

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

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**BOARD MEETING**

**Friday 8 August 2014  
10.15am**

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

ALL INFORMATION CONTAINED IN THESE MEETING  
PAPERS IS SUBJECT TO CHANGE

**WEST COAST DISTRICT HEALTH BOARD MEMBERS**

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*)  
Justine White (*General Manager, Finance*)  
Lee Harris (*Senior Communications Advisor*)  
Kay Jenkins (*Minutes*)

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held To be held at West Coast Regional Council, Greymouth.**  
**Friday 8 August 2014 commencing at 10.15am**

<b>KARAKIA</b>		<b>10.15am</b>
<b>ADMINISTRATION</b>		<b>10.20am</b>
Apologies		
1.	<b>Interest Register</b> <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	<b>Confirmation of the Minutes of the Previous Meeting</b> ▪ 27 June 2014	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>10.25am</b>
4.	<b>Chair's Update</b> <b>(Verbal Update)</b>	Peter Ballantyne <i>Chairman</i> 10.25am - 10.35am
5.	<b>Chief Executive's Update</b>	David Meates <i>Chief Executive</i> 10.35am - 10.50am
6.	<b>Clinical Leader's Update</b>	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Bousfield <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i> 10.50am - 11.00am
7.	<b>Finance Report</b>	Justine White <i>General Manager, Finance</i> 11.00am - 11.10am
8.	<b>Presentation – The Year in Review and the Year Ahead.</b>	Michael Frampton <i>Programme Director</i> 11.10am – 11.40am
9.	<b>Maori Health Plan Update</b>	Gary Coghlan <i>General Manager, Maori Health</i> 11.40am – 11.50am
10.	<b>Report from Committee Meetings</b>	
-	CPH&DSAC <i>24 July 2014</i>	Elinor Stratford <i>Chair, CPH&amp;DSAC Committee</i> 11.50am – 12noon
-	Hospital Advisory Committee <i>24 July 2014</i>	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 12noon – 12.10pm
-	Tatau Pounamu Advisory Group <i>24 July 2014</i>	Elinor Stratford <i>Board Representative to Tatau Pounamu</i> 12.10pm – 12.20pm
11.	<b>Resolution to Exclude the Public</b>	<i>Board Secretariat</i> 12.20pm

## **INFORMATION ITEMS**

- 2014 Meeting Schedule

## **ESTIMATED FINISH TIME**

**12.20pm**

## **NEXT MEETING**

Friday 26 September 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.

<b>Disclosure of Interest</b>	
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 – Joint Chair</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>• 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>• 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 &amp; Member</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 27 June 2014 commencing at 10.15am**

**BOARD MEMBERS**

Peter Ballantyne (Chair); Helen Gillespie; Michelle Lomax; Peter Neame; Sharon Pugh; Elinor Stratford; Joseph Thomas; and John Vaile.

**APOLOGIES**

Apologies were received and accepted from Kevin Brown and Susan Wallace.

**EXECUTIVE SUPPORT**

David Meates (Chief Executive); Karen Bousfield (Director of Nursing and Midwifery); Greg Hamilton (Acting General Manager, Planning & Funding); Mark Newsome (General Manager, Grey/Westland); Justine White (General Manager, Finance) Philip Wheble (Team Leader, Planning & Funding); and Kay Jenkins (Minutes).

Joseph Thomas led the Karakia.

The Chair passed the Board's condolences to John Vaile on the passing of his brother and to Susan Wallace on the passing of her sister.

The Chair also congratulated Chief Executive, David Meates, on his being recognised in the Queen's Birthday Honours as a Member of the New Zealand Order of Merit for his services to health.

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

Michelle Lomax advised that she is now Joint Chair of the Buller High School Board of Trustees. Elinor Stratford asked that her interest regarding the winding up of the Disability Resource Trust be removed.

Joseph Thomas asked that his interest in Ngati Mutunga o Wharekauri Iwi Trust be amended to read "Trustee and member".

**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 (26/14)**

(Moved Joseph Thomas/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 9 May 2014 be confirmed as a true and correct record.

### 3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

### 4. CHAIR'S UPDATE

The Chair commented that it is a privilege for him to be appointed as Chair of the Board of the West Coast DHB and that his appointment is from 19 June 2014 – 4 December 2016. He went on to say how important it is that the Board carries on to achieve an integrated health service and to also achieve the new build of the Grey and Buller facilities. He added that the DHB is lucky to have such a talented Management Team.

The Chair provided updates to the Board on the following meetings held recently:

- South Island Alliance Meeting 26 May 2014;
- National Leadership Meeting (Attended by Dr McCormack); and
- Partnership Group Teleconference.

A query was made regarding the Buller IFHC relative to the Grey facilities and the Board noted that these two RFPs are running in parallel but with different time frames. It was also noted that an engagement process with the Community will take place regarding the future configuration of the service.

#### **Resolution (27/14)**

(Moved Elinor Stratford/seconded Helen Gillespie – carried)

That the Board:

- i. notes the Chair's verbal update.

### 5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented his report which was taken as read. He commented that there is certainly a sense that we have come a long way in stabilising a range of services:

- Access to Primary Care – we have now managed to get waiting times down to 2 days and same day service if urgent. He commented that this comes back to the direction of travel for the West Coast health system and it is great to see the benefits of recruitment in General Practice. He added that Westland now has a really good mix of skills and we are looking at a stable system here.
- Recent storms – He commented that Board members will recall the previously very fragile infrastructure and to now have the confidence of a reliable generator is very important as we continue to embrace new ways of doing things. A lot of people are watching what is taking place here as we continue to provide access to remote areas.
- Complex Clinical Care Network – we are already seeing the impact of this with less admissions.
- Ongoing Grass Roots Connections – This is a process which Michael Frampton has been leading where we have sought to re-engage the community in their health system in a way that is really open and transparent. We have come a long way in this area but need to continue to focus on this.

A query was made regarding the risk around recruitment in the Maternity area and the Board noted that this is no more of a risk today than it has been but a concerted effort is being made to get stability in the workforce.

**Resolution (28/14)**

(Moved Michelle Lomax/seconded John Vaile – carried)

That the Board:

- i. notes the Chief Executive's update

**6. CLINICAL LEADERS REPORT**

Karyn Bousfield, Director of Nursing & Midwifery, presented this report which was taken as read.

She highlighted the following points:

- The reinvigorated recruitment strategy for nursing has led to an increase in the number and quality of applicants and work is taking place across the system to ensure that recruitment of nurses is creative, coordinated and effective.
- General Practitioner numbers on the West Coast are strong presently which is a pleasing reflection on the increased recruitment and retention efforts.

**Resolution (29/14)**

(Moved Helen Gillespie/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Clinical Advisor's updates.

**7. FINANCE REPORT**

Justine White, General Manager, Finance, spoke to the Finance Report for March 2014 which was taken as read. The report advised that 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 Board noted that it is expected that the DHB will meet its targeted \$1.1m deficit.

**Resolution (30/14)**

(Moved Joseph Thomas/seconded Helen Gillespie – carried)

That the Board:

- i. Notes the financial result for the period ended 30 April 2014

**8. HEALTH TARGET REPORT – QUARTER 3**

Greg Hamilton, Acting General Manager, Planning & Funding presented this report. In commenting on the results he said that the disappointing one is the Primary Care smoking target. The Board noted that this is a measure that requires renewing every 12 months and a big push is underway to focus on this.

**Resolution (31/14)**

(Moved Michelle Lomax/seconded Sharon Pugh – carried)

That the Board:

- i. Notes the Health Target Report- Quarter 3.

## 9. MATERNITY REVIEW UPDATE

Mark Newsome, General Manager, Grey/Westland, presented this report which was taken as read. He provided an update of work undertaken since the last update.

The Board noted that some of the “red” items are slippages in timing and work is being undertaken to underpin what is taking place with a good structure.

Mr Newsome reaffirmed that we need to ensure that what we provide is safe and some options are currently being stepped through to ensure there is an infrastructure in place around transport, education, policies and procedures.

The Chief Executive commented that it is important that all the mechanisms and skills sets are in place and that the DHB is absolutely committed where it is appropriate and safe to provide care close to people’s homes.

### **Resolution (32/14)**

(Moved Michelle Lomax/seconded Sharon Pugh – carried)

That the Board:

- i. Notes the report of progress against recommendations from the Maternity Review.

## 10. 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 11 June 2014.

She mentioned in particular the good outcomes for the month and highlighted the Committee's concern regarding Primary Care Smoking targets.

The report was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 11 June 2014.

She mentioned in particular: the pleasing progress with recruitment and the work being undertaken around DNA's

The update was noted.

- c) Elinor Stratford provided a verbal update on the Tatau Pounamu Advisory Group meeting held late yesterday (26 June 2014).

The update was noted.

## 12. RESOLUTION TO EXCLUDE THE PUBLIC

### **Resolution (33/14)**

(Moved Peter Ballantyne/seconded John Vaile – 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, 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:

	<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 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”;

There being no further business the public open section of the meeting closed at 11.40am.

The Public Excluded section of the meeting commenced at 11.55am and concluded at 2.10pm with a break for lunch between 1.00pm and 1.35pm.

\_\_\_\_\_  
Peter Ballantyne, Chair

\_\_\_\_\_  
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 8 AUGUST 2014**

	<b>DATE RAISED</b>	<b>ACTION</b>	<b>COMMENTARY</b>	<b>STATUS</b>
1	21 February 2014	Maternity Review update.	Progress against review recommendations to be provided to the Board at alternate meetings. First Update provided on 27 June 2014.	Further update at next meeting.
2.	4 April 2014	Telemedicine	Topic for Presentation when time allows.	Presentation when time allows.

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

**SOURCE:** Chief Executive

**DATE:** 08 August 2014

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

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

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

## 2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.



### A: Reinvalidate the West Coast Alliance

- **Annual Planning:** The Chair of the Alliance Leadership Team [ALT] continues to work with Tatau Pounamu to source Māori expertise for the group. The replacement of physician expertise has been discussed and a new ALT member is expected to be welcomed at the next meeting.
- **Mental Health Workstream:** This newly established Workstream met for the first time in July. A review of the Mental Health Review recommendations confirmed that the actions for completion within three and six month timeframes are all underway.

### B: Build Primary and Community Capacity and Capability

#### *Primary*

- **Reefton Medical:** The Reefton Practice Manager position remains vacant. The Better Health Practice Management Liaison continues to provide limited cover. Although the position was advertised twice and interviews held, no suitable applicant was found. Better Health locums are also providing sessional cover to complement the 0.8 FTE permanent GP now at Reefton.
- **South Westland Area Practice:** All positions are now filled with the appointment of the roving Rural Nurse Specialist, which allows for flexibility and cover across the area.

- **Rural Academic and Greymouth Medical:** The vacant Practice Manager position has been successfully recruited to. The *Nurse Entry to Practice* [NETP] commences in her role at RAGP on 29 July.

As a direct consequence of the visit by staff to the Hamilton IFHC, our practices are undertaking a two week project on “hard data collection”. This includes recording time taken for phone triaging, phone scripts, phone consults, any input from clinical and administrative teams, and any other activity that the clinician gets involved in. The data is recorded in short time slots. The analysis of this will be used to identify constraints and to optimise the use of clinician time, improve standardisation and reduce duplication and waste. The teams are well engaged in this process.

Grey primary care services have a stable permanent GP workforce with Better Health locums covering leave as required.

- **General:**
  - GP routine appointment waiting times continue to improve at most sites but have risen in Buller due to shortages of short term cover and difficulties with recruiting applicants. The recruitment of permanent doctors in Buller remains problematic.
  - Bad debt remains an area of concern. It is proving difficult to get a definitive resolution to its management but work continues in this space to find a workable solution.
  - *GPdocs*, the online practice management resource, is awaiting WCDHB IT installation to allow easy access. Ongoing feedback from the practice staff is being encouraged.

### ***Community-Based Services***

- **Home Based Support Services [HBSS] and Coasters:** Three new caregiving staff have been employed for Greymouth and one for the Whataroa area. PSA and WCDHB are in negotiations for a new HBSS collective. Work is being done to update individual client support plans to meet the change in focus of care to a restorative model. This involves working alongside the client in an effort to have them increasingly self-manage, and maintain independence.
- **Clinical Nurse Specialists [CNS]:** Our CNS group are undertaking training in MedTech32 at present. This will allow access to the Greymouth Medical Centre and RAGP databases and is one of the steps toward service integration for the Greymouth Integrated Family Health Centre [IFHC], and this will be ongoing. Again, this will provide for a more integrated and seamless approach with the reduction of duplication and waste, and an increase in efficiency and time available to patients.
- **Oral Health:** Work on testing and replacing the ceiling tiles in the dental mobiles has been completed and these are now able to be utilised again. Ordering has almost been completed for the level 1 mobile [diagnostic only] and a draft schedule for utilisation is being prepared. Driving lessons will be scheduled for the therapists as it is a self-drive unit essentially the size and look of a large campervan.
- **District Nursing [DN]:** All vacancies have been appointed to in the Grey and Westland DN teams. Workloads in each area remain constant and achievable. The ACC resource nurse and our data entry person will be visiting the Buller DN team to support them in enhancing ACC revenue collection and setting up a sustainable system for ACC billing. Nursing students continue to rotate through the service, along with Pharmacy and Medical students, with very positive feedback, and has the added bonus of being a positive recruitment tool.

