

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



BOARD MEETING

**Friday 12 December 2014
1.30pm**

**St John
Waterwalk Road
GREYMOUTH**

ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates (*Chief Executive*)
Michael Frampton (*Programme Director*)
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*)
Karalyn van Deursen (*Strategic Communications Manager*)
Kay Jenkins (*Minutes*)

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
On Friday 12 December 2014 commencing at 1.30pm

KARAKIA**1.30pm****ADMINISTRATION****1.30pm****Apologies****1. Interest Register***Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.***2. Confirmation of the Minutes of the Previous Meeting**

- 31 October 2014

3. Carried Forward/Action List Items**REPORTS****1.35pm**

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|-----|--|--|-----------------|
| 5. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 1.35pm – 1.45pm |
| 6. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.45pm – 2.00pm |
| 7. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i>
Stella Ward
<i>Executive Director of Allied Health</i> | 2.00pm – 2.10pm |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 2.10pm – 2.20pm |
| 9. | Maori Health Plan Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 2.20pm – 2.30pm |
| 10. | Maternity Review Update | Mark Newsome
<i>General Manager, Grey/Westland</i> | 2.30pm – 2.40pm |
| 11. | Report from Committee Meetings | | |
| | - CPH&DSAC
27 November 2014 | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | 2.40pm – 2.50pm |
| | - Hospital Advisory Committee
27 November 2014 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 2.50pm – 3.00pm |
| | - Tatau Pounamu Advisory Group
(Verbal Update due to timing of meeting) | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | 3.00pm – 3.10pm |

AFTERNOON TEA**3.10pm – 3.20pm**

- | | | | |
|-----|---|---|-----------------|
| 4. | Health & Safety Legislation
Presentation | Greg Brogden
<i>Senior Corporate Solicitor</i>
Garth Galloway
<i>Chapman Tripp</i> | 3.20pm – 4.00pm |
| 12. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 4.00pm |

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME

4.00pm

NEXT MEETING

Friday 13 February 2015

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



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

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at the West Coast Regional Council, 388 Main South Road, Greymouth
on Friday 31 October 2014 commencing at 10.15am

BOARD MEMBERS

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

APOLOGIES

An apology for early departure was received and accepted from Sharon Pugh (1.30pm)

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan, General Manager, Buller); Mark Newsome (General Manager, Grey/Westland); Philip Wheble (Team Leader, Planning & Funding); and Kay Jenkins (Minutes).

Justine White, General Manager, Finance (via teleconference) for Item 7

Dr Martin Lee, Clinical Director, School & Community Dental Service for Item 9 (via teleconference).

Susan Wallace started the meeting with a Mihi and led the Karakia.

The Board expressed their condolences to the family of Marguerite Moore who recently passed away. Mrs Moore had been a staff nurse in the Kawatiri maternity annexe at Buller Hospital from 1968 until 1991 and had been extensively involved in health services on the West Coast for decades. She had also been an elected DHB Board member for a term.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Joseph Thomas advised that he is no longer a Director of Management South Limited.

Elinor Stratford advised that she is now Chair of Victim Support, Grey/Westland.

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 (41/14)

(Moved Kevin Brown/seconded Joseph Thomas - carried):

“That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 26 September 2014 be confirmed as a true and correct record with the following alteration on page 2 Item 11: The board noted that OSH is being replaced by “Worksafe” New Zealand who are....

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

The Chair provided updates from recent meetings he had attended:

- Michael Frampton had presented to the Mayors forum on 26 September and they seemed to appreciate this. A shortened version of this presentation will be provided for Board members today.
- The South Island Alliance met on 29 September. Items discussed were: South Island Capital Expenditure projects; IT development; Quality & Safety; and Public Health partnerships around Alcohol.
- Partnership Group Meeting on 30 October. The Concept plans have now been developed and will now be costed. The Partnership Group will meet on the West Coast on 13 February 2015 and the Board meeting will be in the afternoon that day to allow a presentation from them.
- There will be a National DHB Leadership Workshop on 13 November in Wellington to discuss Performance Framework Processes and a National Chairs & CEO's Leadership meeting on 8 December.

Resolution (42/14)

Moved Sharon Pugh/seconded Michelle Lomax – carried)

That the Board:

- i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

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

- The work taking place around the Alliance which is really critical to ensure that work is taking place across the whole sector to attain an integrated health system.
- A lot of work is taking place in Mental Health around issues raised in the Mental Health review.
- Primary Care – we continue to keep waiting times at 1 – 2 days. There are still a few challenges in this area particularly in relation to Buller, however some additional GPs will be arriving in Buller in the near future.
- The DHB is committed to engaging with the community in Reefton and on 21 October Mark Newsome, General Manager, Grey/Westland, led the public launch of this engagement.
- Facilities remains a significant focus with a further round of workshops having taken place with clinical staff. A Clinical Leaders Group has been formed around the facilities and this group reserves the right to agree plans before they go to the Partnership Group. The concept plans being worked up absolutely reflect the direction of travel approved by the Board. In regard to Buller the EOI responses are being evaluated and it is hoped we will see progress in this area over the coming weeks.
- A workshop was held regarding Transalpine Services on 6 October in Christchurch with 70 clinicians from both Canterbury & the West Coast attending. Outcomes from this meeting will be expressed by way of a work plan.
- The new CT Scanner has been installed and is working well.
- There has been some positive interest in the position of Assistant Director of Allied Health.

Resolution (43/14)

(Moved Michelle Lomax/seconded Sharon Pugh– carried)

That the Board:

- i. notes the Chief Executive's update

6. CLINICAL LEADERS REPORT

Michael Frampton, Programme Director, presented the Clinical Leaders Update. The report was taken as read.

The Board noted that specific focus has been on the completion of outstanding RCA investigations. In the past this has taken too long and there has been a huge effort to get these completed.

Resolution (44/14)

(Moved Kevin Brown/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Clinical Advisor's updates.

7. FINANCE REPORT

Justine White, General Manager, Finance, joined the meeting via teleconference. Ms White spoke to the Finance Report for September 2014 which was taken as read. The report advised that the consolidated West Coast District Health Board financial result for the month of September 2014 was a surplus of \$0.015m, which was \$0.018m unfavourable against the budgeted surplus of \$0.033m. The year to date position is a now \$0.036m favourable against budget.

Resolution (45/14)

(Moved Elinor Stratford/seconded Helen Gillespie – carried)

That the Board:

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

8. MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health, presented this report which was taken as read. He commented that good progress is being made.

Resolution (46/14)

(Moved Joseph Thomas/seconded Peter Neame – carried)

That the Board:

- i. Notes the Maori Health Plan Update

9. ORAL HEALTH REVIEW UPDATE

Martin Lee, Clinical Director, School & Community Dental Service, joined the meeting via teleconference and spoke to this report which had been recommended to the Board by the Community & Public Health and Disability Support Advisory Committee. Mr Lee commented that this is the result of an ongoing relationship between Canterbury and the West Coast over the last few years.

A point was raised regarding the attendance of parents at appointments and Mr Lee commented that similar concerns have also been raised around other parts of the country. He explained that the reason for moving down this track is to allow meaningful engagement with the families of children who have dental issues. The Board noted that the Ministry of Health are currently undertaking some work with the Institute of Environmental Science and Research (ESR) around the outcomes of the new model and on querying parents most of them would not go back to the old way of working.

Resolution (47/14)

(Moved Michelle Lomax/seconded Sharon Pugh – carried)

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

- i. notes the recommendations from the Review of Oral Health Service, 2013; and
- ii. endorses the implementation of the review findings.

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 23 October 2014.

The update was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 23 October 2014.

She mentioned in particular: Patient ambulance transport and DNAs.

The update was noted.

- c) Elinor Stratford provided a verbal update on the Tatau Pounamu Advisory Group meeting held on 23 October 2014.

The update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (48/14)

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 8 August 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.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
4.	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)
5.	HBL – Verbal 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)

- 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 11.30am.

The Public Excluded section of the meeting commenced at 11.40pm and concluded at 2.30pm with a break for lunch between 12.35pm and 1.05pm.

Peter Ballantyne, Chair

Date

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 12 DECEMBER 2014

	DATE RAISED	ACTION	COMMENTARY	STATUS
1	21 February 2014	Maternity Review update.	Progress against review recommendations to be provided to the Board at alternate meetings. Last update provided on 26 September 2014.	Further update at today's meeting.
2.	4 April 2014	Telemedicine	Topic for Presentation when time allows.	Presentation when time allows.
3.	31 October 2014	Mental Health Review Update	Progress to be provided to Board.	Update in New Year

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 12 December 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.

 	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY
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A: Reinvigorate the West Coast Alliance

Alliance Leadership Team

- The team have received resignations from Carol Atmore (Primary and Secondary Medicine expertise) and Pam O'Hara (Mental Health expertise). The Alliance Coordinator will work with the Mental Health Workstream and with the Executive Management Team to identify appropriate replacement members.
- The ALT has approved a new model for distribution of rural funding subsidies following a proposal from the Rural Service Level Alliance.
- Work is underway to bring ALT members together with DHB and PHO Board representatives to set the direction and scope for Alliance activity for the 15/16 year. This will include reviewing local and national priority areas as well as the workstreams necessary to deliver on these.

Buller IFHS Workstream

- A one day workshop is planned to agree on service configurations that reflect right person, right place, right time. This is a critical path for the case coordination project, the mental health work-stream and the single point of entry project.

B: Build Primary and Community Capacity and Capability

Primary

▪ **Reefton Health:**

- The Reefton Practice Manager position has been filled with a secondment from CDHB for 12 months. The successful applicant will be in place by the start of 2015.
- There has been a concerted effort by practice staff to concentrate on smoking cessation and CVD checks.
- Two community stakeholder meetings have taken place to discuss the future of health services for Reefton. A third meeting is scheduled before the end of the year. This has been a very positive process with good feedback received.

- **South Westland Area Practice:** The South Westland rural nurses are part of a Coast wide review of the RNS role. The reviewer spent some hours with the South Westland nurses to better understand their roles and challenges associated with working in some of our geographically isolated communities. There is a relatively new group of nurses in South Westland so additional training has been ongoing.

▪ **General:**

- Monthly Practice Manager meetings continue to provide in-house training for the Practice Managers to consolidate and develop best practice systems in areas where issues are being highlighted.
- All managers have had a training assessment completed and a training plan is being developed for 2015 utilising training within the DHB where appropriate.
- A previous locum is being offered a permanent contract based at Buller Health. Dr Greville Wood continues to provide additional support at Buller Health. Doctors on General Practice and Rural Hospital Medicine training programmes are due to start in December for six months before moving to complete their programmes at Greymouth Medical and Grey Base Hospital.
- Waiting times for routine doctor appointments were under 2 days for all sites at the end of October. Through November Reefton has been above this level as additional General Practitioner sessions have not been secured to cover 4 sessions/week. This is expected to improve and meet the requirement in December.
- Ongoing consolidation of best practice processes and distribution of new/updated process through *GPdocs*.
- Rural Nurse Specialist review continues.

▪ **Financial:**

- Revenue plan with target expectations is in place at all practices and reported monthly.
- New fees schedule is in place.
- New debt management process in place.

Community-Based Services

- **Rural Nurse Specialists [RNS]:** Nurses have been working hard to achieve PHO targets. Work is being done to move nurses forward to the Integrated Family Health Service Model. An important focus will be preparing staff to work across the practices.

- **District Nursing [DN]/Home Based Support Services [HBSS]:**
 - Work is currently being undertaken to formally combine the structure and organisation of HBSS and DN into one service. As part of this work, a visit was made to Nurse Maude and the Canterbury Clinical Network by the CNM HBSS, CNM DN and Nurse Manager Community/Primary services. This was very useful with some key learnings that can be transposed to the West Coast setting.
 - DN staffing is at full complement and the position descriptions have been updated.
 - HBSS will review staffing requirements to address our agreed Restorative Model of Care. Two senior HBSS staff have attended training in Christchurch on how to be trainers and assessors for the dementia model (Careerforce Training). This training will be rolled out in 2015.

- **Public Health Nursing:** Our Public Health Nurses are undertaking Health Assessments of Year 9 and 10 students at South Westland Area School, Year 9 at Reefton Area School and Buller High School. Next year this service will extend to include other High Schools.

- **Well Child:** The Hokitika Public Health Nurse has been undertaking Plunket training this year through Whiteria Polytech. Next year our Buller PHN will undertake the same course and our Greymouth PHN already has a Plunket Nurse background. This will increase our capacity to manage the Well Child Framework.

C: Implement the Maori Health Plan

- **Ethnicity Data Audit Training:** On 22 October approximately twenty general practice office managers and administration staff from across the West Coast attended Ethnicity Data Audit Training hosted by the West Coast PHO. This is delivered through the Waitemata and Auckland DHB as part of the Ethnicity Data Audit toolkit. This training covered background on what ethnicity is, perceptions and how frontline staff can handle negative reactions when asking about ethnicity. The training also covered protocols around collection, reporting, output and data quality. This training has provided a good foundation for the practices to complete the Primary Care Ethnicity Data Audit.

- **Health Workforce New Zealand:** For the year of 2014 the West Coast DHB provided funding and support to eight Maori health workers to complete training through the Hauora Maori training fund. There were six workers from the Maori Health Provider, one from the DHB and one from Community and Public Health. Two completed level four Hauora Maori, one level six Hauora Maori and five are studying level six Certificates in Social Services.

