

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

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# **BOARD MEETING**

**Friday 27 June 2014**  
**10.15am**

**St John**  
**Waterwalk Road**  
**GREYMOUTH**

ALL INFORMATION CONTAINED IN THESE MEETING  
PAPERS IS SUBJECT TO CHANGE

**WEST COAST DISTRICT HEALTH BOARD MEMBERS**

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

**Executive Support**

David Meates (*Chief Executive*)  
Michael Frampton (*Programme Director*)  
Dr Carol Atmore (*Chief Medical Officer*)  
Karyn Bousfield (*Director of Nursing & Midwifery*)  
Gary Coghlan (*General Manager, Maori Health*)  
Kathleen Gavigan (*General Manager, Buller*)  
Carolyn Gullery (*General Manager, Planning & Funding*)  
Mark Newsome (*General Manager, Grey & Westland*)  
Stella Ward (*Executive Director, Allied Health*)  
Karalyn van Deursen (*Strategic Communications Manager*)  
Justine White (*General Manager, Finance*)  
Kay Jenkins (*Minutes*)

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held St John, Waterwalk Road, Greymouth**  
**Friday 27 June 2014 commencing at 10.15am**

<b>KARAKIA</b>	<b>10.15am</b>
<b>ADMINISTRATION</b>	<b>10.20am</b>

Apologies

**1. Interest Register**

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

**2. Confirmation of the Minutes of the Previous Meeting**

- 9 May 2014

**3. Carried Forward/Action List Items**

<b>REPORTS</b>	<b>10.25am</b>
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|---|---|-------------------|
| 4. <b>Chair's Update</b><br>(Verbal Update)       | Peter Ballantyne<br><i>Chairman</i>   | 10.25am - 10.35am |
| 5. <b>Chief Executive's Update</b>                | David Meates<br><i>Chief Executive</i>  | 10.35am - 10.50am |
| 6. <b>Clinical Leader's Update</b>                | Dr Carol Atmore<br><i>Chief Medical Officer</i><br>Karyn Bousfield<br><i>Director of Nursing and Midwifery</i><br>Stella Ward<br><i>Executive Director, Allied Health</i> | 10.50am - 11.00am |
| 7. <b>Finance Report</b>                          | Justine White<br><i>General Manager, Finance</i>  | 11.00am - 11.10am |
| 8. <b>Health Target Report – Quarter 3</b>        | Greg Hamilton<br><i>Planning &amp; Funding</i>  | 11.10am - 11.15am |
| 9. <b>Maternity Review Update</b>                 | Mark Newsome<br><i>General Manager, Grey/Westland</i>   | 11.15am – 11.25am |
| 10. <b>Report from Committee Meetings</b>         |   |                   |
| - CPH&DSAC<br>11 June 2014                        | Elinor Stratford<br><i>Chair, CPH&amp;DSAC Committee</i>  | 11.25am - 11.30am |
| - Hospital Advisory Committee<br>11 June 2014     | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i>  | 11.30am - 11.35am |
| - Tatau Pounamu Advisory Group<br>(Verbal Update) | Elinor Stratford<br><i>Board Representative to Tatau Pounamu</i>  | 11.35am - 11.40am |
| 11. <b>Resolution to Exclude the Public</b>       | <i>Board Secretariat</i>  | 11.40am           |

## **INFORMATION ITEMS**

- 2014 Meeting Schedule

## **ESTIMATED FINISH TIME**

**11.40am**

## **NEXT MEETING**

Friday 8 August 2014

## 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	
Peter Ballantyne <b>Chair</b>	<ul style="list-style-type: none"> <li>Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>Retired partner, Deloitte</li> <li>Member of Council, University of Canterbury</li> <li>Trust Board Member, Bishop Julius Hall of Residence</li> <li>Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> <li>Temporary Acting Chair, Brackenridge Estate Limited</li> </ul>
Kevin Brown	<ul style="list-style-type: none"> <li>Councillor, Grey District Council</li> <li>Trustee, West Coast Electric Power Trust</li> <li>Wife works part time at CAMHS</li> <li>Patron and Member of West Coast Diabetes</li> <li>Trustee, West Coast Juvenile Diabetes Association</li> </ul>
Helen Gillespie	<ul style="list-style-type: none"> <li>Peer Support Counsellor, Mum 4 Mum</li> <li>Employee, DOC</li> </ul>
Michelle Lomax	<ul style="list-style-type: none"> <li>Kawatiri Action Group – Past Member</li> <li>Autism New Zealand – Member</li> <li>West Coast Community Trust – Trustee</li> <li>Buller High School Board of Trustees – Trustee</li> <li>St John Youth Leader</li> </ul>
Peter Neame	<ul style="list-style-type: none"> <li>President, Multiple Sclerosis Society, West Coast</li> </ul>
Elinor Stratford	<ul style="list-style-type: none"> <li>Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>Committee Member, Active West Coast</li> <li>Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>Deputy Chair of Victim Support, Grey/Westland district</li> <li>Committee Member, Abbeyfield Greymouth Incorporated</li> <li>Trustee, Canterbury Neonatal Trust</li> <li>Advisor MS/Parkinson West Coast</li> <li>Disability Resource Trust - contracted to wind up this Organisation</li> <li>Trustee, Disability Resource Centre, Queenstown/West Coast</li> <li>Elected Member, Arthritis New Zealand, Southern Regional Liaison Group</li> </ul>
Sharon Pugh	<ul style="list-style-type: none"> <li>Shareholder, New River Bluegums Bed &amp; Breakfast</li> <li>Chair, Greymouth Business &amp; Promotions Association</li> </ul>

Joseph Thomas	<ul style="list-style-type: none"> <li>• Chief Executive, Development West Coast</li> <li>• The Canterbury Community Trust – Chair &amp; Member</li> <li>• Canterbury Direct Investments Limited – Director</li> <li>• The Canterbury Community Trust Charities Limited – Trustee</li> <li>• Canterbury Trust House Limited – Director</li> <li>• Ngati Mutunga o Wahrekauri Asset Holding Company Limited – Chair</li> <li>• Motuhara Fisheries Limited – Director</li> <li>• Management South Limited – Director</li> <li>• Ngati Mutunga o Wharekauri Iwi Trust – Trustee</li> <li>• New Zealand Institute of Management Inc – Member (Associate Fellow)</li> <li>• New Zealand Institute of Chartered Accountants – C A, Member</li> </ul>
John Vaile	<ul style="list-style-type: none"> <li>• Director, Vaile Hardware Ltd</li> <li>• Member of Community Patrols New Zealand</li> </ul>
Susan Wallace	<ul style="list-style-type: none"> <li>• Tumuaki, Te Runanga o Makaawhio</li> <li>• Member, Te Runanga o Makaawhio</li> <li>• Member, Te Runanga o Ngati Wae Wae</li> <li>• Director, Kati Mahaki ki Makaawhio Ltd</li> <li>• Mother is an employee of West Coast District Health Board</li> <li>• Father member of Hospital Advisory Committee</li> <li>• Member of Tatau Pounamu</li> <li>• Father employee of West Coast District Health Board</li> <li>• Director, Kōhatu Makaawhio Ltd</li> <li>• Appointed member of Canterbury District Health Board</li> <li>• Chair, <u>Poutini Waiora</u></li> <li>• Area Representative-Te Waipounamu Maori Womens' Welfare League</li> </ul>

**MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING**  
**held at St John, Waterwalk Road, Greymouth**  
**on Friday 9 May 2014 commencing at 10.15am**

## **BOARD MEMBERS**

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

## **APOLOGIES**

There were no apologies

## **EXECUTIVE SUPPORT**

David Meates (Chief Executive); Michael Frampton (Programme Director); Dr Carol Atmore (Chief Medical Officer); Karen Bousfield (Director of Nursing and Midwifery); Kathleen Gavigan (General Manager, Buller); Carolyn Gullery (General Manager, Planning & Funding); Mark Newsome (General Manager, Grey/Westland); Stella Ward (Executive Director of Allied Health); Justine White (General Manager, Finance); Philip Wheble (Team Leader, Planning & Funding); and Kay Jenkins (Minutes).

Susan Wallace led the Karakia.

## **1. INTEREST REGISTER**

### **Additions/Alterations to the Interest Register**

There were no additions or alterations to the Interest Register

### **Declarations of Interest for Items on Today's Agenda**

There were no declarations of interest for 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 (19/14)**

(Moved Helen Gillespie/seconded Elinor Stratford - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 4 April 2014 be confirmed as a true and correct record.

## **3. CARRIED FORWARD/ACTION LIST ITEMS**

There were no carried forward items.

## **4. CHAIR'S UPDATE**

The Chair commented on the announcement regarding the approval of the Facilities Business Case and discussions took place around this.



### **Resolution (20/14)**

(Moved Peter Ballantyne/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Chair's verbal update.

## **5. CHIEF EXECUTIVE'S UPDATE**

The Chief Executive commented that yesterday's announcement by the Minister that "the business case for a new 60 bed hospital facility on the West Coast was signed off and was now in the final design phase" is a major milestone for the West Coast. He said that many people should be extremely proud of what has been achieved. He added that this has not been an easy journey but the solution that has been developed is the best possible outcome for the West Coast.

He went on to say that the importance of the announcement is that it gives certainty and will continue to bring to life the importance of keeping people well in their own homes and also the importance of "long life loose fit" and having the facilities to meet the needs of the future. The Board noted that this will be the start of a reconnect with the community over the coming months. This includes on-going engagement with the Reefton community around how those services will develop into the future and also the Buller community.

### **Resolution (21/14)**

(Moved Joseph Thomas/seconded Michelle Lomax – carried)

That the Board:

- i. Extends its thanks to the Chief Executive for leading the extensive team of management and clinicians to achieve the desired result of the approval of the Business Case.

A query was made regarding the role of the Partnership Group going forward and the Board noted that this would become clear over the next few months.

The Chief Executive then presented his written report which was taken as read. He stepped through a number of elements of the report and highlighted the following points:

- The release of the Mental Health Review;
- Ongoing shifts and changes in Primary Care;
- The DHB still being on track to deliver on its commitments and demonstrating that it can live within its means.
- The visit by Mr Anthony Hill, Health & Disability Commissioner to West Coast last week. He added that a lot of work has been undertaken in this area and it is fair to say that Mr Hill left with a strong and positive view of the work that has been undertaken and the challenges still to be worked through.

Discussion took place regarding the Boiler House and the Board noted that a range of options are being looked at around this. The Chief Executive commented that it is evident that this is not just about some minor repairs and we need to consider carefully how this will take place.

A query was made regarding how the DHB tracks the patient experience around the CCCN and home based care. The board noted that this is a goals based service and the data is peer reviewed.

A query was also made regarding the possibility of charter flights between Christchurch & the West Coast and the Board noted that some work is being undertaken around modelling this service. The Board also noted that the change in the Air New Zealand timetable has had a significant impact on the provision of services by visiting consultants and surgeons.

Management were complemented on how quickly they had met with service users regarding the Mental Health Review.

**Resolution (22/14)**

(Moved Joseph Thomas/seconded Susan Wallace – carried)

That the Board:

- i. notes the Chief Executive's update

**6. CLINICAL LEADERS REPORT**

Karyn Bousfield, Director of Nursing & Midwifery, Dr Carol Atmore, Chief Medical Officer, and Stella Ward, Executive Director of Allied Health, presented this report which was taken as read.

They highlighted the following points:

- A lot of work is taking place around workforce issues.
- Work is continuing in Allied Health bringing to life and implementing the leadership changes. Interviews for the position of Associate Director of Allied Health will take place shortly.
- The Chief Medical Officer updated the Board on her attendance at the International Forum on Quality and Safety in Healthcare Conference.

**Resolution (23/14)**

(Moved John Vaile/seconded Peter Neame – 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 March 2014 which was taken as read. The report advised that the consolidated West Coast DHB financial result for the month of March 2014 was a deficit of \$0.326m, which was \$0.010m favourable against the budgeted deficit of \$0.336m. The year to date position is now \$0.059m unfavourable.

The Board noted that it is important that the DHB meets its break even target next year to allow for the facilities development.

Discussion took place regarding depreciation and it was noted that with the decision around the facilities we now have the ability to put some time lines around the current buildings of which there is likely to be a revaluation. The Chief Executive added that the financials will now be reforecast and will give a slightly different picture with a lot of repackaging and write downs.

**Resolution (24/14)**

(Moved Joseph Thomas/seconded Helen Gillespie – carried)

That the Board:

- i. Notes the financial result for the period ended 31 March 2014

**8. CLINICAL BOARD PRESENTATION**

Stella Ward, Chair, Clinical Board provided the Board with a presentation on the West Coast DHB Clinical Board.

The presentation provided:

- an overview of Clinical Governance;
- the functions of the Clinical Board;
- the importance of: systems thinking; process thinking; team thinking and continuous improvement;
- objectives of the Clinical Board;
- key areas of focus;
- membership; and
- a typical agenda

The Board noted that the Clinical Board sponsored the development of the first set of Quality Accounts which were produced for the first time last year.

Ms Ward commented that it is fair to say that the Clinical Board is still maturing and it has taken a little time for the Board to find their way.

The Chair thanked Stella for her presentation.

## **9. TATAU POUNAMU ADVISORY GROUP TERMS OF REFERENCE**

The Programme Director advised that there is still more work to be undertaken around this.

## **10. ADDRESS BY HEALTH & QUALITY & SAFETY COMMISSIONER**

Due to timings this item took place later in the meeting.

## **11. REPORTS FROM COMMITTEE MEETINGS**

- a) Elinor Stratford, Chair, Community & Public Health and Disability Support Advisory Committee provided an update from the Committee meeting held on 1 May 2014.

She mentioned in particular the discussion around “boil water notices” and whether this is the correct course of action for the community.

The report was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 1 May 2014.

She mentioned in particular: the positive gains in recruitment; locum usage; and DNA rates.

The Board noted that the Committee has asked that they recognise the good work undertaken by staff and management around the recent storms on the West Coast.

The update was noted.

## **12. RESOLUTION TO EXCLUDE THE PUBLIC**

### **Resolution (25/14)**

(Moved John Vaile/seconded Sharon Pugh – carried)

That the Board:

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

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

	<b>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</b>	<b>GROUND(S) FOR THE PASSING OF THIS RESOLUTION</b>	<b>REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)</b>
1.	Confirmation of minutes of the public excluded meeting of 21 February 2014	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.	Draft Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Loan Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	CT Scanner Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j)
8.	Amendment to HBL Master Banking Services and treasury Services Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	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)

- 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 11.20am.

The Public Excluded section of the meeting commenced at 12.05pm and concluded at 2.20pm with a break for lunch between 12.35pm and 1.05pm.

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Paul McCormack, Chair

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Date

Draft

## CARRIED FORWARD/ACTION ITEMS



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

### WEST COAST DISTRICT HEALTH BOARD CARRIED FORWARD/ACTION ITEMS AS AT 27 JUNE 2014

	DATE RAISED	ACTION	COMMENTARY	STATUS
1	21 February 2014	Maternity Review update.	Progress against review recommendations to be provided to the Board at alternate meetings. First Update provided on 4 April 2014.	Further update on today's agenda.
2.	4 April 2014	Telemedicine	Topic for Presentation when time allows.	Presentation when time allows.

# CHIEF EXECUTIVE'S UPDATE

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

**SOURCE:** Chief Executive

**DATE:** 27 June 2014

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

This report is a 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.