- **Public Health Nursing [PHN]:** A successful recruitment has occurred for the .5 FTE vacancy due to the departure of a nurse from the Coast. This role will be filled as of 1 September. Medtech training is occurring for our PHN team this week. This will allow electronic reporting of expanded Well Child checks, making reporting easier. A pilot pre-school dental promotion is being rolled out across the PHN sector with the aim of increasing oral health enrolments. Our Buller PHN is working with the Buller High School Counsellor and Planning and Funding on a quality improvement plan for the School Based Health Services [SBHS] programme. This is a very positive working relationship which will be encouraged to grow.
- **B4 School Checks:** End of year targets for the high deprivation population were not met at year end; we were short by 3 children. The attendance numbers were 90% overall. There are some hard to reach children who move around with their families for working opportunities. The B4 Schools coordinator continues to focus on this small group, supported by rural nurses, PHN's and the practices.
- **Vision Hearing Technician [VHT]:** A casual staff member has been orientating with the aim of supporting our 1 VHT on the Coast. She is in the process of registering with Careerforce for training.

### C: Implement the Maori Health Plan

- **Maori Health Plan 2013/2014 – Key Achievements Quarter 3**

- 99% Maori enrolled in the PHO
- 100% Maori 2 year olds immunised on time in Quarter 3
- 87.5% Maori women 45-69 have undergone breast-screening
- 72.9% Maori have had their cardiovascular risk assessment

- **Workstreams Quarterly Update**

***Healthy West Coast Governance Group***

*Prioritised access for Maori to smoking cessation services:* An action plan is being developed that will focus on time-lined activity to improve the uptake of cessation services by Maori.

Increase in CVDRA for Maori population [base 59%] – Q3 result 72.9%

***Child & Youth Workstream***

*Enhance pregnancy and parenting programmes to better meet the needs of Maori:* A priority plan with a special focus on improving the attendance of Maori, Pacific and younger women is currently being developed.

***Buller IFHS Workstream***

Poutini Waiora Kaimahi is engaged in care provision within the Buller Medical Centre. While this partnership hasn't been without its challenges, the model is still new and is being tested and strengthened.

***Grey IFHS Workstream***

A long term conditions workshop has identified single case management as a priority for long term condition management. A Kaizen workshop held a year and a half ago on Maori Health also identified single case management as a priority so we are pleased to be working closely on this and working in collaboration with those working against this objective.

- **Poutini Waiora:** The organisation is currently in the process of change management under the leadership of the interim Kaihautu and the organisation has identified some

important areas for further organisational development. The West Coast DHB has been working closely with the interim Kaihautu and supporting when asked in the areas we are able to do so.

- **Mana Tamariki Mana Mokopuna - Te Ao Auahatanga Hauora Maori** [The Maori Innovations Fund project]: A project plan has been developed for implementation of this project. Timeframes have been extended in consultation with the Ministry and the Maori health team for the Innovations Fund. A core team is in place to oversee and assist with the design and engagement and an evaluation team have been engaged.
- **Tumu Whakarae – He Korowai Oranga:** Tumu Whakarae members attended the launch of the refreshed He Korowai Oranga [National Maori Health Strategy] at Parliament recently. The original He Korowai Oranga has been updated to ensure it continues to provide a strong platform for Maori Health for the future.
- **Tumu Whakarae – Kia Ora Hauora:** Kia Ora Hauora programme now has 4,212 Maori registered on their programme with 1,840 [44%] confirmed on a health study pathway and 2,083 [49%] Maori interested in both health and non-health careers. Te Waipounamu has 647 [14%] Maori enrolled in the programme. The West Coast DHB are working with Mokowhiti Consultancy on referring those people from Tai Poutini who are entering into study in the health sector.



## DELIVERING MODERN FIT FOR PURPOSE FACILITIES

### A: Facilities Report

#### *Financial performance*

- The June [year-end] result shows on-budget performance for the financial year for all cost centres. This is a good outcome noting that storm damage has been prevalent this year. There is still some storm damage repair work to roofing areas and edge protection that will impact the budget in the new financial year ahead.

#### *McBrearty Roof – Grey Hospital*

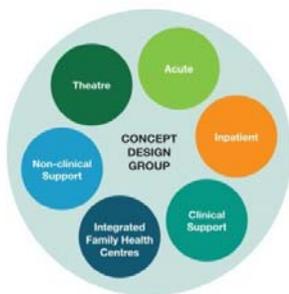
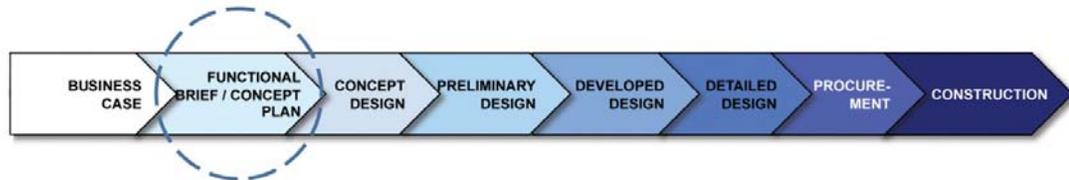
- The roofing membrane on the McBrearty block is problematic with water damage to the membrane and lack of adhesion to the substrate and breaking up of the membrane. Work is underway to consider options given that plans are now being brought to life for a new facility in Grey; investment in remediation must be balanced against the remaining life of the facility.

#### *Current Activity*

- Business-as-usual is ongoing at all sites with emphasis being placed 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 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.

- Work is ongoing to align service contracts as contracts come out of their fixed period to ensure one overall system is in place for both DHB's, and that contracts are aligned with SI Alliance direction of travel and activity.
- Input into the proposed new developments is underway 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 forthcoming months.
- All sites have achieved BWOF certification.

## B: Facilities Case Update



- Requests for Proposals [RFPs] have been advertised on the Government Electronic Tender Site [GETS] for design, quantity surveying and project management services associated with the next steps in the design process for Grey. The National Health Board [NHB] is leading this process with input from the DHB. Evaluation of responses is taking place over August, and the NHB advises that the process remains on track to appoint a design team by end-August.
- We expect to be able to recommence engagement with our clinical teams from mid-September, using a similar approach to that employed in the earlier concept planning phase of the project.
- In relation to Buller, we expect to shortly release an Expression of Interest [EOI] document to the GETS site, seeking expressions of interest from organisations wishing to work with us to bring the Buller Integrated Family Health Centre [IFHC] to life.

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

### Hospital Services

#### *Staffing*

- The quality of applicants applying for positions continues to be good. Credit is given to the new advertising campaign established by the transalpine recruitment team, with appointments to General Surgery, Assessment Treatment & Rehabilitation [AT&R], Paediatrics and ED.
- *Dedicated Education Unit* [DEU] Nelson transition students have already started and CPIT students are starting 11 August.

- 
- The new graduates on the NETP programme are rotating on 28 July for their second placement.

### **Quality**

- CNMs are preparing for the credentialing audit in September.
- A stocktake of care plans is complete and all care plans throughout Grey Hospital are now standardised and reviewed, supported by policies and procedures for ongoing review and authorisation.
- Advanced Cardiac Life Support and Ventilator training is well advanced with staff being re-certified.
- A fleet of paediatric resuscitation trolleys have been introduced coast-wide, along with the education required to ensure their appropriate use. The Resuscitation Coordinator and Dr John Garrett have been instrumental in this successful initiative.
- Falls risk assessment data capture within Trendcare is being considered after successful implementation at several other DHB's. The capture of *better help for smokers to quit* data could also be included which would assist in accurate reporting.
- Work is continuing on monitoring staff sick leave levels, acknowledging winter illness peaks and ensuring that our staff take care of themselves. Management of excessive annual leave balances continues with leave plans in place.
- Initiatives that will drive increased and efficient performance to ensure the system is well placed to deliver quality and appropriate care have or are commencing. These include:
  - **Considering the configuration of in-patient services** in preparation for the new facility.
  - **Optimising Resource Utilisation:** this includes work on understanding and providing solutions to our high Did Not Attend [DNA] rate, and ensuring that our discharge processes are robust and provide a seamless and safe transfer out of hospital-based care.
  - **Right-Sourcing Service Delivery:** this includes a review of what work is currently outsourced, and its appropriateness.
  - Continuing our work in relation to workforce changes.

### **Mental Health Services**

#### ***Update on Suicide prevention planning and activity on the West Coast***

- A Governance group has been established to oversee the development of a suicide prevention plan for the West Coast which includes a coherent post-vention response and the collection and monitoring of data relating to completed and attempted suicides. The Suicide Prevention Action Group is currently gathering data on West Coast suicides over the last 20 years. Planning and Funding personnel are assisting with the collating and maintenance of this data into a register. This data is to be linked with hospital admissions and ED visits prior to suicide.
- The group are also working on establishing a suicide attempt register and developing a pathway for follow-up intervention with people who have attempted suicide. A weekly report is generated from the existing codes used in ED and a basic register of suicide attempts is in place now.
- A working party has been established to further develop the register to facilitate

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tracking and follow-up contact. A priority task has been to secure gatekeeper training for health professionals to assist them to identify and support individuals with self-harm injuries or at risk of suicide and refer them to services. To date, 60 clinicians within the specialist and primary mental health teams have received the advanced level of gatekeeper training. A further group of rural nurses, ED clinicians and GP's coast-wide have been identified as requiring this advanced level of training. An application was sent to the Ministry of Health in response to their offer of funding for online gatekeeper training for the wider community. This application requested 640 licences to provide on-line training to a range of organisations across the Coast, with the stipulation that this training be supplemented by a facilitated face-to-face session in each location to consolidate the learning and ensure that local referral pathways are clear.

- There is good positive clinician engagement in the newly formed Mental Health Alliance workstream and a clear recognition and will to transform the way mental health services are currently provided.

### ***Transalpine links***

- With the majority of consultants working on the Coast, but living in Christchurch, we have embraced the technology with one consultant now providing one of his three days on the Coast via telehealth. This day via telehealth includes multidisciplinary meetings, participation in quality and peer forums, as well as a significant amount of clinical work with clients. Clients and staff report that this arrangement is working well.
- A meeting of senior clinicians and managers will take place at the end of this month to continue the advancement of transalpine services, including the use of joint appointments.

### ***Quarterly reporting***

- The MHS has exceeded its target of 3.8% of the population with severe mental illness accessing the service in the 0-19 and 20-64 age brackets. Of these clients, 100% of the 0-19 year olds have an up-to-date relapse prevention plan in place, with 87% of the 20-64 age group achieving compliance in this aspect. Wait time targets for non-urgent mental health referrals have been met in adult services, and are within 10% of the target for 0-19 year olds. This delay is mainly due to recruitment difficulties in the CAMHS specialty on the Coast, as well as a higher than usual number of crisis presentations which required prioritising.



