

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



BOARD MEETING

**Friday 25 September 2015
10.15am**

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

**ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE**

WEST COAST DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates (*Chief Executive*)
Michael Frampton (*Programme Director*)
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 the West Coast Regional Council, 388 Main South Road, Greymouth
on Friday 25 September 2015 commencing at 10.15am

KARAKIA	10.15am
ADMINISTRATION	10.15am

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 7 August 2015
3. Carried Forward/Action List Items

REPORTS

10.20am

- | | | |
|--|---|-------------------|
| 4. Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.20am – 10.30am |
| 5. Chief Executive's Update | Michael Frampton
<i>Programme Director</i> | 10.30am – 10.45am |
| • Health & Safety Update | | 10.45am – 10.50am |
| 6. Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 10.50am – 11.00am |
| 7. Mental Health Review Update &
Mental Health Presentation | Mark Newsome
<i>General Manager, Grey/Westland</i> | 11.00am – 11.30am |
| 8. Finance Report | Justine White
<i>General Manager, Finance</i> | 11.30am – 11.45am |
| 9. Maori Health Plan Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 11.45am – 11.55am |
| 10. Health Target Q4 Report | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 11.55am – 12.05pm |
| 11. Proposed 2016 Meeting Schedule | Board Secretariat | 12.05pm – 12.10pm |
| 12. Report from Committee Meetings | | |
| - CPH&DSAC
10 September 2015 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 12.10pm - 12.20am |
| - Hospital Advisory Committee
10 September 2015 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 12.20am – 12.30am |
| 13. Resolution to Exclude the Public | Board Secretariat | 12.30pm |

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME

12.30pm

NEXT MEETING

Friday 6 November 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 President Greymouth Riverside Lions Club
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 – Chair St John Youth Leader New Zealand School Trustees Association – Member of Marlborough/Nelson/West Coast Regional Executive
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 President New Zealand Federation of Disability Information Centres

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 7 August 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

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director), Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Mark Newsome (General Manager, Grey/Westland); Phil Wheble (Team Leader, Planning & Funding); and Kay Jenkins (Minutes).

Gary Coghlan led the Karakia.

The Board acknowledged the passing of Ben Hutana and recognised his contribution to the Board and the Community.

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 (34/15)

(Moved Sharon Pugh/seconded Susan Wallace - carried):

“That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 7 August 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:

- New Zealand Health Partnerships – there is a strategy meeting to be held in Wellington on 18 August 2015 for all Chairs and CEOs.
- Teleconferences re Buller development
- National Health Strategy – media coverage. This document has now gone back to the DHB Executive who have written to and met with the Director General.
- South Island Alliance – the next meeting will take place on Monday 10 August.

Resolution (35/15)

Moved Helen Gillespie/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, presented this report which was taken as read.

He highlighted the following points:

- Of note is the Kia Ora Hauora Work Placement Programme which is getting students involved with health and how this is translating into recruitment in this area (particularly nursing).
- Also the new web-based Maori Health Monitoring Tool that allows comparisons between DHBs on the 16 different Maori Health indicators.
- It is also great to see the Maori Health Action Plan signed off.
- The Annual Plan is still going through the sign off process. The Ministry have not signalled any red flags regarding this.
- Partnership Group – Grey Hospital Development. These processes are always complex and the significance of having both the Minister of Health and Minister of Finance sign off the plans is important. Tenders for this project have closed and the evaluation is taking place.
- The benefits of the Design Lab in Canterbury and the mini Design Lab in conjunction with Greymouth High School have been significant. Also the provision of a disability friendly design.
- Buller – the design phase for this project is expected to be completed by the end of August 2015.
- Acknowledging the impact of the Allen Bryant closure due to flooding with the residents now in Grey Hospital and Granger House. At this stage all residents have been accommodated on The West Coast with a small number at home with family.
- The ongoing use of Telehealth. John Garratt is undertaking a major launch with the Minister of Health next week. The West coast is an exemplar of this cutting edge technology. We are very lucky to have someone like John Garratt operating in this area. 90% - 95% of children do not now have to travel to Canterbury for consultations.
- There is slight variance to the year end planned deficit with the unaudited position being \$0.009m favourable against budget.

A query was made regarding feedback from staff at the 10 July facilities update. The board noted that the virtual absence of questions after the presentation indicated that staff are comfortable with where we are at.

A point was made that complaints regarding late discharges from Christchurch Hospital seem to have faded away indicating that there appears to be better alignment taking place.

Discussion took place regarding:

- The increase in alcohol and other drug services referrals;
- Kia Ora Hauora Work Placement; and
- Resignation of Health & Safety Advisor;

Resolution 36/15)

(Moved Joseph Thomas/seconded John Vaile– 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:

- A lot of work is still taking place around nursing workforce being fit for purpose. A project is underway to develop a plan for future nursing workforce requirements within the model of care and new facilities.
- In conjunction with the Health Quality & Safety Commission the DHB is working on a project to reduce harm from opioids. The goal is to reduce harm by 25% nationally by June 2016.
- 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.
- In a follow up to the workshop held in 2014 there are a number of specialty 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.

Resolution (37/15)

(Moved Sharon Pugh/seconded Joseph Thomas – carried)

That the Board:

- i. notes the Clinical Advisor's update.

7. FINANCE REPORT

David Meates, Chief Executive, presented this report which was taken as read.

The consolidated West Coast District Health Board financial result for the month of May 2015 was a surplus of \$0.258m, which was \$0.346m favourable against the budgeted deficit of \$0.088m. The year to date position for May was \$0.170m unfavourable against budget.

The unaudited June 2015 result shows a year end result of \$0.009m.

Resolution (38/15)

(Moved Joseph Thomas/seconded Helen Gillespie – carried)

That the Board:

- i. notes the financial results for the period ended May and June 2015.

8. MATERNITY REVIEW UPDATE

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

The Board noted that progress against the review recommendations is essentially completed with just 2 remaining items to be addressed.

Resolution (39/15)

(Moved Helen Gillespie/seconded Elinor Stratford – carried)

That the Board:

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

9. REPORTS FROM COMMITTEE MEETINGS

- a) Elinor Stratford, Chair, Community & Public Health and Disability Support Advisory Committee provided an update from the Committee meeting held on 23 July 2015.

The update was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 23 July 2015.

The update was noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC**Resolution (40/15)**

(Moved John Vaile/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 items 1, 2, 3, 4, 5, 6, 7, 8 7 9 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	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 26 June 2015	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial	S9(2)(j)

	on Emerging Issues	negotiations). Protect the privacy of natural persons.	S9(2)(a)
3.	Clinical Leaders – Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
4.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Ministry of Health Deficit Funding 2014-15	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Delegation for Annual Accounts	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	HBL – Food & Linen Business Cases	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Audit New Zealand – Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

There being no further business the public open section of the meeting closed at 11.50pm.

The Public Excluded section of the meeting commenced at 12noon and concluded at 1.30pm with a break for lunch between 12.20pm and 12.50pm.

Peter Ballantyne, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

WEST COAST DISTRICT HEALTH BOARD CARRIED FORWARD/ACTION ITEMS AS AT 25 SEPTEMBER 2015

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	8 May 2015	Mental Health Review Update	Progress against review recommendations.	Included in presentation on today's Agenda
2.	26 June 2015	Mental Health Presentation	Progress undertaken since the Mental Health Review and the direction of travel/priorities going forward.	On today's Agenda
2.	8 May 2015	Presentation – Home Based Support Services	Presentation	To be scheduled as presenter available.
3.	8 May 2015	Presentation – Telehealth Strategic Framework	Presentation	To be scheduled as presenter available.

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 25 September 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 Health Alliance

Alliance Leadership Team [ALT] Activity

- The ALT has agreed to the creation of a new Reefton IFHS workstream that will look to develop a plan around how health care will be provided in Reefton in the future. It will work closely with the other Alliance workstreams to ensure there is a joined up approach.
- The ALT has agreed to the appointment of Dr Michelle Dhanak to the Leadership Team to provide expertise in the field of Older Persons Health.
- The ALT was also pleased to see the work currently underway regarding how the use of telehealth will be increased to further support the new model of care. This will be supported by increased visibility of patient travel times.

B: Build Primary and Community Capacity and Capability

Primary

▪ Reefton Health

- *Hospital* – rosters continue to be monitored to ensure staffing levels are appropriate for the workload.
- *General* - the Acting Operations Manager Hospital Services has been assigned interim reporting and leadership for Reefton Hospital while the Reefton Nurse Manager has been seconded to the Emergency Planner/Health and Safety Advisor role. Maintenance in the hospital wing is progressing; showers are awaiting repairs, however the painting of the corridors has been completed.

▪ Practice Management

- Annual planning and forecasts for the 2015-2016 year are being finalised
- Cornerstone Accreditation contracts were expected to be signed in July but the contract process has been delayed but now complete.
- Awaiting report of PHO random audit of the Practice enrolment registers.
- Review of policy and procedures in line with best practice under Cornerstone framework is continuing.
- Annual patient survey underway in conjunction with the PHO.

▪ South Westland Area Practice: The two GPs have resigned; recruitment is underway. Proposal for change decision for South Westland due to be delivered in the coming weeks.

▪ Greymouth Medical Centre | Rural Academic General Practice | Moana RNSs: Team discussions are occurring in the Practices regarding Planned and Unplanned Models of Care with a workshop planned late September. GMC and RAGP are having combined meetings every month as part of the process of integration of services. Continual efforts are being made to achieve PHO targets. Staff are administering as many opportunistic flu vaccinations on top of the ones that are already booked. A meeting is to occur between Poutini Waiora and the Practices regarding the placement of their nurses in the Practices on a regular basis.

Community

▪ Oral Health: Our therapists and assistants have recently been discussing with Canterbury Oral Health Services a scoping document that shows options for completing the transitions to our new model of care. The emphasis of this new model is preventative as opposed to the previous one of “drill and fill”. Our therapists felt there were some great opportunities for the West Coast and it will be discussed further and feedback provided into the document.

▪ District Nursing | Home Based Support Services:

- The 2 Clinical Nurse Managers have developed more integrated positions in Greymouth and Hokitika which will result in a more seamless service delivery between HBSS and District Nursing Services. There is also work happening around shared care plans with Allied Health.
- New support plans that cover all aspects of care required have been developed to be used across the region.
- 16 staff across the Coast have completed Dementia Care Training for HBSS during

June and July.

- There has been an increase in 7-day care; the service is reviewing the orientation programme for new staff.
 - The combined HBSS/DN staffing model is an exciting opportunity for helping integrating the services into one. Some of the impetus comes from an Xcelr8 project “Managing Resources More Intelligently”.
 - We have a number of palliative patients throughout our district nursing areas and they are well supported by the HBSS team.
- **Public Health Nursing:** Our Public Health Nurses, District Nurses and Poutini Waiora staff are working very well together to support unwell babies, children and their families. The workloads are steady across the region.
- *Well Child* – work has been undertaken to develop a model of shared care for babies and young children across the region. This work is progressing well. It is difficult to anticipate the demand sometimes, but a supported Best Practice service will be provided. There is some discussion and ongoing work is in progress regarding the awareness for new mums in choosing a Well Child Tamariki Ora provider and the options available.
 - *B4School Checks* – Our targets have been well met this year. Unfortunately the nurse coordinator has resigned to go overseas and live. We anticipate being able to find a suitable replacement coordinator from secondary services.
- **Clinical Nurse Specialists**
- Our Respiratory Nurse Specialists will be part of a National Health Committee investigation into the current Model of Care for Chronic Obstructive Airway Disease. The information collected will be used to complete a series of assessments and mega-analysis on the Model of Care. This will include a summary of assessments and recommendations for improvements in the delivery of care.
 - Discussions are occurring with the Cardiology CNS regarding the opportunity to undertake CNS led cardiology clinics. It is anticipated that these will be run in tandem with the visiting Cardiologist and the nurse will be focusing on the straight forward follow-ups. The major benefits of this are in reducing the wait times for the patients and the workload for the Cardiologist.
 - The Oncology CNSs are eagerly awaiting their return from Kahurangi to Hannan for their chemotherapy clinics, when Allen Bryant residents return to Hokitika. They are now doing 3 full days of chemo.
 - The Palliative CNSs work closely with the Palliative Specialist doctor from Nurse Maude. Together they will work with the GPs in our communities, especially the new locums, in an effort to reduce the palliative admission rate to our inpatient services. We need to ensure Advanced Care Planning so that people can be maintained at home.

C: Implement the Maori Health Plan

- **Maori Health Plan 2015/2016:** Final sign off has been received from the Ministry for the 2015/2016 Maori Health Plan. Copies of the plan will be distributed widely amongst the health sector and to our community partners. This has been a lot of work and so it is positive the Ministry of Health has given approval.
- **Kia ora Hauora Work Programme West Coast:** The West Coast DHB completed its second Rangatahi placement this week. The programme ran from 7 – 9 September. The

seven students in attendance came from across the Tai Poutini region and they gained very valuable experience within a number of health settings. They spent time with Maternity services, Emergency Department, Paediatrics, Occupational Therapy, Theatre, St John, Community and Public Health, Primary Health Organisation, Nursing, Westland Medical Centre and Poutini Waioara, the Maori Health provider. They also spent time with members from local Iwi, Poutini Nga Tahu. This is a wonderful initiative designed to increase the number of Maori with careers in the health and disability sector.

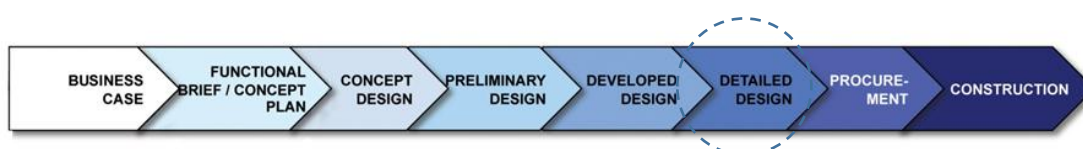
- **Orientation – Web-Based Maori Health monitoring tool:** The latest DHB orientation for new staff provided a great platform to test the new web-based Maori Health Plan Monitoring tool. The tool allows comparisons between DHBs on the 16 different Maori Health Indicators. It also provides information on performance trends, disparities between Maori and Non-Maori indicators, and links to seminars on best practice by the nation's top performers. The tool proved to have a powerful impact on the audience because we were able to effectively graphically demonstrate the disparity between Māori and non-Māori health outcomes in a way which had not been done before. The information can be updated every 24 hours with the latest Ministry of Health data. We will continue to use the tool as often as possible in different settings and with various audiences and encourage managers and clinicians to learn how this tool can assist them in their work. It will give more transparency to performance, for example DHBs can see whether the initiatives they are using against a certain indicator are working and if not they can try other initiatives available elsewhere.
- **Te Rau Matatini – Cultural Competency Training:** This training will be held on 9 September and 13 October at Tuhuru Marae, Arahura. The Kaitiaki Ahurea Level 2 programme is a New Zealand Qualifications Authority (NZQA) training scheme that was developed and delivered by Te Hau Maia to non-Maori working in Public Health. The response from the DHB, CPH and Plunket has been extremely encouraging – we have 24 registered to date including Clinical Leaders, Planning and Funding and others from across the sector, Public Health Nurses, Plunket Nurses, Mental Health workers, OT, Social Workers and Health Promoters. The purpose for developing this training course is to increase Maori public health gains, by:
 - Providing a foundation level of learning and understanding in cultural competencies for beginner and experienced Public Health practitioners e.g. health promoters, health protection officers, medical officers of health and others.
 - Influencing the transformation of Public Health unit practices towards a more Maori responsive Public Health service throughout Te Waipounamu.
 - Participation in developing, mobilising and maintaining a Maori Public Health network throughout Te Waipounamu and Aotearoa.
- **Treaty of Waitangi Workshop:** A Treaty of Waitangi workshop was held on 8 July with attendees from the health promotion sector, maternity services, pharmacy, dietetic services and an Obstetrician. The course was well received with a half day focused on the Treaty and the group breaking into two workshops in the afternoon to apply the HEAT (Health Equality Assessment Tool) to specific scenarios within health. Feedback was extremely positive and provided some great views on how we could deliver in a slightly different way.