 	<b>DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY</b>
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### A: Reinvigorate the West Coast Alliance

- **Annual Planning** – The ALT formally endorsed the final draft of the West Coast DHB Annual Plan, confirming that the content is aligned to the individual Workstream plans.
- **Mental Health Workstream** – Following the recommendations made by the Mental Health Review team, ALT endorsed the establishment of the Mental Health Workstream under the Alliance framework. Work is now underway to confirm the Terms of Reference which will clearly define the scope of the Workstream, and to determine Workstream membership.
- **Integrated Family Health Centre [IFHC] visits** - The ALT were pleased to note the success of the visit made by a working party to the IFHC Project team at Pegasus Health [Christchurch] and the Midlands Health Network [Hamilton] and how concepts from these locations could further inform the innovative work underway on the West Coast.
- **The Complex Clinical Care Network [CCCN]** – The ALT was pleased to note the continued progress and development of the CCCN.



## B: Build Primary and Community Capacity and Capability

### *Primary*

- **Rural Academic and Greymouth Medical:** Staff from both practices recently visited other IFHC's [referred to above] to observe and learn about other integrated models of care. These visits engendered real energy and enthusiasm which will be critical as we move forward into planning the IFHC for Grey. RAGP continues to recruit for a Registered Nurse and a new graduate will join the practice in July.
- **South Westland Area Practice:** We are fortunate to have a group of highly skilled and experienced Rural Nurse Specialists [RNS] in this area. Whilst many of them are new to South Westland, they are quickly assimilating themselves into their roles and their local communities. We are still recruiting to an RNS Roving Nurse position that provides cover for annual, sick and study leave and supports the Glacier region in the busy season with extra clinics.
- **General Practice Staffing:** All general practices are well staffed with GPs for the first winter in many years with very few roster gaps in July, which are expected to be filled with short term locums. Whilst there remains a reliance on short term and locum doctors, active recruitment for long term-contracted [12 months or longer] and permanent GPs continues. New doctors have started at Reefton, Westport and in South Westland. A further four long term doctors are expected to start later in the year, as well as two long term casual locums who provide cover as and when required.
- **Recruitment and Retention:** Better Health has led our specialist GP recruitment efforts. This has enabled the ability not only to address immediate roster gaps, but to also proactively plan a long term strategy to attract and retain a sustainable workforce. This comprises a core of permanent GPs, a pipeline of long term doctors staying 12 months or more and a pool of contracted casual locums to cover planned and unexpected gaps. Many of these doctors come from overseas and the strategy includes presenting the West Coast as a challenging and interesting place to practice medicine, as well as offering an outstanding lifestyle. In addition, the investment over several years in rural general practice training is starting to bear fruit, with a locally developed talent pipeline emerging.
- Retention of practice managers is a constraint, with vacancies now at Greymouth and Reefton. Reefton has been covered on a temporary basis by Better Health and we are now re-advertising the role. A new practice management model is being considered for Greymouth.
- **Waiting Times:** Waiting times for GP appointments continue to show very positive trends, where on average patients are seen within 2 days for routine appointments in most practices, and urgent cases on the same day. This is a very significant achievement and demonstrable evidence of the progress that we are making in improving access to primary care services for Coasters.
- **Financials:** Detailed financial accounts are now available for each practice. Areas for improving income collection and better managing costs have been identified and these are being actioned as part of business-as-usual.
- **Policies and Procedures:** GP policies and processes are now largely documented in *GP Docs* and staff training needs identified to implement more consistent processes.



## *Community*

- **Home Based Support Services:** 80% of our staff have achieved Level 3 Aged Care Home Based Support services national qualifications through *Careerforce*. Client numbers range between 625 and 650. There are two providers on the Coast, and *Coasters* [DHB HBSS] provides for 75% of client care. *Coasters* employs 105 staff. Recent increases in Registered Nurse FTE has resulted in improvement of assessment and support planning for clients. This outcome was seen as desirable from an audit conducted last September.
- **Oral Health:** The West Coast's mobile dental vehicles are being taken to Christchurch to have their ceiling panels replaced due to the possibility of potential formaldehyde presence in the glue holding the tiles in place. The WCDHB mobiles were purchased as part of a national procurement process, and this issue is not therefore specific to the Coast. *WorkSafe* NZ was immediately informed of the issue and have worked with both CDHB and the West Coast on a plan of action. As part of that plan, an independent occupational health physician - Dr Andrew Hilliard - was engaged to ensure that appropriate actions were identified and taken. Dr Hilliard has stated publicly that the risk to staff who worked in the clinics is very low and for the general public who have spent a short time there, it is negligible. In other developments, the team have been concentrating on clearing the backlog of patients waiting, as the service is below FTE for dental therapists, which are difficult to recruit. Good progress has been made in addressing the backlog, with the waitlist significantly decreased.
- **District Nursing [DN]:** Some recruitment in Grey is underway, and the Hokitika DN team is at full strength and has a NETP [Nurse Entry to Practice] as part of the team. Our DN teams are working more closely with the GP practices to assist in providing a more seamless service and thereby positive outcomes for the patients.
- **Public Health Nursing:** A part time Public Health role in Greymouth is under recruitment due to the departure of a nurse from the Coast. This will bring the team up to full strength. Our Buller PHN has transferred to Hokitika and we have recruited a new PHN to the Buller role. Our PHN group undertakes training with Plunket and the CDHB PHN group, which is both positive and efficient for learning and development. The PHN's have been working on the HPV [human papilloma virus] vaccination in schools which is a large undertaking for the team.
- **Emergency Planning:** Hokitika Health Centre, Westland Medical and NGOs are currently working together to formulate a new plan to deal with major emergencies, as part of the larger WCDHB Health Emergency Plan. We are fortunate to have a member of SIAPO facilitating and assisting with this that brings additional skills and experience to the planning process.
- **Reefton Health:** General Practitioner, Dr Marcia Liberatore, started at the end of May. She is orientating to the WCDHB systems over several weeks and will start clinics in Reefton from 16 June under the guidance of Dr Greville Wood. The emergency plan is currently being reviewed and updated to ensure it links with the wider WCDHB plan and meets the needs of the community and local environment. The Clinical Services Manager and RNSs have regular meetings with the St John ambulance manager to continue building relationships, to ensure primary response and care is integrated and efficient.

## C: Implement the Maori Health Plan

- **Tatau Pounamu – Maori Health Plan/Annual Plan 2014/2015:** The second draft of the Maori Health Plan was submitted to the Ministry on 28 May. We received positive feedback from the Ministry with the only change requested from the Ministry ‘to include an action item around sharing best practice for the ‘Cervical Screening’ target’.
- **Maori Health Plan 2013/2014 – Key Achievements Quarter 3**
  - Using 2013 Census data, 99% of Maori are enrolled in the PHO
  - 87.5% eligible Maori women [45-69] have been screened by *BreastScreen Aotearoa*
  - 72.9% Maori have had their Cardiovascular Risk Assessment – an increase from 68%
  - 100% Maori 2 year olds have been immunised
- **Poutini Waiora:** Alayna Watene has been appointed as interim Te Kaihautu after Dr Melissa Cragg resigned in May. Melissa managed to achieve a great deal in her time as Te Kaihautu for Poutini Waiora. Alayna has had extensive experience as the Chief Executive of Te Taiwhenua o Heretaunga [TToH], an Iwi Authority and an accredited provider of health, social and education provider in Hastings.
- **Mana Tamariki – Mana Mokopuna - Te Ao Auahatanga Hauora Maori – The Maori Innovations Fund project:** Mana Tamariki – Mokopuna, Mana Whanau o Te Tai O Poutini is about taking a Te Ao Maori/Kaupapa Maori approach to scoping, designing and implementing an approach that will have direct benefits for tamariki, mokopuna and whanau health and wellbeing. The focus of the innovation will be tamariki and mokopuna within a whanau context – where young Maori, pregnant wahine and young Maori mothers and their whanau are engaged to identify and design an appropriate and responsive programme and approach to meet their needs and aspirations.

There will be four main components to the project – scope, development, implementation and evaluation. The scoping and development of the programme will occur over the first two years with implementation occurring over a two year period and an evaluation process running alongside, with formative process and outcome evaluations being undertaken.

Deborah Baird, Contract Manager for the Innovations Fund, has visited Poutini Waiora and attended a meeting with Gary Coghlan and Claire Robertson as part of the initial project team and agreed to an extended timeframe for the rollout of this project. Alayna Watene, interim Te Kaihautu, will be responsible for the next phase of this project.

- **Primary Care Ethnicity Data Audit:** This tool aims to provide the practice a greater understanding of how closely ethnicity data on the PMS reflects current self-identified ethnicity data. It then aims to assist in identifying actions to improve the quality of ethnicity data. Stage 1 and 2 of the Ethnicity Data Audit are well underway. The PHO are managing the process. Stage 3 will involve the auditing of 900 patient files and will be very time consuming.

We aim to have this stage complete by late October with the findings informing the next phase of improvements. An opportunity has also arisen to attend a workshop hosted by the Waitemata DHB who piloted the EDAT toolkit in 2012. The training would be tailored to meet local needs and they will share their experiences, train the trainer for the EDAT tool and look at ways to ensure that the learning is weaved into a continuous Quality Improvement practice.



## **A: Facilities Report**

### ***Storm event***

- Following the storm that occurred over the Easter holiday weekend, the onsite teams worked extended hours over the weekend to deal with localised flooding, roof leaks and power outages across most of the facilities specifically as follows:
  - Greymouth Hospital experienced many short term transient power interruptions and voltage drops that on most occasions were too short in duration to allow the generator control systems to work e.g. by the time the generator controls had sensed power was off [1.5 to 2 secs] the power was back on again. This led to many short term power outages of a few seconds' duration, or brown outs, which were disrupting the operational capacity of the site. A teleconference was held between the onsite team and the engineering team at CDHB and it was decided to fail the mains manually and ride the storm out on the back-up generator. This was in order to protect the site from the above occurrences. Many of the local staff worked late and through the weekend to ensure service delivery was relatively unaffected.
  - Westport Hospital was effected by a long term power outage. The standby generator worked as designed, but this event has highlighted some deficiencies in the system e.g. Kynnersley home has never had an emergency supply and a machine was brought in from Greymouth. The feasibility of connecting this facility to the standby generator is being looked at presently.
- Generally, the onsite M&E staff - along with many other at the sites - worked far beyond their normal business as usual remit to keep the sites as operational as possible.
- Finally, it should be noted that it is very fortunate that WCDHB have invested monies in electrical infrastructure upgrades at the Greymouth Hospital and a temporary stand by generator at Buller. If this had not occurred the outcome and consequence of the storm would have potentially been significantly worse.

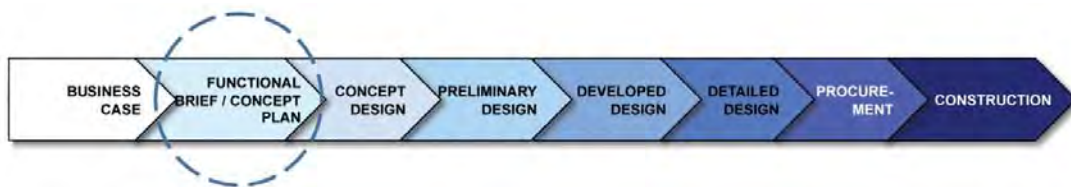
### ***Current Activity***

- Business as usual continues at all sites, with emphasis on working through infrastructure issues and liaising with design teams for the new developments.
- The structural defects on the Boilerhouse and chimney stack still present a risk for anyone entering the building and for the site should there be an incident that caused damage. The issue here is around entry to the Boilerhouse as at the moment the building is 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 are currently working on this project. A safety plan has been agreed regarding the necessary boiler survey work and this is now completed for this year.
- 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 a viable 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. The energy data is now being entered into the monitoring and targeting database.

- We are also aligning contracts for service where possible as contracts come out of agreement to ensure one overall system is in place for both DHB's and participating in the SI Alliance workstream opportunities. The fire services maintenance contract is currently out to tender for both CDHB and WCDHB combined. Other areas being looked at are lifts/refrigeration/BWOF.
- Input into the proposed new developments is gearing up now that engineers are being appointed for the more detailed infrastructure planning and we expect this will be an area we need to focus on carefully in the coming months.
- Following on from last years all of government tender for electricity, the WCDHB will take advantage of the Genesis pricing. However, it is likely that this will be via a letter of intent until the next tender period which is later this year when this will be re tendered. This is being worked through via our legal department.

## B: Facilities Case Update



- Work is now commencing with the Partnership Group and NHB in relation to planning the next steps in the design processes for both Grey and Buller.
- We expect to have further clarity about the timelines associated with this following a Partnership Group meeting later in June.

	<b>RECONFIGURING SECONDARY AND TRANSALPINE SERVICES</b>
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## A: Hospital Services [including Secondary Mental Health Services]

### *Nursing*

- Successful recruitment of quality registered nursing staff continues. The standard of applicants for roles has been notably high, which reflects the success of the recruitment campaign and the work that has been undertaken there.

### *Medical*

- Recruitment continues for several vacancies including General Surgery and General Medicine. A new permanent anaesthetist starts this month, with another scheduled to start within three months which will fill all of the vacancies in that department.
- Very strong candidates are showing strong interest for Rural Hospital Medicine Specialist positions also.

### ***Maternity Services***

- Good progress is being made in relation to implementing the outcomes of the West Coast Maternity Review. Recommendations have been grouped and prioritised into four key areas, being: *Buller Model of Care*, *Transalpine approach and SMO recruitment*, *Midwifery workforce*, and *Quality, Safety & Education*.
- Laura Aileone and Margaret Kyle continue to work with accountable managers and clinical leaders across the Canterbury and West Coast health system to implement this programme of work.
- Recruitment continues for two senior experienced midwives to join the team.

### ***Allied Health***

- An offer of employment has been made to an experienced dietician.
- Physiotherapy staffing constraints remain. A meeting of all relevant parties from both the West Coast and Canterbury will be convened in the next month to explore both short to medium, and long term strategies and solutions to the ongoing physiotherapy staffing issues.
- ERAS [Enhanced Recovery after Surgery] for orthopaedic patients – a questionnaire gathering consumer's viewpoints on current practice and increased interdisciplinary education prior to surgery has commenced.
- An abstract for SARRAH [Services for Australian Rural and Remote Allied Health] conference has been accepted. The presentation will be on Allied Health's leadership framework, innovations and contributions towards delivering the vision of an integrated West Coast Health System.

### ***Quality***

- Auditing of documentation continues within the ward environment. This has led to an improvement in the quality of documentation, with improvement in such areas as falls risk assessment that was then translated into a care plan to manage that risk.
- ACLS and Ventilator training is well underway with staff becoming certified in these critical areas.
- Work is underway to review the rate of sick leave, and includes consideration of how we may better support staff in an effort to reduce the rate of sick leave taken. Work is also underway in working with staff with large leave balances to proactively plan leave as rosters allow.

### ***Mental Health Services***

#### ***Health of the Nation Outcomes Scales – Child and Youth Report for 2014***

- Recent information circulated by Te Pou on the HoNOSCA [Health of the Nation Outcomes Scales for Child and Adolescent] indicates that WCDHB's iCAMHS service is meeting the majority of targets set by the Ministry. This scale includes a range of measures including; data collection completion and validity, what changes/outcomes have occurred for consumers, and service related information such as the overall severity of illness experienced by the service users. This report also provides comparative data indicating that the WCDHB is generally performing better than other DHB's.

#### ***Plans for Improvement arising from KPI Framework for Child and Youth MHS***

- The national Child and Youth benchmarking project is well underway with 10 key indicators identified for DHB's to benchmark against. DHB's have been asked to utilise the data collected to identify an area for improvement. The iCAMHS service has recently struggled to achieve the waiting list target for a range of reasons – including the number of long

standing vacancies due to difficulty in recruiting specialist CAMHS staff on the West Coast, and the high level of access to this service. Consequently an action plan was established to better understand the level of activity and capacity of the iCAMHS team in an attempt to reduce the time consumers spend on the waiting list.