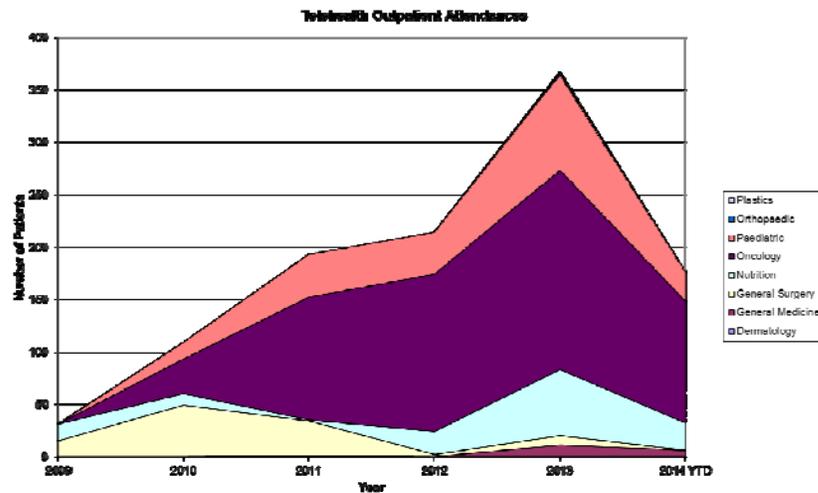
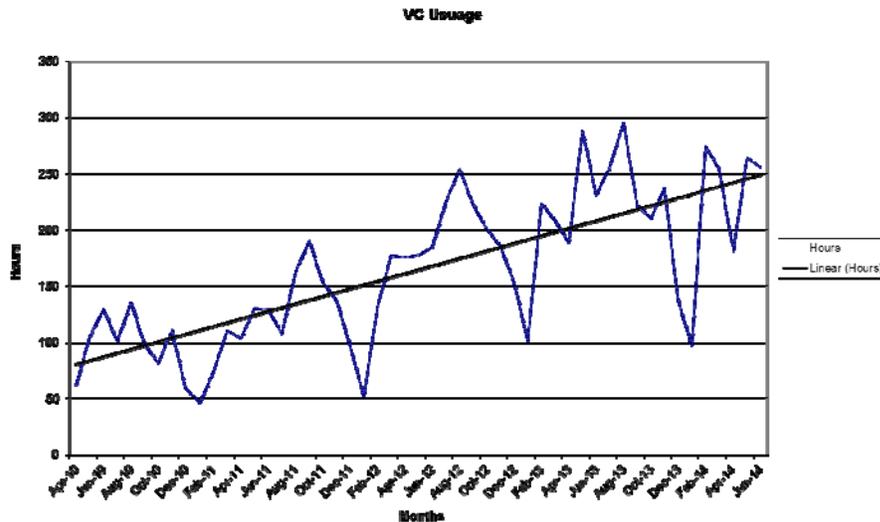
### **A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast**

- Negotiations are coming to completion with St John as part of a South Island-wide joint DHB approach for the provision and pricing of non-acute ambulance transport services for inter-hospital patient transfer. The model that will be used for the West Coast has been finalised and only a few issues in other regions need to be addressed prior to completion.

### **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.






## INTEGRATING THE WEST COAST HEALTH SYSTEM

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

- The community services restorative case mix model of care has now been fully rolled out to both providers [*Access* and *Coasters*]. Planning and Funding are working with both providers around the funding model for case mix categories.
- Regular IDT meetings and training around case management and goal-based care plans are held for CCCN and community providers, checking complex clients are receiving the right care at the right time. General Practitioners and Clinical Specialists are more involved in goal based planning which highlights the importance of care packages focused on being more functionally independent.
- The pilot for a Rehab Response [Casemix 8] model is working well and allowing for changes in service delivery in real time to suit the needs of the client. The planned full roll out is still on track for the end of December 2014.

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

- Buller Workstream projects aim to improve timely access to assessment, treatment and services that support people to stay well in their own homes. Projects include single point of entry for acute presentations, improved coordination of community support services, and improved access to specialist services and mental health support when presenting at general practice. All projects are committed to improving health equity and health outcomes for Māori.
- The Quality Improvement project is working across all projects to identify how patient flows can be improved by taking a whole-of-system approach. Quality improvement groups are also being established in each service area and Consumer Council has been invited to participate in this work.

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

- The feedback report from the working party who visited Midlands Health network has been shared with the Alliance Leadership Team. This report includes recommended next steps for moving towards the Health Care Home model of integrated Primary Care with work on all of the recommended actions already underway. A wider sharing of this report will include Primary Care and Community Services including district nursing and Clinical Nurse Specialists.
- The Grey/Westland workstreams are also leading a piece of work to improve the visibility and timeliness of available acute readmissions data. This is a key indicator of how well the system is working to support our community to be well in their own homes.



## A: Live Within our Financial Means

The consolidated West Coast District Health Board financial result for the month of June 2014 was a surplus of \$0.043m, which was \$0.002m unfavourable against the budgeted surplus of \$0.045m. The year-end position is \$0.013m favourable, noting that this is a provisional full year result which - as per customary process - is subject to minor changes through the audit process.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	0	13	(13)	0	0	0
Funder Arm	1,500	11	1,489	5,258	(534)	5,792
Provider Arm	(1,457)	21	(1,478)	(6,345)	(566)	(5,779)
<b>Consolidated Result</b>	<b>43</b>	<b>45</b>	<b>(2)</b>	<b>(1,087)</b>	<b>(1,100)</b>	<b>13</b>

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

- We are preparing to conduct our bi-annual employee engagement survey and have commenced discussions with key stakeholders. It has been agreed that a small working group will be formed to support and drive effective participation in the survey. The survey is expected to commence in September, with results communicated back to teams in early November.
- Discussion with key stakeholders about performance management continue in order to address the key issues around access, reporting lines and objectives so that this programme of work can be rolled out.

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

### ***eSign-Off***

- The eSign-off business case has been approved. This will allow electronic sign-off by clinicians of hospital-ordered pathology and radiology tests. Resource constraints have delayed the project kick off. A resolution to these issues is being worked through with senior management.

### ***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 10 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 10 remaining desktops are being worked through as quickly as possible.

### ***Computer for Dental Clinics***

- Computers and network infrastructure have been ordered for all fixed dental sites. Implementation to be completed by end of August.

### ***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 end of life remote access system has been replaced with a system used in CDHB. Team members from both WCDHB and CDHB worked 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. All users have been migrated to exchange 2010 the weekend of 14 June.
- Medtech performance improvements are now being implemented with go-live before end of August.
- A new printer contract with the same provider CDHB uses is at final sign-off stage, with the project kicked off mid-July to begin the migration process.

## **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.
- Further Buller, Hokitika and Karamea meetings are being organised, including Buller Rotary in September and Buller REAP in October. It is intended that at these meetings, the Programme Director will present the progress of the West Coast health system.
- A community meeting will be organised for Reefton in the coming period. This follows agreement reached earlier in the year between the Reefton community and the DHB about our shared commitment to a conversation about Reefton health services.
- We will be engaging with the Buller community and our staff from 01 August in relation to older person's health services in Buller.

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

- The winter issue of Report to the Community - the West Coast health system's community update - was distributed in late June.
- The new Maternity Services web page was launched at the end of June on the WCDHB website.
- The senior communications advisor met with the South Island communications manager and engagement manager for Housing New Zealand. We discussed improving relationships to encourage better outcomes for our shared customers/patients. At some stage over the next few months a visit to the West Coast is envisaged by the CE of Housing NZ, which will include discussions with DHB staff about our interactions with people in need of social housing.
- Working with the Mental Health Awareness Week group [involves multiple providers and users], assisting with communications.
- Work is underway to look at the redevelopment of the WCDHB website. Updating the website will greatly assist us in ensuring the community has an easily accessible and user-friendly place to get correct information.

### ***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 panel met recently and discussed objectives and terms of reference; set up a group to assist with reviewing content of our current website in anticipation of transferring to a new website.
- A small team are working on improving the content, look and feel of the internal staff intranet pages.
- A staff meeting was scheduled for Friday 25 July and these will continue on a regular basis.
- There have been three issues of the CE Update since the last board report. Staff are regularly contributing to these.
- A visit to South Westland is planned in early August by the Programme Director.

### ***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.
- Proactive stories released to the media and reported this month include:
  - New Maternity Services web pages launched
  - Health sector opportunities for students

### ***Proactive Media Relations***

- Issues commented on this month included responses to questions around:
  - Facilities redevelopment – Grey and Buller
  - Influenza
  - Health of older persons in Buller
  - Midwifery services
  - Rest homes
  - The incidence of cancer on the West Coast
  - Suicide statistics
  - WCDHB’s Annual plan
  - CT scanner
  - Christchurch transport for DHB patients
  - GP/locum recruitment
  - Physiotherapy services in Buller

### ***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



### **Key Achievements/Issues of Note**

#### ***Norovirus outbreak at local residential care homes***

- In early June, Community Public Health [CPH] was contacted by Granger House and Kowhai Manor about an outbreak of gastroenteritis occurring at the time at the homes. At the time of the initial contact, 21 residents at the homes and 9 staff members had all been sick with gastroenteritis, characterised by vomiting and/or diarrhoea. Granger House and Kowhai Manor are private long term residential care facilities for the elderly and are currently home to 60 residents and 41 residents respectively. Faecal samples were taken from some of the sick residents and lab testing confirmed norovirus type 2. During the month since the initial contact, more cases have been reported and there have been a total of 99 cases: 65 residents and 34 staff. The outbreak appears to have run its course at Granger House and there have been no new cases reported since 11 July at Kowhai Manor. The facilities have been closed to visitors, isolating cases as they occur, and the frequency of cleaning common facilities has been increased to prevent spread of the infection. CPH and Infection Control at Grey Base Hospital worked together to assist the care homes to contain the outbreak. In addition, we sent out an advisory to GPs in Greymouth.

#### ***District Licensing Committees***

- CPH alcohol licensing officers and Medical Officers of Health attended a two day South Island training workshop recently on presenting the public health perspective at District Licensing Committee [DLC] hearings. Under the new Sale and Supply of Alcohol Act 2012, any submissions opposing current or new liquor licences are now heard by a local DLC [rather than a visiting national panel]. This is designed to allow local communities

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to have more of a say in how alcohol is sold and supplied in their neighbourhoods. Local hearings also allow decisions to be made more quickly than previously. To date there have been just two DLC hearings on the West Coast, one each in the Grey and Westland districts. However, the number of these hearings is likely to increase as existing licences come due for renewal.

***Presentation to Buller Interagency Forum on health impacts of jobs losses in small communities***

- CPH staff made a presentation to the Buller Interagency meeting in Westport on 2 July 2014 on the health impacts of major job losses in small communities. This was very timely as the workers at Stockton Alliance were shortly to find out whether their positions were some of the 135 affected by job losses. There will also be 50 Stockton contractors losing their jobs. Oceana Gold announced recently that they will be reducing their workforce by 50 workers in the near future. Holcim Cement will be closing their Buller operation in the second half of 2016. Interagency Forum members were provided with copies of a report prepared by CPH last year following the job losses in the Grey District at Pike River and Spring Creek mines. The report provides valuable information from other communities that have gone through major job losses including Huntly and Hawke's Bay, including ways that communities have responded and recovered.

***West Coastal Pathway case study informs new national resource***

- CPH has responded to an approach to provide information regarding the process of engagement with respect to the development of the West Coastal Pathway to consultants who are creating a 'Snapshot on Physical Activity' for Agencies for Nutrition Action [ANA]. This will be developed into a guideline resource for people working in public health on how to engage with local government to develop environments which will promote physical activity. The West Coastal Pathway was identified as a 'success story' as a result of an article CPH provided to an ANA newsletter in 2013.

***Promoting wellbeing at AgFest***

- CPH had a stall promoting Positive Wellbeing at the AgFest event held at Cass Square on 4 and 5 of July. Approximately 10,000 people attended AgFest this year. We used material from the Christchurch "all right?" mental health promotion campaign to promote the five ways to wellbeing: Give, Be Active, Keep Learning, Connect and Take Notice.

***Responding to increased demand for Appetite for Life***

- CPH has seen an increase in referrals to its Appetite for Life courses. We have responded to this demand and an extra course will be run in Greymouth this winter.

Target	Q3 13/14	May/ Q4 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%	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 4. Data for the 12 month period 2013/14 financial year shows 96.6% were admitted, discharged or transferred within just four hours.
 <b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	1,182 YTD	1,517 YTD May	1,451 YTD May	✓	The West Coast DHB is set to both meet and surpass our year-end <b>Improved Access to Elective Surgery Health Target</b> of 1,592, having delivered <b>1,517 discharges</b> in the eleven months to 31 May 2014—exceeding the month's target by 66 patients. Quarter 4 data is expected in early August.
 <b>Shorter Waits for Cancer Treatment</b> People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	✓	The West Coast DHB has achieved the <b>Shorter Waits for Cancer Treatment Health Target</b> for the 2013/14 financial year, 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%	81%	90%	✗	For the <b>Increased Immunisation Health Target</b> we were ten children shy of meeting the targeted 90%. Small numbers as well as high opt-off and declines 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%	95%	✗	During Quarter 4, West Coast DHB staff provided <b>95%</b> of hospitalised smokers with smoking cessation advice and support—meeting the <b>Secondary Care Better Help for Smokers to Quit Health Target</b> . It is pleasing to see a continued upward trend.
 <b>Better Help for Smokers to Quit</b> Smokers attending primary care receive help and advice to quit <sup>2</sup>	55.4%	TBC	90%	✗	The <b>Primary Care Smokers Better Help to Quit Health Target</b> suffered a disappointing 4.4% decrease during Quarter 3 with <b>55.4%</b> of smokers attending primary care during the year having received brief advice or cessation support to quit smoking. Analysis has identified a large push from the previous financial year following the install of HealthStat contributed to this, with these statuses having expired beyond the target's 12 month timeframe from that time last year. Actions previously reported continue, and training in Buller and Reefton has taken place for the upcoming TXT2Remind project. Our Quarter 4 result is expected at the end of July.