A: Facilities Maintenance Report

- 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.
- 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 workstream opportunities. Fire and Generator maintenance contracts have been tendered and are currently going through the internal DHB sign off process.
- The proposed Facilities Management structure with regard to facilities development is having a negative effect on staff morale at Greymouth Hospital and senior management have attended staff meetings to keep staff informed of progress in this space.
- Greymouth Hospital (4 compliance schedules) has been given a new Building Warrant of Fitness. Certificates are displayed at Corporate, Dementia, Garage, Trades and Main Hospital x3.
- Patient area electrical testing continues as per plan.
- Appliance testing as needed is ongoing.
- Some issues have been identified with Greymouth Hospital site generator. As we work through the issues, there is no risk to infrastructure continuity.

B: Partnership Group Update



- The anticipated date of practical completion of the new Greymouth Hospital and Integrated Family Health Centre [IFHC] remains March/April 2017.
- The Developed Design phase of the facility has been completed. During this design phase the user groups worked closely together with the design team to ensure all of their requirements were incorporated into the design of the facility and the time and dedication of the range of contributors including nurses, allied health staff, management, medical staff, administrative staff and support services is acknowledged.
- As the Greymouth Hospital and IFHC facility design moves into the Detailed Design phase in September, the Design Team will continue to be engaged with WCDHB clinicians and the facilities redevelopment team during this process.
- The tender for the first phase of the procurement process for early site works is currently being evaluated and the preferred contactor is expected to be engaged in late September.
- Early site works are expected to be in late October.

- The West Coast DHB is committed to the new Buller Integrated Family Health Centre [IFHC] and continues to progress the development of the facility.
- The Master Plan and Concept design for Buller Integrated Family Health Centre [IFHC] have been completed and the DHB is currently stepping through options in relation to the Master Plan and Concept design prior to finalising.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Greymouth Hospital has received a number of Registered Nurse resignations over the last month; staffing levels remain appropriate. At times through the last month, Morice and Barclay wards have had near 100% utilisation; this has been managed well and staff have coped with the increased workloads. Winter illnesses have been prevalent at times through this month. Staff have been flexing up to cover and we have utilised casuals in areas such as CCU and Paediatrics.
- Staffing levels by shifts have been reviewed and readjusted to reflect safe staffing levels.
- The consultation paper for changing nursing contracts to reflect the model of care we are working towards has recently been released. Some old contracts dating back as far as the 1970s are no longer valid as they state the person is assigned to a ward that no longer exists. These contracts are also inflexible, making it difficult to move nurses' around the service to address variance and ensure safe staffing levels.
- Greymouth Hospital continues to support Granger House where possible, while residents of the Allen Bryant rest-home are in the facility.
- The Emergency Department nursing staffing remains challenging at times with recruitment continuing.
- We have good applicants for the CNS position Orthopaedic and Plastics and interviews are being organised for 21 September 2015.
- Patient safety week is imminent and wards are gearing up for the "flight of life time". The Health Quality and Safety Commission are rolling out "making your stay with us safer" using the Air New Zealand flight safety information. We are one of the pilot sites for the trial and with this comes free resources.
- The Discharge Planning Group remains committed to improving the patient journey. This month saw a poster competition on IDEAL [Inclusion, Discussion, Education, Assessment, Learnings] with the winning posters being integrated and visible in the wards. Assertive ward rounds have embedded into everyday life. An analysis is taking place within the next month to see how far we have come with the project and to keep the momentum going.
- The DNA project is continuing to move forward with the introduction of text messaging being sent out as a reminder of appointments.
- The theatre utilisation project is progressing with a new software package called SCOPE. This will provide visualisation of the patient tracking through the system. It allows each surgeon to obtain data on their patients for auditing purposes.
- Health targets are on track.

Allied Health

- Calderdale Framework project facilitators have submitted the project plan to the Associate Director of Allied Health for final review. This is a significant achievement as it is one of very few Calderdale Framework projects to have been progressed to this stage across the South Island. Once finalised, this plan will be provided to the Executive Director of Allied Health.
- The Associate Director of Allied Health recently participated in the South Island Directors of Allied Health meeting chaired by the Executive Director of Allied Health. Calderdale Frameworks projects scheduled for implementation across the South Island were discussed. A number of joint initiatives will be pursued to support the successful implementation of these projects, in addition to sustaining the benefits realised and outcomes achieved post implementation.
- Two new Allied Health & Nursing Innovation & Leadership Group projects have been initiated. The first project aims to improve the physical health of people with a diagnosed chronic mental illness. The other project aims to introduce an interdisciplinary meeting that focuses upon the holistic care being provided to people with a mental illness. These two new projects are joint initiatives between WCDHB primary and secondary health service providers.
- The Speech Language Therapy team have introduced a new and innovative way of assisting non-verbal patients to communicate using an iPad, an app and a device that functions similarly to a mouse.
- A private West Coast based paediatric physiotherapist has been contracted to provide services to WCDHB patients. This arrangement will be in place for approximately three months, allowing adequate time to recruit to a recently vacated position based in Buller. This contractor will also assist the WCDHB physiotherapy team to enhance their skills in providing clinical services to paediatric patients in addition to providing input into a new model of paediatric physiotherapist services on the West Coast.
- The radiology on-call roster is now available on the WCDHB intranet. This enables all DHB staff to be aware of who is on call, not just the operators.
- Family Violence Intervention Refresher Training was offered to midwives on 27 August. This featured a specific mental health and cultural component.
- Midwives have recently been granted access to eProsafe. This is a significant outcome in that it will allow for the sharing of vital information electronically across the WCDHB. Up until recently, midwives have only documented in hard copy notes on the maternity ward.
- A Family Safety Collaborative meeting has been established. These meetings take place once a week for 30 minutes. The purpose of these meetings is to provide a sustainable and effective family safety service to families on the West Coast. Family safety care and protection cases from across the lifespan [i.e. from in-utero to older persons] are discussed during meetings.
- A flow chart is being developed for WCDHB staff detailing different roles and responsibilities in regards to responding to patients at risk of abuse, harm and/or neglect.
- A new Medical Technician has been appointed. The successful candidate commenced in the first week of September.
- Key Allied Health staff have been involved in signing off on the design and contents of relevant rooms to be used by Allied Health in the new Greymouth facility.

- Allied Health provided significant feedback during the staff consultation process regarding proposed changes to services provided to older persons in Buller.
- The Clinical Manager of Occupational Therapy and the Occupational Therapist based in Buller will be members of the newly formed Project Team due to develop an implementation plan regarding the outcomes featured in the Future of Older Persons services in Buller decision document. The Associate Director of Allied Health will work closely with them and the General Manager of Buller to develop and implement the plan due to be developed by the Project Team from an Allied Health perspective.
- Clinical Managers of Occupational Therapy and Physiotherapy, the Associate Director of Allied Health, and key stakeholders from CCCN, are working on developing an alternative approach to implement core components of the Allied Health Falls Prevention and Support Discharge position. This has been deemed necessary as the position has not been appointed to after 3 rounds of recruitment.
- Particular Allied Health staff have participated in the administration engagement process currently underway.
- The Associate Director of Allied Health recently met with a group of third year medical students from the University of Otago and discussed the role of Allied Health broadly and specifically within DHBs.
- Work on a three year Allied Health workforce strategy has commenced. This will connect with the CDHB Allied Health workforce strategy also currently in the early stages of development.
- WCDHB Allied Health leaders have commenced initial discussions in regards to the development, implementation and evaluation of new models of service that will be required as we transition from our current facilities to new facilities in Buller and Greymouth.
- Allied Health staff will contribute to the review of CCCN IDT meetings facilitated in Greymouth.
- Significant progress is being made to implement a new patient centred discharge planning process in Morice ward. This is a joint initiative between Allied Health and Nursing.

Mental Health Services

- A Mental Health Leadership Team [MHLT] has been established. This MHLT consists of the General Manager, Operations Manager, Associate Director of Nursing, Clinical Director and Team Leader from Planning and Funding as a starting point, but likely to include others. The team is in the process of setting up Terms of Reference and interface processes with the Mental Health workstream, and CDHB.
- Mental Health Solutions remains off-line; however they are working towards a go-live date in October this year.
- Options are being considered for the Alcohol and Others Drugs [AOD] Manager vacancy and the model of AOD service delivery moving forward; this sits with the MHLT.
- The MHLT is supporting staff to maintain a smokefree workplace as per DHB policy. This has been a concern in the inpatient setting for staff working with acutely unwell patients wanting to smoke.
- We are on track with working through the documentation reviews directly linked to the outstanding RCAs.

- The orientation booklet is out for feedback as well as policies and procedures, some awaiting sign-off by the Senior Mental Health team before ratification by the Clinical Quality Improvement Team [CQIT].
- The meeting templates, referrals to AOD and results on ongoing audits are currently under assessment.



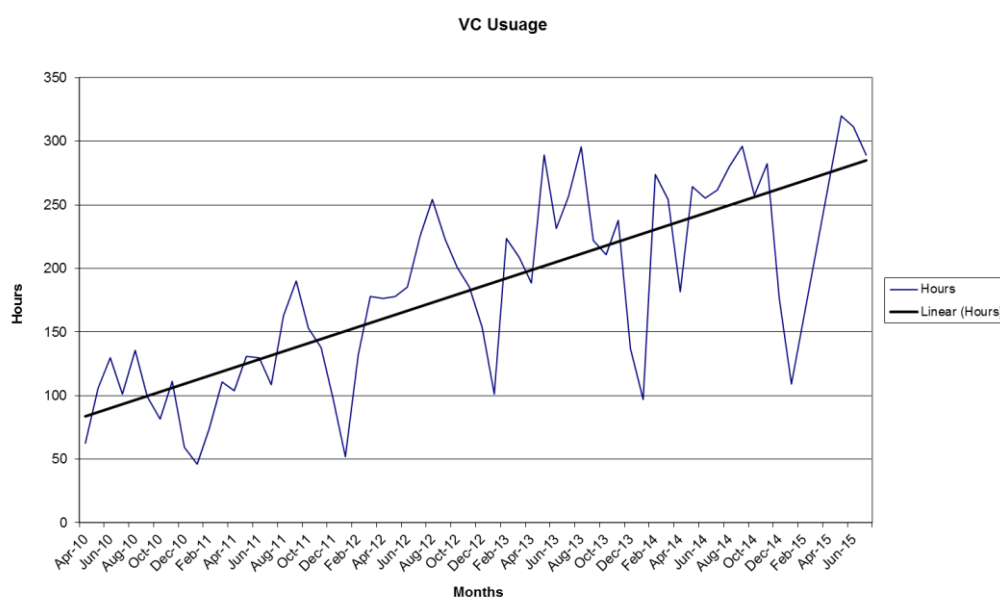
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

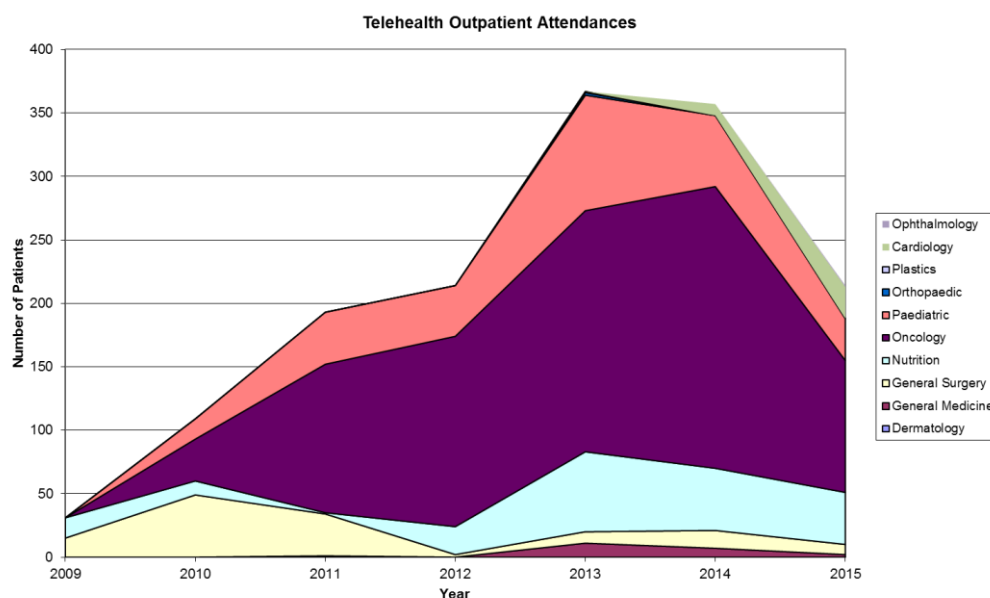
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- Patient transport to Christchurch for non-acute patient ambulance transfer between DHB hospitals has now been underway for four months. The Patient Transfer Service provides a daily door to door transfer service.
- The new St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth has commenced service in and around the Greymouth area, and reaching down to Hokitika. We are currently working to promote awareness of the service among health system staff, so that patients can be informed about it accordingly.
- The Buller Red Cross community health shuttle transport service between Westport and Greymouth Hospital continues to run on a daily basis as required and at no cost to patients.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network [CCCN]

- The Falls Champion and Supported Discharge role has not been filled despite multiple advertisements. Planning & Funding and Allied Health are working together to identify potential ways for this role to be developed from within existing resources.
- Allen Bryant Lifecare expects to open a wing in September 2015 which will provide 17 multi-use ARC beds which will ease aged residential care pressure on the Coast.

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

- Poutini Waiora, the PHO and the General Practice in Buller worked on an outreach to the Maori population by going to homes and undertaking spirometry tests, providing health advice and updating the patient records held at the Practice.
- Buller-based interagency meetings are now taking place more frequently. This represents important work to integrate across sectors for the benefit of the community.

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

- A workshop is to be held in September that will look at the future direction of how planned and unplanned care will be handled in both primary and secondary settings within Greymouth.
- The PHO and DHB are working together to identify at risk patients across the Coast. The PHO, DHB and Poutini Waiora are planning initiatives to reach these people over the coming months in Greymouth, including replicating the joined up approach that has occurred in Buller.
- Work is underway to develop reporting on the distances travelled by patients for appointments. This is expected to create conversations around how we can better use telehealth to reduce this overall distance travelled by patients – providing care closer to home.



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of July 2015 was a deficit of \$0.017m, which was \$0.082m favourable against the budgeted deficit of \$0.099m. The year to date position is now \$0.082m favourable.

	Monthly Reporting			Year to Date		
	Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000
Governance Arm	0	0	0	0	0	0
Funder Arm	390	(36)	426	390	(36)	426
Provider Arm	(407)	(63)	(344)	(407)	(63)	(344)
Consolidated Result	(17)	(99)	82	(17)	(99)	82

B: Implement Employee Engagement and Performance Management Processes

- Recruitment:** Eight new vacancies for August with a total of 16 open vacancies in total. Some positive steps forward in Buller with recruitment almost complete for a permanent clinical lead for the medical centre. Currently working through the recruitment process for other vacancies in both Buller and Greymouth Medical Centres. Unfortunately, we are struggling to source locum cover for both Buller and Greymouth, which is an ongoing issue and new ways of tackling this problem are being explored. After proving difficult to source appropriate candidates, we have managed to potentially fill the 2.0FTE in Midwifery, with candidates in the interview and reference checking stages of our process. Advertising has also commenced to advertise two registered nurse roles in the Mental Health inpatient unit.
- Learning and Development:** The development calendar courses that have been run have been well received with positive feedback. The new L&D administrator has commenced in the role which will allow the advisor to resume her work with managers and HoD's to improve the learning outcomes for staff. Applications for the sponsorship programme have been slower than normal and a communication plan is being devised to increase visibility of the programme to include social media.
- Health & Safety:** Planning for two wellbeing workshops is underway for early October. The annual influenza vaccination programme has had 46% of staff vaccinated. The programme has been extended to mid-September. The H&S Legislation Change project remains on track and education sessions have been given to Board and senior managers.

