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



Friday 6 November 2015 10.15am

St John Waterwalk Road GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE



#### WEST COAST DISTRICT HEALTH BOARD MEMBERS

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

#### **Executive Support**

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

#### **AGENDA – PUBLIC**



WEST COAST DISTRICT HEALTH BOARD MEETING to be held at St John Waterwalk Road, Greymouth on Friday 6 November 2015 commencing at 10.15am

KARAKIA 10.15am ADMINISTRATION 10.15am

**Apologies** 

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

| R   | EPORTS  |   | 10.20am           |
|-----|---|---|-------------------|
| 4.  | Chair's Update<br>(Verbal Update)                 | Peter Ballantyne<br>Chairman  | 10.20am – 10.30am |
| 5.  | Chief Executive's Update                          | David Meates Chief Executive  | 10.30am – 10.50am |
| 6.  | Clinical Leader's Update                          | Karyn Bousfield<br>Director of Nursing & Midwifery                    | 10.50am – 11.00am |
| 7.  | Wellbeing, Health and Safety<br>Update            | Michael Frampton  Programme Director                                  | 11.00am – 11.10am |
| 8.  | Finance Report                                    | Justine White<br>General Manager, Finance                             | 11.10am – 11.20am |
| 9.  | 2015/16 Annual Plan Update                        | Phil Wheble<br>Team Leader, Planning & Funding                        | 11.20am – 11.30am |
| 10. | Report from Committee Meetings                    |   |                   |
|     | - CPH&DSAC<br>22 October 2015                     | Elinor Stratford<br>Chair, CPH&DSA Committee                          | 11.30pm - 11.40am |
|     | - Hospital Advisory Committee 22 October 2015     | Kevin Brown<br>Deputy Chair, Hospital Advisory Committee              | 11.40am – 11.50am |
|     | - Tatau Pounamu Advisory Group<br>22 October 2015 | Elinor Stratford<br>Board Representative Tatau Pounamu Advisory Group | 11.50am – 12noon  |

#### INFORMATION ITEMS

• West Coast DHB Complaints Procedure

Resolution to Exclude the Public

- 2015 Meeting Schedule
- 2016 Meeting Schedule

ESTIMATED FINISH TIME 12noon

**NEXT MEETING** 

11.

Friday 11 December 2015

Board Secretariat

12noon

#### **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 | Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB  |
| Chair            | 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,<br>West Coast District Health Board |
|                  | Director, Brackenridge Estate Limited   |
| Kevin Brown      | Councillor, Grey District Council   |
|                  | Trustee, West Coast Electric Power Trust  |
|                  | Wife works part time at CAMHS   |
|                  | Patron and Member of West Coast Diabetes  |
|                  | Trustee, West Coast Juvenile Diabetes Association   |
|                  | President Greymouth Riverside Lions Club  |
|                  | Justice of the Peace  |
| Helen Gillespie  | Peer Support Counsellor, Mum 4 Mum  |
|                  | • Employee, DOC   |
| Michelle Lomax   | Autism New Zealand – Member   |
|                  | West Coast Community Trust – Trustee  |
|                  | Buller High School Board of Trustees – Chair  |
|                  | St John Youth Leader  |
|                  | New Zealand School Trustees Association – Member of Marlborough/<br>Nelson/West Coast Regional Executive          |
|                  | Employee - Damien O'Connor's Electorate Office  |
| Peter Neame      | Wite Wreath Action Against Suicide – Member   |
| Sharon Pugh      | Shareholder, New River Bluegums Bed & Breakfast   |
|                  | Chair, Greymouth Business & Promotions Association  |
| Elinor Stratford | Clinical Governance Committee, West Coast Primary Health Organisation   |
|                  | Committee Member, Active West Coast   |
|                  | Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust  |
|                  | 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> <li>Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair</li> <li>Motuhara Fisheries Limited – Director</li> <li>Ngati Mutunga o Wharekauri Iwi Trust – Trustee &amp; Member</li> <li>New Zealand Institute of Management Inc – Member (Associate Fellow)</li> <li>New Zealand Institute of Chartered Accountants – C A, Member</li> <li>Te Kawhai Tumata – Committee Member</li> </ul>  |
|---------------|---|
| John Vaile    | <ul> <li>Director, Vaile Hardware Ltd</li> <li>Member of Community Patrols New Zealand</li> </ul>   |
| Susan Wallace | <ul> <li>Tumuaki, Te Runanga o Makaawhio</li> <li>Member, Te Runanga o Makaawhio</li> <li>Member, Te Runanga o Ngati Wae Wae</li> <li>Director, Kati Mahaki ki Makaawhio Ltd</li> <li>Mother is an employee of West Coast District Health Board</li> <li>Father member of Hospital Advisory Committee</li> <li>Member of Tatau Pounamu</li> <li>Father employee of West Coast District Health Board</li> <li>Director, Kōhatu Makaawhio Ltd</li> <li>Appointed member of Canterbury District Health Board</li> <li>Chair, Poutini Waiora</li> <li>Area Representative-Te Waipounamu Maori Womens' Welfare League</li> </ul> |

#### **MINUTES**



# MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING held at the West Coast Regional Council, Main South Road Greymouth on Friday 25 September 2015 commencing at 10.15am

#### **BOARD MEMBERS**

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

#### **APOLOGIES**

Apologies were received and accepted from Helen Gillespie and Susan Wallace

#### **EXECUTIVE SUPPORT**

Michael Frampton (Programme Director), Karen Bousfield (Director of Nursing & Midwifery); Kathleen Gavigan (General Manager, Buller); Mark Newsome (General Manager, Grey/Westland); Phil Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

Everyone joined in the Karakia

#### 1. INTEREST REGISTER

#### Additions/Alterations to the Interest Register

Michele Lomax advised that she is an employee in Damien O'Connor's electorate office.

#### 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 Joseph Thomas/seconded Elinor Stratford - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 7 August 2015 be confirmed as a true and correct record with the removal of Gary Coghlan as an attendee".

#### 3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

#### 4. CHAIR'S UPDATE

The Chair provided updates as follows:

- SI Alliance meeting on 10 August Each DHB provided a presentation to the meeting with the West Coast presenting in particular on Telehealth and our Facilities project.
- Some additional national funding is to be provided and we expect to hear more about this.
- A communication has been sent to the Minister of Health regarding South Island achievements.
- Neurosurgery is facing some staffing challenges and will be participating in a planning day.
- Partnership Group there have been 3 meetings and there will be a teleconference next Friday in relation to a preferred contractor. There has also been a teleconference re Buller.
- Regional Capital Committee Major capital works now appear to be being managed by the Ministry of Health.
- New Zealand Health Partnership Board appointments Peter Anderson; Terry McLauchlan and Jo Hogan. Any plans going forward will come back to DHBs.
- National Leadership Meeting on 31 August Discussion took place regarding: fluoride; healthy food policy; obesity firmly on Governments agenda; Health Sector Relations Agreement (signed in 2008); Health Strategy Revision to be presented to the Minister this month which will include funding; structure of Boards and the role of NHB etc.

The Board noted that all sugar sweetened drinks have been removed from DHB cafeterias and that a new policy should be completed by the end of December.

#### Resolution (35/15)

Moved John Vaile/seconded Michelle Lomax – carried) That the Board:

i. notes the Chair's verbal update.

#### 5. CHIEF EXECUTIVE'S UPDATE

In the absence of the Chief Executive Michael Frampton, Programme Director, presented this report which was taken as read.

He highlighted the following points:

- The Alliance Leadership Team have agreed to a new work stream in relation to Reefton.
- The decision regarding the closure of the Kynnersley Home. He advised that this was undertaken two weeks earlier than anticipated and he acknowledged that this has been difficult for some people. Mr Frampton also acknowledged the work undertaken by staff to manage this process.
- The resignation of 2 GPs in South Westland.
- The final sign off of the Maori Health Action Plan.
- Facilities the developed design phase has now been concluded with user groups working hard together with the design team. We now move into the Detailed Design Phase and expect that a preferred contractor will be announced in the next few weeks.
- Work continues at Grey Hospital to support Allen Bryant clients.
- A Mental Health Leadership Team has been established. The team is in the process of setting up Terms of Reference and interface processes with the Mental Health work stream and the Canterbury DHB.

#### Health & Safety

Michael Frampton, Programme Director, provided an update on Health & Safety. The Board noted that well-being workshops will commence in October.

#### Resolution 36/15)

(Moved Joseph Thomas/seconded Sharon Pugh-carried)

That the Board:

- i. notes the Chief Executive's update; and
- ii. notes the Health & Safety 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 taking place in the Clinical space with this report giving an overview of the work plans underway.
- The Canterbury and West coast Nursing Leadership team are planning a nursing workforce workshop to be held early in 2016. This will not only ensure the effective rollout of the strategic plans but will also work collaboratively under the transalpine model to ensure alignment.
- Interviews for the CMO roles will be undertaken over the next two weeks and this will see the implementation of the new structure with three senior medical officers taking a portfolio each.

#### Resolution (37/15)

(Moved Sharon Pugh/seconded Joseph Thomas – carried) That the Board:

i. notes the Clinical Advisor's update.

#### 7. MENTAL HEALTH REVIEW UPDATE AND MENTAL HEALTH PRESENTATION

Dr Cameron Lacey, Clinical Director, Mental Health; Helen Reriti, West Coast PHO, Sandy McLean, Planning & Funding and Lois Scott, Operations Manager, Mental Health Services provided the Board with a presentation regarding Mental Health.

The presentation covered context for the review in 2013; the recommendations; gaps in the review; the role of Primary Mental Health Services; the role of NGO Health Services; Specialist Services; and the focus for the future going forward.

The Chair thanked the group for their presentation.

#### 8. FINANCE REPORT

Justine White, General Manager, Finance presented this report which was taken as read.

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.

Ms White advised that the August year to date result is a 147k deficit against a budgeted deficit of \$200k.

#### Resolution (38/15)

(Moved John Vaile/seconded Michelle Lomax - carried)

That the Board:

i. notes the financial results for the period ended 31 July 2015.

#### 9. MAORI HEALTH PLAN UPDATE

In the absence of Gary Coghlan, Karyn Bousfield, presented this report which was taken as read. Ms Bousefield spoke in particular about: Breast cancer screening; the focus on positive exclusive breast feeding; the research proposal around breast feeding; the fluctuation of immunisation rates; the "Ideal Project"; and the Kia Ora Hauora Work Placement Programme.

#### Resolution (39/15)

(Moved Sharon Pugh/seconded Elinor Stratford – carried)

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

i notes the Maori Health Plan Update.

#### 10. HEALTH TARGET REPORT - QUARTER 4

Phil Wheble, Team Leader, Planning & Funding presented this report which was taken as read. He highlighted to the Board that there has been a fantastic effort from Primary Health and the PHO to improve these targets.

He commented that it is pleasing to see the Primary CVD and smoking targets above 90%.

#### Resolution (40/15)

(Moved Kevin Brown/seconded Peter Neame – carried)

That the Board:

i. notes the West Coast DHBs performance against the health targets.

#### 11. PROPOSED 2016 MEETING SCHEDULE

#### Resolution (41/15)

(Moved John Vaile/seconded Elinor Stratford – carried)

That the Board:

- i. Adopts the schedule of meetings 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 the circumstance require this.

#### 12. REPORTS FROM COMMITTEE MEETINGS

a) Elinor Stratford, Chair, Community & Public Health and Disability Support Advisory Committee provided an update from the Committee meeting held on 10 September 2015.

The update was noted

b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 10 September 2015.

The update was noted.

#### 13. RESOLUTION TO EXCLUDE THE PUBLIC

#### Resolution (42/15)

(Moved Susan Wallace/seconded Helen Gillespie – carried)

#### That the Board:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 & 11 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

|    | GENERAL SUBJECT OF<br>EACH MATTER TO BE<br>CONSIDERED                   | GROUND(S) FOR THE PASSING OF THIS RESOLUTION  | REFERENCE – OFFICIAL<br>INFORMATION ACT 1982<br>(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<br>Chair – Verbal Update<br>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)<br>S9(2)(a)  |
| 3. | Clinical Leaders –<br>Verbal Update on<br>Emerging Issues               | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  Protect the privacy of natural persons. | S9(2)(j)<br>S9(2)(a)  |
| 4. | Risk Mitigation Strategy<br>Update                                      | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  | S9(2)(j)  |
| 5. | Risk Management<br>Report   | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  | S9(2)(j)  |
| 6. | Universal Newborn Hearing Screening Services Contract                   | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  | S9(2)(j)  |
| 7. | Advisory Committee –<br>Public Excluded<br>Updates                      | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  | S9(2)(j)  |
|    |   | Protect the privacy of natural persons.   | S9(2)(a)  |
| 8. | West Coast DHB<br>Annual Accounts                                       | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  | S9(2)(j)  |

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant

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

There being no further business the public open section of the meeting closed at 12.15pm.

The Public Excluded section of the meeting commenced at 12.15pm and concluded at 2.45pm with a break for lunch between 12.30pm and 1.10pm.



#### CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members

**West Coast District Health Board** 

**SOURCE:** Chief Executive

DATE: 6 November 2015

Report Status – For: Decision  $\square$  Noting  $\checkmark$  Information  $\square$ 

#### 1. ORIGIN OF THE REPORT

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

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

#### 2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.





# DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

#### A: Reinvigorate the West Coast Health Alliance

#### Alliance Leadership Team [ALT] Activity

- The ALT has noted the continued successful process of localising Health Pathways to reflect the West Coast System with the team congratulating the West Coast Coordinator. A survey of Health Pathway users has also been undertaken as part of an ongoing improvement process.
- The ALT has also noted the good progress being made by the workstreams.
- The next ALT meeting in November will focus on the annual planning workshop, the first step in the annual planning process for the 2016/17 year. Outcomes of this meeting will include key areas of focus for the workstreams for the coming year.

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

#### **Primary**

#### Reefton Health

Aged Residential Care – Currently 8 hospital level and 6 rest home level residents. Palliative
care beds have been used to support the local community and ease the pressure on
district nursing.

#### Practice Management

- o Cornerstone Accreditation contract process not yet complete.
- o Review of policy and procedures in line with best practice under Cornerstone framework is continuing while waiting for access to self-assessment software.
- o Report from PHO on random audit of the Practice enrolment registers and Annual patient survey due.
- o Financially income is above forecast and staff costs have decreased compared to the same period last year.
- South Westland Area Practice: Several initiatives have come out of the proposal for change and decision, and are soon to be implemented. They are the recruitment of a Nurse Practitioner [NP], splitting the roving role into two to provide extra cover and the introduction of HML. The NP role will also cover Team Leader for the South Westland nursing team. HML will triage phone calls and direct patient flow in order to reduce the call-out work for evenings and weekends. This in turn will improve the work-life balance for our nurses plus have the added benefit of ensuring patients continue to have 24 hour access to medical advice.
- Greymouth Medical Centre/Rural Academic General Practice/Moana RNSs: Orientation has been arranged and commenced for a Poutini Waiora registered nurse. This is aimed at helping her feel part of the wider team and ensure that she has skills to work in the chronic disease management area. A CPIT student is gaining experience at RAGP for 3 weeks and then at GMC for 3 weeks. Monthly combined nursing meetings for GMC and RAGP continue. Collaboration is occurring with the PHO to set up a Maori Health Respiratory day in Greymouth. We are hoping to progress the planned/unplanned concept as demand for GP appointments is high at this point and this new model could assist in managing this.