<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

	<p><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></p>	69.6%	- <sup>4</sup>	90%	✘	<p>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. Our Quarter 4 result expected at the end of July.</p>
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Report prepared by:

David Meates, Chief Executive

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

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

**SOURCE:** Clinical Leaders

**DATE:** 8 August 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 a regular update.

## 2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders Update

## 3. DISCUSSION

### **Workforce**

Planning is underway to develop the nursing staffing model for the new inpatient configuration in the hospital rebuild. It is important to grow this workforce from now in preparation for the new way of working. A comprehensive programme will include training, clinical experience in context and an increased number of nurses rotating through clinical areas. Currently we have a small cohort of nurses who regularly flex across settings, including new graduate nurses, we need to increase the size of this team. The generalist medical/surgical/AT&R nursing team will have a high level of competency, skill and confidence across the inpatient setting and this will ensure flexibility.

The ‘grow our own’ strategy embodied in the Rural Learning Centre development endorsed by the Board in 2011 is increasingly bearing fruit in the nursing and medical new graduate workforce. We are expanding our Rural Hospital Medicine registrar positions for 2015, and have a record number of General Practitioner registrars for 2015 on the West Coast.

The recruitment to the Associate Director Allied Health position is ongoing. We were unable to make an appointment and are currently re-advertising the role and developing an interim leadership plan to support the work needed to be completed as part of new models of care. The physiotherapy service has had a transalpine planning session to review how we address the current vacancies in the short and long term. We are recruiting for an Occupational Therapy Clinical Manager.

### **Quality and Safety**

The new locally based Patient Safety and Quality Manager will start in November. We are developing a single quality team with consistent, streamlined processes throughout the organisation.

Credentialement of our senior medical workforce has recommenced, and all of our services will go through a re-credentialling process over the next 18 months.

The most recent Hand Hygiene New Zealand National Hand Hygiene Performance Report for District Health Boards (1 April to 30 June 2014) showed that West Coast DHB staff performed correct hand hygiene 77% of the time in the audit – this was above the national rate, and put us fifth best in the country. Our rates have steadily improved over the last 18 months of recording, from the mid-60's percent to our best result so far. Congratulations should be extended to all staff, and in particular our hand hygiene lead Julie Ritchie (Infection Control CNS) and team.

#### **Integrated Service Development**

Community pharmacies have begun working more closely with general practice teams across the Coast, with more pharmacists being trained to provide this level of service. Interdisciplinary teams meet at all practices to link with the Complex Clinical Care Network for the more complex patients requiring more coordinated care.

#### **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 Bousfield, 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:** 8 August 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; note that due to the timing of the QFARC meeting the June results were not presented to the last meeting. The year to date position represents a provisional full year result, as per normal this is subject to minor change through the audit process.

## 2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 30 June 2014.

## 3. DISCUSSION

### Overview of June 2014 Financial Result

The financial information in this report represents a summary and update of the financial statements forwarded to the Ministry of Health. The consolidated West Coast District Health Board financial result for the month of June 2014 was a surplus of \$0.043m, which was \$0.002m unfavourable against the budgeted surplus of \$0.045m. The year end position is \$0.013m favourable. The breakdown of June's result is as follows.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,772	6,870	(98)	x	82,199	82,488	(289)	x
Governance & Administration	192	180	12	√	2,049	1,879	170	√
Funds & Internal Eliminations	4,531	4,373	158	√	52,783	52,577	206	√
	11,495	11,423	72	√	137,031	136,944	87	√
<b>EXPENSES</b>								
Provider								
Personnel	4,436	4,370	(66)	x	54,879	52,708	(2,171)	x
Outsourced Services	807	246	(561)	x	7,387	3,532	(3,855)	x
Clinical Supplies	797	718	(79)	x	7,727	9,114	1,387	√
Infrastructure	1,518	984	(534)	x	12,605	11,163	(1,442)	x
	7,558	6,318	(1,240)	x	82,598	76,517	(6,081)	x
Governance & Administration	192	167	(25)	x	2,049	1,879	(170)	x
Funds & Internal Eliminations	3,031	4,362	1,331	√	47,525	53,111	5,586	√
<b>Total Operating Expenditure</b>	10,781	10,847	66	√	132,172	131,507	(665)	x
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	714	576	138	√	4,859	5,437	(578)	x
<b>Interest, Depreciation &amp; Capital Charge</b>	671	531	(140)	x	5,946	6,537	591	√
<b>Net surplus/(deficit)</b>	43	45	(2)	x	(1,087)	(1,100)	13	√

#### **4. APPENDICES**

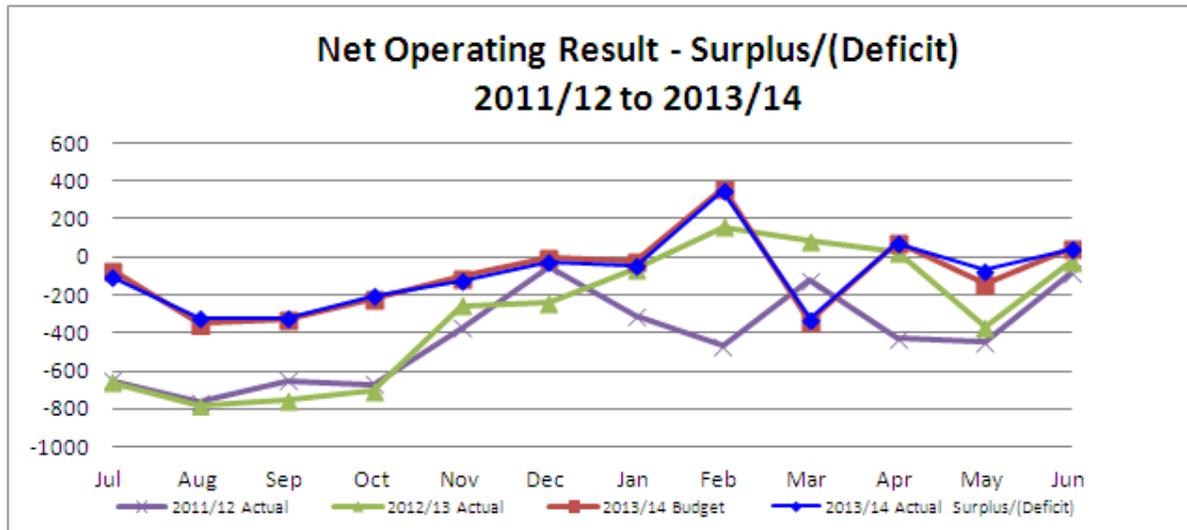
Appendix 1:	Financial Results for the period ending 30 June 2014
Appendix 2:	Statement of Financial Performance – June 2014
Appendix 3:	Statement of Financial Position – June 2014
Appendix 4:	Cashflow – June 2014

Report prepared by: Justine White, General Manager: Finance

**APPENDIX 1: FINANCIAL RESULT**

**FINANCIAL PERFORMANCE OVERVIEW – JUNE 2014**

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	43	45	(2)	-4%	×	(1,087)	(1,100)	13	-1%	✓

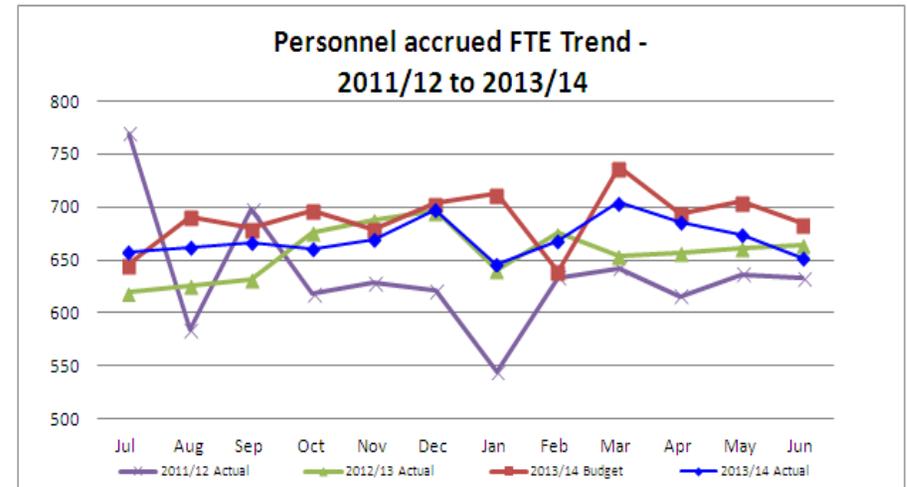
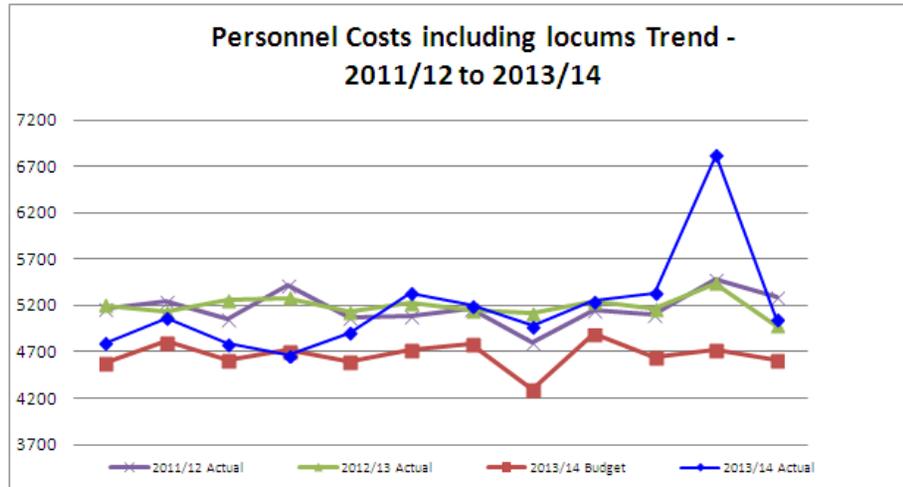


We had submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

**KEY RISKS AND ISSUES**

The achievement of the annual plan has required significant levels of oversight and management in order to be achieved.

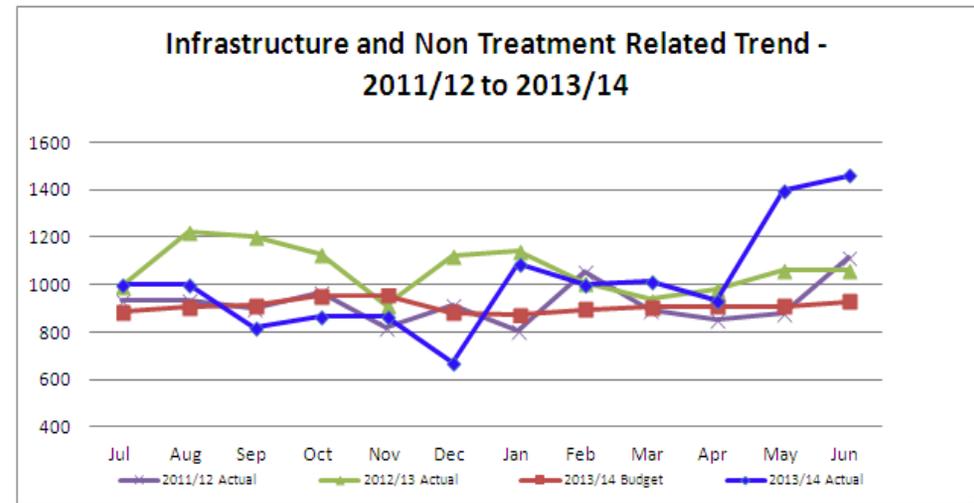
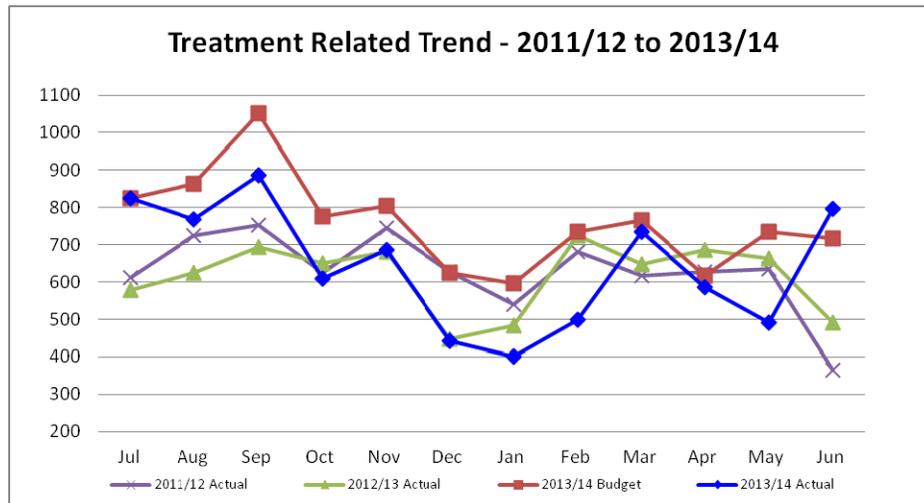
## PERSONNEL COSTS/PERSONNEL ACCRUED FTE