- **Maori Mental Health:** For the last twelve months the West Coast DHB Maori Mental Health Service - Te Rauawa o te Waka o Oranga Hinengaro, has been working with the support of the Canterbury DHB Maori Mental Health Service - Te Korowai Ataawhai, to strengthen and develop the service on the West Coast. Although there is not a formal Memorandum of Agreement in place between the two teams, there has been a very positive response from Te Korowai to assist with the following aspects:
 - **Recruitment** - The Kaiarahi Matua from Te Korowai Ataawhai travelled to the West Coast to participate in an interview to appoint a Pukenga Tiaki in Westport.

- ***Training & Professional Development*** - Pukenga and Kaumatua from the Coast have travelled several times to Canterbury to participate in formal and informal training initiatives, particularly in the area of cultural assessment, and working in specific areas of mental health such as Alcohol and Addiction.
- ***Cultural and peer support*** - In relation to the mental health review there is an opportunity to have a look at how the current Maori mental health service is delivered and what may in the future occur to make Maori mental health even more accessible and relevant to Maori communities.
- **Poutini Waiora:** Some really positive work is occurring in terms of integration between Poutini Waiora and the West Coast DHB. There is now an increasingly strong collaboration with the kaupapa nurses, kairataki and the complex clinical care network. This is a crucial relationship particularly in terms of supporting Maori patients with long term conditions. The WCDHB Maori Health Team meet regularly with Poutini Waiora staff. It is important that there is a consistency of delivery throughout the three main geographical areas of the West Coast. The new Kaihautu has been appointed. Moya Beech Harrison has extensive experience working in the public service sector. Recently she was Area Manager for Child Youth and their Families Service based in the Nelson area, before that she was the West Coast Area Manager. It is pleasing to see that all but three vacancies are now full.
- **Maori Health Plan 2015:** It was only very recently that we submitted the final version of the Maori Health Plan 2014 to the Ministry of Health. Developing these plans involves a lot of work and it is important to develop the plan with colleagues from Poutini Waiora and the West Coast PHO. The first draft plan is to be submitted to the Ministry of Health on 13 March 2015 and a copy will be provided to Tatau Pounamu in February 2015.
- **Tumu Whakarae:** This group has in particular over the past few years increased significantly their sphere of influence within the health sector. As an example, the chair of Tumu Whakarae along with others from Tumu Whakarae now meet with CEOs, CMOs, HR Managers and the Ministry of Health to name just a few, in order to strategize and progress Maori health outcomes. Maori health accelerated planning and Maori health workforce development are two examples of areas of particular focus.



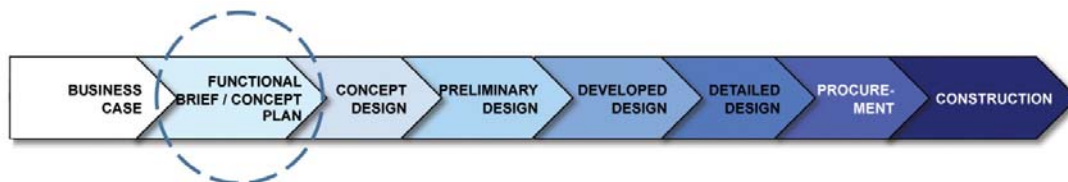
DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Report

- **McBrearty Roof:** The roofing membrane on the McBrearty Block, Wards 3 & 4 and the Community Services building all need repairs due to lack of adhesion to the substrate and breaking up of the membrane. The roof has long exceeded its design life and is well overdue for total replacement of both the membrane and some of the structural elements. A Capex allocation of \$50k has been agreed by the Capex prioritisation committee to buy the hardware and product for a solution to recover the failing parts of the existing membrane with a liquid rubber product. This will be applied over the summer months by maintenance staff and should enable us to keep the roof water tight for 2-3yrs during the rebuild period albeit with some regular application of the product when necessary.

- **Current Activity:** Business as usual at all sites with emphasis on working through infrastructure issues and liaising with design teams for the new developments. We have been involved (in conjunction with MOH procurement team) in the evaluation process for the following design engineers for the new developments at Greymouth.
 - *Geotechnical/Civil/Structural/Fire/Acoustic/Mechanical/Electrical:* The final stages of the evaluation process are underway and the successful company(s) will be appointed prior to Christmas.
- Work is ongoing aligning contracts for service where possible as contracts come out of agreement to ensure one overall system is in place for both DHB's and participating in the SI Alliance work stream opportunities. The fire maintenance contract has been tendered and is currently being evaluated, this will be a combined CDHB/WCDHB contract.
- Input into the proposed new developments is gearing up now that engineers are near to being appointed for the more detailed infrastructure planning and we expect this will be an area we need to focus on carefully in the New Year.
- HR issues are being tidied up around some long standing staff issues. There is one outstanding issue that is currently being worked through via mediation.
- All sites have achieved BWOFF certification.

B: Facilities Case Update



- A large number of clinicians remain engaged in the workflow process, as we begin to move into concept design.
- The Clinical Leaders Group continues to provide direction and make decisions where necessary, to ensure service needs are met that will ensure patient focused services.
- Work continues in evaluating the responses to the Expression of Interest process for Buller.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES
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A: Hospital Services includes Secondary Mental Health Services

Hospital Services

- Recruitment activity for SMOs continues with an offer expected to be made to a Rural Hospital Medicine Specialist [RHM] in the coming week.

- A focused recruitment strategy for RHMs is being developed by the recruitment team.
- Staff are preparing for the temporary closure of elective activity for the Christmas/New Year period.

Nursing

- An appointment has been made to the Clinical Nurse Educator position and will commence on 13 January 2015. This has been a vacancy for some time and it is very pleasing to fill this role, which will assist us in supporting the transformation to implementing our model of care.
- The remainder of the hospital is fully staffed. In addition, new graduates start in January 2015 which should negate the need to recruit any further nursing staff in the short term.

Maternity

- Excellent progress is being made within maternity services. There has been successful recruitment of midwives for Grey, Buller and Hokitika. Pleasingly, we have been oversubscribed with applications from new graduate midwives with more applications than we are able to take.
- Negotiations have been conducted with the preferred respondent to the Buller Maternity EOI and are close to a successful conclusion. The provider has satisfied all of the requirements and will provide a high quality service to Buller mothers should a successful agreement be reached which we are confident will be the case.

Ward Activity

- A Trendcare update provides the ability to utilise electronic care plans and falls risk assessment. Work is continuing to investigate this being incorporated into our current practice, and with it being digital, it increases the ease for auditing.
- The audits on falls risk, care plans, smoking cessation, nutrition and registration have seen an improvement this quarter meeting the ministry targets.
- “Shorter Stays Quality Framework for the Emergency Department” is in place for the first quarter. The Ministry of Health acknowledged that rural areas may have difficulty in reporting in all areas and have allowed time to address this. All 80 markers will not have to be reported on, but information is to be collected and available if asked.
- A focus on documentation standardisation continues. The senior nursing group have taken responsibility for the review and update of policies and procedures.
- Work continues on upgrading the isolation room in Morice ward.
- Ebola training has commenced, which will incorporate the whole of the West Coast. Protocols are in place for triaging suspected patients and include the correct use of personal protective equipment. Signs have gone up at all entrances to facilities across the Coast. The key message is you have more chance of catching measles than you do Ebola. The Ministry has comprehensive guidelines and plans to manage suspected cases of Ebola in the rare chance that this may occur.

Mental Health Services

- **Update on progress in implementing the recommendations from the 2013 review of the Mental Health Service:**
 - The key recommendations related to developing a system model have been achieved

by the establishment of the mental health work stream group. This group includes stakeholders from the wider mental health sector and has made good progress in defining and agreeing on the broader philosophy and approach. The focus of activity these past 3 months has been to define what locality based services will look like, and in particular how the components of a Stepped Care model of care fits within the Integrated Family Health concept.

- The mental health work stream has aligned its work with the Buller IFHS Alliance work stream by initially working with the Buller teams to define the model and its fit within the IFHC framework as this work stream has already made significant progress in this aspect. Details of how the specific components of mental health care will be delivered in the Buller area are being further refined at a workshop in early December.
- The work stream group are now beginning to work with the staff in specialist mental health teams in Greymouth and Hokitika to give them an opportunity to consider the challenges and opportunities of locality based services on their work and to identify local solutions. Work is also occurring in parallel with the NGO workforce and the PHO on this aspect.



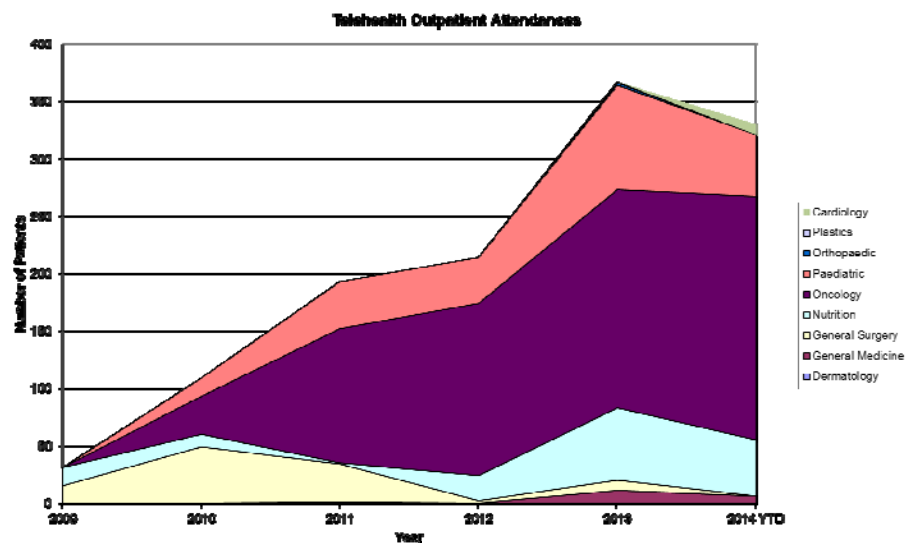
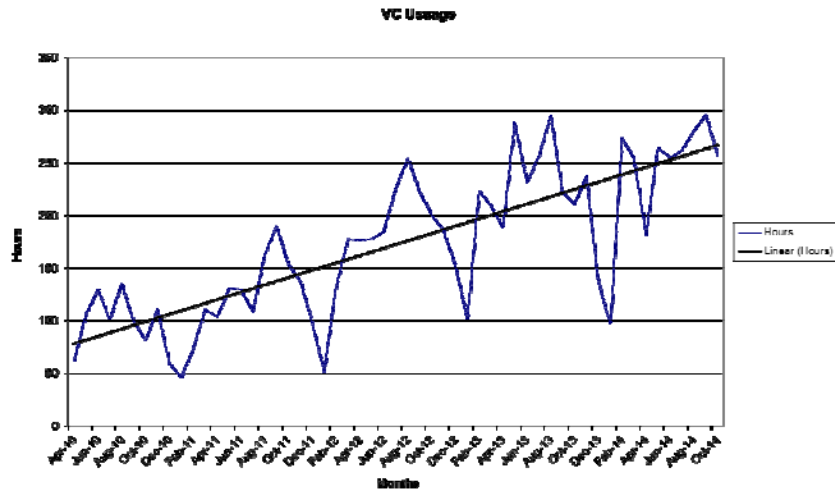
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

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

- Regional discussions with St John are continuing 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 transfers. The model that will be used for the West Coast has been finalised with only a few issues in other regions to be addressed prior to completing the negotiation.
- Preliminary discussions have been held by various community groups and have expressed an interest in establishing community health shuttle services and supports in the Hokitika and the wider Grey District areas. This would provide help to people who are struggling to attend appointments at Grey Base Hospital due to lack of suitable transport. West Coast DHB is monitoring this and hopes to provide data on outpatient attendance activity by area to assist in the early stages of these various community initiatives.
- The Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital continues to run for patients on a regular daily basis as required.

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]

- Engagement continues with primary care, clinical staff and allied health around the development of a short term rehab response model.
- The summary of feedback from the Buller older person's health community conversation is being developed around the eight key outcome areas. These are workforce, housing, transport, community care, coordination, information, quality improvement and after-hours. The summary will be released in December for stakeholder group consideration and a final meeting held to formulate the group's recommendations.

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

- Work is focused on effective resolution of urgent presentations outside normal working hours for people requiring home-based support and mental health services. Clinical staff from across Buller Health Services now meet briefly every weekday

morning to ensure older people in the community and those awaiting discharge from Foote Ward receive the community support they need. The staff involved are very enthusiastic about this initiative which has improved communication and service coordination.

- Planning continues on the implementation of the stepped care model for mental health services in Buller. A December workshop to agree service pathways and a service model for the IFHS single point of entry will have a major focus on locality based mental health services. Community organisations involved in mental health service provision have been invited to attend.
- A Buller Falls Prevention Plan is near completion. Initially the objective is to reduce falls in West Coast DHB aged residential care. The focus will then shift to falls prevention for older people living in the community. Buller Health Services management team is meeting this month to set priorities for improving service quality and patient safety in the coming year.
- Poutini Waiora has appointed a Team Leader in Buller. This will accelerate service integration and ensure Maori Health perspectives have a voice within the Buller IFHS workstream. To support this, education on health equity will be provided to staff early next year using the HEAT tool.

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

- Work is continuing on implementing the Child Injury Assessment Form in primary care to build on its use in Emergency Departments. Work has commenced to investigate the inclusion of the form in HealthPathways.
- Funding for the Pharmacist2GP programme has been confirmed through to June 2016 and the workstream will continue to support this activity.
- Work is underway to review processes in each of the Greymouth general practices and start to align them in preparation for working together in the new IFHC. The first stage are the processes dealing with unplanned care.