#### **Community**

- Oral Health: A decision is due out soon from the "Scoping Document with Options for Operational Steps to Complete Transition to the new Model of Care for West Coast DHB Community Dental Service".
- District Nursing/Home Based Support Services: The workload remains constant for the District Nurses. The wound care resource nurse is going to be travelling to South Westland for education on compression bandaging and will work with the nurses on any wound care issues.

NETP positions for the District Nursing service are being considered. Work is continuing with the services to develop integrated positions in Greymouth, Hokitika and Buller. This will assist with InterRAI assessments, reviews and dealing with client concerns. New client support plans have been developed to be used across the West Coast. This is in line with support plans throughout the country. Continued Care software previously known as Caduceus, is not yet at full implementation phase. There are payroll and finance system components yet to be completed.

The services are working more closely with Allied Health to ensure that limited resources are better utilised. They are also exploring with Allied Health, the possibility of shared care

plans. The current rostering model for Home Based Support staff is currently being reviewed which has been prompted by a major increase in seven day care requirements for some clients. Orientation for new staff has been reviewed and improved, especially in regards to documentation. Client transfer and back-care programme is to be rolled out through November this year.

- Public Health Nursing: Several schools are requesting education for teachers in regard to continence issues. A NETP shared between Hokitika District Nursing and Public Health next year is being considered.
  - B4School an appointment has been made to this coordinator role. Support for this role
    will be through one of the Clinical Educators attending the "Train the Trainers"
    orientation to support competency maintenance.
  - o Vision Hearing we are considering having one of our Public Health Nurses train as a casual to support this service as necessary.

#### Clinical Nurse Specialists

- o The northern group are working with the GP to assist with the oversight of Long Term Conditions Management. Discussion has already occurred as to how this can work well and trouble-shooting the barriers to this happening.
- o In the southern group, the CNS cohort continues to work to support patients to remain well and independent at home.

#### C: Implement the Maori Health Plan

- Rangatahi Work Placement: As previously reported, a group of eight West Coast rangatahi interested in health as a career visited the West Coast District Health Board and other key health services on the West Coast in September. This was part of a work placement programme called Kia Ora Hauora. The purpose of this programme is to promote health as a viable career for our rangatahi. The number of Maori in the health workforce is still very low; roughly 4% of the total health and disability workforce in the South Island is Maori. This is much lower than the percentage of Maori living in Te Wai Pounamu overall. Kia ora Hauora is a Ministry of Health funded initiative and is led by Tumu Whakarae, General Managers of Maori Health. It was organised by the Maori Health Team at the West Coast DHB with assistance from Mokowhiti, who are contracted to support all DHB's in the South Island to promote Maori workforce development. The programme was available to year 12/13 students from Greymouth High, Westland High, John Paul II and older students from Te Tai Poutini Polytechnic. The Buller region will be a key focus next time.
- Mana Mokopuna Tamariki: The Project Advisory group has been identified and established and the Project Coordinator / Administration support is now in place. The next stage is to engage with the Focus group and begin the 'understanding needs' part of the project.
- Whare Oranga Pai: The model for delivery of this programme is still under development. Kylie Parkin is working with Alayna Watene and Community Public Health to develop the activity component of the model which will work alongside the Appetite for Life nutrition programme.
- Te Herenga Hauora South Island Regional Maori General Managers Te Rau Puawai: Te Rau Puawai is a partnership between Health Workforce NZ and Massey University that aims to increase the professionalism of the Maori mental health workforce by supporting those interested employees through study. Te Rau Puawai has had an 89% pass rate since 1999. Significant contributions are made towards fees and any costs associated with travel. Further support is provided by:
  - o Access to support tutors and an academic mentor
  - Peer support

- Cultural support
- Needs based workshops

There is an opportunity for the DHBs to work closely with Te Rau Puawai to identify those Maori employees that may want to pursue study and to link them in to this opportunity.

Pounamu and Maania Farrar Waka Ora Programme Manager He Oranga Pounamu met with Te Herenga Hauora South Island Maori General Manager's. They wanted feedback from the GMs on how to ensure that open communication is occurring as they move into the next phase of the Whanau Ora Programmes of Action. Waka Ora are currently reviewing current provision of the programme and identifying where best practice has already occurred. Maania will continue to have these discussions with each of the South Island General Managers/Directors Maori Health.



#### **DELIVERING MODERN FIT FOR PURPOSE FACILITIES**

#### 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.
- Planning is underway for statutory boiler surveys which are due in November.
- The issue identified with the Grey Hospital boiler continues to be worked through. There is no risk to infrastructure continuity.
- Roof waterproofing is now underway at McBrearty Ward and also ED.
- Involvement with the building services and infrastructure design continues.
- 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.
- No H&S incidents have been reported during this period.
- Asbestos surveys are taking place at Buller in readiness for proposed future demolitions.
- Patient Area electrical testing continues to plan.

#### B: Partnership Group Update



- The anticipated date of practical completion of the new Grey Hospital and Integrated Family Health Centre [IFHC] remains March/April 2017.
- The Partnership Group has given endorsement for the project to proceed with Detailed Design, which is a great milestone in the project. The Detailed Design phase is expected to continue through until mid-February 2016.
- The project has approval to proceed with the engagement of Fletcher Construction, as the preferred contractor, for the Pre-Construction Service Agreement phase of the project.

- The project team will be working with Fletcher Construction over the coming months to provide expert construction advice to the designers to ensure we have a new facility on budget and on time.
- We can expect to see the site become established and some bulk earthworks started in November and December.





#### RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

#### A: Hospital Services includes Secondary Mental Health Services

#### Nursing

- Over the past year nursing management has been working on matching the workforce to patient activity. This work allows us to have a sustainable workforce model that has the flexibility needed to respond to changing patient activity.
- Latest Trendcare monthly data confirms reducing positive variance in Medical and Surgical Wards which gives reassurance that we are matching resource to activity.
- The consultation period for the Proposal for Change in aligning all nursing contracts is complete, with many individual submissions being received. The final decision will be released on 28 October.
- There has been less ability to provide staffing assistance to Reefton and Granger House due to high occupancy, high sick leave and reducing FTE.
- The Emergency Department Nursing staffing remains challenging at times. Recruitment continues for experienced ED nurses.
- A Clinical Nurse Specialist has been appointed for the Orthopaedic and Plastic Surgical services, commencing late October.
- Utilisation has been high in the Medical ward for August and September with occupancy requiring overflow of patients to other wards on several days.
- Health targets are on track.
- A poster competition was held to roll out the IDEAL [Inclusion, Discussion, Education, Assessment, Learnings] model for discharge planning. The posters are now up in the wards and staff should be actively involving patients, family and support people in their care.
- ERAS [Enhanced Recovery After Surgery] continues to be imbedded into surgical service with great results.

#### Allied Health

 Critical issues impacting upon the functioning of medication administration software used by Pharmacy (WinDose) is in the very final stages of being resolved. The Associate Director

- of Allied Health acknowledges the significant role the Chief Information Officer played in seeing this considerable scope of works through to completion.
- The West Coast DHB Pharmacy department now has its own page on the West Coast DHB intranet. Whilst this is still under construction, it will be a great resource for the Pharmacy department's staff and the other departments who access the services they provide, once completed. The pharmacy section can simply be accessed from any West Coast DHB workstation under "Health Areas and Departments".
- Links between the West Coast DHB Pharmacy Manager, Canterbury DHB Pharmacy Team and e-Medicines Project Manager have been made. This has enabled the West Coast DHB Pharmacy Manager to participate in the development of transalpine approaches required to transition into the proposed new facilities.
- Work on a three year West Coast DHB Allied Health Workforce Action Plan continues to progress. The Associate Director of Allied Health recently attended two meeting in Christchurch (with the Executive Director of Allied Health, a Principal Project Officer and Canterbury DHB Directors of Allied Health) to ensure that this plan aligns with the Canterbury DHB Allied Health Workforce Action Plan and facilitates further transalpine initiatives.
- Staff from the Canterbury DHB Adult Specialist mental health team will facilitate two days of training on how to work effectively with people with vulnerable personalities (including people with borderline and narcissistic personality disorders). The need for this training has arisen via staff consultation, a training needs analysis and out of a formal investigation into a SAC1 event. West Coast DHB staff and staff from relevant non-government key stakeholder organisations will be invited to attend. One day will focus on working with children and young people, the other on working with adults and older people.
- The Associate Director of Allied Health is now a member of the West Coast Alliance Support Group and the West Coast DHB Mental Health Leadership Group.
- The 2015 VIP Evaluation for the period 1 July 2014 30 June 2015 is due to commence shortly. This evaluation will be coordinated by members of the West Coast DHB and Canterbury DHB Violence Intervention Programme team. A transalpine approach will be taken where appropriate.
- A Maternal Care & Unborn Wellbeing (MCAUW) Interdisciplinary Team began accepting cases on 18 August 2015. The MCAUW initiative is included in the MoH service specifications nationally and the West Coast DHB's strategic plan for the Violence Intervention Programme. This initiative is designed to support and promote early identification and integration of services, with a preventative focus, for women and babies with wellbeing, care and protection issues.
- An Elder Abuse and Neglect management procedure was recently ratified by the Clinical Quality Improvement Team. Training on this is due to be rolled out by the end of this year.
- Members of the Allied Health Leadership team have been working closely with: General Manager Buller; members of CCCN team; Managers of HBSS and District Nursing; and West Coast/Canterbury DHB Service Development Manager (Older Persons' Health Planning and Funding) to realise the strategic direction set by the work streams (including the Health of Older People, Buller and Mental Health) regarding West Coast DHB services provided to older persons in Buller and the remainder of the West Coast district. A management team has subsequently been selected.
- Workshops on rolling out the Flexible Integrated Rehabilitation Support Team (FIRST) model will be offered to relevant frontline staff in Hokitika, Grey and Buller. Workshops will be educational (approach will be described) and strategic (staff will be engaged in strategic discussion re: operationalising approach within their area (Hokitika, Grey and Buller). Frontline Allied Health staff, the Associate Director of Allied Health and the West Coast/Canterbury DHB Service Development Manager (Older Persons' Health Planning

- and Funding) are expected to co-facilitate these.
- The West Coast/Canterbury DHB Service Development Manager (Older Persons' Health Planning and Funding) will meet with the General Manager Buller monthly and provide updates and dashboard data on progression of FIRST, falls and home based supports, Allied Health and District Nursing involvement until the model is embed. These reports will then be issued to the Operational Management Group.
- Following the closure of Kynnersley in September the recently 'reassigned' Diversional Therapist will now be Line Managed by the Clinical Manager of Occupational Therapy. In their new role, the Diversional Therapist will retain responsibility for Diversional Therapy oversight of Dunsford and for running the day care programme until this facility closes sometime next year. They will also be responsible for developing a suite of sustainable activities to reduce social isolation for older people in the Buller area.
- Additional computers are going to be installed in the Buller Health Centre for Allied Health staff. This will facilitate access to online resources including those required for patient care and interdisciplinary practice.
- All Allied Health clinical staff have recently been granted 'read and write' access to relevant West Coast DHB electronic patient record systems. It was recently discovered that many were unable to 'write' in patient records regarding services provided.
- Members of the Occupational Therapy department are working with nursing staff to prevent inpatients getting pressure sores during admission. They are currently in the process of auditing hospital beds to ensure they are fit for purpose.
- The Canterbury DHB IT team is working with the West Coast DHB Medical Technician team to prepare for the installation of new Holter cardiac monitors and the associated IT system. Installation is expected to take place in November. This system will enable results to be stored in patient electronic records on Health Connect South. This will allow hospital staff and GPs to access data. The existing system, which became faulty, has recently been repaired enabling the West Coast DHB Medical Technician team to book patients for 24 hour heart monitoring again.

#### Mental Health Services

- Update on Services: Kahurangi Dementia Unit continues to operate at full bed capacity, despite the Allen Bryant residents returning to their home in Hokitika. Trendcare rostering is fully integrated, and patient acuity measures are rolling out in the unit this month. A quality initiative in the unit has been the collaboration with community organisations to build a "men's shed" within the secure grounds to provide gender specific diversional activities for male residents.
- 11 people have been admitted to the Acute Inpatient unit in the last month with an average length of stay of 12 days, 60% of whom were treated under the Mental Health Act. One youth was admitted to the unit with the oversight of the CAMHS staff and Consultant Psychiatrist and one client resided in the unit for a month until transfer to the regional Eating Disorders residential unit in Christchurch was arranged. The agreement with the Canterbury DHB to access Electroconvulsive therapy was activated with one client transferring to Hillmorton Inpatient services to facilitate this treatment for a six week period. A successful recruitment campaign has resulted in the unit being almost fully staffed by November. Sensory Modulation equipment has been purchased to aid the development of alternative coping strategies for distress in the unit.
- Mental Health Liaison role: The Greymouth CMH team have been working with Pact to achieve a more shared/integrated approach to the care of Specialist MHS clients who are supported by Pact. This work was generated out of the recommendations from the MHS review.

- This work has culminated in a significant change to the way we now work with these clients, and Pact by the establishment of a Mental Health Liaison role so that a designated Registered Nurse coordinates the clinical care of all of the current mental health clients who are supported by Pact in Greymouth. The role formally launched on 7 October 2015 and will be reviewed in three months. During this time consideration will be given to how AOD clients and people with co-existing problems may be included in this process.
- Professional development: A breakdown of Professional Development activity in the service for the last year revealed the following;
  - 15 Registered Nurses undertook Post Graduate education programmes, including some on the Masters pathway.
  - o Training focused on enhancing clinical skills was accessed by 43 staff with the main areas for skill development being Talking Therapies and Addictions this focus is well aligned with the services' direction.
  - Of the 61 Registered Nurses employed, 42 accessed Professional Development funding, whilst 19 of the 20 Allied Health staff received Professional Development funding and support.





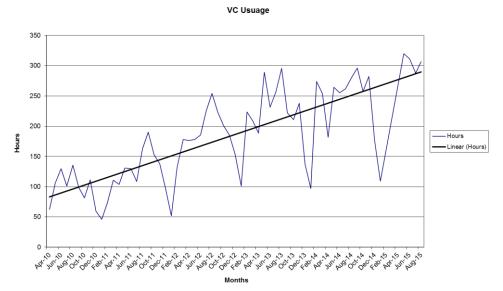
#### **DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES**

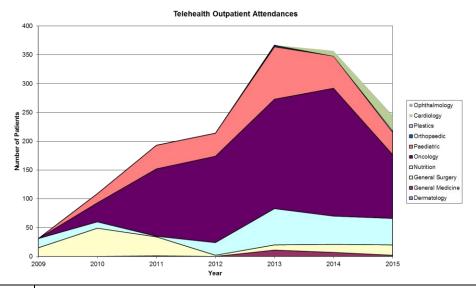
## A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- The following transport initiatives are now embedded and continue, including:
  - o non-acute patient transport to Christchurch through ambulance transfer;
  - o the St John Community Health Shuttle to assist people who are struggling to get to health appointments in Greymouth, and;
  - the Buller Red Cross Community Health Shuttle transport service between Westport and Greymouth Hospital.

#### B: Champion the Expanded use of Telemedicine Technology

 West Coast DHB 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 CCCN continues to provide specialist advice and support across a range of settings. Vacancies remain while we wait for the right applicant with the appropriate skills to establish FIRST and the Falls Prevention service. We are looking at how existing clinical resources might be reprioritised to develop FIRST and Falls Prevention.
- To identify how wound care expertise is shared and areas for improvement, a wound care process mapping session with ARC, HBS and District Nursing was held on 30 July 2015 with a second follow-up meeting held in October.
- A working group will be formed in Q2 2015/16 to bring key clinicians from the CCCN, Psychiatric Older Persons Health Services and Palliative Care together to plan for further improvements to services.

