

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



BOARD MEETING

**Friday 12 February 2016
10.15am**

**St John
Waterwalk Road
GREYMOUTH**

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 12 February 2016 commencing at 10.15am

KARAKIA	10.15am
ADMINISTRATION	10.15am

Apologies

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

REPORTS	10.20am
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|-----|--|--|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.20am – 10.30am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.30am – 10.45am |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i>
Stella Ward
<i>Executive Director, Allied Health</i> | 10.45am – 10.55am |
| 7. | Wellbeing, Health & Safety Update | Michael Frampton
<i>Programme Director</i> | 10.55am – 11.05pm |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.05pm – 11.15pm |
| 9. | Clinical Board Presentation | Stella Ward
<i>Executive Director, Allied Health</i> | 11.15am – 11.35am |
| 10. | Reports from Committee Meetings | | |
| - | CPH&DSAC
28 January 2016 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 11.35am – 11.45am |
| - | Hospital Advisory Committee
28 January 2016 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 11.45am – 11.55am |
| 11. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 11.55am |

INFORMATION ITEMS

- 2016 Meeting Schedule
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ESTIMATED FINISH TIME	11.55am
NEXT MEETING	

Friday 1 April 2016

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 Karamaea tae noa
atu ki Awarua.

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

Disclosure of Interest	
Peter Ballantyne Chair	<ul style="list-style-type: none"> • Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Director, Brackenridge Estate Limited
Kevin Brown	<ul style="list-style-type: none"> • Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife works part time at CAMHS • Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association • President Greymouth Riverside Lions Club • Justice of the Peace
Warren Gilbertson	<ul style="list-style-type: none"> • Chief Operating Officer, Development West Coast • Director, Development West Coast Subsidiary Companies • Trustee, West Coast Community Trust • Board Member, Mainland Football
Helen Gillespie	<ul style="list-style-type: none"> • Peer Support Counsellor, Mum 4 Mum • Employee, DOC – Healthy Nature, Healthy People Project Coordinator
Michelle Lomax	<ul style="list-style-type: none"> • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Chair • St John Youth Leader • New Zealand School Trustees Association – Member of Marlborough/Nelson/West Coast Regional Executive • Employee - Damien O'Connor's Electorate Office • Te Ha Kawatiri – Co-ordinator
Peter Neame	<ul style="list-style-type: none"> • Wite Wreath Action Against Suicide – Member
Sharon Pugh	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast

Elinor Stratford	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President, New Zealand Federation of Disability Information Centres
Joseph Thomas	<ul style="list-style-type: none"> • Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee & Member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member
John Vaile	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand
Susan Wallace	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Member of Tatau Pounamu • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Poutini Waiora • Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 11 December 2015 commencing at 10.15am

BOARD MEMBERS

Peter Ballantyne (Chair); Michelle Lomax; Peter Neame; Sharon Pugh; Elinor Stratford; Joseph Thomas; John Vaile; Susan Wallace; and Warren Gilbertson (via teleconference).

APOLOGIES

Apologies were received and accepted from Kevin Brown and Helen Gillespie.

Apologies for early departure were received from: Warren Gilbertson (1pm); Susan Wallace (1.20pm); and Elinor Stratford (1.30pm)

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Programme Director), Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Carolyn Gullery (general Manager, Planning & Funding); Kathleen Gavigan (General Manager, Buller); Mark Newsome (General Manager, Grey/Westland); Phil Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); Lee Harris (Communications Manager); and Kay Jenkins (Minutes).

Susan Wallace led the Karakia

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

There were no additions or alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS**Resolution (51/15)**

(Moved Elinor Stratford/seconded Peter Neame - carried):

“That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 6 November 2015 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted. The meeting asked that proposed dates be listed with these items.

4. CHAIR'S UPDATE

The Chair congratulated Warren Gilbertson on his re-appointment to the Board and also congratulated Joseph Thomas on his appointment as Deputy Chair. He also thanked those who had assisted with the blessing of the site for the new facility which took place earlier in the day.

The Chair then provided an update on:

- The Health Strategy Conference held in Christchurch on 21 November;
- The opening of the Rangiora IFHC;
- Minister Joyce's presentation on the West Coast relative to Broadband completion;
- Teleconference re facilities;
- New Zealand Health Partnerships meeting in Wellington.

