West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 27 March 2015
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

WEST COAST DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates (*Chief Executive)*
Michael Frampton (*Programme Director)*
Karyn Bousfield *(Director of Nursing & Midwifery)*
Gary Coghlan *(General Manager, Maori Health)*
Kathleen Gavigan *(General Manager, Buller)*
Carolyn Gullery *(General Manager, Planning & Funding)*
Mark Newsome *(General Manager, Grey & Westland)*
Stella Ward *(Executive Director, Allied Health)*
Justine White *(General Manager, Finance)*
Lee Harris (*Senior Communications Advisor)*
Kay Jenkins (*Minutes)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 27 March 2015 commencing at 10.15am

KARAKIA			***10.15am***
ADMINISTRATION			***10.15am***
	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** ▪ *13 February 2015*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.20am***
4.	**Chair's Update** **(Verbal Update)**	Peter Ballantyne *Chairman*	*10.20am – 10.30am*
5.	**Chief Executive's Update**	*Executive Management Team*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Karyn Bousfield, *Director of Nursing & Midwifery* Stella Ward, *Executive Director of Allied Health*	*10.45am – 10.55am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*10.55am – 11.05am*
8.	**Maori Health Plan Update – Quarter 2**	Gary Coghlan *General Manager, Maori Health*	*11.05am – 11.15am*
9.	**Health Target Report – Quarter 2**	Carolyn Gullery *General Manager, Planning & Funding*	*11.15am – 11.25am*
10.	**Disability Action Plan**	Carolyn Gullery *General Manager, Planning & Funding*	*11.25am – 11.35am*
11	**Maternity Review Update** ***(deferred until next meeting)***	Karyn Bousfield *Director of Nursing & Midwifery*	*11.35am – 11.45am*
12..	**Report from Committee Meetings**		
	- CPH&DSAC *29 January 2015*	Elinor Stratford *Chair, CPH&DSAC Committee*	*11.45am - 11.55am*
	- Hospital Advisory Committee *29 January 2015*	Sharon Pugh *Chair, Hospital Advisory Committee*	*11.55am – 12.05am*
	- Tatau Pounamu Advisory Group *29 January 2015*	Elinor Stratford *Board Representative to Tatau Pounamu*	*12.05am – 12.15pm*
13.	**Resolution to Exclude the Public**	*Board Secretariat*	*12.15pm*

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME ***12.15pm***

NEXT MEETING

Friday 8 May 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

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

	Disclosure of Interest
Peter Ballantyne **Chair**	• 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	• 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	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC
Michelle Lomax	• Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Joint Chair • St John Youth Leader
Peter Neame	• Wite Wreath Action Against Suicide – Member
Sharon Pugh	• Shareholder, New River Bluegums Bed & Breakfast • Chair, Greymouth Business & Promotions Association
Elinor Stratford	• 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 • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group

Joseph Thomas	• 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	• Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	• 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, Poutini Waiora • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 13 February 2015 commencing at 2.00pm

BOARD MEMBERS

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

APOLOGIES

An apology was receive and accepted from Joseph Thomas.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director); Karen Bousfield (Director of Nursing & Midwifery); (Carolyn Gullery (General Manager, Planning & Funding); Melissa Macfarlane (Team Leader, Accountability, Planning & Funding); Stella Ward (Executive Director, Allied Health); Phil Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

Gary Goghlan led the Karakia.

The Board noted the recent passing of Lorna Strange and acknowledged the work she had undertaken at the Grey Base Hospital since 1959.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Michelle Lomax asked that "Kawatiri Action Group" be removed from her interests.

Declarations of Interest for Items on Today's Agenda
Susan Wallace reminded the meeting of her position on Poutini Waiora.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (1/15)
(Moved Peter Neame/seconded Kevin Brown - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at the Regional Council, Greymouth on Friday 12 December 2014 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

The Chair provided updates as follows:

- Partnership Group Teleconference in December
- South Island Alliance meeting in February
- Minister's Letter of Expectations

Resolution (2/15)
Moved John Vaile/seconded Elinor Stratford – carried)

That the Board:

i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive presented his report which was taken as read. He commented that the West Coast health system is progressing well and with deliberateness. Reflecting on how far the system has come over the last few years:

- Maternity in Buller has now been re-introduced with a safe and reliable service;
- There is ongoing progress with Buller sitting around the shaping of the IFHC;
- Progress is being made in Reefton with the right conversations taking place in the community and focussing on the future (and not what has happened in the past);
- It is really great to see eleven new graduate nurses on the West Coast which is one of the core elements of creating the basis for reliable and sustainable services;
- There is good feedback from consumers and we are starting to see some real foundations being put in place.

Discussion took place regarding Health Targets and whether the West Coast is moving ahead at the appropriate rate. The board noted that all targets are expected to improve this month.

The Chief Executive spoke briefly about the Quality Accounts which had been provided to Board members.

Resolution (3/15)
(Moved Helen Gillespie/seconded Sharon Pugh– carried)
That the Board:

i. notes the Chief Executive's update

6. CLINICAL LEADERS REPORT

Karen Bousfield, Director of Nursing and Midwifery, and Stella Ward, Executive Director of Allied Health, presented the Clinical Leaders Update. The report was taken as read.

Ms Bousfield highlighted the following:

- Improved maternity service under a transalpine model
- Almost completed the recommendations from the maternity review.
- Positive feedback from consumers re maternity and midwives are also positive.

Ms Ward highlighted the clinical Board workshop at the end of 2014 which has resulted in the development of a workplan for 2015 that is focused on enhancing the visibility of the Clinical Board and continuing to support a patient safety culture across the health system. There have also been a number of membership changes and better alignment with the Consumer Council is planned.

She also highlighted the appointment of an Associate Director of Allied Health who will commence on 1 March 2015 which will assist in bringing the new direction of care to life.

Resolution (4/15)
(Moved Michelle Lomax/seconded Sharon Pugh – carried)
That the Board:

i. notes the Clinical Advisor's update.

7. FINANCE REPORT

Justine White, General Manager, Finance, presented this report. Ms White spoke to the Finance Report for December 2014 which was taken as read. The report advised that the consolidated West Coast District Health Board financial result for the month of December 2014 was a deficit of $0.194m, which was $0.189m unfavourable against the budgeted deficit of $0.005m. The year to date position is now $0.390m unfavourable.

Resolution (5/15)
(Moved Elinor Stratford/seconded Helen Gillespie – carried)
That the Board:

i. Notes the financial result for the period ended 31 December 2014

8. 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 29 January 2015.

The update was noted

b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 29 January 2015.

She mentioned in particular the reduction in DNAs.

The update was noted.

c) Elinor Stratford provided a verbal update on the Tatau Pounamu Advisory Group meeting held on 29 January 2015.

The update was noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (6/15)
(Moved Susan Wallace/seconded John Vaile – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5 & 6 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 12 December 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 Emerging Issues – Verbal Update	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.	Funding Package (Verbal Update)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

There being no further business the public open section of the meeting closed at 3.10pm.

The Public Excluded section of the meeting commenced at 3.20pm and concluded at 4.50pm.

_____ _____

Peter Ballantyne, Chair Date

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

WEST COAST DISTRICT HEALTH BOARD
CARRIED FORWARD/ACTION ITEMS AS AT 27 MARCH 2015

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1	12 December 2014	Maternity Review update.	Progress against review recommendations to be provided to the Board at alternate meetings.	Further update at today's meeting.
2.	4 April 2014	Telemedicine	Topic for Presentation.	Scheduled for May meeting.
3.	31 October 2014	Mental Health Review Update	Progress to be provided to Board.	Update at May Meeting

CHIEF EXECUTIVE'S UPDATE

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

SOURCE: **Chief Executive**

DATE: **27 March 2015**

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

A: Reinvigorate the West Coast Alliance

Alliance Leadership Team

- Alliance Workstreams are finalising workplans and priority actions which will form the basis of the DHB and PHO Annual Plans. These workplans are proposed for final endorsement by the Alliance Leadership Team at their next meeting in March.
- A Maori representative has been appointed to the Alliance Leadership Team at the recommendation of Tatau Pounamu.

Pharmacy Workstream

- The Pharmacy workstream is working with community and hospital pharmacists to prepare for the new facilities at Grey Base. This includes leading an *Expressions of Interest* [EOI] process for the community pharmacy in the new facility and a design lab process to explore new ways of working for both community and hospital pharmacists.

B: Build Primary and Community Capacity and Capability

Primary

- **South Westland Area Practice**: A review of nursing requirements is currently being undertaken. The new GP team is working with the nurses on Standing Orders and peer review. Tourist numbers have increased on last year and this is having an impact on staff time.
- **Reefton Health**
  - *District Nursing* - Workload remains steady. Looking forward to progress on district nursing supporting home based carers locally. The District Nurses' attendance at fortnightly CCCN meetings to discuss community patients is working well.
  - *Medical Centre* - The NETP placement has resigned and was effective from 27 February.
  - *Aged Residential Care* - The maintenance required in the hospital wing has been completed.
  - *Hospital* – A review of acute presentations to the hospital is underway, which will include volumes, triage type, days of the week, time of day, discharge destination, clinician assessing the patient and HML referrals to hospital.
  - *General* – A fourth stakeholder meeting was held on 27 January. The CDHB Emergency Planning Manager visited the facility and met staff on 27 February.
- **Practice Management**
  - Cornerstone Accreditation applications have been submitted by South Westland, Buller Health and Grey Medical Practices who are obligated to meet the standard through their participation in the GPEP programme. All General Practices are required to meet either Cornerstone or Foundation standards by July 2016.
  - The PHO will be undertaking a random audit of the practice enrolment registers in April.
  - The Grey and South Westland Practice Managers are attending Appreciative Learning [creating positive change] in March.
- **GP Recruitment**
  - Buller, Grey Health and Reefton are currently resourced using a combination of Better Health contractors and DHB employed staff.
  - Waiting times for routine doctor appointments were under 2 days at all sites except Reefton which spiked in late January. It has returned to an average of 2.5 since the additional GP sessions commenced in February.
- **Clinical**: All Practices are actively working towards the 90% Cardio Vascular Disease Risk Assessment [CVRA] target by 31 March. At the end of February, the combined DHB practices were averaging 87% CVRA coverage. Greymouth Medical is the first Practice to gain 90% and over in the three Practice KPI Integrated Performance and Incentive Framework [IPIF] areas.
- **Financial:** Overall, income is higher compared to the same period previous year, despite fall in enrolled population, capitation and related income. Increase is from better invoicing of patient fees 11% and ACC 28.6% increase over previous year.

Community Based Services

- **Oral Health:** Ongoing discussions are taking place to establish a formal support network for oral health on the West Coast as part of a transalpine alliance. Westport South clinic has been upgraded so that it can be used until oral health moves into the new Buller IFHC.
- **Home Based Support Services [HBSS]:** A regular client survey has been conducted, with results being analysed. An annual training plan for care-workers has been completed.
- **Public Health Nursing:** Recently all PHN staff undertook the HEADSS Assessment course. This is a comprehensive adolescent assessment which includes a focus on mental health. One PHN was recently trained, in conjunction with CYFS, to undertake youth justice work with teenagers.
- **B4School Checks Coordinator:** The overdue B4School checks have been completed and good progress is being made for this term. Effort is being put into the DNAs so that the time can be utilised more effectively.
- **Well Child:** Our most recent PHN has now formally taken over the Greymouth portfolio for WCDHB Well Child work. Work is also occurring with Poutini Waiora and gaps are being filled when their clinician for Hokitika is away.
- **Vision Hearing Technician [VHT]:** The casual vacancy has been interviewed for and an offer made.
- **Clinical Nurse Specialists:** The Greymouth CNS group are concentrating on being more available to support the Greymouth rest homes. Their combined expertise is helping to educate caregivers and trained staff. Their work with residents who have serious chronic conditions is helping to keep them well and therefore not needing treatment or admissions to Grey Base Hospital.

C: Implement the Maori Health Plan

- **Whanau Ora:** The next whanau ora hui in the Buller is scheduled for 9 March at the Bridge Club in Westport. Te Putahitanga has been able to source an independent facilitator. This person has substantial international experience in community development and working with communities to develop cultural, social, health and economic opportunities. The facilitator's suitability will be discussed before proceeding any further with potential engagement.
- **Investment and Grant Funding:** Te Pūtahitanga has heard the feedback at the December meeting about gaps in services and the difficulty in accessing and participating in culture such as Marae, and Te Reo. Te Pūtahitanga has considered this a priority in understanding the funding into the Buller Community and has undertaken further work to seek out opportunities. There is a potential to consider an innovative funding approach. This idea is early in its formation and Te Pūtahitanga will seek Maori community input before further work is progressed.
- **Maori Representatives:** Considerable effort has gone into establishing a database of Maori who are considered to be valuable representatives onto key DHB working groups and committees. The key work stream priorities have been mostly represented however there are still a couple of vacant positions on the following groups as listed below.
    - Local Cancer Network
    - Heart & Respiratory
    - Child & Youth
- There is also likely to be further requests from key committees and workstreams into

the future who see a need for Maori representation by way of the appointments policy.

- **Draft Maori Health Plan and Workstreams Plans**: The first draft of the Maori Health Plan and the Workstream plans have been developed for consultation. There is a strong correlation between the Maori Health Plan and the workstream plans because these are the primary accountability documents for the West Coast DHB and will ensure a shared approach and focus on the Maori Health Plan 2015. Our approach in 2015/2016 is to continue to build on the actions and strategies from last year working closely with workstreams and clinical leads.

	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. Due to the limited lifespan the roofs will not be replaced but do need some remedial works. 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. Some remedial work has now commenced; however, equipment supply from overseas is still needed for the bulk of the work.

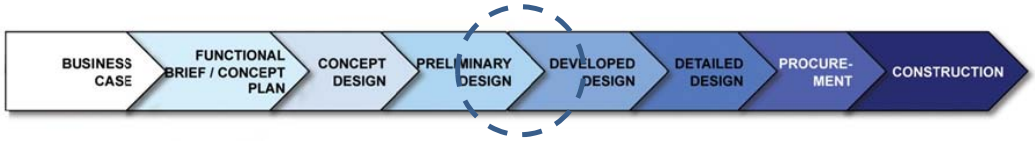
- **Current Activity**: Business as usual at all sites with emphasis on working through infrastructure issues and liaising with design teams for the new developments. Involvement with the building services and infrastructure design is now underway. Boiler survey work is almost completed for this year.

- 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 and sign off is imminent with Chubb the successful contractor for both DHB's. Generator servicing, refrigeration, lifts and cranes maintenance and medical air compressors and vacuum systems are also currently being worked on as part of the South Island Alliance initiative.

- HR issues are being tidied up around some long standing staff issues. The Partnership Group's EOI for the principal construction contractor for the Grey development [which included a Facilities Management component] is having a negative effect on staff morale at Greymouth Hospital. The Programme Director met with the team on 13 March and re-committed to ongoing engagement as the Partnership Group's EOI process is stepped through.

- All sites have achieved Building Warrant of Fitness certification.

B: Facilities Case Update



- The anticipated date of practical completion of the new Grey Hospital and Integrated Family Health Centre [IFHC] remains as March 2017.
- Following the appointment of the consultant engineers, various amendments to the *Preliminary Design* floor plans have been required to incorporate the necessary engineering components to the building. As such, an additional round of user group sessions has been scheduled for 18th – 19th March to review these changes with the users.
- *Developed Design* user groups are currently scheduled to commence in the first week of May; however, this is subject to change pending timing of Partnership Group endorsement of *Preliminary Design*.
- The Partnership Group's EOI for the principal construction contractor for the Grey development [which included a Facilities Management component] was issued in late January 2015 with submissions closing on 25th February 2015. The evaluation process is now underway.
- The Buller ROI process for design services closed on 10 March 2015. The evaluation process is now underway.

RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

- *Did Not Attend* [DNA] rates are continuing to decrease with focus remaining on this area.
- The ED quality framework markers are now implemented at Grey Base and information is being collected at regular intervals.
- A new wireless system for the endoscopy service is planned. This is ground-breaking technology that allows for the endoscopy tower to be operated wirelessly across or above the theatre, and allows for movement between theatres.
- Staff continue to work together on discharge planning to ensure a safe, seamless and efficient discharge process.
- We are embarking on a national opioid collaborative to reduce harm by opioids in hospitals by 25% by June 2016.

Allied Health

- The new Associate Director of Allied Health, Lara Bakes-Denman, commenced on 2 March 2015.
- An Allied Health and Nursing Innovation Leadership Group is being formed. This group will collaborate on:
  - developing, delivering and innovating the holistic model of care for the West Coast Health System, in the hospital and in the community; and
  - assessing, managing and celebrating change as we transition to the new facility, and creating a vibrant and well-coordinated leadership team.
- A multi-disciplinary Allied Health new graduate group will start to meet later this month. This group will have supportive, educational and reflective components, all of which are designed to assist new graduates to thrive and offer patients optimal care.
- The Medical Radiation Technologists are actively prompting Health Pathways to GPs. This is assisting with increasing awareness of the Pathways, fostering relationships and the facilitation of appropriate referrals for a range of tests and treatments.
- Word Dietician Day was celebrated on 11 March. Dieticians from the hospital hosted a healthy eating activity in Countdown.

Nursing

- Hannan ward remains closed at this time, with the services being integrated into Morice ward. In continuing to manage variances in staffing numbers, annual leave balances have declined, and nurses are being deployed to other areas such district nursing, theatre, and assisting with facilities work. This proactive management of staffing variance has seen a decline in casual use and nurses are now working within their FTE.
- The nurse managers of surgical and medical wards are working on a transfer policy and the associated staffing requirement within existing resources.
- All 2014 NETP staff have graduated and been placed within the DHB.
- The Trendcare coordinator is completing inter-rater reliability testing to confirm the validity of the entered data. Variances are being managed better and staff are more willing to move to the area of need. Kahurangi have commenced using Trendcare for rostering purposes and the use of inpatient data is a work in progress.

Maternity Services

- The link clinic room that has been set up for midwives to see patients instead of using McBrearty ward is working extremely well with LMCs utilising this room regularly for clinics.
- The new model of care in Greymouth is fully implemented with seven self-employed midwives providing primary maternity care on the West Coast. The transition has been smooth and staff have worked through the change positively. The access agreements for these midwives are in place, with a team approach ensuring all midwives are welcome and comfortable using the facility.
- A midwifery forum was held in February with 15 midwives attending the day. The purpose of this was to create a whole of team approach for the maternity service and to develop constructive working relationships. Another forum is planned for March.