	BUILDING CAPACITY TO TRANSFORM THE SYSTEM
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A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of October 2014 was a deficit of \$0.040m, which was \$0.035m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.191m unfavourable.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	0	0	0	0	0	0
Funder Arm	1,116	51	1,065	3,087	204	2,883
Provider Arm	(1,156)	(56)	(1,100)	(3,278)	(224)	(3,054)
Consolidated Result	(40)	(5)	(35)	(191)	(20)	(171)

B: Implement Employee Engagement and Performance Management Processes

- **Recruitment:** Progress has been made filling SMO vacancies. Two general surgeons are waiting on supervisory Medical Council confirmation, and an O & G is starting in the New Year. Recruitment for rural health specialists is progressing with interviews for one role scheduled for the first week in December. Strategy discussions are scheduled for three more positions. Advertising is continuing for a GP. A decision is likely early December on the newly established Associate Director of Allied Health position. Allied Health has also had success in recruiting physiotherapists to both Buller and Grey Hospitals, positions that have typically been difficult to fill. The roles currently proving challenging are non-clinical ones such as Operations Manager and Management Accountant.
- **Health, Safety and Wellbeing:** Education sessions around injury management and the early reporting of pain and discomfort have been scoped and rollout will commence in early 2015. The certificate of compliance for the ACC Work Safe Management Programme has been received after the recent audit with the West Coast DHB achieving a secondary rating. The ACC also acknowledged both management and staff for good safety practices. Two staff injuries were reported in November, both are well and no lost time was reported. Planning is well underway to undertake a self-assessment that will identify the gaps to help us prepare for the introduction of the new registration as well as ensuring we remain compliant in readiness for the 2016 ACC audit.
- **Performance:** Maternity are now using the online performance management system and have recently completed training to help them better understand the value of performance conversations and build their confidence to have them. Buller are preparing their information (objectives, structure) in order to commence in the New Year.

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. The kick off for the project has now occurred. The steering group is meeting regularly and includes clinicians from both WCDHB and CDHB. Go live has been approved for 4 December subject to successful end to end testing being completed by 28 November.
- **HealthOne (previously known as eSCRV):** The HealthOne project has gone live successfully on 17 November. This project will radically improve the integration between primary and secondary services, allowing seamless access to patient information between both primary and secondary systems with appropriate security and robust auditing. There are some remaining users to be trained which will be completed by mid-December.
- **National Maternity System:** WCDHB is developing a business case for the National Maternity System implementation. The business case is in the final process of being completed and we are aiming for sign off in December. The project to be implemented 3rd Quarter 2015.
- **Facilities:** A workstream has been set up to coordinate and develop various ICT requirements in the new facility. Membership will include participation from a range of

key services within WCDHB as well as CDHB Information Services.

- **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 8 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 8 remaining desktops are being worked through as quickly as possible. We expect most of these to be resolved by the end of 2014.
- **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 UPS power system replacement is now going through final sign off.
- A new printer contract with the same provider CDHB uses has been approved. Full replacement of all laser printers has been completed with 160 printers being replaced over 3 weeks.

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

Community Engagement

- Over the past few months we have been presenting details of West Coast Health System achievements at 'Grassroots' meetings of community leaders and groups. Over the coming months these meetings will provide updates on the new Grey Base Hospital & IFHC project; the Buller IFHC project; along with progress on implementing recommendations from the Maternity and Mental Health Reviews and other projects.
- Two major 'community conversations' underway in Buller and Reefton are progressing well. The Buller project is drawing to a close and recommendations from the Buller Older Persons Health Stakeholder Group are likely to be presented to the Board in the early part of 2015. A follow-up public meeting will discuss the outcomes. In Reefton, stakeholder group meetings will proceed through to the end of the year and public/community meetings will occur in the New Year.

External Communications

- Report to the Community is being finalised
- HealthOne the new electronic system enabling health professionals to share key patient information has been successfully introduced on the Coast
- Quality Accounts – a document is being written to illustrate WCDHB Quality Improvements. This is an annual publication.
- Media interest during November covered a number of topics including WCDHB Ebola preparedness; teenage pregnancies; 1080; smoking cessation initiatives; hospital art; the releases of the serious adverse events data for the past year; hospital patient satisfaction surveys; the frequency and cost of transfers from Buller; physiotherapy services in Buller and changes to home help.

- Media releases were issued on: A West Coast retailer who broke the law selling alcohol to under-age young people; no increases in the cost of routine GP fees; WCDHB Ebola preparedness; Making our hospitals safer; HealthOne shared patient information system; Patients asked about hospital experience; Health Target performance.

Internal Communications

- Staff “Town Hall” meetings were held to update staff on facilities redevelopment; the Chief Executive’s update along with intranet updates and communications planning for the new Grey facilities also took place.

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES
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Key Achievements/Issues of Note

- Appetite for Life:** Community and Public Health has recently run two Appetite for Life courses in Westport and Hokitika. The Westport course followed recognition of identified need in the Buller region, and was used as an opportunity to help train potential facilitators. Appetite for Life in Hokitika is a regular (two per year) course, but this time it was held during the day to cater for participants previously unable to attend evening sessions. The feedback from this group strongly supported this option and this will be taken into account in planning future courses.
- Gastroenteritis increases in spring calving season:** Every spring we see an increase in notifications of gastroenteritis illness on the West Coast. This year has been no exception with some 40 notifications since the beginning of September. More than half are cases of Campylobacteriosis, with Cryptosporidiosis the next most common and the rest including Giardiasis, Salmonellosis and Yersiniosis. Of the cases of gastroenteritis notified at this time of year some 80% have a link to dairy cows and calves. The majority of cases are in farmers or members of farming families and associated occupations such as abattoir workers. Some cases have also been linked to white baiting and recreational water contact in creeks and streams downstream of dairy farms. This year CPH sponsored some radio advertisements on rural hour across the region in the lead up to calving. These ads reminded anyone in contact with cows and calves about the importance of hand washing after handling animals and before eating or preparing food.
- Submissions on District Council Policies:** Active West Coast (AWC) recently made a submission to the Westland District Council’s draft Local Approved Products Policy (Westland District: Availability, Sale and Supply of Psychoactive Products Policy). AWC recommended Council shrink the area proposed in the draft policy where an approved outlet can be set up to limit exposure to people using community and health facilities. Due to changes made subsequent to the adoption of its new Class 4 Gaming Venue Policy, the Grey District Council has had to go through a new round of public consultation on this policy. Active West Coast has resubmitted on this policy, supporting its intent around reducing the harm related to gambling.
- Lowering of Breath and Blood Alcohol (BAC) Levels in December:** CPH staff have worked with the WCDHB’s Communications Advisor to prepare media releases and an Ask A Professional article for the Messenger about the lowering of the BAC







levels from next month. From 1 December, the breath and blood alcohol limits for driving are coming down by almost half. While limits for under 20 year-olds remain at zero, breath alcohol limits for adult drivers will reduce from 400 to 250 micrograms of alcohol per litre of breath. Blood alcohol limits reduce from 80mg to 50 mg of alcohol per 100ml of blood. CPH's message is that if you are going to be driving, the safest option is to avoid alcohol. We are also encouraging people to make a plan before they go out so they know how they will get home safely. This could include deciding who will be the sober driver, or making sure there is a courtesy vehicle or taxi service available. CPH is also promoting host responsibility among hosts of events and parties as we approach the festive season, including reminding them to make sure that food and plenty of non-alcoholic drinks available.



- **Suicide awareness online training offered on Coast:** As part of the initial phase of developing a Suicide Prevention Plan for the West Coast, the West Coast District Health Board were allocated 100 licences from the Ministry of Health for the QPR Suicide Awareness online course. CPH has assisted in ensuring this course has been offered widely throughout the community. There will be follow-up sessions regarding local services and ongoing work on suicide prevention and post-vention throughout the Coast later this year and early next.

Report prepared by:

David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target		Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.8%	99.6%	99.6%	99.6	95%	✓	The West Coast DHB continues to achieve impressive results against the Shorter Stays in ED Health Target , with 99.6% 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. September's rates continue this trend with 99.6%.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	795 YTD	1,182 YTD	1,695	425	446	✗	The West Coast DHB has not met the Improved Access to Elective Surgery Health Target this quarter, having delivered 425 discharges against a 446 target. At 95.3% and 21 discharges off target, we do not see any difficulties in meeting our year-end target.
	Shorter Waits for Cancer Treatment People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	The West Coast DHB continues to achieve the Shorter Waits for Cancer Treatment Health Target , with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
	Increased Immunisation Eight-month-olds fully immunised	84%	89%	81%	77%	95%	✗	Although only reaching 77% of our eligible children for the Increased Immunisation Health Target , we vaccinated 97% of consenting children against the increased 95% target with only two children missing the milestone age. This is a slight decrease on last quarter, although opt-off and declines were higher at 20.5% which continues make meeting this target challenging.
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	86.2%	92.5%	95%	93%	95%	✗	During Quarter 1, West Coast DHB staff provided 93.3% of hospitalised smokers with smoking cessation advice and support –missing the Secondary Care Better Help for Smokers to Quit Health Target . Best practice initiatives continue, however the effects of small numbers remain challenging— The target was missed by only 4 smokers, with 19 smokers missed in total. Misses in areas such as Critical Care and ED where patients were critically unwell and unresponsive prior to discharge (transfer to Christchurch) have an impact on results.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	59.9%	55.4%	61.9%	71.3%	90%	✗	Although we are yet to meet the target, performance against the Primary Care Smokers Better Help to Quit Health Target has increased 9.4% this quarter—an encouraging result. Actions previously reported continue, with monthly practice by practice reporting expected to provide visibility for which practices need most support.

Target		Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Target	Current Status	Progress
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years ⁵	66.4%	69.6%	76.6%	78.9%	90%		Performance against the More Heart and Diabetes Checks Health Target continues to steadily increase with 78.9% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging increase, West Coast DHB is still below the national average & work continues to meet target.

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 12 December 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders Update

3. DISCUSSION

Workforce

Recruitment is underway for an Associate Director of Allied Health, West Coast DHB. Interviews have been completed and it is anticipated an appointment will be made within the next fortnight, commencing in the New Year.

Recruitment and retention is a continuing challenge for Occupational Therapy and Physiotherapy Services with vacancies for physiotherapists in Buller and Greymouth, Clinical Manager Occupational Therapy and Paediatric Occupational Therapist. All positions have been advertised on more than two occasions with interest received but no appointments made. Short term strategies have been developed including a successful six week secondment of Paul Timothy, Physiotherapist from Canterbury. Whilst incurring additional costs for accommodation and travel, this initiative reduced waiting lists, enabled staff to take leave, facilitated sharing of professional knowledge and was an opportunity for a specialist to experience rural generalist practice. It has strengthened transalpine relationships and stimulated conversations regarding future collaborative approaches to service provision and professional opportunities.

Both dietitians on the West Coast have successfully received endorsement from the Dietitians Board as dietitian prescribers. This extended scope of practice enables them to apply for special authority numbers from PHARMAC and prescribe nutritionals, vitamins and minerals to patients at the point of care, avoiding unnecessary delays in accessing nutrition.

Quality and Safety

Allied Health and Nursing representatives attended the recent Australasian Rehabilitation Outcome Centre Forum in Christchurch. It was identified that improvements are required in the data collected from the West Coast DHB. The solution will require an interdisciplinary approach to developing facilities trainers, training staff in data collection and completion of the Functional Independence Measure Score and establishing a framework for the process including monitoring, reporting and audit.

Representatives from Social Work and Child Protection have attended a workshop on the Children's Action Plan and are commencing discussions with relevant government and non-government agencies to develop a regional approach.

Allied Health are working with IT and colleagues from Canterbury to develop standardised clinical documentation templates for Health Connect South. Additionally patient activity data collection and reporting is being reviewed.

The Nurse Manager Strategic took part in the evaluation panel for an Electronic Nursing Observation System that is planned to be purchased for Canterbury and West Coast DHBs. This IT tool is for documenting vital signs digitally and produces an automatic Modified Early Warning Score (MEWS) with appropriate prompts and escalation plans. It is anticipated this will further support nurses' critical thinking and clinical response to enable best patient outcomes. In hospitals that have integrated these systems a 20% decrease in length of stay has been evidenced, with less cardiac events and decreased intensive care days, and a 17.2% decrease in mortality rate.

The Lippincott Online Manual has been licenced for all District Health Boards and roll out will commence in March 2015. This initiative has been sponsored by the DHB DONs, well supported by Chief Executives, coordinated by the South Island Alliance and Regional Training Hub. This manual will replace current individual DHB policies and procedures for all mainstream nursing interventions. This will be a significant step to ensuring consistency across New Zealand.

A full time TrendCare Coordinator was employed in January 29th 2014 to support improved outcomes from this patient acuity tool. A plan of TrendCare activity was developed for Grey Hospital in the use and functionality of TrendCare for recording patient acuity and matching nurse hours to predicted patient care. All of which benefit our hospital in terms of 'Safe staffing, healthy Workplace' initiatives. Monthly reports are generated and sent out to each ward, tracking admission activity and staffing hours along with other statistics available from TrendCare. More Clinical Nurse Manager's are asking for monthly reports to monitor a variety of their ward activity which leads to more effective rostering and improved patient care. Actualisation audits show > 95% compliance for all areas in 2014 which meets TrendCare Australia's 'Gold Standard' guidelines. Version 3.5 TrendCare upgrade goes live in November and this has many additional features which will continue to enhance and improve its functionality in clinical practice. Going into 2015, the development of care assessments such as 'Falls Risk', Stop Smoking records, care pathways and care plans are being looked at nationally and it is hoped we can make some progress in these areas here at Grey Hospital. Core functions like rostering, the education database, patient acuity and collection of specific nurse hours ensure that we have a very full and rich record of data with over 200 types of reports being available both to retrospectively review data but also to make some predictions and forecasts of clinical activity based on solid, accurate and reliable health data as we move forward into our new model of care and eventually into our new facilities.