- Data on the number of risk assessments completed on crisis presentations during the period January – April 2014 revealed a significant increase in these presentations during this period; e.g. in this same period in 2013 there were an average of 3 crisis presentations per month, compared with an average of 10.5 in the 2014 year. This information will be utilised to focus the existing resources on particular age groups, gender and schools in an attempt to reduce the number of crisis presentations.
- The KPI forum is also an opportunity to review how we could strengthen the NGO engagement. The recent appointment of a Pact Child and Youth Support worker in the Buller region, as opposed to being based within the Greymouth based iCAMHS team, has resulted in an increased NGO child and youth presence in the area with clinical oversight and support provided from the iCAMHS team in Greymouth. This initiative will also enable support services being accessible to a greater number of consumers and families in the Buller region as the support is not directly linked to families who are part of specialist level services.



## **DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES**

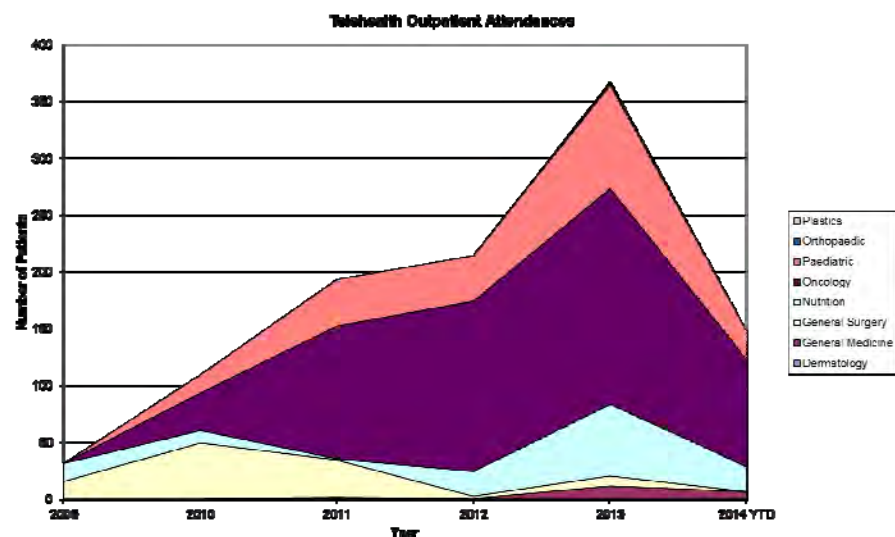
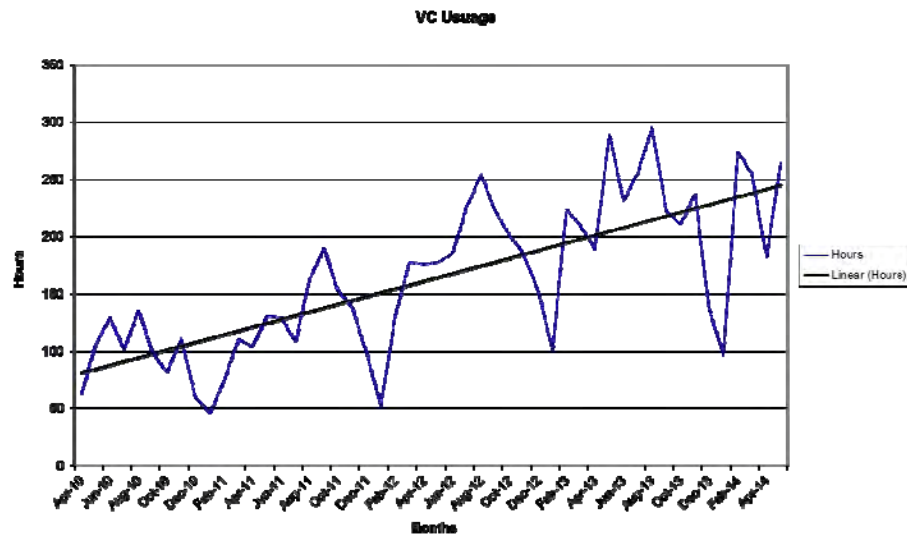
### **A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast**

- The voluntary Red Cross Buller Community Transport service is now well embedded and running from Westport to Greymouth return on a regular basis with steady patronage. It is proving an invaluable service to those without a vehicle or ability to drive, and those unable to get family or friends to take them to appointments. The West Coast DHB is looking to extend its current contract to support the Buller Red Cross for the continuation of the service.
- Potential suppliers of chartered flights between Greymouth and Christchurch have now been short-listed. Service configuration options, including flight time-tabling and flight frequency, are being reviewed focusing on what will best support the Transalpine framework and the needs of patients and staff.
- Negotiations are still continuing with St John as part of a South Island-wide joint DHB approach for the provision and pricing of non-acute patient transport services. The aim is to achieve an efficient, dedicated scheduled service for the wider South Island. A scheduled daily run has now been agreed in principle for transfers between Greymouth and Christchurch.

### **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.
- Ongoing advocating with the senior medical staff in the use of Telehealth where appropriate is occurring.





## INTEGRATING THE WEST COAST HEALTH SYSTEM

### A: Implement the Complex Clinical Care Network [CCCN]

- The Complex Clinical Care Network [CCCN] client base has increased with Home Based Support client numbers growing with the new restorative model of care. There has been a decline in the number of people being admitted into ARC as they are now able to receive care longer in their own home
- The casemix 8 [CREST-like model] pilot is still continuing and the next stage is evaluating the service.
- Earlier in May a Long Term Conditions Workshop was held with key stakeholders to communicate the current model of care and define whether gaps in service delivery existed. Three key areas of work resulted from this workshop and these will be further developed over the next four weeks to ensure that, going forward, there is a more consistent model, reduced duplication and further integration with Primary Care.

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

- Work plans are in place and members of the Buller workstream and project teams are being convened to deliver key focus areas. As part of the planning for integration of services, members of the Buller workstream attended the visit to Pegasus Health IFHC project team and the Midlands Network open day. This provided best practice and lessons learnt that will be used as part of the initiatives the Buller IFHS team will be implementing.
- Meetings are taking place with St John to explore ways to better manage presentations to Buller Health Services' Emergency Department. Regular meetings between Buller Medical Service and the community pharmacist commenced this month initially focusing on reducing prescription errors and increasing support for the pharmacy's long-term conditions programme.

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

- Feedback following visits to the Pegasus Health IFHC project team and the Midland Health Network open day is currently being collated and recommended next steps for the subsequent quarter being formulated. The visits have confirmed commitment from the three Greymouth primary practices to work together on system changes prior to physical co-location in the new IFHC.
- The workstream are investigating the training requirements of three nursing groups [Clinical Nurse Specialists, Public Health Nurses and District Nurses] who currently have varying levels of access and understanding of Medtech software. The workstream will facilitate the training necessary to allow these groups to both read and write clinical notes for patients on their caseload.

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

- The pharmacy workstream has commenced work to enable pharmacists on the Coast to become accredited to do work beyond their usual scope to support more complex patients.
- Pharmacists continue to increase their engagement with CCCN interdisciplinary meetings as well as undertaking some home visits to CCCN clients.
- In response to requests from both hospital and community pharmacists, some impromptu training in Maori Health has been delivered by Gary Coghlan as well as some basic Te Reo for hospital pharmacy staff.

	<b>BUILDING CAPACITY TO TRANSFORM THE SYSTEM</b>
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### **A: Live Within our Financial Means**

- The consolidated West Coast District Health Board financial result for the month of April 2014 was a surplus of \$0.075m, which was \$0.003m favourable against the budgeted surplus of \$0.072m. The year to date position is now \$0.057m unfavourable.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	0	(1)	1	0	(12)	12
Funder Arm	568	(42)	610	1,476	(487)	1,963
Provider Arm	(493)	115	(608)	(2,536)	(504)	(2,032)
Consolidated Result	75	72	3	(1,060)	(1,003)	(57)



## **B: Implement Employee Engagement and Performance Management Processes**

### ***Employee Health and Wellness***

- Preparations are underway for the 2 yearly WSMP [ACC work safe management programme] audit.
- ACC have chosen the Grey Hospital site for this year's audit. The web-based wellbeing initiative, 'Tracksuit-inc' [a programme for staff and families] has been implemented - the next 'challenge' starts on July 14 and will focus on resiliency. To date, 37% of staff have been vaccinated against influenza. The lung function tests for dental nurses and technicians have been carried out. The health monitoring results are to be reviewed by an Occupational Health Physician.

### ***Recruitment***

- Recruitment activity remains steady with vacancies being actively recruited to including Allied Health x 8, Nursing x 8, Corporate & Support Services x 5, Senior Medical Officers x 5, and Resident Medical Officers x 2. All current Nursing vacancies within the hospital have been filled. We have one Anaesthetist starting in August and another who is completing his NZ Immigration and is likely to start within the next two months. The General Surgeon has accepted and we are currently completing the MCNZ registration process. An O&G arrives mid-June for a visit and an interview. Remaining medical vacancies include two Psychiatrists. Annual recruitment for RMO's has commenced with the application period closing 13 June. Application levels so far are not as high as last year but we expect these to rise in the coming weeks.

### ***iPerform***

- Discussions around the implementation of an online tool to assist people manage their performance are on hold. In the interim, paper based tools and support is being provided as well as training on how to have constructive performance management discussions.

### ***Employee Relations***

- We are continuing to be engaged in a period of increased activity in the negotiation of employment agreements at both a national and local level. Initiation of bargaining has been received from the EPMU representing trades staff following the breakdown of negotiations at a national level with combined unions and a settlement has been presented for ratification. Negotiations are underway with PSA representing Allied Health and Technical employees nationally, and also with the RDA representing Resident Medical Officers. Negotiations have been underway for some months and continue with the PSA representing SI clerical workers; it is expected that a settlement will be taken to ratification in the near future. Negotiations have also commenced with the PSA representing Mental Health Nurses.

### ***Learning and Development***

- The Rural Learning Centre is starting to develop courses in our online platform "healthLearn". The sponsorship and studentship programmes for 2014/15 have been approved.

## **C: Effective Clinical Information Systems**

### ***eSign Off***

- The eSign off business case has been approved and this work is underway. This will allow electronic sign-off by clinicians of hospital-ordered pathology and radiology tests.

### ***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 has 13 remaining desktops to do with all laptops being completed, down from 161 units originally. The remaining desktops are more complex machines but are prevented from accessing the internet as a risk mitigation. The 13 remaining desktops are being worked through as quickly as possible.

#### ***Performance Issues***

- Computer systems are not maintaining pace with demand, primarily due to the growth in the number of users using them, and more complicated systems requiring greater computing resources. The new system based on Windows 2008R2 has been rolled out to all staff. There are some users who need to run applications on the old system due to compatibility issues
- Microsoft Office 2010 has now been deployed across all computers within the DHB

#### ***IT Infrastructure replacement***

- An investment in upgrading some systems at the end of their life has been approved. This includes replacement of UPS power systems in the Greymouth server room, replacement of firewall and remote access system, move to a new mail system, replacements of some legacy computer terminals and improvements to the Medtech32 system to increase stability.
- The replacement of legacy computers has now been completed.
- The end of life remote access system is being replaced with a system used in CDHB with team members from both WCDHB and CDHB working on this in July.
- The mail system used by WCDHB was based on Microsoft Exchange 2003. This also went end of life in April 2014. There has been a small pilot group migrated to a new exchange system 2010; all users will be migrated the weekend of the 14th June.

#### ***IT Disaster Recovery Plan***

- An IT disaster recovery plan is in development with a first draft being completed in June 2014.

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

#### ***Implementing a Grassroots Strategy***

- The grassroots strategy is an important way for the DHB to communicate directly with community organisations across the Coast. This strategy will continue this year and will be very important as we seek to engage with the community on the facilities redevelopment projects.
- Meetings in the past month included the following:
  - Programme Director met with West Coast Mayors and Chief Executives
  - Programme Director presented WCDHB 'Direction of Travel' update to around 15 representatives of different organisations working in Disability Support Services
  - Programme Director presented WCDHB 'Direction of Travel' update to a meeting of Buller Grey Power members
- Further Buller, Hokitika and Karamea meetings are being organised
- All attendees at these sessions, together with those organisations that have had presentations from the DHB, are now receiving the CE Update
- Note: A full communications and engagement strategy is being prepared in relation to aged care services in Buller, for implementation during July

#### ***Other External Communications***

- The winter issue of *Report to the Community* – the West Coast health system's community

newsletter - is ongoing and will be distributed to West Coasters via the Messenger this month.

- A new Maternity Services web page will go live before the end of June on the WCDHB website.

### ***Internal Communications***

- The Internal Communications Advisory Panel provides the communications team with valuable 'grass roots' information and are able to champion key messages within the organisation.
- The Internal Communications Advisory Panel, in conjunction with feedback from wider staff, has suggested that the CE Update be less frequent, briefer and focus more broadly across the Coast. We are considering future options for the frequency and content of the CE update and other communication channels. It will, however, continue to be an important document to share information both with staff and key stakeholders who have elected to be on the distribution list.
- We will look to utilise the staff intranet for more frequent updates about initiatives and change occurring across the West Coast health system. The Senior Communications Advisor is working with IT to look at implementing a system to prioritise intranet information.
- Staff meetings will continue, and we aim for these to occur monthly.
- A priority is to keep our 1000+ workforce up to date on the achievements of the West Coast DHB.

### ***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 Senior Communications Advisor has been meeting with key media representatives, to discuss improving the communications flow.
- Proactive stories released to the media and reported this month include:
  - Better figures for heart/diabetes checks in West Coast DHB health targets

### ***Reactive Media Relations***

- Issues commented on this month included responses to questions around:
  - Facilities redevelopment
  - Orthopaedic services which resulted in the West Coast DHB issuing a letter to the editor of both the Grey Star and Westport News
  - The recent Mental Health Review
  - The Budget
  - Sugary drinks
  - Flu/colds
  - Aged Residential Care

### ***Engagement with Key Influencers***

- As well as formal speaking engagements, we will also be looking for opportunities for the Programme Director and Coast-based General Managers in particular, to meet with local leaders throughout the Coast. These are opportunities to share important information about the West Coast Health System.
- Kathleen Gavigan is booked to attend a Buller District Promotion Group networking breakfast on Tuesday 1 July [guest speaker Joseph Thomas]
- The new Senior Communications Advisor has also been spending some time meeting staff

both on the West Coast and the transalpine staff in Canterbury, including a visit to Karamaea. A visit to South Westland is planned in early August.



## PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

### Key Achievements/Issues of Note

#### *Submissions on Council Draft Annual Plans*

- Active West Coast, the West Coast Tobacco Free Coalition and CPH made submissions to all four Council Annual Plans. Submissions included comments on water supply upgrades, solid waste disposal, environmental health services and emergency management activities. They also supported provision of safe roading systems including cycle lanes and improved footpaths, the West Coast Road Safety Committee and the Total Mobility scheme. District councils were also encouraged to continue their provision of pensioner housing, progress the development of their Local Alcohol Policy and widen the scope of their Smokefree areas. The submission to the Regional Council also included comment regarding the Warm Homes Insulation project which Council has scaled back to homes within the Reefton air-shed.

