

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



BOARD MEETING

**Friday 8 May 2015
10.15am**

**Lecture Theatre, Greymouth Hospital
and then
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*)

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 8 May 2015 commencing at 10.15am

PLEASE ASSEMBLE AT THE LECTURE THEATRE, GREYMOUTH HOSPITAL

10.15am

- | | | | |
|----|--------------------------------|---|----------------|
| 1. | Telehealth Presentation | Michael Frampton
<i>Programme Director</i>
John Garrett
<i>Telehealth Clinical Leader, Canterbury/West Coast</i> | 10.20am |
|----|--------------------------------|---|----------------|

PLEASE MOVE TO ST JOHN, WATERWALK ROAD

10.50am

KARAKIA

11.00am

ADMINISTRATION

11.05am

Apologies

2. **Interest Register**
3. **Confirmation of the Minutes of the Previous Meetings**
 - 27 March 2015
 - 23 April 2015
4. **Carried Forward/Action List Items**

REPORTS

11.15am

- | | | | |
|-----|--|--|-------------------|
| 5. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 11.15am – 11.25am |
| 6. | Chief Executive's Update
- Health & Safety | David Meates
<i>Chief Executive</i> | 11.25am – 11.45am |
| 7. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 11.45am – 11.55am |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.55am – 12.05pm |
| 9. | Maternity Review Update | Michael Frampton
<i>Programme Director</i> | 12.05pm – 12.15pm |
| 10. | Report from Committee Meetings | | |
| | - CPH&DSAC
23 April 2015 | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | 12.15pm - 12.20pm |
| | - Hospital Advisory Committee
23 April 2015 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 12.20pm – 12.25pm |
| | - Tatau Pounamu Advisory Group
16 April 2015
(to be provided separately) | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | 12.25am – 12.30pm |

11. Resolution to Exclude the Public

Board Secretariat

12.35pm

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME

12.35pm

NEXT MEETING

Friday 26 June 2015

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Disclosure of Interest	
Peter Ballantyne Chair	<ul style="list-style-type: none"> Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB Retired Partner, Deloitte Member of Council, University of Canterbury Trust Board Member, Bishop Julius Hall of Residence Spouse, Canterbury DHB employee (Ophthalmology Department) Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board Director, Brackenridge Estate Limited
Kevin Brown	<ul style="list-style-type: none"> Councillor, Grey District Council Trustee, West Coast Electric Power Trust Wife works part time at CAMHS Patron and Member of West Coast Diabetes Trustee, West Coast Juvenile Diabetes Association
Helen Gillespie	<ul style="list-style-type: none"> Peer Support Counsellor, Mum 4 Mum Employee, DOC
Michelle Lomax	<ul style="list-style-type: none"> Autism New Zealand – Member West Coast Community Trust – Trustee Buller High School Board of Trustees – Joint Chair St John Youth Leader
Peter Neame	<ul style="list-style-type: none"> Wite Wreath Action Against Suicide – Member
Sharon Pugh	<ul style="list-style-type: none"> Shareholder, New River Bluegums Bed & Breakfast Chair, Greymouth Business & Promotions Association
Elinor Stratford	<ul style="list-style-type: none"> Clinical Governance Committee, West Coast Primary Health Organisation Committee Member, Active West Coast Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust 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	<ul style="list-style-type: none"> • Chief Executive, Development West Coast • Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee & Member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member
John Vaile	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Member of Tatau Pounamu • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Poutini Waiora • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 27 March 2015 commencing at 10.15am

BOARD MEMBERS

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

APOLOGIES

Apologies were received and accepted from Michelle Lomax and Susan Wallace.

An apology for lateness was received and accepted from Joseph Thomas (1.20pm).

An apology for early departure was received and accepted from Sharon Pugh (1.00pm).

EXECUTIVE SUPPORT

Mark Newsome (General Manager, Grey/Westland); Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller); Melissa Macfarlane (Team Leader, Accountability, Planning & Funding); Phil Wheble (Team Leader, Planning & Funding); Stella Ward (Executive Director, Allied Health); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

The Board noted that due to the cancellation of the Christchurch to Hokitika plane this morning members of the Executive Management Team, Justine White and Stella Ward would join the meeting when they arrived.

Gary Coghlan led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (7/15)

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

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 13 February 2015 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:

- HBL – numerous conference calls have taken place with DHB Chair's & CEO's and the transitional governance group. The target is to have the agreement of all DHBs by the end of April 2015 which may require a Special Board meeting.
- There was a National Leadership Group Meeting in Wellington on 2 & 3 March. One of the focuses was the Performance Improvement Framework with the aim to get best practices between DHBs for managing the sector going forward.
- The Chair advised that he & the Programme Director had met with the Chair of Tatau Pounamu and there will be a further meeting in the near future to address the Memorandum of Understanding.
- A Partnership Group Teleconference was held yesterday. The Partnership Group are working very hard to get the right relationships going forward.
- The 2014/15 Annual Plan is not yet signed off. The Minister of Health has asked the c to reduce transitional funding by \$1m so the year end result will show as a deficit which will come back to us in the following year by way of deficit funding.

Resolution (8/15)

Moved Peter Ballantyne/seconded Sharon Pugh – carried)

That the Board:

- i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

Mark Newsome, General Manager, Grey/Westland presented this report which was taken as read.

He highlighted the following points:

- In Primary Care Martin London has now retired but will retain some governance roles. There are 2 new GPs who are incredibly keen.
- Facilities – McBrearty roof will receive some remedial repairs.
- The EOI for various consulting services for Buller closed on 10 March and these are now being assessed.
- DNA rates in Hospital Services continue to reduce.
- The new Associate Director of Allied Health has commenced.
- Hannan Ward remains closed and a consultation process is underway regarding future use.
- We are about to sign a contract with St John for transport after 2 years.
- In the health & safety area there is a Health & Safety Committee for Canterbury & West Coast ensuring we adhere to the new health & safety legislation.

Discussion took place regarding the monitoring of care provided in DHB owned Rest Homes.

Resolution (9/15)

(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, presented the Clinical Leaders Update. The report was taken as read.

Ms Bousfield highlighted the following:

- We remain focussed on undertaking work across the system in an integrated way.
- 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.
- Further work continues on the development of the flexible nursing workforce and preparing nurses for innovative roles across the whole health system.
- The West Coast has had its first Enrolled Nurse complete a Master of Nursing with a thesis topic of: An Exploration of the Quality Health Care for Women Living on the West Coast.

Resolution (10/15)

(Moved Elinor Stratford/seconded Sharon Pugh – carried)

That the Board:

- i. notes the Clinical Advisor's update.

7. FINANCE REPORT

The Finance report was taken as read. 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 Chair commented that these results do not include the adjustment of the \$1m reduction in transitional funding, however we have been advised that deficit funding to cover this will be provided. The Board noted that work is taking place looking at the use of locums and this work is tracking in the right direction.

Resolution (11/15)

(Moved John Vaile/seconded Kevin Brown – carried)

That the Board:

- i. Notes the financial result for the period ended 30 March 2015

8. MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health, presented this update which was taken as read.

Discussion took place regarding the excellent work being undertaken by Community & Public Health in the Primary Smoke Free area.

The Board noted that the DHB is working closely with Poutine Wairoa across all areas of Maori Health.

Resolution (12/15)

(Moved Kevin Brown/seconded John Vaile – carried)

That the Board:

- i. Notes the Maori Health Plan Update

9. HEALTH TARGET REPORT – QUARTER 2

Phil Wheble, Team Leader, Planning & Funding, presented this report which was taken as read.

The Board noted that the DHB continues to achieve the ED health target and the elective surgery target. Whilst cancer treatment sits at 83% in the report. Late correspondence from the Ministry of Health corrected this to 73%. Although not meeting the target for immunisation we continue to achieve 99% coverage of those available for immunisation.

Resolution (13/15)

(Moved Peter Neame/seconded Helen Gillespie – carried)

That the Board:

- i. Notes the West Coast DHBs performance against health targets.

10. DISABILITY ACTION PLAN

Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee advised the Board that her Committee had recommended this paper to the Board for approval.

Phil Wheble, Team Leader, Planning & Funding advised that this is a high level plan for consultation. The plan will then flow through the Alliance work streams.

Resolution (14/15)

(Moved Elinor Stratford/seconded Kevin Brown – carried)

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

11. MATERNITY REVIEW UPDATE

This item was deferred until the next meeting.

12. 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 12 March 2015.

The update was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 12 March 2015.

She mentioned in particular the continued reduction in DNAs and the positive move in shifting nursing resources to where the demand is and also the re-introduction of birthing at

Kawhatiri.

The update was noted.

- c) Elinor Stratford provided a verbal update on the Tatau Pounamu Advisory Group meeting held on 12 March 2015.

The update was noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (15/15)

(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, 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”;

There being no further business the public open section of the meeting closed at 11.15am.

The Public Excluded section of the meeting commenced at 11.30am and concluded at 1.55pm with a break for lunch between 12.30pm & 1.00pm.

Peter Ballantyne, Chair

Date

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD SPECIAL MEETING
held in the Board Room, Greymouth Hospital
on Thursday 23 April 2015 commencing at 12.15pm

BOARD MEMBERS

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

APOLOGIES

There were no apologies.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); and Kay Jenkins (Minutes).

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

There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. RESOLUTION TO EXCLUDE THE PUBLIC**Resolution (16/15)**

(Moved Peter Neame/seconded Joseph Thomas – carried)

That the Board:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely item 1 and the information item contained in the report.
- ii. notes that the general subject of the 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.	HBL Transition Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which

good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”;

There being no further business the public open section of the meeting closed at 12.20pm.

The Public Excluded section of the meeting commenced at 12.20pm and concluded at 1.20pm.

Peter Ballantyne, Chair

Date

Draft

CARRIED FORWARD/ACTION ITEMS



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

WEST COAST DISTRICT HEALTH BOARD CARRIED FORWARD/ACTION ITEMS AS AT 8 MAY 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.	On today's Agenda

CHIEF EXECUTIVE'S UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 8 May 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.



A: Reinvigorate the West Coast Alliance

Alliance Leadership Team

- Workstream workplans for the 15/16 year have been reviewed with the ALT wanting to see further evidence of integration across the workstreams and ensuring that the 5 Alliance priorities for the coming year have been addressed. These priorities for each workstream are:
 - Improved access to the health care home. What is your workstream going to do to contribute to that goal?
 - What single, system-level change will be made this year, and how will this be measured?
 - How will Māori access and outcomes be increased?
 - How will rural populations receive better care?
 - What IT initiative and what workforce initiative will this workstream work on?
- There was some concern around the progress of some actions within three workstreams and the Alliance Support Group (ASG) is now working with these workstreams to address these concerns.
- ALT was pleased to see the encouraging feedback from both primary and secondary

care regarding the effectiveness of HealthPathways as a clinical tool.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
 - *Hospital* – A review of acute presentations to the hospital has been completed. The review revealed a significant number of the presentations are triage 4 or triage 5; a potential opportunity for the Reefton Medical Centre.
 - *Medical Centre* – A monthly Rural Nurse Specialist clinic at Springs Junction continues. Also a weekly evening RNS clinic is continuing at the Reefton Medical Centre.
 - *General* – Staff flu vaccinations commenced on 13 April; this includes partners and contractors (ISS and Spotless). All 11 rest-home residents were given their vaccinations on 13 April.
- **South Westland Area Practice:** One of the Haast RNS resigned from her RNS role. However, she will remain in the area and undertake a maternity role and cover RNS on call for us as able.
- **Greymouth Medical Centre & Rural Academic General Practice:** The Nurse Practitioner has resigned. Recruitment to this role has not commenced as consideration is being given to the Model of Care and what position may be of most benefit. The Nurse Entry to Practice [NETP] from last year has resigned and the .8 FTE has been replaced with a very experienced Practice Nurse from the North Island. Safety1st training is being undertaken by all the nursing teams at the Practices.
- **Practice Management:**
 - Cornerstone Accreditation applications are awaiting approval through the contracts system.
 - The PHO have rescheduled the random audit of the Practice enrolment registers to May.
- **GP Recruitment:**
 - GP recruitment is to be managed by CDHB recruiters who will undertake this role from July.
 - Waiting times continue to fluctuate dependent on the number of routine appointments available.
 - Tim Bolter has resigned from Greymouth Medical Centre.
- **Clinical:** The WCDHB Practices collectively averaged over 90% CVRA target by 31 March. Four of the five Practices achieved greater than 90%. This is an excellent improvement.
- **Financial:** Overall income remains higher compared to the same period in the previous year.