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

- Improving access to health care for Māori is a major focus on the Buller IFHS work plan this year. This has included:
  - The recent spirometry clinics (a collaboration of Poutini Waiora, Buller Health Services, Community & Public Health and the PHO) have proved effective in providing Māori with smoking cessation advice and support. This initiative is now expanding into cervical screening, CVD assessments, immunisation and enrolment into the long term conditions programme.
  - A collaborative programme is being led by Poutini Waiora and includes No. 37, Homebuilders, Kawatiri, Plunket and Buller Health for provision of wahakura/harakeke baby beds to Māori with new-born babies. Funding is being sought to provide these free of charge to Māori families as a practical way of promoting safe sleeping. Pepi-pods will also be offered as an alternative. A safe sleeping open day will be held at Kawatiri on 4 December.
  - The Mana Tamariki-Mokopuna Project gets underway with a Stakeholder Hui in Westport in November. This is also a whole of health system initiative focused on improving health care for young pregnant wahine who are not currently accessing services at an early stage in their pregnancy.
- Other activities include:
  - The Kawatiri Birthing Unit continues to receive positive feedback from users and a

- multi-disciplinary team approach is also working well. An integrated approach to care is developing with immunisation, hearing testing, cervical smears and specialist appointments with the Obstetrician all taking place at the facility.
- o An inter-agency group is meeting every six weeks to address housing issues for older persons in Buller.
- Resource has been provided to assist with project planning in the Buller IFHS
  workstream to allow activities to be phased across the project timeframe with a focus
  on timely achievement of objectives.

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

- Poutini Waiora and Grey Medical/RAGP are now working together to reach Maori and the hard to reach enrolled population in Grey Medical/RAGP; a replication of the Buller initiative. This service will be expanded to High Street and provide other services for our community in the coming months.
- The primary care and ED workshop took place in September. Further work will be undertaken to look at how RAGP could be used to provide unplanned care working alongside ED to improve access to primary unplanned care. Highlighted in the meeting was the importance of ensuring the right outcomes for our community and patients.



#### **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 September 2015 was a deficit of \$0.140m, which was \$0.045m unfavourable against the budgeted deficit of \$0.095m. The year to date position is now \$0.008m favourable.

|                     | Moi    | nthly Repo | ,        | Year to Date |        |          |
|---------------------|--------|------------|----------|--------------|--------|----------|
|                     | Actual | Budget     | Variance | Actual       | Budget | Variance |
|                     | \$'000 | \$'000     | \$'000   | \$'000       | \$'000 | \$'000   |
| Governance Arm      | 0      | 0          | 0        | 0            | 0      | 0        |
| Funder Arm          | 39     | (35)       | 74       | 732          | (105)  | 837      |
| Provider Arm        | (179)  | (60)       | (119)    | (1,019)      | (190)  | (829)    |
| Consolidated Result | (140)  | (95)       | (45)     | (287)        | (295)  | 8        |

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

- Employee Health and Wellness: Staff wellbeing workshops held in Greymouth and Westport in early October were well attended. The Health & Safety Advisor continues to work with staff on occupational health follow-ups, ACC work injury support and attending H&S representative meetings. The occupational health physiotherapist is providing guidance to managers and staff to manage the early signs of pain and discomfort with ergonomic workplace assessments.
  - The annual influenza staff vaccination programme was completed in mid-September with approximately 46% of staff being vaccinated.
  - o The external review of the Health and Safety systems commenced on 27 October and will take place over three weeks. The review is being conducted by Gavin Johnson and Associates. It will enable the DHB to measure compliance with the current health and safety standards and the new health and safety legislations due for implementation in April 2016. Staff across the organisation will be involved in round table discussions covering 18 elements.

- **Recruitment:** In the past month there have been five appointments and 16 new vacancies. There are three candidates currently in the recruitment process for permanent vacancies at Buller Health.
  - o Two GPs have been recruited for Greymouth and are currently working their way through Medical Council requirements.
  - o Recruitment for South Westland is ongoing.
  - The recruitment team are attending a conference representing the West Coast aimed at lifting awareness of the DHB for people who may be interested in working in rural medicine on the West Coast.
  - o There has been an increase in nursing recruitment in specialised areas.
  - o Work is underway to align RMO recruitment into the centralised recruitment model.
- Learning and Development: The L&D team have completed delivering the Project Management workshops and continue to work on strategies to increase attendance at workshops. The L&D advisor has been working with the dental team with a number of workshops on "difficult conversations". This was well attended by the dental team.
  - Studentships closed at the end of August with a total of 15 applications for four placements. A panel has been convened to work through a matrix to select the recipients of these awards.

#### C: Effective Clinical Information Systems

- 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. West Coast DHB, Canterbury DHB and Orion are working to resolve the stabilisation issues as a matter of urgency. There have been recent upgrades and this work continues.
- **eReferrals:** The stage 2 eReferrals solution is now well over halfway rolled out to the DHB, with stage 2 of the project now having completed 68 of the total 80 departments.
- National Patient Flow Phase 2: The business case for phase 2 of National Patient flow has been completed and approved. The West Coast DHB has begun collecting phase 2 data from 1 October 2015. The extracting system used by the DHB to export the information to the Ministry is now the focus with plans to have this completed before end of year.
- National Infrastructure Platform [NIP]: The project schedule and transition plan has been approved for the project; however service establishment has been delayed. At this stage this does not affect the transition of West Coast DHB systems to the NIP as this is planned to begin in February 2016.

#### ■ IT Infrastructure replacement:

- o The UPS power system replacement has arrived on site. Commissioning has occurred and all of the server room UPS load has been migrated to the new system.
- A Statement of Work has been approved for the implementation of a new load balanced firewall for the West Coast DHB. A Canterbury DHB project manager and architect are assisting with the project. The new hardware has arrived in Christchurch and is being configured. Installation has been delayed with some re-design work required to make it compatible with the new Greymouth facility and national infrastructure programme. Currently planning for November deployment.
- Business case approved for services to replace some Windows 2003 servers. There are 92 servers within the West Coast DHB datacentre, of which there are 18 remaining which need to be migrated.

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

#### **External Communications**

- Media interest:
  - Buller IFHC
  - o Next Buller community meeting date
  - HPV vaccinations
  - o Kynnersley closure
  - o Sugary drinks removed
  - o Buller Health palliative care
  - o Air New Zealand flight schedule changes
  - o Greymouth Hospital rebuild/facilities
  - Coast suicides
  - Mental health review
  - o Facebook posts on Coast's mental health services
  - o Rest home temporary management
  - o Kawatiri births
  - o Newborn GP enrolments
- Media releases were issued on:
  - o Great strides for South Westland!
  - o Take care when gardening!
  - o DHB to update South Westland community
  - West Coast nurse wins national award
  - West Coast tops in newborn GP enrolments
  - o DHBs work with rest home owner
  - o Allen Bryant repatriation to start

#### Internal Communications

- o CE Update September
- Weekly global update email
- o Facebook posts on Coast mental health services
- Healthy eating policy
- Kynnersley closing service

#### External engagement

- South Westland community meeting
- o South Westland 100 Day Challenge Awards evening
- o Discussions about hospital history/art project



#### PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

#### Key Achievements/Issues of Note

• Stoptober: The West Coast Tobacco Free Coalition is supporting Stoptober again this year. This is the second time that this nationwide stop smoking challenge has been held in New Zealand. There has been great media coverage about Stoptober in West Coast newspapers. Stoptober posters have been widely distributed to NGOs, government departments, dentists and social service agencies. Posters were also put up in a number of public places up and down the West Coast. Posters and leaflets about Stoptober and cessation options were also displayed around the DHB.

- Aukati KaiPaipa: Our new Aukati KaiPaipa (AKP) practitioner has started delivering weekly clinics in Westport based in the Poutini Waiora office. CPH staff have again supported the latest Poutini Waiora/West Coast PHO Spirometry clinic in Westport in September. Our AKP practitioner was on hand to offer cessation support for those involved in the clinic who would like to quit smoking. Following the success of these clinics in Buller, Community & Public Health are involved in the planning for similar clinics in Greymouth and Westland District in the coming months.
- Kaumātua Wellbeing Hui: Regular Kaumātua Wellbeing hui have been scheduled and planned through to February 2016 with Poutini Waiora, West Coast PHO, West Coast DHB, Westland Medical Centre and kaumatua. These are based on the health needs and issues identified by the Kaumātua. October's hui included a korero with Work and Income staff as well as West Coast DHB staff regarding travel assistance. Upcoming hui include a focus on falls prevention, arthritis/gout, mental wellbeing and pre-diabetes/diabetes awareness.
- Sugar Sweetened Beverages: As at 30 September all sugar-sweetened beverages (SSB) are no longer being sold on West Coast DHB premises. This change was advertised with high profile communication via the intranet and posters, as well as information for staff at point of sale. The review of the rest of the West Coast DHB's Food and Beverage policy will continue over the coming months and align with work that is happening nationally in this space.
- Legionella Health Promotion: Community & Public Health are currently working on a promotion to raise awareness of Legionnaire's disease, and West Coasters are being urged to follow some simple steps in order to avoid getting this serious illness linked to gardening. In spring every year the number of people with Legionnaires' disease begins to climb. This seasonal surge is mostly linked to gardeners catching Legionnaires' disease from potting mix or compost. Community & Public Health is working with garden centres throughout the district to encourage the safe use of potting mix: this includes providing pamphlets with information on Legionnaire's disease and encouraging gardeners to wear face masks.
- Mental Health Awareness Week: Community & Public Health is continuing to support Mental Health Awareness Week throughout the month of October. This has included a spread regarding Wellbeing in The Messenger, the distribution of 'Give' resources to public in Westport and community groups in Fox Glacier and Franz Joseph. Community & Public Health staff have also delivered taster sessions on Mindfulness and Tai Chi in Greymouth.
- Mindfulness in Schools Programme: Community & Public Health, in partnership with Buller REAP, has started piloting the Mindful Aotearoa (Mental Health Foundation) Mindfulness in Schools Programme in two West Coast schools this term.

Report prepared by: David Meates, Chief Executive

#### **DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES**

|   | Target  | Q2<br>14/15 | Q3<br>14/15  | Q4<br>14/15 | Q1<br><b>15/16</b> | Target     | Current<br>Status | Progress   |
|---|---|-------------|--------------|-------------|--------------------|------------|-------------------|--|
| Shorter stays in  Emergency Departments | Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours <sup>1</sup>   | 99.4%       | 99.4%        | 99.7%       | 99.7%              | 95%        | <b>✓</b>          | 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 1.  |
| Improved access to                      | Improved Access to Elective Surgery West Coast's volume of elective surgery   | 878<br>YTD  | 1,288<br>YTD | 1,721       | ТВС                | 517<br>YTD | <b>√</b>          | 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. Data for August shows we are 4 cases behind target, though we expect to make up for this shortfall in the following month.  |
| Faster  Cancer Treatment                | Faster Cancer Treatment <sup>2</sup> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer | 72.7%       | 62.5%        | 50%         | ТВС                | 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                               | Increased Immunisation Eight-month-olds fully immunised   | 82%         | 89%          | 85%         | 88.4%              | 95%        | *                 | While West Coast DHB has not met the increased immunisation health target, we are pleased to have increased coverage by 3%, vaccinating 88.4% of our eligible population in Quarter 1. Just one child was missed this quarter—due to being away on holiday. This means 99%% of the eligible consenting population were immunised.  |
| Better<br>help for<br>Smokers to Quit   | Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit <sup>3</sup>   | 92.8%       | 97.8%        | 97.8%       | ТВС                | 95%        | <b>√</b>          | 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<br>help for<br>Smokers to QuR    | Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit  | 78.3%       | 94%          | 90.2%       | ТВС                | 90%        | <b>✓</b>          | 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. Internal Karo data suggests this drop continues in Quarter 1, which was expected. The definition of this measure has changed to include the wider population instead just expected presentations to general practice. Because of this, the target's focus will be not only on smokers presenting to general practice, but the population as a whole. |

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

This target replaces the Shorter Waits for Cancer Treatment target from Quarter 2 onwards. The new target is that 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

Results may vary slightly due to coding timeframes

|          | Target  | Q2<br>14/15 | Q3<br>14/15 | Q4<br>14/15 | Q1<br><b>15/16</b> | Target | Current<br>Status | Progress  |
|----------|---|-------------|-------------|-------------|--------------------|--------|-------------------|---|
| <b>O</b> | More Heart and Diabetes Checks digible enrolled adult population having had CVD risk assessment in the last 5 years | 82.6%       | 90.3%       | 91.1%       | ТВС                | 90%    | <b>✓</b>          | 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%. Internal Karo data indicates we maintained this performance through Quarter 1. |

#### CLINICAL LEADERS UPDATE



TO: Chair and Members

**West Coast District Health Board** 

SOURCE: Clinical Leaders

DATE: 6 November 2015

Report Status – For: Decision 
Noting 
Information

#### 1. ORIGIN OF THE REPORT

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

#### 2. RECOMMENDATION

That the Board:

i. notes the Clinical Leaders Update

#### 3. DISCUSSION

#### Workforce

Work continues on writing Workforce Action Plans for Allied Health and Nursing.

The Calderdale Framework implementation for Allied Health is underway with a project within Occupational Therapy and Physiotherapy. The facilitators have continued to network and work regionally and last week completed their final phase of training by video-conference with the trainers from Queensland.

Recruitment for Nurse Entry to Practice (NETP), Nurse Entry to Specialty Practice (NESP) and Midwifery First Year of Practice (MFYP) has commenced. We will be employing five NETP, one or two NESP and one or two MFYP graduates for 2016. As the year progresses we will continue to review vacancies and bring more graduates nurses on to the NETP programme as we will still have an allocation of up to 11 NETP places from Health Workforce New Zealand (HWNZ). Nurses who will be completing the NETP programme this year are currently indicating their preferred clinical area of practise for ongoing employment.

Applications have been received from a large number of nurses wishing to continue or undertake postgraduate education for 2016. Some nurses are preparing for nurse prescribing and are completing the relevant postgraduate papers to support this, including Primary Care Nurses and Clinical Nurse Specialists (CNS). Other training continues with some courses being delivered locally to enable a larger number of nurses to attend.

A new Clinical Nurse Specialist role has been appointed to, orthopaedic and plastic surgery. This role will provide advanced nursing clinical leadership and expertise for these services, as is already in place for other CNS services on the Coast.

Interviews for the new Medical Director roles (CMO) have been completed and offers have been made to the successful applicants.

#### **Quality and Safety**

The Health and Disability Commission have praised the improvement in our serious and sentinel event investigation; reporting and follow up actions. This demonstrates an enhanced culture of patient safety and quality improvement across the health system and the great work of our Patient Safety Officer and Quality Improvement Team.

The "Matt Gunter Patient Story" DVD has been released for viewing. We have begun the roll out with the expectation that all staff will watch this important story as told by his mother, Heather. There has been interest from other DHBs in this resource and following the West Coast programme we will work to enable a broader audience as appropriate.

The Quality Accounts are in the final stages of approval, with clinicians across the system contributing to the content.

The recruitment process is underway for a Maternity Quality and Safety Coordinator. The West Coast DHB has completed a self assessment against the Maternity Quality and Safety Programme (MQSP) and we are in the process of writing the plan to support a move from 'emerging' to 'established'. There has been significant progress with the programme, and a MQSP coordinator will enable ongoing embedding of improved quality processes for the maternity service.