- The two new graduate midwives have now commenced as core midwives; over their first year of practice they will complete the Midwifery First Year of Practice Programme. This will bring the staffing level to the established FTE for the first time in several years. McBrearty ward has also taken on a new graduate registered nurse for the second half of the year. This will be a shared position with Parfitt ward as part of the development of the paediatric and maternity nursing workforce.

- The educator's position is proving to be very successful and advertising for this to become a permanent role will commence soon. Ongoing education includes the Midwifery Practice Day, being delivered in March in partnership with the College of Midwives, and locally provided RN/RMO neonatal resuscitation education. The educator is also working with the Haslett Partnership in Buller, to provide mother craft skills teaching to the nursing team in Buller. This team will also be providing care to mums and babies in Kawatiri.

Mental Health Services

- **Suicide Prevention**: One of the tasks of the local Suicide Prevention Action Group has been to establish a register recording all presentations to Grey Hospital ED that are the result of a suicide attempt, or deliberate self-harm [DSH]. This register has been in place for 7 months and has been used for the purpose of providing information on the nature and extent of this activity on the Coast, as well as enabling these people to be followed up with input from mental health services. This report provides some data that is specific to the nature of this problem on the West Coast and will help to shape where our focus should be regarding prevention and management strategies. Presentations to the WCDHB Emergency department for deliberate self-harm, including suicide ideation. The figures presented relate to data collected over a seven month period June 2014-January 2015.

- *Gender differences:* While the data below represents only a brief time period, there are some interesting facts emerging that refute the 'accepted truths'. It is supported on the research evidence that women have a much higher incidence of ED attendances for DSH than men, at a ratio of around 4:1. This is not supported by local data where men have a higher rate of attendance for DSH,

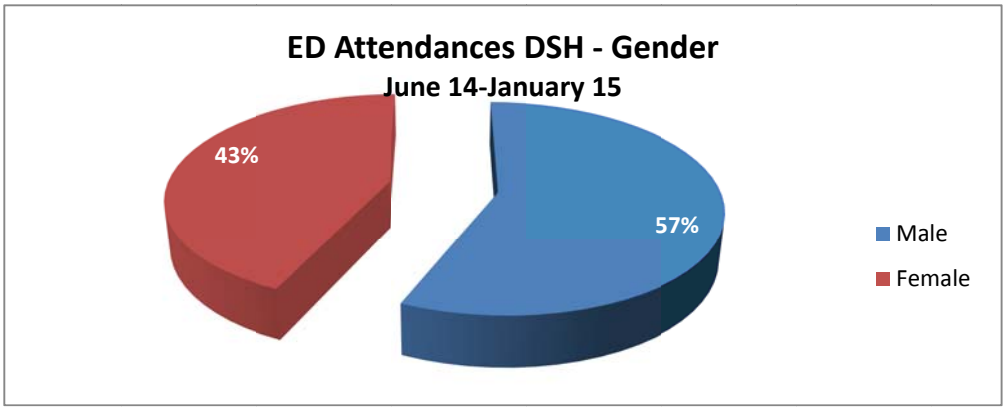
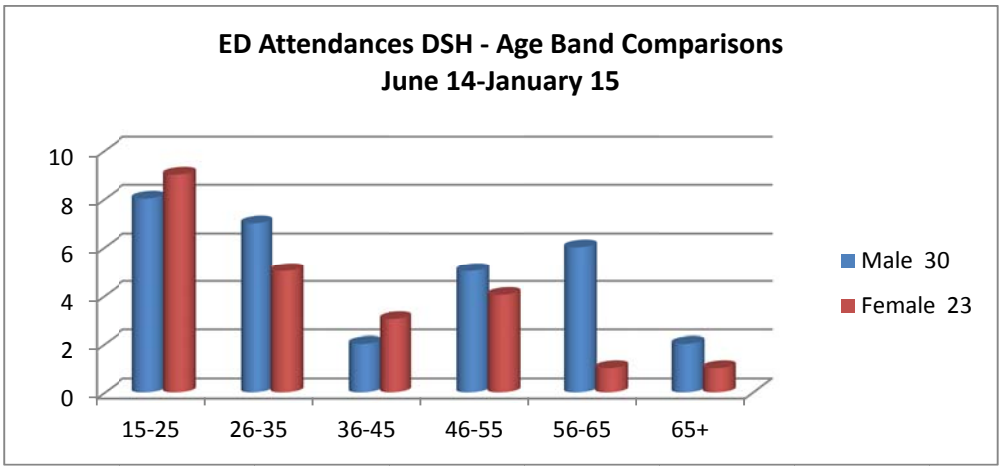


Fig.1: ED attendance for DSH by gender

- During the period in which we have systematically gathered this data, there have been 53 ED attendances. Men presented on 30 occasions, with women presenting on 23 occasions.

- *Age band:* There was no clear pattern of self-harm attendances across the age bands, but men were over-represented in the older groups. Again the research evidence supports that older males are at an increased risk of suicide, not that they have higher incidence of DSH.



- *Regional differences* - While the overall incidence of attendance for deliberate self-harm appear to match population size, there is evidence of a regional difference in the rate of attendance for the younger age bands (15-35years). Westland are significantly over-represented.

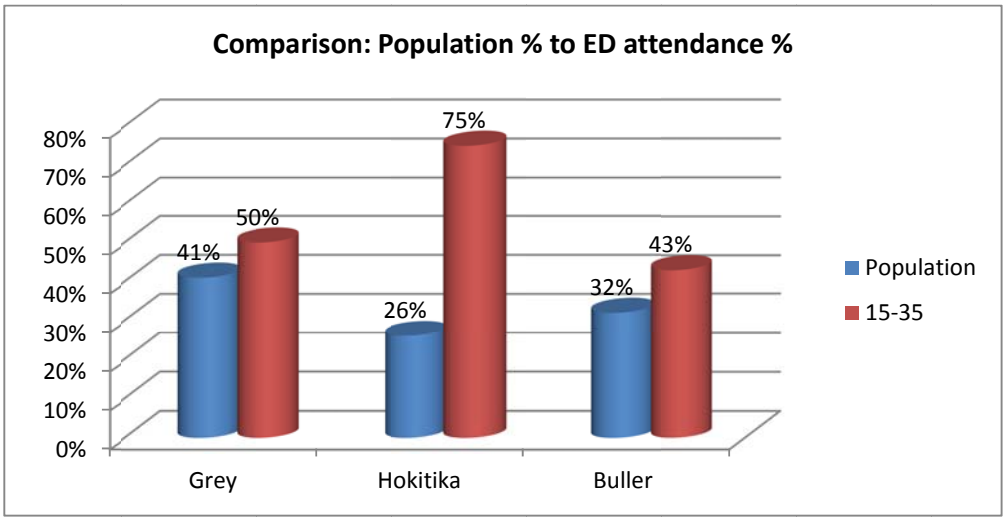


Fig.3: Comparison of Population to ED attendance for DSH (15-35years)

- When population percentages are compared to the total percentage of numbers of ED attendances for DSH, by residence. The over-representation of the younger group is not a pattern that persists.

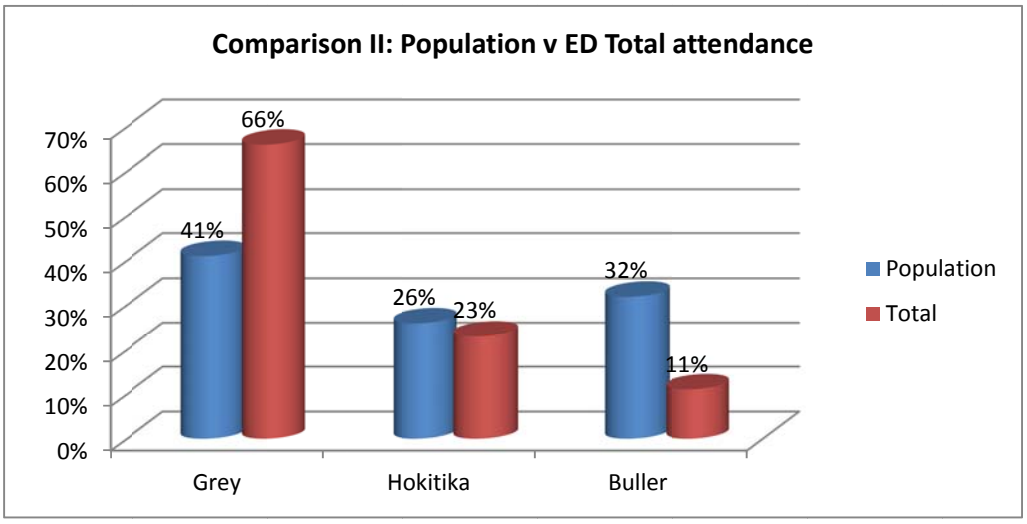


Fig.4: Comparison II: Population compared to regional ED attendances

- *Repeat presentations:* The incidence of repeat attendances for DSH is fairly low, with only four patients representing in the seven month period. As noted previously, this information will help to shape where the focus of the Suicide Action Prevention Group should be regarding prevention and management strategies.

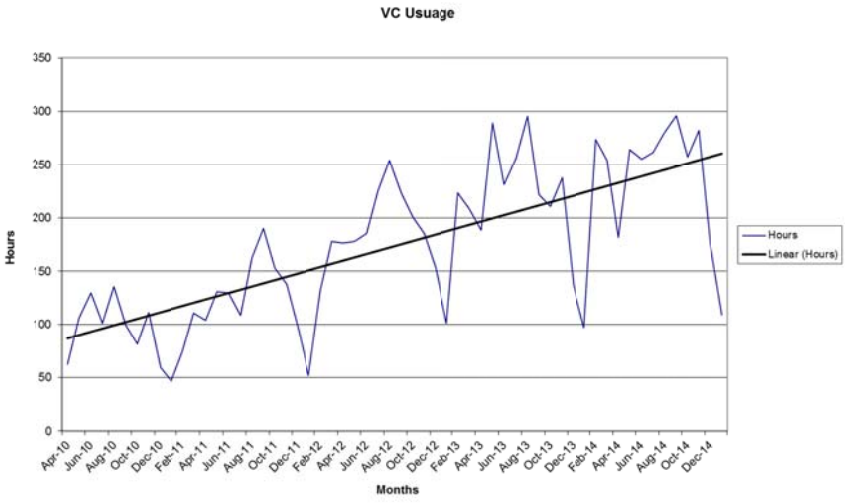
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

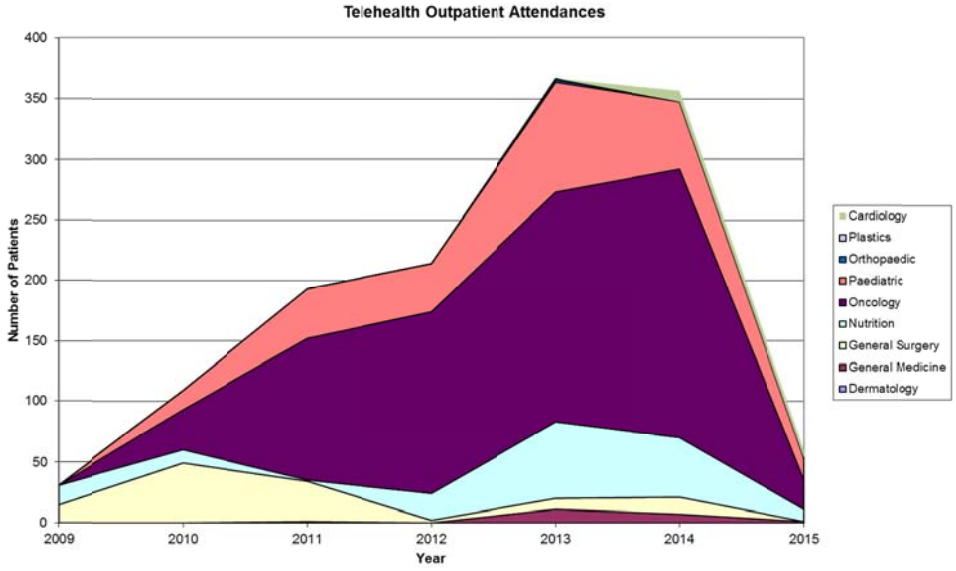
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- Agreement has now been reached on key issues that had been outstanding in the regional discussions with St John for the South Island-wide provision and pricing of non-acute ambulance transport services for inter-hospital patient transfers. It is anticipated that the new arrangements will commence from 1 May 2015, pending sign-off of the agreement by the parties and purchase of the vehicles required for the service. It will be up to South Island DHBs now to maximise use of the dedicated vehicles in each area and reduce the need for on demand out of schedule journeys.
- St John have now recruited 18 of the 22 volunteers sought to run a new community health shuttle that will assist people who are struggling to get to appointments at Grey Base Hospital. The health shuttle is currently being modified to make entry easier and it is now planned to commence operations in April 2015. Depending on demand, the service will operate five days per week Monday to Friday around the Greymouth and Grey Valley areas, as well as further afield to Hokitika.
- The Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital continues to run for patients on a 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]

- Work continues with upskilling Home Based Support Providers to enable them to deliver the restorative model of care along with supported discharge model. Relationships between primary care, allied health, community services and hospital staff have strengthened with continued conversations on how all parties can work together to deliver an integrated model of care.
- In Buller a new process has been identified and is currently being piloted for supporting the coordination and delivery of care for people with complex needs on the West Coast. The approach includes the redevelopment of supporting services to provide a full range of care and support options coordinated seamlessly through an integrated access system.

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

- A pilot of mobile devices is underway with an iPad being trialled to connect with patient information systems while off-site.
- With Poutini Waiora Team Leaders now in place, integration of the team across Buller Health Services is progressing well.

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

- Meetings between the three Greymouth practices are underway to discuss and develop a single process for unplanned and acute care. This is in preparation for the three practices coming together under the single roof of the Grey IFHC.
- The team is also looking at how the huddle meetings that have been started in Buller can be used in the Grey practices.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of January 2015 was a deficit of $0.278m, which was $0.273m unfavourable against the budgeted deficit of $0.005m. The year to date position is now $0.633m 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	(257)	51	(308)	3,758	357	3,401
Provider Arm	(21)	(56)	35	(4,426)	(392)	(4,034)
Consolidated Result	(278)	(5)	(273)	(668)	(35)	(633)

B: Implement Employee Engagement and Performance Management Processes

Health Safety & Wellbeing

- Members of the team have met with GM Buller and GM Grey|Westland to develop the wellbeing programme for the West Coast.
- Four staff have reported incidents in the workplace with none requiring treatment.
- The Occupational Physiotherapist has presented to the combined H&S committee on early reporting for staff experience musculoskeletal pain. This is a proactive initiative to encourage staff to seek support early if they experience discomfort at work.
- Preparations are being made for the annual staff influenza programme. The aim is to have 80% of the staff vaccinated.

Learning & Development

- The L&D calendar is being well utilised with Advance Minute Taking, Presentation Skills and Appreciate Inquiry being filled by staff.
- Orientation has had a large participation and has changed from a full day to half day after feedback advising that some material was repetitive.

Recruitment & Retention

- February has seen an increase in with 29 vacancies. Of these vacancies 13 were in Allied Health, five in Corporate and Support, three SMO and two RMO. Two nursing vacancies are in Reefton with Secondary services having no current vacancies in nursing.
- No offers for SMOs have been made over this period, but a recruitment plan continues to be worked through to attract Rural Hospital Specialists [RHS]. Pre-screening is currently underway for a general surgeon candidate.
- Allied Health continues to have difficulty recruiting into the physiotherapy and pharmacy roles.
- Both management accountant roles were filled in February.
- Project planning has commenced for the secondary services planning project which involves canvassing small rural hospital employing RHMS to benchmark the development of a generic RHMS position description.

C: Effective Clinical Information Systems

- **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 7 remaining desktops to do with all laptops being completed, down from 161 units originally. The remaining desktops to complete are all laboratory PCs which are having some issues with the Windows 7 update. We are still working with Canterbury Health Laboratory on this.
- **IT Governance:** The Information Systems Governance Group has been reformed since the resignation of the previous Chair Carol Atmore last year. John Garret is the new Chair. This group will also work with the facilities project as the governance body for the ICT Workstream.
- **National Infrastructure Programme:** Work has started on scoping the implementation of NIP within WCDHB. The migration to NIP for WCDHB is likely to start before August 2015.
- **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, moving 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 has arrived on site. Commissioning to take place by end of March.
- Scoping work for replacements of Windows 2003 servers.

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

Community Engagement

External Communications

- Media interest focused on the new Grey and Buller facilities; inpatient reconfiguration; Kawatiri recommencing planned birthing; grass/goats in Buller; tourist debt; nursing numbers; after hours advertising; Buller older persons' health;

new patient IT system; departing doctors (Vaughan Leigh and Martin London); locum numbers; Child and Youth Mortality.

- Media releases were issued on: Kawatiri recommencing planned birthing; Consumer Council Pasifika rep sought; Buller IFHC on GETS; Innovations attract midwives to the Coast.
- Working with DHB general practice group on their communications (newsletters, online etc)

Community engagement

- The Buller Older Persons' health Stakeholder Group met to discuss priorities and projects that might come out of the community engagement and a public meeting on the subject brought out 40 mostly older folk in Westport.
- Communications has been working with the local immunisation advisory group to plan promotion for this year, including influenza immunisation for staff and the public.

Internal Communications

- Staff updates are being circulated via the staff intranet.
- A paper is being prepared for EMT on reducing 'All Staff' emails and setting up a "Daily Global" communication email.

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

Social Impact Assessment Westland District Council Class 4 Gaming Policy

- CPH staff facilitated a Social Impact Assessment workshop held on 12 February to review Westland District Council's Gambling Venue Policy. CPH is currently compiling the report, including workshop recommendations, which will be presented to Council for consideration at a future meeting. Council will then consider including the recommendations and, if they decide to change their current policy, a draft of the amended policy will be released for public consultation.