Community Based Services

- **Oral Health:** The West Coast team are having discussions with CDHB to establish a formal support network for Oral Health as part of a transalpine alliance. A receptionist/administrator has commenced a one year .5 FTE position to work in

the service.

- **Home Based Support Services [HBSS]:** A regular client survey has been completed and the outcomes show the majority of clients are very happy with the service they are being provided. Preparation is underway for the 18-month quality audit of the service. Work is being done to increase the number of permanent staff and thereby reduce the number of casual staff.
- **Vision Hearing Technician [VHT]:** Recruitment to this position remains a priority.
- **Clinical Nurse Specialists:** The Oncology Nurse Specialists are very pleased with the outcome of the Hannan Ward review as the Chemotherapy Service now has a semi-permanent space in Hannan Ward. As this service is growing, the nurses can now handle more patients on a day. In the past the service has been constrained by lack of space. This new area allows greater privacy for patients with more convenient facilities.
- **District Nursing:** All teams are fully staffed with the NETP staff settling in well to autonomy with good support from their preceptors. Students are coming through from NMIT and CPIT. The Hokitika DNs are supporting the RNS in Whataroa to provide care to a terminal ill patient in the district. Twice weekly meetings have been set up with the DN and HBSS teams to discuss complex patients receiving cares from both services. This provides better relationships and communication lines for better patient outcomes.
- **Public Health Nursing:** Weekly meetings have commenced with the Greymouth team to improve service delivery. A template is being used to enable a weekly plan of service delivery in advance from each nurse. There is a focus on increasing oral health promotion in ECE and new entrance school groups. Buller are planning a road show around education of HPV and health promotion and prevention. This has been moved out to next year due to education commitments.
- **B4School Checks:** Some extra clinic days have been added in an effort to meet targets. The B4School Check Coordinator is looking at how to improve service provision. New service branding has recently been released.

C: Implement the Maori Health Plan

- The Ministry is currently undertaking a project to evaluate the effectiveness of DHB iwi relationships. The criteria against which each DHB will be analysed is developed through the Māori Crown Relationship Instrument, created by the Ministry of Justice and Te Puni Kōkiri.
- The Ministry will be visiting each DHB in May/June to discuss the relationships each DHB currently has with iwi.
- Maori Health Plan 2013/2014 – Key Achievements Quarter 3
 - 87.5% eligible Maori women (45-69) have been screened by Breastscreen Aotearoa
 - 87% Maori have had their Cardiovascular Risk Assessment – 84% eligible males and 91% eligible females
 - 96% of Maori have had their smoking status recorded (same as total population) and 94% have been offered brief advice in the last 15 months (total pop is 95%)
 - 95.6% of hospitalised Maori were offered brief advice and support to quit (43/45 patients)

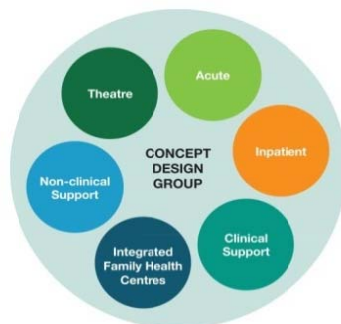
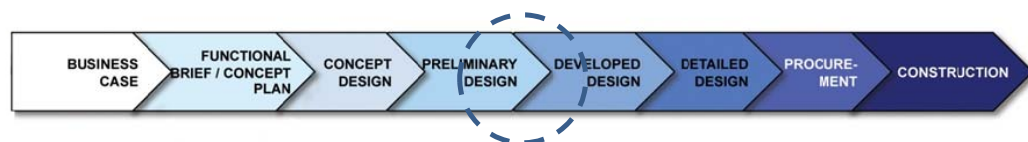
- **Maori Health Plan 2015/2016:** The Ministry have provided feedback to the first draft of the Maori Health Plan 2015/2016. The feedback has been positive with the improvements to be submitted in the next round back to the Ministry by the 26 May.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
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A: Facilities Report

- **McBrearty Roof:** 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.
- **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.
- The proposed MOH Facilities Management Contract is having a negative effect on staff morale at Greymouth Hospital and Senior Management have attended staff meetings to go through their issues and processes in place.
- All sites have achieved BWOF certification.
- CAPEX bids have been forwarded for consideration on 8 April.

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
- The final round of user group meetings for *Preliminary design* were held March 18/19. There was a high level of staff engagement.
- Amended plans and minutes from the March *Preliminary Design* round with recommended changes were

sent to the user groups this month for sign off.

- A Procurement workshop was held on April 23, which resulted in an updated Procurement paper to be drafted and redistributed in May
- In regards to procurement and the risks and benefits of the inclusion of integrated facilities maintenance into the base build contract versus the status quo of facilities management, an AECOM consultant is advising the Ministry of Health and Treasury. It is essential that WCDHB contributes to a paper being prepared for Government and the AECOM consultant will be interviewing key stakeholders in both Christchurch and Greymouth in late April and early May
- The first *Developed Design* round has been scheduled for May 19-22 and will address approximately 50 standard rooms.
- The Buller ROI process for design services closed on 10 March 2015 and the evaluation process commenced March 16th with 27 responses received across the six disciplines.
- The multi-step evaluation process to determine the preferred order of respondents has been completed and as of April 15th the preferred suppliers have been identified.
- There is an expectation that clinical teams will be re-engaged in Buller around the 30th of May with the appointed design team.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Nursing continues to be well staffed, with the shifting of resources to match activity continuing.
- Resignations in ED are proving a challenge to provide appropriate skill mix. However, the CNM continues to successfully manage this issue and is working with colleagues to look at more sustainable solutions.
- Daily operational meetings continue that review activity and resources. The nursing workforce are responsive to working across different areas, including Reefton, as acuity and activity dictates.
- A number of nurses continue on Post Graduate study this year.
- Ian Sturgess, a UK healthcare service clinician and expert, presented to staff on deconditioning patients and why the model of care [AT&R patient embedded into the wards] is right for patients. This was arranged as part of the discharge planning workstream. Staff from all areas were invited, and the attendance was high. Feedback was very positive and appears to have had a positive impact on the model of care within the medical ward.
- The Dedicated Education Unit [DEU] students have arrived and started their rotation through surgical and medical wards at Grey Hospital.
- The Nurse Entry to Practice [NETP] programme has started with 12 new graduates now embedded into the West Coast DHB. Two of these new graduates have gone to work in Buller with the rest spread out around the wards and departments at Grey Hospital. This has had a financial impact, and planning to mitigate this impact

for next year has begun, whilst balancing the need to “grow our own” staff.

- Staff annual leave balances continue to show a pleasing decrease.

Ward Activity

- Trendcare Inter-rater reliability testing has been concluded and the national standards have been met.
- Kahurangi have commenced using Trendcare for rostering purposes and the use of inpatient data is a work in progress.
- After a period of consultation and feedback, the decision has been made that the Hannan AT&R unit will remain closed. This decision has been communicated to staff. All admissions have been accommodated within the current bed configuration in Morice, and the March Trendcare data shows bed utilisation is now at 73%.
- The WCDHB, along with all other DHBs and the Health Quality and Safety Commission is embarking on a project aimed at reducing opioid related harm. This will involve the nursing staff on the floor participating in learning activities to improve practice and management.
- The Lippincott Procedure will be available for nurses in May 2015. This is an electronic manual that staff can access through digital apps or computers.
- The ensuite in CCU has been approved and work has commenced.

Maternity Services

- As previously reported, the new model of care in Greymouth is fully implemented with nine self-employed midwives providing primary maternity care on the West Coast. The new model has been in place now for two months and there have been no issues or matters of concern raised.
- The two new graduate midwives have assimilated into the team well. These midwives are completing their first year of practice with the College of Midwives education programme.
- March saw the reintroduction of planned primary birthing in Kawatiri with the first birth in April, and there are a number of women booked for planned births in the coming months.
- Ongoing education continues and includes breastfeeding education, neonatal and adult CPR and safe sleep initiatives. The educator is also working with the Haslett Partnership in Buller, to provide mother craft skills teaching to the nursing team in Buller who will also be providing care to mums and babies in Kawatiri.
- We have achieved Baby Friendly Hospital Initiative accreditation for the fourth time, with the presentation held on Thursday 16 April. This is an excellent achievement by all involved.

Allied Health

- The Pharmacy department has been notified they will be audited in May. The last audit was conducted approximately 5 years ago. Support from CDHB will be sought as there are currently two vacancies within the department (Pharmacy Manager and Clinical Pharmacist).
- The first Allied Health & Nursing Leadership & Innovation Group meeting has been held and was well attended. During the meeting participants discussed issues they are currently facing as leaders and opportunities for innovation. Participants reported feeling hopeful about the purpose and expected outcomes.

- The Violence Intervention Programme team are currently exploring how to more effectively incorporate Whanau Ora concepts into their training programmes. An initial round of changes is currently being progressed.
- Family Violence Intervention screening stickers will be added to the charts of all 15+ year old female patients accessing the DHB's mental health services. These stickers will prompt mental health clinicians to screen and record outcomes. This is a temporary measure to capture data required by the Ministry of Health. Necessary changes to the mental health database to capture this data are expected to take place in approximately 6 months as part of a regional roll out.
- Recruitment for a new Dietitian has been completed. The successful candidate will commence on 28 April.
- The Physiotherapy department is now fully staffed for the first time in approximately 5 years.

Mental Health Services

- **Implementation of Care Capacity and Demand Management in Kahurangi Dementia services** - The Safe Staffing and Health Workplaces Unit has been working nationally to ensure that the Mix and Match methodology of the Care Capacity Demand Management programme is accessible and suitable for DHB mental health services. This national project is working with TrendCare to tailor the tool and identify an appropriate benchmark for use in mental health inpatient units. A survey of all mental health units in New Zealand who are using TrendCare was undertaken in July 2014 which indicated that there is a strong perception that the tool does not reflect the reality of the mental health work setting.
- Specifically respondents were concerned that it did not accurately capture the requirement for multiple staff working with one patient, and particularly in the circumstances of seclusion, restraint and other critical events. In September 2014 a Mix and Match Pilot was undertaken in Dunedin Hospital where nursing and Allied health staff in Ward 9B collected data over a two week period, which will be used to identify work activities (by role and time) and then recommend a base staffing FTE to meet the work demand and MECA entitlements.
- Locally we have been working to implement TrendCare in the Dementia Services at Grey Base Hospital - The Trend care roster went live in March in Kahurangi Dementia Unit. We are now into the second 6 week period. Although all of the aspects of Care Capacity and Demand Management are not being utilised currently whilst we await the work happening nationally to tailor the programme to mental health, we are already seeing benefits for the WCDHB. This includes; better utilisation of staff across the hospital, sharing of resources and breaking down barriers between Mental Health and the General Services. The benefits for Kahurangi staff has been the interface between services, safe staffing, especially on back shifts, in terms of availability of more registered staff on any given shift.
- The next phase will be entering patient acuity data which will be prioritised over the next 3 to 4 months.
- **Mental Health Solution** - The teams within the Mental Health and Addiction Service are managing the impact of the electronic health information system, the Mental Health Solution, being offline these past two months whilst improvements to the system are made with the developer.
- **Acute Inpatient Unit** - An increase in the level of acuity in the Acute Inpatient Unit has occurred this month and is reflected in the number of clients under the Mental Health Act, but it is pleasing to note that the level of seclusion and restraint

during this period has not increased.