Facilities Planning

Clinicians continue to be well engaged in all Facilities Design Work streams. A process has been established to facilitate engagement with the wider Allied Health work force and enable coordinated time responsive feedback to the Design Team.

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: Stella Ward, Executive Director of Allied Health
Karyn Bousfield, Director of Nursing & Midwifery

FINANCE REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance

DATE: 12 December 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board, a more detailed report is presented and received by the Quality, Finance, Audit and Risk Committee (QFARC) prior to this report being prepared.

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 31 October 2014.

3. DISCUSSION

Overview of October 2014 Financial Result

The financial information in this report represents a summary and update of the financial statements forwarded to the Ministry of Health and presented to and reviewed by QFARC. The consolidated West Coast District Health Board financial result for the month of October 2014 was a deficit of \$0.040m, which was \$0.035m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.191m unfavourable. The breakdown of October's result is as follows.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,774	6,957	(183)	x	27,181	27,828	(647)	x
Governance & Administration	218	188	30	v	872	752	120	v
Funds & Internal Eliminations	4,876	4,536	340	v	18,997	18,144	853	v
	11,868	11,681	187	v	47,050	46,724	326	v
EXPENSES								
Provider								
Personnel	5,184	4,541	(643)	x	18,693	18,164	(529)	x
Outsourced Services	413	481	68	v	2,372	1,924	(448)	x
Clinical Supplies	691	612	(79)	x	2,706	2,448	(258)	x
Infrastructure	1,114	842	(272)	x	4,561	3,368	(1,193)	x
	7,402	6,476	(926)	x	28,332	25,904	(2,428)	x
Governance & Administration	218	188	(30)	x	872	752	(120)	x
Funds & Internal Eliminations	3,760	4,485	725	v	15,910	17,940	2,030	v
Total Operating Expenditure	11,380	11,149	(231)	x	45,114	44,596	(518)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	488	532	(44)	x	1,936	2,128	(192)	x
Interest, Depreciation & Capital Charge	528	537	9	v	2,127	2,148	21	v
Net surplus/(deficit)	(40)	(5)	(35)	x	(191)	(20)	(171)	x

4. APPENDICES

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

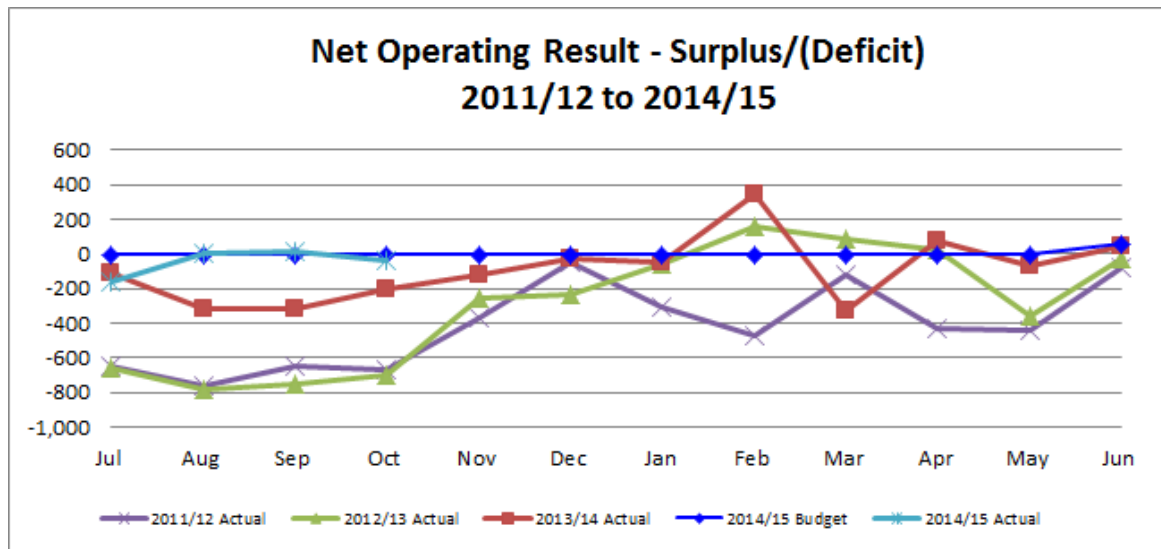
Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – OCTOBER 2014

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(40)	(5)	(35)	700% X	(191)	(20)	(171)	855% X

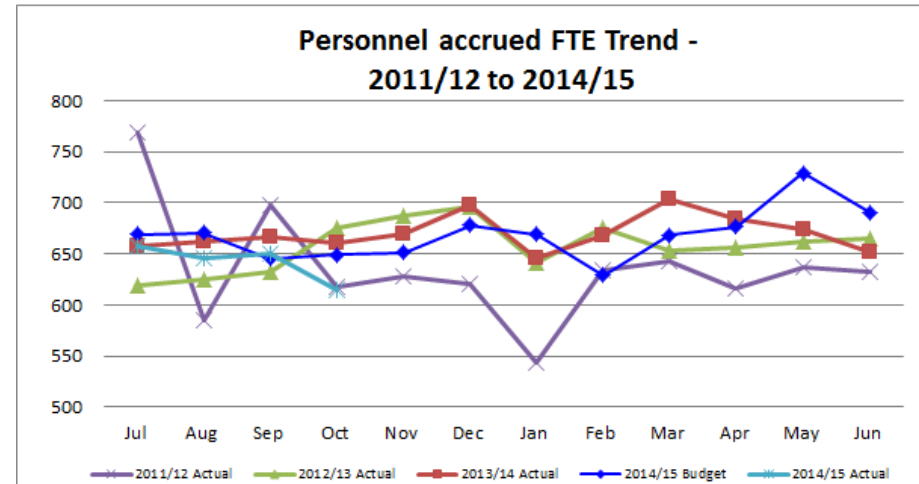
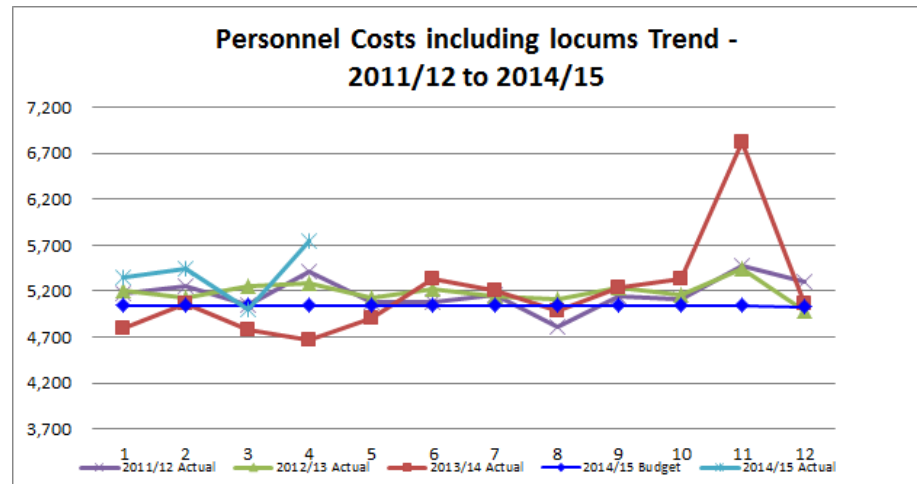
We have submitted an Annual Plan with a breakeven position.



KEY RISKS AND ISSUES

Although currently tracking close to target, the achievement of the annual plan will require a significant level of oversight and management in order to be achieved, we are confident that the forecast year end result will be in line with our annual plan.

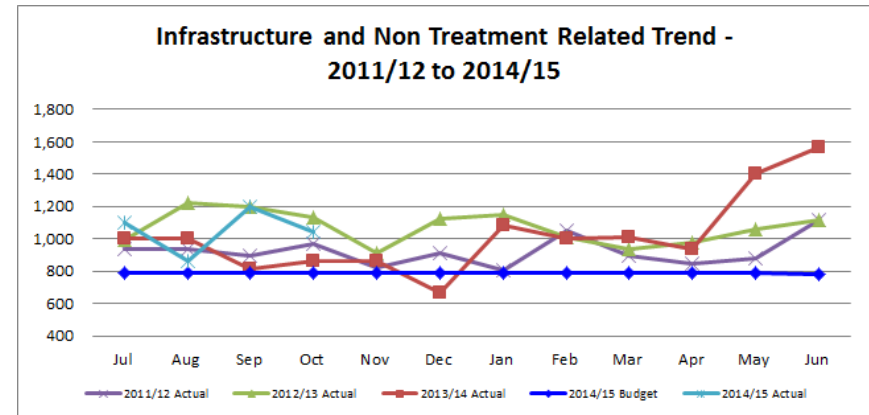
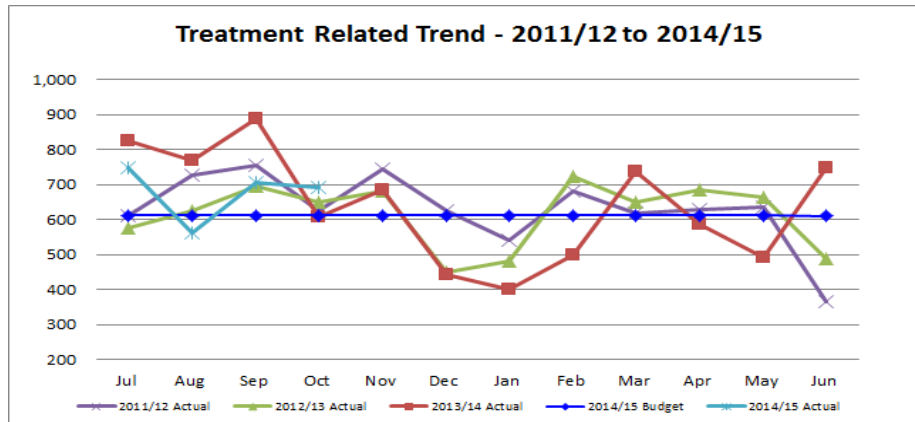
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning is in the process of being embedded within the business, the results have been slower to transpire than originally anticipated. This is further exacerbated by unexpected turnover which has required more reliance on short term placements, which are more expensive than permanent staff. A comprehensive review of staffing and associated costs is being completed to assist with management and mitigation of this spend.

TREATMENT & NON TREATMENT RELATED COSTS

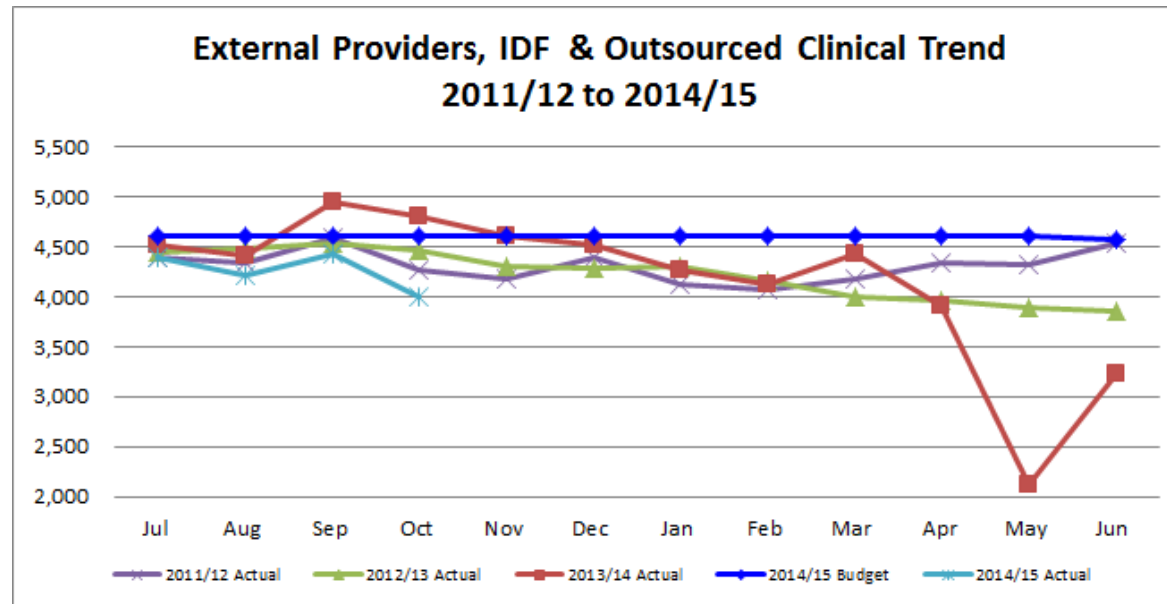


KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels; we are continuing to refine contract management practices to generate savings in these areas.

Timing influences infrastructure and non treatment related costs significantly, however overall we are continuing to monitor to ensure overall spend is within expected parameters. Significant effort is being made to ensure overspend in these categories is being tightly managed.