Annual Report on Drinking Water Quality 2013-14

- The Annual Report on Drinking Water Quality (Annual survey) for the period 1 July 2013 to 31 June 2014 has just been released by the Ministry of Health. The results in the annual survey are separated into each category of water supply. On the West Coast these are Medium drinking water supplies (5001-10,000) people); Minor drinking water supplies (501-5000 people) and Small drinking water supplies (101-500 people).
- Overall, the compliance of the water supplies on the West Coast is significantly less than the national average other than bacterial compliance results for the Grey and Westland Districts. The chemical compliance results from the Annual Survey for the West Coast are somewhat misleading as small supplies (101-5000 people) are not required to be assessed for chemical contamination and so achieved 100% compliance by default.
- For the Buller District, the proportion of the population receiving drinking water meeting bacteriological standards was 71% (4974 people), protozoal standards 14%

(951 people) and chemical standards 100% (7040 people). No supplies provided drinking water meeting all the standards.

- For the Grey District, the proportion of the population receiving drinking water meeting bacteriological standards was 100% (11887 people), protozoal standards 4% (487 people) and chemical standards 100% (11887 people). Only one drinking water supply, Blackball (small), met all the standards.
- For Westland District, the proportion of the population receiving drinking water meeting bacteriological standards was 81% (4467 people), protozoal standards 18% (969 people) and chemical standards 100% (5481 people). Westland had two drinking water supplies, Hari Hari (small) and Franz Josef (small), which met all the standards.

Tobacco Controlled Purchase Operations (CPOs)

- CPH staff carried out two controlled purchase operations in January, visiting 22 premises in the Buller, Grey and Westland Districts. Only one tobacco retailer sold cigarettes to a young person under the age of 18. The retailer who made the tobacco sale has been referred to the Ministry of Health and will be issued with an infringement notice and a $500 fine.

Mental Wellbeing

- CPH supported the recent Challenge Central Finance Charity Cycle Ride that travelled from Picton to Bluff through the West Coast to raise awareness of depression and suicide. Two CPH health promoters attended a quiz night held in Reefton for the cyclists and over 60 members of the Reefton community. This was a great opportunity to support the Reefton community and to share messages around positive wellbeing and moderate drinking. A CPH health promoter also spoke about the QPR suicide Awareness training at a gathering in Hokitika the following night.

Report prepared by: David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q3 13/14	Q4 13/14	Q1 14/15	**Q2 14/15**	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	99.6%	99.6%	99.6%	99.4%	95%	✓	The West Coast DHB continues to achieve impressive results against the **shorter stays in ED health target**, with 99.4% of patients admitted, discharged or transferred from ED within six hours during Quarter 2.
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,182 YTD	1,695	425 YTD	878 YTD	827 YTD	✓	The West Coast DHB has met the Improved Access to **elective surgery health target** this quarter, exceeding target by 51 discharges —more than making up for poorer performance last quarter. Against our year to date target, we achieved 106.2% of our goal, delivering 878 discharges against an 827 target.
Faster Cancer Treatment[2] Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	*New*	*New*	*New*	83.3%	85%	✗	This is the first quarter for the revised **faster cancer treatment health target**. West Coast DHB is pleased to have nearly met the new target. Work is ongoing to improve the capture and quality of this data, and we expect there may be variation of results in these first few quarters ahead.
Increased Immunisation Eight-month-olds fully immunised	89%	81%	77%	82%	95%	✗	Although not meeting target, we are pleased to have increased coverage by 5% against the **increased immunisation health target**, vaccinating 82% of our eligible population and 99% of consenting children. Only one child was overdue at milestone age.
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit	92.5%	95%	93%	94.7%	95%	✓	During Quarter 2, West Coast DHB staff provided 94.7% of hospitalised smokers with smoking cessation advice and support –meeting the **secondary care better help for smokers to quit health target**. Best practice initiatives continue, however the effects of small numbers remain challenging.
Better Help for Smokers to Quit Smokers attending **primary** care receive help and advice to quit	55.4%	61.9%	71.3%	78.3%	90%	✗	Although we are yet to meet the target, performance against the **primary care smokers better help to quit health target** has increased 7% this quarter—an encouraging result of 78.3%. Actions previously reported continue, with monthly practice by practice reporting expected to provide visibility for which practices need most support.
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	69.6%	76.6%	78.9%	82.6%	90%	✗	Performance against the **more heart and diabetes checks health target** continues to steadily increase with 82.6% 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 4.4% below the national average & work continues to meet target.

1 This report is calculated from both Greymouth and Buller Emergency Departments.
2 This target replaces the Shorter Waits for Cancer Treatment target from Quarter 2 onwards.

CLINICAL LEADERS UPDATE

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

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

SOURCE: **Clinical Leaders**

DATE: **27 March 2015**

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
Otago University is delivering the Advanced Health Assessment postgraduate paper on the West Coast this semester, due to a high uptake from Nelson Marlborough, Canterbury and the West Coast. This paper is fundamental in supporting registered nurses to work to the full extent of their scope, and in the preparation for advanced nursing roles such as Rural Nurse Specialists and Clinical Nurse Specialists.

Further work continues in the development of the flexible nursing workforce and preparing nurses for innovative roles across the system. New graduate nursing positions this year include Access Home Help, funded by CDHB, a role between maternity and the paediatric service and one in Kahaurangi and Dunsford ward. Nurses are also moving between clinical areas to develop generalist and transferrable skills, such as medical and AT&R nurses working in Reefton and in District nursing.

Our second group of nursing students under the Dedicated Education Unit (DEU) model have commenced placement. This model is proving to be highly successful with the ability to host larger numbers of students with peer teaching, longer placements and effective consolidation of knowledge into clinical practice.

We have this year had our first Enrolled Nurse complete a Maser of Nursing with a Thesis topic of: An exploration of the Quality of Health Care for Women Living within the West Coast.

The strategic Nursing Workforce plan is currently being written to provide an overarching guiding document for the broad programme of work underway in the development of the nursing workforce.

Allied Health have celebrated the graduation of 4 Assistants with the Careerforce Certificate.

Planning is underway for the development of the Calderdale Framework which supports improved delegation of tasks to asssitants and role sharing between allied health professions. This is part of a regional project.

Allied Health have welcomed the new ADAH and orientation is in full swing.

Quality and Safety
The Clinical Nurse Educators are working closely with the inpatient nursing and Allied Health teams team to further develop utilisation of tools and skills that support critical thinking and improve patient safety. Monthly sessions are to commence next month to progress the standardised and consistent use of the Modified Early Warning Score system (MEWS), the professional communication tool for clinical handover (Identify, Situation, Background, Assessment, Recommendation: ISBAR) and the Speak Up initiative that is the framework for raising concerns.

Facilities Planning
Clinicians continue to be well engaged in all Facilities Design Work streams.

Integrated West Coast Health System:
Clinical leaders from all parts of the West Coast system conitunue to be involved in leading the work of the Alliance and the Clinical Board. John Garrett has been appointed as the new Clinical Lead/Chair of the Information Systems Governance Group.

TransAlpine:
In a follow up to the workshop held in 2014 there are a number of speciality and service discussions underway to improve the transalpine models of care and identify the workforce and other system enablers that will need to prioritised for implementation.

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: **27 March 2015**

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 January 2015.

3. DISCUSSION

Overview of January 2015 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 January 2015 was a deficit of $0.278m, which was $0.273m unfavourable against the budgeted deficit of $0.005m. The year to date position is now $0.633m unfavourable.

The table below provides the breakdown of January's result.

Financial Overview for period ending 31 January 2015

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,829	6,957	(128)	×	48,303	48,699	(396)	×
Governance & Administration	217	188	29	√	1,599	1,316	283	√
Funds & Internal Eliminations	4,273	4,536	(263)	×	33,119	31,752	1,367	√
	11,319	11,681	(362)	×	83,021	81,767	1,254	√
EXPENSES								
Provider								
Personnel	4,500	4,541	41	√	32,615	31,787	(828)	×
Outsourced Services	506	481	(25)	×	4,097	3,367	(730)	×
Clinical Supplies	495	612	117	√	4,507	4,284	(223)	×
Infrastructure	834	842	8	√	7,842	5,894	(1,948)	×
	6,335	6,476	141	√	49,061	45,332	(3,729)	×
Governance & Administration	217	188	(29)	×	1,599	1,316	(283)	×
Funds & Internal Eliminations	4,530	4,485	(45)	×	29,361	31,395	2,034	√
Total Operating Expenditure	11,082	11,149	67	√	80,021	78,043	(1,978)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	237	532	(295)	×	3,000	3,724	724	×
Interest, Depreciation & Capital Charge	515	537	22	√	3,668	3,759	91	√
Net surplus/(deficit)	**(278)**	**(5)**	**(273)**	×	**(668)**	**(35)**	**633**	×

4. APPENDICES

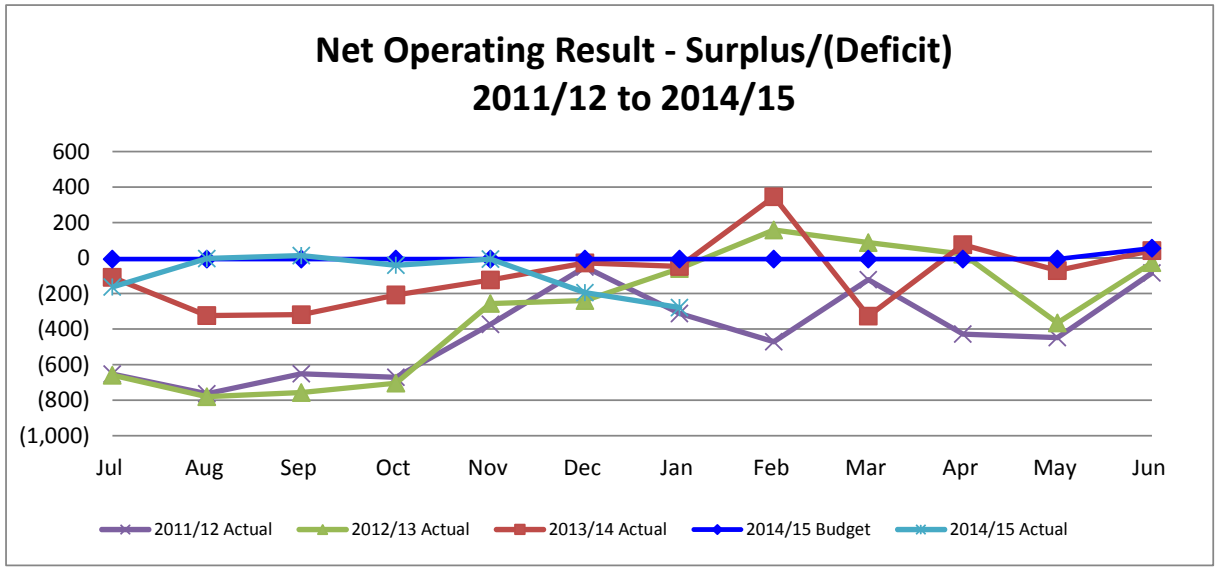
Appendix 1:	Financial Results for the period ending 31 January 2015
Appendix 2:	Statement of Financial Performance – January 2015
Appendix 3:	Statement of Financial Position – January 2015
Appendix 4:	Cashflow – January 2015

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JANUARY 2015

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(278)	(5)	(273)	5460% ✕	(668)	(35)	(633)	1809% ✕

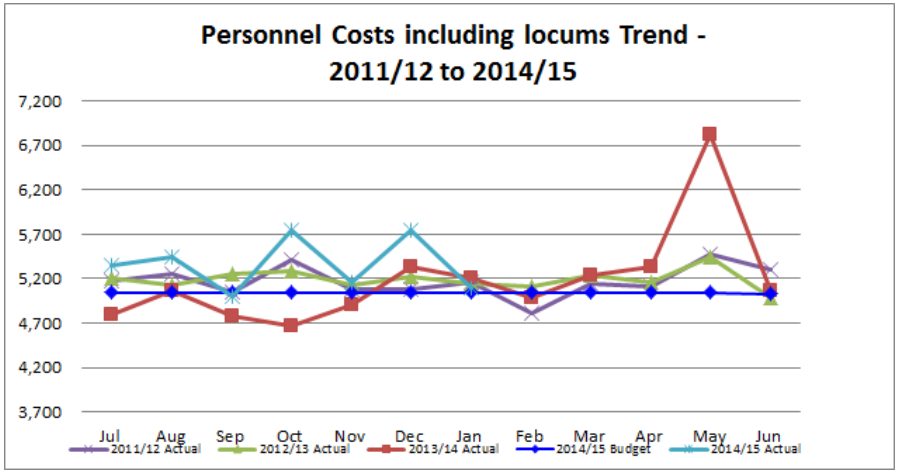


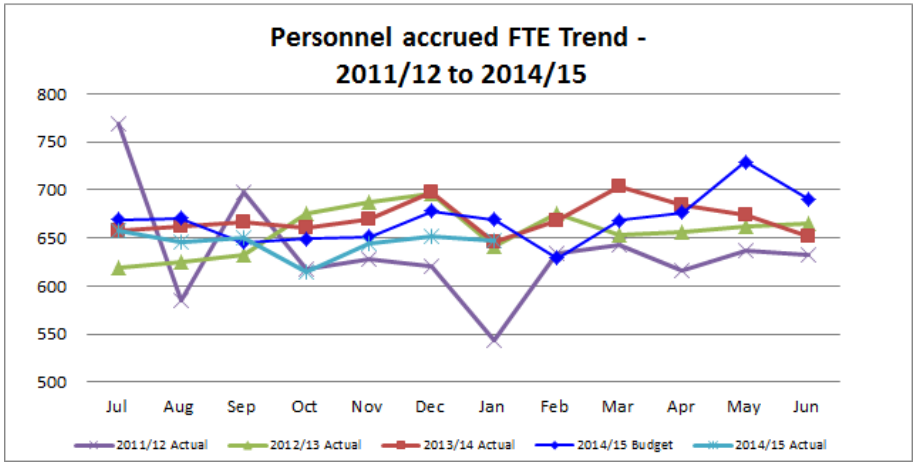
We have submitted an Annual Plan with a breakeven position.

EY RISKS AND ISSUES

The January result has maintained and increased pressure on the ability to achieve our full year break even position as indicated in the District Annual Plan. Significant effort has been focussed on a number of areas where it is believed that a sustained improvement in efficiency can be made. The achievement of this will be spread over the remainder months of the year, however we remain confident that we can maintain the planned break even position for year end.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

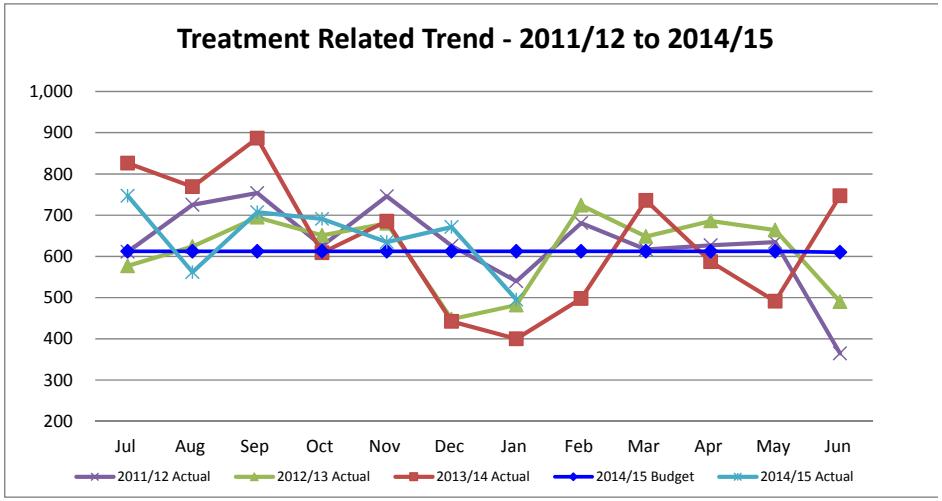


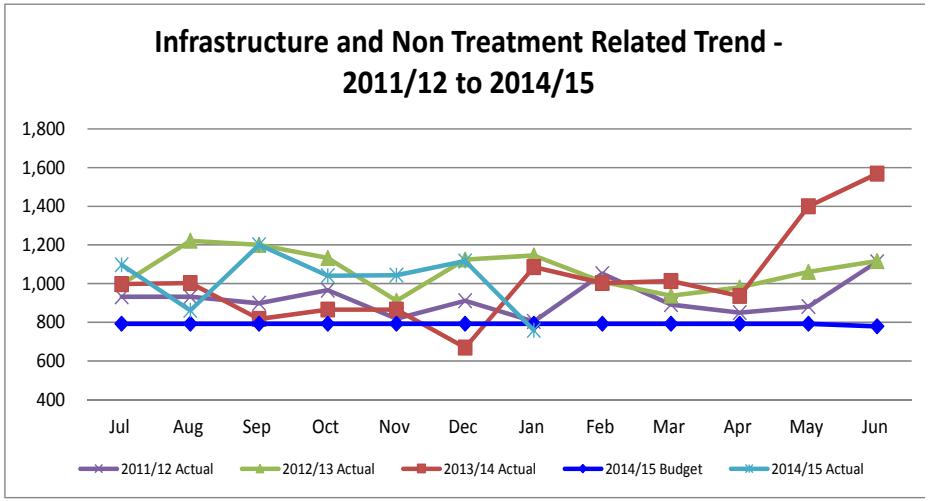


KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by unexpected turnover which in turn require 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