- **Suicide Prevention** - The service is working with key community stakeholders to develop a Suicide Prevention and Post Vention strategy for the next two years.
- **General** - Highlights in the last month have been the appointment of a Kaiarahi, Manager, for the Maori Mental Health team, and a Quality Improvement Facilitator for the Mental Health Service as these are key roles for the development of the service; the incumbents commence in May. The main focus of work for the service this past month has been to develop action plans to implement the recommendations arising from sentinel event reviews and good progress is reported here.

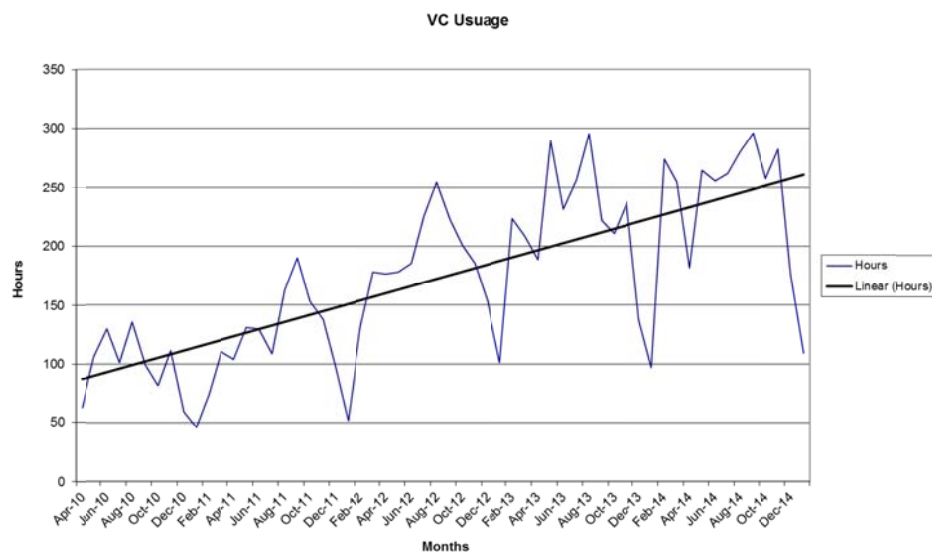
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

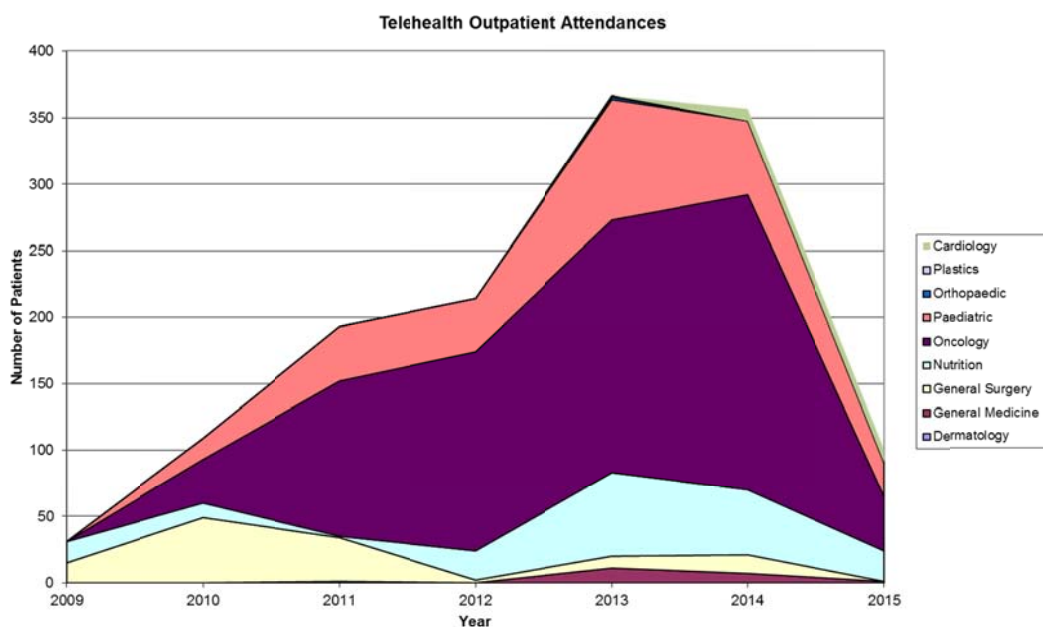
- Agreement has been reached on key issues that had been outstanding in the regional discussions with St John for the South Island-wide provision and pricing of non-acute ambulance transport services for inter-hospital patient transfers. It is still anticipated that the agreement and new vehicles will be in place for a service to start on the 1st of May, 2015. It will be up to South Island DHBs to maximise use of the dedicated vehicles in each area and reduce the need for on-demand, out-of-schedule journeys. Discussions with St John about whether an additional crew member will be required are ongoing, with the DHB continuing to provide the appropriate level of escort in the meantime.
- St John have now recruited the 22 volunteers required to run their new community health shuttle that will assist people who are struggling to get to appointments at Grey Base Hospital. Training for the volunteers is being finalised, and health shuttle vehicle signage being installed. Service is expected to commence in May 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. Staff and public information around the service is being reviewed to raise awareness of the service and encourage use by patients in core areas at Grey Base and Buller.

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.



Note, due to an issue with the video conferencing providers reporting tools the above report is only updated January 2015. Its hoped this will be resolved for next reporting period.



A: Implement the Complex Clinical Care Network [CCCN]

- The size and make-up of the Health of Older People workstream is currently being reviewed to look at a format that will better support the health system to make ongoing quality improvements. Two key areas of activity are around Falls Prevention and Supported Discharge services for older people.

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

- Implementation planning for a team based approach within Buller General Practice is now underway. The team is also working with Mental Health Specialist Services

around creating an integrated approach to care through primary health services.

- A rapid multi-disciplinary team meeting called the 'huddle' has been reviewed after six months of operation. Clinicians from across the Buller IFHS meet at the beginning of every weekday to coordinate health and support services for people in the community or about to leave hospital. This has been highly effective in terms of improved care coordination and communication between clinicians. This simple idea has accelerated service integration and it is proving to be the foundation of working together as one service, one team. The huddle continues with only minor changes to time and place.
- The Buller Community Mental Health (CMH) team's proposal for a locally-based service has been endorsed in principle by the Mental Health Workstream with planning underway for a staged implementation of the new service delivery model. This involves locally-based crisis resolution, improved assessment of mental health issues within general practice and the emergency department, integration of the CMH team into primary care as well as the establishment of respite care and potentially an NGO hub in Westport.
- Work continues on integrating patient management systems within the Buller IFHS to ensure effective communication and handover between clinicians. The current focus is medication and medication changes.

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

- A project specialist will be assisting a team with the Grey/Westland IFHS workstream to progress approaches to identify at risk people within our enrolled population.
- Other activities that the workstream is focussing on include the development of a future model of unplanned primary care in Greymouth, a Grey "huddle" to improve communication across all services and developing the business model for the three practices in the new IFHC building.

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

- The consolidated West Coast District Health Board financial result for the month of March 2015 was a deficit of \$0.484m, which was \$0.396m unfavourable against the budgeted deficit of \$0.088m. The year to date position is now \$0.513m 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	26	(68)	94	2,952	(1,359)	4,311
Provider Arm	(510)	(20)	(490)	(4,257)	567	(4,824)
Consolidated Result	(484)	(88)	(396)	(1,305)	(792)	(513)

B: Implement Employee Engagement and Performance Management Processes

Employee Health and Wellness

- A governance process has been discussed with both the GMs Grey|Westland and Buller for the Staff Wellbeing Programme at a meeting in February. Further work to occur in this space.
- Health & Safety representatives have undertaken education sessions for early reporting for discomfort and pain. This is a proactive initiative to encourage staff to seek support if they are experiencing pain or discomfort in the workplace. Managers can assist staff with an action plan based on clinical researched solutions. This is being supported by the Occupational Physiotherapist.
- Preparation for the influenza vaccination programme continues. The aim is to have 80% coverage.
- The Health & Safety procedures have been reviewed and amended as required for March 2015 with next review set for March 2016.
- An audit gap analysis has been completed with a working group in readiness for the new legislation. This will be collated along with the CDHB as part of the overall project plan.

Recruitment

- In March 21 vacancies were actively recruited for. This included eight in Allied Health, one in nursing, six for Corporate and Support Services, three Senior Medical Officers and three Resident Medical Officers.
- Nursing now has no current vacancies but enquiries remain steady.
- The new O&G consultant has now commenced employment and is settling in well.
- Two Rural Hospital Specialists have been in collegial conversations with existing staff and the interview process is being explored.
- The West Coast DHB was represented at the Rural College of GPs conference with two medical staff which proved to be an excellent promotional exercise generating interest in working for the West Coast DHB.
- Two re-advertised pharmacy roles have now been successfully filled.
- Recruitment is underway for a recruitment specialist for GPs which had previously been looked after by Better Health. This function will be transferred from the 1st of July.

Learning and Development

- The L&D team are looking at presenting a new workshop “Presentation Skills – more than just PowerPoint”. The “Appreciative Inquiry course did not gain enough numbers but has been postponed to occur in September. L&D will increase the knowledge and understanding of this course to ensure better buy in for September.
- L&D Advisor will be working with the Clinical Nurse Educators to initiate Kirkpatrick Level 3 into some of their training events. This will be ongoing over the year.

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 completed two more migrations with only 5 remaining, down from 161 units originally. The remaining desktops to complete are all laboratory PCs and are isolated from accessing the internet as a security measure. We are still working with

Canterbury Health Laboratory on this.

- **Mental Health Solution** - The Mental Health Solution software based in Health Connect South required further work and development and to avoid risk the service has reverted to a manual process outside of the solution. Information is still being captured and displayed in Health Connect South, however the electronic workflow which comprises the Mental Health Solution software is not being used until the development work is complete. WCDHB, CDHB and Orion are working to resolve the stabilisation issues as a matter of urgency.
- **IT Governance** - The Information Systems Governance Group chaired by John Garret has met for the 2nd time and is currently working through updating its terms of reference and membership. One of the key aspects the group will be focusing on is addressing some of the IT Review recommendations from Deloitte. New facility ICT governance decisions are also a standing item of the ISGG agenda.
- **IT strategy** - A refresh of the 2014 IT strategy is underway, with a focus on transalpine IT integration. A first draft has been completed with a second draft for wider circulation being completed in the next few weeks.
- **National Infrastructure Programme** - WCDHB attending several meetings on the implementation of NIP with detailed planning sessions to be undertaken in the next month.
- **Titanium** - The titanium project has been approved with ordering of the dental scanners underway. Titanium will provide the dental service on the coast with a full electronic dental management system once fully implemented.
- **IT Infrastructure replacement** - An investment in upgrading some systems at the end of their life has been approved with the remote access system, mail system, terminal replacement, and improvements to medtech32 all being completed.
 - The UPS power system replacement has arrived on site. Commissioning to take has been delayed, but is planned to be commissioned by end of May.
 - Scoping work has begun on simplifying firewall access between WCDHB and CDHB. A statement of work is being prepared by a network provider to carry out this work.
- Business case approved for services to replace some Windows 2003 servers. Currently there is 92 servers within the WCDHB datacentre, of which there are 35 remaining which need to be migrated.

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

External Communications

- Media interest:
 - Inpatient reconfiguration
 - Kawatiri recommencing planned birthing. (First baby born in the unit on 22 April.)
 - Staff flu immunisations
 - High St Medical Centre
 - New facilities maintenance contract
 - Pre-1925 Buller ambulance
 - Buller IFHC
- Media releases were issued on:
 - West Coast DHB celebrates patient safety milestone (1000 days CLAB-free)

Central Line Associated Bacteraemia (CLAB) is a blood stream infection caused by central line catheters which can lead to longer hospital stays together with an increased physical and financial cost. The prevention of CLAB is vital in the fight against healthcare-associated infections. DHBs across the country are working to reduce its occurrence.

