few meetings.

The new report contained a series of flow charts depicting the Elective Patient Journey, the Acute Patient Journey and the Allied Health & Diagnostic Patient Journey. The Elective Patient Journey showed the throughput numbers and these will also be added to the Acute, Allied Health & Diagnostic for the next meeting.

Discussion took place regarding the work being undertaken by the Central Booking Unit (CBU) and the Committee noted that it is important to understand that there are many things that the CBU cannot control which affect the booking process.

Discussion also took place regarding inappropriate ED attendances and the Committee noted that this will probably not improve until GP access is improved.

The Committee noted that recent resignations have been received from the midwifery team in Buller and Grey. The Grey team is fully covered and the Buller service continues to be staffed by a sole DHB LMC midwife and locum staff. Regular discussions continue with the Buller staff, in collaboration with the General Manager Buller Health, around the evolving model of care. In addition, a very productive meeting was held with the Kawatiri Action Group on Monday 23 September that was attended by David Meates, Michael Frampton and Kathleen Gavigan.

Resolution (19/13)

(Moved: Peter Ballantyne/Seconded Richard Wallace – carried)

- i That the Hospital Advisory Committee notes the Management Report.

5. FINANCE REPORT

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

The Committee noted the favourable result against budget for the month of August 2013. It was also noted that the year to date position is tracking very closely to the Annual Plan budget.

Discussion took place regarding the facilities approval by the Government and the Committee Chair asked that the Committee note the amount of work put in by staff towards getting this approval.

Resolution (20/13)

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

- i That the Committee notes the financial report for the period ending 31 August 2013.

6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery, presented this report which provided information

regarding: Future Workforce Development; Better Sooner More Convenient Implementation;
Mum4Mum Peer Support Programme and Health pathways.

The update was noted.

There being no further business the meeting closed at 12.45pm

Confirmed as a true and correct record.

Sharon Pugh, Chair
Chair

Date