C: Effective Clinical Information Systems

- Information Systems Group Strategic Plan and Vision:** The ISG Strategic plan and vision has been through consultation with key stakeholders within WCDHB and CDHB, and has been approved by the Executive Management Team in August 2015. The IT department, as part of this plan, will be rebranded to the Information Services Group (ISG) and will be working in a more transalpine model with their CDHB counterparts. The plan is split into 3 main phases with phase 1 to be delivered within 2015.
- E-texting:** From August 2015 WCDHB is now sending e-texting reminders for outpatient appointments. A review will be completed after several months that will hopefully show an improvement in DNA rates.

- **Karamea and Haast Network Improved:** Rural Broadband Initiative (RBI) is now available within Karamea. The health clinic was moved onto this in mid-August. This means the clinic can now better utilise their video conferencing equipment for telehealth related activity. Haast is similar, with the video conferencing system being improved also in August.
- **Mental Health Solution:** The Mental Health Solution software based in Health Connect South required further work 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 stabilisation issues are resolved. WCDHB, CDHB and Orion are working to resolve the stabilisation issues as a matter of urgency. This is hoped to be resolved in October.
- **eReferrals:** The stage 2 eReferrals solution is now well over half way rolled out to the DHB, with stage 2 of the project now having completed 68 of the total 80 departments. Stage 2 provides electronic referral from the GP practice to Health Connect South. The referrals are then printed and sent to clinicians for triaging. Stage 3, which has yet to be deployed regionally, creates a fully end to end electronic process. Discussions on sensitive referrals are being undertaken with WCDHB so the last few departments can be brought onto stage 2.
- **National Patient Flow Phase 2:** The business case for phase 2 of National Patient flow has been completed and approved. The Patient Management System (iPM) upgrade has also been completed early July which is a requirement for NPF. The new version of iPM allows easier collection of data for National Patient Flow, as well as meeting 1 July mandatory reporting requirements. Go live for National Patient Flow phase 2 data collection is on track for 1 October.
- **National Infrastructure Platform:** The Board paper has been approved for the National Infrastructure Platform. Weekly project meetings are occurring. A CDHB project manager has been appointed and is assisting WCDHB on the implementation, with learnings being shared between both DHBs. Much of the networking infrastructure for the project has been implemented. A Project Board has been setup and is the local governance for the implementation. Next milestones are the approval of the project schedule and transition plan. The project is on track to provide service establishment by mid-October. This means WCDHB will be able to utilise the NIP for new servers from then. Actual migration to the NIP for existing servers will occur Feb/March 2016.
- **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 has occurred and one-third of the server room UPS load has been migrated to the new system. The remaining two-thirds will be moved during September 2015.
 - A Statement of Work has been approved for the implementation of a new load balanced firewall for WCDHB. A CDHB project manager and architect are assisting with the project. The new hardware has arrived in Christchurch and is being configured. Installation date to be confirmed but aiming for late September.
 - Business case approved for services to replace some Windows 2003 servers. There are 92 servers within the WCDHB datacentre, of which there are 19 remaining which need to be migrated. As part of this upgrade, a significant amount of work is

occurring in refreshing some systems based on these 2003 servers, including the replacement of both Mail and Web gateways, upgrades to Citrix systems, as well as removal of single points of failure within desktop delivery systems.

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

External Communications

- Media interest:
 - Orthopaedics
 - Flu season updates
 - Buller IFHC
 - Kynnersley Home/Dunsford Ward and Buller Older Persons' Health
 - New Greymouth facilities
 - Allen Bryant resident updates
 - Mental Health Review outcomes
 - South Westland review
 - Hospital admissions
 - Greymouth Hospital historical items – what will happen to them
 - Whooping cough
 - Health target performance
 - Locums
 - Population-based funding
- Media releases were issued on:
 - Changes to Buller older persons' health services finalised
 - West Coast DHB meets majority of health targets
 - Health sector opportunities for students
 - Parfitt Kids gives out 2500th gift pack
 - Patients to receive text reminders
 - Flu arrives on the West Coast
 - Plans for new Greymouth health facilities progressing
 - Allen Bryant residents updated

Internal Communications

- CEO Update - August
- Weekly global update email
- Consultation on administration and clerical; Buller older persons' health

External Engagement

- Discussion with Development West Coast about DHB presentation
- Preparation for South Westland community meeting



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES







Key Achievements/Issues of Note

- **Community Corrections Health Promotion Project:** CPH has recently completed a series of six health promotion sessions with people serving community-based sentences at Community Corrections. Session topics included: basic nutrition, two

hands-on cooking sessions, living a Smokefree life, responsible alcohol use, and services available through the West Coast PHO. Preliminary evaluation indicates these sessions were valuable and of interest to the Corrections participants. Our evaluation also highlighted a need for better access to mental health care for this group and the significant role that alcohol had played in their offending. CPH will continue to work with Community Corrections to run another series of sessions in the coming months.

- **Tobacco Controlled Purchase Operation:** A Tobacco Controlled Purchase Operation (CPO) was carried out over two days last month in the Grey and Westland Districts. A total of 27 premises from Dobson and Runanga in the north to Franz Josef and Fox Glacier in the south were visited. There was just one sale at a premise in Greymouth. The person who sold tobacco to the underage volunteer will likely be issued with a fine of \$500 by the Ministry of Health. Letters have been sent to all of the businesses who were visited and did not make a sale.
- **New Alcohol Licencing Officer:** CPH has recently appointed a new alcohol licencing officer, Rodney Beckett. This role supports the Medical Officer of Health to inquire into and report on applications for on, off, club and special licences as required under the Sale and Supply of Alcohol Act 2012. Rodney comes to us from a long career in the Police and has excellent local knowledge which will benefit his new role.
- **Aukati KaiPaipa:** CPH staff supported the Poutini Waiora/West Coast PHO Spirometry clinic in Westport in August. Our Aukati KaiPaipa (AKP) practitioner was on hand to offer cessation support for those involved in the clinic who would like to quit smoking. Following Joe Mason's recent decision to reduce his hours, we have appointed Diana Panapa to a 0.4FTE position as an AKP smoking cessation worker. Sharing this role between two people will increase flexibility in the delivery of AKP services for the Coast.
- **Working with Māori:** CPH is working with Poutini Waiora and the West Coast PHO in planning the delivery of a hauora/wellbeing programme for the Mana Tamariki Mokopuna participants. The programme aims to inform participants and support pathways of access into primary care/community services, focusing on areas of identified health need within the group. The latest kaumātua wellbeing hui scheduled for 2 September was postponed due to the passing of a whānau member. This has been rescheduled for November. The focus of this hui is to be arthritis/gout and asthma. Planning continues with our partners around future kaumātua wellbeing hui.
- **Water Supplies Capital Assistance Programme Subsidy - Update on 2014/15 Subsidy Round :** Nationally an unprecedented 40 applications were received for the final Capital Assistance Programme Subsidy round and of these, five were submitted for West Coast supplies. The Minister's decision on these applications has now been made and letters notifying both the successful and unsuccessful applicants were posted on 13 August 2015 along with a press release. On the West Coast the only successful application was for the Kumara Water Supply. Applications for Hector/Ngakawau, Little Wanganui, South Granity and Westport were unfortunately not successful.
- **Sugar Sweetened Drinks and Healthy Food Policy:** Community and Public Health are assisting the WCDHB to eliminate the availability of sugar sweetened beverages from DHB premises by 30 September. In addition, a Healthy Food Policy has been drafted, that once approved, will be available from 30 December.

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target		Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.6%	99.4%	99.4%	99.7%	95%	✓	The West Coast DHB continues to achieve impressive results against the shorter stays in ED health target , with 99.7% of patients admitted, discharged or transferred from ED within six hours during Quarter 4.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	425 YTD	878 YTD	1,288 YTD	1,721	1,592	✓	The West Coast DHB exceeded the improved access to elective surgery health target for the 2014/15 year by 129 discharges, representing 108.1% of target.
	Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	New	72.7%	62.5%	50%	85%	✗	Work around the faster cancer treatment health target continues, with 50% of patients (8/16) having received their first cancer treatment or management within 62 days of being referred. Small numbers remain challenging with 6 of the 8 non-complaint patients exceeding the timeframe due to clinical or other justifiable reasons.
	Increased Immunisation Eight-month-olds fully immunised	77%	82%	89%	85%	95%	✗	West Coast DHB has not met the increased immunisation health target , vaccinating 85% of our eligible population in Quarter 4. Opt-off & declines increased this quarter at a combined total of 16.6%—6.6% increase on the previous quarter which is reflected in our reduced results. Therefore 98% of the reachable population was immunised with only two children overdue at their milestone age.
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ²	93%	92.8%	97.8%	97.8%	95%	✓	During Quarter 4, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support —meeting the secondary care better help for smokers to quit health target . Best practice initiatives continue, however the effects of small numbers remain challenging.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	71.3%	78.3%	94%	90.2%	90%	✓	Performance against the primary care better help for smokers to quit health target has decreased slightly in Quarter 4, at 90.2%. The DHB is pleased to meet target once again.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	78.9%	82.6%	90.3%	91.1%	90%	✓	Performance against the more heart and diabetes checks health target has increased this quarter, once again meeting the target with a result of 91.1%.

¹ This report is calculated from both Greymouth and Buller Emergency Departments.

² Results may vary slightly due to coding timeframes

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 25 September 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

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

Allied Health and Nursing leadership teams are in the process of writing Workforce Action Plans. Allied Health leadership teams on the West Coast and Canterbury have collaborated to identify priorities and develop a West Coast Allied Health workforce profile. Some of the priority areas include:

- Developing, implementing and evaluating fit for purpose, integrated models of service delivery;
- Recruiting, retaining and sustaining a diverse workforce to deliver cost-effective services that match future demand;
- Innovating practice;
- Enhancing leadership capability; and
- Embedding transalpine arrangements with the Canterbury DHB.

The Canterbury and West Coast Nursing leadership team are planning a nursing workforce workshop to be held early 2016, to not only ensure the effective roll out of the strategic plans, but to also work collaboratively under the transalpine model for ensuring alignment. The West Coast Nursing Workforce Plan has seven strategic goals that also align with Canterbury DHBs Plan:

- Growing our workforce
- Attracting our workforce
- Enabling our workforce
- Extending our workforce
- Succession planning
- Matching capacity to demand
- Workforce and leadership structure

Interviews for the CMO roles will be undertaken within the next two weeks. This will see the implementation of the new structure, with three senior medical officers taking in a portfolio each.

Quality and Safety

The focus on falls prevention in the hospital is seeing positive results with a significant reduction in falls. Front line clinical staff are expected to maintain a heightened level of vigilance and proactive assessment and intervention to reduce any falls risk. Allied Health teams are collaborating with the CCCN Program, Home Based Support Services, community based District Nurses and nursing staff on the medical wards to implement new approaches to facilitate supported discharge and minimise falls.

Updates required to stabilise the Win Dose program used by Pharmacy is almost complete. Risks have been carefully managed whilst this process has been undertaken.

The Allied Health and Nursing Innovation and Leadership group has identified four quality initiatives. Work on these will continue into the New Year.

Facilities Planning

The developed design phase is nearing completion with the formal engagement between clinical teams and design team concluded at the end of July. The next phase is detailed design with the architects working hard on detailed design drawings.

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:

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

FINANCE REPORT

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance

DATE: 25 September 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 July 2015.

3. DISCUSSION

Overview of July 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 July 2015 was a deficit of \$0.017m, which was \$0.082m favourable against the budgeted deficit of \$0.099m. The year to date position is now \$0.082m favourable. The table below provides the breakdown of July's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,996	7,012	(16)	x	6,996	7,012	(16)	x
Governance & Administration	69	69	0	✓	69	69	0	✓
Funds & Internal Eliminations	4,546	4,720	(174)	x	4,546	4,720	(174)	x
	11,611	11,801	(190)	x	11,611	11,801	(190)	x
EXPENSES								
Provider								
Personnel	5,120	5,045	(75)	x	5,120	5,045	(75)	x
Outsourced Services	9	8	(1)	x	9	8	(1)	x
Clinical Supplies	672	617	(55)	x	672	617	(55)	x
Infrastructure	1,052	821	(231)	x	1,052	821	(231)	x
	6,853	6,491	(362)	x	6,853	6,491	(362)	x
Governance & Administration	69	69	0	✓	69	69	0	✓
Funds & Internal Eliminations	4,156	4,756	600	✓	4,156	4,756	600	✓
Total Operating Expenditure	11,078	11,316	238	✓	11,078	11,316	238	✓
Surplus / (Deficit) before Interest, Depn & Cap Charge	533	485	48	✓	533	485	48	✓
Interest, Depreciation & Capital Charge	550	584	34	✓	550	584	34	✓
Net surplus/(deficit)	(17)	(99)	82	✓	(17)	(99)	82	✓

4. APPENDICES

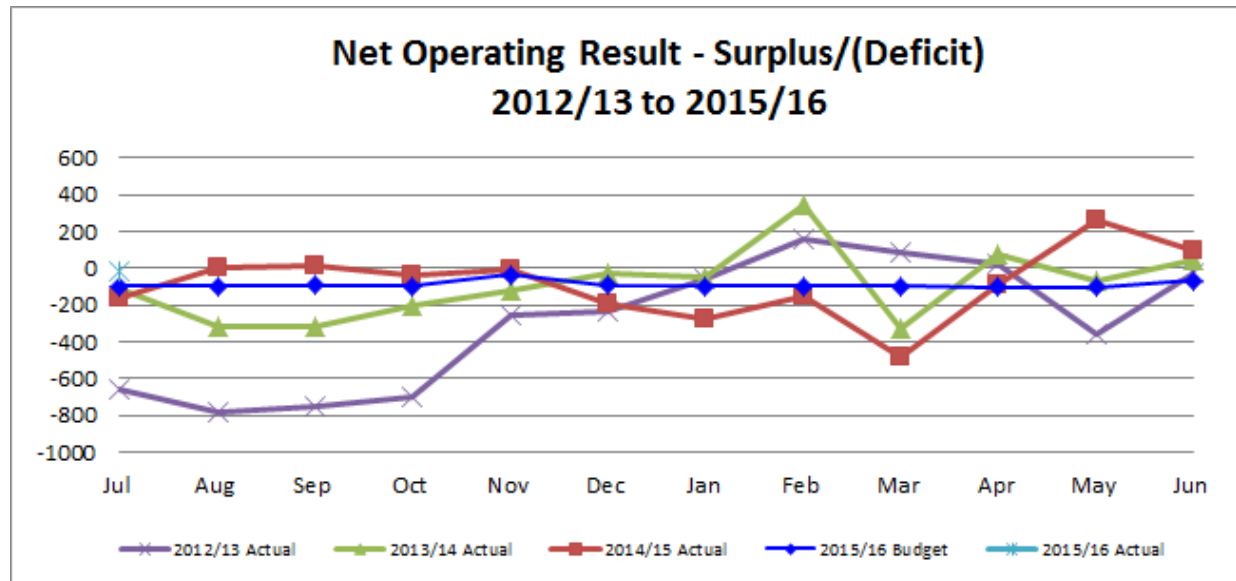
Appendix 1:	Financial Results for the period ending 31 July 2015
Appendix 2:	Statement of Financial Performance – July 2015
Appendix 3:	Statement of Financial Position – July 2015
Appendix 4:	Cashflow – July 2015

Report prepared by: Justine White, General Manager: Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JULY 2015