Community Engagement

- Promotion of joint Disability Information Centres/DHB Disability Action Plan forums in early May.
- Grass roots meetings scheduled for May and June (Probus and Disability Resource Service).
- Branding now finalised for new facilities project. Signage and other collateral will start to appear over the next two months.
- Before School Checks Facebook page set up

Internal Communications

- CE Update went out early April.
- Intranet content formulated on: flu; gout; Conversations that Count; smoking cessation services.

	<p>PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES</p>
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Key Achievements/Issues of Note

- **Wildfoods Festival:** CPH carried out joint monitoring of the alcohol outlets at this year's festival with the Police and the Westland District Council's new district licensing inspector. We also monitored licensed premises in the town on Saturday evening. We did not carry out a controlled purchase operation this year to test outlets' compliance with the law regarding underage sales. The event had a positive atmosphere with much less observable alcohol-related harm and disorder than the previous year. In particular, there were very few obvious instances of intoxication at the event itself. This trend has been continuing now for the last two years. The various alcohol-related harm reduction measures that have been put in place over the years continue to have an impact.
- **Submissions on Council Long Term Plans 2015-2025:** CPH staff are busy at the moment preparing submissions on the West Coast regional and district council long term plans (LTPs). LTPs are ten year plans and are revised every three years. Councils play a large and important role in the health and well-being of the residents as they have responsibilities for many of the social and environmental determinants of health. CPH has completed our submission on the Grey District Council's LTP. Amongst other things, our submission emphasises the importance of environmental sustainability, good urban design and the need to improve the resilience of key infrastructure such as water and sewerage systems in light of predicted increases in the frequency and severity of extreme weather events as a result of climate change.

Drinking Water Update - Effects of Water Shortage and Storm Events

- **Franz Josef:** The Westland District Council (WDC) recently issued a boil water notice on Franz Josef's water supply following a filtration plant failure and turbidity breakthroughs into the reticulation. This is combined with the existing problem of low water flows in the source creek which have meant that water has needed to be

carted from Tatare creek to supplement the supply. These issues are likely to remain a concern until the Council and local community can agree to commission an additional supplementary water source for the township. Recent rain has averted the water shortage at Franz Josef in the short term so that there was no need to cart water over Easter. The boil water notice has also been able to be lifted after three clear tests for E.coli.

- ***Buller District:*** The major storm which struck the northern part of the West Coast last month affected several water supplies in the Buller.
- ***Reefton:*** A turbidity (cloudiness) spike occurred in Reefton's water supply. The filtration system was overloaded and, as a result, un-filtered water went into the UV system causing a mechanical breakdown. Major repairs have had to be made but the boil water notice has now been lifted.
- ***Punakaiki:*** A significant turbidity spike occurred in Punakaiki and investigation revealed that the storm had caused a slip in the catchment that was affecting the intake. Repair works to the intake have been undertaken and clearance sampling began on completion of these.
- ***Waimangaroa:*** This supply suffered significant damage and the intake to the supply has effectively been destroyed by a major slip. A backup supply on a nearby creek is running but the flows are low so sufficiency of supply to residents is an issue. The supply is untreated and is on a permanent boil water notice. The residents have been asked to conserve water as well.

Report prepared by:

David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q4 13/14	Q1 14/15	Q2 14/15	Q3 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%	99.4%	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 3.
 Improved Access to Elective Surgery West Coast's volume of elective surgery	1,695	425 YTD	878 YTD	1,128 Feb	1,041 Feb	✓	The West Coast DHB met the Improved Access to Elective Surgery Health Target during Quarter 2, and has continued this trend throughout February—exceeding target by 87 discharges. 1,128 discharges against our 1,041 February target means we achieved 108.4% of our goal during the month of February.
 Faster Cancer Treatment² Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	New	New	72.7% ₃	TBC	85%	✗	This is the first quarter for the revised Faster Cancer Treatment Health 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	81%	77%	82%	89%	95%	✗	Although not meeting target, we are pleased to have increased coverage by 7% against the Increased Immunisation Health Target , vaccinating 89% of our eligible population. Opt-off & declines were lower this quarter at a combined total of 10%—an 8% drop on the previous quarter which is reflected in our improved results. 99% of the reachable population were immunised with only one child overdue at their milestone age. This child had a bad reaction to immunisations.
 Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	95%	93%	94.7%	TBC	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 . Quarter 3 results are expected in the coming days.
 Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	61.9%	71.3%	78.3%	95% Prelim	90%	✓	Performance against the Primary Care Smokers Better Help to Quit Health Target delivered an encouraging result of 78.3%. Internal preliminary data suggests we will not only meet the target for the first time but also exceed it in Quarter 3, sitting at 95% currently. Confirmed data will be released in May.
 More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	76.6%	78.9%	82.6%	90% Prelim	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 during Quarter 2. Internal preliminary data suggests the target will be met in Quarter 3—a significant first-time accomplishment. Confirmed data will be released in May.

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.

³ This was previously reported as 83.3% in error, new MoH data states the final result was 72.7%.

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 8 May 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

Work continues on The Nursing Workforce Strategy with a group of nurses contributing to the development of this key enabler. Components of this document include an overview of our current nursing workforce, workforce engagement planning, change leadership and an action plan to support the roll out of the strategy. This strategic plan will be supplemented with a second document that will assist in identifying specific nurse roles required to support the evolving system wide model of care. Further to this overarching planning, at a unit level each clinical area has now in place an education plan that outlines specific education and training requirements for nurses working in that specialty, and alongside this orientation plans are being updated to provide a supported orientation for nurses moving between clinical areas. Individually, nurses who are funded by Health Workforce New Zealand (HWNZ) to complete postgraduate education have individual education plans in place and all other nurses complete career/education planning as part of their annual performance appraisal. This comprehensive approach to nursing workforce planning and development is essential to ensure the team is actively preparing a fit for purpose nursing workforce, and to support individual nurses in providing best practice based care.

Allied Health have begun the Regional Calderdale Framework project with foundation and facilitator training completed this month. The West Coast has two projects – skill sharing and skill delegation and will be sharing the developments of these with our regional colleagues. This builds on the Allied Health Assistant training that was completed earlier this year. There have been a number of successful recruitments in Occupational Therapy; Dietetics and Pharmacy. Work is underway to develop an Allied Health falls prevention role to support the nursing fracture liaison role.

Quality and Safety

Auditing continues with a specific focus on quality documentation with real-time feedback to staff in order to improve standards. Clinical teams are working to roll out the implementation of recommendations from all completed RCAs. The importance of embedded and sustainable change has been highlighted to ensure change translates to improved systems as well as improved outcomes for patients.

The WCDHB has been funded and allocated 82 bed licences by the Ministry of Health, for the Productive Ward Programme. This programme is based on the principles of quality and productivity with many principles already well understood by team members who have completed the Xcelr8 and

Collabor8 training. Productive Ward compliments the Care Capacity Demand Management and Safe Staffing Healthy Workplaces programmes.

The new incident management tool Safety First has been successfully rolled out.

Facilities Planning

Clinicians continue to be well engaged in all facilities design work streams. Recent meetings have been held to determine more specific and detailed requirements for rooms and clinical areas in order to be prepared for the next round with the design team.

Integrated West Coast Health System:

Clinical leaders from all parts of the West Coast system continue to be involved in leading the work of the Alliance and the Clinical Board. The renewed focus of the Clinical Board has it aligned to regional and national quality initiatives such as reducing harm from falls and consumer engagement. There are a number of vacancies that are currently being filled including consumer roles.

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 be 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: 8 May 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 March 2015.

3. DISCUSSION

Overview of March 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 March 2015 was a deficit of \$0.484m, which was \$0.396m unfavourable against the budgeted deficit of \$0.088m. The year to date position is now \$0.513m unfavourable. The table below provides the breakdown of March's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,702	6,874	(172)	x	61,567	62,613	(1,046)	x
Governance & Administration	71	69	2	√	622	621	1	√
Funds & Internal Eliminations	3,517	4,655	(1,138)	x	42,495	41,148	1,347	√
	10,290	11,598	(1,308)	x	104,684	104,382	302	√
EXPENSES								
Provider								
Personnel	5,352	4,949	(403)	x	46,993	44,541	(2,452)	x
Outsourced Services	5	73	68	√	49	657	608	√
Clinical Supplies	610	612	2	√	5,688	5,508	(180)	x
Infrastructure	727	723	(4)	x	8,399	6,507	(1,892)	x
	6,694	6,357	(337)	x	61,129	57,213	(3,916)	x
Governance & Administration	71	69	(2)	x	622	621	(1)	x
Funds & Internal Eliminations	3,491	4,723	1,232	√	39,543	42,507	2,964	√
Total Operating Expenditure	10,256	11,149	893	√	101,294	100,341	(953)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	34	449	(415)	x	3,390	4,041	(651)	x
Interest, Depreciation & Capital Charge	518	537	19	√	4,695	4,833	138	√
Net surplus/(deficit)	(484)	(88)	(396)	x	(1,305)	(792)	(513)	x

4. APPENDICES

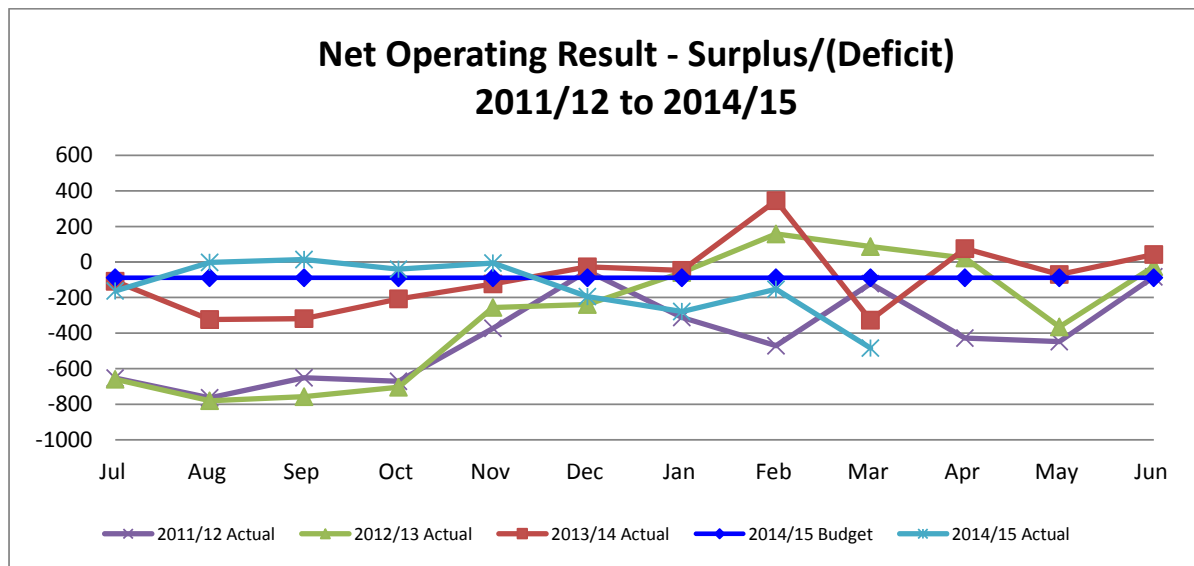
Appendix 1:	Financial Results for the period ending 31 March 2015
Appendix 2:	Statement of Financial Performance – March 2015
Appendix 3:	Statement of Financial Position – March 2015
Appendix 4:	Cashflow – March 2015

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – MARCH 2015

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(484)	(88)	(396)	450% ✗	(1,305)	(792)	(513)	65% ✗