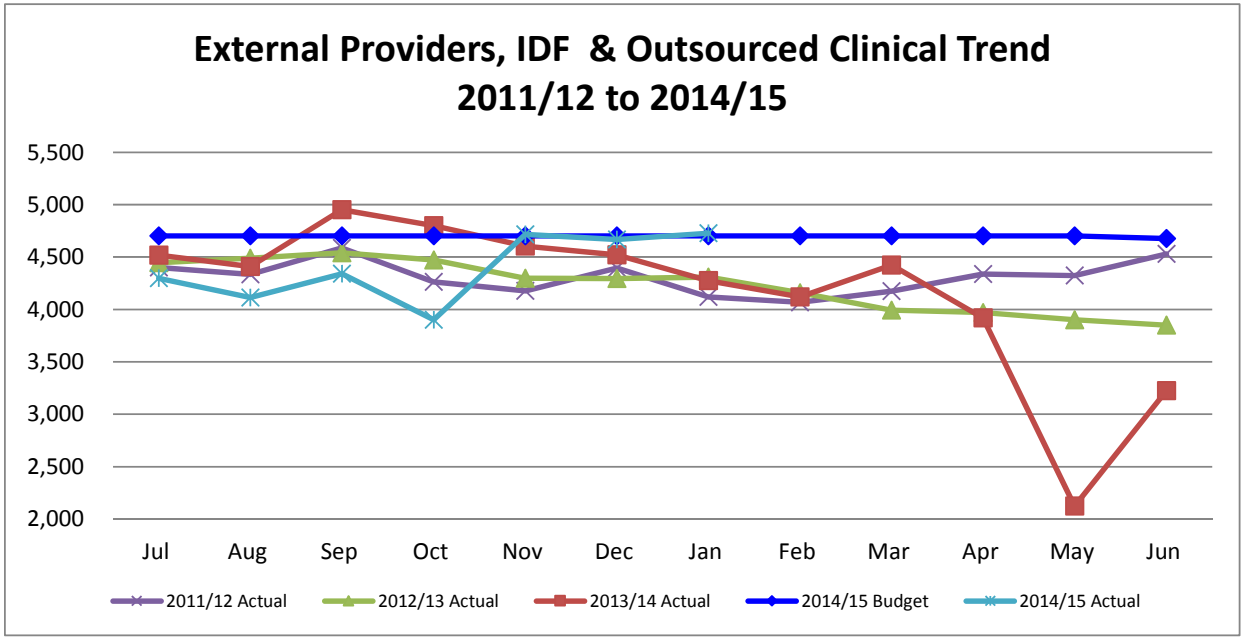


KEY RISKS AND ISSUES

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 this category 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

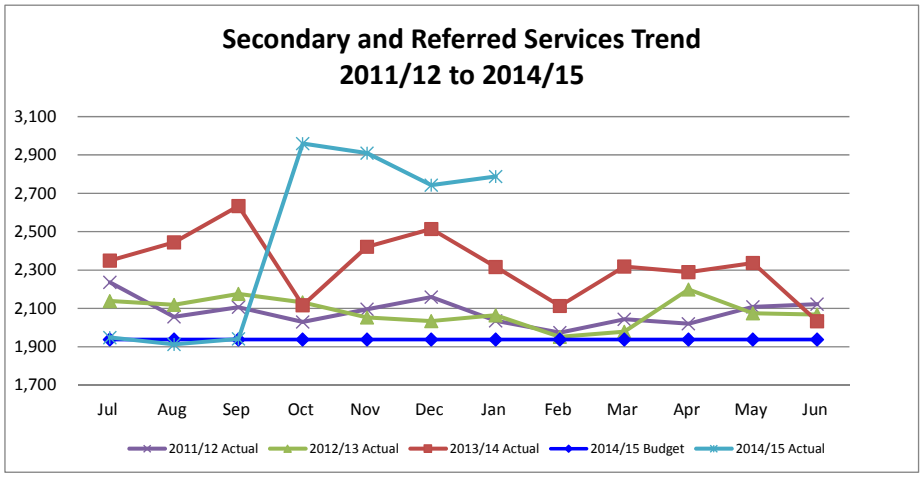
Capacity constraints within the system require continued monitoring of trends and demand for services.

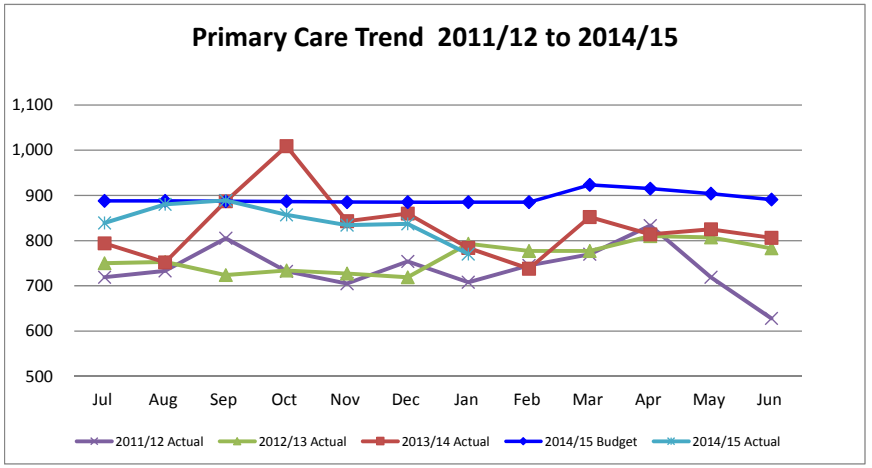
Planning and Funding Division

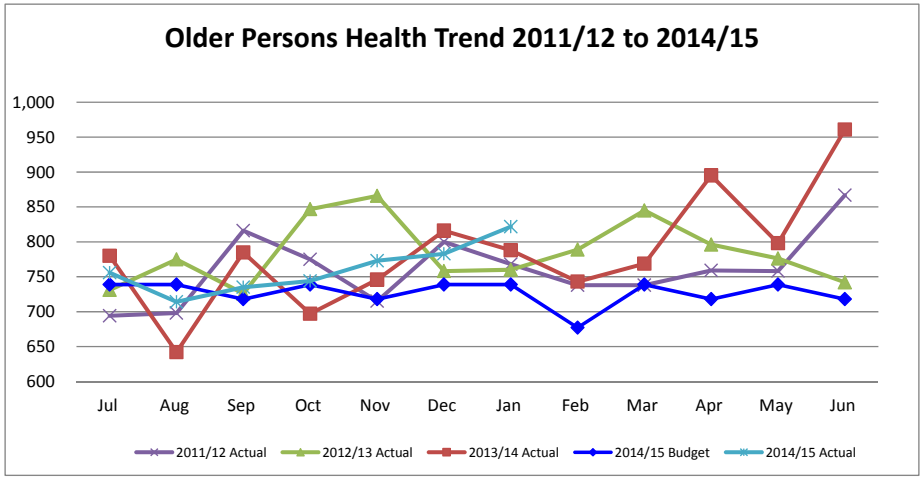
Month Ended January 2015

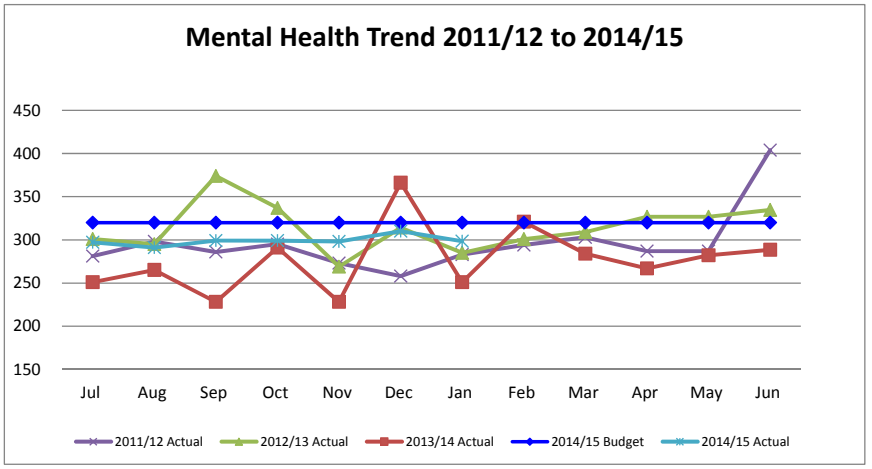
Current Month						Year to Date					2014/15 Annual Budget
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
12	36	24	66%	✓	Dental-school and adolescent	205	253	49	19%	✓	434
0	2	2	100%	✓	Maternity	0	12	12	100%	✓	20
0	1	1	100%	✓	Pregnancy & Parent	2	5	2	51%	✓	8
0	3	3	100%	✓	Sexual Health	0	19	19	100%	✓	33
2	3	1	35%	✓	General Medical Subsidy	14	21	7	34%	✓	36
449	522	73	14%	✓	Primary Practice Capitation	3,512	3,651	138	4%	✓	6,258
91	91	0	0%	✓	Primary Health Care Strategy	637	638	1	0%	✓	1,093
79	80	2	2%	✓	Rural Bonus	550	562	12	2%	✓	963
4	5	1	11%	✓	Child and Youth	37	34	-3	-7%	✗	59
0	4	4	100%	✓	Immunisation	22	40	17	44%	✓	153
5	5	0	2%	✓	Maori Service Development	33	34	0	1%	✓	58
52	53	1	1%	✓	Whanau Ora Services	366	370	4	1%	✓	634
19	18	-1	-7%	✗	Palliative Care	137	127	-10	-8%	✗	218
	0	0		✓	Community Based Allied Health	0	0	0		✓	0
9	9	0	1%	✓	Chronic Disease	62	62	0	1%	✓	106
48	54	6	11%	✓	Minor Expenses	329	378	48	13%	✓	647
770	**885**	**115**	**13%**	✓		**5,907**	**6,205**	**298**	**5%**	✓	10,722
					Referred Services						
24	24	-1	-3%	✗	Laboratory	164	165	1	0%	✓	283
688	649	-39	-6%	✗	Pharmaceuticals	4,692	4,736	43	1%	✓	7,961
712	**673**	**-40**	**-6%**	✗		**4,857**	**4,901**	**44**	**1%**	✓	8,244
					Secondary Care						
289	202	-87	-43%	✗	Inpatients	969	1,412	443	31%	✓	2,420
105	101	-4	-4%	✗	Radiolgy services	811	707	-103	-15%	✗	1,212
136	115	-21	-19%	✗	Travel & Accommodation	772	805	32	4%	✓	1,380
1,520	1,520	1	0%	✓	IDF Payments Personal Health	9,585	10,641	1,056	10%	✓	18,242
2,050	**1,938**	**-112**	**-6%**	✗		**12,137**	**13,565**	**1,428**	**11%**	✓	23,254
3,533	**3,496**	**-37**	**-1%**	✗	**Primary & Secondary Care Total**	**22,900**	**24,670**	**1,770**	**7%**	✓	**42,220**
					Public Health						
13	25	11	46%	✓	Nutrition & Physical Activity	105	174	69	40%	✓	298
6	7	1	17%	✓	Public Health Infrastructure	43	52	9	17%	✓	88
5	5	0	-8%	✗	Tobacco control	60	34	-26	-76%	✗	58
	0	0		✓	Screening programmes	-2	0	1.616		✓	0
25	**37**	**12**	**33%**	✓	**Public Health Total**	**206**	**259**	**54**	**21%**	✓	**445**
					Mental Health						
7	7	0	1%	✓	Dual Diagnosis A&D	50	50	1	1%	✓	86
2	2	0	1%	✓	Eating Disorders	13	13	0	1%	✓	23
20	20	0	1%	✓	Child & Youth Mental Health Services	140	142	2	1%	✓	243
5	5	0	1%	✓	Mental Health Work force	47	35	-12	-33%	✗	61
61	61	1	1%	✓	Day Activity & Rehab	425	429	4	1%	✓	735
11	11	0	1%	✓	Advocacy Consumer	75	76	1	1%	✓	130
81	82	1	1%	✓	Other Home Based Residential Support	566	573	7	1%	✓	982
11	11	0	3%	✓	Advocacy Family	77	78	1	1%	✓	134
10	29	19	66%	✓	Community Residential Beds	58	201	143	71%	✓	345
0	0	0	100%	✓	Minor Expenses	0	1	1	100%	✓	1
92	92	0	0%	✓	IDF Payments Mental Health	641	641	0	0%	✓	1,100
298	**320**	**22**	**7%**	✓		**2,093**	**2,240**	**147**	**7%**	✓	3,839
					Older Persons Health						
	0	0	100%	✓	Information and Advisory	0	1	1	100%	✓	1
	0	0		✓	Needs Assessment	0	0	0		✓	0
81	67	-14	-21%	✗	Home Based Support	490	462	-28	-6%	✗	784
9	9	0	-1%	✗	Caregiver Support	48	62	14	23%	✓	107
308	216	-93	-43%	✗	Residential Care-Rest Homes	1,783	1,495	-288	-19%	✗	2,538
5	10	5	54%	✓	Residential Care-Community	37	70	33	48%	✓	120
334	349	16	5%	✓	Residential Care-Hospital	2,418	2,423	6	0%	✓	4,114
	0	0		✓	Ageing in place	0	0	0		✗	0
9	10	1	7%	✓	Day programmes	64	69	5	7%	✓	118
17	18	1	7%	✓	Respite Care	72	129	56	44%	✓	220
1	1	0	22%	✓	Community Health	9	9	0	4%	✓	15
	0	0	100%	✓	Minor Disability Support Expenditure	0	2	2	100%	✓	3
58	58	0	0%	✗	IDF Payments-DSS	407	407	0	0%	✗	698
822	**739**	**-85**	**-12%**	✗		**5,327**	**5,129**	**-198**	**-4%**	✗	8,720
1,120	**1,058**	**-64**	**-6%**	✗	**Mental Health & OPH Total**	**7,420**	**7,368**	**-51**	**-1%**	✓	**12,559**
4,678	**4,591**	**-87**	**-2%**	✗	**Total Expenditure**	**30,526**	**32,298**	**1,772**	**5%**	✓	**55,223**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000		Annual Budget $'000
Equity	9,429	19,049	(9,620)	-51% ✕	72,537
Cash	5,207	5,759	(552)	-10% ✕	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: WEST COAST DHB STATEMENT OF FINANCIAL PERFORMANCE

Statement of comprehensive income

For period ending 31 January 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	10,797	11,209	(412)	(3.7%)	79,682	78,463	1,219	1.6%	134,509	131,279
Inter DHB Revenue	1	3	(2)	(66.7%)	31	21	10	47.6%	34	20
Inter District Flows Revenue	130	129	1	0.8%	910	903	7	0.8%	1,551	1,615
Patient Related Revenue	284	230	54	23.5%	1,735	1,610	125	7.8%	2,760	2,880
Other Revenue	107	110	(3)	(2.7%)	663	770	(107)	(13.9%)	1,323	1,237
Total Operating Revenue	11,319	11,681	(362)	(3.1%)	83,021	81,767	1,254	1.5%	140,177	137,031
Operating Expenditure										
Personnel costs	4,585	4,635	50	1.1%	33,388	32,445	(943)	(2.9%)	55,613	55,477
Outsourced Services	414	377	(37)	(9.8%)	3,458	2,639	(819)	(31.0%)	4,520	6,373
Treatment Related Costs	495	612	117	19.1%	4,508	4,284	(224)	(5.2%)	7,342	7,727
External Providers	3,008	2,934	(74)	(2.5%)	19,826	20,538	712	3.5%	34,757	34,383
Inter District Flows Expense	1,670	1,670	0	0.0	10,636	11,690	1,054	9.0%	20,465	14,486
Outsourced Services - non clinical	151	129	(22)	(17.1%)	1,016	903	(113)	(12.5%)	1,548	1,608
Infrastructure and Non treatment related costs	759	792	33	4.2%	7,189	5,544	(1,645)	(29.7%)	9,491	12,225
Total Operating Expenditure	11,082	11,149	67	0.6%	80,021	78,043	(1,978)	(2.5%)	133,736	132,279
Result before Interest, Depn & Cap Charge	237	532	(295)	55.5%	3,000	3,724	(724)	19.4%	6,441	4,752
Interest, Depreciation & Capital Charge										
Interest Expense	64	114	50	43.9%	443	798	355	44.5%	1,364	713
Depreciation	385	327	(58)	(17.7%)	2,765	2,289	(476)	(20.8%)	3,937	4,373
Capital Charge Expenditure	66	96	30	31.3%	460	672	212	31.5%	1,140	753
Total Interest, Depreciation & Capital Charge	515	537	22	4.1%	3,668	3,759	91	2.4%	6,441	5,839
Net Surplus/(deficit)	(278)	(5)	(273)	(5460.0%)	(668)	(35)	(633)	(1808.6%)	0	(1,087)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(278)	(5)	(273)	(5460.0%)	(668)	(35)	(633)	(1808.6%)	0	(1,087)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

in thousands of New Zealand dollars

31 January 2015

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	25,716	24,814	902	3.6%	26,996
Intangible assets	1,216	1,386	(170)	(12.3%)	1,517
Work in Progress	357	28,678	(28,321)	(98.8%)	74
Other investments	637	567	70	12.3%	227
Total non-current assets	27,926	55,445	(27,519)	(49.6%)	28,814
Current assets					
Cash and cash equivalents	5,207	5,759	(552)	(9.6%)	7,483
Patient and restricted funds	69	60	9	15.0%	79
Inventories	1,050	1,100	(50)	(4.5%)	1,010
Debtors and other receivables	9,127	4,218	4,909	116.4%	7,686
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	15,589	11,273	4,316	38.3%	16,394
Total assets	**43,515**	**66,718**	**(23,203)**	(11.3%)	**45,208**
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,695	24,695	(14,000)	(56.7%)	10,695
Employee entitlements and benefits	2,826	2,895	(69)	(2.4%)	2,636
Total non-current liabilities	13,521	27,590	(14,069)	(51.0%)	13,331
Current liabilities					
Interest-bearing loans and borrowings	3,750	3,750	0	0.00%	3,750
Creditors and other payables	7,521	7,548	(27)	(0.4%)	9,927
Employee entitlements and benefits	9,294	8,781	513	5.8%	9,203
Total current liabilities	20,565	20,079	486	2.4%	22,880
Total liabilities	34,086	47,669	(13,583)	(28.5%)	36,211
Equity					
Crown equity	70,761	79,761	(9,000)	(11.3%)	69,661
Other reserves	19,569	19,569	0	0.00%	19,569
Retained earnings/(losses)	(80,940)	(80,320)	(620)	0.8%	(80,272)
Trust funds	39	39	0	0.00%	39
Total equity	9,429	19,049	(9,620)	(50.5%)	8,997
Total equity and liabilities	**43,515**	**66,718**	**(23,203)**	**(34.8%)**	**45,208**