#### **Grey District Council Gambling Policy**

- The Grey District Council is reviewing their combined 'TAB and Class 4 Gaming Machine Policy'. Written submissions have been made by Active West Coast and CPH. The draft policy proposes to retain the possible number of gaming machine venues in the Grey District at 18 and the potential number of machines at 130. For the year ended 31 March 2014, a total of \$3.3 million was spent gambling at Class 4 gaming [or pokie] machines in the Grey District. This equates to an average of \$249 for each person who lives in the Grey District [based on 2013 Census figures], compared to a national spend of \$191 per person. It is estimated that between 33 and 197 people will score as problem gamblers and that between 231 and 3,349 people within the Grey District are currently harmed by someone else's gambling. In the light of this evidence, CPH's submission recommended that Council decrease the cap on both venues and machine numbers to closer to the national average, and implement a "sinking lid" on new venues and machines to achieve this.

#### **Aukati Kai Paipa Smoking Cessation Service**








- Aukati Kai Paipa [AKP] is a free Smoking Cessation service provided by CPH designed to help Māori smokers to quit. It involves one-to-one sessions with a trained Maori Smoking Cessation Practitioner. It is delivered using a Māori for Māori approach which is adapted to fit the client's needs. It provides coaching support and information for clients and whānau, with the use of nicotine replacement therapy which is free of charge. In the reporting year to date, AKP has had a total of 113 clients. The quit rate is measured in two ways: clients are tested by a smokealyser which measures the amount of carbon monoxide on the breath [validated quit rate] and by clients' self-reported non-smoking [non-validated quit rate]. The target quit rates are 25% [validated] and 35% [non-validated] at 4 weeks and 3 months. AKP West Coast currently exceeds both targets at 3 months [27.3% validated and 37% non-validated].

#### **Punakaiki Drinking Water Update**

- In our last Board report we noted concerns about repeated transgressions of the drinking water standards in the Punakaiki water supply. The matter had been escalated to the Ministry of Health which co-funded the new treatment plant. Further investigations have found that

there was insufficient water flow through the plant and the UV disinfection unit was operating outside its design parameters. Subsequently the UV plant was taken away by the suppliers for repairs. The UV unit was reinstalled in the last week of May. It is now working within its design flows of greater than 3.6 cubic metres per hour. The UV plant supply contractor has undertaken the repairs and investigations at their cost. The telemetry has been repaired as well so the Buller District Council is now confident that any faults will be effectively transmitted to their water treatment operators. Subsequent microbiological water testing in the last week of May showed “no detection” of Escherichia coli [E. coli] at the treatment plant and reticulation. Council lifted the boil water notice on the supply on 9th June.

## DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

	Target	Q3 13/14	Target	Current Status	Progress
	<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours <sup>1</sup>	99.6%	95%	✓	The West Coast DHB continues to achieve impressive results against the <b>Shorter Stays in ED Health Target</b> , with <b>99.6%</b> of patients admitted, discharged or transferred from ED within six hours during Quarter 3. Data for the 11 month period to 31 <sup>st</sup> of May 2014 shows a result of 99.7% within 6 hours, and 96.6% within just four hours.
	<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	1,182 YTD	1,176 YTD	✓	After being just four cases short of the <b>Improved Access to Elective Surgery Health Target</b> last quarter, The West Coast DHB is pleased to have made up this difference as expected. We look set to meet our cumulative end of year target and had <b>1,182 discharges</b> in the nine months to 31 <sup>st</sup> March 2014 against the 1,176 year-to-date target.
	<b>Shorter Waits for Cancer Treatment</b> People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	✓	West Coast continues to achieve the <b>Shorter Waits for Cancer Treatment Health Target</b> , with <b>100%</b> of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
	<b>Increased Immunisation</b> Eight-month-olds fully immunised	89%	90%	✗	For the <b>Increased Immunisation Health Target</b> we were two children shy of meeting the targeted 90%, but are pleased to have achieved our best result this year having <b>89%</b> of eight-month-olds fully immunised. Small numbers as well as high opt-off and declines will continue to prove challenging in meeting this target.
	<b>Better Help for Smokers to Quit</b> Hospitalised smokers receiving help and advice to quit	92.5%	95%	✗	During Quarter 3, West Coast DHB staff provided <b>92.5%</b> of hospitalised smokers with smoking cessation advice and support –just missing the targeted 95% for the <b>Secondary Care Better Help for Smokers to Quit Health Target</b> by 19 patients. Although we did not meet the target this quarter, this is a positive 6.3% increase on last quarter's result. April's current monthly result is sitting at 93%. Systems and processes to reach the target are all in place, but challenges exist with small numbers impacting.
	<b>Better Help for Smokers to Quit</b> Smokers attending primary care receive help and advice to quit <sup>2</sup>	55.4%	90%	✗	The <b>Primary Care Smokers Better Help to Quit Health Target</b> has suffered a disappointing 4.4% decrease against last quarter's result with <b>55.4%</b> of smokers attending primary care in the last year having received brief advice or cessation support to quit smoking. Analysis from the previous financial year identified the installation of HealthStat resulted in rapid increases in the target. However this smoking status and support information has now expired [more than 12 months] and these people require follow-up. In addition to their follow-up, actions previously reported continue, and training in Buller and Reefton has taken place for the upcoming TXT2Remind project using phone texts for initial follow-up.
	<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CV risk assessment in the last 5 years <sup>3</sup>	69.6%	90%	✗	Performance against the <b>More Heart and Diabetes Checks Health Target</b> continues to steadily increase with 69.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years to 31 March 2014.

<sup>1</sup> This report is calculated from both Greymouth and Buller Emergency Departments.

<sup>2</sup> Quarterly data is sourced from the PHO Performance Programme provided by DHB Shared Services as well as PHO enrolment datasets

<sup>3</sup> Quarterly data is sourced from the PHO Performance Programme provided by DHB Shared Services as well as PHO enrolment datasets



# CLINICAL LEADERS UPDATE



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

**SOURCE:** Clinical Leaders

**DATE:** 27 June 2014

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

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

## 2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders Update

## 3. DISCUSSION

### **Workforce**

The reinvigorated recruitment strategy for nursing has led to an increase in the number and quality of applicants. We are working across the system to ensure recruitment of nurses is creative, coordinated and effective.

This year we are employing two new graduate nurses on the mid year intake for the first time. This has been enabled by the shared CDHB/WCDHB NETP Programme. Once again the calibre of applicants has been outstanding, and the number of new graduate nurses indicating the WCDHB is their DHB of choice is increasing.

A review is underway of patient road transport/transfer activity and associated nursing FTE. This will provide a clear picture of FTE requirements to support this service. Once done, a training and education package will be developed and implemented to ensure these nurses have the required skill and receive ongoing training to remain competent.

Midwives have completed flight training for helicopter transfer, and planning is underway to complete this training to include fixed wing.

The DONM, Nurse Practitioner from the RAGP and the Clinical Nurse Manager from Buller Medical Centre all attended the GPNZ Nursing Leadership Development Day recently. The focus of the day was leading innovation and integration.

General Practitioner numbers on the West Coast are strong presently, which is a pleasing reflection on the increased recruitment and retention efforts. Plans are currently underway to increase the ratio of junior medical staff on the West Coast who are in training positions, both in hospital and primary care settings.

The recruitment for the Associate Director Allied Health is ongoing. The South Island Regional training hub is supporting the development of regional leadership roles for allied health particularly for the vulnerable professions or specialties. Recruitment of Allied Health is proving challenging and we are exploring alternative solutions to support physiotherapy in particular.

### **Quality and Safety**

Work is underway to review and update standardised nursing care plans at Grey Base Hospital. This is to ensure plans are up to date, consistent, refer to other tools/guiding documents such as MEWS and PEWS, and are aligned to best practice and policy.

Education plans for each area of practice are currently being developed. This is to ensure nurse training is appropriate and up to date for all specialty areas. These will be aligned to individuals' annual performance appraisals, career plans, service requirement and overarching nursing workforce planning.

The West Coast DHB is now part of the national Child Protection Alert System, which allows early identification of at risk children who present to health facilities.

The Clinical Board and quality teams continue to focus on the Open for Better Care campaign areas with the current focus of Safer Surgical care.

### **Integrated Service Development**

Work is underway to improve the integration between the clinical nurse specialists and General Practice teams in Greymouth, through better electronic communication to enhance patient care.

The South Island Information Services Alliance have begun road shows to promote the development of the new regional patient information care system and visited the West Coast on the 19<sup>th</sup> June. This will see all the DHBs in the South Island utilising one single system and better support patients who need to travel to receive services.

## **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:** 27 June 2014

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 30 April 2014.

## 3. DISCUSSION

### Overview of April 2014 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 District Health Board financial result for the month of April 2014 was a surplus of \$0.075m, which was \$0.003m favourable against the budgeted surplus of \$0.072m. The year to date position is now \$0.057m unfavourable. The breakdown of April's result is as follows.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,893	6,873	20	✓	68,470	68,745	(275)	×
Governance & Administration	166	147	19	✓	1,616	1,551	65	✓
Funds & Internal Eliminations	4,313	4,391	(78)	×	44,050	43,814	236	✓
	11,372	11,411	(39)	×	114,136	114,110	26	✓
<b>EXPENSES</b>								
Provider								
Personnel	4,510	4,461	(49)	×	44,507	43,819	(688)	×
Outsourced Services	776	210	(566)	×	5,747	3,055	(2,692)	×
Clinical Supplies	587	616	29	✓	6,439	7,661	1,222	✓
Infrastructure	994	925	(69)	×	9,675	9,254	(421)	×
	6,867	6,212	(655)	×	66,368	63,789	(2,579)	×
Governance & Administration	166	148	(18)	×	1,616	1,563	(53)	×
Funds & Internal Eliminations	3,745	4,433	688	✓	42,574	44,301	1,727	✓
<b>Total Operating Expenditure</b>	10,778	10,793	15	✓	110,558	109,653	(905)	×
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	594	618	(24)	×	3,578	4,457	(879)	×
<b>Interest, Depreciation &amp; Capital Charge</b>	519	546	27	✓	4,638	5,460	822	✓
<b>Net surplus/(deficit)</b>	75	72	3	✓	(1,060)	(1,003)	(57)	×

#### **4. APPENDICES**

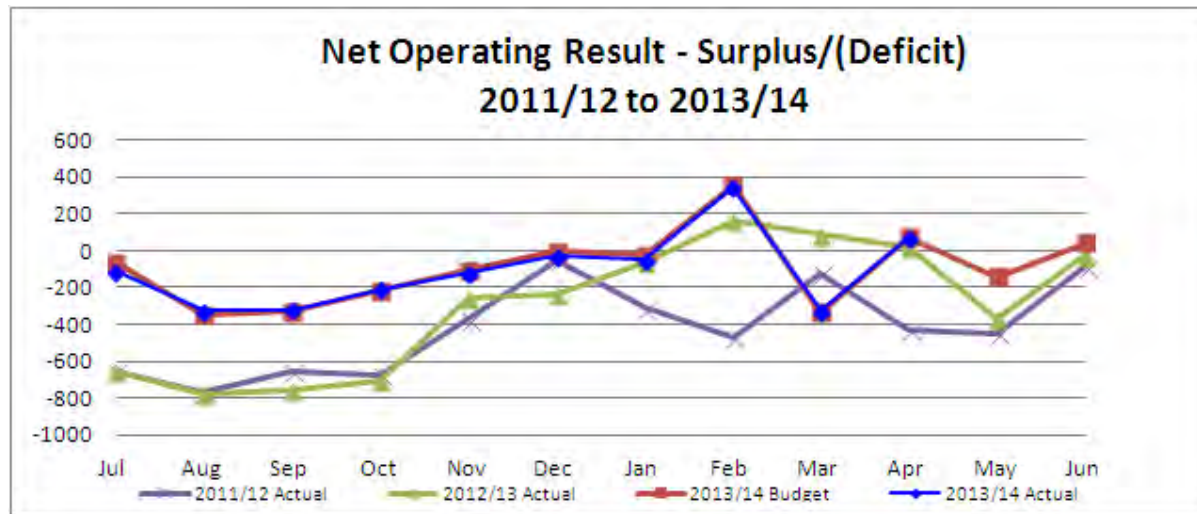
Appendix 1:	Financial Results for the period ending April 2014
Appendix 2:	Statement of Financial Performance – April 2014
Appendix 3:	Statement of Financial Position – April 2014
Appendix 4:	Cashflow – April 2014

Report prepared by: Justine White, General Manager: Finance

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – APRIL 2014

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	75	72	3	3%	✓	(1,060)	(1,003)	(57)	6% ✗

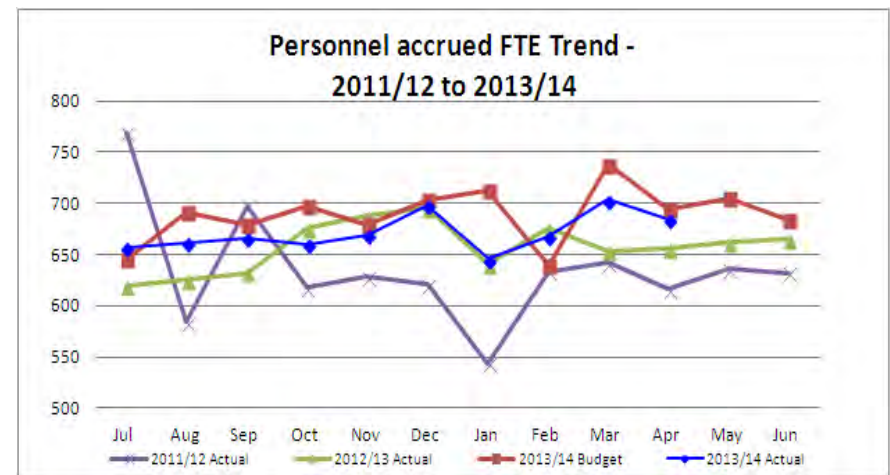
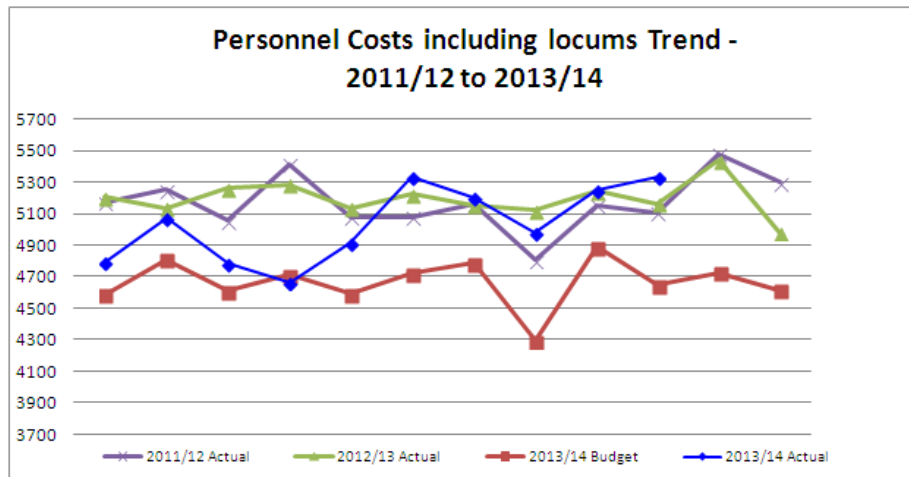


We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

### 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, we are confident that the forecast year end result will be in line with our annual plan.