## KEY RISKS AND ISSUES

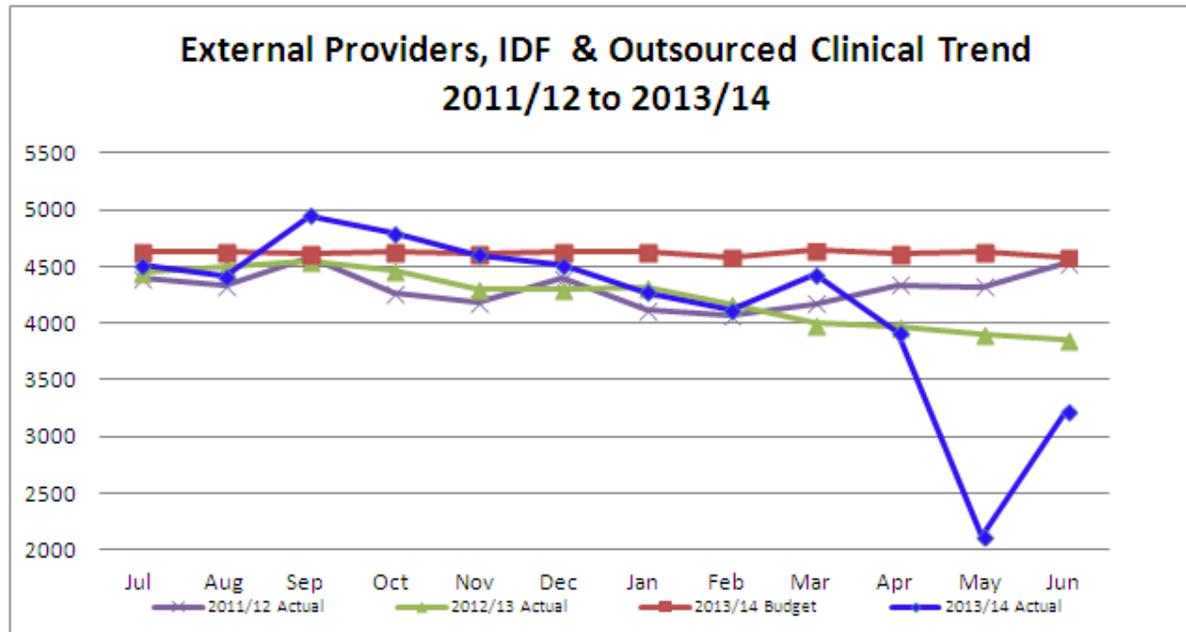
Although better use of stabilised rosters and leave planning is in the process of being embedded within the business, the results have been slower to transpire than originally anticipated. The results of higher turnover than anticipated are that the costs are ahead of budget from a full year perspective.

## TREATMENT & NON TREATMENT RELATED COSTS



## KEY RISKS AND ISSUES

## EXTERNAL PROVIDER COSTS



## KEY RISKS AND ISSUES

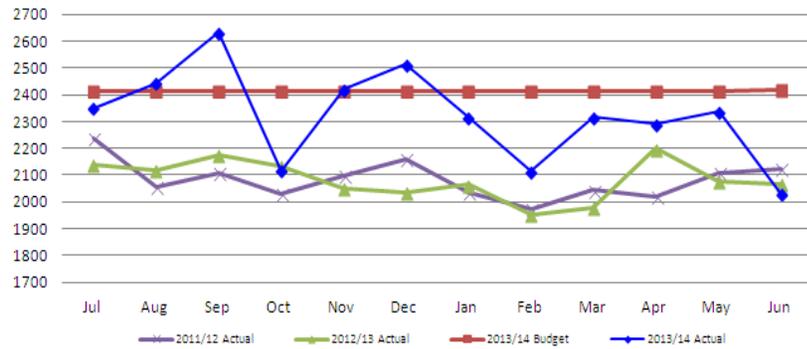
Capacity constraints within the system require continued monitoring of trends and demand for services.

**Funder Arm - Payments to External Providers**  
**Month ended June 2014**

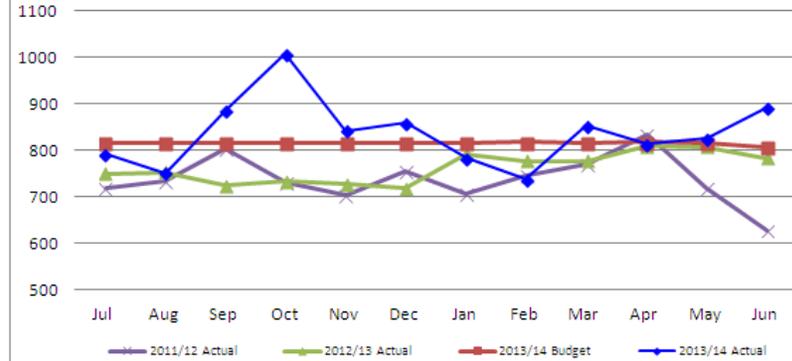
Current Month				SERVICES	Year to Date				2013/14 Annual Budget
Actual	Budget	Variance			Actual	Budget	Variance		
\$000	\$000	\$000	%		\$000	\$000	\$000	%	
				<b>Primary Care</b>					
35	39	4	9%	Dental-school and adolescent	399	512	113	22%	512
0	0	0		Maternity	0	29	29	100%	28
85	89	4	4%	PHO non-Capitated Services & Combine	1,043	1,013	-30	-3%	1,013
635	568	-67	-12%	Primary Practice Capitation	7,057	6,928	-129	-2%	6,930
25	0	-25		Child and Youth	61	55	-6	-11%	55
-7	9	16	190%	Immunisation	107	53	-54	-101%	53
4	16	12	76%	Maori Service Development	85	148	63	42%	148
42	41	-1	-2%	Whanua Ora Services	607	536	-71	-13%	536
16	28	12	42%	Palliative Care	171	215	44	20%	215
7	-1	-8	820%	Chronic Disease	88	87	-1	-1%	87
50	17	-33	-197%	Other Primary	433	215	-218	-101%	215
<b>893</b>	<b>806</b>	<b>-87</b>	<b>-11%</b>		<b>10,051</b>	<b>9,791</b>	<b>-260</b>	<b>-3%</b>	<b>9,792</b>
				<b>Referred Services</b>					
2	59	57	97%	Laboratory	-4	675	679	101%	675
420	681	261	38%	Pharmaceuticals	7,923	8,238	315	4%	8,238
<b>421</b>	<b>740</b>	<b>319</b>	<b>47%</b>		<b>7,919</b>	<b>8,913</b>	<b>994</b>	<b>12%</b>	<b>8,913</b>
				<b>Secondary Care</b>					
105	105	0	0%	Inpatients	1,161	1,161	0	0%	1,161
86	69	-17	-25%	Radiology services	1,057	795	-262	-33%	795
174	112	-62	-56%	Travel & Accommodation	1,141	1,344	203	15%	1,344
1,245	1,370	125	9%	IDF Payments Personal Health	16,271	16,396	125	1%	16,396
<b>1,611</b>	<b>1,656</b>	<b>45</b>	<b>3%</b>		<b>19,629</b>	<b>19,696</b>	<b>67</b>	<b>0%</b>	<b>19,696</b>
<b>2,925</b>	<b>3,202</b>	<b>277</b>	<b>9%</b>	<b>Primary &amp; Secondary Care Total</b>	<b>37,599</b>	<b>38,400</b>	<b>801</b>	<b>2%</b>	<b>38,401</b>
				<b>Public Health</b>					
24	5	-19	-388%	Nutrition & Physical Activity	260	126	-134	-106%	126
0	7	7	100%	Public Health Infrastructure	0	73	73	100%	73
0	0	0		Social Environments	0	0	0		0
11	5	-6	-129%	Tobacco control	149	137	-12	-9%	137
8	6	-2		Screening programmes	8	6	-2		6
<b>44</b>	<b>23</b>	<b>-21</b>	<b>-92%</b>	<b>Public Health Total</b>	<b>418</b>	<b>342</b>	<b>-76</b>	<b>-22%</b>	<b>342</b>
				<b>Mental Health</b>					
61	52	-9	-18%	Day Activity & Rehab	662	569	-93	-16%	569
33	11	-22	-197%	Advocacy Family	241	132	-109	-83%	132
32	3	-29	-969%	Other Mental Health	449	168	-281	-167%	168
94	121	27	22%	Community Residential Beds	1,148	1,408	260	18%	1,408
69	64	-5	-6%	IDF Payments Mental Health	823	823	0	1%	823
<b>288</b>	<b>251</b>	<b>-37</b>	<b>-15%</b>		<b>3,323</b>	<b>3,100</b>	<b>-223</b>	<b>-7%</b>	<b>3,100</b>
				<b>Older Persons Health</b>					
0	0	0		Needs Assessment	0	0	0		-1
67	49	-18	-37%	Home Based Support	784	665	-119	-18%	665
6	11	5	48%	Caregiver Support	84	111	27	24%	111
379	212	-167	-79%	Residential Care-Rest Homes	3,055	2,520	-535	-21%	2,520
-2	-4	-2	50%	Residential Care Loans-Rest Homes	-11	-26	-15	-57%	-25
0	-4	-4	100%	Residential Care Loans-Hospital Level	-7	-26	-19	-73%	-26
4	28	24	84%	Residential Care-Community	86	314	228	73%	314
397	354	-43	-12%	Residential Care-Hospital	4,083	4,371	288	7%	4,371
0	0	0		Ageing in place	-3	0	3		0
9	5	-4	-86%	Day programmes	110	96	-14	-14%	96
7	11	4	40%	Respite Care	112	99	-13	-13%	99
1	-2	-3	165%	Community Health	20	42	22	52%	42
92	88	-4	-5%	IDF Payments-DSS	1,109	1,089	-20	-2%	1,089
<b>961</b>	<b>748</b>	<b>-213</b>	<b>-29%</b>		<b>9,420</b>	<b>9,255</b>	<b>-165</b>	<b>-2%</b>	<b>9,255</b>
<b>1,249</b>	<b>999</b>	<b>-251</b>	<b>-25%</b>	<b>Mental Health &amp; OPH Total</b>	<b>12,743</b>	<b>12,355</b>	<b>-388</b>	<b>-3%</b>	<b>12,355</b>
<b>4,219</b>	<b>4,224</b>	<b>5</b>	<b>0%</b>	<b>Total Expenditure</b>	<b>50,759</b>	<b>51,097</b>	<b>338</b>	<b>1%</b>	<b>51,098</b>
<b>2,812</b>	<b>2,702</b>	<b>-109</b>	<b>-4%</b>	<b>Total Expenditure (excluding IDFs)</b>	<b>32,556</b>	<b>32,789</b>	<b>233</b>	<b>1%</b>	<b>32,790</b>

## EXTERNAL PROVIDER COSTS

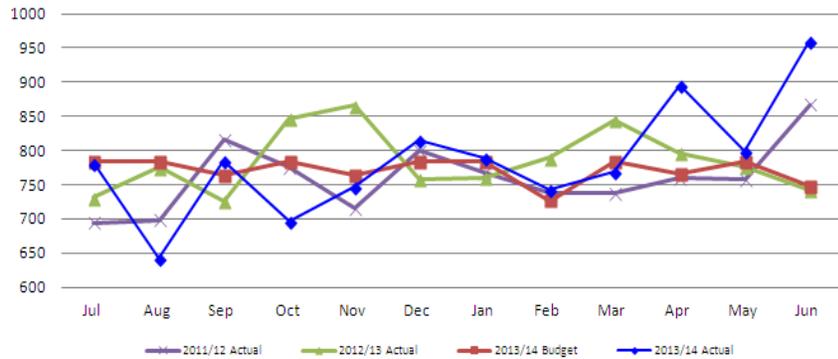
**Secondary and Referred Services Trend  
2011/12 to 2013/14**