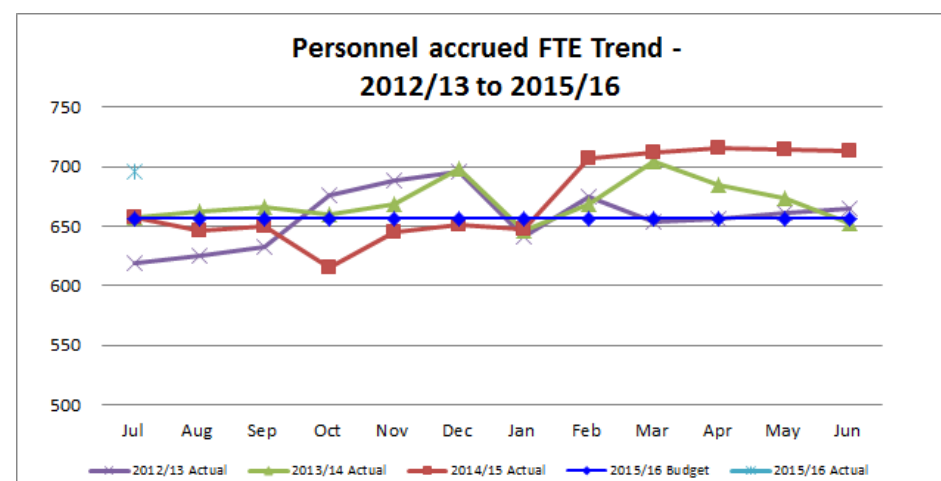
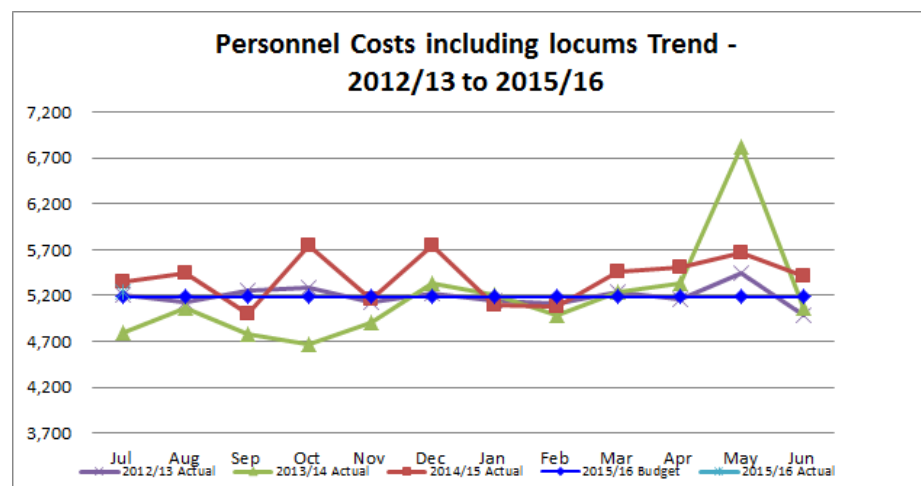
	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(17)	(99)	82	-83%	✓	(17)	(99)	82	-83%	✓



We have submitted an Annual Plan with a planned deficit of \$1.1m, which reflects the financial results anticipated in the facilities business case, after adjustment for the 2014/15 transitional funding reduction of \$1m.

KEY RISKS AND ISSUES

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

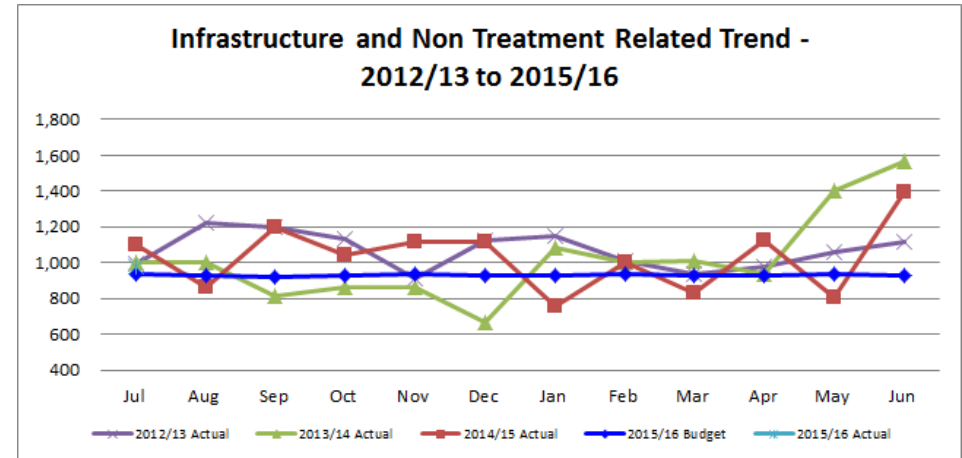
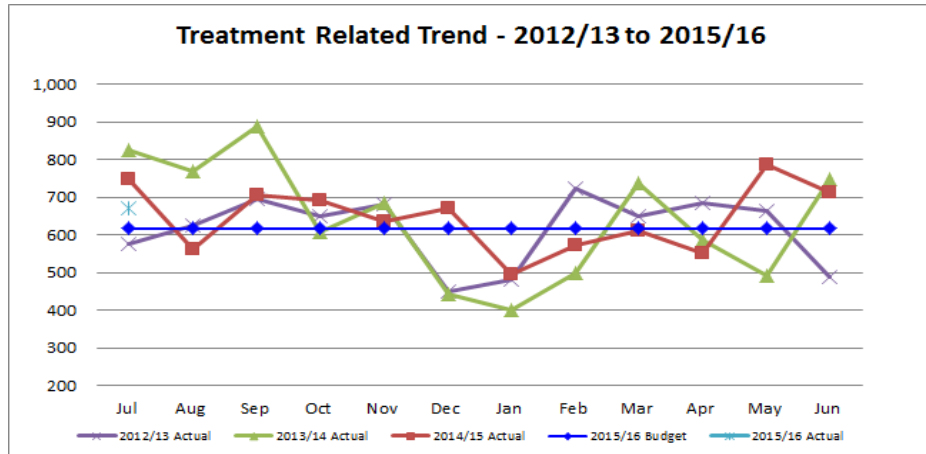


KEY RISKS AND ISSUES

The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. There are many ways FTE can be calculated, depending on the purpose. Using Ministry of Health calculations we remain under our overall management and administration staff cap. Expectations from the Ministry of Health are that we should be reducing management and administration FTE each year.

This is an area we are monitoring intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

TREATMENT & NON TREATMENT RELATED COSTS

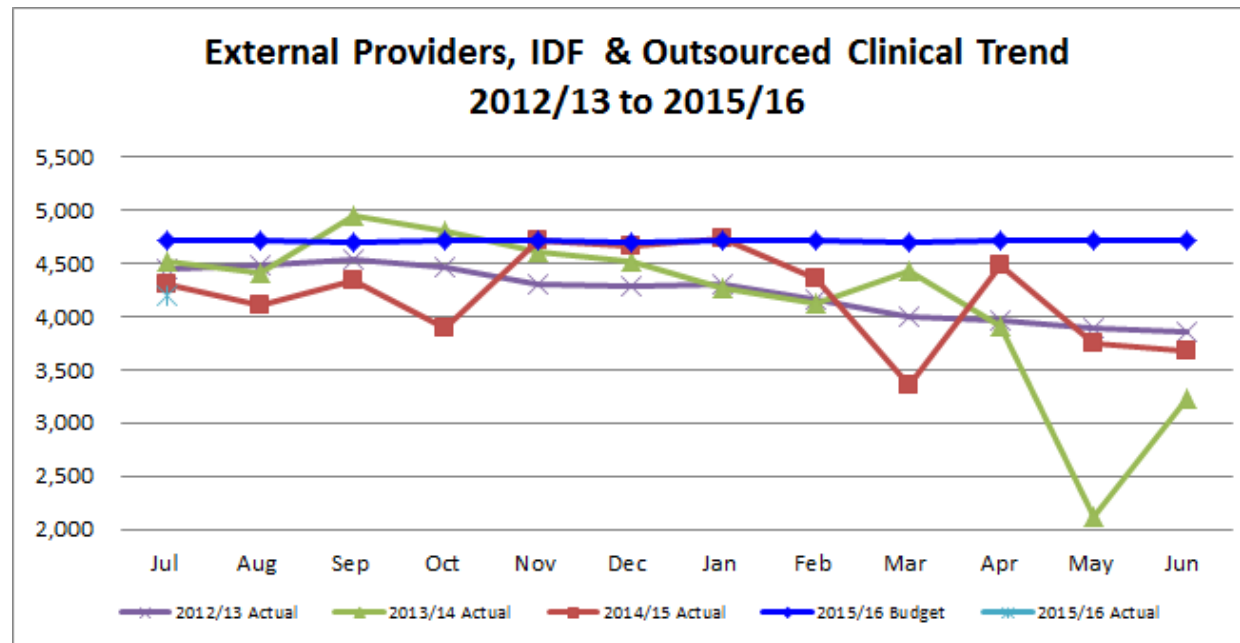


KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, despite fluctuations on a month to month basis. We continue 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 overspend is limited where possible.

EXTERNAL PROVIDER COSTS



KEY RISKS AND ISSUES

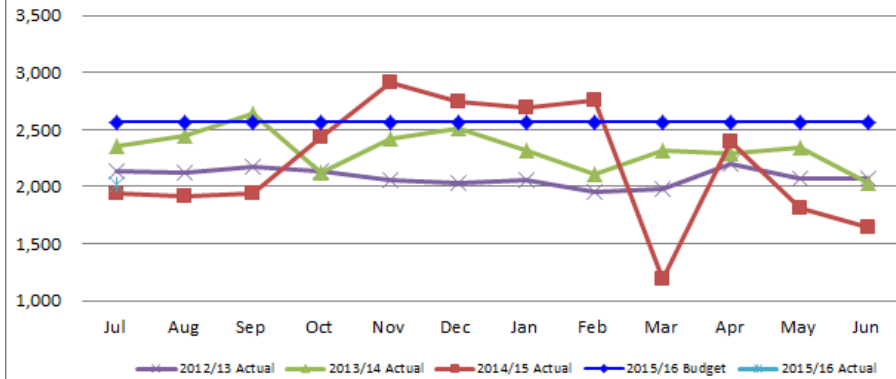
Capacity constraints within the system require continued monitoring of trends and demand for services.

Planning and Funding Division
Month Ended July 2015

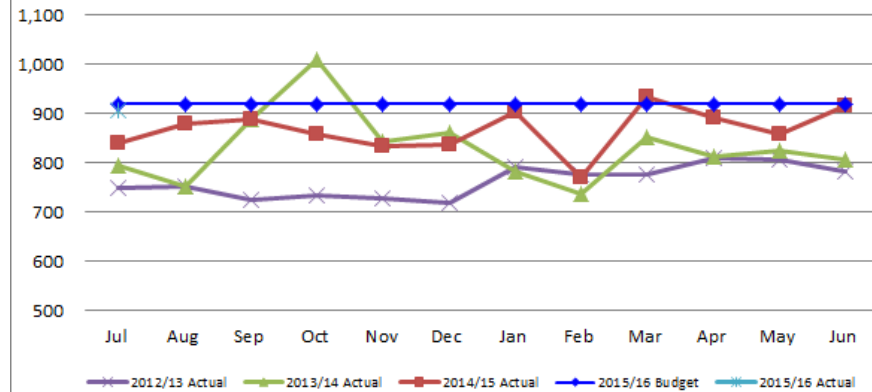
Current Month					Year to Date					2015/16 Annual Budget \$000	
Actual \$000	Budget \$000	Variance \$000	%	SERVICES	Actual \$000	Budget \$000	Variance \$000	%			
Primary Care											
32	31	-2	-5%	✗	Dental-school and adolescent	32	31	-2	-5%	✗	369
41	26	-15	-56%	✗	Maternity	41	26	-15	-56%	✗	316
0	1	1	100%	✓	Pregnancy & Parent	0	1	1	100%	✓	8
0	3	3	100%	✓	Sexual Health	0	3	3	100%	✓	33
6	4	-2	-37%	✗	General Medical Subsidy	6	4	-2	-37%	✗	50
505	513	8	2%	✓	Primary Practice Capitation	505	513	8	2%	✓	6,152
91	91	0	0%	✓	Primary Health Care Strategy	91	91	0	0%	✓	1,093
88	87	-1	-1%	✗	Rural Bonus	88	87	-1	-1%	✗	1,049
5	5	0	-3%	✗	Child and Youth	5	5	0	-3%	✗	59
21	13	-8	-67%	✗	Immunisation	21	13	-8	-67%	✗	151
4	5	1	20%	✓	Maori Service Development	4	5	1	20%	✓	57
42	52	10	20%	✓	Whanua Ora Services	42	52	10	20%	✓	626
6	18	12	68%	✓	Palliative Care	6	18	12	68%	✓	215
11	6	-5	-73%	✗	Community Based Allied Health	11	6	-5	-73%	✗	76
9	12	3	27%	✓	Chronic Disease	9	12	3	27%	✓	144
48	53	6	11%	✓	Minor Expenses	48	53	6	11%	✓	639
907	920	12	1%	✓		907	920	12	1%	✓	11,036
Referred Services											
25	23	-2	-7%	✗	Laboratory	25	23	-2	-7%	✗	279
663	663	0	0%	✓	Pharmaceuticals	663	663	0	0%	✓	7,960
688	687	-2	0%	✗		688	687	-2	0%	✗	8,239
Secondary Care											
219	263	44	17%	✓	Inpatients	219	263	44	17%	✓	3,152
112	126	14	11%	✓	Radiology services	112	126	14	11%	✓	1,510
118	114	-4	-4%	✗	Travel & Accommodation	118	114	-4	-4%	✗	1,362
887	1,375	488	35%	✓	IDF Payments Personal Health	887	1,375	488	35%	✓	16,502
1,335	1,877	542	29%	✓		1,335	1,877	542	29%	✓	22,526
2,931	3,483	552	16%	✓	Primary & Secondary Care Total	2,931	3,483	552	16%	✓	41,801
Public Health											
21	25	4	14%	✓	Nutrition & Physical Activity	21	25	4	14%	✓	294
0	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
11	11	0	-3%	✗	Tobacco control	11	11	0	-3%	✗	129
0	0	0		✓	Screening programmes	0	0	0		✓	0
32	35	3	9%	✓	Public Health Total	32	35	3	9%	✓	423
Mental Health											
11	6	-5	-96%	✗	Dual Diagnosis A&D	10.83	6	-5	-96%	✗	66
0	2	2	100%	✓	Eating Disorders	0	2	2	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	20	20	0	0%	✓	240
5	5	0	0%	✓	Mental Health Work force	5	5	0	0%	✓	60
61	61	0	0%	✓	Day Activity & Rehab	61	61	0	0%	✓	729
11	11	0	0%	✓	Advocacy Consumer	11	11	0	0%	✓	128
81	81	0	0%	✓	Other Home Based Residential Support	81	81	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	11	11	0	0%	✓	132
10	10	0	0%	✓	Community Residential Beds	10	10	0	0%	✓	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✓	IDF Payments Mental Health	65	65	0	0%	✓	776
274	270	-3	-1%	✗		274	270	-3	-1%	✗	3,242
Older Persons Health											
0	9	9	100%	✓	Information and Advisory	0	9	9	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	0	0	100%	✓	1
81	70	-11	-15%	✗	Home Based Support	81	70	-11	-15%	✗	837
2	8	6	72%	✓	Caregiver Support	2	8	6	72%	✓	96
282	281	-1	-1%	✗	Residential Care-Rest Homes	282	281	-1	-1%	✗	3,370
4	5	0	3%	✓	Residential Care-Community	4	5	0	3%	✓	56
415	360	-55	-15%	✗	Residential Care-Hospital	415	360	-55	-15%	✗	4,318
	0	0		✓	Ageing in place	0	0	0		✓	0
9	0	-9		✗	Day programmes	9	0	-9		✗	0
6	15	9	61%	✓	Respite Care	6	15	9	61%	✓	180
1	1	0	0%	✓	Community Health	1	1	0	0%	✓	15
	1	1	100%	✓	Minor Disability Support Expenditure	0	1	1	100%	✓	16
91	91	0	0%	✓	IDF Payments-DSS	91	91	0	0%	✓	1,090
891	841	-52	-6%	✗		891	841	-50	-6%	✗	10,092
1,164	1,111	-55	-5%	✗	Mental Health & OPH Total	1,164	1,111	-53	-5%	✗	13,333
4,127	4,630	502	11%	✓	Total Expenditure	4,127	4,630	502	11%	✓	55,558