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

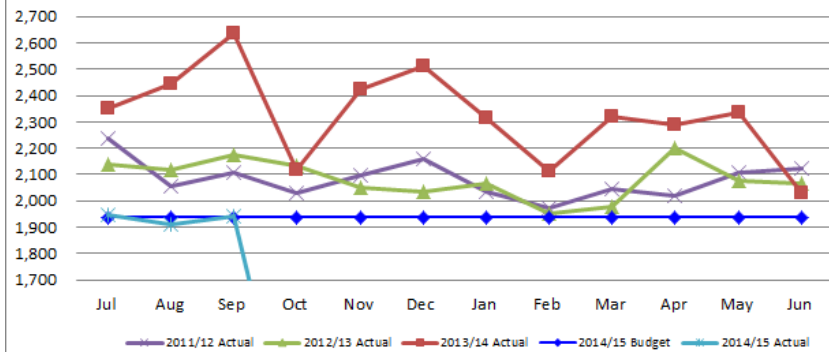
Capacity constraints within the system require continued monitoring of trends and demand for services.

Planning and Funding Division
Month Ended October 2014

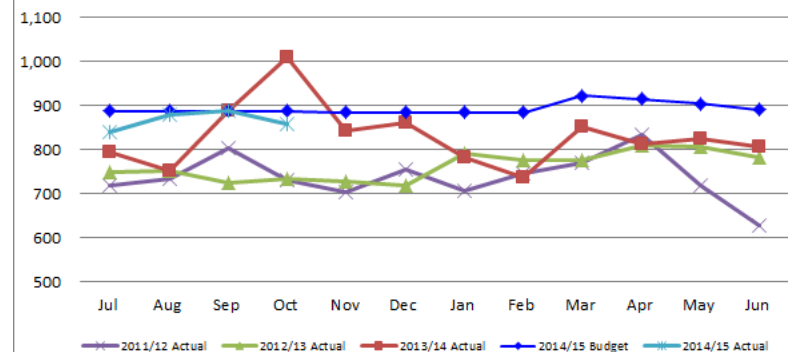
Current Month					Year to Date					2014/15 Annual Budget	
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance				
\$000	\$000	\$000	%		\$000	\$000	\$000	%			
					Primary Care						
26	36	10	29%	✓	Dental-school and adolescent	146	145	-1	-1%	✗	434
	2	2	100%	✓	Maternity	0	7	7	100%	✓	20
2	1	-2	-240%	✗	Pregnancy & Parent	2	3	0	15%	✓	8
	3	3	100%	✓	Sexual Health	0	11	11	100%	✓	33
4	3	-1	-22%	✗	General Medical Subsidy	8	12	4	31%	✓	36
508	522	13	3%	✓	Primary Practice Capitation	2,041	2,086	45	2%	✓	6,258
91	91	0	0%	✓	Primary Health Care Strategy	364	364	0	0%	✓	1,093
79	80	1	1%	✓	Rural Bonus	316	321	5	2%	✓	963
11	5	-6	-120%	✗	Child and Youth	24	20	-4	-21%	✗	59
4	6	1	24%	✓	Immunisation	23	27	3	12%	✓	153
5	5	0	2%	✓	Maori Service Development	19	19	0	1%	✓	58
52	53	1	1%	✓	Whanua Ora Services	209	211	2	1%	✓	634
16	18	2	12%	✓	Palliative Care	89	73	-16	-22%	✗	218
	0	0		✓	Community Based Allied Health	0	0	0		✓	0
13	9	-5	-52%	✗	Chronic Disease	35	35	0	0%	✓	106
46	54	8	16%	✓	Minor Expenses	187	216	29	13%	✓	647
857	887	30	3%	✓		3,464	3,549	85	2%	✓	10,722
					Referred Services						
23	24	1	2%	✓	Laboratory	94	94	0	0%	✓	283
618	678	60	9%	✓	Pharmaceuticals	2,603	2,679	76	3%	✓	7,961
641	702	61	9%	✓		2,697	2,774	76	3%	✓	8,244
					Secondary Care						
-421	202	623	309%	✓	Inpatients	207	807	600	74%	✓	2,420
121	101	-20	-20%	✗	Radiolgy services	461	404	-57	-14%	✗	1,212
119	115	-4	-4%	✗	Travel & Accommodation	396	460	64	14%	✓	1,380
469	1,520	1,051	69%	✓	IDF Payments Personal Health	5,027	6,081	1,054	17%	✓	18,242
289	1,938	1,649	85%	✓		6,090	7,751	1,661	21%	✓	23,254
1,787	3,526	1,739	49%	✓	Primary & Secondary Care Total	12,251	14,075	1,823	13%	✓	42,220
					Public Health						
19	25	6	25%	✓	Nutrition & Physical Activity	60	99	39	40%	✓	298
6	7	1	17%	✓	Public Health Infrastructure	24	29	5	17%	✓	88
5	5	0	5%	✓	Tobacco control	37	19	-18	-92%	✗	58
0	0	0		✓	Screening programmes	-2	0	1.616		✓	0
29	37	8	21%	✓	Public Health Total	120	148	28	19%	✓	445
					Mental Health						
7	7	0	1%	✓	Dual Diagnosis A&D	28	29	0	1%	✓	86
2	2	0	-15%	✗	Eating Disorders	8	8	0	-4%	✗	23
20	20	0	1%	✓	Child & Youth Mental Health Services	80	81	1	1%	✓	243
5	5	0	1%	✓	Mental Health Work force	20	20	0	1%	✓	61
61	61	1	1%	✓	Day Activity & Rehab	243	245	2	1%	✓	735
11	11	0	1%	✓	Advocacy Consumer	43	43	1	1%	✓	130
81	82	1	1%	✓	Other Home Based Residential Support	323	327	4	1%	✓	982
11	11	0	1%	✓	Advocacy Family	44	45	1	1%	✓	134
10	29	19	66%	✓	Community Residential Beds	29	115	86	75%	✓	345
	0	0	100%	✓	Minor Expenses	0	0	0	100%	✓	1
92	92	0	0%	✓	IDF Payments Mental Health	367	367	0	0%	✓	1,100
299	320	21	7%	✓		1,185	1,280	95	7%	✓	3,839
					Older Persons Health						
0	0	0	100%	✓	Information and Advisory	0	0	0	100%	✓	1
0	0	0		✓	Needs Assessment	0	0	0		✓	0
80	67	-14	-21%	✗	Home Based Support	264	264	0	0%	✗	784
5	9	4	49%	✓	Caregiver Support	29	36	7	19%	✓	107
239	216	-24	-11%	✗	Residential Care-Rest Homes	938	855	-83	-10%	✗	2,538
4	10	6	57%	✓	Residential Care-Community	23	40	17	43%	✓	120
341	349	8	2%	✓	Residential Care-Hospital	1,387	1,386	-1	0%	✗	4,114
0	0	0		✓	Ageing in place	0	0	0		✗	0
9	10	1	14%	✓	Day programmes	36	39	3	8%	✓	118
6	18	12	65%	✓	Respite Care	33	73	40	55%	✓	220
1	1	0	1%	✓	Community Health	5	5	0	1%	✓	15
0	0	0	100%	✓	Minor Disability Support Expenditure	0	1	1	100%	✓	3
58	58	0	0%	✓	IDF Payments-DSS	233	233	0	0%	✓	698
744	739	-7	-1%	✗		2,949	2,934	-15	-1%	✗	8,720
1,043	1,058	14	1%	✓	Mental Health & OPH Total	4,134	4,213	79	2%	✓	12,559
					Total Expenditure	16,506	18,436	1,930	10%	✓	55,223

EXTERNAL PROVIDER COSTS

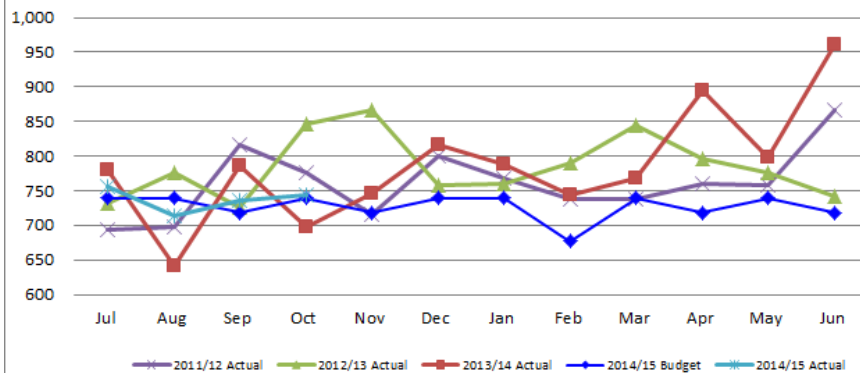
**Secondary and Referred Services Trend
2011/12 to 2014/15**



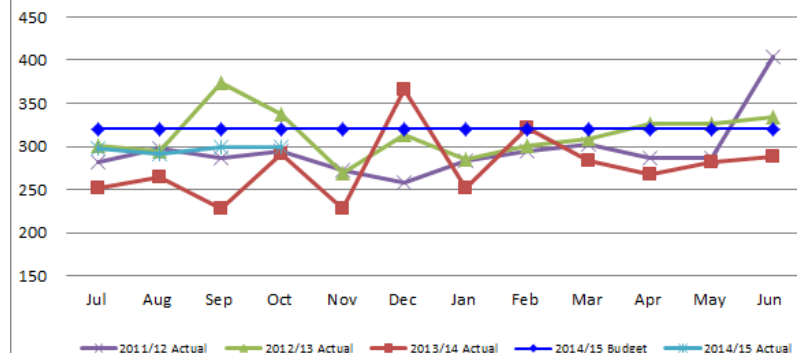
Primary Care Trend 2011/12 to 2014/15



Older Persons Health Trend 2011/12 to 2014/15



Mental Health Trend 2011/12 to 2014/15



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	9,906	19,064	(9,158)	-48% X	72,537
Cash	6,775	10,081	(3,306)	-33% X	10,037

KEY RISKS AND ISSUES

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

APPENDIX 2: STATEMENT OF FINANCIAL PERFORMANCE

Statement of comprehensive income

For period ending

31 October 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
Operating Revenue										
Crown and Government sourced	11,414	11,209	205	1.8%	45,234	44,836	398	0.9%	134,509	131,279
Inter DHB Revenue	2	3	(1)	(33.3%)	28	12	16	133.3%	34	20
Inter District Flows Revenue	130	129	1	0.8%	520	516	4	0.8%	1,551	1,615
Patient Related Revenue	233	230	3	1.3%	940	920	20	2.2%	2,760	2,880
Other Revenue	89	110	(21)	(19.1%)	328	440	(112)	(25.5%)	1,323	1,237
Total Operating Revenue	11,868	11,681	187	1.6%	47,050	46,724	326	0.7%	140,177	137,031
Operating Expenditure										
Personnel costs	5,290	4,635	(655)	(14.1%)	19,137	18,540	(597)	(3.2%)	55,613	55,477
Outsourced Services	319	377	58	15.4%	2,008	1,508	(500)	(33.2%)	4,520	6,373
Treatment Related Costs	691	612	(79)	(12.9%)	2,707	2,448	(259)	(10.6%)	7,342	7,727
External Providers	2,240	2,934	694	23.7%	10,882	11,736	854	7.3%	34,757	34,383
Inter District Flows Expense	1,669	1,670	1	0.1%	5,625	6,680	1,055	15.8%	20,465	14,486
Outsourced Services - non clinical	130	129	(1)	(0.8%)	555	516	(39)	(7.6%)	1,548	1,608
Infrastructure and Non treatment related costs	1,041	792	(249)	(31.4%)	4,200	3,168	(1,032)	(32.6%)	9,491	12,225
Total Operating Expenditure	11,380	11,149	(231)	(2.1%)	45,114	44,596	(518)	(1.2%)	133,736	132,279
Result before Interest, Depn & Cap Charge	488	532	(44)	8.3%	1,936	2,128	(192)	9.0%	6,441	4,752
Interest, Depreciation & Capital Charge										
Interest Expense	63	114	51	44.7%	253	456	203	44.5%	1,364	713
Depreciation	398	327	(71)	(21.7%)	1,603	1,308	(295)	(22.6%)	3,937	4,373
Capital Charge Expenditure	67	96	29	30.2%	271	384	113	29.4%	1,140	753
Total Interest, Depreciation & Capital Charge	528	537	9	1.7%	2,127	2,148	21	1.0%	6,441	5,839
Net Surplus/(deficit)	(40)	(5)	(35)	(700.0%)	(191)	(20)	(171)	(855.0%)	0	(1,087)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(40)	(5)	(35)	(700.0%)	(191)	(20)	(171)	(855.0%)	0	(1,087)

APPENDIX 3: STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

31 October 2014

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment
Intangible assets
Work in Progress
Other investments