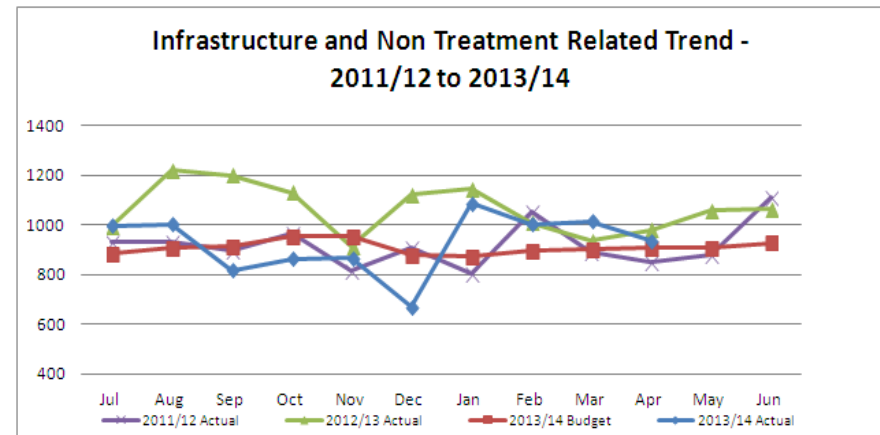
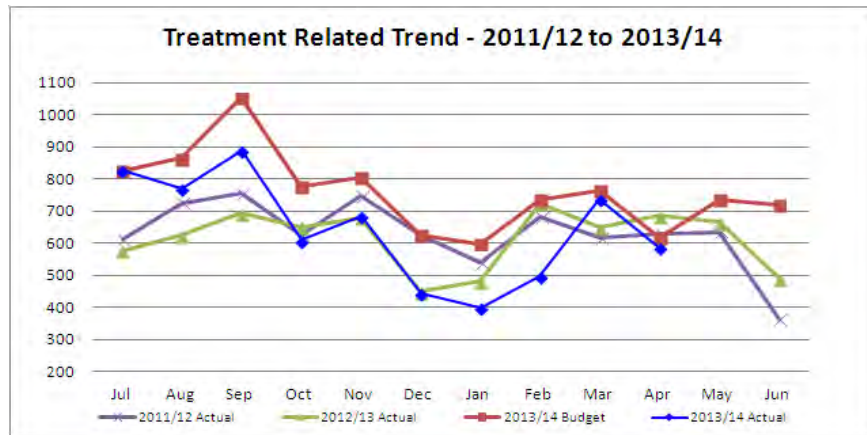
## PERSONNEL COSTS/PERSONNEL ACCRUED FTE



## KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning is in the process of being embedded within the business, the results are slower to transpire than originally anticipated. This is further exacerbated by some recent turnover which has required more reliance on short term placements, which are more expensive than permanent staff. The results are that the costs are tracking ahead of budget from a YTD perspective.

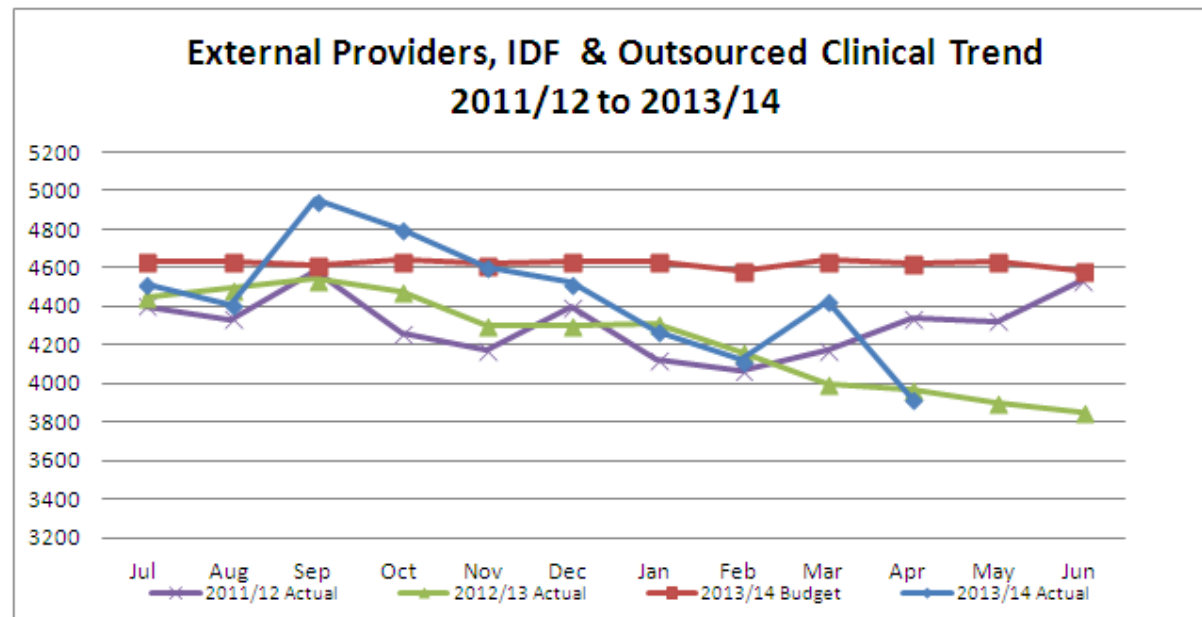
## TREATMENT & NON TREATMENT RELATED COSTS



## 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.

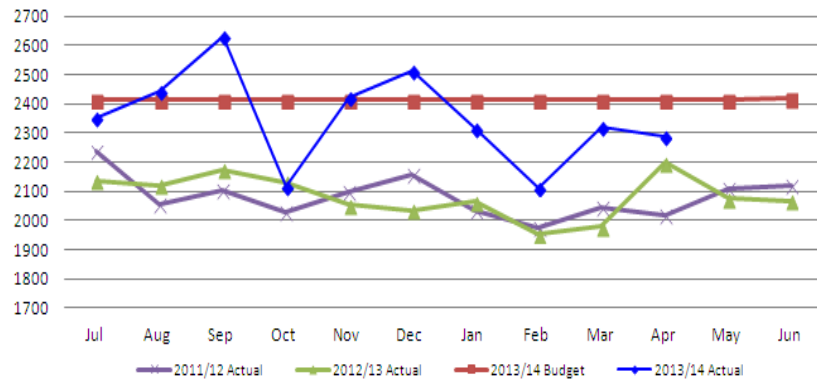
# Planning and Funding Division

Month ended Apr 2014

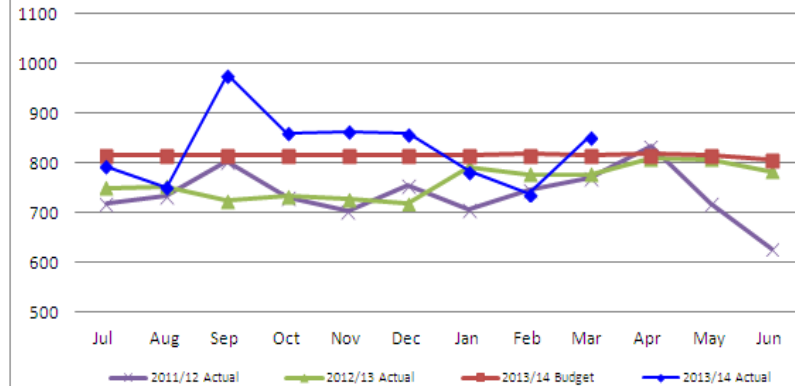
Current Month					SERVICES	Year to Date				2013/14	
Actual	Budget	Variance		Actual		Budget	Variance		Annual Budget		
\$000	\$000	\$000	%	\$000		\$000	\$000	%	\$000		
Primary Care											
35	43	8	19%	✓	Dental-school and adolescent	324	430	106	25%	✓	512
0	3	3	100%	✓	Maternity	0	28	28	100%	✓	28
80	84	4	4%	✓	PHO non-Capitated Services & Combine	870	840	-30	-4%	✗	1,013
585	579	-6	-1%	✗	Primary Practice Capitation	5,837	5,781	-56	-1%	✗	6,930
5	5	0	-7%	✗	Child and Youth	33	50	17	35%	✓	55
22	4	-18	-449%	✗	Immunisation	99	40	-59	-147%	✗	53
6	12	6	51%	✓	Maori Service Development	78	120	42	35%	✓	148
57	45	-12	-27%	✗	Whanua Ora Services	523	450	-73	-16%	✗	536
9	17	8	46%	✓	Palliative Care	127	170	43	25%	✓	215
7	8	1	10%	✓	Chronic Disease	74	80	6	8%	✓	87
6	18	12	69%	✓	Other Primary	369	180	-189	-105%	✗	215
813	818	5	1%	✓		8,333	8,169	-164	-2%	✗	9,792
Referred Services											
2	56	54	97%	✓	Laboratory	-6	560	566	101%	✓	675
654	687	33	5%	✓	Pharmaceuticals	6,829	6,870	41	1%	✓	8,238
655	743	88	13%	✓		6,823	7,430	607	9%	✓	8,913
Secondary Care											
96	96	0	0%	✓	Inpatients	960	960	0	0%	✓	1,161
78	66	-12	-18%	✗	Radiology services	897	660	-237	-36%	✗	795
78	112	34	30%	✓	Travel & Accommodation	837	1,120	283	25%	✓	1,344
1,365	1,366	2	0%	✓	IDF Payments Personal Health	13,662	13,660	-2	0%	✗	16,396
1,617	1,640	23	1%	✓		16,356	16,400	44	0%	✓	19,696
3,085	3,201	116	4%	✓	Primary & Secondary Care Total	31,512	31,999	487	2%	✓	38,401
Public Health											
5	11	6	53%	✓	Nutrition & Physical Activity	210	110	-100	-91%	✗	126
0	6	6	100%	✓	Public Health Infrastructure	0	60	60	100%	✓	73
11	12	1	5%	✓	Tobacco control	126	120	-6	-5%	✗	137
0	0	0		✓	Screening programmes	0	0	0		✗	6
17	29	12	43%	✓	Public Health Total	336	290	-46	-16%	✗	342
Mental Health											
61	47	-14	-30%	✗	Day Activity & Rehab	541	470	-71	-15%	✗	569
11	11	0	3%	✓	Advocacy Family	187	110	-77	-70%	✗	132
32	15	-17	-116%	✗	Other Mental Health	384	150	-234	-156%	✗	168
95	117	22	19%	✓	Community Residential Beds	954	1,170	216	18%	✓	1,408
69	69	0	2%	✓	IDF Payments Mental Health	686	690	4	2%	✓	823
267	259	-8	-3%	✗		2,752	2,590	-162	-6%	✗	3,100
Older Persons Health											
64	56	-8	-14%	✗	Home Based Support	650	560	-90	-16%	✗	665
12	9	-3	-36%	✗	Caregiver Support	70	90	20	23%	✓	111
347	207	-140	-68%	✗	Residential Care-Rest Homes	2,400	2,095	-306	-15%	✗	2,520
0	-2	-2	100%	✗	Residential Care Loans-Rest Homes	-6	-20	-14	-70%	✗	-25
0	-2	-2	100%	✗	Residential Care Loans-Hospital Level	-7	-20	-13	-65%	✗	-26
-11	26	37	144%	✓	Residential Care-Community	77	260	183	71%	✓	314
369	360	-9	-3%	✗	Residential Care-Hospital	3,356	3,646	290	8%	✓	4,371
0	0	0		✓	Ageing in place	-3	0	3		✓	0
9	9	0	3%	✓	Day programmes	91	82	-9	-12%	✗	96
12	8	-4	-53%	✗	Respite Care	92	80	-12	-15%	✗	99
1	4	3	69%	✓	Community Health	18	40	22	56%	✓	42
92	91	-1	-2%	✗	IDF Payments-DSS	924	910	-14	-2%	✗	1,089
895	766	-130	-17%	✗		7,661	7,722	62	1%	✓	9,255
1,162	1,025	-138	-13%	✗	Mental Health & OPH Total	10,413	10,312	-101	-1%	✓	12,355
4,264	4,255	-9	0%	✗	Total Expenditure	42,261	42,601	340	1%	✓	51,098
2,738	2,729	-8	0%	✗	Total Expenditure (excluding IDFs)	26,989	27,341	352	1%	✓	32,790

## EXTERNAL PROVIDER COSTS

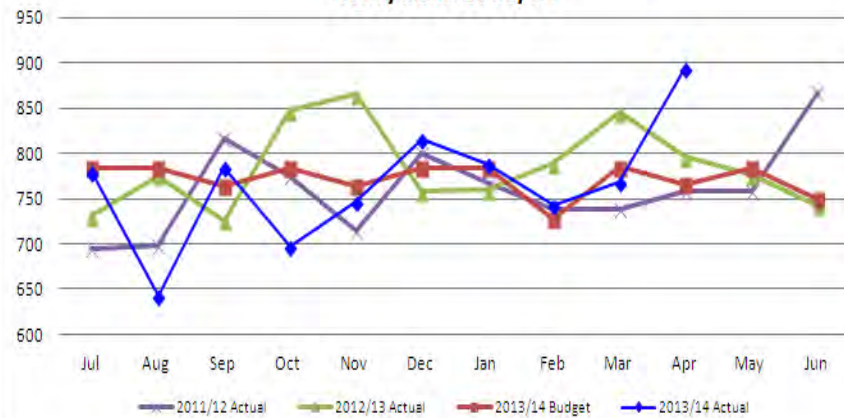
**Secondary and Referred Services Trend  
2011/12 to 2013/14**



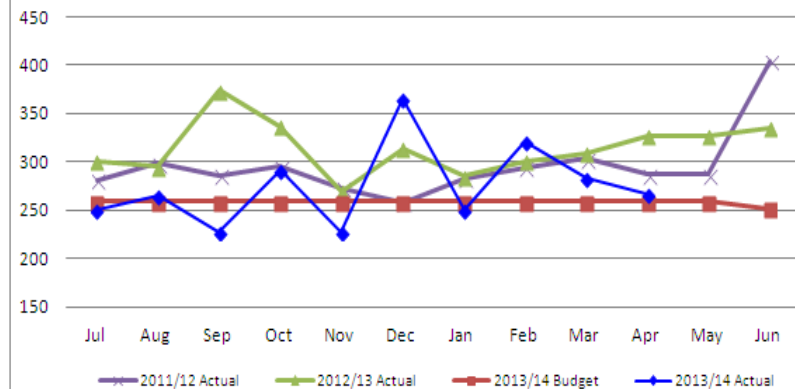
**Primary Care Trend  
2011/12 to 2013/14**



**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	9,092	11,125	(2,033)	-18%	✗	12,060
Cash	9,450	6,578	2,872	44%	✓	7,809

## KEY RISKS AND ISSUES

The cash on hand position reflects that the funding to rectify the seismic strengthening has now been received.