EXTERNAL PROVIDER COSTS

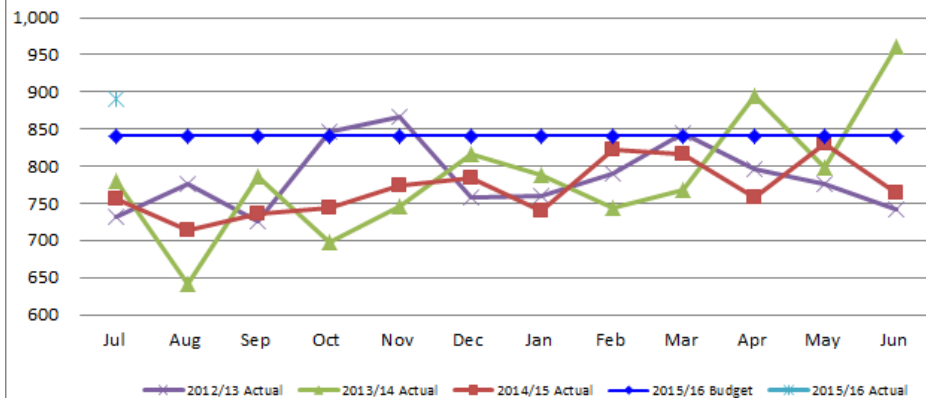
**Secondary and Referred Services Trend
2012/13 to 2015/16**



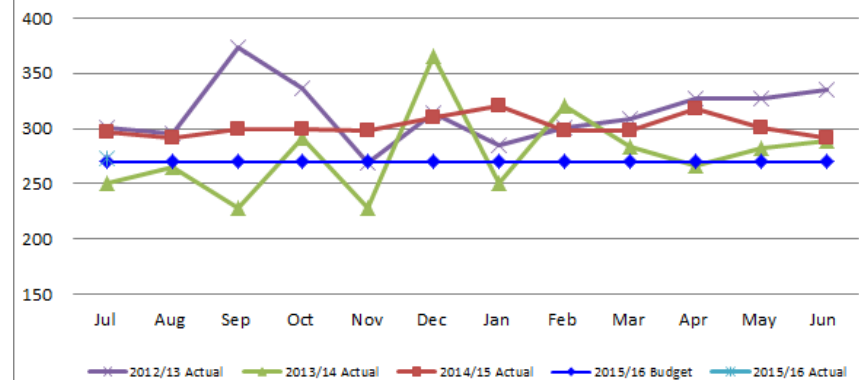
Primary Care Trend 2012/13 to 2015/16



Older Persons Health Trend 2012/13 to 2015/16



Mental Health Trend 2012/13 to 2015/16



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	12,479	9,930	2,549	26% ✓	9,961
Cash	5,489	10,239	(4,750)	-46% ✗	11,079

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 July 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 15/16	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,145	11,312	(167)	(1.5%)	11,145	11,312	(167)	(1.5%)	135,751	134,166
Inter DHB Revenue	1	5	(4)	(80.0%)	1	5	(4)	(80.0%)	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	125	128	(3)	(2.3%)	1,560	1,497
Patient Related Revenue	261	262	(1)	(0.4%)	261	262	(1)	(0.4%)	3,144	3,000
Other Revenue	79	94	(15)	(16.0%)	79	94	(15)	(16.0%)	1,188	1,162
Total Operating Revenue	11,611	11,801	(190)	(1.6%)	11,611	11,801	(190)	(1.6%)	141,703	139,861
Operating Expenditure										
Personnel costs	5,240	5,111	(129)	(2.5%)	5,240	5,111	(129)	(2.5%)	61,352	64,688
Outsourced Services	9	8	(1)	(12.5%)	9	8	(1)	(12.5%)	96	82
Treatment Related Costs	672	617	(55)	(8.9%)	672	617	(55)	(8.9%)	7,404	7,736
External Providers	3,204	3,097	(107)	(3.5%)	3,204	3,097	(107)	(3.5%)	37,190	35,196
Inter District Flows Expense	952	1,532	580	37.9%	952	1,532	580	37.9%	18,368	14,789
Outsourced Services - non clinical	30	73	43	58.9%	30	73	43	58.9%	876	325
Infrastructure and Non treatment related costs	974	933	(41)	(4.4%)	974	933	(41)	(4.4%)	11,157	12,350
Total Operating Expenditure	11,081	11,371	290	2.6%	11,081	11,371	290	2.6%	136,443	135,166
Result before Interest, Depn & Cap Charge	530	430	100	23.3%	530	430	(100)	(23.3%)	5,260	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	55	68	13	19.1%	55	68	13	19.1%	828	732
Depreciation	415	395	(20)	(5.1%)	415	395	(20)	(5.1%)	4,740	4,238
Capital Charge Expenditure	77	66	(11)	(16.7%)	77	66	(11)	(16.7%)	792	772
Total Interest, Depreciation & Capital Charge	547	529	(18)	(3.4%)	547	529	(18)	(3.4%)	6,360	5,742
Net Surplus/(deficit)	(17)	(99)	82	82.8%	(17)	(99)	82	82.8%	(1,100)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(17)	(99)	82	82.8%	(17)	(99)	82	82.8%	(1,100)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 July 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
27,155	25,057	2,098	8.4%	26,846
969	654	315	48.2%	1,474
861	1,568	(707)	(45.1%)	141
639	567	72	12.7%	307
29,624	27,846	1,778	6.4%	28,768
5,489	10,239	(4,750)	(46.4%)	5,041
70	60	10	16.7%	79
991	1,100	(109)	(9.9%)	994
11,523	4,218	7,305	173.2%	7,918
136	136	0	0.0%	136
18,209	15,753	2,456	15.6%	14,168
47,833	43,599	4,234	9.7%	42,936
11,195	11,195	0	0.0%	10,695
2,598	2,895	297	10.3%	2,661
13,793	14,090	297	2.1%	13,356
3,250	3,250	0	0.0%	3,750
8,500	7,248	(1,252)	(17.3%)	6,653
9,811	9,081	(730)	(8.0%)	9,243
21,561	19,579	(1,982)	(10.1%)	19,646
35,354	33,669	(1,685)	(5.0%)	33,002
71,694	71,693	(1)	(0.0%)	70,761
22,082	19,569	(2,513)	(12.8%)	19,569
(81,336)	(81,371)	(35)	(0.0%)	(80,435)
39	39	0	0.0%	39
12,479	9,930	(2,549)	(25.7%)	9,934
47,833	43,599	4,234	9.7%	42,936

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

31 July 2015

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	11,256	11,757	(501)	(4.3%)	11,256	11,757	(501)	(4.3%)
Cash paid to employees	(5,485)	(5,111)	(374)	(7.3%)	(5,485)	(5,111)	(374)	(7.3%)
Cash paid to suppliers	(1,395)	(1,639)	244	14.9%	(1,395)	(1,639)	244	14.9%
Cash paid to external providers	(3,238)	(3,097)	(141)	(4.6%)	(3,238)	(3,097)	(141)	(4.6%)
Cash paid to other District Health Boards	(918)	(1,532)	614	40.1%	(918)	(1,532)	614	40.1%
<i>Cash generated from operations</i>	220	378	(158)	(41.8%)	220	378	(158)	(41.8%)
Interest paid	(55)	(60)	5	8.3%	(55)	(60)	5	8.3%
Capital charge paid	(77)	(66)	(11)	(16.7%)	(77)	(66)	(11)	(16.7%)
Net cash flows from operating activities	88	252	(164)	(65.1%)	88	252	(164)	(65.1%)
Cash flows from investing activities								
Interest received	37	44	(7)	(15.9%)	37	44	(7)	(15.9%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(155)	(322)	167	51.9%	(155)	(322)	167	51.9%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(118)	(278)	160	57.6%	(118)	(278)	160	57.6%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	0	0	
Repayment of equity	(62)	0	(62)		(62)	0	(62)	
<i>Cash generated from equity transactions</i>	(62)	0	(62)		(62)	0	(62)	
Borrowings raised								
Repayment of borrowings	(67)	0	(67)		(67)	0	(67)	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	(129)	0	(129)		(129)	0	(129)	
Net increase in cash and cash equivalents	(159)	(26)	(133)	511.5%	(159)	(26)	(133)	511.5%
Cash and cash equivalents at beginning of period	5,648	10,265	(4,617)	(45.0%)	5,648	10,265	(4,617)	(45.0%)
Cash and cash equivalents at end of year	5,489	10,239	(4,750)	(46.4%)	5,489	10,239	(4,750)	(46.4%)

TO: Chair and Members
Community and Public Health & Disability Support Advisory Committee

SOURCE: General Manager, Maori Health

DATE: 25 September 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

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

2. RECOMMENDATION

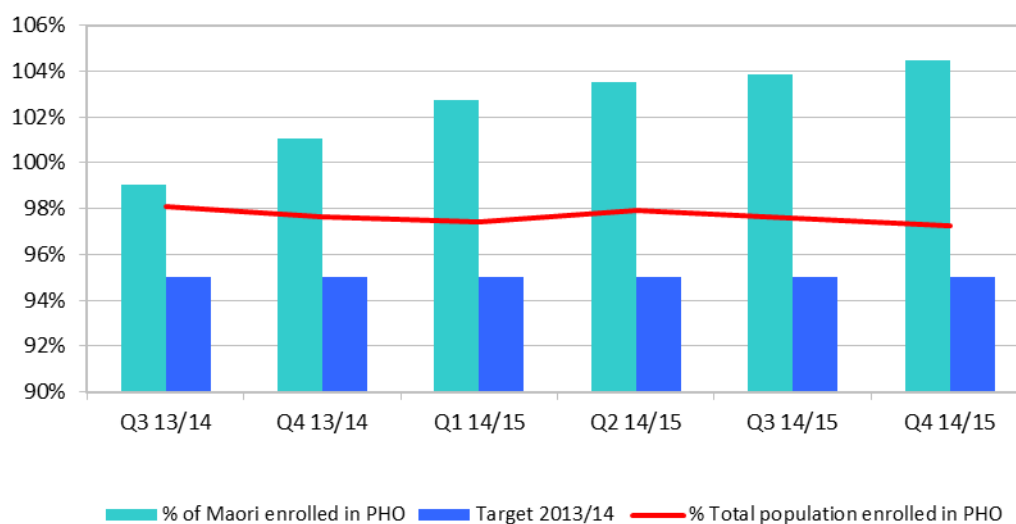
That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q4, 2014/15

Access to care

Percentage of Maori enrolled in the PHO

PHO enrolment using 2013 Census population data



* 2006 census population was used as the denominator.

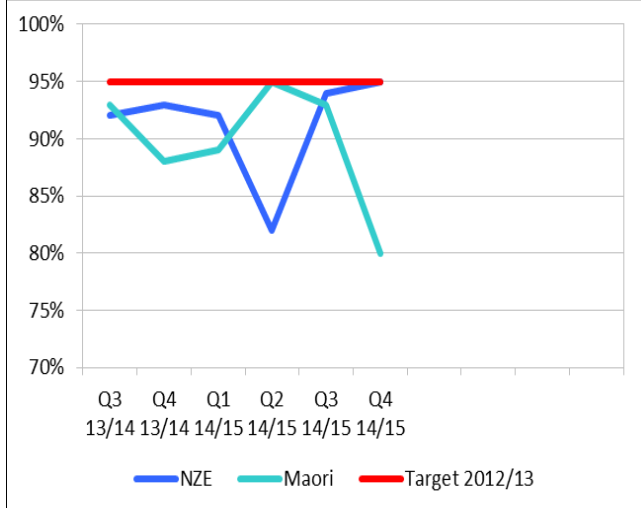
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 30 June 2015. 3312 Maori were enrolled in quarter 4 compared to 3293 in quarter 3 an increase of 19 and an increase of 54 since Quarter 1.

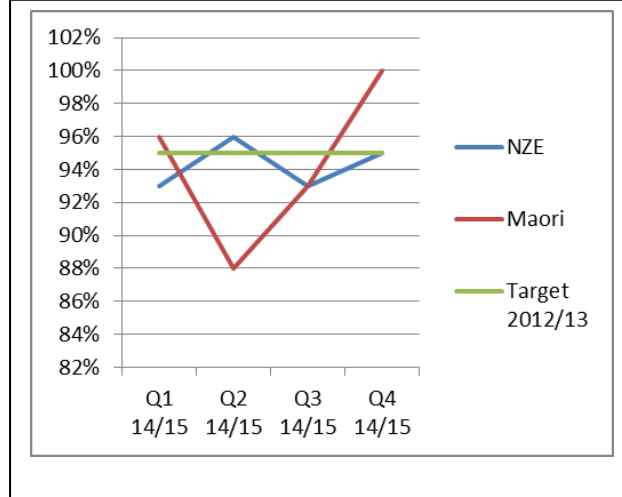
The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



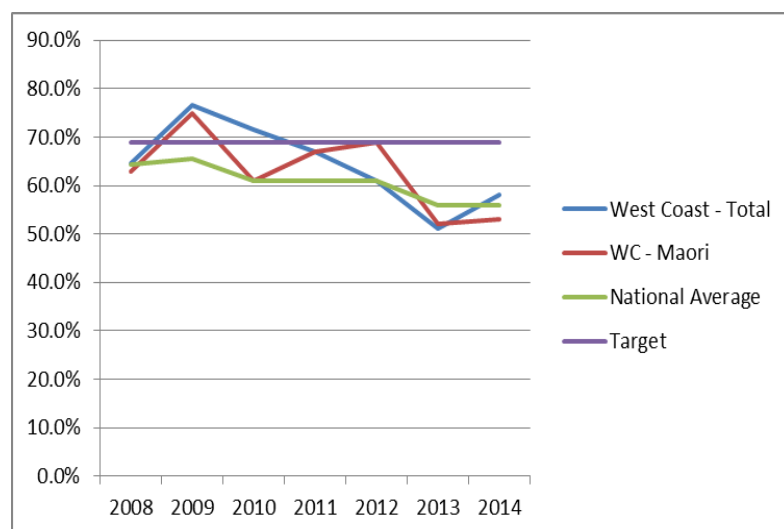
Eight-month-old immunisation: 80% of Maori babies have been immunised on time at 8 months of age in quarter 4 – 16 babies out of 20 eligible for this quarter which is a drop of 23% from Q3. This is compared to 95% of non-Maori babies where 52 from 55 eligible babies have been immunised.

Two-year-old immunisation: 100% of Maori 2 year olds have been immunised on time in Quarter 4 – 25 from 25 eligible babies. This is compared to 95% NZ European babies - 42 from 44 eligible babies.

Excellent results for Maori with 100% of 2 year olds immunised on time in Quarter 4.

Breastfeeding Support: The community lactation consultancy and breastfeeding advocates continue to be in contact with all new-born's Mums. There have been 52 new and return advocacy clients, including 6 Maori and 10 other.