#### **Facilities Planning**

The next phase is detailed design with the architects working hard on detailed design drawings and due to be on- site re-connecting with the clinical teams in the coming weeks.

#### **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 Clinical Board vacancies are currently being filled including consumer roles.

#### 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

#### WELLBEING HEALTH AND SAFETY



TO: Chair and Members

West Coast District Health Board

**SOURCE:** People and Capability

DATE: 6 November 2015

Report Status – For: Decision 

Noting 

Information

#### 1. ORIGIN OF THE REPORT

Employee wellbeing, health and safety is a critical area of focus for the West Coast DHB. This report is provided in order that the Board are aware of the organisation's direction of travel, priorities, progress and performance in this area. It also responds to the priority that the Board is placing on wellbeing, health and safety.

#### 2. RECOMMENDATION

That the Board, as recommended by the Quality, Finance, Audit & Risk Committee:

i notes and supports the direction outlined in this paper.

#### 3. SUMMARY

#### General

The repositioning of the organisation's HR department into a People and Capability function that better supports and enables our people across the business is progressing at pace. Wellbeing, health and safety is a critical organisational priority, and is one of four business units within the restructured team. The team is being strategically refocused on wellbeing, health and safety *policy*, *strategy* and *resource development* to support the business.

#### Wellbeing

• Two Staff Wellbeing Workshops were held on the West Coast in October. Feedback on these sessions, which are an initiative developed in Canterbury, continues to be unanimously positive. These two workshops which were held in Greymouth and Westport were fully booked.

#### Occupational Health

• The annual staff influenza program concluded in mid-September. Approximately 46% of staff were vaccinated. Although this is still reasonably low this is an increase on the previous year. This year's campaign was longer and included more education, advertising and clinics.

#### Safety

- Health and safety representatives continue to update hazard registers which are then loaded onto the intranet.
- Education sessions on the proposed health and safety legislation will be delivered to management groups and information resources are under development for use with all staff.

#### External Review of Health and Safety Systems

The Canterbury and West Coast DHBs have commissioned an external review of our health and safety systems with the purpose of:

- obtaining an independent view of the extent to which our systems and current practices are robust, fit-for-purpose and compliant with current health and safety standards and the new health and safety legislation due for implementation in April 2016;
- establishing a baseline against which to chart progress as we move forward in the development of systems and processes;
- informing a review of the forward workplan for health and safety; and
- further building the capability of the health and safety and internal audit teams to undertake this audit and review activity into the future.

The Health and Safety Governance Group has overseen a contestable process to identify a suitable provider to undertake the work. Through this process, Gavin Johnson and Associates Limited have been appointed to conduct this review. Gavin is based in Adelaide and has worked with many New Zealand companies on similar reviews.

The review, which is being structured around the elements of the AS/NZS 4801:2001 Health and Safety Standard, will commence on 27 October will run until mid-November. It will be undertaken by Gavin Johnson, in partnership with our own Wellbeing Health and Safety and Internal Audit teams. It will necessary to involve the participation of staff from across the business with expertise and/or accountabilities in specific areas relevant to the review.

#### Injury Management

- Barbara Smith continues to work with the Wellbeing Health & Safety team for the West Coast DHB.
- The occupational physiotherapist is providing guidance to Managers and staff to manage early signs of pain and discomfort with ergonomic workplace assessments.

Report prepared by: Marilyn McLeod, Health and Safety Manager

Report approved for release by: Michael Frampton, General Manager, People and Capability

#### FINANCE REPORT



TO: Chair and Members

**West Coast District Health Board** 

**SOURCE:** General Manager, Finance

DATE: 6 November 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 30 September 2015.

#### 3. DISCUSSION

#### **Overview of September 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 September 2015 was a deficit of \$0.140m, which was \$0.045m unfavourable against the budgeted deficit of \$0.095m. The year to date position is now \$0.008m favourable. The table below provides the breakdown of September's result.

|  |        | Monthly F | Reporting |        | Year to Date |        |       |              |  |
|--|--------|-----------|-----------|--------|--------------|--------|-------|--------------|--|
|  | Actual | Budget    | Varia     | Actual | Budget       | Varia  | nce   |              |  |
| REVENUE  |        |           |           |        |              |        |       |              |  |
| Provider   | 6,884  | 7,015     | (131)     | ×      | 20,946       | 21,035 | (89)  | ×            |  |
| Governance & Administration                            | 69     | 69        | 0         | √      | 207          | 207    | 0     | V            |  |
| Funds & Internal Eliminations                          | 4,713  | 4,720     | (7)       | ×      | 14,166       | 14,164 | 2     | √            |  |
|  | 11,666 | 11,804    | (138)     | ×      | 35,319       | 35,406 | (87)  | ×            |  |
| EXPENSES   |        |           |           |        |              |        |       |              |  |
| Provider   |        |           |           |        |              |        |       |              |  |
| Personnel  | 5,016  | 5,045     | 29        | √      | 15,322       | 15,135 | (187) | ×            |  |
| Outsourced Services                                    | 1      | 8         | 7         | √      | 10           | 24     | 14    | $\checkmark$ |  |
| Clinical Supplies                                      | 729    | 617       | (112)     | ×      | 1,970        | 1,851  | (119) | ×            |  |
| Infrastructure   | 771    | 821       | 50        | √      | 3,024        | 2,463  | (561) | ×            |  |
|  | 6,517  | 6,491     | (26)      | ×      | 20,326       | 19,473 | (853) | ×            |  |
| Governance & Administration                            | 69     | 69        | 0         | √      | 207          | 207    | 0     | $\checkmark$ |  |
| Funds & Internal Eliminations                          | 4,674  | 4,755     | 81        | √      | 13,434       | 14,269 | 835   | √            |  |
| Total Operating Expenditure                            | 11,260 | 11,315    | 55        | √      | 33,967       | 33,949 | (18)  | ×            |  |
| Surplus / (Deficit) before Interest, Depn & Cap Charge | 406    | 489       | (83)      | ×      | 1,352        | 1,457  | (105) | ×            |  |
| Interest, Depreciation & Capital Charge                | 546    | 584       | 38        | √      | 1,639        | 1,752  | 113   | $\checkmark$ |  |
| Net surplus/(deficit)                                  | (140)  | (95)      | (45)      | ×      | (287)        | (295)  | 8     | V            |  |

#### 4. APPENDICES

Appendix 1: Financial Results for the period ending 30 September 2015 Appendix 2: Statement of Financial Performance – September 2015 Appendix 3: Statement of Financial Position – September 2015

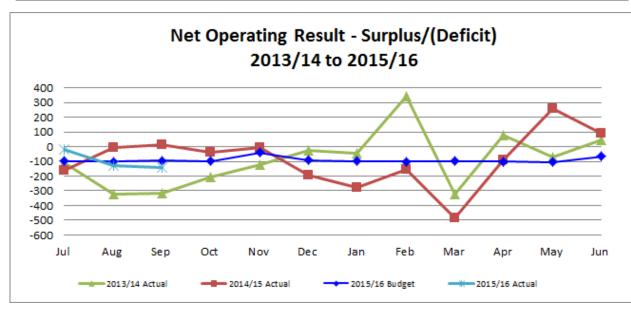
Appendix 4: Cashflow – September 2015

Report prepared by: Justine White, General Manager: Finance

#### APPENDIX 1: FINANCIAL RESULT

#### FINANCIAL PERFORMANCE OVERVIEW - SEPTEMBER 2015

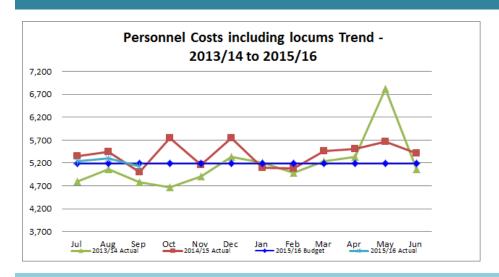
|                   | Month<br>Actual | Month<br>Budget | Month Variance |     | YTD Actual | YTD Budget | YTD Variance |        |     |   |
|-------------------|-----------------|-----------------|----------------|-----|------------|------------|--------------|--------|-----|---|
|                   | \$.000          | \$.000          | \$.000         |     |            | \$.000     | \$.000       | \$.000 |     |   |
| Surplus/(Deficit) | (140)           | (95)            | (45)           | 47% | X          | (287)      | (295)        | 8      | -3% | ~ |

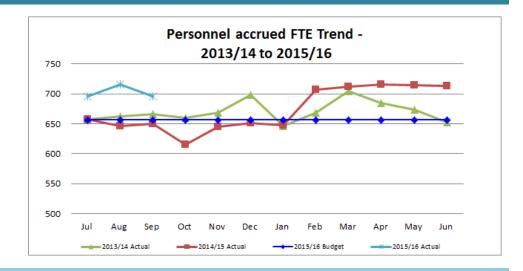


We have submitted an Annual Plan with a planned deficit of \$1.1m, which reflects the financial results anticipated in the facilities business case, after adjustment for the 2014/15 transitional funding reduction of \$1m.

#### **KEY RISKS AND ISSUES**

#### PERSONNEL COSTS/PERSONNEL ACCRUED FTE



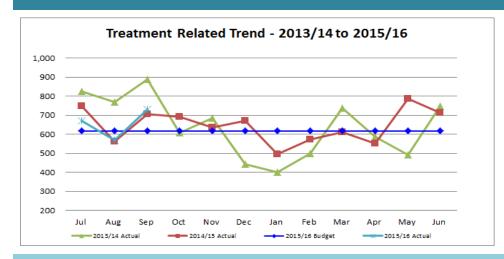


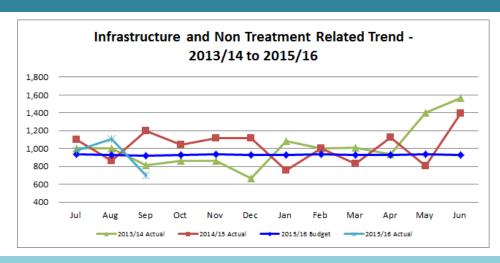
#### **KEY RISKS AND ISSUES**

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**



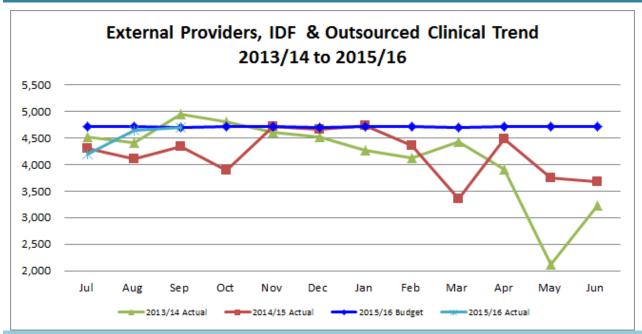


#### **KEY RISKS AND ISSUES**

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**



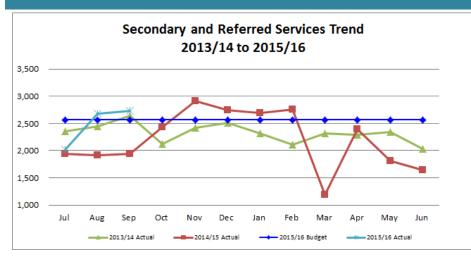
#### **KEY RISKS AND ISSUES**

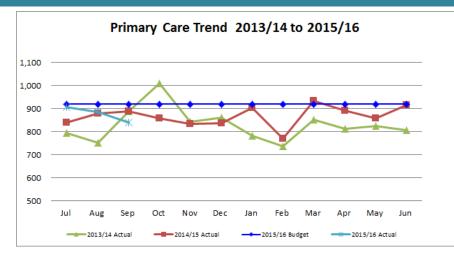
Capacity constraints within the system require continued monitoring of trends and demand for services.

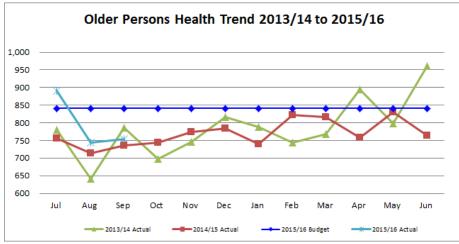
#### Planning and Funding Division Month Ended September 2015