## APPENDIX 2: STATEMENT OF FINANCIAL PERFORMANCE

### Statement of comprehensive income

For period ending

30 April 2014

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
<b>Operating Revenue</b>										
Crown and Government sourced	10,921	10,930	(9)	(0.1%)	109,361	109,300	61	0.1%	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	30	(10)	(33.3%)	36	36
Inter District Flows Revenue	135	134	1	0.7%	1,345	1,340	5	0.4%	1,622	1,656
Patient Related Revenue	248	281	(33)	(11.7%)	2,436	2,810	(374)	(13.3%)	3,371	3,112
Other Revenue	68	63	5	7.9%	974	630	344	54.6%	759	1,088
<b>Total Operating Revenue</b>	<b>11,372</b>	<b>11,411</b>	<b>(39)</b>	<b>(0.3%)</b>	<b>114,136</b>	<b>114,110</b>	<b>26</b>	<b>0.0%</b>	<b>136,944</b>	<b>134,833</b>
<b>Operating Expenditure</b>										
Personnel costs	4,564	4,508	(56)	(1.2%)	44,995	44,307	(688)	(1.6%)	53,310	55,688
Outsourced Services	659	126	(533)	(423.0%)	4,841	2,215	(2,626)	(118.6%)	2,532	9,120
Treatment Related Costs	587	616	29	4.7%	6,439	7,661	1,222	16.0%	9,114	7,369
External Providers	2,541	2,985	444	14.9%	28,631	29,902	1,271	4.3%	35,866	29,843
Inter District Flows Expense	1,316	1,526	210	13.8%	15,063	15,260	197	1.3%	18,308	16,675
Outsourced Services - non clinical	175	123	(52)	(42.3%)	1,332	1,230	(102)	(8.3%)	1,460	1,445
Infrastructure and Non treatment related costs	936	909	(27)	(3.0%)	9,257	9,078	(179)	(2.0%)	10,915	12,787
<b>Total Operating Expenditure</b>	<b>10,778</b>	<b>10,793</b>	<b>15</b>	<b>0.1%</b>	<b>110,558</b>	<b>109,653</b>	<b>(905)</b>	<b>(0.8%)</b>	<b>131,505</b>	<b>132,927</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>594</b>	<b>618</b>	<b>(24)</b>	<b>4.0%</b>	<b>3,578</b>	<b>4,457</b>	<b>(879)</b>	<b>19.7%</b>	<b>5,439</b>	<b>1,907</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	62	54	(8)	(14.8%)	586	540	(46)	(8.5%)	642	650
Depreciation	389	424	35	8.3%	3,381	4,240	859	20.3%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0	671	680	9	1.3%	812	677
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>519</b>	<b>546</b>	<b>27</b>	<b>4.9%</b>	<b>4,638</b>	<b>5,460</b>	<b>822</b>	<b>15.1%</b>	<b>6,539</b>	<b>5,482</b>
<b>Net Surplus/(deficit)</b>	<b>75</b>	<b>72</b>	<b>3</b>	<b>(3.5%)</b>	<b>(1,060)</b>	<b>(1,003)</b>	<b>(57)</b>	<b>(5.7%)</b>	<b>(1,100)</b>	<b>(3,576)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>75</b>	<b>72</b>	<b>3</b>	<b>(3.5%)</b>	<b>(1,060)</b>	<b>(1,003)</b>	<b>(57)</b>	<b>(5.7%)</b>	<b>(1,100)</b>	<b>(3,576)</b>

## **APPENDIX 3: STATEMENT OF FINANCIAL POSITION**

### Statement of financial position

As at

30 April 2014

*in thousands of New Zealand dollars*

	Actual	Budget	Variance	%Variance	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	25,578	29,491	(3,913)	(13.3%)	26,613
Intangible assets	2,683	1,082	1,601	148.0%	790
Work in Progress	1,195	528	667	126.3%	3,296
Other investments	142	2	140	7000.0%	0
<b>Total non-current assets</b>	<b>29,598</b>	<b>31,103</b>	<b>(1,505)</b>	<b>(4.8%)</b>	<b>30,699</b>
<b>Current assets</b>					
Cash and cash equivalents	9,450	6,578	2,872	43.7%	7,417
Patient and restricted funds	60	58	2	3.4%	60
Inventories	997	1,040	(43)	(4.1%)	1,022
Debtors and other receivables	3,476	4,614	(1,138)	(24.7%)	3,114
Assets classified as held for sale	136	136	0	0.00%	136
<b>Total current assets</b>	<b>14,119</b>	<b>12,426</b>	<b>1,693</b>	<b>13.6%</b>	<b>11,749</b>
<b>Total assets</b>	<b>43,717</b>	<b>43,529</b>	<b>188</b>	<b>8.8%</b>	<b>42,448</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	14,195	8,695	5,500	63.3%	12,195
Employee entitlements and benefits	3,191	3,461	(270)	(7.8%)	3,475
<b>Total non-current liabilities</b>	<b>17,386</b>	<b>12,156</b>	<b>5,230</b>	<b>43.0%</b>	<b>15,670</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	250	3,750	(3,500)	(93.3%)	250
Creditors and other payables	8,398	8,374	24	0.3%	8,142
Employee entitlements and benefits	8,591	8,124	467	5.7%	8,273
<b>Total current liabilities</b>	<b>17,239</b>	<b>20,248</b>	<b>(3,009)</b>	<b>(14.9%)</b>	<b>16,665</b>
<b>Total liabilities</b>	<b>34,625</b>	<b>32,404</b>	<b>2,221</b>	<b>6.9%</b>	<b>32,335</b>
<b>Equity</b>					
Crown equity	69,729	71,729	(2,000)	(2.8%)	69,729
Other reserves	19,569	19,569	0	0.00%	19,569
Retained earnings/(losses)	(80,245)	(80,212)	(33)	0.0%	(79,224)
Trust funds	39	39	0	0.00%	39
<b>Total equity</b>	<b>9,092</b>	<b>11,125</b>	<b>(2,033)</b>	<b>(18.3%)</b>	<b>10,113</b>
<b>Total equity and liabilities</b>	<b>43,717</b>	<b>43,529</b>	<b>188</b>	<b>0.4%</b>	<b>42,448</b>

## APPENDIX 4: CASHFLOW

### Statement of cash flows

For period ending

30 April 2014

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
11,000	11,391	(391)	(3.4%)	112,001	113,910	(1,909)	(1.7%)	136,704	135,453
(5,700)	(4,647)	(1,053)	22.7%	(50,661)	(46,605)	(4,056)	8.7%	(55,948)	(55,710)
(2,208)	(1,635)	(573)	35.0%	(14,446)	(17,839)	3393	(19.0%)	(21,335)	(31,744)
(2,676)	(2,985)	309	(10.3%)	(29,976)	(29,902)	(74)	0.2%	(35,866)	(31,499)
(1,181)	(1,526)	345	(22.6%)	(13,718)	(15,260)	1542	(10.1%)	(18,308)	(15,019)
(765)	598	(1,363)	(227.8%)	3200	4304	(1,104)	(25.6%)	5,247	1,480
(62)	(54)	(8)	14.8%	(586)	(540)	(46)	8.5%	(642)	(648)
(68)	(68)	0	0.0%	(815)	(680)	(135)	19.9%	(812)	(677)
(895)	476	(1,371)	(287.8%)	1799	3084	(1,285)	(41.7%)	3,793	155
45	20	25	125.0%	496	200	296	148.0%	240	229
0	0	0		0	0	0		0	0
1240	(258)	1498	(580.6%)	(954)	(2,580)	1626	(63.0%)	(3,300)	(3,436)
0	(17)	17	(100.0%)	5	(170)	175	(102.9%)	0	(1,706)
1285	(255)	1540	(603.9%)	(453)	(2,550)	2,097	(82.2%)	(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		2000	0	2000		0	0
0	0	0		0	0	0		0	0
0	0	0		1932	0	1932		0	3,532
390	221	169	76.1%	3,278	534	2744	514.3%	1,765	(1,226)
9,060	6,356	2704	42.5%	6,172	6,044	128	2.1%	6,044	7,398
9,450	6,578	2,872	43.7%	9,450	6,578	2872	43.7%	7,809	6,172

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

**SOURCE:** Planning & Funding

**DATE:** 27 June 2014

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

The purpose of this report is to present the Board with West Coast's progress against the national health targets for Quarter 3 (January-March 2014). The attached report 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 3 health target league table is attached as Appendix 2.

## 2. RECOMMENDATION

That the Board:

- i. notes the West Coast's performance against the health targets.

## 3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the **ED health target**, with 99.6% of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved the access to **elective surgery health target**, delivering 1,182 elective surgical cases against our 1,176 year-to-date target.
- 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:

- A decrease in opt-offs and declines is reflected in our results for meeting the **immunisation health target** with our highest achievement yet at 89% of all 8 month old fully immunised and only four children missed this quarter—two children off meeting target.
- The West Coast DHB did not meet the **hospitalised smokers health target**, with 92.5% of hospitalised smokers having received advice and help to quit – but a positive 6.2% increase on the previous quarter. The systems and processes are in place for the target to be achieved however challenges do exist including the level of staff attendance at ABC Smokefree training. Meetings with senior hospital management will be ongoing until progress against the target is again achieved and sustained.

- Performance against the **heart checks health target** has increased 3.6% this quarter to 69.6% 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 increase this result and remove the barriers preventing assessments taking place, including after-hours clinics in a variety of locations across the West Coast.
- Performance against the **primary care smokers health target** has suffered a 4.5% decrease this quarter, with 55.4% of smokers attending primary care receiving advice and help to quit. It was identified that a large number of recorded statuses expiring (beyond the target's 12 month timeframe) contributed to this drop. Activities continue to focus on improving data capture, IT tools, feedback loops and training.

#### 4. **APPENDICES**

Appendix 1:	Health Target Report – Quarter 3
Appendix 2:	Ministry Health Target League Table – Quarter 3
Report prepared by:	Libby Doran
Report approved by:	Carolyn Gullery, GM Planning & Funding David Meates, Chief Executive



## National Health Targets Performance Summary

Quarter 3 2013/2014 (January-March 2014)

### Target Overview

Target	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Target	Status	Pg
<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.8%	99.8%	99.6%	95%	✓	2
<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	1,686	434 YTD	795 YTD	1,182 YTD	1,176	✓	2
<b>Shorter Waits for Cancer Treatment</b> People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
<b>Increased Immunisation</b> Eight-month-olds fully immunised	93%	85%	84%	89%	90%	✗	5
<b>Better Help for Smokers to Quit</b> <b>Hospitalised</b> smokers receiving help and advice to quit	95%	93%	86.2%	92.5%	95%	✗	3
<b>Better Help for Smokers to Quit</b> Smokers attending <b>primary care</b> receive help and advice to quit	55%	58%	59.9%	55.4%	90%	✗	4
<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CV risk assessment in the last 5 years	58%	64%	66.4%	69.6%	90%	✗	6

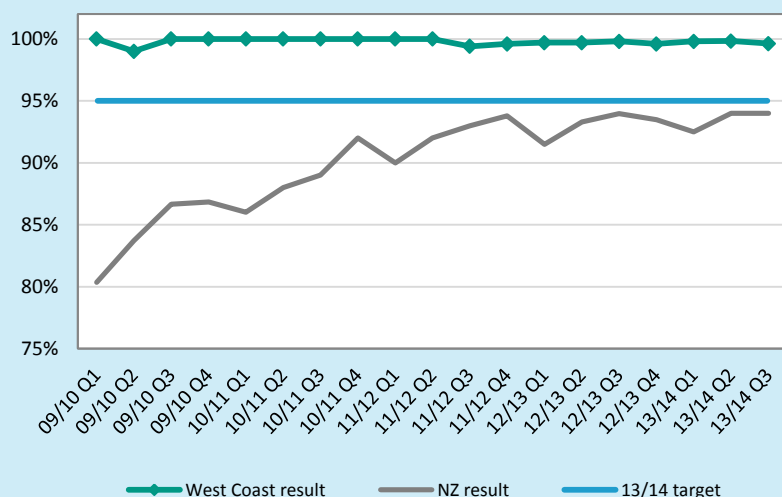


## Shorter Stays in Emergency Departments

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



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



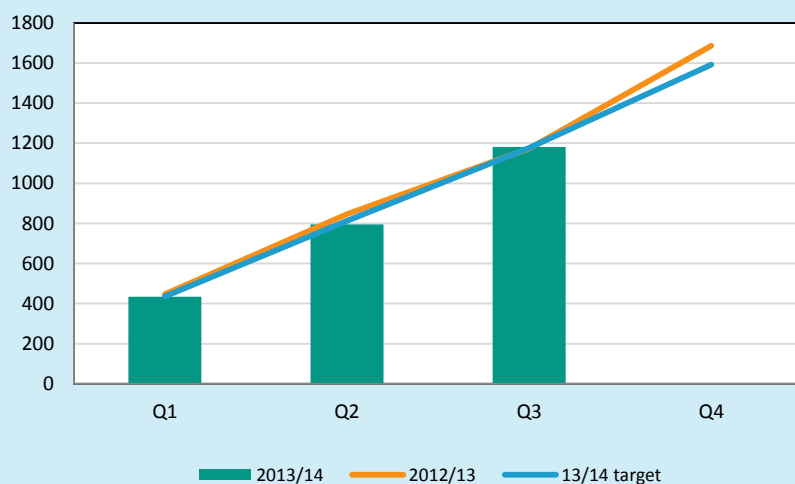
The West Coast continues to achieve impressive results against the ED health target, with **99.6%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 3.

## Improved Access to Elective Surgery

**Target:** 1,592 elective surgeries in 2013/14



**Figure 2: Elective surgical discharges delivered by the West Coast DHB<sup>1</sup>**



**1,182** elective surgical cases were delivered to Coasters in Quarter 3 2013/14, representing **100.5%** of our year-to-date target delivery. We are pleased to have made up for the small shortfall of last quarter as expected.

<sup>1</sup> Excludes cardiology and dental procedures. Progress is graphed cumulatively.

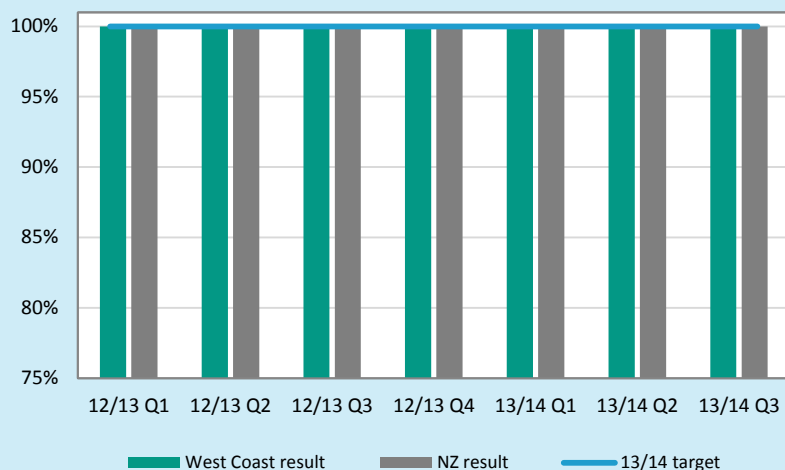
## Shorter Waits for Cancer Treatment

**Target:** 100% of people needing radiation or chemotherapy receive it within four weeks



In Quarter 3 2013/14, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

**Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks<sup>2</sup>**



## Increased Immunisation

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

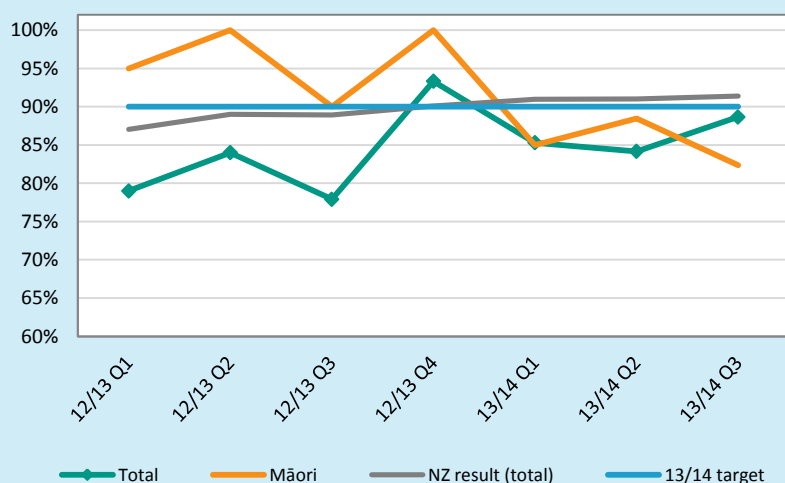


Although we have not met the 8-month-old immunisation target this quarter, we have achieved our strongest result yet with 89% of all 8 month olds fully immunised— just one percent (two children) off target. This represents NZ European (95%), Maori (82%) and 100% of Pacific and Asian children.