Percentage of West Coast babies fully/exclusively breastfed at 6 weeks



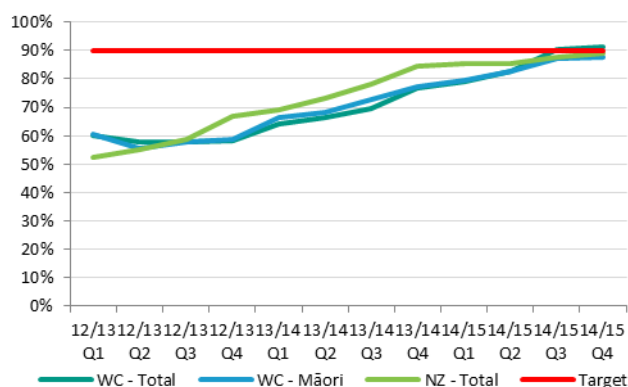
The breastfeeding target of 69% of babies exclusively/fully breastfed at 6 weeks continues to be a challenge for Maori. We will work closely through the Breastfeeding Interest Group and prioritising Maori Breastfeeding as a key target within the WC Priority Plan for Breastfeeding. We should begin to see some really positive results through the Mana Tamariki project and through the new Mama and Pepi worker at Poutini

Mum 4 Mums

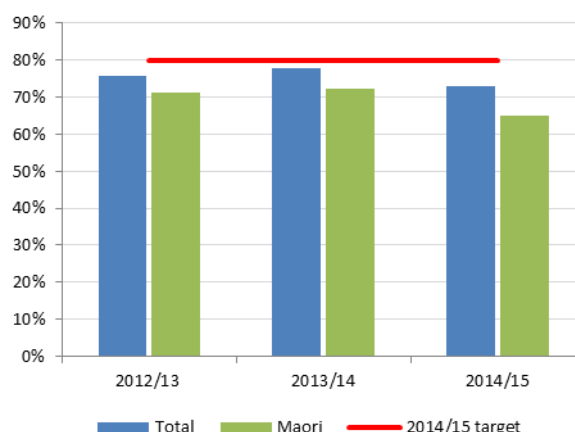
There have been 15 Mum for Mums trained as at 30 June 2015. Only 1 has been Maori and 1 Pacific however the Mana Tamariki Project Co-ordinator has been working with the PHO to look at developing a specific M4M training with Mums from that group of which they have 59 Mums engaged in the initiative.

More Heart & Diabetes checks

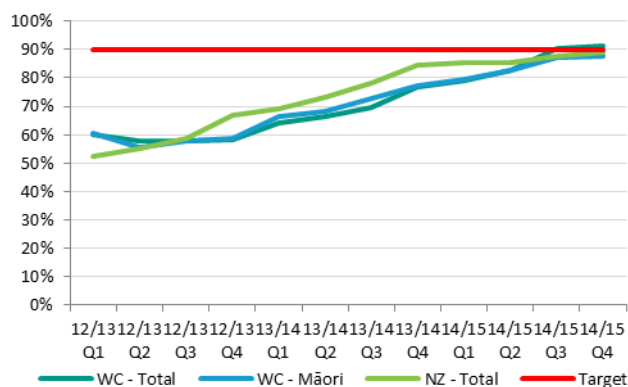
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



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



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



Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 98 Maori have participated in a Diabetes Annual Review. 65% of Maori with diabetes have had Retinal Exams, 64% show HBA1c levels at or below 8.0, 61% are non-smokers and 70% are on statins.

CVD Health Target

Performance against the More Heart and Diabetes Checks Health Target has increased this quarter, once again meeting the target with a result of 91.1%.

Maori make up 8% of CVRAs this quarter. By comparison, Maori make up 9.8% (1026) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 88% of those eligible have been screened: this includes 84% of eligible males and 92% of eligible females.

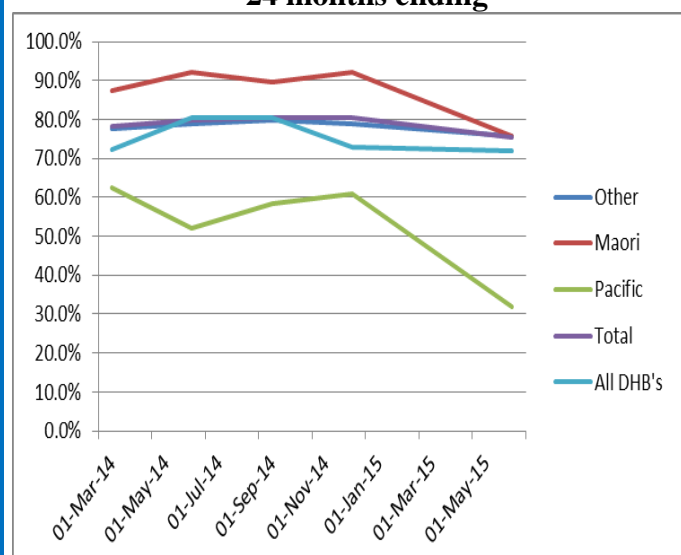
The smoking profile for CVRAs completed this quarter for Maori is 55% not smoking compared with other ethnicities screened not smoking 70%.

Green Prescription: Quarter 4 data shows from 123 referrals to the Green Prescription programme in the Grey/Westland district 17 were for Maori, 26 total referrals were made in the Buller district with 6 being for Maori. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease. This quarter sees a pleasing increase for Maori in the Buller and Grey/Westland districts.

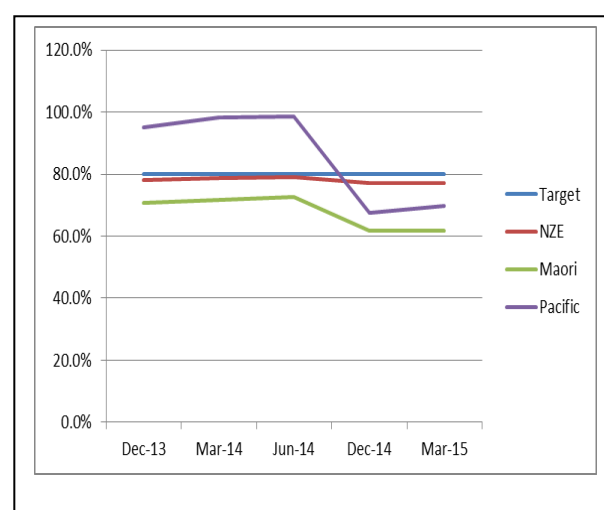
Long Term Condition Management (LTC): 233 Maori are enrolled in the Long Term Conditions programme as at June 30 2015 and increase from 205 in quarter 3, Maori enrolments makes up 6% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.3% of the enrolled population at the primary practices aged 45 years and above.

Cancer

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



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



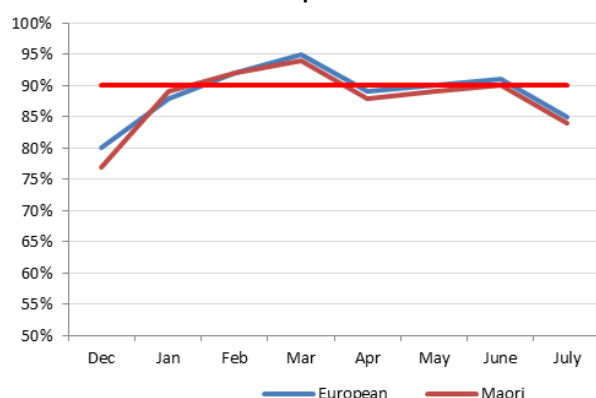
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 75.47% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending June 2015. The coverage for eligible Maori women has dropped considerably in this quarter to 75.7 however still continues to be higher compared to all other DHBs. The drop has occurred nationally and is as a result of the new census data.

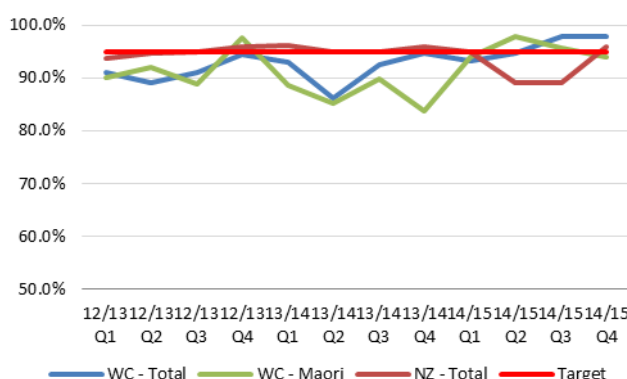
Cervical cancer screening: At the end of March 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 61.9%. The result for Pacific women was 69.6 and for New Zealand European is 77.7%. The Ministry of Health are currently facilitating a process for the redesign of screening services including Breast screening. The National Screening unit plans to run a contestable tender process from 1 November 2015. Locally we are going to begin discussions regarding how this may look and work for us here on the Coast.

SMOKING CESSATION

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



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



ACHIEVEMENTS/ISSUES OF NOTE

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

Performance improved 15.7% during Quarter 3, meeting and exceeding target with a result of 94%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives. For Maori the result has been that 711 from 730 (97.4) % of registered Maori smokers have been provided with Brief Advice and Cessation support.

Smoking quit rates:

Service	Usage (6 month Jan-Jun 2015)	Outcomes (3 month Quit Rate)
Aukati KaiPaipa	126	38.3%
DHB Cessation Service	113	31.3%
Coast Quit	312	31.8%

Aukati Kai Paipa: For the half year from January to June 2015 the AKP service has worked with 126 clients with a 38.3% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with practices and Poutini Waiora which is resulting in increased referrals to the service.

PHO Coast Quit Programme: For the quarter March – June 2015 .18.4% (23) Maori accessed the Coastquit cessation service an increase of 8% from last quarter.

Secondary care better help for smokers to quit health target: During Quarter 4, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target. Best practice initiatives continue, however the effects of small numbers remain challenging. Result reflects 99.7% of discharges coded

The Healthy West Coast Alliance workstream have set a high target for improving the access by Maori to cessation services (25% across all services) and have developed an action plan to more effectively target Maori Smokers to promote a quit attempt and increase access rates to cessation services including (but not limited to) Aukati KaiPaipa.

To this end, a sub-group made up of all cessation service providers and health promoters from C&PH and the PHO have developed some key actions. These include: 100% of Poutini Waiora staff receiving updated ABC training; targeted Health Promotion material to be developed detailing all cessation service providers available;

Maori specific group sessions to run during Stoptober; AKP worker linking with PHO to access practice enrolment data, specifically Maori Smokers not identified as having received Brief Advice.

The latest data from Jan to June 2015 shows that across all services 20.4% of clients referred to cessation are for Maori which is a pleasing result.

Service	% Maori access
DHB Cessation services	14.1%
Coast Quit	13.8%
Aukati Kaipapa	46.8%
All Services	20.4%

A pilot has also been conducted in the Buller region with Poutii Waiora conducting Spirometry testing on all Maori patients with a known diagnosis of COPD. Whanau were tested and screened for smoking status with smokers being given targeted advice regarding the benefits of quitting.

NRT is available at a reduced cost or free through all three West Coast specific cessation services – DHB cessation services, Aukati Kaipapa & Coast Quit. Subsidised inhalers are available from Greymouth hospital to staff and patients. Varenicline, Bupropion, and Nortriptylline are available at reduced cost or free through the Coast Quit programme, as clinically indicated.

Motivational Interviewing in relation to smoking behaviour is due to be piloted by the Maori Mental Health Team as part of a campaign to promote the 5 ways to wellness with their clients.

CPH worked with schools to assist in the delivery of the Kapa Haka and Waka Ama competitions. These Smokefree events were well attended by a number of schools across the West Coast

3. SUMMARY

Kia ora Hauora Work Placement Programme

The Rangatahi placement programme has been confirmed to take place from Monday 7 September until Wednesday 9 September 2015. The schedule of events is still being finalised however an expansion of last years inaugural placements is being arranged with visits to St Johns and meeting with representatives Poutini Nga Tahu – Te Runanga o Makaawhio and Te Runanga O Ngati Wae wae.

Treaty of Waitangi Workshop

A Treaty of Waitangi workshop was held on the 8 July with attendees from the health promotion sector, maternity services, pharmacy, dietetic services and an Obstetrician. The course was well received with the group breaking into two workshops in the afternoon to apply the HEAT (Health Equality Assessment Tool) to specific scenarios within health. Feedback was extremely positive and provided some great views on how we could deliver in a slightly different way with a half day focused on the Treaty and the afternoon participants doing workshops using the HEAT tool.

Orientation – Web-Based Maori Health Monitoring tool

The latest DHB orientation for new staff provided a great platform to test the new web-based Maori Health Plan Monitoring tool. What is interesting is how the tool allows comparisons between DHBs on the 16 different Maori Health Indicators. It also provides information on performance trends, disparities between Maori and Non-Maori indicators, and links to seminars on best practice by the nation's top performers.

The tool proved to have a powerful impact on the audience because we were able to graphically demonstrate the disparity between Māori and non-Māori health outcomes in a way which had not

been done before. The information can be updated every 24 hours with the latest Ministry of Health data. We will continue to use the tool as often as possible in many different settings and with various audiences and encourage Managers and clinicians to learn how this tool can assist in their work. It will give more transparency to performance. For example DHBs can see whether the initiatives they are using against a certain indicator are working and if not they can try other initiatives available elsewhere.

Maori Health Plan 2015/2016

Final sign off has been received from the Ministry for the 2015/2016 Maori Health Plan. Copies of the plan will be distributed widely amongst the health sector and to our community partners. This has been a lot of work and so it is positive the Ministry of health has given it approval.

Te Rau Matatini – Cultural Competency training

This training will be held Wednesday 9 September and Tuesday 13 October at Tuhuru Marae, Arahura. The Kaitiaki Ahurea Level 2 programme is a New Zealand Qualifications Authority (NZQA) training scheme that was developed and delivered by Te Hau Maia to non-Maori working in Public Health. The response from the DHB, CPH and Plunket has been extremely encouraging – we have 24 registered to date including Clinical Leaders, Planning and Funding and others from across the health and disability sector, Public Health Nurses, Plunket Nurses, Mental health workers, OT, Social Workers and Health Promoters.

The purpose for developing this training course is to increase Maori public health gains, by:

- Providing a foundation level of learning and understanding in cultural competencies for beginner and experienced Public Health practitioners e.g. health promoters, health protection officers, medical officers of health and others.
- Influencing the transformation of Public Health unit practices towards a more Maori responsive Public Health services throughout Te Waipounamu.
- Participation in developing, mobilising and maintaining a Maori Public Health network throughout Te Waipounamu and Aotearoa.

Report prepared by: Kylie Parkin, Maori Health

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

HEALTH TARGET REPORT - QUARTER 4

TO: Chair and Members
West Coast District Health Board

SOURCE: Planning & Funding

DATE: 25 September 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with West Coast's progress against the national health targets for Quarter 4 (April-June 2015). The attached report provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 4 health target league table is attached as an Appendix.

2. RECOMMENDATION

That the Board

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

3. SUMMARY

In Quarter 4, the West Coast has:

- Achieved the **ED health target**, with **99.7%** of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved **108.1%** of the access to **elective surgery health target**, delivering **1,721** elective surgical cases during the 2014/15 financial year, against a national target of 1,592.
- Achieved the **better help for smokers to quit (secondary) health target**, with **97.8%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **better help for smokers to quit (primary) health target**, with **90.2%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **more heart and diabetes checks health target**, with **91.1%** of the eligible enrolled population having had a CVD risk assessment in the last five years.

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

- This is the second quarter for the revised **faster cancer treatment health target**. Performance decreased further to **50%**. Six of the eight non-compliant patients exceeded the wait time due to clinical reasons or other justifiable reasons. Work is ongoing to improve the capture and quality of this data.
- Although not meeting target, we are pleased to maintain high coverage of the reachable population against the **increased immunisation health target**. West Coast vaccinated **85%** of our eligible population and **98%** of consenting children. Only two children were overdue at milestone age.