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending 31 January 2015

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	718	11,632	(10,914)	(93.8%)	71,403	69,792	(1,611)	(0.2%)	139,589	134,187
Cash paid to employees	(4,993)	(5,043)	50	(1.0%)	(37,483)	(30,258)	7225	6.7%	(60,505)	(61,481)
Cash paid to suppliers	(3,326)	(1,502)	(1,824)	121.4%	(4,699)	(9,012)	(4,313)	(94.1%)	(18,009)	(21,406)
Cash paid to external providers	(3,138)	(2,934)	(204)	7.0%	(20,795)	(17,604)	3191	(0.0%)	(35,182)	(35,998)
Cash paid to other District Health Boards	(1,540)	(1,670)	130	(7.8%)	(9,667)	(10,020)	(353)	(18.3%)	(20,040)	(12,871)
Cash generated from operations	(12,279)	483	(12,762)	(2642.2%)	(1,241)	2898	4,139	280.9%	5,853	2,431
Interest paid	(64)	(114)	50	(43.9%)	(443)	(684)	(241)	(44.6%)	(1,364)	(781)
Capital charge paid	(66)	(96)	30	(31.3%)	(460)	(576)	(116)	(31.6%)	(1,140)	(897)
Net cash flows from operating activities	(12,409)	273	(12,682)	(4645.4%)	(2,144)	(1,260)	(357)	526.7%	3,349	753
Cash flows from investing activities										
Interest received	45	49	(4)	(8.2%)	305	294	(34)	(11.6%)	588	608
(Increase) / Decrease in investments	0	(22)	22		0	(380)	380		(402)	0
Acquisition of property, plant and equipment	(62)	(4,062)	4000	(98.5%)	(1,469)	(24,372)	22965	(94.2%)	(48,740)	(1,987)
Acquisition of intangible assets	0	0	0	0.00	(1)	0	-1	0.0%	0	5
Net cash flows from investing activities	(17)	(4,035)	4018	(99.6%)	(1,165)	(24,458)	23,310	(95.3%)	(48,554)	(1,374)
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		1,101	9,000	(7,899)		18,000	0
Repayment of equity	0	0	0		(68)	-	(68)		(68)	(68)
Cash generated from equity transactions	0	0	0		1,033	9,000	(7,967)		17,932	(68)
Borrowings raised	0	0	0		-	-	0		28,000	2,000
Repayment of borrowings	0	0	0		-	14,000	(14,000)		0	0
Payment of finance lease liabilities										
Net cash flows from financing activities	0	0	0		1,033	23,000	(21,967)		45,932	1,932
Net increase in cash and cash equivalents	(12,426)	(3,762)	(8,664)	230.3%	(2,276)	180	9970	5538.9%	727	1,311
Cash and cash equivalents at beginning of period	17,633	9,521	8,112	85.2%	7,483	9,341	(1,858)	(19.9%)	9,341	6,172
Cash and cash equivalents at end of year	5,207	5,759	(552)	(9.6%)	5,207	9,521	8112	85.2%	10,068	7,483

MAORI HEALTH PLAN UPDATE

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

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

SOURCE: **General Manager, Maori Health**

DATE: **27 March 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

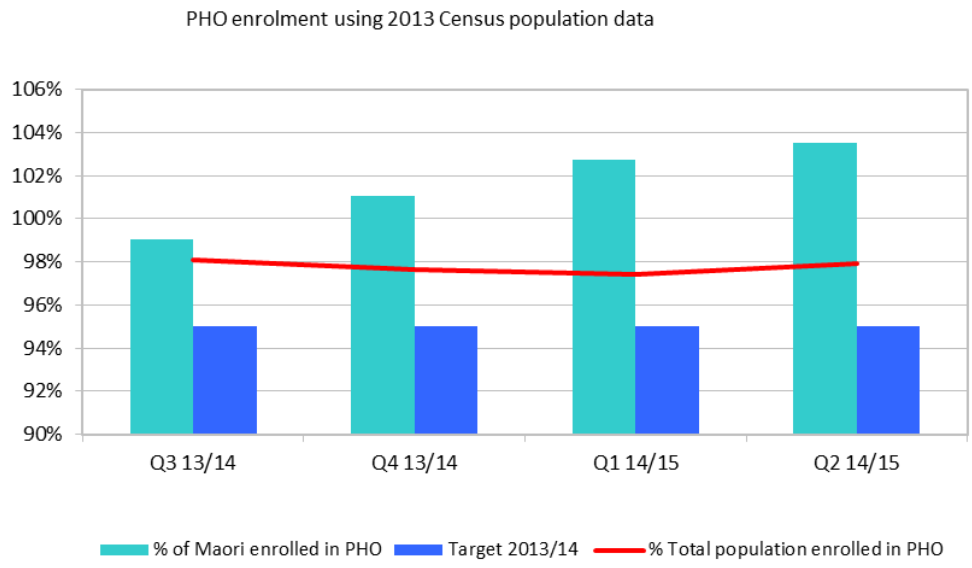
That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

3. SUMMARY

Maori Health Quarterly Report – Q2, 2014/15

Access to care

Percentage of Maori enrolled in the PHO



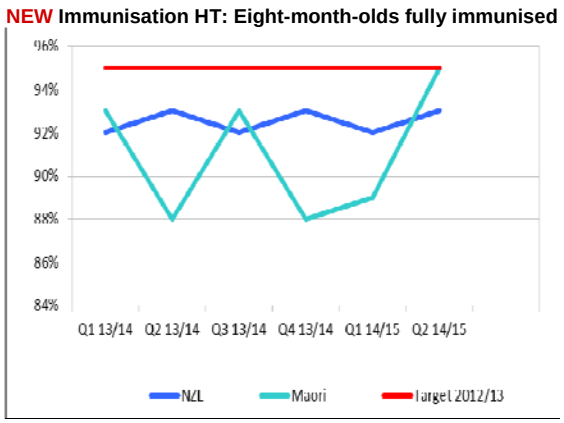
*** 2006 census population was used as the denominator.**

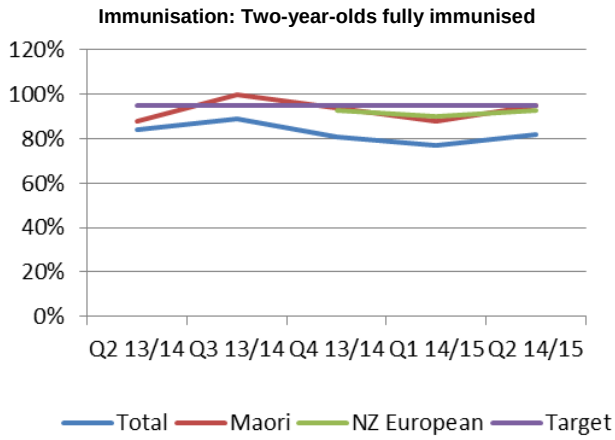
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2013 population census figures 103% of Maori were enrolled with the PHO as at 31 December 2014. 3283 Maori were enrolled in quarter 2 compared to 3258 in quarter 1 and increase of 25. Maori enrolled in the PHO has increased by 143 over the last 4 quarters.

The Census data shows total Maori population is 3171.

Child, Youth and Maternity





Eight-month-old immunisation: 95% of Maori babies have been immunised on time at 8 months of age in quarter 2 – 19 babies out of 20 eligible for this quarter meaning only 1 Maori baby is not immunised on time. This is compared to 93% of non-Maori babies where 42 from 45 eligible babies have been immunised.

Two-year-old immunisation: 88% of Maori 2 year olds have been immunised on time in Quarter 2 – 15 from 17 eligible babies. This is compared to 96% NZ European babies - 76 from 79 eligible babies

Although we have not met the target, **82%** of all 8-month-olds were fully immunised during Quarter 2—we have achieved a 5% increase with only one child missing the milestone age. Strong results were achieved for Pacific and Asian at 100% with Māori at 95%. NZ European performance increased 5% to 93%

This quarter has seen good outcomes for Pacific (100%) and NZE (96%).

Breastfeeding Support: The community lactation consultancy and breastfeeding advocate have made 137 contacts including 54 face to face (home visits/clinic) to provide breastfeeding support. There have been 7 Maori clients in Quarter 2. Of the 54 newborn contacts, 17 required further follow up.

The newborn enrolment forms continue to be an effective way to make links with new mums, promote support services and directly check in to see how breastfeeding is going.

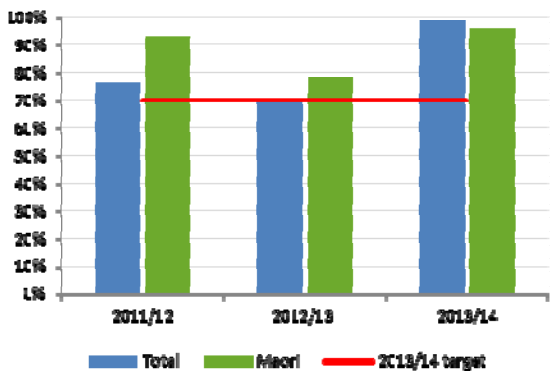
Mum 4 Mums

Four new Mum4Mum Peer Counsellors completed the training in Westport this quarter. These included: 1 Maori, 1 NZ European and 2 other. Planning and recruitment for the next Mum4Mum training in Greymouth begins February 2015.

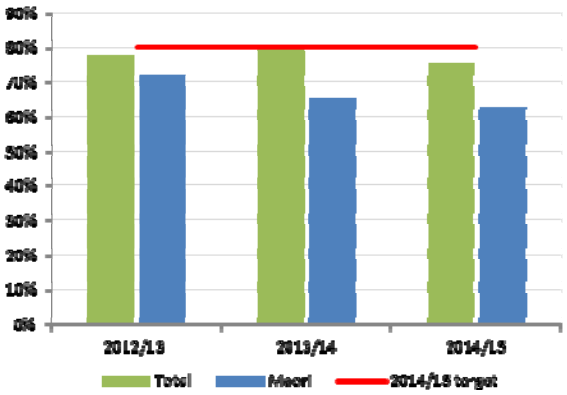
Newborn Enrolment: The Newborn enrolment form and process is now embedded into services. This ensures timely enrolment to 5 services; Community Oral Health service, National Immunisation Register, General Practice, Breastfeeding Support, Well Child/Tamariki ora service.

More Heart & Diabetes checks

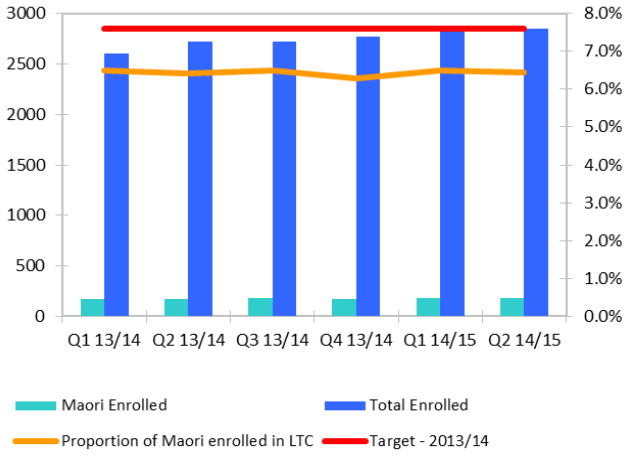
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



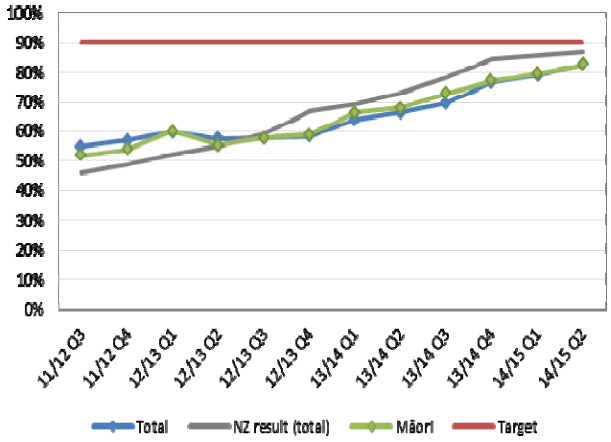
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



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. 86% of Maori with diabetes have had Retinal Exams, 64% show HBA1c levels at or below 8.0, 68% are non-smokers and 68% 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 8.8% of completed CVRAs this quarter. By comparison, Maori make up 9.8% (1016) 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 49% not smoking compared with other ethnicities screened not smoking 77%. This will be addressed within the Maori Cessation Plan.

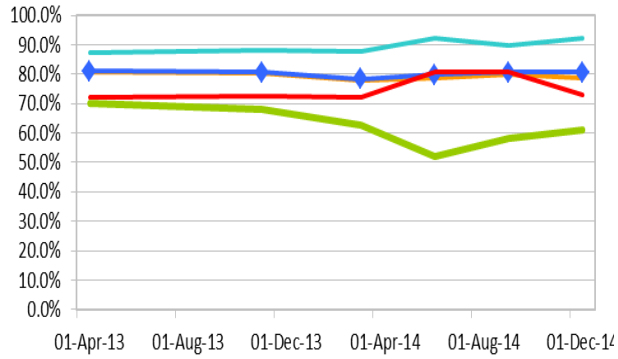
The newly appointed Kaupapa Maori Nurse in Greymouth was working on overdue CVRA lists with the practices and as part of the Maori Cessation Plan the AKP Cessation Practitioner working with practices to identify those Maori enrolled who are registered as a smoker but not been give brief advice. To date this has been very successful with a high number of those contacted by Joe Mason requesting cessation support.

Green Prescription: Quarter 2 data shows from 72 total referrals to the Green Prescription programme in the Grey district for 8 were for Maori and 4 referrals in the Buller district were for Maori which is a good increase from 1 in Quarter 1. 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 Dec 31 2014. For quarter 2 Maori enrolments makes up 6.9% 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 Waiora 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.

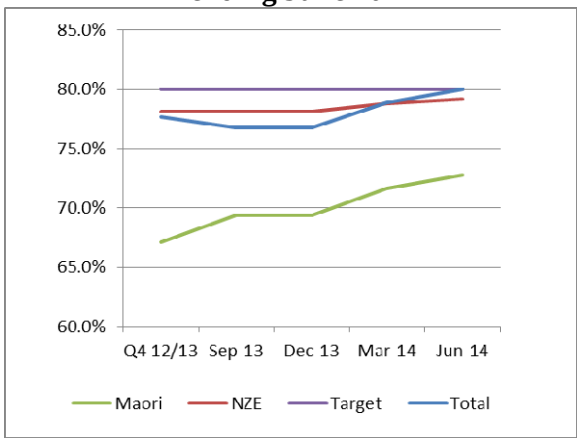
Cancer

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



	30-Apr-13	30-Nov-13	31-Mar-14	30-Jun-14	30-Sep-14	30-Dec-14
Other	80.6%	80.2%	77.7%	78.8%	80.0%	78.8%
Maori	87.1%	88.0%	87.5%	92.3%	89.7%	92.3%
Pacific	70.0%	68.2%	62.5%	52.0%	58.3%	60.9%
Total	81.1%	80.7%	78.3%	79.7%	80.6%	80.6%
All DHB's	72.0%	72.4%	72.3%	80.6%	80.6%	72.8%

Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending June 2014



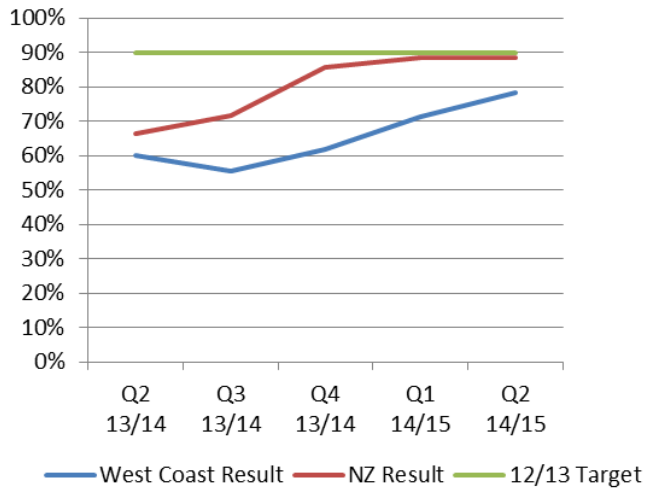
ACHIEVEMENTS/ISSUES OF NOTE

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 Dec 2014. The coverage for eligible Maori women (91.57%) continues to be 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 85% of eligible Maori women being screened.

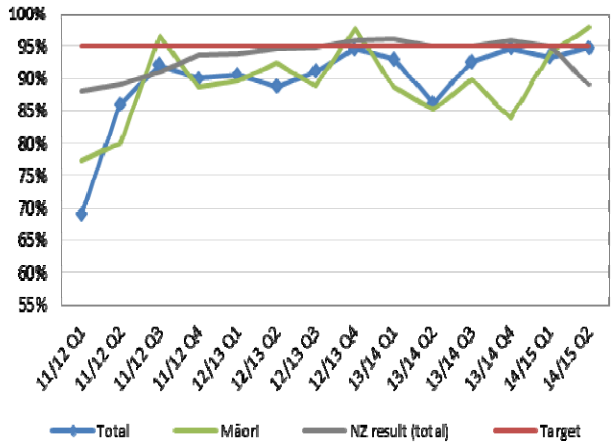
Cervical Cancer Screening: At the end of June 2014, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 79.2% - 5755 from 7270 eligible. The coverage rate for eligible Maori women is at 72.8% - 512 from 703 eligible, an increase from last quarter and a sustained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

SMOKING CESSATION

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



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



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target:
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 half year from July 1 to Dec 31 2014 the AKP service has worked with 47 new clients, 25 who identify as Maori with a 39% 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 Oct to Dec 2014 .10.7% (15) Maori accessed the Coastquit cessation service an decrease from last quarter of 3. 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

Secondary Smokefree Health Target: In Quarter 2, West Coast DHB staff provided **94.7%** of hospitalised smokers with smoking cessation advice and support –meeting the 95% target.

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

HEALTH TARGET REPORT QUARTER 2

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

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

SOURCE: **Planning & Funding**

DATE: **27 March 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with the West Coast's progress against the national health targets for Quarter 2 (Oct-Dec 2014). The attached report provides a detailed account of the results and the work underway for each health target.

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

2. RECOMMENDATION

That the Board:

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

3. SUMMARY

In Quarter 2, the West Coast has:

- Achieved the **ED health target**, with **99.4%** of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved 106.2% of the access to **elective surgery health target**, delivering **878** elective surgical cases against our 827 year-to-date target.
- Performance against the **better help for smokers to quit (secondary) health target** increased, with **94.7%** of hospitalised smokers receiving help and advice to quit, just meeting target.