Opt-off<sup>1</sup> (4%) and declines (3.1%) continue to be a challenge for the West Coast, however these were at their lowest combined total of 7.1%. This is a significant 4.8% decrease on last quarter which is reflected in our achievement against the target.

In total only four children (3%) were overdue on the West Coast. Of these, three were vaccinated after milestone age and only one remains overdue. This child moved to the West Coast during the quarter.

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

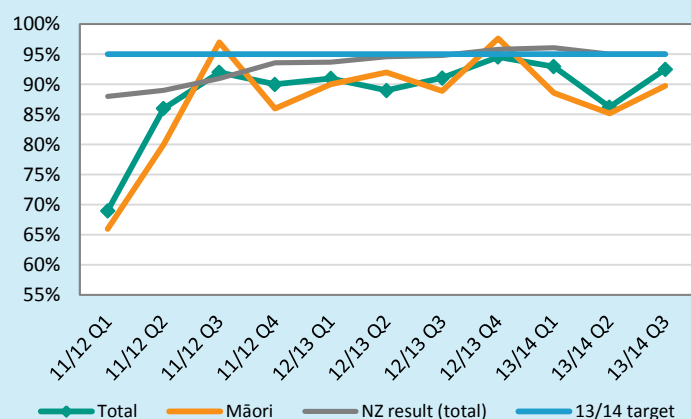


<sup>2</sup> This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

## Better Help for Smokers to Quit: *Secondary*

**Target:** 95% of smokers attending primary care receive advice to quit

**Figure 5: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks**



In Quarter 3, West Coast DHB staff provided 92.5% of hospitalised smokers with smoking cessation advice and support – 19 patients shy of meeting the targeted 95% and a 6.3% increase from Quarter 2.

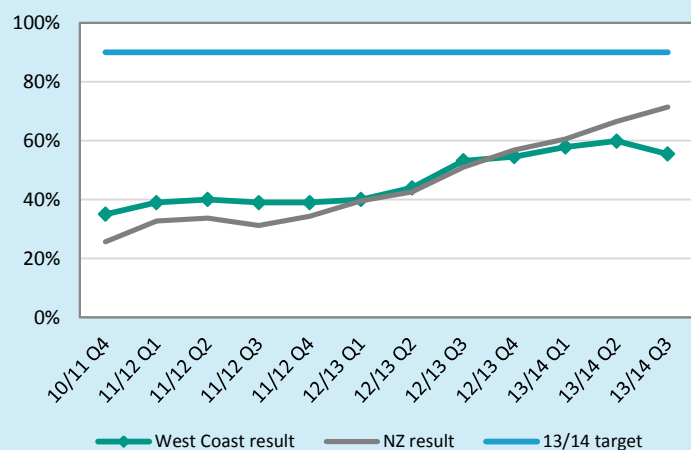
The newly-developed 'My Care Plan' document has increased staff awareness and a new Smokefree champion role has been developed for the Mental Health Inpatient Unit.

The systems and processes are in place for the target to be achieved by June 2014; however challenges do exist including the level of staff attendance at ABC Smokefree training and small numbers—with a single missed ABC contributing to more than 1% of the target. Meetings with senior hospital management are ongoing until progress against the target is again achieved and sustained.

## Better Help for Smokers to Quit: *Primary*

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

**Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking<sup>3</sup>**



West Coast general practices have reported giving 2,524 smokers cessation advice in the 12 months ending March 2014, representing 55.4% of smokers expected to attend general practice during the period. A disappointing and surprising 4.4% decrease (169 patients) against Quarter 2.

Analysis has identified that some of this drop is due to a large hump of recorded statuses expiring beyond the target's 12 month timeframe from this time last year. The larger number recorded 12 months ago is due in part to the install of Health Stat at that time, which prompted a big push to record smoking status and brief advice<sup>4</sup> given. This resulted in a 9.2% spike increase in B's that quarter which were not matched this quarter.

While previously reported actions continue, plans looking forward to the 14/15 year include the trial of IT tools such as the Appointment Scanner and Dashboard. These tools cannot be implemented until necessary upgrades have been made to local Medtech systems (planned for August 2014).

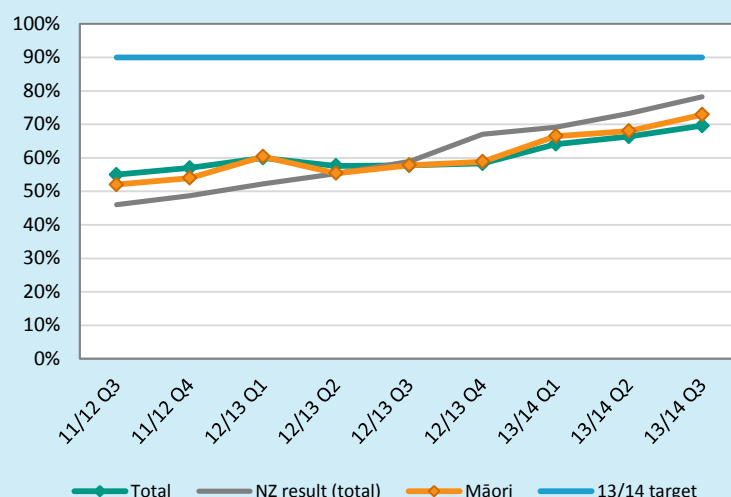
<sup>3</sup> Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

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

## More Heart and Diabetes Checks

**Target:** 90% of the eligible enrolled population have had a CVD risk assessment in the last five years

**Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years<sup>5</sup>**



Data for the five years to 31st March 2014 shows that West Coast general practices have continued to increase coverage, with 69.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) – up from 66.4% in Quarter 2.

A lot of positive work was undertaken this Quarter to improve performance, and while the results demonstrate an increase of 3.6% on the previous quarter's result, we have not met the target.

We continue to work on increasing the rates during the year to meet the 90% target by 1st July 2014. This includes; integration of Kaupapa Maori nurses; implementing specific nurse led CVRA clinics at practices and our PHO having dedicated resource to commence capturing CVRAs in absentia and increased coding of patients with a >20% risk of CVD.

To meet the 90% target we are focussed on implementing the Primary Care Health Target Action Plan to support a more integrated approach to both primary care health targets, with progress monitored by the Healthy West Coast Alliance Workstream.

Actions in the coming quarter to address performance and reach the target include:

- Continuing to work with Poutini Waiora and their Kaupapa Maori nurses to assist with high need engagement for screening;
- Continuing specific and additional nurse led CVRA clinics at practices;
- Screening for CVD patients for CVRA;
- Providing extra nursing resources for CVRAs; and
- Developing further the Quality Improvement Champion roles through a joint DHB and PHO Primary Care workshop; and
- Following delays in install, the text-to-remind system is anticipated to be in use during Quarter 4.

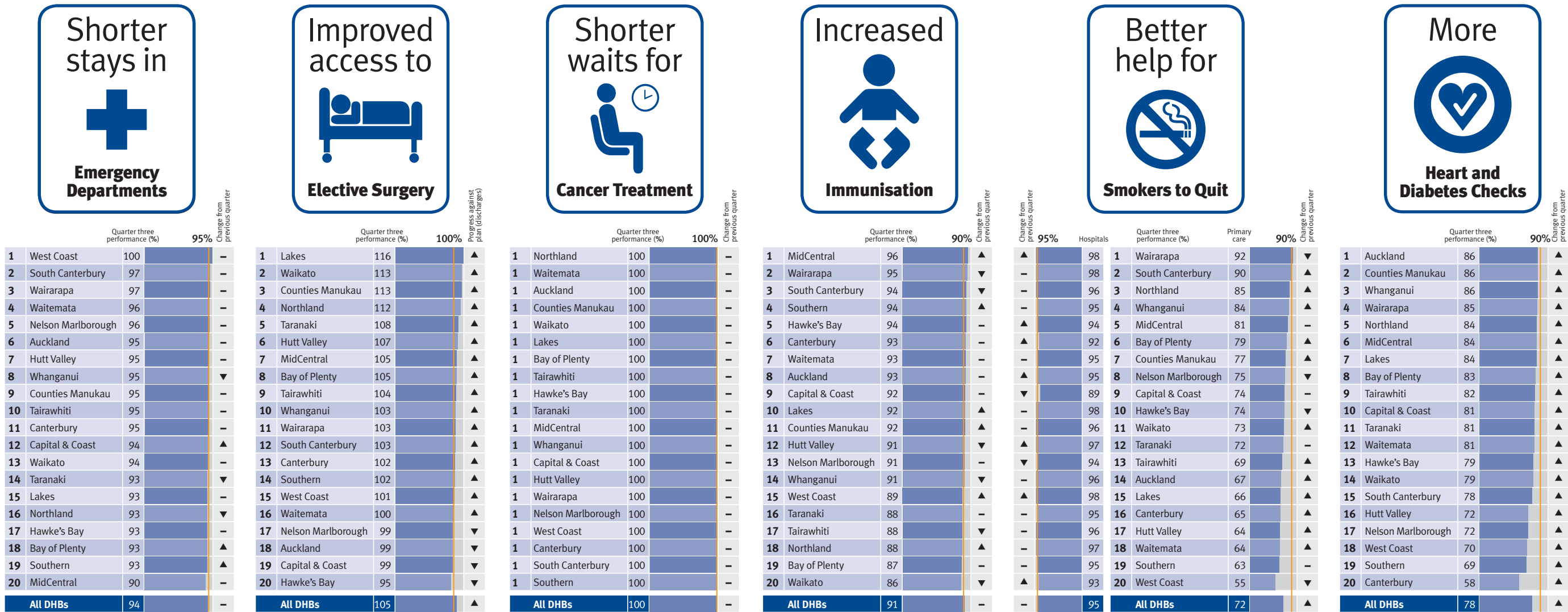
<sup>5</sup> Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

# How is My DHB performing?



2013/14 QUARTER THREE (JANUARY–MARCH) RESULTS

[www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)



# MATERNITY REVIEW – UPDATE ON PROGRESS



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

**SOURCE:** Programme Director

**DATE:** 27 June 2014

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

At the West Coast DHB Board meeting on 04 April 2014, progress to date against recommendations from the maternity review was reported. The Board noted progress to date and requested that a further update be provided in three months.

Following, attached as Appendix 1, is a report on the status of work in relation to the recommendations, with associated narrative comment.

## 2. RECOMMENDATION

That the Board;

- i. Notes the report of progress against recommendations from the maternity review.

## 3. APPENDICES

Appendix 1: Traffic Light Report on Progress

Report prepared by: Mark Newsome, General Manager Grey | Westland

Report approved by: Michael Frampton, Programme Director



✓ Complete
■ Underway & on schedule
■ Ongoing work behind schedule
■ Yet to commence and/or over timeframe
□ Yet to commence

Status	Recommendation	Progress
<b>Maternity Services on the West Coast</b>		
<b>IMMEDIATE</b>	<p>It is essential to maintain a secondary obstetric service at Grey Base Hospital for exactly the same reasons that maintaining such a service is challenging; geographical isolation, recruitment and retention difficulties (removal of secondary service would impact upon recruitment of LMC workforce), and transport difficulties as a result of terrain and weather.</p>	<ul style="list-style-type: none"> <li>A secondary obstetric service continues at Grey Base Hospital.</li> </ul>
<b>6 MONTHS</b>	<p>Planned births no longer occur at Buller Hospital due to; low numbers of births, risks associated with intrapartum transfer when transport is not rapidly available; and unavailability of midwives for the majority of births outside the locality.</p>	<ul style="list-style-type: none"> <li>Work underway to develop a model for reinstatement of birthing at Kawatiri that addresses the range of safety-related issues identified in the Review. Next steps include presentation of a paper to EMT.</li> </ul>
<b>6 MONTHS</b>	<p>A primary maternity service [antenatal, postnatal and emergency delivery] in Westport is essential due to isolation.</p>	<ul style="list-style-type: none"> <li>Antenatal, postnatal and emergency birthing is currently available in Westport.</li> </ul>
<b>2 YEARS</b> <i>Due June 2015</i>	<p>Models of care for maternity services should help determine the design of the new IFHC and hospital facilities at Grey Base Hospital.</p>	<ul style="list-style-type: none"> <li>Model of care [MOC] development is underway. Full engagement of clinical teams, professional bodies and community representatives will continue to contribute to the MOC development.</li> <li>The Buller workgroup formed to develop a MOC for Buller continues its work.</li> </ul>
<b>2 YEARS</b> <i>Due June 2015</i>	<p>The model of care for primary maternity must engage GPs working alongside midwives in providing antenatal care based in the IFHCs.</p>	<ul style="list-style-type: none"> <li>MDT workshop planned for Buller late in 2014.</li> <li>Work has progressed on implementation of the recommendation to implement a funded system of primary care referrals between GPs and midwives.</li> </ul>
<b>IMMEDIATE</b>	<p>The arrangements for inpatient care in Buller Health must be urgently reviewed to ensure they are safe. Women must be attended on site 24/7 by a midwife when an inpatient.</p>	<ul style="list-style-type: none"> <li>The staffing arrangement for Buller has been agreed with 24/7 cover. This includes a combination of Midwife and RN care, with a Midwife on call 24/7.</li> </ul>
<b>2 YEARS</b> <i>Due June 2015</i>	<p>Buller Health clinical leaders must ensure closer collaboration between all disciplines including joint education and simulation training.</p>	<ul style="list-style-type: none"> <li>MDT has been organised for Buller Health and WCDHB maternity service is close to appointing a maternity services educator.</li> </ul>





✓ Complete
■ Underway & on schedule
■ Ongoing work behind schedule
■ Yet to commence and/or over timeframe
□ Yet to commence

Status		Recommendation	Progress
<b>2 YEARS</b> <i>Due June 2015</i>	✓	The WCDHB needs to reimburse LMCs who provide inpatient care while patients are in the Kawatiri Maternity Unit in Buller—using a similar model to Golden Bay.	<ul style="list-style-type: none"> <li>WCDHB has an agreement to reimburse the Self Employed Buller Midwives for travel to Greymouth for births of their women.</li> <li>A model of facility cover for Buller is being developed to ensure a safe, sustainable service is provided.</li> </ul>
<b>Transport &amp; Patient Transfers</b>			
<b>1 YEAR</b> <i>Due June 2014</i>	■	Development of an elective transfer policy for specific conditions [e.g. severe pre eclampsia or twins].	<ul style="list-style-type: none"> <li>This is currently being developed and has been added to the MQSP WCDHB operations group plan.</li> </ul>
<b>6 MONTHS</b> <i>Due Dec 2013</i>	✓	The current <i>Emergency In Utero Transfer Policy</i> needs clarification and refining.	<ul style="list-style-type: none"> <li>Completed</li> </ul>
<b>6 MONTHS</b> <i>Due Dec 2013</i>	✓	The <i>Neonatal Transfer Policy</i> needs reviewing and updating.	<ul style="list-style-type: none"> <li>Completed</li> </ul>
<b>6 MONTHS</b> <i>Due Dec 2013</i>	✓	Agreement reached with CDHB to determine the process for facilitation and responsibility of timely transfers.	<ul style="list-style-type: none"> <li>Completed</li> </ul>
<b>6 MONTHS</b> <i>Due Dec 2013</i>	✓	Clear guidelines need to be developed, documented, and widely distributed to assist staff in managing the transport / transfer process within the DHB and DHB to DHB—ensuring timely, appropriate and safe care for all women and babies transferred.	<ul style="list-style-type: none"> <li>Completed</li> </ul>
<b>ONGOING</b>	■	Work with CDHB Birthing Suite Transport Coordinator to ensure CDHB staff have a clear understanding of the environment West Coast staff practice in.	<ul style="list-style-type: none"> <li>Since July 2013 the Birthing Suite Coordinator has been contacted by midwives from Grey Base or Buller hospital for transfers and there has been increased communication for transfers. This recommendation has been led from the CDHB Birthing Suite Manager.</li> </ul>
<b>ONGOING</b>	■	Ensure all staff who may be called upon in an emergency undergo <b>STABLE</b> and <b>PROMPT</b> training to enable them to provide best possible care whilst a retrieval is pending.	<ul style="list-style-type: none"> <li>Training is occurring and continues to ensure all staff will have the required skills. Training is available both on the West Coast and in Canterbury.</li> </ul>