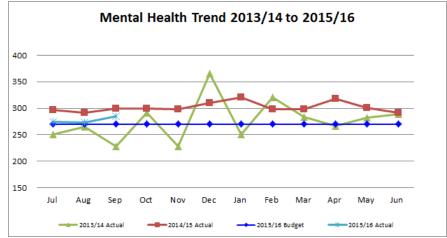
|          |   | Current Mont   | a.  |  |                                       |   |   | V4-   | D-4-  |   | 2015/16  |
|----------|---|--|---|--|---------------------------------------|---|---|---|---|---|--|
|          |   | Current Mon  | un  |  |                                       |   |   | Year to   | Date  |   | Annual   |
|          | Actual  | Budget   | Varia   | nce  |                                       | SERVICES  | Actual  | Budget  | Variance  | :   | Budget   |
|          | \$000   | \$000  | \$000   | %  |                                       |   | \$000   | \$000   | \$000   | %   | \$000  |
| Г        |   |  |   |  |                                       | Primary Care  |   |   |   |   |  |
|          | 27  | 31   | 4   | 12%  | ~                                     | Dental-school and adolescent  | 91  | 92  | 1   | 1% 🗸  | 369  |
|          | 25  | 26   | 1   | 4%   | ~                                     | Maternity   | 93  | 79  | -14   | -18% X  | 316  |
|          | 0   | 1  | 1   | 100%   |                                       | Pregnancy & Parent  | 0   | 2   | 2   | 100% 🗸  | 8  |
|          | 0   | 3  | 3   | 100%   |                                       | Sexual Health   | 0   | 8   | 8   | 100% 🗸  | 33   |
|          | 2   | 4  | 2   | 40%  |                                       | General Medical Subsidy   | 11  | 13  | 1   | 8% ✓  | 50   |
|          | 501   | 513  | 12  | 2%   |                                       | Primary Practice Capitation   | 1,526   | 1,538   | 12  | 1% 🗸  | 6,152  |
|          | 91  | 91<br>87   | 0<br>-1   | 0%<br>-1%  |                                       | Primary Health Care Strategy  | 273<br>264  | 273   | 0<br>-2   | 0% ✓<br>-1% X                                 | 1,093  |
|          | 88<br>4   | 5  | 1   | 29%  |                                       | Rural Bonus<br>Child and Youth  | 12  | 262<br>15   | -2<br>3   | 18%   | 1,049<br>59  |
|          | 3   | 13   | 9   | 75%  |                                       | Immunisation  | 26  | 38  | 11  | 30% ✓   | 151  |
|          | 4   | 5  | 1   | 22%  |                                       | Maori Service Development   | 11  | 14  | 3   | 21% ✓   | 57   |
|          | 42  | 52   | 10  | 20%  |                                       | Whanua Ora Services   | 125   | 156   | 31  | 20% ✓   | 626  |
|          | 1   | 18   | 17  | 95%  |                                       | Palliative Care   | 19  | 54  | 35  | 65% ✓   | 215  |
|          | 8   | 6  | -2  | -33%   |                                       | Community Based Allied Health   | 26  | 19  | -7  | -35% X  | 76   |
|          | 9   | 12   | 3   | 27%  |                                       | Chronic Disease   | 26  | 36  | 10  | 27% 🗸   | 144  |
|          | 36  | 53   | 17  | 33%  | •                                     | Minor Expenses  | 130   | 160   | 30  | 19% 🗸   | 639  |
|          | 841   | 920  | 79  | 9%   | ~                                     |   | 2,634   | 2,759   | 125   | 5% ✓  | 11,036   |
|          |   |  |   |  |                                       | Referred Services   |   |   |   |   |  |
| 1        | 23  | 23   | 0   | 1%   |                                       | Laboratory  | 71  | 70  | -1  | -2% X   | 279  |
| $\vdash$ | 602   | 663  | 61  | 9%   |                                       | Pharmaceuticals   | 1,814   | 1,990   | 176   | 9% 🗸  | 7,960  |
| $\vdash$ | 625   | 687  | 62  | 9%   | ~                                     |   | 1,885   | 2,060   | 175   | 9% ✓  | 8,239  |
|          |   |  |   | 00/  |                                       | Secondary Care  |   |   |   | 4704  |  |
|          | 240   | 263  | 23  | 9%   |                                       | Inpatients  | 653   | 788   | 135   | 17% ✓   | 3,152  |
|          | 151   | 126  | -25   | -20%<br>-5%  |                                       | Radiolgy services Travel & Accommodation  | 423   | 377   | -46<br>8  | -12% X  | 1,510  |
|          | 119   | 114  | -5<br>-217  | -16%   |                                       | IDF Payments Personal Health  | 332<br>4,130  | 341   | -4  | 2% ✓<br>0% X                                  | 1,362<br>16,502  |
| ⊢        | 1,592<br>2,101  | 1,375<br><b>1,877</b>  | -217  | -12%   |                                       | IDF Payments Personal Health  | 5,539   | 4,126<br><b>5,632</b>   | 93  | 2% ✓  | 22,526   |
|          | 3,567   | 3,483  | -83   | -2%  |                                       | Primary & Secondary Care Total  | 10,057  | 10,450  | 393   | 4% ✓  | 41,801   |
| _        | 3,507   | 3,403  | 03  | 2.10   |                                       | Public Health   | 10,037  | 10,450  | 333   | 170   | 41,001   |
|          | 40  | 25   | -15   | -63%   | X                                     | Nutrition & Physical Activity   | 63  | 74  | 11  | 15% 🗸   | 294  |
|          | 0   | 0  | 0   |  | •                                     | Public Health Infrastructure  | 0   | 0   | 0   | ~   | 0  |
|          | 11  | 11   | 0   | -3%  | X                                     | Tobacco control   | 33  | 32  | -1  | -3% X   | 129  |
| ᆫ        | 0   | 0  | 0   |  | ~                                     | Screening programmes  | 0   | 0   | 0   | ~   | 0  |
|          | 51  | 35   | -16   | -44%   | X                                     | Public Health Total   | 96  | 106   | 10  | 9% ✓  | 423  |
|          |   |  |   |  |                                       | Mental Health   |   |   |   |   |  |
|          | 11  | 6  |   |  |                                       | Dual Diagnosis A&D  |   | 17  |   |   |  |
|          | 0   |  | -5  | -96%   |                                       | _   | 32  |   | -16   | -96% X  | 66   |
|          |   | 2  | 2   | 100%   |                                       | Eating Disorders  | 0   | 6   | 6   | 100% 🗸  | 23   |
|          | 20  | 20   | 2<br>0  | 100%<br>0%   | •                                     | Eating Disorders<br>Child & Youth Mental Health Services  | 0<br>60   | 6<br>60   | 6<br>0  | 100% ✓<br>0% ✓                                | 23<br>240  |
|          | 12  | 20<br>5  | 2<br>0<br>-7  | 100%<br>0%<br>-148%  | ×                                     | Eating Disorders<br>Child & Youth Mental Health Services<br>Mental Health Work force  | 0<br>60<br>22   | 6<br>60<br>15   | 6<br>0<br>-7  | 100% <b>′</b><br>0% <b>′</b><br>-49% <b>X</b> | 23<br>240<br>60  |
|          | 12<br>61  | 20<br>5<br>61  | 2<br>0<br>-7<br>0   | 100%<br>0%<br>-148%<br>0%  | ×                                     | Eating Disorders<br>Child & Youth Mental Health Services<br>Mental Health Work force<br>Day Activity & Rehab  | 0<br>60<br>22<br>182  | 6<br>60<br>15<br>182  | 6<br>0<br>-7<br>0   | 100% ✓<br>0% ✓<br>-49% X<br>0% ✓              | 23<br>240<br>60<br>729   |
|          | 12<br>61<br>11  | 20<br>5<br>61<br>11  | 2<br>0<br>-7<br>0   | 100%<br>0%<br>-148%<br>0%<br>1%  | ×                                     | Eating Disorders<br>Child & Youth Mental Health Services<br>Mental Health Work force<br>Day Activity & Rehab<br>Advocacy Consumer   | 0<br>60<br>22<br>182<br>32  | 6<br>60<br>15<br>182<br>32  | 6<br>0<br>-7<br>0   | 100%  | 23<br>240<br>60<br>729<br>128  |
|          | 12<br>61<br>11<br>81  | 20<br>5<br>61<br>11<br>81  | 2<br>0<br>-7<br>0<br>0  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%  | ×                                     | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support  | 0<br>60<br>22<br>182<br>32<br>242   | 6<br>60<br>15<br>182<br>32<br>242   | 6<br>0<br>-7<br>0<br>0  | 100%  | 23<br>240<br>60<br>729<br>128<br>970   |
|          | 12<br>61<br>11<br>81<br>11  | 20<br>5<br>61<br>11<br>81  | 2<br>0<br>-7<br>0<br>0  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%  | × × × × ×                             | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family  | 0<br>60<br>22<br>182<br>32<br>242<br>33   | 6<br>60<br>15<br>182<br>32<br>242<br>33   | 6<br>0<br>-7<br>0<br>0  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132  |
|          | 12<br>61<br>11<br>81<br>11  | 20<br>5<br>61<br>11<br>81  | 2<br>0<br>-7<br>0<br>0  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%  | × × × × ×                             | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds   | 0<br>60<br>22<br>182<br>32<br>242   | 6<br>60<br>15<br>182<br>32<br>242   | 6<br>0<br>-7<br>0<br>0  | 100%  | 23<br>240<br>60<br>729<br>128<br>970   |
|          | 12<br>61<br>11<br>81<br>11  | 20<br>5<br>61<br>11<br>81<br>11  | 2<br>0<br>-7<br>0<br>0<br>0   | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%  | × × × × × ×                           | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33   | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29   | 6<br>0<br>-7<br>0<br>0<br>0   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117   |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0   | 20<br>5<br>61<br>11<br>81<br>11<br>0   | 2<br>0<br>-7<br>0<br>0<br>0<br>0  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>0%<br>-43%  | × × × × × × ×                         | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33   | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29   | 6<br>0<br>-7<br>0<br>0<br>0<br>0  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65   | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0   | 2<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0   | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%  | × × × × × × ×                         | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0  | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0  | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65   | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0   | 2<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0   | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%  | × × × × × × ×                         | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health   | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0  | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0  | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65   | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65   | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0   | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-5%   | × × × × × × ×                         | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health Older Persons Health  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194   | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194   | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0<br>0  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776   |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285  | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270  | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0   | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-596<br>100%<br>-3%   | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health Older Persons Health Information and Advisory   | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832  | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810  | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285  | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270  | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-596<br>100%<br>-3%<br>15%  | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support   | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832  | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810  | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0<br>0<br>0<br>-21<br>28<br>0<br>-15  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96   |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285  | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281  | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>-15   | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-5%<br>100%<br>100%<br>-3%<br>15%<br>0%                           | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes   | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>224<br>14   | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843   | 6<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281                                      | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281  | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15  | 100% 0% -148% 0% 19% 0% -43% 0% -59% 100% 13% 0% 15% 0% 15%  | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Community  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>224<br>14<br>812  | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843<br>14   | 6<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370<br>56  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5                                 | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360  | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-5%<br>100%<br>100%<br>-3%<br>15%<br>0%                           | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Community Residential Care-Hospital   | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>0<br>224<br>14<br>812<br>14   | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843<br>14<br>1,079  | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370<br>56<br>4,318   |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5<br>284                          | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360<br>0   | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15  | 100% 0% -148% 0% 19% 0% -43% 0% -59% 100% 13% 0% 15% 0% 15%  | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Community Residential Care-Hospital Ageing in place   | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>224<br>14<br>812<br>14<br>1,005   | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843<br>14<br>1,079<br>0   | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0<br>74  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370<br>56<br>4,318   |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5<br>284<br>0<br>9                | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360<br>0   | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15<br>9<br>0<br>-2<br>1<br>0<br>0<br>0<br>-2<br>1<br>0  | 100% 0% -148% 0% 1% 0% 0% -43% 0% -59% 100% 15% 0% 15% 0% 21%  | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Community Residential Care-Hospital Ageing in place Day programmes  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>0<br>224<br>14<br>812<br>14<br>1,005<br>0<br>26                                 | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843<br>14<br>1,079<br>0   | 6<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0<br>74<br>0  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370<br>56<br>4,318<br>0  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5<br>284<br>0<br>9                | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360<br>0<br>0<br>15  | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15<br>9<br>0<br>-2<br>1<br>0<br>0<br>0<br>76<br>0   | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-5%<br>100%<br>100%<br>15%<br>0%<br>15%<br>0%<br>21%              | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Hospital Ageing in place Day programmes Respite Care  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>0<br>224<br>14<br>812<br>14<br>1,005<br>0<br>26                                 | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843<br>14<br>1,079<br>0<br>0<br>45                                | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0<br>74<br>0   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>1<br>837<br>96<br>3,370<br>56<br>4,318<br>0<br>0                                  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5<br>284<br>0<br>9<br>6           | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360<br>0<br>0<br>15<br>1   | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15<br>9<br>0<br>-2<br>1<br>0<br>0<br>0<br>76<br>0<br>0  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-5%<br>100%<br>100%<br>15%<br>0%<br>21%<br>63%<br>0%              | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Hospital Ageing in place Day programmes Respite Care Community Health   | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>0<br>224<br>14<br>812<br>14<br>1,005<br>0<br>26<br>17<br>4                      | 6 60 15 182 32 242 33 29 0 194 810 28 0 209 24 843 14 1,079 0 0 45 4  | 6<br>0<br>-7<br>0<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0<br>74<br>0<br>0<br>-26<br>28<br>0  | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>1<br>837<br>96<br>3,370<br>56<br>4,318<br>0<br>0                                  |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5<br>284<br>0<br>9<br>6           | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360<br>0<br>0<br>15<br>1   | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15<br>9<br>0<br>0<br>-2<br>1<br>0<br>0<br>0<br>-2<br>1<br>0<br>0<br>0<br>1<br>0<br>1<br>0<br>1<br>0<br>1<br>0<br>1<br>0<br>1<br>0<br>1<br>0<br>1      | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-596<br>100%<br>15%<br>0%<br>21%<br>63%<br>0%<br>100%             | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Hospital Ageing in place Day programmes Respite Care Community Health Minor Disability Support Expenditure                  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>0<br>224<br>14<br>812<br>14<br>1,005<br>0<br>26<br>17<br>4                      | 6 60 15 182 32 242 33 29 0 194 810 28 0 209 24 843 14 1,079 0 0 45 4 4  | 6<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0<br>74<br>0<br>0<br>30<br>30<br>30<br>30<br>30<br>30<br>30<br>30<br>30<br>30<br>30<br>30 | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370<br>56<br>4,318<br>0<br>0<br>180                                |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5<br>284<br>0<br>9<br>6<br>1      | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360<br>0<br>0<br>15<br>1<br>1<br>9   | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15<br>9<br>0<br>-2<br>1<br>0<br>0<br>0<br>-4<br>0<br>0<br>0<br>-15  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-596<br>100%<br>15%<br>0%<br>21%<br>63%<br>0%<br>100%<br>0%<br>0% | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Hospital Ageing in place Day programmes Respite Care Community Health   | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>224<br>14<br>812<br>14<br>1,005<br>0<br>26<br>17<br>4<br>1                      | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843<br>14<br>1,079<br>0<br>0<br>45<br>4<br>4                      | 6<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0<br>74<br>0<br>0<br>-26<br>28<br>0   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370<br>56<br>4,318<br>0<br>0<br>180<br>15<br>16                    |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5<br>284<br>0<br>9<br>6<br>1<br>0 | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360<br>0<br>0<br>15<br>1<br>1<br>9<br>841<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15<br>9<br>0<br>-2<br>1<br>0<br>0<br>0<br>-7<br>6<br>0<br>0<br>1<br>9<br>0<br>0<br>1<br>9<br>0<br>0<br>1<br>9<br>0<br>0<br>1<br>9<br>0<br>0<br>0<br>0 | 100% 0% -148% 0% 1% 0% 0% -43% 0% -596 100% 15% 0% 21% 63% 0% 100% 0% 100% 0%  | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Hospital Ageing in place Day programmes Respite Care Community Health Minor Disability Support Expenditure IDF Payments-DSS | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>0<br>224<br>14<br>812<br>14<br>1,005<br>0<br>26<br>17<br>4<br>1<br>272<br>2,389 | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843<br>14<br>1,079<br>0<br>0<br>45<br>4<br>4<br>4<br>272<br>2,523 | 6<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0<br>74<br>0<br>0<br>-26<br>28<br>0<br>3<br>0   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370<br>56<br>4,318<br>0<br>0<br>180<br>15<br>16<br>1,090<br>10,092 |
|          | 12<br>61<br>11<br>81<br>11<br>14<br>0<br>65<br>285<br>0<br>0<br>72<br>7<br>281<br>5<br>284<br>0<br>9<br>6<br>1      | 20<br>5<br>61<br>11<br>81<br>11<br>10<br>0<br>65<br>270<br>9<br>0<br>70<br>8<br>281<br>5<br>360<br>0<br>0<br>15<br>1<br>1<br>9   | 2<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-15<br>9<br>0<br>-2<br>1<br>0<br>0<br>0<br>-4<br>0<br>0<br>0<br>-15  | 100%<br>0%<br>-148%<br>0%<br>1%<br>0%<br>-43%<br>0%<br>-596<br>100%<br>15%<br>0%<br>21%<br>63%<br>0%<br>100%<br>0%<br>0% | × × × × × × × × × × × × × × × × × × × | Eating Disorders Child & Youth Mental Health Services Mental Health Work force Day Activity & Rehab Advocacy Consumer Other Home Based Residential Support Advocacy Family Community Residential Beds Minor Expenses IDF Payments Mental Health  Older Persons Health Information and Advisory Needs Assessment Home Based Support Caregiver Support Residential Care-Rest Homes Residential Care-Hospital Ageing in place Day programmes Respite Care Community Health Minor Disability Support Expenditure                  | 0<br>60<br>22<br>182<br>32<br>242<br>33<br>33<br>0<br>194<br>832<br>0<br>0<br>224<br>14<br>812<br>14<br>1,005<br>0<br>26<br>17<br>4<br>1                      | 6<br>60<br>15<br>182<br>32<br>242<br>33<br>29<br>0<br>194<br>810<br>28<br>0<br>209<br>24<br>843<br>14<br>1,079<br>0<br>0<br>45<br>4<br>4                      | 6<br>0<br>-7<br>0<br>0<br>0<br>-4<br>0<br>0<br>-21<br>28<br>0<br>-15<br>10<br>30<br>0<br>74<br>0<br>0<br>-26<br>28<br>0   | 100%  | 23<br>240<br>60<br>729<br>128<br>970<br>132<br>117<br>0<br>776<br>3,242<br>114<br>1<br>837<br>96<br>3,370<br>56<br>4,318<br>0<br>0<br>180<br>15<br>16<br>1,090           |