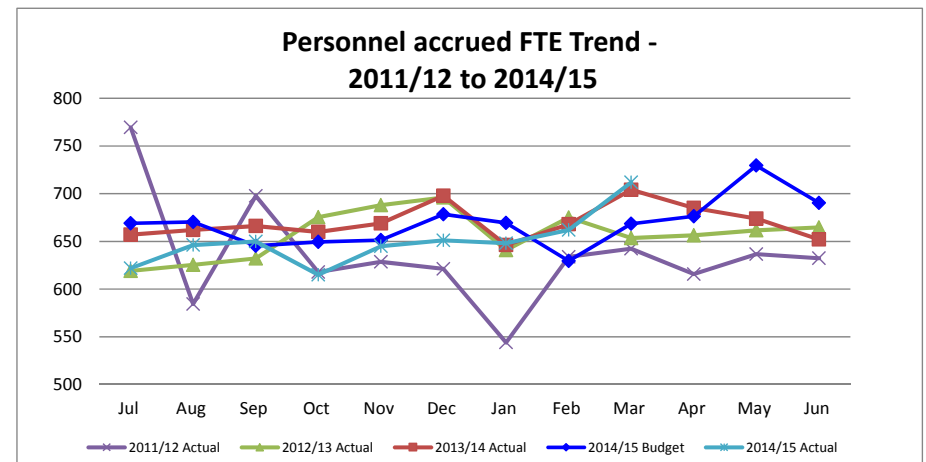
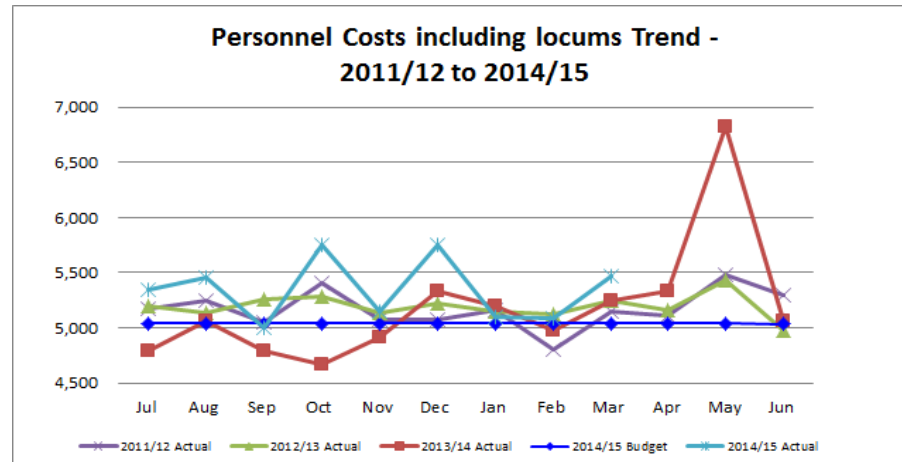


We had originally submitted an Annual Plan with a breakeven position, however due to the removal of \$1m of Transitional funding we have resubmitted an annual plan with a deficit of \$1m. The comparative in this graph has been adjusted to reflect the removal of \$1m transitional funding as instructed.

KEY RISKS AND ISSUES

The March result has maintained 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 achieve the planned position for year end.

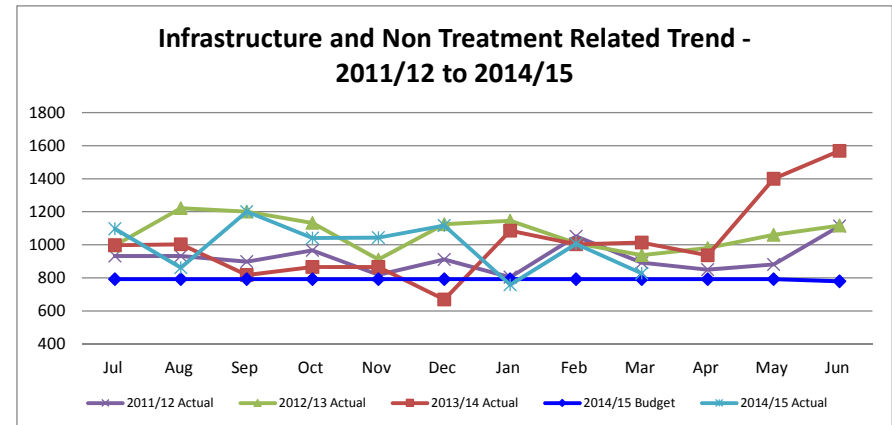
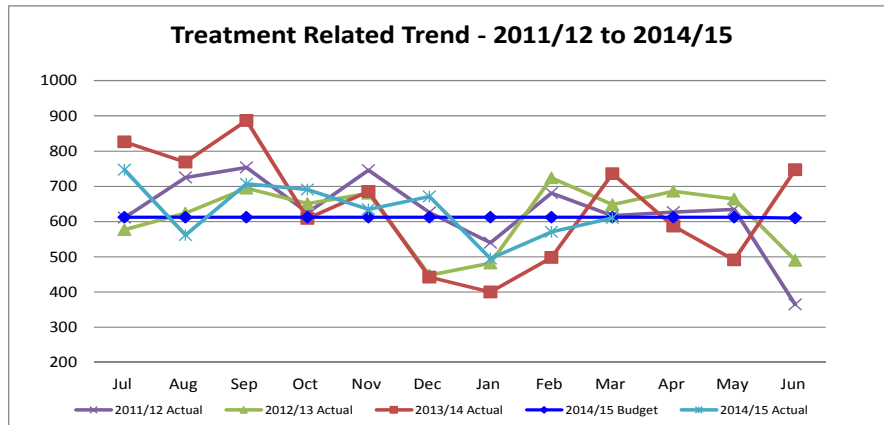
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



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.

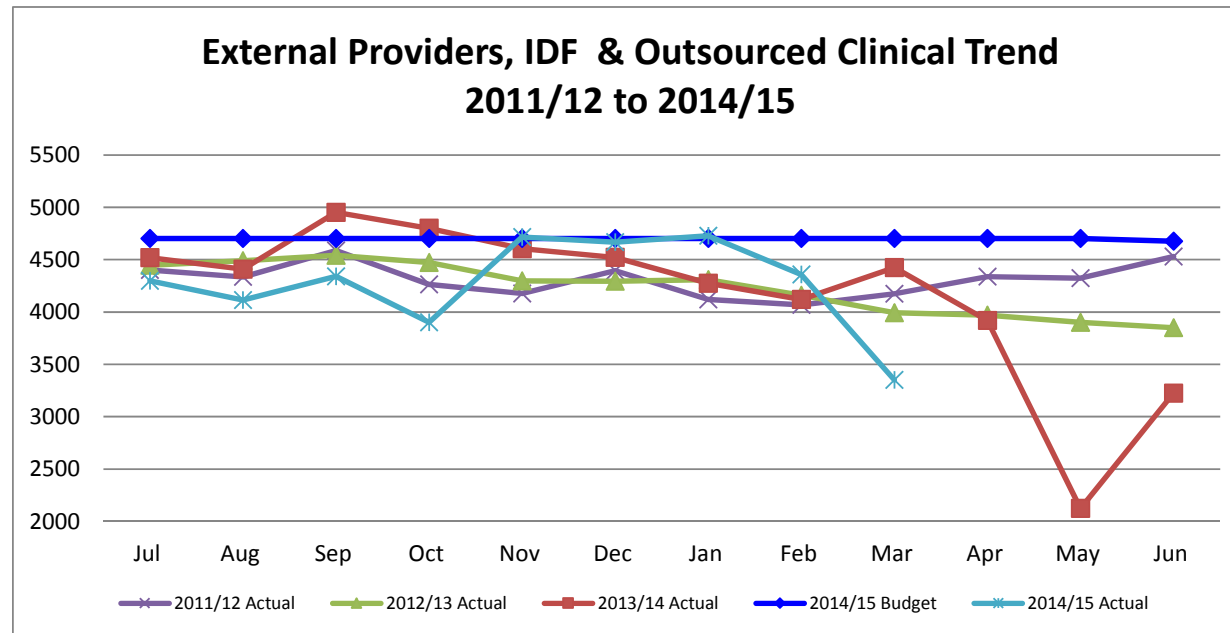
TREATMENT & NON TREATMENT RELATED COSTS



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

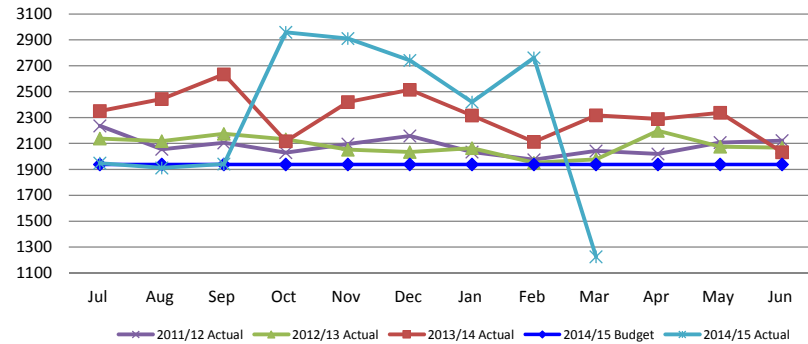
Capacity constraints within the system require continued monitoring of trends and demand for services.