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

- This is the first quarter for the revised **faster cancer treatment health target**. Although not quite meeting target, we were close at **83.3%.** Work is ongoing to improve the capture and quality of this data, and we expect there may be variation of results in these first few quarters ahead.
- Although not meeting target, we are pleased to have increased coverage by 5% against the **increased immunisation health target**, vaccinating **82%** of our eligible population and 99% of consenting children. Only one child was overdue at milestone age.
- Performance against the **more heart and diabetes checks health target** continues to steadily increase with **82.6%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging 3.7% increase, West Coast DHB is still 4.4% below the national average & work continues to meet target.
- Although we are yet to meet the target, performance against the **primary care smokers better help to quit health targe**t has increased 7% to 78.3% this quarter. Actions previously reported continue, with patient dashboard recently installed.

6. APPENDICES

Appendix 1: Q2 1415 WC Health Target Report
Appendix 2: HT_Q2_DHB_WestCoast_Col-d1

Report prepared by: Libby Doran, Planning & Funding

Report approved by: Carolyn Gullery, General Manager, Planning & Funding

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

National Health Targets Performance Summary

Quarter 2 2014/15 *(October-December 2014)*

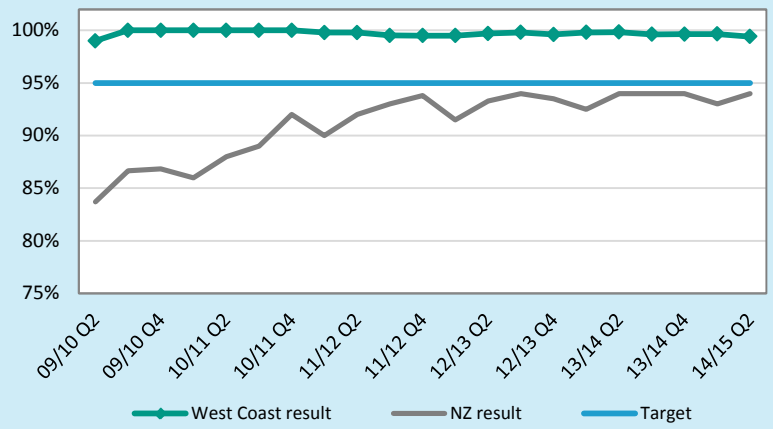
Target Overview

Target	Q3 *13/14*	Q4 *13/14*	Q1 *14/15*	Q2 *14/15*	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.6%	99.6%	99.4%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,182 YTD	1,695	425 YTD	878 YTD	827 YTD	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	*New*	*New*	*New*	83.3%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	89%	81%	77%	82%	95%	✗	3
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit	92.5%	94.6%	93.3%	94.7%	95%	✓	4
Better Help for Smokers to Quit Smokers attending **primary care** receive help and advice to quit	55.4%	61.9%	71.3%	78.3%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	69.6%	76.6%	78.9%	82.6%	90%	✗	5

Shorter Stays in Emergency Departments

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

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



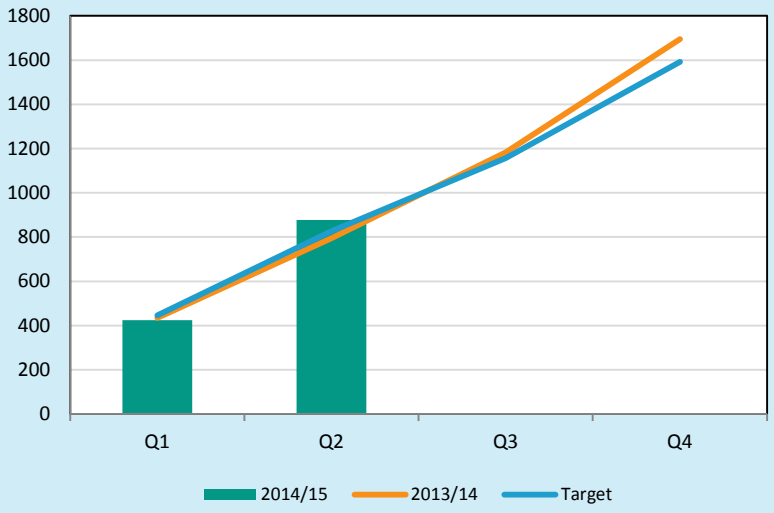
✔

The West Coast continues to achieve impressive results against the ED health target, with **99.4%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 2.

Improved Access to Elective Surgery

Target: *1,592 elective surgeries in 2014/15*

Figure 2: Elective surgical discharges delivered by the West Coast DHB[1]



✔

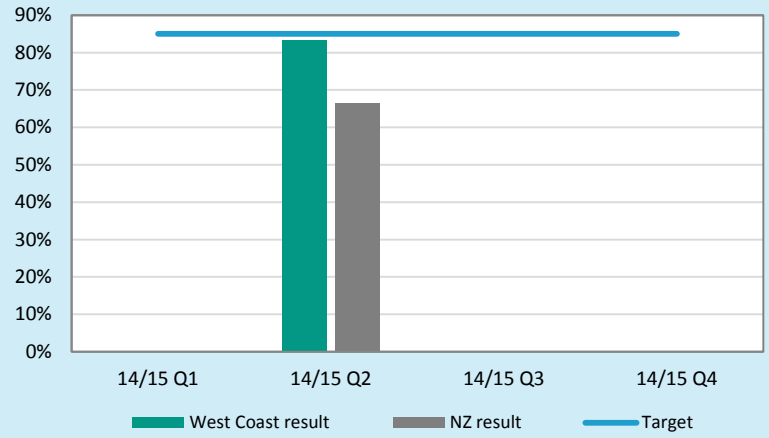
878 elective surgical cases were delivered to Coasters during 2014/15 so far, representing **106.2%** of our year-to-date target delivery. We are pleased to more than make up for the shortfall experienced in Quarter 1, exceeding target by 51 discharges.

[1] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

Faster Cancer Treatment

Target: Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer

Figure 3: Percentage of West Coasters with a high suspicion of cancer receiving their first treatment or other management within 62 days[2]



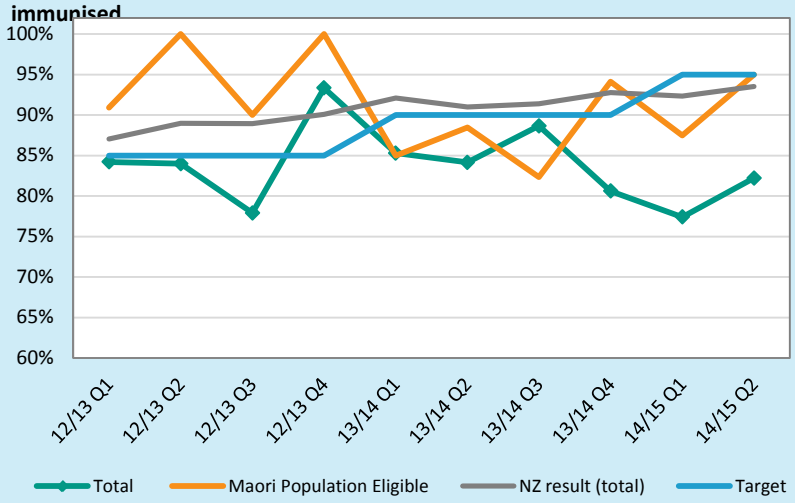
In the first official Quarter of the new health target, 83.3% of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer—just shy of target. Work is ongoing to improve the capture and quality of the Faster Cancer Treatment data which will effect performance over the next few quarters.

West Coast continues to achieve against the former health target, Shorter waits for cancer treatment, with 100% of patients ready for radiation or chemotherapy receiving treatment within four weeks.

Increased Immunisation

Target: 95% of eight-month-olds are fully immunised

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



Although we have not met the target, **82%** of all 8-month-olds were fully immunised during Quarter 2—we have achieved a 5% increase with only one child missing the milestone age.

Strong results were achieved for Pacific and Asian at 100% with Māori at 95%. NZ European performance increased 5% to 93%.

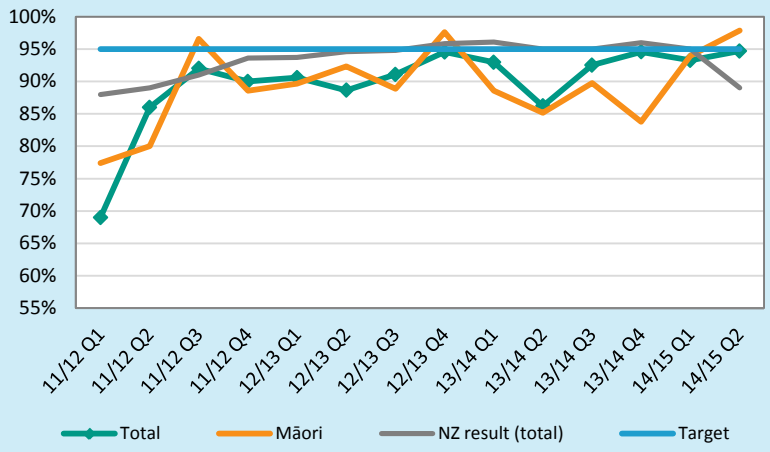
Opt-off[3] (13.3%) and declines (3.3%) made the target impossible to reach this quarter with a combined total of 18%. We continue to focus vaccinating 100% of reachable children, this quarter vaccinating 99%.

[2] *This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.*
[3] *Children's parents can decide (typically at the child's birth) to opt their child off the NIR. These children continue to be counted in the cohort for the DHB of birth, but there is no way to determine or record if they have later been vaccinated, declined or moved out of the DHB area.*

Better Help for Smokers to Quit: *Secondary*

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

Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



✓

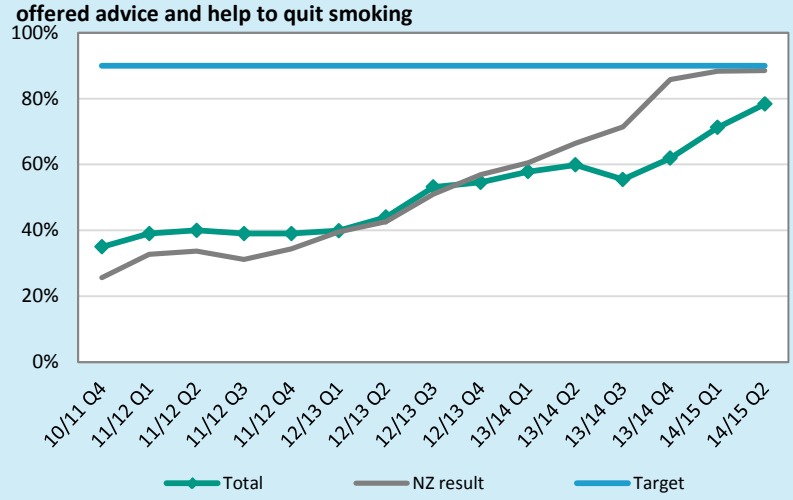
In Quarter 2, West Coast DHB staff provided **94.7%** of hospitalised smokers with smoking cessation advice and support –meeting the 95% target.

Best practice initiatives previously reported continue, however the effects of small numbers remain challenging.

Better Help for Smokers to Quit: *Primary*

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

Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking



✗

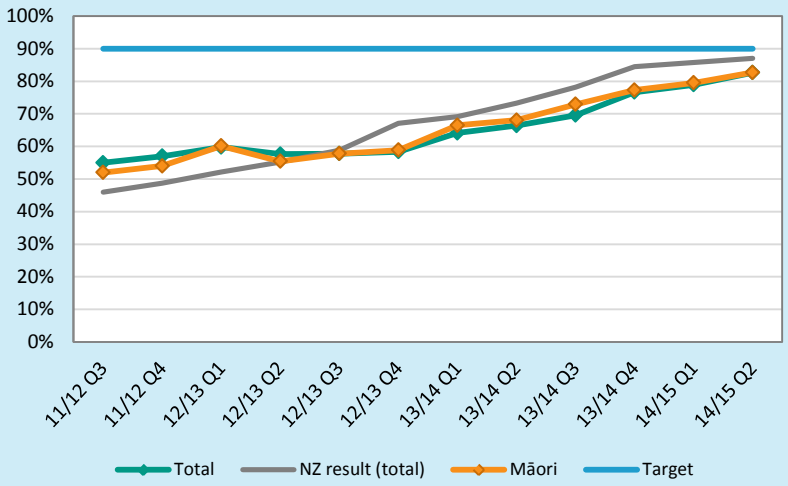
West Coast general practices have reported giving **3,808** smokers cessation advice in the 12 months ending June 2014, representing **78.3%** of smokers expected to attend general practice during the period. Although we are yet to meet the target, performance has increased 7% this quarter—an encouraging result.

We continue to follow best practice initiatives and have recently installed the Patient Dashboard IT tool in all but one practice. This has been well received by staff and it is expected to increased performance.

More Heart & Diabetes Checks

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

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



Data for the five years to 31st December 2014 shows that West Coast general practices have continued to increase coverage, with **82.6%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA)—a 3.7% increase on last quarter.

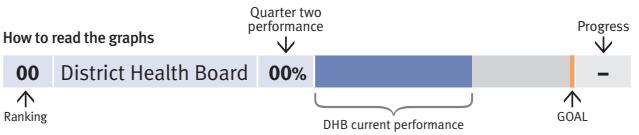
While it is pleasing to continue our steady increase in performance, we have not yet met target and remain 4.4% below the national average.

A range of approaches to increase performance continue including; having identified CVDRA champions within general practices; nurse led CVDRA clinics at practices, evening clinics and protected appointment time allocations for checks; all three Poutini Waiora nurses collaborating with general practices; conducting checks at local events; and the Text2Remind & Patient Dashboard IT tools in all West Coast DHB MedTech Practices.

My District Health Board

2014/15 QUARTER TWO (OCTOBER–DECEMBER) RESULTS

How to read the graphs



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

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

		Quarter two performance (%)	Change from previous quarter
1	West Coast	99	–
2	Nelson Marlborough	97	–
3	Waitemata	97	▲
4	Counties Manukau	96	▲
5	South Canterbury	96	–
6	Whanganui	96	▲
7	Wairarapa	96	–
8	Tairawhiti	96	–
9	Canterbury	95	▲
10	MidCentral	95	▲
11	Bay of Plenty	95	▲
12	Taranaki	94	–
13	Auckland	94	▲
14	Waikato	94	▲
15	Southern	93	–
16	Lakes	92	▲
17	Hawke's Bay	92	▲
18	Northland	91	–
19	Hutt Valley	90	▲
20	Capital & Coast	89	–
	All DHBs	94	▲

95%

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 78,581 discharges for the year to date, and have delivered 5,441 more.

		Quarter two performance (%)	Progress against plan (discharges)
1	Northland	131	▲
2	Taranaki	116	▲
3	Waikato	115	▲
4	Hutt Valley	114	▲
5	Bay of Plenty	112	▲
6	Counties Manukau	112	▲
7	Wairarapa	110	▲
8	Lakes	110	▲
9	Waitemata	109	▲
10	MidCentral	108	▲
11	West Coast	106	▲
12	Whanganui	105	▲
13	Nelson Marlborough	103	▲
14	South Canterbury	102	▲
15	Southern	101	▲
16	Hawke's Bay	100	▲
17	Auckland	100	▲
18	Tairawhiti	99	▼
19	Canterbury	97	▼
20	Capital & Coast	96	▼
	All DHBs	107	▲

100%

This is the first time Faster cancer treatment has been reported as a health target.

Faster cancer treatment

The new target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between July and December 2014.

		Quarter two performance (%)	Change from previous quarter
1	Capital & Coast	82	–
2	Taranaki	75	–
3	Southern	75	–
4	Tairawhiti	74	–
5	South Canterbury	73	–
6	West Coast	73	–
7	Nelson Marlborough	70	–
8	Wairarapa	69	–
9	Canterbury	68	–
10	Waikato	68	–
11	Northland	67	–
12	Waitemata	66	–
13	MidCentral	66	–
14	Hawke's Bay	63	–
15	Whanganui	62	–
16	Bay of Plenty	57	–
17	Hutt Valley	55	–
18	Lakes	54	–
19	Counties Manukau	52	–
20	Auckland	50	–
	All DHBs	66	–

85%

Increased Immunisation

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

		Quarter two performance (%)	Change from previous quarter
1	Hawke's Bay	96	▲
2	Whanganui	96	▲
3	Hutt Valley	96	▲
4	Capital & Coast	96	▲
5	MidCentral	95	–
6	Wairarapa	95	▲
7	Southern	95	▲
8	South Canterbury	95	▼
9	Auckland	94	▼
10	Counties Manukau	94	–
11	Waitemata	94	▲
12	Lakes	94	▲
13	Canterbury	93	–
14	Taranaki	93	▲
15	Tairawhiti	93	▲
16	Nelson Marlborough	92	▲
17	Waikato	91	–
18	Northland	90	▲
19	Bay of Plenty	89	–
20	West Coast	82	▲
	All DHBs	94	▲

95%

Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

Change from previous quarter	Hospitals		Quarter two performance (%)	Primary care	Change from previous quarter
–	98	1	Waitemata	100	–
–	96	2	Auckland	98	▼
▼	96	3	Nelson Marlborough	97	▲
–	89	4	Bay of Plenty	97	▲
–	98	5	Hawke's Bay	96	–
▼	95	6	Counties Manukau	96	▼
▼	95	7	Tairawhiti	94	▼
–	96	8	Northland	94	–
▲	93	9	Wairarapa	90	▼
▼	96	10	Whanganui	87	▲
▲	96	11	Waikato	87	▲
▲	96	12	Canterbury	87	▲
–	99	13	South Canterbury	86	▲
▲	97	14	Taranaki	86	–
–	99	15	Lakes	85	▲
–	95	16	Hutt Valley	84	▲
▲	95	17	West Coast	78	▲
▼	80	18	Capital & Coast	78	▲
▲	96	19	MidCentral	73	▼
–	95	20	Southern	58	▼
–	95		All DHBs	89	–

95% 90%

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.