#### **EXTERNAL PROVIDER COSTS**









### **FINANCIAL POSITION**

|        | Month<br>Actual | Month<br>Budget<br>\$'000 | Month   | Month Variance |   |        |
|--------|-----------------|---------------------------|---------|----------------|---|--------|
| Equity | 12,209          | 9,734                     | 2,475   | 25%            | ~ | 9,961  |
| Cash   | 4,966           | 10,189                    | (5,223) | -51%           | X | 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

30 September 2015

in thousands of New Zealand dollars

|  |        | Monthly R | eporting |           |        | Year t | o Date   |           | Full Year 15/16 | Prior Year |
|--|--------|-----------|----------|-----------|--------|--------|----------|-----------|-----------------|------------|
|  | Actual | Budget    | Variance | %Variance | Actual | Budget | Variance | %Variance | Budget          | Actual     |
| Operating Revenue                              |        |           |          |           |        |        |          |           |                 |            |
| Crown and Government sourced                   | 11,359 | 11,315    | 44       | 0.4%      | 34,086 | 33,939 | 147      | 0.4%      | 135,751         | 134,166    |
| Inter DHB Revenue                              | 0      | 5         | (5)      | (100.0%)  | 2      | 15     | (13)     | (86.7%)   | 60              | 36         |
| Inter District Flows Revenue                   | 0      | 128       | (128)    | (100.0%)  | 250    | 384    | (134)    | (34.9%)   | 1,560           | 1,497      |
| Patient Related Revenue                        | 270    | 262       | 8        | 3.1%      | 758    | 786    | (28)     | (3.6%)    | 3,144           | 3,000      |
| Other Revenue                                  | 37     | 94        | (57)     | (60.6%)   | 223    | 282    | (59)     | (20.9%)   | 1,188           | 1,162      |
| Total Operating Revenue                        | 11,666 | 11,804    | (138)    | (1.2%)    | 35,319 | 35,406 | (87)     | (0.2%)    | 141,703         | 139,861    |
| Operating Expenditure                          |        |           |          |           |        |        |          |           |                 |            |
| Personnel costs                                | 5,134  | 5,118     | (16)     | (0.3%)    | 15,678 | 15,340 | (338)    | (2.2%)    | 61,352          | 64,688     |
| Outsourced Services                            | 1      | 8         | 7        | 87.5%     | 10     | 24     | 14       | 58.3%     | 96              | 82         |
| Treatment Related Costs                        | 729    | 617       | (112)    | (18.2%)   | 1,970  | 1,851  | (119)    | (6.4%)    | 7,404           | 7,736      |
| External Providers                             | 3,015  | 3,097     | 82       | 2.6%      | 9,105  | 9,293  | 188      | 2.0%      | 37,190          | 35,196     |
| Inter District Flows Expense                   | 1,657  | 1,531     | (126)    | (8.2%)    | 4,324  | 4,595  | 271      | 5.9%      | 18,368          | 14,789     |
| Outsourced Services - non clinical             | 24     | 73        | 49       | 67.1%     | 96     | 219    | 123      | 56.2%     | 876             | 325        |
| Infrastructure and Non treatment related costs | 700    | 922       | 222      | 24.1%     | 2,784  | 2,782  | (2)      | (0.1%)    | 11,157          | 12,350     |
| Total Operating Expenditure                    | 11,260 | 11,366    | 106      | 0.9%      | 33,967 | 34,104 | 137      | 0.4%      | 136,443         | 135,166    |
| Result before Interest, Depn & Cap Charge      | 406    | 438       | (32)     | (7.3%)    | 1,352  | 1,302  | (50)     | (3.8%)    | 5,260           | 4,695      |
| Interest, Depreciation & Capital Charge        |        |           |          |           |        |        |          |           |                 |            |
| Interest Expense                               | 53     | 72        | 19       | 26.4%     | 163    | 214    | 51       | 23.8%     | 828             | 732        |
| Depreciation                                   | 416    | 395       | (21)     | (5.3%)    | 1,245  | 1,185  | (60)     | (5.1%)    | 4,740           | 4,238      |
| Capital Charge Expenditure                     | 77     | 66        | (11)     | (16.7%)   | 231    | 198    | (33)     | (16.7%)   | 792             | 772        |
| Total Interest, Depreciation & Capital Charge  | 546    | 533       | (13)     | (2.4%)    | 1,639  | 1,597  | (42)     | (2.6%)    | 6,360           | 5,742      |
| Net Surplus/(deficit)                          | (140)  | (95)      | (45)     | (47.4%)   | (287)  | (295)  | 8        | 2.7%      | (1,100)         | (1,047)    |
| Other comprehensive income                     |        |           |          |           |        |        |          |           |                 |            |
| Gain/(losses) on revaluation of property       |        |           |          |           |        |        |          |           |                 |            |
| Total comprehensive income                     | (140)  | (95)      | (45)     | (47.4%)   | (287)  | (295)  | 8        | 2.7%      | (1,100)         | (1,047)    |

#### **APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION**

As at

in thousands of New Zealand dollars

30 September 2015

| Д | SS | e | ts |  |
|---|----|---|----|--|
| • |    | _ | •  |  |
|   |    |   |    |  |

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      |
|---------------|---------------|--------------|-----------|-----------------|
|               |               |              |           |                 |
| 27,104        | 24,913        | 2 101        | 8.8%      | 26.262          |
| 27,104<br>887 | 24,913<br>652 | 2,191<br>235 | 36.0%     | 26,263<br>1,389 |
| 1.442         | 1,568         | (126)        | (8.0%)    | 211             |
| 1,442         | 567           | (567)        | (100.0%)  | 476             |
| 29,433        | 27,700        | 1,733        | 6.3%      | 28,339          |
| 20,400        | 21,100        | 1,733        | 0.570     | 20,555          |
|               |               |              |           |                 |
| 4,966         | 10,189        | (5,223)      | (51.3%)   | 7,750           |
| 72            | 60            | 12           | 20.0%     | 79              |
| 1,022         | 1,100         | (78)         | (7.1%)    | 1,024           |
| 12,807        | 4,218         | 8,589        | 203.6%    | 8,875           |
| 0             | 136           | (136)        | (100.0%)  | 136             |
| 18,867        | 15,703        | 3,164        | 20.1%     | 17,864          |
| 48,300        | 43,403        | 4,897        | 11.3%     | 46,203          |
| 40,300        | 43,403        | 4,097        | 11.3%     | 46,203          |
|               |               |              |           |                 |
|               |               |              |           |                 |
| 11,195        | 11,195        | 0            | 0.0%      | 10,695          |
| 2,746         | 2,895         | 149          | 5.1%      | 2,727           |
| 13,941        | 14,090        | 149          | 1.1%      | 13,422          |
|               |               |              |           |                 |
|               |               |              |           |                 |
| 3,250         | 3,250         | 0            | 0.0%      | 3,750           |
| 9,886         | 7,248         | (2,638)      | (36.4%)   | 9,445           |
| 9,014         | 9,081         | 67           | 0.7%      | 9,640           |
| 22,150        | 19,579        | (2,571)      | (13.1%)   | 22,835          |
| 20.004        | 22.000        | (0.400)      | (7.00()   | 20.057          |
| 36,091        | 33,669        | (2,422)      | (7.2%)    | 36,257          |
|               |               |              |           |                 |
| 71,753        | 71,693        | (60)         | (0.1%)    | 70,761          |
| 22,082        | 19,569        | (2,513)      | (12.8%)   | 19,569          |
| (81,626)      | (81,567)      | 59           | 0.1%      | (77,299)        |
| 0             | 39            | 0            | 0.0%      | 39              |
| 12,209        | 9,734         | (2,475)      | (25.4%)   | 13,070          |
|               |               |              |           |                 |
| 48,300        | 43,403        | 4,897        | 11.3%     | 49,327          |
|               |               |              |           |                 |

### APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 September 2015

in thousands of New Zealand dollars

|   |         | Monthly R | eporting  |           |          | Year to  | Date Date |           |
|---|---------|-----------|-----------|-----------|----------|----------|-----------|-----------|
|   | Actual  | Budget    | Variance  | %Variance | Actual   | Budget   | Variance  | %Variance |
| Cash flows from operating activities                      |         |           |           |           |          |          |           |           |
| Cash receipts from Ministry of Health, patients and other |         |           |           |           |          |          |           |           |
| revenue   | 11,395  | 11,760    | (365)     | (3.1%)    | 33,703   | 35,274   | (1,571)   | (4.5%)    |
| Cash paid to employees                                    | (5,899) | (5,118)   | (781)     | (15.3%)   | (16,572) | (15,340) | (1,232)   | (8.0%)    |
| Cash paid to suppliers                                    | (716)   | (1,632)   | 916       | 56.1%     | (3,354)  | (4,910)  | 1,556     | 31.7%     |
| Cash paid to external providers                           | (3,048) | (3,097)   | 49        | 1.6%      | (9,207)  | (9,293)  | 86        | 0.9%      |
| Cash paid to other District Health Boards                 | (1,624) | (1,531)   | (93)      | (6.1%)    | (4,222)  | (4,595)  | 373       | 8.1%      |
| Cash generated from operations                            | 108     | 382       | (274)     | (71.7%)   | 348      | 1,136    | (788)     | (69.4%)   |
| Interest paid   | (53)    | (60)      | 7         | 11.7%     | (163)    | (180)    | 17        | 9.4%      |
| Capital charge paid                                       | (77)    | (66)      | (11)      | (16.7%)   | (231)    | (198)    | (33)      | (16.7%)   |
| Net cash flows from operating activities                  | (22)    | 256       | (278)     | (108.6%)  | (46)     | 758      | (804)     | (106.1%)  |
| Cook flows from investing activities                      |         |           |           |           |          |          |           |           |
| Cash flows from investing activities Interest received    | (4)     | 44        | (40)      | (109.1%)  | 87       | 132      | (AE)      | (34.1%)   |
| (Increase) / Decrease in investments                      | (4)     | 0         | (48)<br>0 | ' /       | 0/       | 0        | (45)<br>0 |           |
| Acquisition of property, plant and equipment              | (196)   | (322)     | 126       |           | (742)    | (966)    | 224       | (23.2%)   |
| Acquisition of intangible assets                          | (130)   | (322)     | 0         | 1 1       | (142)    | (300)    | 0         | , ,       |
| Net cash flows from investing activities                  | (200)   | (278)     | 78        |           | (655)    | (834)    | 179       |           |
| Cash flows from financing activities                      | ,       | ,         |           | , ,       | ,        | ,        |           |           |
| Proceeds from equity injections                           | 0       | 0         | 0         |           | 0        | 0        | 0         | 0.0%      |
| Repayment of equity                                       | 25      | 0         | 25        | 1 1       | 86       | 0        | 86        | l         |
| Cash generated from equity transactions                   | 25      | 0         | 25        |           | 86       | 0        | 86        |           |
| cush generated from equity transactions                   | 23      | 0         | 23        |           | 00       | - 0      | 00        |           |
| Borrowings raised   |         |           |           |           |          |          |           |           |
| Repayment of borrowings                                   | 0       | 0         | 0         |           | (67)     | 0        | (67)      |           |
| Payment of finance lease liabilities                      | 0       | 0         | 0         |           | 0        | 0        | 0         |           |
| Net cash flows from financing activities                  | 25      | 0         | 25        |           | 19       | 0        | 19        |           |
| Net increase in cash and cash equivalents                 | (197)   | (22)      | (175)     | 795.5%    | (682)    | (76)     | (606)     | 797.4%    |
| Cash and cash equivalents at beginning of period          | 5,163   | 10,211    | (5,048)   | (49.4%)   | 5,163    | 10,211   | (5,048)   | (49.4%)   |
| Cash and cash equivalents at end of year                  | 4,966   | 10,189    | (5,223)   | (51.3%)   | 4,481    | 10,135   | (5,654)   | (55.8%)   |

## 2015/16 APPROVED ANNUAL PLAN



TO: Chair and Members

**West Coast District Health Board** 

**SOURCE:** Planning and Funding

DATE: 6 November 2015

| Report Status – For: | Decision | Noting 🔽 | Information |  |
|----------------------|----------|----------|-------------|--|

#### 1. ORIGIN OF THE REPORT

This paper has been prepared to advise the Board of the approval of the West Coast DHB's 2015/16 Annual Plan.

#### 2. RECOMMENDATION

That the Board:

i. Notes the approval of the West Coast DHB Annual Plan for 2015/16 by the Ministers' of Health and Finance.

#### 3. <u>SUMMARY</u>

We are pleased to advise the Board that the West Coast 2015/16 Annual Plan has now received joint sign-off from the Minster of Health and the Minister of Finance.

The Plan was prepared in accordance with the legislation and the expectations set for the health sector by the Ministry and Minister of Health. Using the Alliance Work Plans as the foundation for the document the Plan reflects the future direction of the West Coast DHB and articulates how we will collectively deliver on national expectation and priorities.

The formal letter of approval has been received and incorporated into the final version of Annual Plan. This is attached as Appendix 1. If available, copies of the signed Annual Plan will be provided to the Board members at the Board meeting. Copies will also be circulated to other key stakeholders and sub-committee members. It will also be placed on the West Coast DHB website.

Following the formal approval of the Annual Plan, the Statement of Intent (including Statement of Service Performance) has been extracted from the Plan and will formally be tabled in Parliament. A signed copy of the Statement of Intent has already been provided to the Minister of Health.

#### 5. APPENDICES

Appendix 1: Formal Letter of Approval West Coast 2015/16 Annual Plan

Report prepared by: Melissa Macfarlane, Team Leader, Accountability

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

David Meates, Chief Executive



# Office of Hon Dr Jonathan Coleman

Minister of Health
Minister for Sport and Recreation

Member of Parliament for Northcote

2 3 OCT 2015

Mr Peter Ballantyne Chairperson West Coast District Health Board PO Box 387 Greymouth 7840

Dear Mr Ballantyne

#### West Coast District Health Board 2015/16 Annual Plan

This letter is to advise you that together with the Minister of Finance, I have approved and signed West Coast District Health Board's (DHB's) 2015/16 Annual Plan for one year.

I wish to emphasise how important Annual Plans are to ensure appropriate accountability arrangements are in place. I appreciate the significant work that is involved in preparing your Annual Plan and thank you for your effort.

The Government is committed to improving the health of New Zealanders and continues to invest in key health services. In Budget 2015, Vote Health received an additional \$1.7 billion in government spending, demonstrating the Government's on-going commitment to protecting and growing our public health services.

As you are aware, a refresh of the New Zealand Health Strategy is currently under way. The Strategy will provide DHBs and the wider sector with a clear strategic direction and road map for the next three to five years for delivery of health services to New Zealanders. Thank you for your involvement to date and your continued input into the refresh.

#### Living Within our Means

The Government is determined to reach surplus in 2015/16. To assist with this, DHBs are required to budget and operate within allocated funding and to identify specific actions to improve year-on-year financial performance in order to live within their means. This includes seeking efficiency gains and improvements in purchasing, productivity and quality aspects of DHBs' operation and service delivery. Additionally, improvements through national, regional and sub-regional initiatives must continue to be a key focus for all DHBs.

I note that your DHB is planning a deficit for 2015/16 and for the following three years. I expect that you will work to improve this position in out years and will work closely with the National Health Board to achieve this. For 2015/16, I expect that you will have contingencies in place, should you need them, to ensure that you achieve your planned net result.