He also advised that there is a South Island Alliance meeting next Monday and a Partnership Group meeting next Thursday

Resolution (52/15)

Moved Peter Ballantyne/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

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

He highlighted the following points:

- The significance of the blessing and breaking the soil held earlier today. This underpins the ongoing collaboration and relationship with Canterbury and the transalpine solutions.
- The ongoing embedding of quite different service changes and models of care;
- The new Medical Leadership Model and moving away from single person frameworks; and
- The Health Select Committee request that the West Coast and Canterbury present to them in February.

Discussion took place regarding the Acute Mental Health Unit being fully occupied and the Board noted that there will always be times when the system is at capacity and any decisions around treatment and admissions are purely clinical decisions.

Resolution 53/15)

(Moved Michelle Lomax/seconded Joseph Thomas– carried)

That the Board:

- i. notes the Chief Executive's update.

6. CLINICAL LEADERS REPORT

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

Ms Bousfield highlighted Scholarships and studentships and the Medical Director Appointments.

Resolution (54/15)

(Moved Sharon Pugh/seconded Michelle Lomax – carried)

That the Board:

- i. notes the Clinical Advisor's update.

7. WELLBEING, HEALTH AND SAFETY UPDATE

Michael Frampton, Programme Director, presented this update which was taken as read. The Board noted that the Health & Safety Systems Review has been completed and the report is expected to be finalised in January/February 2016.

Resolution (55/15)

(Moved Joseph Thomas/seconded Susan Wallace – carried)

That the Board:

- i. notes the Wellbeing, Health & Safety Update.

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 October 2015 was a deficit of \$0.202m, which was \$0.128m unfavourable against the budgeted deficit of \$0.074m. The year to date position is now \$0.197m unfavourable.

Resolution (56/15)

(Moved John Vaile/seconded Peter Neame – carried)

That the Board:

- i. notes the financial results for the period ended 31 October 2015.

9. REVISED TERMS OF REFERENCE - COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

There was no discussion on this item which was recommended by the Community & Public Health & Disability Support Advisory Committee for the Board's approval.

Resolution (57/15)

(Moved Elinor Stratford /seconded John Vaile – carried)

That the Board:

- i. Notes there were no suggested changes from the Community and Public Health & Disability Support Advisory Committee; and
- ii. Formally adopts the revised Terms of Reference for the Community & Public Health and Disability Support Advisory Committee

10. REVISED TERMS OF REFERENCE – HOSPITAL ADVISORY COMMITTEE

There was no discussion on this item which was recommended by the Hospital Advisory Committee for the Board's approval.

Resolution (58/15)

(Moved Sharon Pugh /seconded Michelle Lomax – carried)

That the Board:

- i. Notes there were no suggested changes from the Hospital Advisory Committee; and
- ii. Formally adopts the revised Terms of Reference for the Hospital Advisory Committee

11. REVISED TERMS OF REFERENCE – QUALITY, FINANCE, AUDIT AND RISK COMMITTEE

There was no discussion on this item which was recommended to the Board for approval by the Quality, Finance, Audit and Risk Committee.

Resolution (59/15)

(Moved Peter Ballantyne /seconded Elinor Stratford – carried)

That the Board:

- i. Notes there were no suggested changes from the Quality, Finance, Audit and Risk Committee; and
- ii. Formally adopts the revised Terms of Reference for the Quality, Finance, Audit and Risk Committee.

12. MEMORANDUM OF UNDERSTANDING WITH TATAU POUNAMU

The Chair supported the resolution that the Memorandum of Understanding be rolled over unchanged.

Resolution (60/15)

(Moved Peter Ballantyne /seconded Elinor Stratford – carried)

That the Board:

- i. approves the roll over of the Memorandum of Understanding between the West Coast DHB and Te Runanga O Ngati Waewae and Te Runanga O Makaawhio; and
- ii. notes that the Terms of Reference referred to in the Memorandum of Understanding have been agreed between Tatau Pounamu and the West Coast DHB were approved at the Tatau Pounamu Advisory Group meeting held on Thursday 10 November 2015.

13. 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 3 December 2015.

The update was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 3 December 2015.

The update was noted.

14. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (61/15)

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 25 September 2015.	For the reasons set out in the previous Board agenda.	
2.	Chief Executive and Chair – Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
3.	Clinical Leaders – Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
4.	Risk & Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Non-Financial Reporting Summary – Q1	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Agreement for Home and community support Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	Resolution of Support for Buller Integrated Family Health Service	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	2016/17 Annual Planning Process	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Board Direction and Assessment Survey	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
10.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

There being no further business the public open section of the meeting closed at 11.40am.

The Public Excluded section of the meeting commenced at 11.50am and concluded at 1.45pm with a break for lunch between 12.30pm and 1.10pm.