Planning and Funding Division
Month ended March 2015

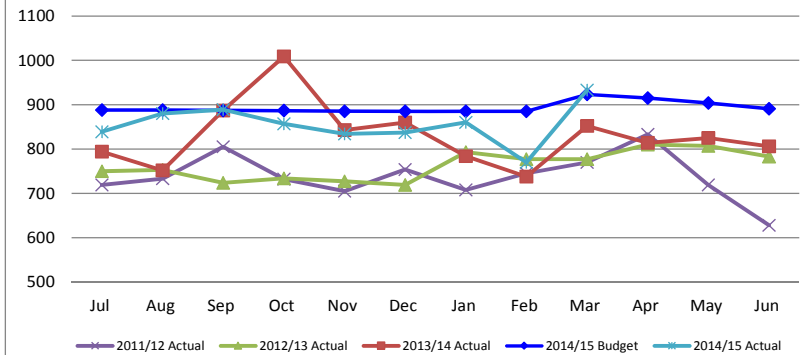
Current Month				Year to Date					2014/15	
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance		Annual	
\$000	\$000	\$000	%		\$000	\$000	\$000	%	Budget	
									\$000	
Primary Care										
34	36	3	7%	✓	Dental-school and adolescent	268	326	58	18%	434
19	2	-17	-1021%	✗	Maternity	19	15	-4	-25%	20
	1	1	100%	✓	Pregnancy & Parent	2	6	4	62%	8
	3	3	100%	✓	Sexual Health	0	25	25	100%	33
2	3	1	43%	✓	General Medical Subsidy	18	27	10	35%	36
525	522	-3	-1%	✗	Primary Practice Capitation	4,534	4,694	160	3%	6,258
91	91	0	0%	✓	Primary Health Care Strategy	819	820	1	0%	1,093
82	80	-2	-3%	✗	Rural Bonus	736	722	-13	-2%	963
6	5	-1	-20%	✗	Child and Youth	47	44	-3	-7%	59
51	42	-10	-23%	✗	Immunisation	76	86	11	12%	153
5	5	0	1%	✓	Maori Service Development	43	43	0	1%	58
52	53	1	1%	✓	Whanau Ora Services	470	475	5	1%	634
12	18	6	35%	✓	Palliative Care	157	164	7	4%	218
	0	0		✓	Community Based Allied Health	0	0	0		0
9	9	0	1%	✓	Chronic Disease	79	80	0	1%	106
46	54	8	16%	✓	Minor Expenses	432	486	54	11%	647
933	923	-10	-1%	✗		7,700	8,013	313	4%	10,722
Referred Services										
23	24	1	3%	✓	Laboratory	211	212	1	0%	283
702	660	-42	-6%	✗	Pharmaceuticals	5,773	5,982	208	3%	7,961
725	684	-41	-6%	✗		5,984	6,194	209	4%	8,244
Secondary Care										
238	202	-37	-18%	✗	Inpatients	1,413	1,815	402	22%	2,420
121	101	-20	-20%	✗	Radiology services	990	909	-81	-9%	1,212
98	115	17	15%	✓	Travel & Accommodation	977	1,035	57	6%	1,380
9	1,520	1,512	99%	✓	IDF Payments Personal Health	11,141	13,682	2,541	19%	18,242
466	1,938	1,472	76%	✓		14,521	17,441	2,919	17%	23,254
2,124	3,544	1,420	40%	✓	Primary & Secondary Care Total	28,205	31,647	3,442	11%	42,220
Public Health										
23	25	2	7%	✓	Nutrition & Physical Activity	147	223	76	34%	298
6	7	1	19%	✓	Public Health Infrastructure	55	66	12	18%	88
6	5	-1	-24%	✗	Tobacco control	70	44	-27	-61%	58
	0	0		✓	Screening programmes	-2	0	1.616		0
35	37	2	5%	✓	Public Health Total	270	333	63	19%	445
Mental Health										
7	7	0	1%	✓	Dual Diagnosis A&D	64	65	1	1%	86
2	2	0	1%	✓	Eating Disorders	17	17	0	1%	23
20	20	0	1%	✓	Child & Youth Mental Health Services	180	182	2	1%	243
5	5	0	1%	✓	Mental Health Work force	57	46	-12	-25%	61
61	61	1	1%	✓	Day Activity & Rehab	547	551	5	1%	735
11	11	0	2%	✓	Advocacy Consumer	96	97	1	1%	130
81	82	1	1%	✓	Other Home Based Residential Support	727	737	9	1%	982
11	11	0	1%	✓	Advocacy Family	99	100	1	1%	134
10	29	19	66%	✓	Community Residential Beds	78	259	181	70%	345
	0	0	100%	✓	Minor Expenses	0	1	1	100%	1
91	92	0	1%	✓	IDF Payments Mental Health	824	825	0	0%	1,100
298	320	22	7%	✓		2,689	2,879	190	7%	3,839
Older Persons Health										
0	0	0	100%	✓	Information and Advisory	0	1	1	100%	1
0	0	0		✓	Needs Assessment	0	0	0		0
70	67	-3	-4%	✗	Home Based Support	615	589	-26	-4%	784
5	9	4	41%	✓	Caregiver Support	53	80	27	34%	107
294	216	-78	-36%	✗	Residential Care-Rest Homes	2,344	1,905	-439	-23%	2,538
4	10	6	59%	✓	Residential Care-Community	41	90	49	55%	120
369	349	-20	-6%	✗	Residential Care-Hospital	3,123	3,088	-35	-1%	4,114
0	0	0		✓	Ageing in place	0	0	0		0
9	10	0	5%	✓	Day programmes	82	89	7	8%	118
5	18	14	74%	✓	Respite Care	89	165	76	46%	220
1	1	0	1%	✓	Community Health	11	12	0	3%	15
0	0	0	100%	✓	Minor Disability Support Expenditure	1	2	1	68%	3
59	58	0	-1%	✗	IDF Payments-DSS	524	523	-1	0%	698
816	739	-79	-11%	✗		6,883	6,545	-339	-5%	8,720
1,114	1,058	-58	-5%	✗	Mental Health & OPH Total	9,573	9,424	-148	-2%	12,559
3,273	4,640	1,367	29%	✓	Total Expenditure	38,048	41,405	3,357	8%	55,223

EXTERNAL PROVIDER COSTS

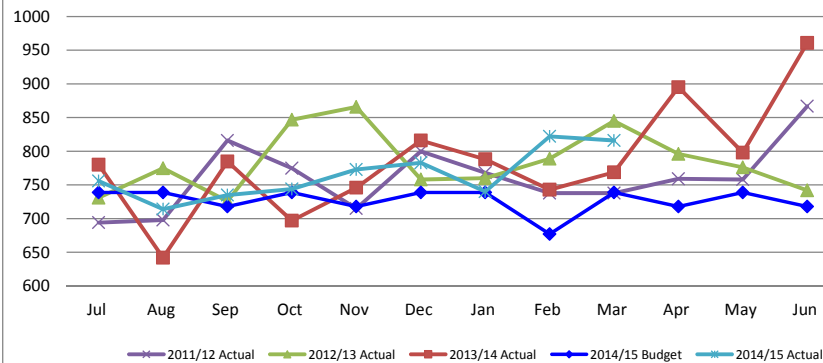
**Secondary and Referred Services Trend
2011/12 to 2014/15**



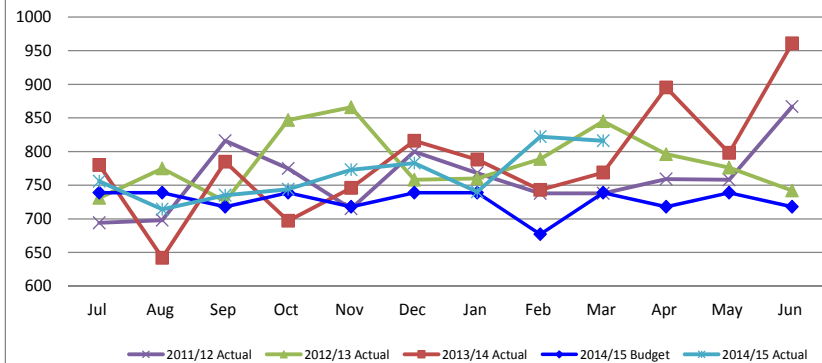
Primary Care Trend 2011/12 to 2014/15



Older Persons Health Trend 2011/12 to 2014/15



Older Persons Health Trend 2011/12 to 2014/15



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	8,792	19,044	(10,252)	-54% ✗	72,537
Cash	8,081	9,019	(938)	-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

For period ending

31 March 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Actual
Operating Revenue									
Crown and Government sourced	9,777	11,126	(1,349)	(12.1%)	100,359	100,134	225	0.2%	131,279
Inter DHB Revenue	1	3	(2)	(66.7%)	33	27	6	22.2%	20
Inter District Flows Revenue	130	129	1	0.8%	1,170	1,161	9	0.8%	1,615
Patient Related Revenue	310	230	80	34.8%	2,282	2,070	212	10.2%	2,880
Other Revenue	72	110	(38)	(34.5%)	840	990	(150)	(15.2%)	1,237
Total Operating Revenue	10,290	11,598	(1,308)	(11.3%)	104,684	104,382	302	0.3%	137,031
Operating Expenditure									
Personnel costs	5,055	4,635	(420)	(9.1%)	43,124	41,715	(1,409)	(3.4%)	55,477
Outsourced Services	402	377	(25)	(6.6%)	4,374	3,393	(981)	(28.9%)	6,373
Treatment Related Costs	610	612	2	0.3%	5,508	5,508	0	0.0%	7,727
External Providers	3,058	2,934	(124)	(4.2%)	25,560	26,406	846	3.2%	34,383
Inter District Flows Expense	217	1,670	1,453	87.0%	12,491	15,030	2,539	16.9%	14,486
Outsourced Services - non clinical	85	129	44	34.1%	1,214	1,161	(53)	(4.6%)	1,608
Infrastructure and Non treatment related costs	833	792	(41)	(5.2%)	9,023	7,128	(1,895)	(26.6%)	12,225
Total Operating Expenditure	10,260	11,149	889	8.0%	101,294	100,341	(953)	(0.9%)	132,279
Result before Interest, Depn & Cap Charge	30	449	419	93.3%	3,390	4,041	651	16.1%	4,752
Interest, Depreciation & Capital Charge									
Interest Expense	64	114	50	43.9%	565	2,730	2,165	79.3%	713
Depreciation	385	327	(58)	(17.7%)	3,539	1,239	(2,300)	(185.6%)	4,373
Capital Charge Expenditure	65	96	31	32.3%	591	864	273	31.6%	753
Total Interest, Depreciation & Capital Charge	514	537	23	4.3%	4,695	4,833	138	2.9%	5,839
Net Surplus/(deficit)	(484)	(88)	(396)	(450.0%)	(1,305)	(792)	513	(64.8%)	(1,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(484)	(88)	(396)	450.0%	(1,305)	(792)	(513)	64.8%	(1,087)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 March 2015

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
25,349	24,798	551	2.22%	26996
1,131	1,316	(185)	-14.06%	1517
367	36,234	(35,867)	-98.99%	74
642	567	75	13.23%	227
27,489	62,915	(35,426)	-56.31%	28814
8,081	5,279	2,802	53.08%	7483
70	60	10	16.67%	79
1,053	1,100	(47)	-4.27%	1010
6,450	4,218	2,232	52.92%	7686
136	136	0	0.00%	136
15,790	10,793	4,997	46.30%	16394
43,279	73,708	(30,429)	-41.28%	45208
10,695	31,695	(21,000)	-66.26%	10695
2,884	2,895	(11)	-0.38%	2636
13,579	34,590	(21,011)	-60.74%	13331
3,750	3,750	0	0.00%	3750
7,811	7,548	263	3.48%	9927
9,347	8,781	566	6.45%	9203
20,908	20,079	829	4.13%	22880
34,487	54,669	(20,182)	-36.92%	36211
70,761	79,761	(9,000)	-11.28%	69661
19,569	19,569	0	0.00%	19569
(81,577)	(80,330)	(1,247)	1.55%	(80,272)
39	39	0	0.00%	39
8,792	19,039	(10,247)	-53.82%	8,997
43,279	73,708	(30,429)	-41.28%	45,208

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

31 March 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	11,235	11,632	(397)	-3.4%	94,504	104,688	10184	9.7%	139,589	134,187
Cash paid to employees	(5,057)	(5,043)	(14)	0.3%	(47,327)	(45,387)	1940	4.8%	(60,505)	(61,481)
Cash paid to suppliers	(3,761)	(1,502)	(2,259)	150.4%	(7,039)	(13,518)	(6,479)	47.9%	(18,009)	(21,406)
Cash paid to external providers	(3,188)	(2,934)	(254)	8.7%	(26,730)	(26,406)	324	(1.2%)	(35,182)	(35,998)
Cash paid to other District Health Boards	(87)	(1,670)	1,583	-94.8%	(11,321)	(15,030)	(3,709)	24.7%	(20,040)	(12,871)
<i>Cash generated from operations</i>	(858)	483	(1,341)	-277.6%	2087	4347	2260	52.0%	5,853	2,431
Interest paid		(114)	114	-100.0%	(501)	(1,026)	(525)	51.2%	(1,364)	(781)
Capital charge paid	(65)	(96)	31	-32.3%	(591)	(864)	(273)	31.6%	(1,140)	(897)
Net cash flows from operating activities	(923)	273	(1,196)	-438.1%	995	2457	1462	59.5%	3,349	753
Cash flows from investing activities										
Interest received	25	49	(24)	-49.0%	373	441	68	15.4%	588	608
(Increase) / Decrease in investments	0	0	0		0	(402)	-402		(402)	0
Acquisition of property, plant and equipment	(261)	(4,062)	3,801	-93.6%	(1,801)	(36,558)	(34,757)	95.1%	(48,740)	(1,987)
Acquisition of intangible assets		0	0		(2)	0	2		0	5
Net cash flows from investing activities	(236)	(4,013)	3,777	-94.1%	(1,430)	(36,519)	-35,089	96.1%	(48,554)	(1,374)
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		1101	9000	7899	87.8%	18,000	0
Repayment of equity	0	0	0		(68)	0	68		(68)	(68)
<i>Cash generated from equity transactions</i>	0	0	0		1033	9000	7967	88.5%	17,932	(68)
Borrowings raised	0	0	0		0	0	0		28,000	2,000
Repayment of borrowings	0		0		0	21000	21000	100.0%	0	0
Payment of finance lease liabilities										
Net cash flows from financing activities	0	0	0		1033	30000	28967	96.6%	45,932	1,932
Net increase in cash and cash equivalents	(1,159)	(3,740)	2,581	-69.0%	598	(4,062)	(4,660)	114.7%	727	1,311
Cash and cash equivalents at beginning of period	9,240	9,019	221	2.5%	7,483	9,341	1858	19.9%	9,341	6,172
Cash and cash equivalents at end of year	8,081	5,279	2,802	53.1%	8,081	5,279	(2,802)	(53.1%)	10,068	7,483

MATERNITY REVIEW – UPDATE ON PROGRESS



TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Grey/Westland

DATE: 8 May 2015

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

At the West Coast DHB Board meeting on 12 December 2014, an update on progress to date against recommendations from the maternity review was provided. The Board noted progress and requested that quarterly updates be provided.