#### Health Shared Services Programme

DHBs have committed to progress the shared service initiatives (Food Services, Linen and Laundry Services and National Infrastructure Platform business cases), and to include cost and benefit impacts for the Finance Procurement and Supply Chain Initiative in Annual Plans where these are available. I expect that DHBs will deliver on these business cases within their bottom lines.

With the establishment of NZ Health Partnerships Ltd, consistent with the shareholders' agreement, I expect all DHBs to work together to ensure successful implementation of the current programmes and to identify, develop and implement future opportunities.

#### National Health Targets

Your Annual Plan provides a good range of actions that I am confident will support strong health target performance when implemented in 2015/16. However, your recent results show continued attention to the Increased Immunisation and Faster Cancer Treatment health targets is needed. Please ensure all health target actions identified in your Annual Plan are fully implemented to help you to continue to deliver better outcomes for your population.

As you are aware, from quarter two of 2014/15, the 62 day Faster Cancer Treatment indicator became the cancer health target with a target achievement level of 85 percent by July 2016 and then increasing to 90 percent by July 2017. I am concerned that the pace of progress needs to improve if the 85 percent target is to be achieved by July 2016. Please ensure delivery of this target remains a key priority for your teams.

#### System Integration

As you are aware, DHBs are expected to continue focussing on integrated healthcare and to shift services closer to home in 2015/16. Shifting services is varied based on local need, context and scalability and can range from co-locating outpatient clinics in the community, through to redesign of services.

As a small DHB, I understand that West Coast DHB intends to maintain its current levels of services shifted into the community and primary care access to radiology. It is encouraging to see the work you will undertake on integration enablers such as workforce and a single patient care plan for complex patients. I look forward to being advised of your progress with this throughout the year.

I look forward to being advised of your progress with this throughout the year. Where these services trigger the service change protocols you will need to follow the normal service change process.

#### Better Public Services (BPS): Results for New Zealanders

Of the ten whole-of-government key result areas, the health service is leading the following areas:

- increased infant immunisation
- reduced incidence of rheumatic fever
- reduced assaults on children.

It is important that DHBs continue to work closely with other social sector organisations, including non-governmental organisations, to achieve our sector goals in relation to these and other initiatives, such as Whānau Ora, Children's Action Plan and Youth Mental Health.

#### Tackling Obesity

I am pleased to note that your Annual Plan includes a focus on obesity, and identified a range of activities and initiatives to help tackle obesity. I have asked Ministry officials to look at what actions can be undertaken to help address childhood obesity, including, advice on a possible obesity target that will be meaningful and evidence based. I will be writing to all DHBs in coming months to outline proposed next steps.

#### Annual Plan Approval

My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the National Health Board. I am aware you have a number of service reviews under way. I have asked the National Health Board to ensure regular updates are provided as these reviews progress. Please ensure that you advise the National Health Board as early as possible of any proposals for service change that may require

Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

I would like to thank you, your staff, and your Board for your valuable contribution and continued commitment to delivering quality health care to your population, and wish you every success with the implementation of your 2015/16 Annual Plan. I look forward to seeing your achievements.

Please ensure that a copy of this letter is attached to the copy of your signed Annual Plan held by the Board and to all copies of the Annual Plan made available to the public.

Yours sincerely

Hon Dr Jonathan Coleman

Minister of Health

# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 22 OCTOBER 2015



TO: Chair and Members

**West Coast District Health Board** 

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

DATE: 6 November 2015

| Report Status – For: | Decision | Noting | Information |  |
|----------------------|----------|--------|-------------|--|

#### 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 22 October 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 – 22 October 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:

#### Stoptober

The West Coast Tobacco Free Coalition is supporting Stoptober again this year. This is the second time that this nationwide stop smoking challenge has been held in New Zealand. Stoptober is coordinated by Action on Smoking and Health (ASH) staff in Auckland who coordinate national media (including social media) and supply resources for promoting Stoptober in the community, Stoptober and cessation options were also displayed around the DHB.

#### Aukati KaiPaipa

Our new Aukati KaiPaipa (AKP) practitioner has started delivering weekly clinics in Westport based in the Poutini Waiora office. Community & Public Health staff have again supported the latest Poutini Waiora/West Coast PHO Spirometry clinic in Westport in September. Community & Public Health are involved in the planning for similar clinics in Greymouth and Westland District in the coming months.

The Committee noted that the West Coast had responded to an ROI advertised by the Ministry of Health regarding smoking cessation in conjunction with thalliance. The Ministry have now withdrawn this and it has been re-issued. This proposed the kind of integration we are already undertaking with Providers.

#### Kaumātua Wellbeing Hui

Regular Kaumātua Wellbeing hui have been scheduled and planned through to February 2016 with Poutini Waiora, West Coast PHO, West Coast DHB, Westland Medical Centre and kaumatua. These are based on the health needs and issues identified by the Kaumātua. Participants in Poutini Waiora's Hauora Pai programme have also been invited to these hui. October's hui included a kōrero with Work and Income staff as well as WCDHB staff regarding travel assistance. Upcoming hui include a focus on falls prevention, arthritis/gout, mental wellbeing and pre-diabetes/diabetes awareness.

#### Appetite for Life Franz Josef

Community & Public Health recently delivered an Appetite for Life course for the first time in Franz Josef. It was delivered as part of the 100 day challenge, which started in July as an initiative to get South Westland active. Participants commented that the information delivered on nutrition complimented their increase in activity well. Participants travelled from Hari Hari and Fox Glacier to attend the course.

#### Greymouth High School Canteen Revamp

Community & Public Health have been working with Greymouth High School to improve the food offered for sale at the canteen. Initially there was a high incidence of high fat, high sugar and high salt foods and this was worked through with the canteen manager who has led the changes. The school has eliminated or downsized most of these options while still having some treat food available. There are now more healthy choices available such as wraps, bread rolls, fresh fruit, yoghurt and muesli cups and homemade muffins. Feedback from staff and students has been positive.

#### Sugar Sweetened Beverages

As at 30 September all sugar-sweetened beverages (SSB) are no longer being sold on West Coast DHB premises. This change was advertised with high profile communication via the intranet, posters as well as information for staff at point of sale. The review of the rest of the West Coast

DHB's Food and Beverage policy will continue over the coming months and align with work that is happening nationally in this space.

The Overall Food and Beverage Policy will be presented to this Committee prior to going to the Board

#### Legionella Health Promotion

Community & Public Health are currently working on a promotion to raise awareness of Legionnaire's disease, and West Coasters are being urged to follow some simple steps in order to avoid getting this serious illness linked to gardening.

#### Mental Health Awareness Week

Community & Public Health is continuing to support Mental Health Awareness Week throughout the month of October. This has included a spread regarding Wellbeing in The Messenger, the distribution of 'Give' resources to public in Westport and community groups in Fox Glacier and Franz Joseph. Community & Public Health staff have also delivered taster sessions on Mindfulness and Tai Chi in Greymouth.

#### Mindfulness in Schools Programme

Community & Public Health in partnership with Buller REAP has started piloting the Mindful Aotearoa (Mental Health Foundation) Mindfulness in Schools Programme in two West Coast schools this term: Westport North and Reefton Area School. This eight week pilot follows school principals, teachers, Social Workers in Schools and Public Health Nurses on the West Coast identifying anxiety and emotional difficulties as a wellbeing priority for primary aged students.

The report was noted.

#### b) PLANNING & FUNDING UPDATE

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

#### **Key Achievements**

• The West Coast continues to perform well above the 95% 6-hour ED health target with 99.6% of patients admitted, discharged or transferred from Grey Base ED within six hours during August 2015. An impressive 95.5% were seen within just four hours.

#### **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 August, delivering B4 School Checks to 5% of the total eligible population and 2% of the high deprivation population against the 15% target. Results were affected by staff sick leave and a catch-up plan is already in place.
- The West Coast DHB missed the **improved access to elective surgery health target** for the year to date to August 2015 by just four discharges, representing 99% of target. It is not anticipated that we will have any difficulties meeting our overall Electives Health Target volumes by year-end.

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

#### • Older Persons' Health

Planning and Funding and HealthCert have embarked on a quality improvement exercise with Granger House and Kowhai Manor after a HealthCert inspection.

The Committee noted that Allen Bryant has now opened a wing of their Rest Home so the residents being housed in Hannan Ward have now moved back there. The facilities are expected to be completed by the end of December which will allow residents still living in the Community and other Rest Homes to return there.

The report was noted.

#### c) ALLIANCE UPDATE

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

- The Alliance Leadership Team
- Mental Health Workstream
- Health of Older Persons
- Grey/Westland & Buller Family Health Services (IFHS)
- Healthy West Coast
- Child and Youth and
- Pharmacy

Discussion took place regarding funding issues that perhaps cause lesser desirable actions to be followed. Management are looking at this so that funding does not drive the care of the patient. This is an Alliance based approach.

The report was noted.

#### d) GENERAL BUSINESS

Kathleen Gavigan – General Manager Buller gave a brief update on items of interest from Buller. She spoke regarding an initiative to increase access for Maori which has been very successful. Feedback from non-Maori nurses show they have found the interaction to be valuable.

She also commented that the Kawatiri Birthing Unit is going from strength to strength, with the unit working more as a women's health centre with other clinic's basing themselves in the unit. Feedback from the public has been good.

Discussion took place around the length of time stroke sufferers are waiting for their drivers licences to be re-instated and the effect it is having on their independence and confidence. It is also understood that some are taking a risk and driving before they have been re-tested.

The Chair provided the Committee with a website address for the Disability Services Provider Forum which she had updated them on at the last meeting (<a href="www.health.govt.nz">www.health.govt.nz</a> and then look for 'provider forums'). The DIAS and NASC RFP's for the review process have been completed and interviews have taken place, to date the successful RFP has not been announced.

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 22 October 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 10 September 2015

3. Carried Forward/ Action Items

| REF | PORTS/PRESENTATIONS                |  | 9.10am           |
|-----|------------------------------------|--|------------------|
| 4.  | Community and Public Health Update | Claire Robertson<br>Team Leader, Community and Public Health | 9.10am – 9.20am  |
| 6.  | Planning & Funding Update          | Phil Wheble<br>Team Leader, Planning & Funding               | 9.20am - 9.40am  |
| 7.  | Alliance Update                    | Phil Wheble<br>Team Leader, Planning & Funding               | 9.40am - 9.50am  |
| 8.  | General Business                   | Elinor Stratford  Chair                                      | 9.50am – 10.00am |
| ES1 | TIMATED FINISH TIME                |  | 10.00am          |

#### **INFORMATION ITEMS**

- Board Agenda 25 September 2015
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- West Coast DHB 2015 Meeting Schedule
- West Coast DHB 2016 Meeting Schedule

#### **NEXT MEETING**

**Date of Next Meeting:** Thursday 3 December 2015

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 22 OCTOBER 2015



TO: Chair and Members

West Coast District Health Board

**SOURCE:** Deputy Chair, Hospital Advisory Committee

DATE: 6 November 2015

Report Status – For: Decision 

Noting 

Information

#### 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 22 October 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 – 22 October 2015.

#### 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 22 October 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

Phil Wheble, Team Leader, Planning & Funding presented this report. He also introduced Hamish Brown, Acting Operations manager to the Committee.

He highlighted the following notable features:

- The return of the Allen Bryant residents accommodated in Hannan Ward to their home;
- The establishment of a Maternal Care and Unborn Wellbeing (MCAUW) team; and
- The establishment of a Maternity Operations Group

Mr Wheble advised that DNAs show a slight increase in September. The Committee noted that Text to Remind was off line for 2 weeks of this period but is now connected again. Management continue to look at this.

In regard to other Allen Bryant residents the Committee noted that there are still some living in other Rest Homes and in the Community and Allen Bryant are hopeful that the rest of their accommodation will be completed by the end of December.

Discussion took place regarding Rest Home audits and the Committee noted that Planning & Funding are working with Grainger House and Kowhai Manor to assist with the improvement of their services. A temporary Manager is still in place and this continues to be monitored.

The update was noted.

#### FINANCE REPORT

Justine White, General Manager, Finance, presented the Finance Report for the month ending September 2015. The consolidated West Coast District Health Board financial result for the month of September 2015 was a deficit of \$0.140m, which was \$0.045m unfavourable against the budgeted deficit of \$0.095m. The year to date position is now \$0.008m favourable.

Ms White advised that treatment related costs are above expected levels for the month however these are not expected to continue to be greater then budget over the full year.

The Committee noted that personnel costs are slightly unfavourable for the month and management are continuing to pursue mechanisms to most efficiently utilise resources to enable effective and appropriate delivery of care.

The Committee also noted that there are favourable variances in interest and depreciation due to the facilities not being as far advanced as planned.

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 work being undertaken around the completion of Workforce Action Plans with the Allied Health Plan being developed to align with the medical and nursing plans.

A lot of work is also taking place in the Quality and Safety space with Clinicians well engaged.

The report was noted.

#### **GENERAL BUSINESS**

Michael Frampton, Programme Director, provided the Committee with an update on the Facilities Development Project. The Committee noted the announcement of Fletchers as the preferred contractor for the pre-construction phase of the new Grey facility.

#### 4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 22 October 2015.

Report prepared by: Kevin Brown, Deputy Chair, Hospital Advisory Committee



# WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth Thursday 22 October 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

10 September 2015

3. Carried Forward/Action Items

| REPOR1 | S/PRESENTATIONS         |  | 11.10am           |
|--------|-------------------------|--|-------------------|
| 4.     | Management Report       | Hamish Brown                                       | 11.10am - 11.30am |
|        |                         | Acting Operations Manager                          |                   |
| 5.     | Finance Report          | Justine White                                      | 11.30am - 11.45am |
|        |                         | General Manager, Finance                           |                   |
| 6.     | Clinical Leaders Report | Karyn Bousfield<br>Director of Nursing & Midwifery | 11.45am – 12noon  |
| 7.     | General Business        | Sharon Pugh<br><i>Chair</i>                        | 12noon – 12.15pm  |

#### **ESTIMATED FINISH TIME**

12.15pm

#### **INFORMATION ITEMS**

- Chair's Report to last Board meeting
- Board Agenda 25 September 2015
- 2015 HAC Workplan (Working Document)
- West Coast DHB 2015 & 2016 Meeting Schedules

#### **NEXT MEETING:**

Date of Next Meeting: 3 December 2015

Corporate Office, Board Room at Grey Base Hospital.

# TATAU POUNAMU CHAIR'S UPDATE 22 OCTOBER 2015



TO: Chair and Members

**West Coast District Health Board** 

**SOURCE:** Chair, Tatau Pounamu

DATE: 6 November 2015

Report Status – For: Decision  $\square$  Noting  $\checkmark$  Information  $\square$ 

#### 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an update from the Tatau Pounamu meeting held on 22 October 2015.

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

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

#### 2. RECOMMENDATION

That the Board

i. notes the Tatau Pounamu Manawhenua Advisory Group update - 22 October 2015

#### 3. SUMMARY

Detailed below is a summary of the Tatau Pounamu meeting held on 22 October 2015. Papers presented to the Committee meeting are available on the West Coast DHB website.

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

#### a. Terms of Reference

The agreed Terms of Reference and Memorandum of Understanding are still being reviewed by the Legal Department at the DHB. These have been up for review since July this year.

#### b. Suicide Prevention Plan

Discussions around engagement with Tatau Pounamu to identify an appropriate member for the Suicide Prevention Action Group have begun to ensure leadership for Maori in suicide prevention activity.