		Quarter two performance (%)	Change from previous quarter
1	Auckland	92	–
2	Northland	91	–
3	Counties Manukau	91	–
4	Whanganui	91	–
5	Waitemata	90	–
6	Taranaki	90	▲
7	Wairarapa	89	–
8	Waikato	88	▲
9	Tairawhiti	88	–
10	Bay of Plenty	88	–
11	Lakes	88	–
12	Hawke's Bay	88	▲
13	Capital & Coast	87	–
14	Nelson Marlborough	85	▲
15	Hutt Valley	85	▲
16	MidCentral	85	▼
17	South Canterbury	84	–
18	West Coast	83	▲
19	Southern	80	–
20	Canterbury	77	▲
	All DHBs	87	▲

90%

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

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

New Zealand Government

DISABILITY ACTION PLAN

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

SOURCE: **Planning and Funding**

DATE: **27 March 2015**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

On 24 July 2014 a paper was presented to the West Coast CPHAC/DSAC meeting on the process and the benefits of developing and implementing a West Coast DHB Disability Action Plan. The proposal was endorsed and a process to develop the plan was undertaken. A progress update was provided to the Committee at their meeting on 28 October 2014. A paper seeking a recommendation to the Board for approval for wider consultation was provided to their meeting on 12 March 2015 as well as seeking endorsement for the development of a West Coast DHB position statement that will summarise the commitment of the West Coast District health Board to actions aimed at improving the lives of people with disabilities in the West Coast Region.

2. RECOMMENDATION

That the Board:

i. notes that the Community & Public Health & Disability Support Advisory Committee has endorsed the development of a West Coast DHB position statement (along the lines of the Canterbury DHB position statement as detailed in Appendix 2)

ii. approves the current draft of the West Coast DHB Strategic Disability Action Plan (attached as Appendix 3) for wider consultation with people with disabilities, their families and carers and other key stakeholders; and

iii. notes the on-going process to develop a West Coast DHB Strategic Disability Action Plan and the development of a West Coast DHB position statement promoting the health and wellbeing of people with disabilities

3. SUMMARY

The current draft of the West Coast DHB Strategic Disability Action Plan has been developed during a pre-consultation phase and the initial draft has been amended as a result of feedback received during this phase. The purpose of this paper is to present the current draft to CPHAC/DSAC for recommendation to the Board to use this version for wider consultation. (The draft accompanies this paper as Appendix 3). It is anticipated that as a result of wider consultation this version will go through further amendments.

When the initial proposal was presented to CPHAC/DSAC it was anticipated that the Canterbury DHB and the West Coast DHB Strategic Disability Action Plan, which are being developed as a parallel process would be significantly different, reflecting the different health and disability systems that exist within each district. However as the plan is setting higher level strategic objectives and goals, the feedback at the October CPHAC/DSAC meeting was that to be consistent with the transalpine approach, the plans should be the same at the strategic level. Where

differences will occur is with the priorities for action and the specific detail required to implement the priority actions under each of the strategic objectives.

Attached as Appendix 1 is a sample of a Priority Action Framework. This is to highlight that the current version of the Strategic Disability Action Plan is for a 10 year period 2015 -2025 and sets the higher level strategic objectives. During the consultation phase, input on setting the priorities for action for 2015 -2017 for the each strategic objectives, will be sought from the disability community. Those priority actions included in the sample is only provided to CPHAC/DSAC as an example of what the consultation process is aiming to achieve. This approach is essential in engaging the disability community in setting the priorities for action and demonstrates that the West Coast DHB is committed to full participation in the developing and implementing the Strategic Disability Action Plan. Consultation and on-going involvement of the development, implementation and evaluation of the West Coast DHB Strategic Disability Action Plan is consistent with the intent of the New Zealand Disability Strategy which specifies participation of disabled people at all stages of the process.

It is planned that a final draft of the Strategic Disability Action Plan will be presented back to CPHAC/DSAC for approval prior to going to the Executive Management Team and the Board for endorsement in June 2015.

4. DISCUSSION

Development of the Strategic Disability Action Plan

An initial draft of the Strategic Disability Action Plan was developed in August 2014 using the United Nations (UN) Convention on the Rights of Persons with Disabilities definition of disability, which New Zealand ratified in 2007. This definition describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007). This definition distinguishes the impairment or health condition (e.g. paraplegia) from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between people with a disability and people without a disability.

Development of the draft Strategic Disability Action Plan included the review of core New Zealand Disability documents:
New Zealand Disability Strategy 2001,
New Zealand Disability Action Plan 2014 -18.
Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Service 2012 – 2017
Faiva Ora National Pasifika Disability Plan 2014 -16
Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, Published August 2014

The strategic objectives contained in the draft West Coast DHB's Strategic Disability Action Plan are consistent with the strategic focus areas of the New Zealand Disability Action Plan 2014 -18, Safety and Autonomy, Wellbeing, Self Determination, Community and Representation. It is also specified in the plan which objective of the New Zealand Disability Strategy 2001 would be met by achieving the stated goal, (identified by the number at the end of each goal).

Alignment with the West Coast DHB's vision and prioritisation principles was also incorporated into the development of the initial draft. The key objective being that the Strategic Disability Action Plan should complement and enhance existing organisational systems and processes focused on

transforming and improving the health system. The ultimate goal is that the West Coast DHB's Strategic Disability Action Plan becomes the West Coast Health System Strategic Disability Action Plan through the alliance structure.

Through September to December 2014 the initial draft was presented for feedback at a number of internal and external forums and meetings as a 'pre-consultation' process. This process was to ensure that the stated strategic actions were:

- using appropriate language;
- aligned with existing work being planned or undertaken;
- that from a consumer perspective the stated strategic goals were consistent with the New Zealand Disability Strategy; and
- identify any gaps in the initial draft plan.

Significant caution was taken in this pre-consultation phase as the initial draft went through a number of versions and the draft plan had not been approved by CPHAC/DSAC, EMT and the Board for wider circulation, therefore forwarding electronic copies for feedback was carefully managed to reduce the likelihood that plans at various stages of development were being forwarded and discussed without the opportunity to provide a context. As a consequence not all key stakeholder internally and externally have reviewed the document but it is planned that if approve this draft for consultation this will be addressed prior to a final draft being submitted to CPHAC/DSAC, EMT and the Board for approval and implementation. Appendix 1 Consultation List

At the Canterbury DHB DSAC meeting on 28 October 2014, the Committee requested that a Position Statement be developed to complement and provide a context to the Strategic Disability Action Plan. An initial draft has been developed by Allison Nicholls-Dunsmuir, Canterbury DHB Community and Public Health. This is attached as Appendix 2. The Position Statement is to be further developed and a final draft will be submitted to Canterbury EMT for approval. The Position Statement is not being proposed as part of the external consultation but will be an important component of the overall strategy. It is recommended that CPHAC/DSAC recommend the development of a West Coast DHB Position Statement as part of the wider disability strategy. While this statement may share some of the key elements of the Canterbury DHB statement, this needs to go through a West Coast DHB process of development rather than just adopting the Canterbury DHB position.

During this pre-consultation process significant opportunities have emerged.

1. The Chair of the West Coast DHB CPHAC/DSAC provided a list of key disability contacts on the West Coast which form the basis of invitations to at least 3 forums being planned for the wider consultation with disabled people, their family/whanau and carers and the organisations that support them. In addition CCS Disability Action (Upper South Island) have branches in Hokitika, Greymouth and Westport. The Director of Upper South Island CCS Disability Action has agreed to work with Planning and Funding in the planning and facilitation of the forums. The Chairs of DSAC and the Consumer Council are also engaged as they have extensive knowledge of the West Coast network.

   CCS Disability Action will also ensure that those disability organisations that have physically left the West Coast but continue to provide support from a national perspective, are informed of the development of the Disability Action Plan.

2. In a recent development, the CEO of Independent Living Services is wanting to review the delivery of Disability Information Advisory Services (DIAS) on the West Coast. DIAS provide independent information and advice to disabled people, their families, whānau, aiga, caregivers and providers and the general public. Over the last 18 months this service has been co-ordinated

from the Queenstown branch, however with that branch now closing, there is an opportunity to identify if any gaps exist in the delivery of this service on the West Coast and to develop a new model of service delivery to meet any unmet need. While this is not specifically about the DHB Strategic Disability Action Plan, the opportunity to engage with the disability community in a joint process between the West Coast DHB and Independent Living Services will inform and improve collaboration and integration between the health and disability sector on the West Coast.

3. The Office for Disability Issues (ODI) was established in 2002 to provide dedicated support to the Minister for Disability Issues. They monitor and promote implementation of the New Zealand Disability Strategy, lead strategic disability issues work, and provide second opinion advice to other agencies. ODI developed, following consultation, the New Zealand Disability Action Plan 2014 -2018. As the draft of the Strategic Disability Action Plan is aligned with the national plan, the Director of ODI has expressed strong interest in collaborating with the Planning and Funding, in developing an outcomes focused framework that can be used to evaluate the New Zealand Disability Action Plan and therefore be directly transferrable to the DHB plans.

Without exception those involved in the pre-consultation meetings were extremely positive about the development and implementation of a West Coast DHB Strategic Disability Action Plan.

During the pre-consultation phase, questions and comments were frequently made in relation to disabled peoples experience of different aspect of the health system. This provided an opportunity to communicate some of the positive change that has and is occurring across the health system that will improve the experience and health outcomes for people with disabilities. The consultation and implementation of the Strategic Disability Action Plan will provide a mechanism to identify and celebrate these efforts and achievements with the disabled community

5. APPENDICES

Appendix 1:	Priority Action Framework
Appendix 2:	Canterbury DHB Draft Position Statement
Appendix 3:	Draft Disability Action Plan

Report prepared by: Kathy O'Neill, Service Development Mgr, Planning & Funding

Report approved for release by: Carolyn Gullery, General Manager, Planning and Funding.

APPENDIX 1

PRIORITY ACTION FRAMEWORK
Pre–Consultation
List of Face to Face Meetings

West Coast DHB

- Alliance Leadership Team
- West Coast DHB Consumer Council
- Nurse Manager Clinical Services – Grey Hospital
- Programme Director
- Allied Health - Paediatric Department
- CCS Disability Action
- Lifelinks – Needs Assessment and Service Co-ordination, Disability
- Older Persons Health – Complex Care
- West Coast Ministry Of Education Specialist Education
- Disability Resource Centre – West Coast
- Gary Coghlan

Canterbury DHB

- Maori and Pacific Provider Forum
- Hector Matthews and Maori and Pacific Portfolio Manager P&F–Canterbury DHB
- Primary Care via Alliance Support Team
- Intellectual Disability Provider Forum.
- Planning and Funding – individual team leaders –Canterbury DHB
- Corporate Quality and Risk –Canterbury DHB
- Consumer Council / Core Group –Canterbury DHB
- Earthquake Disability Leadership Group
- Christchurch City Council Disability Advisory Group
- Human Resources–Canterbury DHB
- Disability Support Services MOH
- Community and Public Health –Canterbury DHB
- Child Development –Canterbury DHB
- Te Pou
- Disabled Persons Assembly
- Office of Disability Issues
- Canterbury Clinical Network – Co-ordinator
- Bruce Coleman – Contracted to develop Disability Outcomes Framework
- Barrier Free

Draft Canterbury DHB Position Statement

Purpose

This position statement summarises the commitment of the Canterbury District Health Board (CDHB) to actions aimed at improving the lives of people with disabilities in the Canterbury region. It will be used in making governance, planning & funding, and operational decisions. The CDHB's Disability Action Plan reflects this position statement and provides the details of its implementation.

Key points

The CDHB recognises that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging, which is associated with increasing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes for all.

The CDHB can influence the extent to which our direct and contracted services, staff and facilities work to promote the health and wellbeing of people with disabilities who may be patients, clients, consumers, families & whanau, visitors, or employees of the CDHB.

The CDHB can also influence decision-makers outside the health sector to take into account the implications of their decisions on the lives of people with disabilities.

The CDHB makes the following commitments to people with disabilities, their families & whanau, to:

1) Collect their feedback about the services we deliver
2) Understand their perspectives and needs
3) Deliver appropriate specialist, general and public health services, in a way that suits
4) Equip and upskill staff to meet their needs.

The CDHB will also incorporate the perspectives and needs of people with disabilities when we:

1) Contract other organisations to deliver services
2) Employ people with disabilities
3) Design and build our facilities
4) Monitor and report on how well we are doing, and plan for improvements
5) Partner with our communities to improve population health and wellbeing

APPENDIX 3

West Coast Disability Strategic Action Plan 2015 – 2025

VISION: The West Coast DHB's disability strategic vision is of a society that highly values lives and continually enhances the full participation of disabled people. Through this strategic vision, the West Coast DHB will ensure that people with disabilities experience a responsive and inclusive health and disability system that supports them to be safe and well in their homes and communities.

The New Zealand Disability Action Plan 2014 -2018 Strategic Focus				
Safety and Autonomy	**Wellbeing**	**Self Determination**	**Community**	**Representation**
I am safe in my home, community and work environment. I feel safe to speak up or complain and I am heard. Those assisting me (professionals and others) have high awareness and I do not experience abuse or neglect.	I feel dignity and cultural identity through a balance of family/community, mental, physical and spiritual wellbeing.	I make my decisions myself based on my aspirations. I have access to information and support so that my decisions are informed.	I feel respected for my views and my contribution is received on an equal basis with others.	Disabled Peoples Organisations (DPO) represent collective issues that have meaning for me (based on lived experience) in a way that has influence and impact.
West Coast **DHB – Strategic Goal**				
Disabled people and their family/whanau are listened to carefully by health professionals and/or carers and their opinions are valued and respected. Individuals are encouraged to make suggestions or voice any concerns.	The wellbeing of disabled people is improved and protected by recognising the importance of their cultural identity. Health practitioners understand the contribution of the social determinants of health.	Disabled people contribute to their own health outcomes as the barriers are removed so that they receive the support and information that enables them to participate and influence at all levels of society.	Disabled people experience equal workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whanau, carers and staff.	The collective issues that emerge from disabled people's lived experience of the health system are actively sought and used to influence the current and future West Coast health system.

APPENDIX 3

The West Coast DHB will

Safety and Autonomy

1. **DELIVER NEW OR CHANGED SERVICES**
   Identify with disabled people where there are gaps in service provision and work with Disability Support Services and other government and non-government agencies to develop and implement pathways that are best for patient, best for system. (7)

2. **MEASURE NEED AND PROGRESS**
   Engage with disabled people to develop measures in line with the West Coast Health System Framework and/or Disability Outcomes Framework for each strategic goal, and use data analysis to evaluate and improve the health system. This process will identify opportunities to increase the health services people receive in their homes and communities(1, 8)

3. **IMPROVE ACCESS TO PERSONAL INFORMATION**
   Enable disabled people's to have increased autonomy in making decisions that relate to their **own** health by developing processes that enhance communication e.g. access to their medical records through patient portals. Disabled people will be given support to do this if they are unable to do this on their own (6)

4. **OFFER APPROPRIATE TREATMENT**
   Uphold *Article - 15 Freedom from torture or cruel, inhuman or degrading treatment*, United Nations Convention on the Rights of Persons with Disabilities and have a proactive approach to action the recommendations made in the *Second Report of the Independent Monitoring Mechanism of the Convention on the Rights of Persons with Disabilities , Aotearoa/New Zealand July 2012 – December 2013, Published August 2014** (2)

APPENDIX 3

Wellbeing

5. WORK TOWARDS EQUITABLE OUTCOMES FOR MAORI

Work with tangata whaiora, whanau and Kaupapa Maori providers to action the West Coast DHB Maori Action Plan and Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Services 2012 – 2017, to achieve equitable population outcomes for disabled Maori and their whanau. (11, 15)

6. IMPLEMENT PASKFIKA DISABILITY PLAN

Work with Pasifika people, fono and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 -2016 which identifies nine specific objectives for disabled Pasifika people which are aimed at improving service provision. (12, 15)

7. DEVELOP BETTER APPROACHES FOR REFUGEE, MIGRANT AND CULTURALLY AND LIGUISTICALLY DIVERSE GROUPS

Work with refugee and migrant and other culturally and linguistically diverse groups to identify and implement best practise for those working with disabled people. (9)

8. INTEGRATE SERVICES FOR DISABLED CHILDREN/YOUTH

Focus on the needs of disabled children/youth and their family/ whanau and together work to create an integrated health and social service response (13, 15)

Self Determination

9. PROVIDE ACCESSIBLE INFORMATION AND COMMUNICATION

Promote and provide communication methods that improve access and engagement with disabled people e.g. ensuring all computer systems, websites are fully accessible to those who need adaptive technology to access those systems, to provide communication devices and support, where necessary and appropriate, sign language (1)

10. USE PLAIN LANGUAGE

Increase the use of plain language versions of information that are written in different languages to reflect the needs of their community, so that this is standard practise across the West Coast DHB (7)

11. MONITOR QUALITY

Develop and use a range of new and existing quality measures for specific groups and services the West Coast DHB provide for disabled people and develop systems and processes to respond to unmet need e.g. consumer survey (6, 10, 14)

12. DEVELOP LEADERSHIP OF PEOPLE WITH DISABILITES WHO HAVE A ROLE IN THE HEALTH SYSTEM

Identify and support opportunities for leadership development and training for disabled people within the health system. (5)
And Identify within Divisions where people with lived experience are providing peer support to service users and recommend areas of further development. (5)

APPENDIX 3

Community

13. BE AN EQUAL OPPORTUNITY EMPLOYER

Develop and implement an appropriate quality tool for current employees who identify as having a disability and explore opportunities to improve staff wellbeing. (2, 4, 10)

14. INCREASE STAFF DISABILTIY AWARENESS, KNOWLEDGE AND SKILLS

Engage with professional bodies and human resources to develop and implement orientation and training packages that enhance disability awareness. (1)

15. DESIGN AND BUILD FACILITIES THAT MEET NEEDS AND ENCOURAGE INCLUSION

The design process of West Coast DHB facilities will engage disabled people and incorporated design features that improve their experience of the health system. (6)

Representation

16. IMPLEMENT THE PLAN IN PARTNERSHIP

Work with the West Coast DHB Consumer Council to ensure a network of disability focused consumer groups are empowered to actively engage with health service providers and be partners in health service improvement and re-design. This will support the implementation and evaluation of the West Coast Disability Action Plan which will prioritise the involvement of disabled people (1)

17. USE INFLUENCE TO PROMOTE THE HEALTH, WELLBEING AND INCLUSION OF PEOPLE OF ALL AGES AND ABILITIES

Actively promote and influence universal design and work with key stakeholders to achieve accessible communities. (1,4)

Appendix

Numbered next to each strategic action is the number of the objective(s) of the New Zealand Disability Strategy 2001 that will be met

The Objectives are to:

1. encourage and educate for a non-disabling society
2. ensure rights for disabled people
3. provide the best education for disabled people
4. provide opportunities in employment and economic development for disabled people
5. foster leadership by disabled people
6. foster an aware and responsive public service
7. create long-term support systems centred on the individual
8. support quality living in the community for disabled people
9. support lifestyle choices, recreation and culture for disabled people
10. collect and use relevant information about disabled people and disability issues
11. promote participation of disabled Mäori
12. promote participation of disabled Pacific peoples
13. enable disabled children and youth to lead full and active lives
14. promote participation of disabled women in order to improve their quality of life
15. value families, whänau and people providing ongoing support

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 12 MARCH 2015

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

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

DATE: **27 March 2015**

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 12 March 2015.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 12 March 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) DISABILITY ACTION PLAN UPDATE

The updated Disability Action Plan was presented to the Committee to provide further advice on the content, and endorse the development of a West Coast DHB position statement along the lines of the Canterbury DHB position statement.