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

2. RECOMMENDATION

That the Board;

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

3. APPENDICES

Appendix 1: Traffic Light Report on Progress

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



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

Status	Recommendation		Progress
Maternity Services on the West Coast			
IMMEDIATE	✓	It is essential to maintain a secondary obstetric service at Grey Base Hospital for exactly the same reasons that maintaining such a service is challenging; geographical isolation, recruitment and retention difficulties (removal of secondary service would impact upon recruitment of LMC workforce), and transport difficulties as a result of terrain and weather.	<ul style="list-style-type: none">A secondary obstetric service continues at Grey Base Hospital.
6 MONTHS	✓	Planned births no longer occur at Buller Hospital due to; low numbers of births, risks associated with intrapartum transfer when transport is not rapidly available; and unavailability of midwives for the majority of births outside the locality.	<ul style="list-style-type: none">Kawatiri maternity unit opened again for planned birthing on March 1st 2015. The Haslett Partnership have been contracted to provide unit management and leadership as well as 24/7 on call cover to clinically support LMC midwives for planned birthing, to provide inpatient postnatal care and to be available for any emergencies.
6 MONTHS	✓	A primary maternity service [antenatal, postnatal and emergency delivery] in Westport is essential due to isolation.	<ul style="list-style-type: none">Antenatal, postnatal and labour and primary care labour and birth are currently available in Westport.
2 YEARS <i>Due June 2015</i>	✓	Models of care for maternity services should help determine the design of the new IFHC and hospital facilities at Grey Base Hospital.	<ul style="list-style-type: none">A model of care based on self-employed LMC midwives has been implemented across the West Coast. This model has acted to determine the design for new facilities.
2 YEARS <i>Due June 2015</i>	✓	The model of care for primary maternity must engage GPs working alongside midwives in providing antenatal care based in the IFHCs.	<ul style="list-style-type: none">The recommendation to develop and fund a system of primary care referrals between GPs and midwives has been implemented Sept. 2014.
IMMEDIATE	✓	The arrangements for inpatient care in Buller Health must be urgently reviewed to ensure they are safe. Women must be attended on site 24/7 by a midwife when an inpatient.	<ul style="list-style-type: none">Inpatient postnatal care service specifications have been included in the contract with the Haslett Partnership and the arrangements include the provision of high quality postnatal care for all mothers and babies in Kawatiri.
2 YEARS <i>Due June 2015</i>		Buller Health clinical leaders must ensure closer collaboration between all disciplines including joint education and simulation training.	<ul style="list-style-type: none">MDT has been organised for Buller Health and WCDHB maternity service.A maternity services educator has been appointed for WCDHB and has completed some education sessions for the nursing staff.A transalpine lead for WCDHB Obstetric quality initiatives has been appointed and commenced in Dec. 2014.



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

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



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

Status		Recommendation	Progress
6 MONTHS <i>Due Dec 2013</i>	✓	Clinical contingencies should be developed to cover options when weather conditions interfere with the above agreed plans.	<ul style="list-style-type: none"> Completed.
1 YEAR <i>Due June 2014</i>	✓	Develop information material for women to ensure they understand the transfer/ transport processes on the West Coast.	<ul style="list-style-type: none"> Completed.
6 MONTHS <i>Due Dec 2013</i>	✓	FFN be introduced	<ul style="list-style-type: none"> FFN testing currently occurs at WCDHB. Parto-sure, the point of care test has not been approved for use at CDHB.
6 MONTHS <i>Due Dec 2013</i>	✓	Establish a workable policy for transfer from Buller, which addresses issues of patient safety. This must include addressing the perverse situation of a possible cardiac event being higher priority than an actual maternity event.	<ul style="list-style-type: none"> Transfer policy has moved maternity transfers to the EAS arm of St. John to expedite transfer by ambulance.
6 MONTHS <i>Due Dec 2013</i>	■	Ensure the ability of St John's to provide a timely service whilst dependent on volunteers to provide this.	<ul style="list-style-type: none"> Ongoing and also closely linked to the South Island work underway with all DHB's investigating a more robust and workable patient transfer system. Move to EAS arm of St. John has also progressed this recommendation.
Workforce			
1 YEAR <i>Due June 2014</i>	■	CDHB and WCDHB Department of Obstetrics and Gynaecology are working towards becoming a Transalpine service with shared management and accountability lines and appropriate protected dedicated time to enable quality and service development activities.	<ul style="list-style-type: none"> A SLA is currently being developed between CDHB and WCDHB in order to enable the Obstetric lead for Clinical and Patient Quality and Safety, transalpine role to be sustainable in the longer term.
1 YEAR <i>Due June 2014</i>	■	A full departmental and individual credentialing process should occur.	<ul style="list-style-type: none"> Process for credentialing currently being developed and to be implemented by May 2015.



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

Status		Recommendation	Progress
1 YEAR <i>Due June 2014</i>		<p>A specific piece of work needs to be commissioned by WCDHB and CDHB to find ways to solve the problems of recruitment and retention for isolated DHBs and the O&G staff. This work needs to involve the SMO body at both DHBs, the NZMC, the ASMS, RANZCOG and consideration be given as to whether HWNZ be involved.</p>	<ul style="list-style-type: none"> A letter to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) education advisory committee has been written to request that CDHB and SDHB are training sites in New Zealand for the DRANZCOG Advanced training programme. A proposal to HWNZ to fund the DRRANZCOG Advanced has been completed outlining how Rural Hospital Medical Specialist's can contribute to a rural hospital maternity service once the DRANZCOG Advanced training programme is implemented in New Zealand. This has been submitted as a sustainable proposal to address the problems of recruitment and retention for isolated DHBs.
1 YEAR <i>Due June 2014</i>	✓	<p>Commit to a community based primary midwifery model, claiming from Section 88 of the New Zealand Health and Disability Act 2000 maternity notice, and make changes to the current model so this occurs.</p>	<ul style="list-style-type: none"> WCDHB has moved to a self-employed community based LMC model of care.
1 YEAR <i>Due June 2014</i>		<p>A review of the roles of a potential Transalpine Director of Midwifery and the current WCDHB Director of Nursing and Midwifery be undertaken to develop a workable model.</p>	<ul style="list-style-type: none"> This work is underway.
6 MONTHS	✓	<p>Design and develop a maternity service quality plan that supports the delivery of safe clinical outcomes for the West Coast community and is consistent with the New Zealand Maternity Standards.</p>	<ul style="list-style-type: none"> MQSP operations group have developed a maternity service quality plan.
ONGOING		<p>Implement the Shared Maternity Record of Care [SMRoC] as per the National Maternity Clinical Information System and Shared Maternity Record of Care Business Case [2012].</p>	<ul style="list-style-type: none"> A business case for the National Maternity Clinical Information system has been approved by WCDHB. Implementation is planned to commence in May 2015 with a go live date set for the end of August 2015.

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 23 APRIL 2015



TO: Chair and Members
West Coast District Health Board

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

DATE: 8 May 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 23 April 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 – 23 April 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY & PUBLIC HEALTH UPDATE.

This report was provided the Committee with updates on:

Wildfoods Festival

CPH carried out joint monitoring of the alcohol outlets at this year's festival with the Police and the Westland District Council's new district licensing inspector. They also monitored licensed premises in the town on Saturday evening. The event had a positive atmosphere with much less observable alcohol-related harm and disorder than the previous year. In particular, there were very few obvious instances of intoxication at the event itself. This trend has been continuing now for the last two years. The various alcohol-related harm reduction measures that have been put in place over the years continue to have an impact.

CPH has, as usual, been involved in the Festival debrief and look forward to continuing to work with the organisers and others to reduce alcohol related harm at and around the event. In their report to the debrief they recommended that:

- News releases prior to the event continue to focus only on the positive aspects, such as the selection of wildfoods and entertainment provided and outline the Host Responsibility measures being put in place by the Festival
- A combined approach to joint monitoring at the festival by the various agencies should continue, and joint monitoring of on and off-licences in the township by Police, CPH and district licensing inspectors should also continue to take place
- Controlled purchase operations should continue to be carried out at the event and in the township to ensure that all alcohol outlets and their staff know and fulfil their responsibilities under the law.
- Free water signage is distributed to alcohol stall holders along with the other required signage by the District Licensing Authority.

Submissions on Council Long Term Plans 2015-2025

CPH staff are busy at the moment preparing submissions on the West Coast Regional and District Council Long Term Plans (LTPs). LTPs are ten year plans and are revised every three years. Councils play a large and important role in the health and well-being of the residents as they have responsibilities for many of the social and environmental determinants of health. CPH has completed our submission on the Grey District Council's LTP. Amongst other things, their submission emphasises the importance of environmental sustainability, good urban design and the need to improve the resilience of key infrastructure such as water and sewerage systems in light of predicted increases in the frequency and severity of extreme weather events as a result of climate change. Copies of our submission to the Grey District Council and the other councils' LTPs can be made available to Committee members for their information.

Drinking Water Update - Effects of Water Shortage and Storm Events

Franz Josef

The Westland District Council (WDC) recently issued a boil water notice on Franz Josef's water supply following a filtration plant failure and turbidity breakthroughs into the reticulation. This is combined with the existing problem of low water flows in the source creek which have meant that water has needed to be carted from Tatara creek to supplement the supply. There have been communications with the Council reminding them of their statutory responsibilities to notify events such as this to public health authorities and to seek approval to switch to emergency drinking water sources. These issues are likely to remain a concern until the Council and local community can agree to commission an additional supplementary water source for the township. Recent rain has averted the water shortage at Franz Josef in the short term so that there was no need to cart water over Easter. The boil water notice has also been able to be lifted after three clear tests for *E.coli*.

Buller District

The major storm which struck the northern part of the West Coast last month affected several water supplies in the Buller:

Reefton

A turbidity(cloudiness) spike occurred in Reefton's water supply as a result of the storm. The filtration system was overloaded and, as a result, un-filtered water went into the UV system causing a mechanical breakdown. Council issued a boil water notice for the supply. Major repairs have had to be made but the boil water notice has been lifted after three clear tests for E.coli.

Punakaiki

A significant turbidity spike also occurred in Punakaiki and subsequent investigation revealed that the storm had caused a slip in the catchment that was affecting the intake. Buller District Council issued a boil water notice for the supply. Repair works to the intake have been undertaken and clearance sampling began on completion of these, though the supply has taken longer to clear than initially expected.

Waimangaroa

This supply suffered significant damage and the intake to the supply has effectively been destroyed by a major slip. A backup supply on a nearby creek is running but the flows are low so sufficiency of supply to residents is an issue. The supply is untreated and is on a permanent BWN. The residents have been asked to conserve water as well as to remain on the BWN. Waimangaroa will be investigated for a new supply source. The old system had an application for Ministry of Health Capital Assistance Programme funding and this will need to be amended in light of the storm damage

The report was noted.

b) PLANNING & FUNDING UPDATE

This report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- The West Coast continues to perform well above the 6-hour **ED health target** (target: 95%) for the year to 31 March; with 99.5% of patients admitted, discharged or transferred within 6 hours, and 94.8% within just 4 hours.
- West Coast DHB was 88 discharges ahead of our **electives health target** for the seven months to 31st January 2015.
- 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— having delivered 46% coverage against our 60% target for February. Thorough investigation is showing this is due to an accumulation of several issues—the majority of which is data quality-based.

Upcoming Points of Interest

- **Primary Mental Health Services**

Primary mental health services are working in a more integrated way with Specialist Mental Health Service so that there is a continuum of care rather than a siloed approach. This is expected to improve responsiveness while the locality based model is being developed.