Total non-current assets

Current assets

Cash and cash equivalents
Patient and restricted funds
Inventories
Debtors and other receivables
Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings
Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings
Creditors and other payables
Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity
Other reserves
Retained earnings/(losses)
Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
26,015	24,838	1,177	4.7%	26,996
1,346	1,491	(145)	(9.7%)	1,517
512	17,344	(16,832)	(97.0%)	74
637	465	172	37.0%	227
28,510	44,138	(15,628)	(35.4%)	28,814
6,775	10,081	(3,306)	(32.8%)	7,483
79	60	19	31.7%	79
1,030	1,100	(70)	(6.4%)	1,010
8,275	4,218	4,057	96.2%	7,686
136	136	0	0.00%	136
16,295	15,595	700	4.5%	16,394
44,805	59,733	(14,928)	(30.9%)	45,208
10,695	17,695	(7,000)	(39.6%)	10,695
2,746	2,895	(149)	(5.1%)	2,636
13,441	20,590	(7,149)	(34.7%)	13,331
3,750	3,750	0	0.00%	3,750
8,747	7,548	1,199	15.9%	9,927
8,961	8,781	180	2.0%	9,203
21,458	20,079	1,379	6.9%	22,880
34,899	40,669	(5,770)	(14.2%)	36,211
70,761	79,761	(9,000)	(11.3%)	69,661
19,569	19,569	0	0.00%	19,569
(80,463)	(80,305)	(158)	0.2%	(80,272)
39	39	0	0.00%	39
9,906	19,064	(9,158)	(48.0%)	8,997
44,805	59,733	(14,928)	(25.0%)	45,208

APPENDIX 4: CASHFLOW

Statement of cash flows

For period ending

31 October 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
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	12,397	11,632	765	6.6%	46,670	46,528	142	0.3%	139,589	134,187
Cash paid to employees	(6,124)	(5,043)	(1,081)	21.4%	(21,785)	(20,172)	(1,613)	8.0%	(60,505)	(61,481)
Cash paid to suppliers	(2,848)	(1,502)	(1,346)	89.6%	(7,783)	(6,008)	(1,775)	29.5%	(18,009)	(21,406)
Cash paid to external providers	(2,370)	(2,934)	564	(19.2%)	(11,402)	(11,736)	334	(2.8%)	(35,182)	(35,998)
Cash paid to other District Health Boards	(1,539)	(1,670)	131	(7.8%)	(5,105)	(6,680)	1575	(23.6%)	(20,040)	(12,871)
<i>Cash generated from operations</i>	<i>(484)</i>	<i>483</i>	<i>(967)</i>	<i>(200.2%)</i>	<i>595</i>	<i>1932</i>	<i>(1,337)</i>	<i>(69.2%)</i>	<i>5,853</i>	<i>2,431</i>
Interest paid	(63)	(114)	51	(44.7%)	(253)	(456)	203	(44.5%)	(1,364)	(781)
Capital charge paid	(67)	(96)	29	(30.2%)	(271)	(384)	113	(29.4%)	(1,140)	(897)
Net cash flows from operating activities	(614)	273	(887)	(324.9%)	71	1092	(1,021)	(93.5%)	3,349	753
Cash flows from investing activities										
Interest received	47	49	(2)	(4.1%)	178	196	(18)	(9.2%)	588	608
(Increase) / Decrease in investments	0	(60)	60		0	(300)	300		(402)	0
Acquisition of property, plant and equipment	(408)	(4,062)	3654	(90.0%)	(888)	(16,248)	15360	(94.5%)	(48,740)	(1,987)
Acquisition of intangible assets	0	0	0	0.00	(2)	0	-2	0.0%	0	5
Net cash flows from investing activities	(361)	(4,073)	3712	(91.1%)	(712)	(16,352)	15,640	(95.6%)	(48,554)	(1,374)
Cash flows from financing activities										
Proceeds from equity injections	0	9000	(9,000)		1	9000	(8,999)		18,000	0
Repayment of equity	0	0	0		(68)	0	(68)		(68)	(68)
<i>Cash generated from equity transactions</i>	<i>0</i>	<i>9000</i>	<i>(9,000)</i>		<i>(67)</i>	<i>9000</i>	<i>(9,067)</i>		<i>17,932</i>	<i>(68)</i>
Borrowings raised	0	0	0		0	0	0		28,000	2,000
Repayment of borrowings	0	0	0		0	7000	(7,000)		0	0
Payment of finance lease liabilities										
Net cash flows from financing activities	0	9000	(9,000)		(67)	16000	(16,067)		45,932	1,932
Net increase in cash and cash equivalents	(975)	5,200	(6,175)	(118.8%)	(708)	740	(1,448)	(195.7%)	727	1,311
Cash and cash equivalents at beginning of period	7,750	4,881	2869	58.8%	7,483	9,341	(1,858)	(19.9%)	9,341	6,172
Cash and cash equivalents at end of year	6,775	10,081	(3,306)	(32.8%)	6,775	10,081	(3,306)	(32.8%)	10,068	7,483

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Maori Health

DATE: 12 December 2014

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

This report is provided to Community & Public Health & Disability Support Advisory Committee as a regular update.

2. RECOMMENDATION

That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

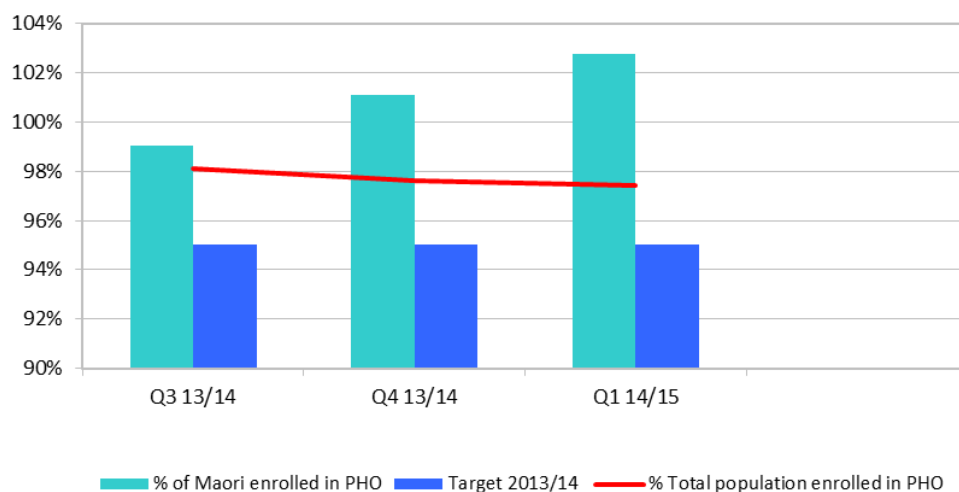
3. SUMMARY

Maori Health Quarterly Report – Q1, 2014/15

Access to Care

Percentage of Maori enrolled in the PHO

PHO enrolment using 2013 Census population data



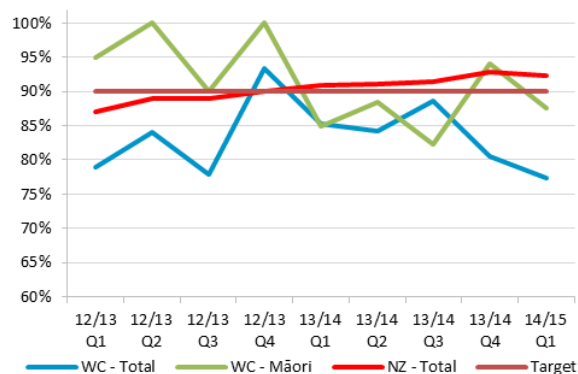
* 2006 census population was used as the denominator.

ACHIEVEMENTS/ISSUES OF NOTE

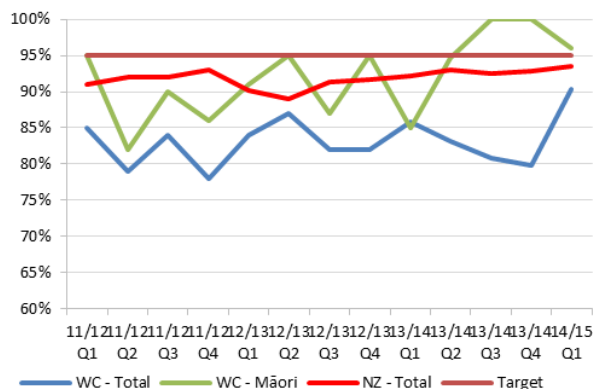
Enrolment in PHO: Using the 2013 population census figures 103% of Maori were enrolled with the PHO as at 30 September 2014. 3258 Maori were enrolled in quarter 1 compared to 3205 in quarter 4. The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



Eight-month-old immunisation: 88% of Maori babies have been immunised on time at 8 months of age in quarter 1 – 21 babies out of 24 eligible for this quarter. This is compared to 90% of non-Maori babies where 43 from 48 eligible babies have been immunised.

Two-year-old immunisation: 96% of Maori 2 year olds have been immunised on time in Quarter 1 – 24 from 25 eligible babies. This is compared to 93% NZ European babies - 54 from 58 eligible babies

Although only vaccinating 77% of our eligible children for the Increased Immunisation Health Target, we vaccinated 97% of consenting children with only two children missing the milestone age. While this is a slight decrease on last quarter, opt-off and declines were higher at 20.5% which continues to make meeting this target challenging. Strong results were achieved for Pacific and Asian at 100% and NZ European at 90% however Maori performance dropped to 88%.

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 Waiora 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. Data for 2013/2014 will be released soon.

Breastfeeding Support: The community lactation consultancy and breastfeeding advocate have made 190 contacts including 61 face to face (home visits/clinic) to provide breastfeeding support. There have been 5 Maori clients in Quarter 1. The notable increase in lactation consultancy contacts this quarter is attributed to a new process where by all new birth mothers are contacted early irrespective of breastfeeding issues. Of the 72 newborn contacts, 23 required further follow up.

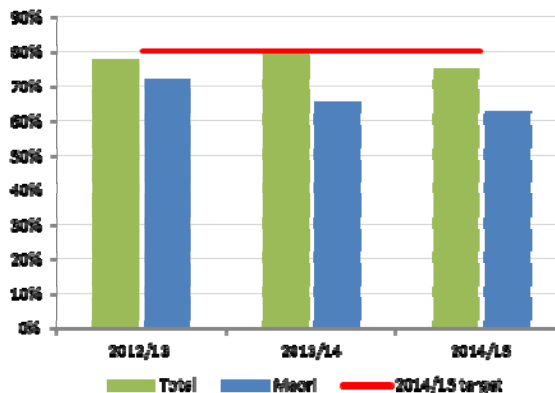
Newborn Enrolment: The Newborn enrolment form and process is now embedded into services. This ensures timely enrolment to 5 services; Community Oral Health service, National Immunisation Register, General Practice, Breastfeeding Support, Well Child/Tamariki ora service. An evaluation is currently taking place.

More Heart & Diabetes Checks

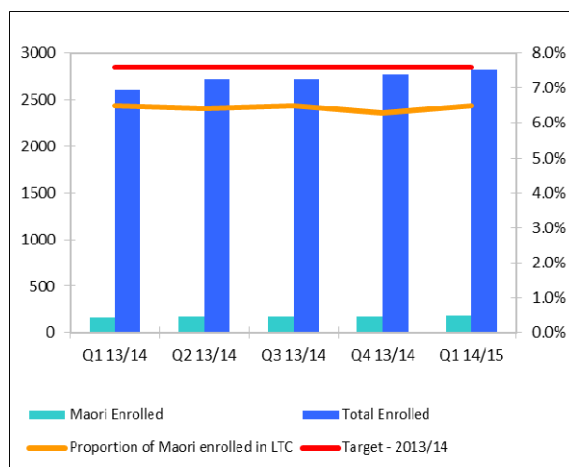
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



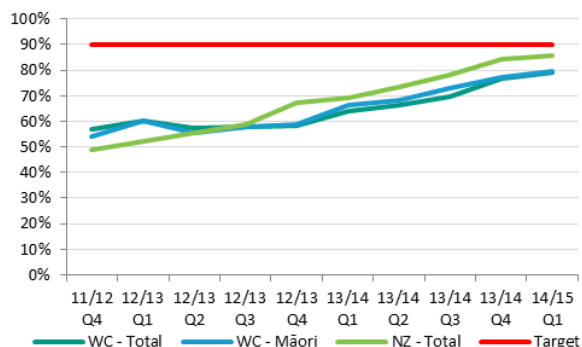
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of people enrolled in the Long Term Condition Programme



More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



Diabetes: Maori still continue to show a good rate of access to Diabetes Annual Reviews however management of their diabetes could be improved. 81% of Maori with diabetes have had Retinal Exams, 63% show HBA1c levels at or below 8.0, 78% are non-smokers and 59% are on statins.

The Ministry of Health no longer measure diabetes annual reviews undertaken as a percentage of the overall population estimated to have diabetes. The More Heart and Diabetes Checks national health target now covers this and as such the quarterly graph for diabetes annual reviews above now shows the actual number of reviews that have been undertaken year to date. Of the 381 people who had their diabetes review during the September quarter, 75.4% of the overall population had good diabetes management. Maori results were lower at only 63%. Our target for diabetes good management is 80%.

CVD Health Target

'More heart and diabetes checks' will measure the number of completed cardiovascular Risk Assessments (CVRA) for all eligible persons within the last five years (which includes a diabetes check). The national goal is 90% since 1 July 2013.

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.

Maori make up 8.1% of completed CVRAs this quarter. By comparison, Maori make up 9.8% (1009) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years).

The smoking profile for CVRAs completed this quarter for Maori is 65% not smoking compared with other ethnicities screened not smoking 79%.