4. APPENDICES

Appendix 1: National Health Target Performance Summary

Appendix 2: League Table

Report prepared by: Libby Doran, Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding

National Health Targets Performance Summary

Quarter 4 2014/15 (April-June 2015)

Target Overview

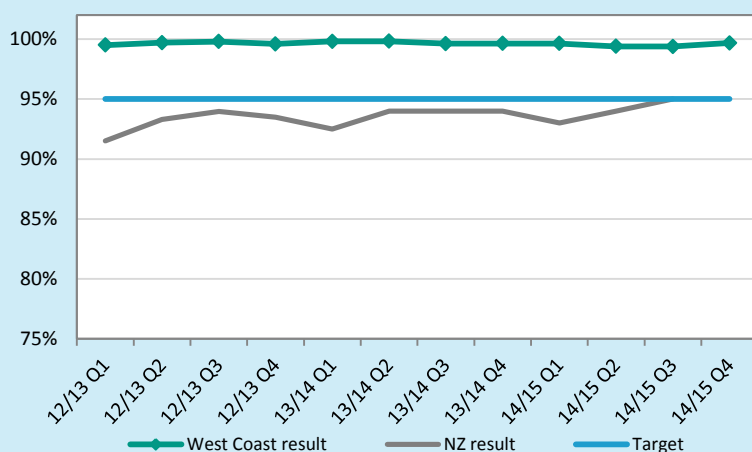
Target	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.4%	99.4%	99.7%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	425 YTD	878 YTD	1,288 YTD	1721	1,592	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	New	72.7%	62.5%	50%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	77.4%	82.2%	89.0%	85.3%	95%	✗	3
Better Help for Smokers to Quit ¹ Hospitalised smokers receiving help and advice to quit	93.3%	94.7%	97.6%	97.8%	95%	✓	4
Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	71.3%	78.3%	94%	90.2%	90%	✓	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	78.9%	82.6%	90.3%	91.1%	90%	✓	5

¹Results may vary slightly from those reported due to coding processes

Shorter Stays in Emergency Departments

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

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

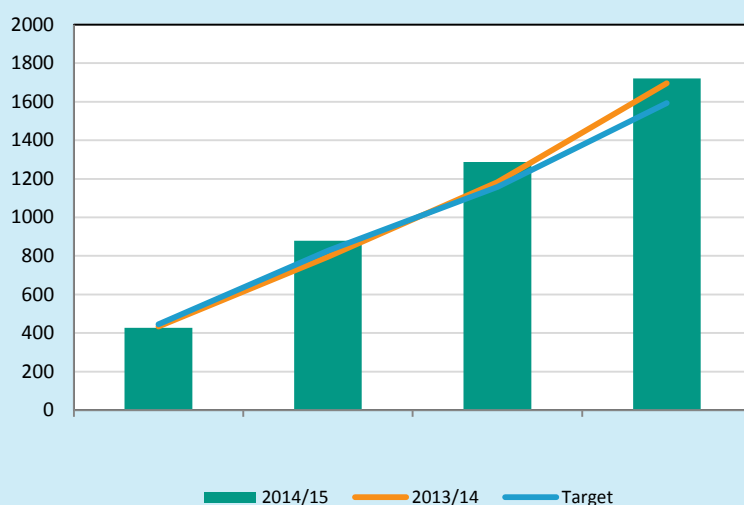


The West Coast continues to achieve the ED health target, with **99.7%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter three.

Improved Access to Elective Surgery

Target: 1,592 elective surgeries in 2014/15

Figure 2: Elective surgical discharges delivered by the West Coast DHB²



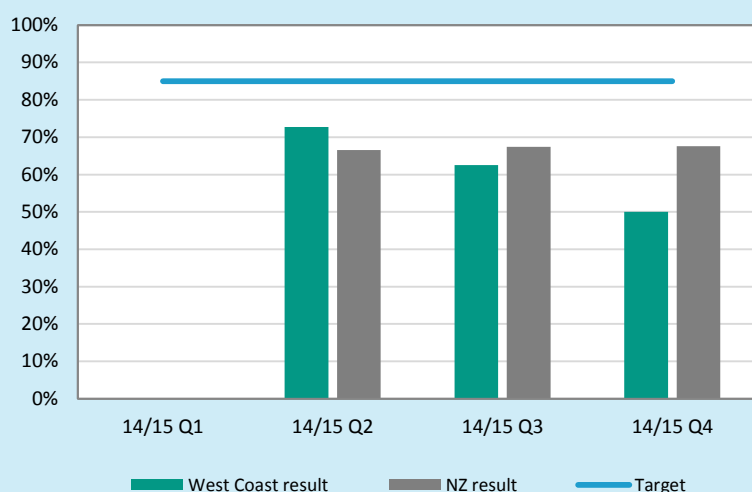
1,721 elective surgical cases were delivered to Coasters during the 2014/15 year, representing **108.1%** of our year-to-date target delivery. We are pleased to continue meeting target.

² Excludes cardiology and dental procedures. Progress is graphed cumulatively.

Faster Cancer Treatment

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

Figure 3: Percentage of West Coasters with a high suspicion of cancer receiving their first treatment or other management within 62 days³



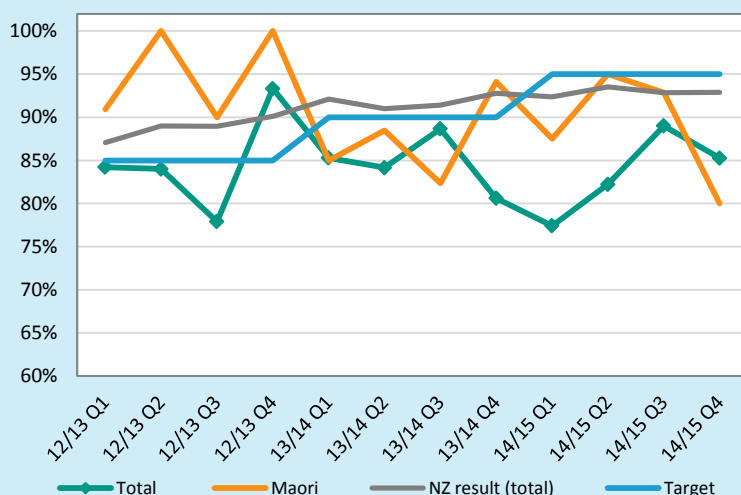
In the third quarter of the new health target, **50%** of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge, missing target by eight patients. Work is ongoing to improve the capture and quality of the Faster Cancer Treatment data which will affect performance over the next few quarters.

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

Increased Immunisation

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

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



Although we have not met the target, 85% of all 8-month-olds were fully immunised during Quarter 4 with strong results for Asian (100%) and New Zealand European (95%). Our Maori rate dropped to 80% with four children missed.

Opt-off and declines increased this quarter with a combined total of 16.6%— a 6.6% increase on the previous quarter which is reflected in reduced results.

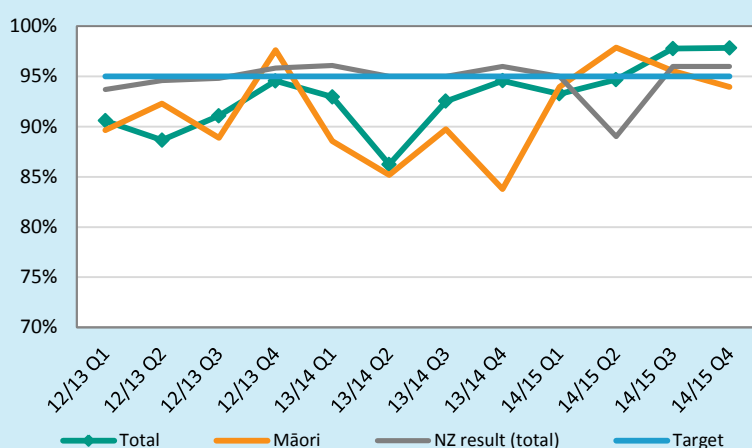
Despite this, 98% of the eligible (consenting) population were immunised with only two children overdue at milestone age.

³ This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

Better Help for Smokers to Quit: *Secondary*

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

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



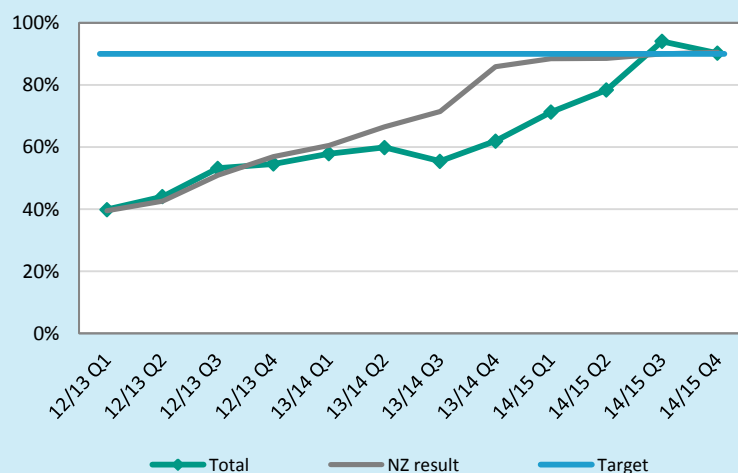
In Quarter 4, West Coast DHB staff provided **97.8%**⁴ of hospitalised smokers with smoking cessation advice and support—exceeding the 95% target with our best result yet.

Best practice initiatives previously reported continue, with the effects of small numbers remaining challenging.

Better Help for Smokers to Quit: *Primary*

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

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



West Coast general practices have reported giving **4,449** smokers cessation advice in the 12 months ending March 2015, representing **90.2%** of smokers expected to attend general practice during the period.

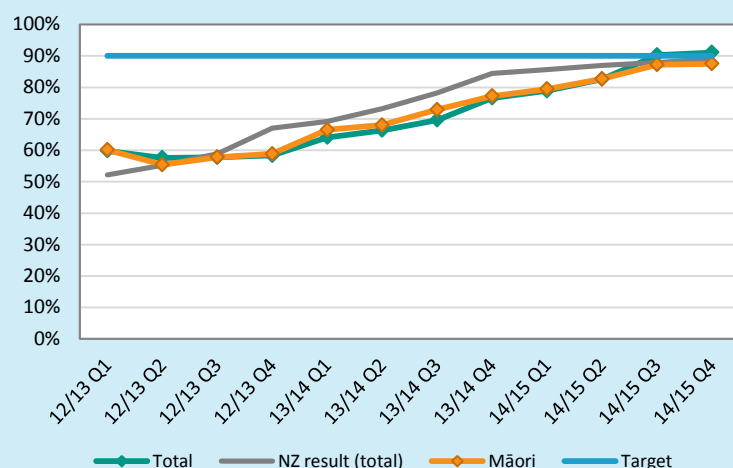
We are very pleased to have met target again, and expect to improve performance in the following quarter.

⁴ Results may vary slightly from those reported here due to coding processes

More Heart & Diabetes Checks

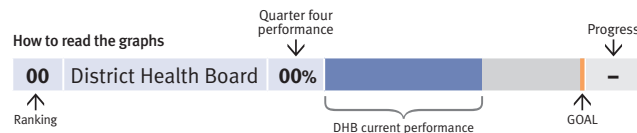
Target: 90% of the eligible enrolled population have had a CVD risk assessment in the last five years

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



West Coast general practices have continued to increase coverage, with **91.1%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years—a further increase in performance and meeting target for the second time.

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



Shorter stays in Emergency Departments

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

	Quarter four performance (%)	Change from previous quarter
1 West Coast	100	—
2 South Canterbury	97	—
3 Counties Manukau	97	—
4 Waitemata	96	▲
5 Whanganui	96	—
6 Canterbury	96	—
7 Nelson Marlborough	96	—
8 Wairarapa	96	—
9 Taranaki	96	—
10 Tairāwhiti	96	—
11 MidCentral	96	—
12 Auckland	95	—
13 Hawke's Bay	95	—
14 Capital & Coast	95	▲
15 Bay of Plenty	94	—
16 Waikato	94	—
17 Southern	94	—
18 Northland	93	▲
19 Hutt Valley	93	▼
20 Lakes	90	▼
All DHBs	95	—

95%



Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between April and June 2015 and who were fully immunised at that stage.

	Quarter four performance (%)	Change from previous quarter
1 Hawke's Bay	96	—
2 Capital & Coast	95	—
3 Counties Manukau	95	▲
4 Hutt Valley	95	—
5 Canterbury	94	—
6 MidCentral	94	—
7 Auckland	94	—
8 Southern	94	▼
9 Waitemata	93	▲
10 Wairarapa	93	▼
11 Lakes	92	▼
12 South Canterbury	92	▼
13 Tairāwhiti	91	—
14 Taranaki	91	—
15 Waikato	91	—
16 Nelson Marlborough	90	—
17 Bay of Plenty	89	—
18 Whanganui	88	▲
19 Northland	86	—
20 West Coast	85	▼
All DHBs	93	—

95%



Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 156,490 discharges for the year to date, and have delivered 10,614 more. From quarter one 2015/16 the new revised target definition includes elective and arranged in-patient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (excluding maternity).

	Quarter four performance (%)	Progress against plan (discharges)
1 Northland	127	▲
2 Taranaki	121	▲
3 Waikato	116	▲
4 Bay of Plenty	109	▲
5 Lakes	108	▲
6 Counties Manukau	108	▲
7 West Coast	108	▲
8 Tairāwhiti	108	▲
9 Whanganui	108	▲
10 Hutt Valley	108	▲
11 Wairarapa	107	▲
12 MidCentral	107	▲
13 South Canterbury	105	▲
14 Nelson Marlborough	104	▲
15 Waitemata	104	▲
16 Southern	103	▲
17 Hawke's Bay	102	▲
18 Canterbury	101	▲
19 Capital & Coast	101	▲
20 Auckland	100	▲
All DHBs	107	▲

100%



Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking. From quarter one 2015/16, a new target definition shifts the focus to the entire enrolled population of smokers and not only those who visit a general practice. PHOs and practices will now have 15 months to offer brief advice and cessation support. Also from quarter one the hospital health target will only be reported on the website www.health.govt.nz/health

*Nelson Marlborough DHB's result is 103 percent as, in addition to offering advice in primary care settings, they contacted patients who had not recently attended their general practice to offer them brief advice and support to quit smoking.

Change from previous quarter	Hospitals	Quarter four performance (%)	Primary care	Change from previous quarter
—	98	1 Nelson Marlborough*	103	▲
▲	94	2 Bay of Plenty	98	▲
—	96	3 Auckland	97	—
—	95	4 Counties Manukau	96	▲
▲	97	5 Tairāwhiti	96	▲
—	98	6 Waitemata	94	▼
▲	96	7 Whanganui	94	▲
—	98	8 Lakes	92	▲
—	99	9 South Canterbury	92	▼
▼	94	10 Waikato	90	▲
—	98	11 West Coast	90	▼
▼	92	12 Wairarapa	89	▼
—	96	13 Canterbury	89	▲
—	94	14 Taranaki	88	▲
—	92	15 Capital & Coast	88	▲
—	95	16 Hutt Valley	86	▲
—	98	17 Hawke's Bay	85	▼
—	96	18 Northland	85	▼
▼	96	19 MidCentral	82	—
—	95	20 Southern	74	▲
—	96	All DHBs	90	▲

95%

90%



Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between January and June 2015.