This is provided to the Board on the recommendation of the Committee to approve the current draft of the West Coast DHB Strategic Disability Action Plan for wider consultation with people with disabilities, their families and carers and other key stakeholders, and to note the on-going process to develop a West Coast DHB position statement promoting the health and wellbeing of people with disabilities.

The Committee noted that the community consultation meetings will be held in conjunction with Karen Beard-Greer, President of the NZ Federation of Disability Information who will be reviewing the delivery of Disability Information Advisory Services (DIAS) on the West Coast.

b) COMMUNITY & PUBLIC HEALTH UPDATE.

This report was provided the Committee with updates on:

Social Impact Assessment Westland District Council Class 4 Gaming Policy

CPH staff facilitated a Social Impact Assessment workshop held on the 12th of February to review Westland District Council's Gambling Venue Policy. CPH is currently compiling the report, including workshop recommendations, which will be presented to Council for consideration at a future meeting. Council will then consider including the recommendations and, if they decide to change their current policy, a draft of the amended policy will be released for public consultation.

Annual Report on Drinking Water Quality 2013-14

The Annual Report on Drinking Water Quality (Annual survey) for the period 1 July 2013 to 31 June 2014 has just been released by the Ministry of Health. To achieve overall compliance with Drinking water Standards for New Zealand a supply must meet bacteriological, protozoal and chemical standards. The survey includes results for all networked drinking water supplies serving populations of 100 people or more. Overall, 79.0 per cent of New Zealanders (3,023,000 people) on the supplies included in the survey received drinking water which complied with all three requirements. Nationally the proportion of the population receiving drinking water meeting the bacteriological standards is 97.2% (3,723,000 people), protozoal standards 80.8% (3,093,000 people) and chemical standards 97.4% (3,728,000 people).

The results in the annual survey are separated into each category of water supply. On the West Coast these are Medium drinking water supplies (5001-10,000) people); Minor drinking water supplies (501-5000 people) and Small drinking water supplies (101-500 people).

Overall, the compliance of the water supplies on the West Coast is significantly less than the national average other than bacterial compliance results for the Grey and Westland Districts. The chemical compliance results from the Annual Survey for the West Coast are somewhat misleading as small supplies (101-5000 people) are not required to be assessed for chemical contamination and so achieved 100% compliance by default.

For the Buller District, the proportion of the population receiving drinking water meeting bacteriological standards was 71% (4974 people), protozoal standards 14% (951 people) and chemical standards 100% (7040 people). No supplies provided drinking water meeting all the standards.

For the Grey District, the proportion of the population receiving drinking water meeting bacteriological standards was 100% (11887 people), protozoal standards 4% (487 people) and chemical standards 100% (11887 people). Only one drinking water supply, Blackball (small), met all the standards.

For Westland District, the proportion of the population receiving drinking water meeting bacteriological standards was 81% (4467 people), protozoal standards 18% (969 people) and chemical standards 100% (5481 people). Westland had two drinking water supplies, Hari Hari (small) and Franz Josef (small), which met all the standards.

Over the last annual survey year the issue of on-going transgressions and faults occurring at the Punakaiki water supply have been subject to reports in local news media and direct contact between CPH drinking water staff and the Medical Officer of Health with the Buller District Council.

Tobacco Controlled Purchase Operations (CPOs)

CPH staff carried out two controlled purchase operations in January, visiting 22 premises in the Buller, Grey and Westland Districts. Only one tobacco retailer sold cigarettes to a young person under the age of 18. The retailer who made the tobacco sale has been referred to the Ministry of Health and will be issued with an infringement notice and a $500 fine.

CPOs are carried out by smokefree enforcement officers using an underage volunteer. They are a way of ensuring that tobacco retailers comply with the Smoke-free Environments Act 1990 which prohibits the sale of tobacco products to people under 18 years of age. Before the CPO each tobacco retailer is visited by a CPH staff member to ensure that they are aware of their legal obligations around selling tobacco.

Mental Wellbeing

CPH supported the recent Challenge Central Finance Charity Cycle Ride that travelled from Picton to Bluff through the West Coast to raise awareness of depression and suicide. Two CPH health promoters attended a quiz night held in Reefton for the cyclists and over 60 members of the Reefton community. This was a great opportunity to support the Reefton community and to share messages around positive wellbeing and moderate drinking. A CPH health promoter also spoke about the QPR suicide Awareness training at a gathering in Hokitika the following night.

Discussion took place regarding chemical contamination in drinking water and whether routine checks for chemicals, particularly pesticides and herbicides used in farming, took place. The Committee noted that these checks are not required, as they are classified as Priority 2 (P2). If an established water supply contains specific chemical such as arsenic or manganese then these levels will be monitored.

The report was noted.

c) 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 continues to perform well above the 6-hour ED health target (target: 95%) during Quarter 2; with 99.5% of patients admitted, discharged or transferred within 6 hours, and 94.6% within just 4 hours.

- West Coast DHB was 51 discharges ahead of our Electives health target for the six months to 31st December 2014.
- During Quarter 2, West Coast DHB staff provided 94.7% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target.

Key Issues & Associated Remedies

- B4 School Check coverage continues to do very well against the high deprivation population (noting the fluctuation of small numbers), but is struggling against the total population group—delivering five total checks during January. This is due to a new Coordinator attending training as well as the usual school holidays lull.

Upcoming Points of Interest

- **Pilot of new model in Buller for patients with complex needs**
  A new process in Buller to support the coordination and delivery of care for people with complex needs is currently being piloted. The approach includes the redevelopment of supporting services to provide a full range of care and support options coordinated seamlessly through an integrated access system.

The report was noted.

d) ALLIANCE UPDATE

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

Mental Health Workstream

- The Buller mental health team continues to progress the locality based services for the Buller region. Workstream activity is now moving to work with the Specialist Mental Health Services to support the locality models

Complex Clinical Care Network (CCCN)

- Work continues with upskilling Home Based Support Providers to enable them to deliver the restorative model of care along with supported discharge model. Relationships between primary care, allied health, community services and hospital staff have strengthened with continued conversations on how all parties can work together to deliver an integrated model of care.
- In Buller a new process has been identified and is currently being piloted for supporting the coordination and delivery of care for people with complex needs on the West Coast. The approach includes the redevelopment of supporting services to provide a full range of care and support options coordinated seamlessly through an integrated access system.
- The business case for the Integrated Falls Prevention/Fracture Liaison Service approach is being prepared and will be presented for approval this quarter. We anticipate following approval, the first phase of the Integrated Falls/FLS (a 0.5 FTE Community Falls champion providing services to the Grey and Westland areas) will be in place by Q4. Confirmation on timeframes for full implementation of the integrated service will be able to be confirmed following submission and approval of the business case.
- West Coast DHB Falls/FLS representatives have already participated in the first joint Falls/FLS HOPSLA & South Island Quality and Safety SLA meeting, with the next planned for April 2015. These collaborative meetings are assisting in the development of consistent approaches, pathways and outcome measurement for Falls Prevention and FLS delivery across the region.

Grey/Westland & Buller Family Health Services (IFHS)

- Meetings between the three Greymouth practices are underway to discuss and develop a single process for unplanned and acute care. This is in preparation for the three practices coming together under the single roof of the Grey IFHC.
- The team is also looking at how the huddle meetings that have commenced in Buller can be used in the Grey practices.
- A pilot of mobile devices is underway with a tablet being trialled to connect with patient information systems while off-site.

Healthy West Coast

- HWC have now endorsed the plan to better target Maori smokers for engagement in cessation services. This now includes Poutini Waiora engagement through Greymouth and Buller's Kaupapa Maori Nurses.
- The implementation of Patient Dashboard has produced good results in terms of improving performance against the Primary Care Health Targets.
- Work is progressing to employ a Community Nutritionist to support Diabetic and Pre-Diabetic Green Prescription clients. Appointment expected early Quarter 3

Child and Youth

- Planning has begun towards developing the Transalpine partnership in relation to Community Oral Health Services. A joint Canterbury DHB & West Coast DHB Oral Health services meeting will take place to determine the best model of partnership from both the clinical and operational perspectives.
- The pilot of the Secret Shopper project is complete with results and feedback provided to the next group of youth to undertake these visits. The first follow up group have now completed visits in Greymouth and Hokitika.

Pharmacy

- Planning continues for the use of a design lab approach for modelling allocated space for the provision of pharmacy services within the new Grey Integrated Family Health Centre.
- All Greymouth and Hokitika pharmacists now have their Medicines Use Review accreditation.

The report was noted.

e) HEALTH TARGET REPORT Q2

This report is included in today's Board papers.

f) DRAFT WEST COAST DHB PUBLIC HEALTH PLAN 2015-16

The Committee noted the West Coast DHB Public Health Plan. This will be presented to the Board as part of the DHB Annual Planning process.

g) MAORI HEALTH PLAN UDATE

This report is included in today's Board papers.

h) GENERAL BUSINESS

The Chair advised that the Committee that the Disability Resource Service Network meeting is held on the second Tuesday of every month at 12.30pm and the venue is Karoro Learning Centre. She commented that members may find these meetings very informative and interesting.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 12 March 2015

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

AGENDA

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 12 March 2015 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**
   29 January 2015

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Disability Action Plan Update**	Kathy O'Neill *Service Development Manager, Planning & Funding*	*9.10am – 9.30am*
5.	**Community and Public Health Update**	Jem Pupich *Team Leader, Community and Public Health*	*9.30am - 9.40am*
6.	**Planning & Funding Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.40am - 9.50am*
7.	**Alliance Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.50am – 10.00am*
8.	**Health Target Report Q2**	Phil Wheble *Team Leader, Planning & Funding*	*10.00am – 10.10am*
9.	**Maori Health Plan Update**	Gary Coghlan *General Manager, Maori Health*	*10.10am – 10.20am*
10.	**Draft West Coast DHB Public Health Plan 2015-16**	Cheryl Brunton *Medical Officer of Health*	*10.20am – 10.35am*
11.	**General Business**	Elinor Stratford *Chair*	*10.35am - 10.45am*

ESTIMATED FINISH TIME — 10.45am

INFORMATION ITEMS

- **Board Agenda – 13 February 2015**
- **Chair's Report to last Board meeting**
- **Committee Work Plan 2015**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 23 April 2015

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 12 MARCH 2015

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

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **27 March 2015**

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 12 March 2015.

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

"- monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment.*

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB."

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 12 March 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 12 March 2015. 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 some conversations have been taking place over the last few weeks that Canterbury and West Coast have been part of.

MANAGEMENT REPORT

Michael Frampton, Programme Director, and Phil Wheble, Acting General Manager, Grey/Westland presented this report.

The report contained the following matters of interest to the Board:

- Continued compliance with ESPI 2 & 5 and on track to deliver to new time frames.
- The commencement of the Associate Director of Allied Health.
- Continued success in decreasing DNA rates.
- Facilities – we continue to work toward the next round of meetings and clinical teams continue to focus on models of care.
- From a workforce perspective the DHB is fully staffed in a number of areas and work is continuing in ensuring that nursing resource is moved to where the demand is.

- We are working with a sense of urgency to being to life the transalpine arrangements across services.
- A process has just been completed around a proposal for change for the reconfiguration of Hannan Ward. Sitting behind this is the work being undertaken for new models of care for the new facilities. Feedback is expected to be collated in April.
- Work is taking place to ensure the work undertaken over the last 18 months getting people in the right place doing the right thing is still appropriate.

The report was noted

FINANCE REPORT

Justine White, General Manager, Finance presented the Finance Report for the month ending January 2015. The consolidated West Coast District Health Board financial result for the month of January 2015 was a deficit of $0.278m, which was $0.273m unfavourable against the budgeted deficit of $0.005m. The year to date position is now $0.633m unfavourable.

The Committee noted that it will be a challenge to pull back from the current position to meet our Annual Plan target.

The Board Chair provided the Committee with some background regarding transitional funding and discussion took place around this and the need to have this included into the base funding.

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 mentioned in particular the full implementation of the maternity model of care and that this process is going very well. The Committee noted the intention to maintain this as a core team across the system. The Committee also noted the reintroduction of planned birthing at Kawatiri.

The report was noted.

GENERAL BUSINESS

Discussion took place regarding the financial pressures facing the West Coast and Canterbury and the importance of this relationship working properly.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 12 March 2015.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 12 March 2015 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**
   29 January 2015

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS — 11.10am

4.	**Management Report**	Philip Wheble *Acting General Manager Grey | Westland*	*11.10am - 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am - 11.45am*
6.	**Clinical Leaders Report**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.45am – 12noon*
7.	**General Business**	Sharon Pugh *Chair*	*12noon – 12.15pm*

ESTIMATED FINISH TIME — 12.15pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 13 February 2015**
- **2015 HAC Work Plan (Working Document)**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 23 April 2015
Corporate Office, Board Room at Grey Base Hospital.

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 12 MARCH 2015

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

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

SOURCE: **Chief Executive**

DATE: **27 March 2015**

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 to the Tatau Pounamu meeting of the 12 March 2015.

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

2. RECOMMENDATION

That the Board

i. notes the Tatau Pounamu Manawhenua Advisory Group update - 12 March 2015

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu meeting held on 12 March 2015. Papers presented to the Committee meeting are available on the West Coast DHB website.

ADVICE TO THE BOARD

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

1. **Terms of Reference and MOU**
   The Chair of Tatau Pounamu and the Board along with the Programme Director of Corporate Services met to discuss the process of reviewing the Memorandum of Understanding. It is expected that the Terms of Reference will align to the MOU. It was agreed that the review will happen in April prior to the next Tatau Pounamu meeting and will include the Chairs of Poutini Ngai Tahu Papatipu Runanga, the Chair of Tatau Pounamu and the Chair of the West Coast DHB.

2. **Role Definition of Tatau Pounamu**
   A discussion took place with the Chair of Tatau Pounamu and the Board Chair around clearly defining the actual role of Tatau Pounamu. Tatau Pounamu currently performs as a non statutory committee; however it does align to some of the regular statutory meeting obligations. This issue will be included in the review of the MOU.

3. **Maori Representatives to DHB Committees**

   Tatau Pounamu is continuing to make positive relationships with Maori representatives who have expressed an interest to be appointed to various committees and working groups. A request was received for representation onto the Heart & Respiratory working group and Tatau Pounamu agreed to appoint Joanne Bentley to this group.

   Tatau Pounamu has developed a database of interested Maori representatives and will continue to build this database.

4. **Whanau Ora – Buller Hui**

   Work is continuing with whanau in the Buller region by Te Putahitanga in follow up to the initial hui in Buller last year. A recent hui followed these initial discussions this week and this continues to have positive outcomes for the Buller Community. Tatau Pounamu will continue to closely monitor this initiative.

5. **Facility Design Meeting**

   A meeting was conducted with the Chair of Ngati Waewae and Adam Flowers to have further discussions regarding the historical trail which are sited where the new facility is to be built.

6. **Mental Health Workstream**

   Barbara Greer has been positively representing for Maori on the Mental Health Workstream group. Barbara has also been involved on other key pieces of work and recently on an interview panel for a key Maori Mental Health appointment.

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

TATAU POUNAMU MANAWHENUA ADVISORY COMMITTEE AGENDA

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

TATAU POUNAMU ADVISORY GROUP MEETING
Kahurangi Room, Mental Health Services
Thursday 12 March 2015 @ 3.00 pm

KARAKIA

ADMINISTRATION

Apologies

1. **Interest Register**
   Update Interest Register and Declaration of Interest on items to be covered during the meeting.
2. **Confirmation of the Minutes of the Previous Meeting**
   29 January 2015
3. **Carried Forward/Action List Items**
4. **Discussion Items**

- Rangatahi
- Philip Wheble, Team Leader Planning & Funding – Alliance and Grey/Westland Update — 4.00pm
  (Acting for Mark Newsome)
- Karyn Bousfield, Director of Nursing for Mark Newsome — 4.00pm

REPORTS

5.	**Chairs Update – Verbal Report**	Chair
6.	**GM Maori Health – Report**	Gary Coghlan, Maori Health
7.	**Maori Health Plan 2015/16 Update**	Kylie Parkin, Maori Health
	Draft Workstream Plans Update	Kylie Parkin, Maori Health
	Quarter 2 Report Update	Kylie Parkin, Maori Health
8.	**Alliance Update**	Philip Wheble, Planning & Funding

INFORMATION ITEMS

- Tatau Pounamu Meeting Schedule

ESTIMATED FINISH TIME 5.00pm

RESOLUTION TO EXCLUDE THE PUBLIC

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

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

SOURCE: **Board Secretariat**

DATE: **27 March 2014**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 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 12 December 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.	Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Risk Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	Project Elevate – Oracle R12	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	National Infrastructure Programme (NIP) Options	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Loan Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
10.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

3. SUMMARY

The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 provides:

"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i) of the Official Information Act 1982".

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

"(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board".

Report Prepared by: Board Secretariat

WEST COAST DHB – MEETING SCHEDULE

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.