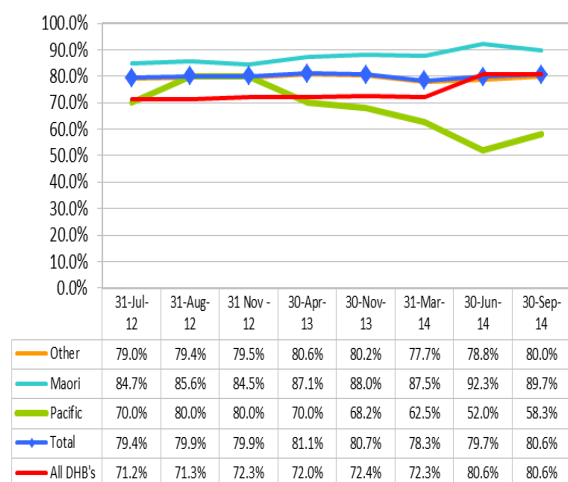
The newly appointed Kaupapa Maori Nurse in Greymouth is working on overdue CVRA lists with the practices.

Green Prescription: Quarter 1 data shows 9 referrals to the Green Prescription programme in the Grey district for Maori and only 1 referral 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.

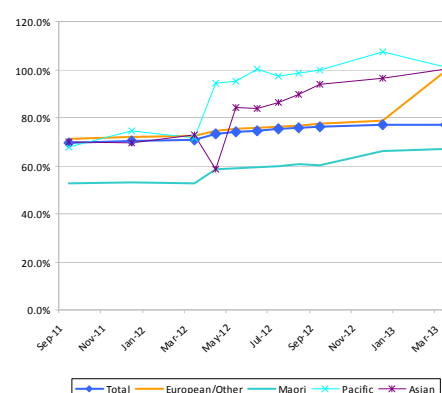
Long Term Condition Management (LTC): 183 Maori are enrolled in the Long Term Conditions programme as at Sept 30 2014. For quarter 1 Maori enrolment makes up 6.5% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.2% of the enrolled population at the primary practices aged 45 years and above. Collaboration with Poutini Waioara to integrate services to support Maori identified as having LTCs is occurring. There is on-going work within practices to identify eligible people and increase enrolments in level 2 and level 3.

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



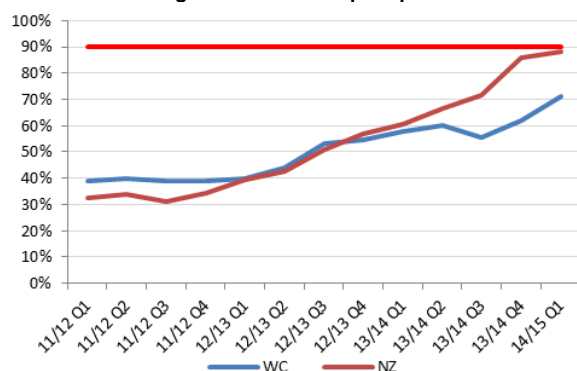
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 80.6% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 30 Sept 2014. The coverage for eligible Maori women (89.7%) is higher compared to all other ethnicities on the West Coast. The West Coast DHB is the lead DHB for this target across all other DHBs nationwide with the next closest being Nelson Marlborough with 86.4% of eligible Maori women being screened.

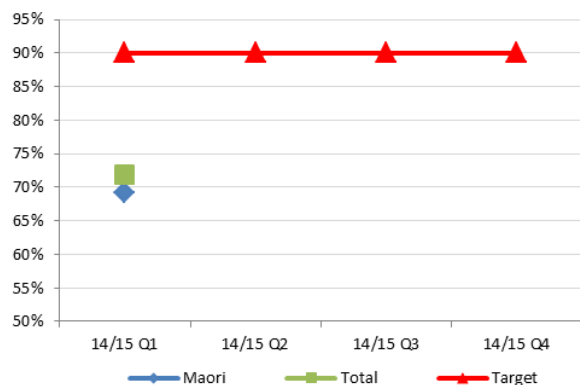
Cervical cancer screening: At the end of June 2014, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 79.2% - 5755 from 7270 eligible. The coverage rate for eligible Maori women is at 72.8% - 512 from 703 eligible, an increase from last quarter and a sustained increase from June 2011 where the coverage was just 52.1%. 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 Waioara to locate those hardest to reach and holding community clinics.

SMOKING CESSATION

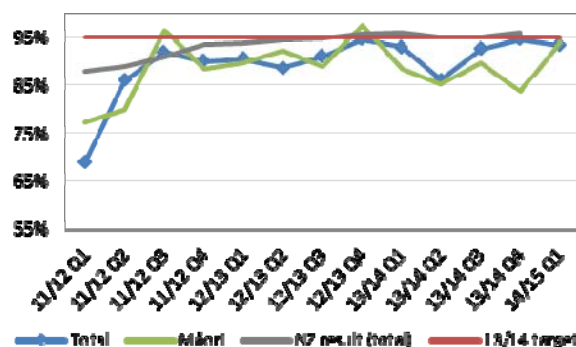
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



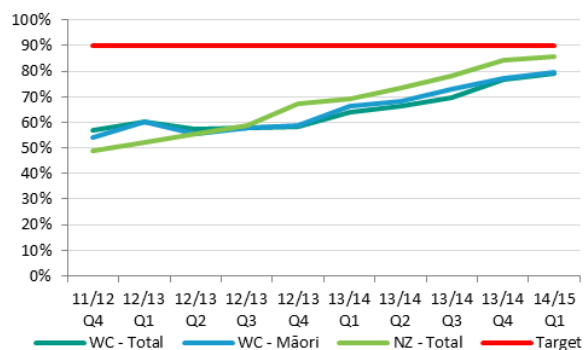
Primary Smokefree Karo data: Smokers attending primary care given advice & help to quit – by ethnicity



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



More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Results for Quarter 1 2013/14 show 70% of Maori have attended general practice and have been offered advice and support to quit, this is an increase from 62% last quarter.

There is a comprehensive plan in place to improve this target. Joe Mason Aukati Kai Paipa 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. As part of this plan Joe Mason the Aukati Kai Paipa smoking cessation practitioner has been provided with a practice list of Maori from High Street Medical Centre who are recorded as smokers but had not yet been offered ABC. Of those that Joe has cold called he has had a great success rate of approximately 30% who are now on the AKP smoking cessation programme. The next practice that Joe will be targeting will be Westland Medical Centre.

Aukati Kai Paipa: For the quarter March to June 2014 the AKP service is working with 44 clients, 11 who identify as Maori with a 33.3% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with practices and Poutini Waiora which is resulting in increased referrals to the service.

PHO Coast Quit Programme: For the quarter June to Sept 2014 .12.5% (18) Maori accessed the Coastquit cessation service an increase from last quarter of 7. This service has a poor access rate for Maori and this is one issue that we are aiming to address in the Maori Cessation plan.

The Maori Smoking Cessation plan is in it's final draft.

Report prepared by:

Kylie Parkin, Maori Health

Report approved for release by:

Gary Coghlan, General Manager Maori Health

MATERNITY REVIEW – UPDATE ON PROGRESS



TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Grey/Westland

DATE: 12 December 2014

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

At the West Coast DHB Board meeting on 26 September 2014, an update on progress to date against recommendations from the maternity review was provided. The Board noted progress and requested that quarterly updates be provided.

Attached as Appendix 1, is an updated report on the status of work in relation to the recommendations, with associated narrative comment.

2. RECOMMENDATION

That the Board;

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

3. APPENDICES

Appendix 1: Traffic Light Report on Progress

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



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

Status	Recommendation	Progress
Maternity Services on the West Coast		
IMMEDIATE	<p>It is essential to maintain a secondary obstetric service at Grey Base Hospital for exactly the same reasons that maintaining such a service is challenging; geographical isolation, recruitment and retention difficulties (removal of secondary service would impact upon recruitment of LMC workforce), and transport difficulties as a result of terrain and weather.</p>	<ul style="list-style-type: none"> A secondary obstetric service continues at Grey Base Hospital.
6 MONTHS	<p>Planned births no longer occur at Buller Hospital due to; low numbers of births, risks associated with intrapartum transfer when transport is not rapidly available; and unavailability of midwives for the majority of births outside the locality.</p>	<ul style="list-style-type: none"> Currently negotiations are close to completion for a provider to provide 24/7 facility cover and inpatient postnatal care for the Kawatiri birthing facility. The basis of these negotiations is for the delivery of a safe, robust, quality maternity service for Buller that addresses and remediates previous outlined risks.
6 MONTHS	<p>A primary maternity service [antenatal, postnatal and emergency delivery] in Westport is essential due to isolation.</p>	<ul style="list-style-type: none"> Antenatal, postnatal and emergency birthing is currently available in Westport.
2 YEARS <i>Due June 2015</i>	<p>Models of care for maternity services should help determine the design of the new IFHC and hospital facilities at Grey Base Hospital.</p>	<ul style="list-style-type: none"> Implementation of a community based self-employed LMC model of care is underway with full implementation expected early 2015. This model has acted to determine the design for new facilities.
2 YEARS <i>Due June 2015</i>	<p>The model of care for primary maternity must engage GPs working alongside midwives in providing antenatal care based in the IFHCs.</p>	<ul style="list-style-type: none"> The recommendation to develop and fund a system of primary care referrals between GPs and midwives has been implemented Sept. 2014.
IMMEDIATE	<p>The arrangements for inpatient care in Buller Health must be urgently reviewed to ensure they are safe. Women must be attended on site 24/7 by a midwife when an inpatient.</p>	<ul style="list-style-type: none"> The staffing arrangement for Buller has been agreed with 24/7 cover. This includes a combination of Midwife and RN care, with a Midwife on call 24/7. Additional education has taken place for the Foote ward nursing staff in regards to normal birth, neonatal resuscitation and obstetric emergencies.
2 YEARS <i>Due June 2015</i>	<p>Buller Health clinical leaders must ensure closer collaboration between all disciplines including joint education and simulation training.</p>	<ul style="list-style-type: none"> MDT has been organised for Buller Health and WCDHB maternity service. A maternity services educator has been appointed for WCDHB and has completed some education sessions for the nursing staff. A transalpine lead for Obstetric quality initiatives has been appointed and will commence in Dec. 2014.



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

Status		Recommendation	Progress
2 YEARS <i>Due June 2015</i>	<input checked="" type="checkbox"/>	The WCDHB needs to reimburse LMCs who provide inpatient care while patients are in the Kawatiri Maternity Unit in Buller—using a similar model to Golden Bay.	<ul style="list-style-type: none"> WCDHB has an agreement to reimburse the Self Employed Buller Midwives for travel to Greymouth for births of their women. The DHB has entered into negotiations with a preferred provider for facility cover for Buller and endorsement for this provider is being sought to ensure a safe and sustainable service is provided.
Transport & Patient Transfers			
1 YEAR <i>Due June 2014</i>	<input checked="" type="checkbox"/>	Development of an elective transfer policy for specific conditions [e.g. severe pre eclampsia or twins].	<ul style="list-style-type: none"> Completed
6 MONTHS <i>Due Dec 2013</i>	<input checked="" type="checkbox"/>	The current <i>Emergency In Utero Transfer Policy</i> needs clarification and refining.	<ul style="list-style-type: none"> Completed
6 MONTHS <i>Due Dec 2013</i>	<input checked="" type="checkbox"/>	The <i>Neonatal Transfer Policy</i> needs reviewing and updating.	<ul style="list-style-type: none"> Completed
6 MONTHS <i>Due Dec 2013</i>	<input checked="" type="checkbox"/>	Agreement reached with CDHB to determine the process for facilitation and responsibility of timely transfers.	<ul style="list-style-type: none"> Completed
6 MONTHS <i>Due Dec 2013</i>	<input checked="" type="checkbox"/>	Clear guidelines need to be developed, documented, and widely distributed to assist staff in managing the transport / transfer process within the DHB and DHB to DHB—ensuring timely, appropriate and safe care for all women and babies transferred.	<ul style="list-style-type: none"> Completed
ONGOING	<input checked="" type="checkbox"/>	Work with CDHB Birthing Suite Transport Coordinator to ensure CDHB staff have a clear understanding of the environment West Coast staff practice in.	<ul style="list-style-type: none"> This recommendation has become embedded as senior staff are aware of the environment West Coast DHB staff are working in.
ONGOING	<input checked="" type="checkbox"/>	Ensure all staff who may be called upon in an emergency undergo STABLE and PROMPT training to enable them to provide best possible care whilst retrieval is pending.	<ul style="list-style-type: none"> Training is occurring and continues to ensure all staff will have the required skills. Training is available both on the West Coast and in Canterbury. A WCDHB educator has been appointed and can embed these training sessions to occur on an annual basis. A transalpine obstetric lead for quality initiatives has been appointed and this will enable facilitation of PROMPT or similar simulation training.