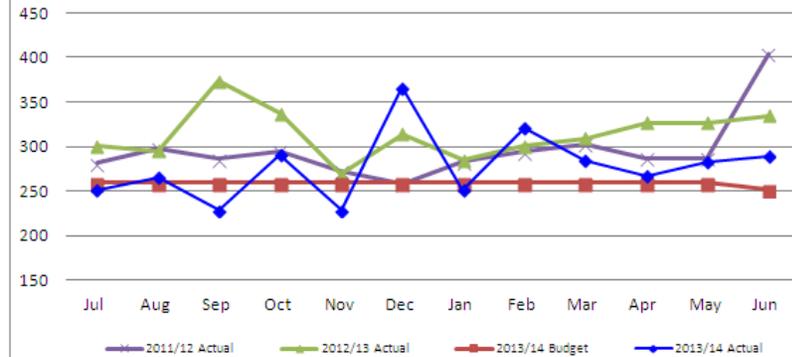
**Primary Care Trend  
2011/12 to 2013/14**



**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	9,065	11,028	(1,962)	-18% X	12,060
Cash	7,502	7,809	(307)	-4% X	7,809

## KEY RISKS AND ISSUES

## APPENDIX 2: STATEMENT OF FINANCIAL PERFORMANCE

### Statement of comprehensive income

For period ending

30 June 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	11,057	10,926	131	1.2%	131,356	131,156	200	0.2%	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	36	(16)	(44.4%)	36	36
Inter District Flows Revenue	135	148	(13)	(8.5%)	1,615	1,622	(7)	(0.4%)	1,622	1,656
Patient Related Revenue	212	280	(68)	(24.3%)	2,880	3,371	(491)	(14.6%)	3,371	3,112
Other Revenue	91	66	25	38.1%	1,160	759	401	52.8%	759	1,088
<b>Total Operating Revenue</b>	<b>11,495</b>	<b>11,423</b>	<b>72</b>	<b>0.6%</b>	<b>137,031</b>	<b>136,944</b>	<b>87</b>	<b>0.1%</b>	<b>136,944</b>	<b>134,833</b>
<b>Operating Expenditure</b>										
Personnel costs	4,491	4,436	(55)	(1.2%)	55,477	53,310	(2,167)	(4.1%)	53,310	55,688
Outsourced Services	755	170	(585)	(344.1%)	6,373	2,532	(3,841)	(151.7%)	2,532	9,120
Treatment Related Costs	797	718	(79)	(11.0%)	7,727	9,114	1,387	15.2%	9,114	7,369
External Providers	2,730	2,963	233	7.9%	34,383	35,866	1,483	4.1%	35,866	29,843
Inter District Flows Expense	413	1,522	1,109	72.9%	14,486	18,308	3,822	20.9%	18,308	16,675
Outsourced Services - non clinical	134	107	(27)	(25.2%)	1,608	1,460	(148)	(10.1%)	1,460	1,445
Infrastructure and Non treatment related costs	1,461	929	(532)	(57.3%)	12,118	10,915	(1,203)	(11.0%)	10,915	12,787
<b>Total Operating Expenditure</b>	<b>10,781</b>	<b>10,845</b>	<b>64</b>	<b>0.6%</b>	<b>132,172</b>	<b>131,505</b>	<b>(667)</b>	<b>(0.5%)</b>	<b>131,505</b>	<b>132,927</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>714</b>	<b>578</b>	<b>136</b>	<b>(23.6%)</b>	<b>4,859</b>	<b>5,439</b>	<b>(580)</b>	<b>10.7%</b>	<b>5,439</b>	<b>1,907</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	63	48	(15)	(31.3%)	713	642	(71)	(11.1%)	642	650
Depreciation	594	421	(173)	(41.1%)	4,480	5,085	605	11.9%	5,085	4,156
Capital Charge Expenditure	14	64	50	78.1%	753	812	59	7.3%	812	677
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>671</b>	<b>533</b>	<b>(138)</b>	<b>(25.9%)</b>	<b>5,946</b>	<b>6,539</b>	<b>593</b>	<b>9.1%</b>	<b>6,539</b>	<b>5,482</b>
<b>Net Surplus/(deficit)</b>	<b>43</b>	<b>45</b>	<b>(2)</b>	<b>4.0%</b>	<b>(1,087)</b>	<b>(1,100)</b>	<b>13</b>	<b>1.2%</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>43</b>	<b>45</b>	<b>(2)</b>	<b>4.0%</b>	<b>(1,087)</b>	<b>(1,100)</b>	<b>13</b>	<b>1.2%</b>	<b>(1,100)</b>	<b>(3,576)</b>

## APPENDIX 3: STATEMENT OF FINANCIAL POSITION

### Statement of financial position

As at

30 June 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	26,093	29,276	(3,183)	(10.9%)	26,613
Intangible assets	2,420	1,002	1,418	141.5%	790
Work in Progress	74	528	(454)	(86.0%)	3,296
Other investments	165	2	163	8150.0%	0
<b>Total non-current assets</b>	<b>28,752</b>	<b>30,808</b>	<b>(2,056)</b>	<b>(6.7%)</b>	<b>30,699</b>
<b>Current assets</b>					
Cash and cash equivalents	7,502	7,809	(307)	(3.9%)	7,417
Patient and restricted funds	60	58	2	3.4%	60
Inventories	1,010	1,040	(30)	(2.9%)	1,022
Debtors and other receivables	7,827	4,614	3,213	69.6%	3,114
Assets classified as held for sale	136	136	0	0.00%	136
<b>Total current assets</b>	<b>16,535</b>	<b>13,657</b>	<b>2,878</b>	<b>21.1%</b>	<b>11,749</b>
<b>Total assets</b>	<b>45,287</b>	<b>44,465</b>	<b>822</b>	<b>14.4%</b>	<b>42,448</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	10,695	8,695	2,000	23.0%	12,195
Employee entitlements and benefits	2,636	3,461	(825)	(23.8%)	3,475
<b>Total non-current liabilities</b>	<b>13,331</b>	<b>12,156</b>	<b>1,175</b>	<b>9.7%</b>	<b>15,670</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	3,750	3,750	0	0.00%	250
Creditors and other payables	10,006	8,375	1,631	19.5%	8,142
Employee entitlements and benefits	9,203	8,124	1,079	13.3%	8,273
<b>Total current liabilities</b>	<b>22,959</b>	<b>20,249</b>	<b>2,710</b>	<b>13.4%</b>	<b>16,665</b>
<b>Total liabilities</b>	<b>36,290</b>	<b>32,405</b>	<b>3,885</b>	<b>12.0%</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)	(80,272)	(80,309)	38	(0.0%)	(79,224)
Trust funds	39	39	0	0.00%	39
<b>Total equity</b>	<b>9,065</b>	<b>11,028</b>	<b>(1,962)</b>	<b>(17.8%)</b>	<b>10,113</b>
<b>Total equity and liabilities</b>	<b>45,355</b>	<b>43,433</b>	<b>1,923</b>	<b>4.4%</b>	<b>42,448</b>

## APPENDIX 4: CASHFLOW

### Statement of cash flows

For period ending

30 June 2014

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Cash flows from operating activities</b>										
Cash receipts from Ministry of Health, patients and other revenue	10,240	11,403	(1,163)	(10.2%)	134,239	136,704	(2,465)	(1.8%)	136,704	135,453
Cash paid to employees	(4,664)	(4,616)	(48)	1.0%	(62,079)	(55,948)	(6,131)	11.0%	(55,948)	(55,710)
Cash paid to suppliers	(3,606)	(1,743)	(1,863)	106.9%	(21,645)	(21,335)	(310)	1.5%	(21,335)	(31,744)
Cash paid to external providers	(2,865)	(2,963)	98	(3.3%)	(35,998)	(35,866)	(132)	0.4%	(35,866)	(31,499)
Cash paid to other District Health Boards	(278)	(1,522)	1244	(81.7%)	(12,871)	(18,308)	5437	(29.7%)	(18,308)	(15,019)
<i>Cash generated from operations</i>	(1,173)	559	(1,732)	(309.8%)	1646	5247	(3,600)	(68.6%)	5,247	1,480
Interest paid	(63)	(48)	(15)	31.3%	(781)	(642)	(139)	21.7%	(642)	(648)
Capital charge paid	(14)	(64)	50	(78.1%)	(897)	(812)	(85)	10.5%	(812)	(677)
<b>Net cash flows from operating activities</b>	(1,250)	447	(1,697)	(379.6%)	(32)	3793	(3,824)	(100.8%)	3,793	155
<b>Cash flows from investing activities</b>										
Interest received	61	20	41	205.0%	608	240	368	153.3%	240	229
(Increase) / Decrease in investments	0	0	0		0	0	0		0	0
Acquisition of property, plant and equipment	(80)	(258)	178	(69.0%)	(1,183)	(3,096)	1913	(61.8%)	(3,300)	(3,436)
Acquisition of intangible assets	0	(17)	17	(100.0%)	5	(204)	209	(102.5%)	0	(1,706)
<b>Net cash flows from investing activities</b>	(19)	(255)	236	(92.5%)	(570)	(3,060)	2,490	(81.4%)	(3,060)	(4,913)
<b>Cash flows from financing activities</b>										
Proceeds from equity injections	0	1100	(1,100)		0	1100	(1,100)		0	3,600
Repayment of equity	(68)	(68)	0		(68)	(68)	0		0	(68)
<i>Cash generated from equity transactions</i>	(68)	1032	(1,100)		(68)	1032	(1,100)		0	3,532
Borrowings raised	0	0	0		2000	0	2000		0	0
Repayment of borrowings	0	0	0		0	0	0		0	0
Payment of finance lease liabilities										
<b>Net cash flows from financing activities</b>	(68)	1032	(1,100)		1932	1032	900		0	3,532
<b>Net increase in cash and cash equivalents</b>	(1,337)	1,224	(2,561)	(209.2%)	1,330	1765	(434)	(24.6%)	1,765	(1,226)
Cash and cash equivalents at beginning of period	8,839	6,585	2254	34.2%	6,172	6,044	128	2.1%	6,044	7,398
<b>Cash and cash equivalents at end of year</b>	7,502	7,809	(306)	(3.9%)	7,502	7,809	(306)	(3.9%)	7,809	6,172

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

**SOURCE:** General Manager, Maori Health

**DATE:** 8 August 2014

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board:

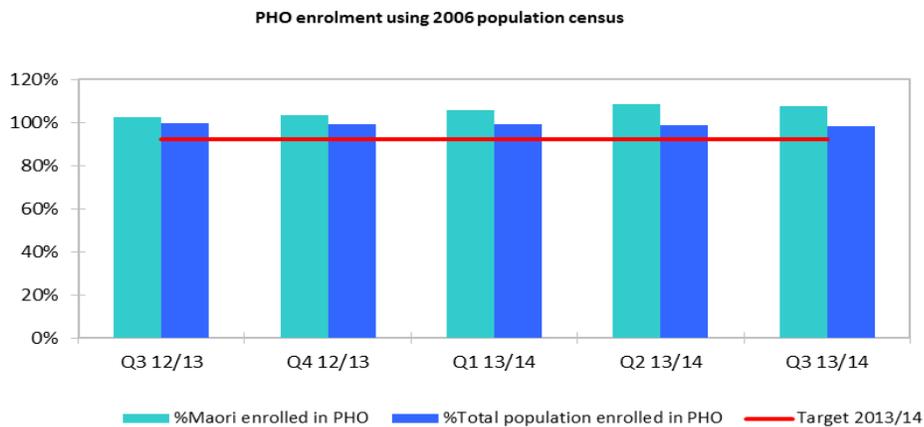
- i notes the Maori Health Plan Update.

## 3. SUMMARY

### Maori Health Quarterly Report – Q3, 2013/14

#### Access to care

#### Percentage of Maori enrolled in the PHO



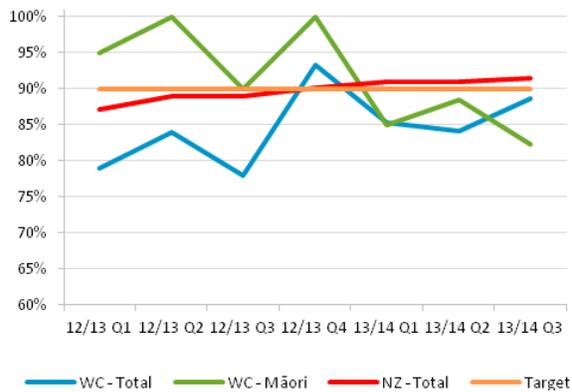
\* 2006 census population was used as the denominator.

#### ACHIEVEMENTS/ISSUES OF NOTE

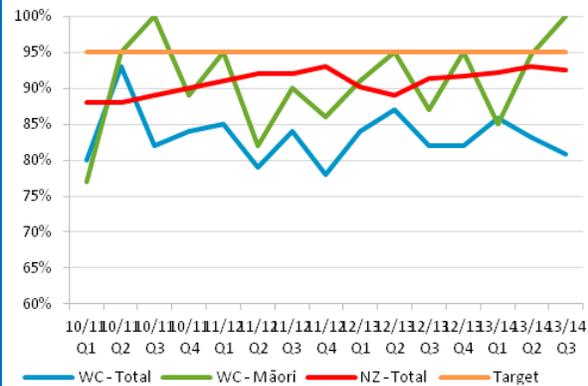
**Enrolment in PHO:** Using the 2013 population census figures 99% of Maori were enrolled with the PHO as at March 31 2014. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and exceed that of other ethnicities.