	Quarter four performance (%)	Change from previous quarter
1 Capital & Coast	81	—
2 Waitemata	77	▲
3 MidCentral	76	▲
4 Bay of Plenty	74	▲
5 Canterbury	73	▲
6 Wairarapa	70	▲
7 Whanganui	69	▲
8 Nelson Marlborough	68	▼
9 Hawke's Bay	67	▲
10 Southern	66	▼
11 Northland	66	▲
12 Taranaki	65	▼
13 Counties Manukau	63	—
14 South Canterbury	63	▼
15 Tairāwhiti	61	▼
16 Auckland	60	—
17 Hutt Valley	56	▼
18 Waikato	56	▼
19 Lakes	52	▲
20 West Coast	50	▲
All DHBs	68	—

85%



More heart and diabetes checks

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

	Quarter four performance (%)	Change from previous quarter
1 Auckland	92	—
2 Counties Manukau	92	▲
3 Taranaki	91	—
4 Northland	91	—
5 West Coast	91	—
6 Whanganui	91	—
7 Waitemata	90	—
8 Hawke's Bay	90	—
9 Waikato	90	▲
10 Wairarapa	90	—
11 Tairāwhiti	90	▲
12 Hutt Valley	89	▲
13 Capital & Coast	89	▲
14 Nelson Marlborough	89	—
15 Bay of Plenty	89	—
16 South Canterbury	88	—
17 Lakes	87	—
18 MidCentral	87	▲
19 Southern	83	—
20 Canterbury	82	—
All DHBs	89	▲

90%

SCHEDULE OF MEETINGS - 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 25 September 2015

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

The purpose of this report is to seek the Board's confirmation and approval to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2016 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board:

- i. Adopts the schedule of meetings attached as Appendix 1 for 2016; and
- ii. Confirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The suggested meeting dates for 2016 are based on the same cycle of meetings as adopted by the Board at its September 2014 meeting..

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.1), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

2016 Meeting Schedule

The suggested meeting dates for 2016 contained in Appendix 1 are based on the current cycle of meetings with Committee meetings on Thursdays and Board meetings on Fridays.

The proposed meeting cycle would apply to meetings of the Board, the Hospital Advisory Committee, Quality, Finance, Audit and Risk Committee and the Community and Public Health & Disability Support Advisory Committee.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these will also be given to members prior to the workshop.

On rare occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

The proposed meeting schedule takes account of public holidays with meetings rescheduled as appropriate to avoid clashes and also Canterbury DHB meetings.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

The approved 2016 meeting schedule will be provided to all Committee meetings for the information of members.

4. APPENDICES

Appendix 1: 2016 Proposed Schedule of Meetings

Report prepared by: Board Secretariat

DRAFT

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 10 SEPTEMBER 2015



TO: Chair and Members
West Coast District Health Board

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

DATE: 25 September 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

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 10 September 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 –10 September 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY AND PUBLIC HEALTH UPDATE

This report was provided to the Committee with updates as follows:

Community Health Information Centre

Community and Public Health, through a contract with the Ministry of Health, has a Community Health Information Centre (CHIC) at our Greymouth office. CHIC provides the most up-to-date health information resources for the West Coast community and these resources are all free. Resources available include pamphlets, posters, booklets and stickers on a wide range of health topics.

Users of the resource room at present include teachers, health workers, parents, counsellors, youth workers, students, community members and employers. The resource room is also breastfeeding-friendly. For those who live elsewhere on the West Coast, we are able to send out any health resources required absolutely free. We have a catalogue that lists all of the information and resources that we stock and this can also be viewed through our website. Last year, we sent out 107,344 resources to West Coast communities from Karamea to Haast.

Community Corrections Health Promotion Project

Community & Public Health has recently completed delivering a series of six health promotion sessions with people serving community-based sentences at Community Corrections. This pilot project builds on some work done with Corrections in late 2013 which aimed at increasing awareness of health-related issues among Corrections' clients and highlighting pathways for further community-based support. Session topics included: basic nutrition, two hands-on cooking sessions, living a Smokefree life, responsible alcohol use, and services available through the West Coast PHO. Preliminary evaluation indicates these sessions were valuable and of interest to the Corrections participants. Our evaluation also highlighted a need for better access to mental health care for this group and the significant role that alcohol had played in some participants becoming involved with Community Corrections. Some participants have enrolled with smoking cessation programmes after the programme. CPH will continue to work with Community Corrections to run another series of sessions in the coming months.

Tobacco Controlled Purchase Operation

A Tobacco Controlled Purchase Operation (CPO) was carried out over two days last month in the Grey and Westland Districts. A Ministry of Health contractor also assisted with the CPO and carried out an audit of the process at the same time.

A total of 27 premises from Dobson and Runanga in the north to Franz Josef and Fox Glacier in the south were visited. There was just one sale at a premise in Greymouth. The person who made the sale of the tobacco products to the underage volunteer will likely be issued with a fine of \$500 by the Ministry of Health. Letters have been sent to all of the businesses who were visited and did not make a sale. There were some premises who almost made a sale, so a reminder about always requesting ID when uncertain about the customer's age will be included in the letter.

New Alcohol Licencing Officer

Community & Public Health has recently appointed a new alcohol licencing officer, Rodney Beckett. This role supports the Medical Officer of Health to inquire into and report on applications for on, off, club and special licences as required under the Sale and Supply of Alcohol Act 2012. Rodney comes to us from a long career in the Police and has excellent local knowledge which will benefit his new role.

Aukati KaiPaipa

Community & Public Health staff supported the Poutini Waiora/West Coast PHO Spirometry clinic in Westport in August. Our Aukati KaiPaipa (AKP) practitioner was on hand to offer cessation support for those involved in the clinic who would like to quit smoking. Following Joe Mason's recent decision to reduce his hours to 0.6FTE, we have appointed Diana Panapa to a

0.4FTE position as an AKP smoking cessation worker. Sharing this role between two people will increase flexibility in the delivery of AKP services for the Coast.

Working with Māori

Community & Public Health is working with Poutini Waiora and the West Coast PHO in planning the delivery of a hauora/wellbeing programme for the Mana Tamariki Mokopuna participants. The programme aims to inform participants and support pathways of access into primary care/community services, focusing on areas of identified health need within the group.

The latest Kaumātua Wellbeing hui scheduled for the 2nd September was postponed due to the passing of a whānau member. This has been rescheduled for November. The focus of this hui is to be arthritis/gout and asthma. Planning continues with our partners around future kaumātua wellbeing hui.

Water Supplies Capital Assistance Programme Subsidy - Update on 2014/15 Subsidy Round

Nationally an unprecedented 40 applications were received for the final Capital Assistance Programme Subsidy round and of these, five were submitted from West Coast supplies. The Minister's decision on these applications has now been made and letters notifying both the successful and unsuccessful applicants were posted on 13 August 2015 along with a press release.

On the West Coast the only successful application was for the Kumara Water Supply, made by Westland District Council. The four applications made in the Buller district for Hector/ Ngakawau, Little Wanganui, South Grivity and Westport were unfortunately not successful.

Discussion took place around the Water Supplies Capital Assistance Programme Subsidy, the Committee noted that even though Capital funding was no longer available, water suppliers can still seek assistance from the Drinking Water Technical Assistance Programme – this is available for any water supplier to help them operate their drinking water supply and to manage risks. It will also provide information on options for upgrading or improving supplies. This service is free of charge.

The report was noted.

b) MAORI HEALTH PLAN UPDATE.

This report is included in today's Board papers

c) PLANNING & FUNDING UPDATE

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

Key Achievements

- The West Coast continues to perform well above the 95% 6-hour ED health target with 99.8% of patients admitted, discharged or transferred from Grey Base ED within six hours during July 2015.
- The West Coast DHB exceeded the improved access to elective surgery health target for the 2014/15 year by 129 discharges, representing 108.1% of target.
- During Quarter 4, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the secondary care better help for smokers to quit health target.

- West Coast DHB continues to meet both primary care targets. During Quarter 4, performance against the primary care better help for smokers to quit health target was 90.2% and performance against the more heart and diabetes checks health target was 91.1%.

Key Issues & Associated Remedies

- Following the achievement of the year-end targets for the 2014/15 year, West Coast DHB has not met target in July, delivering B4 School Checks to 4% of the total eligible population and 2% of the high deprivation population against the 8% target. Results were affected by staff sick leave and a catch-up plan is already in place.

Upcoming Points of Interest

- **Older Persons' Health**

Allen Bryant Lifecare expects to open a wing in September 2015 which will provide 17 multi-use ARC beds which will ease some of the Aged Residential Care pressure.

Discussion took place regarding the percentage of pregnant smokers accepting a referral to cessation support services.

The report was noted.

d) ALLIANCE UPDATE

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

Alliance Leadership Team

- The Alliance Leadership Team noted the feedback from the joint Alliance Support Group (ASG) and Workstream Leads end-of-year review. The importance of cross workstream communication through the ASG meeting was noted in particular.

Mental Health Workstream

- Locality based services based on a stepped care approach are being implemented initially in Buller with other teams in the early stages of developing the model that will work for their area.

Health of Older Persons

- The CCCN continues to provide specialist advice and support across a range of settings. They have worked very effectively to support all parties through the aftermath of the Hokitika Flood.
- A wound care process mapping session was held on 30 July to identify how Coast wound care expertise is shared between the District Nursing team and ARC providers and to identify areas for improvement.
- The West Coast health system continues to ensure that Older People are having appropriate interRAI assessments in a timely fashion. Coverage is currently at 94.2%.
- The Cognitive Impairment Pathway is now active on HealthPathways. General Practice Teams are using the MoCA (Montreal Cognitive Assessment tool) regularly, leading to better diagnosis. Education sessions have been given to providers' clinical staff by the Geriatricians and also the Corporate Solicitor has delivered education about the role and importance of EPoA (Enduring Power of Attorney) arrangements. A working group will be formed in Q1 2015/16 to bring key clinicians from the CCCN, Psychiatric Older Persons Health Services and Palliative Care together to plan for further improvements.
- The new WIAS (Walking In Another's Shoes) educator is in post after a break in the programme due to personnel changes. The working group mentioned above will identify improved linkages and ways of working to ensure consistent and effective approaches to palliative care for people with dementia and others.

Grey/Westland & Buller Family Health Services (IFHS)

- A workshop in September will look at the future direction of how planned and unplanned care will be handled in both primary and secondary settings.
- Work is underway in merging Rural Academic General Practice and Greymouth Medical Centre into a single practice across multiple locations.
- Reporting on the distance travelled by patients is expected to create conversations around how we can better use telehealth to reduce travel for patients and provide care closer to home.
- Buller-based interagency meetings are now taking place more frequently. This represents important work to integrate across sectors for the benefit of the community.

Healthy West Coast

- The Request for Proposal (RFP) process for delivery of Pregnancy and Parenting Education on the West Coast has begun with the tender live on GETS (Government Electronic Tender Service) until 8th September.
- Work has begun to develop a DHB Alcohol Policy as the first step of a regional Alcohol Harm Reduction Strategy.

Child and Youth

- The transalpine Oral Health Steering Group is reviewing the draft Oral Health Promotion plan as well as a proposal for development of Emergency Dental Provision in the community.
- Work continues to expand delivery of HEEADSSS assessments into the remaining secondary schools on the Coast – delivery is expected to start in term 4. (A HEEADSSS assessment is provided to Year 9 students in low decile schools. It is free and covers: Home; Education; Employment; Eating; Exercise; Activities; Drugs; Sexuality; Suicide; Safety; and Spirituality and allows health concerns to be identified and addressed early)
- Work has begun on developing a proposal for local web content on topics relevant to youth health.

Pharmacy

- The Design lab process for hospital and community pharmacy was completed successfully with positive feedback from all participants. Floor plans confirmed through User Group process. Detailing of furniture, fixtures and fittings for the room datasheets is in progress.

The report was noted.

e) HEALTH TARGET REPORT – QUARTER FOUR

This report is included in today's Board papers

f) GENERAL BUSINESS

The Chair advised the Committee that she had attended the launch of the Research commissioned by Manawatu In Charge around Individualised Funding Disability Support. She also attended the first hour of the Disability Services Provider Forum (only one being held nationally this year) with interest in the DIAS and NASV reviews to be undertaken.

The Committee noted that the National Disability Strategy draft is out for Consultation and closes on the 22nd September giving limited time for input from the sector.

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 10 September 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

23 July 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 – 9.20am

5. Maori Health Plan Update

Gary Coghlan
General Manager, Maori Health

9.20am – 9.40am

6. Planning & Funding Update

Phil Wheble
Team Leader, Planning & Funding

9.40am - 9.50am

7. Alliance Update

Phil Wheble
Team Leader, Planning & Funding

9.50am - 10.00am

8. Health Target Q4 Report

Phil Wheble
Team Leader, Planning & Funding

10.00am – 10.20am

9. General Business

Elinor Stratford
Chair

10.20am – 10.30am

ESTIMATED FINISH TIME

10.30am

INFORMATION ITEMS

- Board Agenda – 7 August 2015
- Chair's Report to last Board meeting
- West Coast's Priority Plan For Breast Feeding 2014-2016
- West Coast Region Tobacco Control Plan
- Committee Work Plan 2015
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 22 October 2015

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 10 SEPTEMBER 2015



TO: Chair and Members
West Coast District Health Board

SOURCE: Acting Chair, Hospital Advisory Committee

DATE: 25 September 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

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 10 September 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 – 10 September 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 September 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

The carried forward items were noted.

MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the following notable features:

- Cross system support of Aged Residential Care capacity issues;
- Continued successful medical recruitment; and
- The publication of the Maternity Quality Safety Annual Report

He advised that he is working to create a meaningful graphic reporting template for inclusion in the Committee reports.

In addition the Committee noted the following:

- DNAs – the DNA rates are the same as the last few months which is both concerning and disappointing. Work is being undertaken to try to ascertain the reasons for this.
- An engagement process is underway Coast wide with Administration staff in order to understand the scope and breadth of work undertaken in these important positions and what resourcing it may require.
- A consultation paper for changing nursing contracts to reflect the model of care we are working towards has recently been released. Some old contracts dating back as far as the 1970s are no longer valid as we move towards a more flexible workforce. This is causing a little anxiety for some and management are working with staff around this.
- Offers of employment have been made to 2 Rural Hospital Medicine Specialists.
- Hannan Ward remains open for Allen Bryant clients.
- At a recent national conference the West Coast was asked to present regarding the work undertaken in Maternity. This resulted in good complimentary feedback.
- Industrial Relations – the Nurses MECA has been settled.
- Patient transport is working well and on days when it is not required to go to Christchurch it is being used to go to Buller.

In addition discussion took place regarding: Outpatient waiting times; redeployment of staff at Kinnersley; elective thresholds; resignation of Doctors in South Westland.

The update was noted.

FINANCE REPORT

Mark Newsome, General Manager, Grey/Westland, presented the Finance Report for the month ending July 2015. The consolidated West Coast District Health Board financial result for the month of July 2015 was a deficit of \$0.017m, which was \$0.082m favourable against the budgeted deficit of \$0.099m. The year to date position is \$0.082m favourable.

Mr Newsome advised that the DHB is still under pressure to find efficiencies in the system. Staff have been challenged around this and are working hard to find efficiencies. The highest costs are still in personnel with the use of locums and short term placements.

The Board Chair advised that the Annual Plan has not yet been signed off by the Minister of Health.

The report was noted.

CLINICAL LEADERS UPDATE

Karyn Bousfield, Director of Nursing & Midwifery presented this report which was provided to the Board at their last meeting. The Committee noted the proposal to move nurses to a more generic contract in line with new models of care being developed for the new facilities.

A lot of work is taking place in the Quality & Safety arena with the latest maternity quality survey registering a return rate of 53%.

The third round of students under the Dedicated Education Unit (DEU) model arrive this month with 10 students in the medical and surgical clinical areas. There will be a full review and evaluation of the DEU model at the completion of this round of students.

The report was noted.

GENERAL BUSINESS

The Board Chair provided the Committee with an update on the facilities development project.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 10 September 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 10 September 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**

23 July 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 – 7 August 2015
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 22 October 2015

Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 25 September 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 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 7 August 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.	Risk Mitigation Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Contract Signed Under Urgency	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
8.	West Coast DHB Draft Annual Accounts 2014-15	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”;

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.