#### c. Cancer Screening Pathway

An RFP through the Ministry of Health was conducted for this piece of work. Dr Melissa Cragg has prepared a report and will be coming to the DHB in November to report her findings to a number of audiences, along with a community forum.

Tatau Pounamu agreed that there are some great results in the report but want to reiterate the importance of this being focused on the West Coast Region and the need to talk to our Communities and Manawhenua. When pathways aligned to cultural competencies are talked about it is important that these are messaged through the relevant Manawhenua within the regions.

#### d. Maori Representatives

Tatau Pounamu agreed to the appointment of Richelle Shaper to the Child & Youth workstream. Richelle represents from the Kawatiri (Buller) Region.

Tatau Pounamu are also seeking confirmation of the structure of the Health of Older Person's workstream and if there are currently any Maori representatives on this group.

#### e. Annual Planning

The next annual planning round is scheduled to have its first phase of consultation in November. Tatau Pounamu has committed to represent and provide input into the plan.

#### 4. APPENDICES

Appendix 1: Tatau Pounamu Agenda – 22 October 2015

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

#### TATAU POUNAMU ADVISORY GROUP MEETING

#### Public Health Organisation (PHO) Thursday 22 October @ 3.00 pm

#### KARAKIA

#### **ADMINISTRATION**

#### **Apologies**

#### 1. Interest Register

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

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

20 August 2015

- 3. Carried Forward/Action List Items
- 4. Discussion Items/Presentations/Presenters

| • | Dr Cheryl Brunton, | Community Pul | olic Health – October Report Update | 3.30pm |
|---|--------------------|---------------|-------------------------------------|--------|
|---|--------------------|---------------|-------------------------------------|--------|

- Julie Lucas, Discharge Planning Update 4.15pm
- Mal Robson West Coast Suicide Prevention Strategy update
   4.30pm
- Philip Wheble Grey/Westland Update 4.45pm
- Gary Coghlan/Francois Tumahai Hospital Rebuild/IFHC
- Gina Duncan Whanau Ora Update
- Kylie Parkin Improving Maori Cancer Pathway Update

#### **REPORTS**

5. Chairs Update – Verbal Report Chair

6. **GM Maori Health – Report** Gary Coghlan, Maori Health

7. **Alliance Update** Philip Wheble, Planning & Funding

#### **INFORMATION ITEMS**

- 2015 Tatau Pounamu Meeting Schedule
- 2015 Board Meeting Schedule
- 2016 Board Meeting Schedule
- WCDHB Maori Health Profile
- Improving the Cancer Pathway for Maori in Te Tau Ihu
- Southern Cancer Network Newsletter Tatau Pounamu Meeting Schedule

#### **ESTIMATED FINISH TIME 5.00pm**

### **RESOLUTION TO EXCLUDE THE PUBLIC**



TO: Chair and Members

**West Coast District Health Board** 

**SOURCE:** Board Secretariat

DATE: 6 November 2015

| 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<br>EACH MATTER TO BE<br>CONSIDERED                        | GROUND(S) FOR THE PASSING OF THIS RESOLUTION  | REFERENCE - OFFICIAL<br>INFORMATION ACT 1982<br>(Section 9) |
|----|--|---|---|
| 1. | Confirmation of minutes of the Public Excluded meeting of 25 September 2015. | For the reasons set out in the previous Board agenda.   |   |
| 2. | Chief Executive and<br>Chair – Verbal Update<br>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)<br>S9(2)(a)  |
| 3. | Clinical Leaders –<br>Verbal Update on<br>Emerging Issues                    | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  Protect the privacy of natural persons. | S9(2)(j)<br>S9(2)(a)  |
| 4. | Risk & Risk Mitigation<br>Plan   | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  | S9(2)(j)  |
| 5. | 2015/16 IEA<br>Remuneration Review   | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  | S9(2)(j)  |
| 6. | 2016/17 Annual<br>Planning Process –<br>Verbal Update                        | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  | S9(2)(j)  |

| 7. | Non-Financial        | To carry on, without prejudice or disadvantage, | S9(2)(j) |
|----|----------------------|---|----------|
|    | Reporting Summary Q4 | negotiations (including commercial and          |          |
|    |                      | industrial negotiations).                       |          |
| 8. | Advisory Committee – | To carry on, without prejudice or disadvantage, | S9(2)(j) |
|    | Public Excluded      | negotiations (including commercial and          |          |
|    | Updates              | industrial negotiations).                       |          |
|    |                      | Protect the privacy of natural persons.         | S9(2)(a) |

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

#### 3. SUMMARY

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

- "A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:
- (a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i) of the Official Information Act 1982".

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

#### Clause 33 of the Act also further provides:

- "(1) Every resolution to exclude the public from any meeting of a Board must state:
  - (a) the general subject of each matter to be considered while the public is excluded; and
  - (b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and
  - (c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)
- (2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board".

Report Prepared by: Board Secretariat



#### 1. Policy Statement

The West Coast District Health Board (WCDHB) will facilitate in a respectful manner, the fair, simple, speedy and efficient resolution of complaints in accordance with The Code of Health and Disability Services Consumers' Rights ("The Code of Rights") and associated legislation.

#### 2. Purpose

All complaints are investigated so that the rights of both the complainant and complainee are respected throughout the investigation process.

The information acquired from the receipt, investigation and resolution of complaints will be used as a source of improvement opportunities within the WCDHB.

#### 3. Application

This Policy applies to:

- all WCDHB staff; in both inpatient and community settings
- agency staff, volunteers, honorary staff members and visiting health professionals;
- students (work experience, polytechnic, university etc.).

#### 4. Definitions

For the purposes of this Procedure:

**Complaint** - Any expression of dissatisfaction relating to a specific episode of care of an individual about the service offered or provided which has not been resolved to the complainants' satisfaction at the point of service for which WCDHB has responsibility. A complaint may be received in a number of ways such as verbal, written, electronic or through a third party including an advocate.

**Consumer** any user or potential user of a WCDHB health service;

**Complainee** any individual or service of the WCDHB against which a complaint is made.

Complainant an individual or advocate who makes a complaint;

**Resolved** a full and thorough investigation has been undertaken with an appropriate

response provided to the complainant

#### 5. Informing Consumers about making Complaints

Consumers are informed of the WCDHB Complaints Policy and Procedures through the following means:

- Pamphlet, poster (consumer rights) and leaflet (complaints procedures) displays
- Information booklets/pamphlets given to consumers and family/whanau
- WCDHB staff
- WCDHB website
- Information provided on Consumer Surveys
- Advocacy Services

| Consumer Complaints Procedure                    |                    | Page 1 of 6               |
|--|--------------------|---------------------------|
| Document Owner: Quality & Patient Safety Manager |                    |                           |
| WCDHB-GEN5 Version 10, Issued 10/02/15           |                    | Master Copy is Electronic |
| UNCONTROLLED DOCUMENT - WI                       | EST COAST DISTRICT | T HEALTH BOARD            |



#### 6. Responsibilities

The Programme Director has ultimate accountability for the Complaints Management System.

The Programme Director delegates responsibility to:

#### The Relevant General Manager:

 Manages the complaints process in partnership with the Quality and Patient Safety Manager.

#### The Quality and Patient Safety Manager will:

- Delegate authority to the Patient Safety Officer to manage the complaints process;
- Report six weekly to the Programme Director, Executive Management and Quality, Finance, Audit & Risk Committee (QFARC) on relevant issues;
- Notify the Programme Director of any potential risk to WCDHB arising from a consumer complaint;

#### The Personal Assistant to the Programme Director and General Managers will:

- Date stamp all complaints at the time of receipt;
- Upon receipt of the complaint; ensures an acknowledgment letter is sent to the complainant
- Provide the Patient Safety Officer and relevant Quality Facilitator with;
  - o an electronic signed copy of the acknowledged letter;
  - o an electronic copy of the complaint;
  - o an electronic signed copy of the complaint response letter

#### The Patient Safety Officer will:

- Enter details from each individual complaint into the WCDHB Complaints spreadsheet and confirm copy of the complaint has been sent to the appropriate Quality Facilitator;
- Ensure time frames are adhered to for complaints completion and where appropriate address delays with the relevant Quality Facilitator;
- Where and when relevant advise the appropriate General Manager and Quality and Patient Safety Manager without delay;
- Establish and maintain a confidential hard copy file for each complaint received;
- Ensure a WCDHB "How Are We Doing" poster is displayed alongside Health and Disability Commissioner "Code of Rights" poster in all areas of the WCDHB including Primary Health;
- Provide a monthly report of complaint themes to the Quality and Patient Safety Manager
- Complete an annual Complaints Survey to establish Consumer Satisfaction with the process;

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|--|--------------------|---------------------------|
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# The Quality Facilitator in conjunction with the Director of Nursing & Midwifery and/or relevant Clinical/Operations Manager will:

- Delegate such staff as are required to ensure that the complaints investigation and resolution process is not delayed by the absence of an individual with responsibilities under this procedure;
- Investigate and draft responses to consumer complaints relating to the service they are responsible for;
- Consider how best to resolve each consumer complaint;
- Consider how best WCDHB can learn from each consumer complaint;
- Maintain a register of changes to services or work practices that have resulted from investigation of consumer complaints.

#### The Quality Facilitator will:

- Provide a weekly update to the Patient Safety Officer on the status of all complaints in their respective service areas;
- Notify the Quality and Patient Safety Manager and Patient Safety Officer of any potential risk to WCDHB arising from a consumer complaint;
- Notify staff of any complaints made that relate to them and of the outcome of any such complaints;
- Compile a draft response letter for the relevant Clinical Manager's verification, which once agreed is sent electronically to the appropriate General Manager for signature and posting
- Review complaint themes at the Quality Facilitators meeting for associated learning

#### WCDHB Staff Members will:

- Attend training on how to respond to complaints;
- Familiarise themselves with the Health and Disability Code of Rights
- Attend de-escalation training
- Ensure they are familiar with this Procedure; and adhere to the time frames and documentation identified in the Procedure and Complaints Flow Chart
- Encourage and welcome consumer feedback on WCDHB services both verbal and written format;
- On receipt of complaints both verbal and written enter details into the complaints database without delay; and where appropriate forward the original written consumer complaints to the office of the Programme Director immediately (same day)
- Where a verbal complaint is provided staff must ensure the information is entered into the complaints database and check that the information recorded is accurate with the complainant

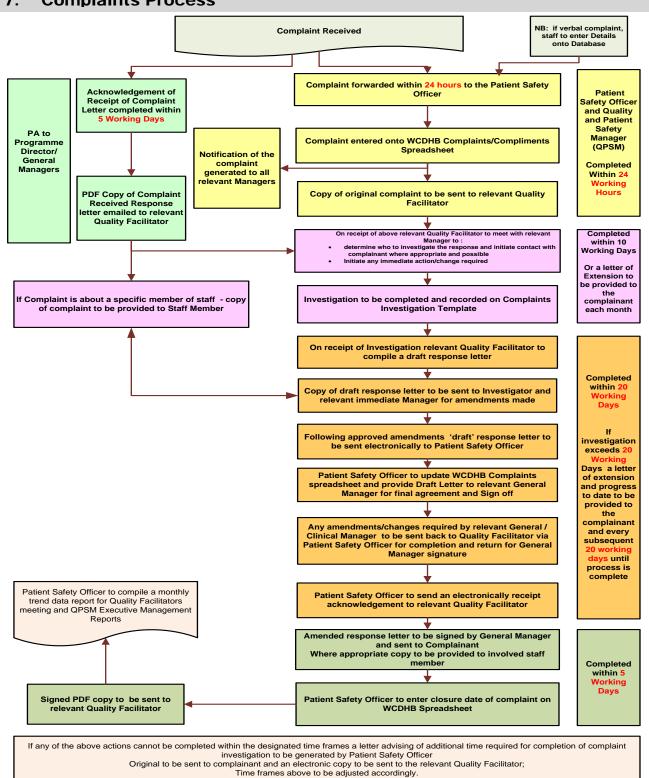
#### WCDHB Mental Health Consumer and Family Advisor will:

 Act as a resource for the investigating team for Mental Health Complaint Investigation

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#### 7. Complaints Process



Consumer Complaints Procedure

Document Owner: Quality & Patient Safety Manager

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### 8. Staff Involved in Receiving Complaints

Are encouraged to:

- Listen
- Give no excuses
- Apologise
- Ask complainant what their desired outcome is
- Advise complainant on how to register a complaint or forward the complaint to the Patient Safety Officer on behalf of the complainant.

#### Avoid the following

- Using blunt or dismissive statements and phrases
- Using negative language, e.g. "we can't, we don't, we won't
- Being overly emotional, evasive, speculative or vague in your reply
- Being defensive or trying to deny everything, e.g. "our staff are highly trained professionals and would not have done/said/treated you..." or "because we are overworked"
- Trying to apportion blame, particularly against the patient/family) e.g. "because of your refusal to follow the nurses' advice..."
- Using medical/technical jargon that a lay person would find confusing, intimidating or difficult to understand.

### 9. Legislative Compliance

#### 5 working days

All complaints are acknowledged in writing within five (5) working days of receipt. If resolved within the 5 days the complaint resolution must be documented.

#### 20 working days

All complaints are responded to in full, within twenty (20) working days, or the consumer is informed in writing of the need for further time and the reason for it.

#### Over 20 working days

The consumer is given written updates at intervals of not more than 1 month if the process takes longer than twenty (20) working days.

#### 10. Non Resolution and Appeal Process

If the consumer is unhappy with an outcome, the consumer is advised of the options available to them:

#### **Internal Options:**

• WCDHB Programme Director to review the process the complaint followed.

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• The Clinical Director of Mental Health for mental health complaints for consumers under the Mental Health Act

#### **External Options:**

- Advocacy Services
- Health & Disability Commissioner
- Mental Health District Inspector

#### 11. Health and Disability Commissioner (HDC) Complaints

The process for handling HDC complaints is as follows:

- The Programme Director's office will copy any HDC letters to the Quality & Patient Safety Manager; The Board Lawyer and the Executive Assistant to the CDHB/WCDHB Chief Executive as soon as they are received
- The Quality and Patient Safety Manager logs the complaint on the Master Register
- The Quality and Patient Safety Manager coordinates the investigation and drafts a response for the Clinical Leads and Corporate Legal team to review. Final approval is provided by the Programme Director prior to the response being sent to the HDC
- The Quality and Patient Safety Manager report HDC Complaints activity and status to EMT and QFARC six weekly

#### 12. Internal Associated Documents

- How are We Doing Feedback Form (computer-typable version (\*)
- How are We Doing Feedback Form (printed version) (\*)
- <u>Complaints Findings Template</u> (\*)
- Complaint Draft Response Template (\*)
- Human Resource Procedures
- (\*) Also on the WCDHB Intranet: Documents > Forms > 'C' > 'Consumer Complaints...'

#### 13. Associated External Documents

- Code of Health and Disability Services' Consumer Rights
- Complaints Handling AS 4269 1995

|          | Version:             | 10                               |
|----------|----------------------|----------------------------------|
|          | Developed By:        | Quality & Patient Safety Manager |
| Revision | Authorised By:       | Programme Director               |
| History  | Date Authorised:     | December 2014                    |
|          | Date Last Reviewed:  | April 2015                       |
|          | Date Of Next Review: | April 2017                       |

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| Document Owner: Quality & Patient Safety Manager |                                 |
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| UNCONTROLLED DOCUMENT - WI                       | EST COAST DISTRICT HEALTH BOARD |

# 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.

# 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      |
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| 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      |
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