## Child, Youth and Maternity

### NEW Immunisation HT: Eight-month-olds fully immunised



### Immunisation: Two-year-olds fully immunised



**Eight-month-old immunisation:** 82% of Maori babies have been immunised on time at 8 months of age in quarter 3 – 14 babies out of 17 eligible. This is compared to 95% of non-Maori babies where 59 from 62 eligible babies have been immunised.

**Two-year-old immunisation:** 100% of Maori 2 year olds have been immunised on time in Quarter 3 – 13 from 13 eligible babies. The West Coast DHB's total coverage for Quarter 3 is 81% - 97 out of 120 eligible children and 90% of non-Maori 2 year olds.

A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;

- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other Well Child service providers to refer children for immunisation; and
- Improving the enrolment process at birth

**Breastfeeding:** Breastfeeding results for the 12/13 year were released by the MoH during this reporting period. It is important to note that unfortunately the DHB is unable to present a full picture of breastfeeding results this year and it is Plunket services only. Poutini Waioira and the WCDHB also provide WCTO services, but due to national data issues with Plunket data the three data sources cannot be accurately combined as they have been in the previous years.

#### WCDHB 2012/13 results (Plunket data only):

	Target	Maori	Total
6 weeks	74%	70%	61%
6 months	40%	15%	22%

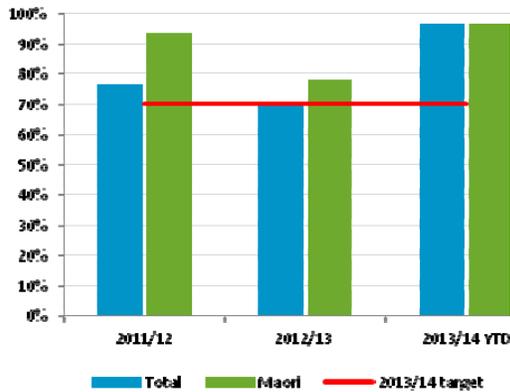
**Breastfeeding Support:** A multi pronged approach is being taken to improve Maori uptake of breastfeeding. The West Coast and Canterbury DHBs are working together on some key areas of the maternity journey that have been identified as opportunities for improvement. Pregnancy and Parenting Education with a prioritised focus on improving attendance of Maori and prioritising Breastfeeding are the two key areas that could potentially have a positive impact on the rates of Maori who decide to breastfeed. The West coast DHB are currently finalising the West Coast Priority Plan for Breastfeeding 2014-2016 with some key recommendations for improving Maori breastfeeding rates.

**Newborn Enrolment:** The Newborn enrolment form will now include a section where new Mums

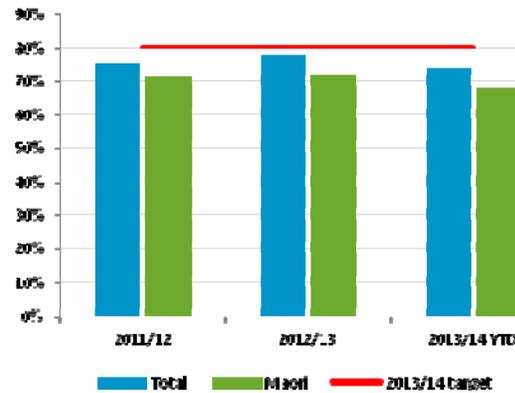
can consent to being contacted by a Lactation Consultant within a week of birth. The lactation consultant will then be able to determine whether support is required or not. This service can be provided in the home or clinic. In Quarter 4 we will be reviewing how this form is delivering and we should have some data to include in the next reporting period.

## More Heart & Diabetes checks

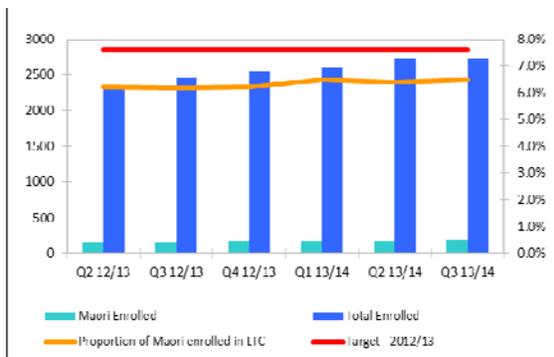
**Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year**



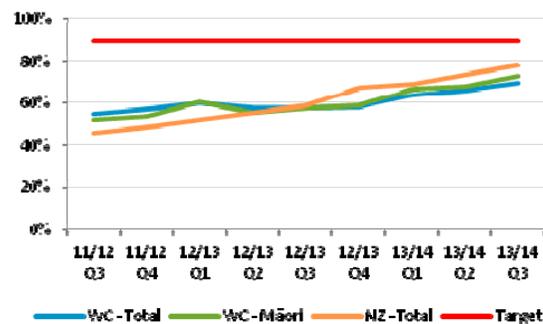
**Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check**



**Number of people enrolled in the Long Term Condition Programme**



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



### More Heart & Diabetes Checks:

MoH is providing additional funding over four years (2013/14 = \$57,052 and decreasing annually) to support the achievement of the national Health Target *More Heart & Diabetes Checks* in Primary Care some of the initiatives that have been implemented are:

- Communication with practice teams Engagement with Heart Foundation to facilitate and deliver training - training delivered to 11 practice nurses and rural nurses in quarter 4.
- Entering CVR screening terms for patients with CVD who have not had a CVRA but are being seen in practices and obtaining treatment.
- Engagement and co-ordinating integration of Kaupapa Maori Nurses with practices to outreach high need people who are not responding to recall.
- Planning for specific nurse led CVR clinics and engagement of nurses to deliver this service -

happening in several practices now.

- Training and support provided to Kaupapa Maori Nurse in Buller to complete CVRAs on high need people.
- Text to remind installation complete for WCDHB practices, training completed for staff as well as PHO staff.
- Use of Karo reports and Query Build to obtain patient lists. Clinical Manager engaging with Practice teams to review audits and discuss ideas to improve uptake and reach eligible population.
- Practice subsidy for initial CVRA and follow-up of high risk CVR.
- Additional nursing resource to conduct CVRA clinics in practices occurring with extra clinics being funded by PHO.

### **CVD Health Target**

Performance against this health target has shown an increase from 58% in the June quarter to 71.8% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the five years to 30 December 2013. Quarter 2 rates for West Coast Māori show 68.1% having had their CVD risk assessments undertaken which is an increase from 68% last quarter. Collaboration with Poutini Waiora, the PHO and several practices is enabling better outreach to high-need Māori, including an awareness campaign (which began during Quarter 1) and a tailored package of care from Poutini Waiora through its Kaupapa Māori Nurses and its Kaiarataki (non-clinical Māori Health Navigators). Greymouth Medical Centre and Poutini Waiora began working together in Quarter 4 2012/13 to provide support and health care for Māori and Pacific people with long-term conditions, with the Kaupapa nurse working within the practice and 'out-reaching' directly to practice patients. This pilot model expanded to Hokitika during Quarter 1 and is working well.

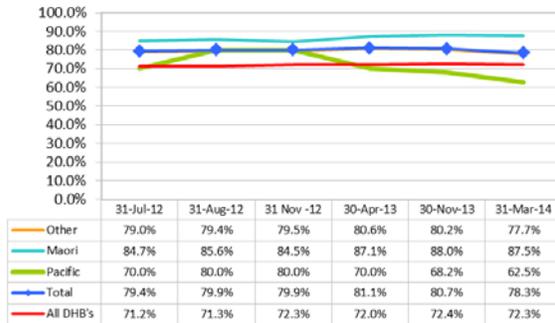
Practice teams continue to actively identify and invite eligible people to nurse-led clinics to have their cardiovascular risk assessed, with a special focus on high-need people who haven't been screened.

**Green Prescription:** Quarter 3 has seen a steady increase in Maori referrals in to the Green Prescription programme with 10.5% (9) in the Grey/Westland district and 26% (4) in the Buller district. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

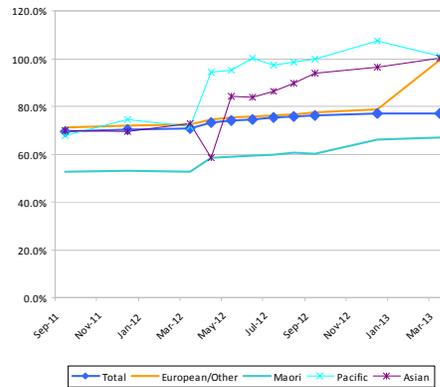
**Long Term Condition Management (LTC):** 177 Maori are enrolled in the Long Term Conditions programme as at March 31 2014. Year to date Maori enrolment makes up 6.5% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 5.8% of the enrolled population at the primary practices aged 45 years and above. This means that from the 2722 enrolments on the LTC programme 177 are Maori and 8 are Pacific. We are working closely with the CEO and Clinical Manager of the PHO, and Poutini Waiora to identify those Maori who are enrolled in the programme and link them in to the Kaupapaa Maori Nurses and Kaiarataki and also to identify any Maori who should be enrolled in the programme but aren't.

## Cancer

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



### Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending Dec 2013



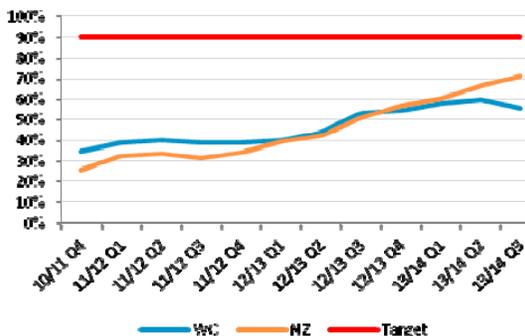
## ACHIEVEMENTS/ISSUES OF NOTE

**Breast Cancer Screening:** Approximate 78.3% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 31 March 2014. The coverage for eligible Maori women (87.5%) is higher compared to all other ethnicities on the West Coast. The National Maori Health Plan Indicators report shows that the West Coast DHB is the lead DHB from 20 DHB's for this Indicator.

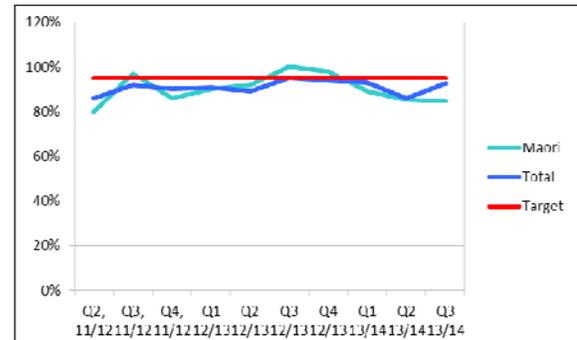
**Cervical cancer screening:** At the end of Dec 2013, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 78%. The coverage rate for eligible Maori women is at 71% an increase from last quarter and a sustained increase from June 2012. The process for cervical screening is being embedded into the practices with overdue priority lists regularly being forwarded through to the Maori cervical screening. Additionally to this the Maori cervical screener is working very closely with Poutini Waiora to locate those hardest to reach and holding community clinics.

## Smoking cessation

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



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



## ACHIEVEMENTS/ISSUES OF NOTE

**Primary Smokefree Health Target:** Results for Quarter 2 2013/14 show the target has increased by 2% to reach 60% with 58% of Maori smokers who have attended general practice offered advice and support to quit. There is a comprehensive plan in place to improve this target. Joe Mason Aukati kaipaipa Smoking Cessation Co-ordinator is working with Poutini Waiora to streamline the pathway for whanau

into this service. Additionally through the Healthy West Coast Workstream a plan is being developed that will give recommendations on the prioritisation of Maori access to all smoking cessation services.

**Secondary Smokefree Health Target:** The secondary target of 95% was not achieved this quarter with 92.5% of the total population being offered advice and 85% of Maori in the hospital being offered brief advice. More work is occurring with senior hospital management to ensure greater progress is achieved against this target.

**Aukati Kai Paipa:** For the period December 2013 the AKP service is working with 85 clients, 47 who identify as Maori with 20% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with Poutini Waiora which is resulting in increased referrals to the service.

Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

**COMMUNITY & PUBLIC HEALTH & DISABILITY  
SUPPORT ADVISORY COMMITTEE MEETING  
UPDATE 24 JULY 2014**



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

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

**DATE: 8 August 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 24 July 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 – 24 July 2014.