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

Status	Recommendation	Progress
6 MONTHS <i>Due Dec 2013</i>	<input checked="" type="checkbox"/> Clinical contingencies should be developed to cover options when weather conditions interfere with the above agreed plans.	<ul style="list-style-type: none"> A clinical contingency policy has been developed.
1 YEAR <i>Due June 2014</i>	<input type="checkbox"/> Develop information material for women to ensure they understand the transfer/ transport processes on the West Coast.	<ul style="list-style-type: none"> In progress. 2 x flight midwives are working with a West Coast Quality Coordinator and Social Worker to develop an information resource that reflects the revised 'In-utero Between Hospitals' transfer policy.
6 MONTHS <i>Due Dec 2013</i>	<input checked="" type="checkbox"/> FFN be introduced	<ul style="list-style-type: none"> FFN testing currently occurs at WCDHB. Parto-sure, the point of care test has not been approved for use at CDHB.
6 MONTHS <i>Due Dec 2013</i>	<input checked="" type="checkbox"/> Establish a workable policy for transfer from Buller, which addresses issues of patient safety. This must include addressing the perverse situation of a possible cardiac event being higher priority than an actual maternity event.	<ul style="list-style-type: none"> Transfer policy has moved maternity transfers to the EAS arm of St. John to expedite transfer by ambulance.
6 MONTHS <i>Due Dec 2013</i>	<input type="checkbox"/> Ensure the ability of St John's to provide a timely service whilst dependent on volunteers to provide this.	<ul style="list-style-type: none"> Ongoing and also closely linked to the South Island work underway with all DHB's investigating a more robust and workable patient transfer system. Move to EAS arm of St. John has also progressed this recommendation.
Workforce		
1 YEAR <i>Due June 2014</i>	<input type="checkbox"/> CDHB and WCDHB Department of Obstetrics and Gynaecology are working towards becoming a Transalpine service with shared management and accountability lines and appropriate protected dedicated time to enable quality and service development activities.	<ul style="list-style-type: none"> Work on a transalpine approach to service delivery is progressing.
1 YEAR <i>Due June 2014</i>	<input type="checkbox"/> A full departmental and individual credentialing process should occur.	<ul style="list-style-type: none"> Process for Credentialing currently being developed and to be implemented by end of 2014
1 YEAR <i>Due June 2014</i>	<input type="checkbox"/> A specific piece of work needs to be commissioned by WCDHB and CDHB to find ways to solve the problems of recruitment and retention for isolated DHBs and the O&G staff. This work needs to involve the SMO body at both DHBs, the NZMC, the ASMS, RANZCOG and consideration be given as to whether HWNZ be involved.	<ul style="list-style-type: none"> To link in with National Initiatives and work has progressed on this initiative.



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

Status		Recommendation	Progress
1 YEAR <i>Due June 2014</i>	✓	Commit to a community based primary midwifery model, claiming from Section 88 of the New Zealand Health and Disability Act 2000 maternity notice, and make changes to the current model so this occurs.	<ul style="list-style-type: none"> Based on feedback from the proposal for change, a decision has been made to move to a community based self-employed model of midwifery care.
1 YEAR <i>Due June 2014</i>		A review of the roles of a potential Transalpine Director of Midwifery and the current WCDHB Director of Nursing and Midwifery be undertaken to develop a workable model.	<ul style="list-style-type: none"> This work is underway.
6 MONTHS	✓	Design and develop a maternity service quality plan that supports the delivery of safe clinical outcomes for the West Coast community and is consistent with the New Zealand Maternity Standards.	<ul style="list-style-type: none"> MQSP operations group have developed a maternity service quality plan.
ONGOING		Implement the Shared Maternity Record of Care [SMRoC] as per the National Maternity Clinical Information System and Shared Maternity Record of Care Business Case [2012].	<ul style="list-style-type: none"> A business case, communications plan and project plan have been developed for implementation of the National Maternity Clinical Information System. Implementation is planned to commence in May 2015 with a go live date set for the end of August 2015.

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 27 NOVEMBER 2014



TO: Chair and Members
West Coast District Health Board

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

DATE: 12 December 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 27 November 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 –27 November 2014.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) Community & Public Health Update.

This report provided the Committee with updates on:

Appetite for Life

Community and Public Health has recently run two Appetite for Life courses in Westport and Hokitika. The Westport course followed recognition of identified need in the Buller region, and was used as an opportunity to help train potential facilitators. Appetite for Life in Hokitika is a regular (two per year) course, but this time it was held during the day to cater for participants previously unable to attend evening sessions. The feedback from this group strongly supported this option and this will be taken into account in planning future courses.

Gastroenteritis increases in spring calving season

Every spring we see an increase in notifications of gastroenteritis illness on the West Coast. This year has been no exception with some 40 notifications since the beginning of September. More than half are cases of Campylobacteriosis, with Cryptosporidiosis the next most common and the rest including Giardiasis, Salmonellosis and Yersiniosis. Of the cases of gastroenteritis notified at this time of year some 80% have a link to dairy cows and calves. The majority of cases are in farmers or members of farming families and associated occupations such as abattoir workers. Some cases have also been linked to white baiting and recreational water contact in creeks and streams downstream of dairy farms.

This year CPH sponsored some radio advertisements on rural hour across the region in the lead up to calving. These ads reminded anyone in contact with cows and calves about the importance of hand washing after handling animals and before eating or preparing food.

Submissions on District Council Policies

Active West Coast (AWC) recently made a submission to the Westland District Council's draft Local Approved Products Policy (Westland District: Availability, Sale and Supply of Psychoactive Products Policy). AWC recommended Council shrink the area proposed in the draft policy where an approved outlet can be set up to limit exposure to people using community and health facilities. Council have yet to inform AWC of the outcome of their submission.

Due to changes made subsequent to the adoption of its new Class 4 Gaming Venue Policy, the Grey District Council has had to go through a new round of public consultation on this policy. Active West Coast has resubmitted on this policy, supporting its intent around reducing the harm related to gambling. The risk of problem gambling is linked to high venue and machine numbers. The Grey District continues to have a very high number of venues and class 4 gaming machines. Therefore measures to control increases in both are a positive step towards decreasing problem gambling risk.

Lowering of breath and blood alcohol (BAC) levels in December

CPH staff have worked with the WCDHB's Communications Advisor to prepare media releases and an Ask A Professional article for the Messenger about the lowering of the BAC levels from next month. From 1 December, the breath and blood alcohol limits for driving are coming down by almost half. While limits for under 20 year-olds remain at zero, breath alcohol limits for adult drivers will reduce from 400 to 250 micrograms of alcohol per litre of breath. Blood alcohol limits reduce from 80mg to 50 mg of alcohol per 100ml of blood. CPH's message is that if you are going to be driving, the safest option is to avoid alcohol. We are also encouraging people to make a plan before they go out so they know how they will get home safely. This could include deciding who will be the sober driver, or making sure there is a courtesy vehicle or taxi service available. CPH is also promoting host responsibility among hosts of events and parties as we approach the festive season, including reminding them to make sure that food and plenty of non-alcoholic drinks available.

Suicide awareness online training offered on Coast

As part of the initial phase of developing a Suicide Prevention Plan for the West Coast, the West Coast District Health Board were allocated 100 licences from the Ministry of Health for the QPR Suicide Awareness online course. CPH has assisted in ensuring this course has been offered widely throughout the community. There will be follow-up sessions regarding local services and ongoing work on suicide prevention and post-vention throughout the Coast later this year and early next.

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 continued to perform well above the ED health target during the 3 month period to 31 October 2014; with 99.6% of patients admitted, discharged or transferred within 6 hours, and 95.0% within 4 hours.
- The West Coast continues to achieve the Shorter Waits for Cancer Treatment health target with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks. This measure is being replaced with a new Faster Cancer Treatment health target from 1 October 2014. The new target is that patients receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer.
- West Coast DHB exceeded the B4 School Check target for the high deprivation population, achieving 31% coverage.

Key Issues & Associated Remedies

- The West Coast DHB is 21 cases behind our progress target of 446 operations completed at the end of Quarter 1. It is not envisaged that there will be any difficulties in meeting our year-end target of 1,592 elective operations by 30 June 2015.
- After meeting target in Quarter 4, West Coast DHB staff provided **93.3%** of hospitalised smokers with smoking cessation advice and support –missing the Secondary Care Better Help for Smokers to Quit Health Target in Quarter 1. Best practice initiatives continue, however the effects of small numbers remain challenging.

The report was noted.

c) Alliance Update

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

- Alliance Leadership Team
- Mental Health Workstream
- Complex Clinical Care Network (CCCCN)
- Grey/Westland & Buller Family Health Services (IFHS)
- Healthy West Coast
- Child & Youth and
- Pharmacy

The report was noted.

d) Clinical Leaders Update

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

e) Suicide Prevention Governance Group Update

Cheryl Brunton, Acting Chair of the Suicide Prevention Governance Group provided the Committee with an overview of this group and also the Suicide Action Group which sits below this group. The Committee noted the membership of the Group and also that the Action Group had broader representation from both staff, government and non-government agencies.

Both Groups have Terms of Reference and a work plan has been established with the aim of producing a suicide prevention plan early in the new year.

f) Disability Action Plan Update

Cathy O'Neil, Planning & Funding provided the Committee with an update on the Disability Action Plan. The Committee noted that a major rewrite of the plan previously presented is taking place based on Consumer Council feedback. It is intended to consult widely with West Coast communities and there will also be a presentation to the Alliance Leadership Team.

The timing for the Action Plan is March 2015.

The Update was noted.

g) Maori Health Plan Update

This paper is included on today's Board Agenda

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 27 November 2014

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 27 November 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

23 October 2014

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

4. Disability Action Plan Update

Cathy O'Neill
Service Development Manager, Planning & Funding

9.10am – 9.25am

5. Community and Public Health Update

Jem Pupich
Team Leader, Community and Public Health

9.25am - 9.35am

6. Planning & Funding Update

Phil Wheble
Team Leader, Planning & Funding

9.35am - 9.45am

7. Alliance Update

Phil Wheble
Team Leader, Planning & Funding

9.45am – 9.55am

8. Suicide Prevention Governance Group – Verbal Update

Cheryl Brunton
Acting Chair, Suicide Prevention Governance Group

9.55am - 10.10am

9. Maori Health Plan Update

Gary Coghlan
General Manager, Maori Health

10.10am - 10.25am

10. General Business

Elinor Stratford
Chair

10.25am - 10.30am

MORNING TEA

10.30am

ESTIMATED FINISH TIME

10.55am

INFORMATION ITEMS

- Board Agenda – 31 October 2014
- Chair's Report to last Board meeting
- Committee Work Plan
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 29 January 2015

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 27 NOVEMBER 2014



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 12 December 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 27 November 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 November 2014.

3. SUMMARY

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

CARRIED FORWARD ITEMS

1. Patient Ambulance Transport - The Committee noted that there has not been any progress on this since the last meeting. A meeting took place yesterday around Regional Transport (mainly air transport). There is a general commitment to bring all the strands of transport together. The eDHB is still awaiting a response from the Ambulance Service regarding a contract which has been presented to them. The Committee also noted that the transport of acute patients is weather driven but a solution is always found in these instances.
2. DNAs – The DNA rates show a marked reduction for October and it is hoped that this reduction will be sustained.

MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the marked reduction in DNAs for the month of October and commented that it is too early to tell yet if this is due to the focus in this area.

An appointment has been made to the position of Clinical Nurse Educator with a commencement date of 13 January 2015. This position has been vacant for quite some time and the filling of this vacancy will assist in supporting the transformation to implementing our new model of care. The remainder of nursing positions in the hospital are fully staffed and in addition new graduates commence in January 2015 which should negate the need to recruit any further nursing staff in the short term.

Wards and Departments are continuing to plan for the reduction in activity over the Christmas/ New Year period with Clinical Nurse Managers making leave plans with staff who have high leave balances.

Work is continuing on the upgrade of the isolation room for good infection control and education around this is also continuing.

In relation to maternity services planning continues for the new facilities with maternity staff participating in both the hospital and IFHS areas. The maternity unit has supported six student midwives this year with placements and the feedback has been very positive.

Community stakeholder meetings are underway in Reefton with the second meeting being held on 18 November 2014.

Discussion took place regarding credit approvals for patients unable to pay for Primary Care services. The Committee noted that no-one is denied care because they are not in a position to pay.

Discussion also took place regarding physiotherapy services and it was noted that locums from Canterbury have been covering these positions. It was also noted that allied health recruitment remains one of our main challenges.

The issue of transfers back to the West Coast from Canterbury after treatment was raised and it was acknowledged that there is a need to explore the options around this to find a solution.

The report was noted

FINANCE REPORT

Justine White, General Manager, Finance, presented the Finance Report for the month ending October 2014. The consolidated West Coast District Health Board financial result for the month of October 2014 was a deficit of \$0.040m, which was \$0.035m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.191m unfavourable.

The Committee noted management's confidence that the DHB will get back to a break even position by the end of the financial year.

The report was noted.

CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing & Midwifery, presented this report which was provided to the Board at their last meeting. She advised that there were currently three main focuses; Quality & Safety; Workforce; and Facilities.

The Committee noted that there is likely to be a Public Meeting regarding facilities on 11 December hosted by the Chief Executive.

The report was noted.

GENERAL BUSINESS

The General Manager, Finance, provided the Committee with an update on HBL projects.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 27 September 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 27 November 2014 commencing at 11.00am

ADMINISTRATION **11.00am**

Karakia

Apologies

1. **Interest Register**

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

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

23 October 2014

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS **11.10am**

4. **Management Report**

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

5. **Finance Report**

Justine White *11.30am - 11.45am*
General Manager, Finance

6. **Clinical Leaders Report**

Karyn Bousfield *11.45am – 12noon*
Director of Nursing & Midwifery

7. **General Business**

Sharon Pugh *12noon – 12.15pm*
Chair

ESTIMATED FINISH TIME **12.15pm**

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 31 October 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 29 January 2015

Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 12 December 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 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 31 October 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 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)
4.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	South Island PICS	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Capital Expenditure 2014/15	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	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)
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- 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

JANUARY – DECEMBER 2015

DATE	MEETING	TIME	VENUE
Thursday 29 January 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 29 January 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 29 January 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 February 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 12 March 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 March 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 March 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 March 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 April 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 April 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 April 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 May 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 4 June 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 4 June 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 4 June 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 June 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 July 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 July 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 July 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 7 August 2015	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 10 September 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 September 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 September 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 25 September 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 22 October 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 October 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 October 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 6 November 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 3 December 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 3 December 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 3 December 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 December 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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