The report was noted.

c) **ALLIANCE UPDATE**

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

Alliance Leadership Team (ALT)

- ALT have reviewed the workstream workplans for the 15/16 year and have gone back to the workstreams to provide more evidence of integration between the plans.
- ALT have defined 5 key priorities and have been reviewing the plans with these in mind. The priorities/questions to answer are:
 - Improve access to the health care home. What are you as a workstream going to do to contribute to that goal?
 - What one system level change will be made this year, and how will this be measured?
 - How will you increase Māori access and outcomes?
 - How will rural populations receive better care?
 - What IT initiative and which workforce initiative will this workstream work on?
- ALT has noted a lack of progress across three workstreams - Grey IFHS, Older Persons Health and Mental Health. They have requested the workstreams provide an update on how they will address this.
- ALT have seen the Workforce plan for 15/16 and would like to see the workforce profile broken down further into professional groups.
- ALT were pleased to see the encouraging feedback from both primary and secondary care regarding the effectiveness of HealthPathways as a clinical tool.

Mental Health Workstream

- The workstream is focused on Buller where the model of service delivery within the IFHS has been developed. Incorporating the current Community MH Team into the wider IFHS health team needs to include a review of current caseloads to determine whether additional FTE is required to provide crisis resolution locally. NGOs are working on developing their own hub of support services so that there is no duplication and resources can flex according to support needs. Their inclusion in routine care planning meetings is critical to achieving positive outcomes.

Health of Older Persons

- Buller stakeholder engagement was completed in March 2015 and recommendations are now being formulated from that process.

- The business case for the Integrated Falls Prevention/Fracture Liaison Service (FLS) approach was completed and approved. This includes a redistribution of staff to support this approach. This will help advance progress with falls prevention and fracture liaison services.

Grey/Westland & Buller Family Health Services (IFHS)

- A project specialist will be assisting a team with the Grey / Westland IFHS workstream to progress on identifying at risk people within our enrolled population.
- Other activities that the workstream is focusing on in this quarter are the development of a future model of unplanned primary care in Greymouth, the development of a Grey “huddle” to improve communication across all services and developing the business model for the three practices in the new IFHC building.

Healthy West Coast

- HWC have been working on development of the three year strategic plan around Tobacco Control for West Coast District, the first draft of which has now been submitted to MoH in line with new national timeframes.
- Work has begun to develop a DHB Alcohol Harm Reduction Strategy.
- Following the implementation of Patient Dashboard in November, good progress is being made towards achieving the primary health targets (Better Help for Smokers to Quit & More Heart & Diabetes Checks) in Q3.

Child and Youth

- The Community Oral health Service is now being supported by a Practice Manager (with further support from the Service Manager) from CDHB and a new administrator will be commencing in Q4.
- Discussions have commenced with the final school where the fixed clinic is to be decommissioned and the plan for inclusion of dental facilities in the Grey IFHC have now been approved by the Partnership Group.
- The increased Paediatric Specialist FTE is assisting with throughput of Gateway Health Assessments.
- The Mana Tamariki-Mokopuna project is again moving forward with 20-30 young Māori mums recruited to the project group. These mums will set the direction for the project and define how the project will run. They will meet together on 17th April to begin this process. The project still has two years to run and therefore outcomes/findings will begin to emerge in 15/16.
- Results of the Secret Shopper project have been collated and will be distributed to services soon. The results will be presented at the Annual "Collaborative" Hui in April.
- Work has begun to follow up on the Girl of Concern report which was published earlier in the year. The report's findings and recommendations are being prepared for wider distribution to the community with an accompanying call to action to seek input from stakeholders.

Pharmacy

- Expressions of Interest for a community pharmacy provider, Grey Hospital and IFHC closed on 2 April 2015. A selection panel is scheduled to meet in early April with recommendations and decisions expected by mid-April.
- A pharmacy design lab process led by the Business Development Unit, Canterbury and West Coast DHBs has started with the hospital pharmacy and a current state assessment completed in March. A draft design lab plan based on the current state assessment is expected in early April for further discussion with the hospital pharmacy staff. The developed design process for the facility is currently underway. The scope of the hospital pharmacy design lab may include all the components required for the final design with further developments perhaps not necessary. This will be confirmed following engagement with the hospital pharmacy and facility planning teams. The community pharmacy design lab will follow the selection of a community pharmacy provider.

The report was noted.

d) PRESENTATION – VICTIM SUPPORT

Lorraine Scanlon, National President, Victim Support presented to the Committee regarding the role and aims of Victim Support.

Victim Support is an independent incorporated society that provides a free 24/7 community response to help victims of serious crime and trauma. For the year ended 30 June 2014 30,864 people were assisted by the society. Demand for this service is increasing and over the last year there has been an increase in calls of 30.9%.

The society has a National Board with elected members, a National Office with a Chief Executive and a staff of 140, and 33 local group committees who are volunteers and are the service providers. Funding comes from the Ministry of Justice and the Ministry of Health for the suicide project. Service coordinators in each area are responsible for recruitment of volunteers and training which is detailed in a national training programme. Local Groups undertake fundraising which is used mainly for the provision of resources.

With many competing priorities the volunteer base is reducing and work is continuing to try to increase these numbers and also look at easier ways for volunteers to undertake training.

e) GENERAL BUSINESS

The Chair reminded the Committee of the public meetings taking place in the next week regarding the Disability Action Plan which is taking place in conjunction with Disability Information Advisory Services

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 23 April 2015

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 23 April 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

12 March 2015

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

4. Community and Public Health Update

Claire Robertson
Team Leader, Community and Public Health

9.10am - 9.25am

5. Planning & Funding Update

Phil Wheble
Team Leader, Planning & Funding

9.25am - 9.40am

6. Alliance Update

Phil Wheble
Team Leader, Planning & Funding

9.40am – 10.00am

7. Victim Support – presentation

Lorraine Scanlon
National President Victim Support

10.00am-10.25am

8. General Business

Elinor Stratford
Chair

10.25am - 10.35am

ESTIMATED FINISH TIME

10.35am

INFORMATION ITEMS

- Board Agenda – 27 March 2015
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- CPH six monthly report to Ministry of Health
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 4 June 2015

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE - 23 APRIL 2015



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 8 May 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 23 April 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 – 23 April 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 23 April 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

Patient Ambulance Transport - The Committee noted that the contract for this service was presented to the SI Alliance earlier this week. The contract has not yet been signed but will commence on 4 May. It was also noted that there is a lot of coordination work to be undertaken before the contract commences.

MANAGEMENT REPORT

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

Mr Newsome introduced Lara Bakes-Denman, Associate Director of Allied Health to the Committee. Ms Bakes-Denman spoke to the Committee about her new role on the West Coast.

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

- DNA rates have slipped back and work is taking place to analyse this data to ascertain why this has occurred.
- Services previously provided in the Hannan AT&R Ward and the Morice Ward have now been reconfigured. The Committee noted that there had been a proposal for change regarding this reconfiguration. After considering all feedback the following changes have been made:

- the integration of Hannan Ward, its current service provision and staffing into Morice Ward;
 - the relocation of oncology services to the Hannan Ward lounge from the Morice Ward; and
 - the relocation of day-case infusion services to the Hannan Ward from Morice Ward.
- Earlier this week the Health & Disability Commissioner released his report around the tragic death of 15 year old Matthew Gunter in November 2012 at Grey Hospital. The DHB has accepted all the HDCs findings. The Committee noted that all of the recommendations made by the Health & Disability Commissioner have already been implemented and an audit is currently taking place to ensure that these are still in place.
 - The new Maternity Services model of care has been fully implemented with seven self-employed midwives providing primary maternity care on the West Coast. The new model has now been in place for two months and there have been no issues or matters of concern raised.
 - Planned primary birthing was re-introduced at Kawatiri in March. There was a birth there this week and there are a number of women booked for planned births in the coming months.
 - The new electronic based incident management system “Safety 1st” has now been introduced and has been picked up really well by our clinical staff.
 - A physiotherapist has now been appointed in Buller.

Discussion took place regarding the Patient Journey pages in the report and whether the information provided in them is what the Committee requires. Mr Newsome will look at these for the next meeting.

The report was noted

FINANCE REPORT

Michael Frampton, Programme Director, presented the Finance Report for the month ending March 2015. The consolidated West Coast District Health Board financial result for the month of March 2015 was a deficit of \$0.484m, which was \$0.396m unfavourable against the budgeted deficit of \$0.088m. The year to date position is now \$0.513m unfavourable.

The Committee noted that the DHB continues to be under pressure in its ability to deliver to the end of year target as stated in the Annual Plan. A range of efforts are underway to try to pull back the unfavourable year to date figure of \$0.513m the Committee also noted that this is in addition to the \$1m the DHB has been instructed to deduct from its transitional 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 commented in particular regarding the need to continue to employ new graduate nurses to ensure the future of the nursing workforce on the West Coast.

The report was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 23 April 2015.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA



WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth Thursday 23 April 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

12 March 2015

3. Carried Forward/Action Items

REPORTS/PRESENTATIONS 11.10am

4. Management Report

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

5. Finance Report

Justine White 11.30am - 11.45am
General Manager, Finance

6. Clinical Leaders Report

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

7. General Business

Sharon Pugh 12noon – 12.15pm
Chair

ESTIMATED FINISH TIME 12.15pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 27 March 2015
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 4 June 2015

Corporate Office, Board Room at Grey Base Hospital.

TATAU POUNAMU ADVISORY GROUP UPDATE 16 APRIL 2015

TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Tatau Pounamu Advisory Group

DATE: 8 May 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 16 April 2015..

For the Board's information the functions of Tatau Pounamu, in accordance with their Terms of Reference is to give advice on:

- a. 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 - 16 April 2015

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu meeting held on 16 April 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**

A meeting is being arranged for 25 June with Rununga Chairs, Tatau Pounamu Chair, Board Chair and Michael Frampton to discuss the Terms of Reference and Memorandum of Understanding.

2. **Maori Representatives**

Currently still Maori consumer vacancies for the Child & Youth, Local Cancer Network, Diabetes and Violence Intervention Prevention groups. Tatau Pounamu is continuing to wider its networks of representation to these key working groups and expect to have continued representatives submitted for these groups at the upcoming Tatau Pounamu meetings

3. Draft Annual Plan & Draft Maori Health Plan

A special one-off meeting was arranged on Wednesday 29 April with Maori Health and key West Coast DHB Planning and Funding staff with Tatau Pounamu members to enable the opportunity to focus on the priorities for Maori within the Draft Annual Plan and Draft Maori Health Plan.

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

TATAU POUNAMU ADVISORY GROUP MEETING

**Board Room, Corporate Services
Thursday 16 April 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

Thursday 12 April 2015

3. Carried Forward/Action List Items

4. Discussion Items

- | | |
|---|--------|
| ▪ Kathy O'Neil, Planning & Funding CDHB – Draft Disability Plan | 3.15pm |
| ▪ Kathleen Gavigan – Mental Health Workstream, Buller Update | 4.00pm |
| ▪ Sandy Mclean – <i>To accompany the above discussion with Kathleen Gavigan</i> | TBC |
| ▪ Mark Newsome, General Manager, Grey/Westland | 4.30pm |

REPORTS

- | | |
|--|------------------------------------|
| 5. Chairs Update – Verbal Report | Chair |
| 6. GM Maori Health – Verbal Report | Gary Coghlan, Maori Health |
| 7. Alliance Update | Philip Wheble, Planning & Funding |
| 8. Cancer Screening Update – Paper Only | Peter McIntosh, Planning & Funding |

INFORMATION ITEMS

- Tatau Pounamu Meeting Schedule
- Key messages relating to the integrated health system for the West Coast

ESTIMATED FINISH TIME 5.00pm

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 8 May 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 27 March 2015 and 23 April 2015	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 Update and Delegation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	South Island Regional Health Services Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	Mental Health Review – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	HBL Treasury Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Buller Older Persons Health	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.