✓ Complete
■ Underway & on schedule
■ Ongoing work behind schedule
■ Yet to commence and/or over timeframe
□ Yet to commence

Status		Recommendation	Progress
<b>6 MONTHS</b> <i>Due Dec 2013</i>	■	Clinical contingencies should be developed to cover options when weather conditions interfere with the above agreed plans.	<ul style="list-style-type: none"> <li>Ongoing education is being provided to all staff to up skill staff for unexpected outcomes and maintaining patient until transfer. Work needs to be progressed to develop telemedicine as a clinical contingency.</li> </ul>
<b>1 YEAR</b> <i>Due June 2014</i>	■	Develop information material for women to ensure they understand the transfer/ transport processes on the West Coast.	<ul style="list-style-type: none"> <li>In progress. 2 x flight midwives are working with a West Coast Quality Coordinator and Social Worker to develop an information resource that reflects the revised 'In-utero Between Hospitals' transfer policy.</li> </ul>
<b>6 MONTHS</b> <i>Due Dec 2013</i>	■	Bedside fFn testing be introduced	<ul style="list-style-type: none"> <li>Clinicians wish for this to be implemented at CDHB and WCDHB. However, further work is required to move this forward with the laboratory.</li> </ul>
<b>6 MONTHS</b> <i>Due Dec 2013</i>	✓	Establish a workable policy for transfer from Buller which addresses issues of patient safety. This must include addressing the perverse situation of a possible cardiac event being higher priority than an actual maternity event.	<ul style="list-style-type: none"> <li>Transfer policy has moved maternity transfers to the EAS arm of St. John to expedite transfer by ambulance.</li> </ul>
<b>6 MONTHS</b> <i>Due Dec 2013</i>	■	Ensure the ability of St John's to provide a timely service whilst dependent on volunteers to provide this.	<ul style="list-style-type: none"> <li>Ongoing and also closely linked to the South Island work underway with all DHB's investigating a more robust and workable patient transfer system. Move to EAS arm of St. John has also progressed this recommendation.</li> </ul>
<b>Workforce</b>			
<b>1 YEAR</b> <i>Due June 2014</i>	■	CDHB and WCDHB Department of Obstetrics and Gynaecology are working towards becoming a Transalpine service with shared management and accountability lines and appropriate protected dedicated time to enable quality and service development activities.	<ul style="list-style-type: none"> <li>Work on a transalpine approach to service delivery is progressing.</li> </ul>
<b>1 YEAR</b> <i>Due June 2014</i>	■	A full departmental and individual credentialing process should occur.	<ul style="list-style-type: none"> <li>Process for Credentialing currently being developed and to be implemented by end of 2014</li> </ul>



☒ Complete
 ☐ Underway & on schedule
 ☐ Ongoing work behind schedule
 ☐ Yet to commence and/or over timeframe
 ☐ Yet to commence

Status	Recommendation	Progress
<b>1 YEAR</b> <i>Due June 2014</i>	A specific piece of work needs to be commissioned by WCDHB and CDHB to find ways to solve the problems of recruitment and retention for isolated DHBs and the O&G staff. This work needs to involve the SMO body at both DHBs, the NZMC, the ASMS, RANZCOG and consideration be given as to whether HWNZ be involved.	<ul style="list-style-type: none"> <li>To link in with National Initiatives.</li> </ul>
<b>1 YEAR</b> <i>Due June 2014</i>	Commit to a community based primary midwifery model, claiming from Section 88 of the New Zealand Health and Disability Act 2000 maternity notice, and make changes to the current model so this occurs.	<ul style="list-style-type: none"> <li>A proposal for change has been written which is now to be provided to EMT for consideration.</li> </ul>
<b>1 YEAR</b> <i>Due June 2014</i>	A review of the roles of a potential Transalpine Director of Midwifery and the current WCDHB Director of Nursing and Midwifery be undertaken to develop a workable model.	<ul style="list-style-type: none"> <li>This work is underway.</li> </ul>
<b>6 MONTHS</b>	Design and develop a maternity service quality plan that supports the delivery of safe clinical outcomes for the West Coast community and is consistent with the New Zealand Maternity Standards.	<ul style="list-style-type: none"> <li>MQSP operations group are aware of the need to develop this plan and work is underway.</li> </ul>
<b>ONGOING</b>	Implement the Shared Maternity Record of Care [SMRoC] as per the National Maternity Clinical Information System and Shared Maternity Record of Care Business Case [2012].	<ul style="list-style-type: none"> <li>Implementation of this system is significantly delayed nationally with no pilot successfully implemented to date.</li> </ul>

# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 12 JUNE 2014



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

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

**DATE:** 27 June 2014

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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## 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 12 June 2014.

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 – 12 June 2014.

### 3. SUMMARY

#### ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update.**

This report provided the Committee with updates on: District Council Annual Plan Submissions; Grey District Council Gambling Policy; Aukati Kai Paipa Smoking Cessation Service; Punakaiki Drinking Water Update; and Fruit Trees at Uniting Church and Grey High School.

The Committee noted that “boil water” notices have been lifted in Punakaiki since the report has been written.

The Committee also noted that the DHB had presented their submission regarding the Grey District Council gambling policy. The submission recommended that Council decrease the cap on both venues and gaming machine numbers to closer to the national average, and implement a “sinking lid” on new venues and machines to achieve this.

The report was noted

- **Health Target Report**

The Health Target 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 30 April 2014 show that 99.7% of patients were admitted, discharged or transferred within 6 hours - and 96.6% within just 4 hours.
- The West Coast has continued to achieve the **cancer treatment health target** throughout the first seven months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The West Coast PHO exceeded the year-to-date target for completion of **annual diabetes reviews** for 15-74 year olds, with 737 diabetics having had an annual review by 31 March 2014. This represents 97% of year-to-date target, using the most recently available 2012 population estimate. Māori results for the period were also at 97% of year-to-date target, with 73 checks having been completed.

Key Issues & Associated Remedies

- Results for the Quarter 3 **Primary care smokefree health target** showed a disappointing and surprising 4.4% decrease in performance against the health target, with 55.4% of smokers attending general practice being offered advice and support to quit. Analysis has identified that some of this drop is due to a large number of recorded statuses expiring beyond the target’s 12 month timeframe from this time last year. Previously reported actions continue and Buller Medical is initiating a program looking to improve capturing of information including the use of the Text 2 Remind tool and resource from administration. Plans looking forward to the 14/15 year include the trial of IT tools such as the Appointment Scanner and Dashboard. These will be implemented once necessary upgrades have been made to local Medtech systems (planned for August 2014).

- While we achieved a result of 92.5% and made up some of the loss from the previous quarter, we are still not meeting the **Secondary Smokefree Health Target** or our result from the end of last year (95%). The systems and processes are in place for the target to be achieved by June 2014; however challenges do exist including small numbers—a single missed ABC contributes to more than 1% of the target.
- **B4 School Check coverage:** As at the end of April 2014, the West Coast DHB has provided B4 School Checks to 67% of the total eligible population and 71% of the high deprivation eligible population against the 75% target. Despite a number of clinics taking place during April, checks were unable to be completed due to workforce constraints. A plan has been put in place for these checks to be completed and to realign progress against the target of 90% by the end of June.

#### Upcoming Points of Interest

- **Complex Clinical Care Network's** pilot plan to support 'casemix 8' clients (those that show potential for short term rehab) has been piloted with two clients, with changes to the model expected to follow.
- Following the recommendations of the DHB Mental Health Review, ALT has endorsed the establishment of a **Mental Health Workstream**. The workstream will initially be tasked with ensuring the Review recommendations are implemented.

Discussion took place regarding how the care of the older population is managed if they do not visit their GP and also the ability to deliver services to people in isolated communities. The Committee noted that the DHB are working on what models of care can be developed in this area going into the future.

#### • **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 Alliance Leadership Team; Annual Planning; Complex Clinical Care Network; Grey/Westland and Buller Integrated Family Health Services; Pharmacy; Healthy West Coast; and Child and Youth Workstream.

The Committee noted that the Alliance Leadership Team is becoming very functional with the Alliance Support Group which sits behind this also being a functional team. This has also been enabled by the number of changes over the last few years which has seen systems put in place to support the Alliance process.

Discussion took place regarding the good work that is taking place in General Practice.

The Committee noted that with the roles of the Executive Management Team (EMT) and Alliance Leadership Team (ALT) being clarified this has enabled ALT decisions to be brought to life a lot more quickly than previously.

#### • **General Business**

- The Committee noted that the Medical Association of NZ have released a report 'Tackling Obesity' which has some very pertinent and relevant recommendations. Management were requested to think about where this report should sit within the organisation.
- Discussion took place regarding "Friends of Hospitals" and management will also give thought to how volunteers could be managed within the organisation.

- The Chair thanked Dr Paul McCormack for his support and encouragement during his time as Chair of the DHB and wished him well for the future.

#### **4. APPENDICES**

Appendix 1:                      Agenda – Community & Public Health & Disability Support Advisory Committee – 12 June 2014

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 12 June 2014 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**

*1 May 2014*

**3. Carried Forward / Action Items**

## REPORTS/PRESENTATIONS

**9.10am**

**4. Community and Public Health Update**

Jem Pupich  
*Team Leader, Community and Public Health*

*9.10am - 9.25am*

**5. Health Targets Q3 Report**

Phil Wheble  
*Team Leader, Planning & Funding*

*9.25am - 9.40am*

**6. Planning & Funding Update**

Phil Wheble  
*Team Leader, Planning & Funding*

*9.40am - 9.55am*

**7. Alliance Update**

Phil Wheble  
*Team Leader, Planning & Funding*

*9.55am - 10.10am*

**8. General Business**

Elinor Stratford  
*Chair*

*10.10am - 10.30am*

## ESTIMATED FINISH TIME

**10.30am**

## INFORMATION ITEMS

- Board Agenda – 9 May 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- West Coast DHB 2014 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 24 July 2014

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 12 JUNE 2014



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 27 June 2014

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Report Status – For:      Decision    ☐      Noting    ☒      Information    ☐

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## 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 12 June 2014.

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 – 12 June 2014.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 12 June 2014. 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**

Mark Newsome, General Manager, Grey/Westland presented this report.

Mr Newsome highlighted the pleasing progress in recruitment and also an increase in the quality of applications for vacancies. The Committee noted that: two anaesthetists commencing this year (one in July and one in September); nursing vacancies have decreased (down to 9 from 12); and an offer has been made to a General Surgeon and indications are that he will commence by year end.

In regard to Maternity Services, work continues between accountable managers and clinical leaders across the West Coast and Canterbury health systems to implement the outcomes of the West Coast Maternity Review. Good progress is being made against the priority action points, including in relation to stepping through options for service design in Buller. The recommendations from the review have been grouped and prioritised into four key areas: Buller Model of Care; Transalpine Approach and SMO Recruitment; Midwifery Workforce; and Quality, Safety & Education.



The Committee noted in regard to Allied Health that there is still a constraint in terms of physiotherapy services and a meeting is to take place with all those involved in this service over the next few weeks.

Mr Newsome advised that work is taking place around the Audit of documentation and random chart audits have been carried out using the WCDHB Documentation Record Keeping Audit. The quality of documentation continues to high and feedback is provided to staff and education will be tailored to address any areas where more work is required.

The Committee continues to keep a watch on outpatient DNA levels which have continued to fluctuate over the last year with an average of 8.54%. Management continue to investigate ways of improving this.

A table showing the number of incidents reported has now been included in the Committee papers to enable a better understanding of the areas these relate to.

The Committee noted that at the present time no major Industrial Relations risks have been identified.

The Committee also noted that the DHB is on track to deliver its Elective Target by year end.

## **FINANCE REPORT**

Justine White, General Manager, Finance, presented the Finance Report for the month ending April 2014. She commented that the May results are nearly completed and these look entirely consistent with April and she is not expecting any surprises before the end of the financial year that will change the expected results.

Discussion took place regarding orthopaedic surgery and the Committee noted that the West Coast community enjoys one of the highest access rates to orthopaedic surgery in the country. Whilst we have delivered more than we would have liked in Canterbury with orthopaedics, the Committee noted that we have been delivering well above what we should have been and we continue to ensure that we are delivering the right amount of surgery.

The report noted that the accrued FTE level is influenced by leave taken throughout the period with the current year to date figure reflecting a higher use of locums than we would like.

## **CLINICAL LEADERS UPDATE**

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

She commented that this particular report is very nursing centric as the other Clinical Directors have been away. The committee noted across the health system people are meeting to talk about they type of care that will be required in the future and it seems that there is more engagement around this than previously.

## **GENERAL BUSINESS**

The Chair thanked Dr Paul McCormack for his contribution to the Hospital Advisory Committee in the time he has been on the Board and Chair of the DHB.

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 12 June 2014.

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, Greymouth Thursday 12 June 2014 commencing at 11.00am

### ADMINISTRATION

11.00am

Karakia

Apologies

1. Interest Register

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

2. Confirmation of the Minutes of the Previous Meeting

*01 May 2014*

3. Carried Forward/Action Items

### REPORTS/PRESENTATIONS

11.10am

4. Management Report

Mark Newsome 11.10am - 11.30am  
*General Manager Grey/Westland*

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*

7. General Business

Sharon Pugh 12noon – 12.15pm  
*Chair*

### ESTIMATED FINISH TIME

12.15pm

### INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 09 May 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2014 Meeting Schedule

### NEXT MEETING:

Date of Next Meeting: 24 July 2014

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:** 27 June 2014

Report Status – For: Decision ☒ Noting ☐ Information ☐

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11 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 9 May 2014	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.	Final Draft Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Maori Health Action Plan – Final Draft	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	Ministry of Health Deficit Funding 2013-14	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	SI Regional Health Services Plan 2014-17	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Insurance Renewal 2014-15	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
10.	HBL – FPSC Phase 2 Service Agreements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
11.	Advisory Committee – Public Excluded Updates	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)

- 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

## WEST COAST DHB – MEETING SCHEDULE

**FEBRUARY – DECEMBER 2014**

DATE	MEETING	TIME	VENUE
Thursday 20 February 2014	TATAU POUNAMU	2.00PM	Board Room, DHB Corporate Office
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 10 April 2014	TATAU POUNAMU	3.00pm	Poutini Waiora
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
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
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	2.00pm	Kahurangi Room, Grey Hospital
Friday 8 August 2014	BOARD	10.00am	West Coast Regional Council
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
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	3.00pm	Board Room, DHB Corporate Office
Friday 31 October 2014	BOARD	10.00am	West Coast Regional Council
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 4 December 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
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.