### 3. SUMMARY

#### ITEMS OF INTEREST FOR THE BOARD

##### a) **Community & Public Health Update.**

This report provided the Committee with updates on:

- Norovirus Outbreak at local Residential Care Homes;
- District Licensing Committees;
- Presentation to Buller Interagency Forum on Health impacts of job losses in small communities;
- West Coast Pathway Case Study;
- Promoting Wellbeing at AgFest;
- Lifehack Update; and
- Responding to increased demand for Appetite for Life.

Discussion took place regarding the Norovirus outbreak and the Committee noted that this virus is incredibly infectious and spreads differently to other viruses. It was also noted that this is not normally seen in rest homes unless it is already in the community.

The report was noted

##### b) **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 as follows:

###### **Key Achievements**

- The West Coast has **achieved** the 95% **ED health target**; performing well above with results for the year to 30 June 2014 showing that 99.7% of patients were admitted, discharged or transferred within 6 hours—and 96.3% within just 4 hours.
- The West Coast has **achieved** the **Shorter Waits for Cancer Treatment health target** throughout the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- West Coast is set to meet the **Elective Surgery health target** of 1,592 elective operations by the end of June 2014, with 1,517 discharges delivered in the eleven months to 31st May 2014—66 cases above the May year-to-date target of 1,451.

###### **Key Issues & Associated Remedies**

- As reported previously, West Coast did not meet the **Primary Care Smokefree health target** in Quarter 3 with 55.4% of smokers attending general practice being offered advice and support to quit against a target of 90%. Quarter 4 results are not yet available.
- As reported previously, West Coast did not meet **Secondary Smokefree Health Target** in Quarter 3 with 92.5% of hospitalised smokers offered advice and help to quit. Preliminary monthly data shows May's performance at 91% with official Quarter 4 results due soon.

###### **Upcoming Points of Interest**

- The new **Mental Health Workstream** has had positive feedback from its first meeting. The workstream will initially be tasked with ensuring the Review recommendations are implemented.

- **Community Engagement Planning Buller**

A draft engagement and communications plan has been developed to guide engagement with the Buller community about the future care of their growing older population. Care is being taken to ensure that this is a genuine conversation with the public and a more focused stakeholder group to identify how best to care for Buller elders as demand grows.

The report was noted.

**c) Alliance Update**

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

- Alliance Leadership Team
- Mental Health Workstream
- Complex Clinical Care Network
- Grey/Westland and Buller Integrated Family Health Services
- Healthy West Coast and
- Child and Youth Workstream

The report was noted.

**d) Clinical Leaders Update**

This report is also provided to the Board as a regular update.

**e) Maori Health Plan Update**

This report is also provided to the Board as a regular update.

**f) West Coast Disability Action Plan**

A report was presented to the Committee to seek feedback, advice and endorsement on the process for the development of a West Coast DHB Disability Action Plan for 2015-17.

The report was well received and the intention to develop the plan around the needs of the clients and advocate for funding separately was supported.

The Committee will receive an update on this quarterly.

**g) Presentations**

Two presentations were delivered to a joint CPH/DSAC & HAC meeting.

Nancy Stewart presented on the Complex Clinical Care Network and Stella Ward presented on the Alliance Leadership Team.

**4. APPENDICES**

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 24 July 2014

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

# AGENDA

**COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
*To be held in the Board Room, Corporate Office, Greymouth Hospital*  
**Thursday 24 July 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**  
*12 June 2014*
- 3. **Carried Forward/ Action Items**

## REPORTS/PRESENTATIONS

**9.10am**

- 4. **Community and Public Health Update**  
*Jem Pupich* 9.10am - 9.20am  
*Team Leader, Community and Public Health*
- 5. **Planning & Funding Update**  
*Phil Wheble* 9.20am - 9.30am  
*Team Leader, Planning & Funding*
- 6. **Alliance Update**  
*Phil Wheble* 9.30am - 9.40am  
*Team Leader, Planning & Funding*
- 7. **Maori Health Plan Update**  
*Gary Coghlan* 9.40am - 9.50am  
*General Manager Maori Health*
- 8. **Disability Action Plan Process for Development**  
*Kathy O'Neill* 9.50am - 10.10am  
*Service Development Mgr, Mental Health, P&F*
- 9. **General Business**  
*Elinor Stratford* 10.10am - 10.15am  
*Chair*

## PRESENTATIONS IN CONJUNCTION WITH HOSPITAL ADVISORY COMMITTEE

- 10. **Complex Clinical Care Network Presentation**  
*Nancy Stewart* 10.30am - 11.00am  
*Service Portfolio Manager, Planning & Funding*
- 11. **Alliance Leadership Team Presentation**  
*Stella Ward* 11.00am - 11.30am  
*Chair, Alliance Leadership Team*

## ESTIMATED FINISH TIME

**11.30am**

## INFORMATION ITEMS

- Board Agenda – 27 June 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- West Coast DHB 2014 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 11 September 2014

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 24 JULY 2014



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 8 August 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 27 July 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 – 27 July 2014.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 July 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.

### **PRESENTATIONS**

Two presentations were delivered to a joint CPH/DSAC & HAC meeting.

Nancy Stewart presented on the Complex Clinical Care Network and Stella Ward presented on the Alliance Leadership Team. The Committee complimented the Alliance Leadership Team on the great work being undertaken.

### **CARRIED FORWARD ITEMS**

The Committee discussed the Regional process being undertaken around patient ambulance transport and expressed its disappointment at the slow progress around this. The Board Chair will be raising the issue at the South Island Leadership Meeting on Monday 28 July 2014.

## **MANAGEMENT REPORT**

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

The Committee noted that the development of the management report continues and that it is intended to:

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

At this meeting management continued to present the schematics of the Acute & Elective patient Journeys and the Allied Health Patient Journey and Diagnostic Testing patient Journey continues to be developed and will be presented when the data can be accurately and easily presented.

Mr Newsome highlighted the following features from the report:

- consistent performance continues in most health target areas;
- the launch of the maternity consumer website; and
- the progress of the maternity review recommendation implementation.

He also commented on the following points:

- Physiotherapy services remain constrained and management are looking for solutions around this in conjunction with the Canterbury DHB.
- There is a new General Practitioner in Reefton who is very positive about her new role.
- A lot of work is taking place in the Quality area with audits taking place.

Discussion took place regarding DNAs and the Committee noted that some further work is being undertaken by management in this area. Michael Frampton, Programme Director, advised that as the West Coast Leadership Team meets to prioritise the next 12 months one of the priorities is around DNA reduction and theatre optimisation.

The Priority Initiatives are as follows:

- Transforming Primary Care
- Accelerating Inpatient Re-Configuration (including associated nursing workforce change)
- Optimising Resource Utilisation (including DNA reduction, theatre optimisation and discharge planning)
- *Right-Sourcing* Service Delivery
- Transforming the Medical Workforce

## **FINANCE REPORT**

Justine White, General Manager, Finance, presented the Finance Report for the month ending May 2014. The consolidated financial result for the month of May 2004 was a deficit of \$0.070m which was \$0.072m favourable against the budgeted deficit of \$0.142m. The year to date position is now \$0.015m favourable.

The provisional final year end result is a deficit of \$1.087m just under the budgeted \$1.1m planned deficit. This is yet to be confirmed by the Auditors. The Committee noted that there is a lot of activity in the month of May as the year end results need to reflect where money was spent and hence the drop in IDFs and increase in other areas.

The Committee noted that the focus is now firmly on next year and converting the work being undertaken in Primary and Secondary Care to financials.

The Committee congratulated management and staff on the provisional financial result.

#### **CLINICAL LEADERS UPDATE**

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

#### **4. APPENDICES**

Appendix 1:                      Agenda - Hospital Advisory Committee – 24 July 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 24 July 2014 commencing at 10.30 am

## PRESENTATIONS IN CONJUNCTION WITH COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Complex Clinical Care Network Presentation	Nancy Stewart <i>Service Portfolio Manager, Planning &amp; Funding</i>	10.30am - 11.00am
Alliance Leadership Team Presentation	Stella Ward <i>Chair, Alliance Leadership Team</i>	11.00am - 11.30am

## ADMINISTRATION 11.30am

Karakia

Apologies

- Interest Register**  
*Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*
- Confirmation of the Minutes of the Previous Meeting**  
*12 June 2014*
- Carried Forward/Action Items**

## REPORTS/PRESENTATIONS 11.40am

4. <b>Management Report</b>	Mark Newsome <i>General Manager Grey   Westland</i>	11.40am – 12noon
5. <b>Finance Report</b>	Justine White <i>General Manager, Finance</i>	12noon – 12.15pm
6. <b>Clinical Leaders Report</b>	Karyn Bousfield <i>Director of Nursing &amp; Midwifery</i>	12.15pm – 12.25pm
7. <b>General Business</b>	Sharon Pugh <i>Chair</i>	12.25pm – 12.35pm

## ESTIMATED FINISH TIME 12.35pm

## INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 27 June 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2014 Meeting Schedule

## NEXT MEETING:

**Date of Next Meeting:** 11 September 2014  
Corporate Office, Board Room at Grey Base Hospital.

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

**SOURCE:** Chair, Tatau Pounamu

**DATE:** 8 August 2014

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an update on the Tatau Pounamu meetings of 26 June 2014 and 24 July 2014.

*For the Board's information the West Coast District Health Board and Tatau Pounamu will work together on activities associated with the planning of health services for Māori in Te Tai Poutini rohe.*

## 2. RECOMMENDATION

That the Board

- i. notes the Tatau Pounamu Manawhenua Advisory Group update - 26 June & 24 July 2014.

## 3. SUMMARY

Detailed below is a summary of the Tatau Pounamu meetings held on 26 June 2014 and 24 July 2014. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for the 24 July 2014 meeting is attached as Appendix 1.

### ADVICE TO THE BOARD

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

#### ***Maori Health Plan***

Reporting shows good progress against the following indicators: breast screening, cervical screening, 2 Year old immunisation, PHO enrolments – a steady increase is occurring in CVRAs.

It was noted by a member that the National priorities for cancer screening targets and reporting are generally focused on screening for women and is there any data being provided for men's screening services such as prostate cancer?

#### ***Maori Smoking Cessation***

Prioritising Maori access to cessation services is occurring however a lot of work needs to continue to improve this target for Maori.

#### ***Appointment of Maori to Committees and Boards***

Tatau Pounamu has a role to represent key stakeholders and has an expectation through the MOU with the WCDHB. It is important to ensure that the appointments to these boards and

committees are appropriate and the Māori Community want to ensure that Māori Representatives have the support of the Māori community whom they represent, in conjunction with having the skills, knowledge and experience necessary to positively influence Māori health outcomes. A draft appointments policy has been developed and will set out the process for the appointment of Maori to these boards and committees.

Tatau Pounamu is currently seeking to appoint new membership onto the Hospital Advisory Committee (HAC), Community Public Health & Disability Support Advisory Committee (CPHDSAC) and Alliance Leadership Team (ALT). In the interim we will ensure feedback and advice is received and given through alternative communication mechanisms and through workstream reporting process.

***Appointment to Clinical Board***

In April Polly Ormond, Head Nurse - Theatre WCDHB was appointed through Tatau Pounamu to be a member on this board. Polly descends from Ngati Kahungunu/Ngati Riki.

**4. APPENDICES**

Appendix 1:                      Agenda – Tatau Pounamu 24 July 2014

Report prepared by:        Lisa Tumahi, Chair, Tatau Pounamu Advisory Group

**TATAU POUNAMU ADVISORY GROUP MEETING**

To be held at West Coast DHB - Corporate Services, Kahurangi Room – Mental Health  
Thursday 24 July 2014 @ 3.00 pm

**KARAKIA**

**ADMINISTRATION**

**Apologies**

**1. Interest Register**

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

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

26 June 2014

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

**4. Discussion Items**

- Whanau Ora – Defining its context within DHB/Annual Plan
- Polly Ormond, Introduction to the Group 3.30pm
- Stella Ward, Alliance Leadership Team Discussion 3.45pm
- Michael Frampton - Regular Update 4.00pm

**REPORTS**

**5. Draft Appointments Policy for  
Maori Representation for Health  
Workstreams**

Tatau Pounamu Feedback

**INFORMATION ITEMS**

- Media articles
- Tatau Pounamu Meeting Schedule

*Information items (hard copies will be distributed on day)*

**ESTIMATED FINISH TIME 5.00pm**

**NEXT MEETING**

# RESOLUTION TO EXCLUDE THE PUBLIC

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

**SOURCE:** Board Secretariat

**DATE:** 8 August 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:

	<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 27 June 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.	Delegations for Annual Accounts	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Audit Arrangements Letter – Year Ended 30 June 2014	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	Maternity Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	All of Government Printing Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Committee Membership	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)
10.	HBL – National Infrastructure Platform Business Case	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.