Peter Ballantyne, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

WEST COAST DISTRICT HEALTH BOARD CARRIED FORWARD/ACTION ITEMS AS AT 12 FEBRUARY 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	11 December 2015	Presentation – Home Based Support Services	Presentation	Scheduled for 24 June 2016..
2.	11 December 2015	Presentation – Telehealth Strategic Framework	Presentation	Scheduled for 1 April or 13 May 2016.
3.	11 December 2015	Mental Health Review	Updates to be provided as available	Verbal Update at today's meeting

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 12 February 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.

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

Alliance Leadership Team [ALT] Activity

- First drafts of Alliance workstream plans for the 2016/17 year will be reviewed by the Alliance Support Group (ASG) and the ALT in late January. These plans will form much of the DHB Annual Plan. The ASG will be looking to ensure plans across the workstreams are aligned, there is no duplication and reviewing any resource requirements. The ALT will be ensuring that the plans are consistent with the direction provided by the ALT to the workstream. This includes the five key focus areas of:
 1. Continuing to develop an integrated, cohesive system
 2. The importance of primary care as a key foundation, and resourcing this correctly
 3. Maori health inequity
 4. Rural lens and ensuring services work Coast-wide
 5. IT as an enabler

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
 - *Hospital* – Collaboration between the Hospital and the ARC facility is continuing, and building Reefton Hospital into a cohesive team.
 - *Aged Residential Care* – Nursing vacancy has been filled. 8 hospital level and 3 residential. 1 palliative and 1 respite.
- **South Westland Area Practice**
 - An interview process has occurred for the Nurse Practitioner/Team Leader role and an offer made.
 - Interviews have taken place for the Practice Manager position.
 - The tourist numbers were up, resulting in a high workload over Christmas and the New Year. This is beginning to settle.
- **Greymouth Medical Centre/Rural Academic General Practice/Moana RNSs**
 - Work continues through all of the Cornerstone Indicators for certification of GMC and RAGP.
 - Interviews have taken place for a practice nurse position.
 - The nursing staff participated in a Maori Health Respiratory day for all of the practice patients over 45 who are current or ex-smokers. This was done in conjunction with Poutini Waioara, PHO and Respiratory Nurse Specialists. This was considered to be a successful day and will certainly be repeated.
 - The Moana RNSs have worked through a busy summer period which will settle down as families go back to school and as the tourist numbers drop. They are excited about the prospect of a new clinic from which they will provide care to the community.

Community

- **Oral Health:** Little activity as schools and pre-schools are on holiday.
- **Public Health Nursing**

After a planning meeting for the year, the PHN team are working to promote this service and are researching community events calendars and school events so they can set up health promotion displays and work as a team to get messages out to students and parents/caregivers in areas of oral health, immunisation, hygiene, youth health, nutrition, etc. The team are targeting Children's Day in March and Ag Fest in April as great opportunities to work with CPH staff and set up fun stalls that involve family health while making the community aware of the role and availability of the Public Health Nurse.

 - *Vision Hearing* – Orientation for a casual VHT has commenced and this nurse will begin formal training for the role next month. This is a casual position.
 - *B4School* – The new coordinator is settling well into the role and has ideas for quality improvement. She has attended 'train the trainers' sessions and setting up regular training and education across the DHB for providers of this service to maintain best practice. The B4School car is being re-branded with the new logo for this service with bonus funding from last year's target achievements. Her skills gained in a previous quality role will be very valuable for ongoing enhancements to the service.

- **District Nursing**
 - An additional EN now has a permanent role in District Nursing.
 - The combined DN/HBSS role is currently being reviewed to ensure that all of the DN team are involved in the planning of patient care and coordination across the services.
 - New nurse entry to practice staff (NETP) will be starting at the end of January in three areas; Grey, Hokitika and Reefton.
 - Hospital services have assisted by providing the staffing to the community when gaps in the roster have occurred.
 - There has been one retirement from the Hokitika team; this nurse had spent most of her 30+ years working career at Hokitika and her efforts have been acknowledged. She has been replaced by a nurse who is just about to complete her NETP year at Buller.
- **HBSS/DN Integration:** The integrated positions for Greymouth and Hokitika are working well. There is still work to be done with the Buller position as that nurse is currently required to be full time in HBSS due to the workload up there. Overall, these new positions in all areas are helping with client interRai reviews and dealing with client concerns. Effectively, these nurses are overseeing the care workers.
- **Home Based Support Services**
 - The Clinical Nurse Manager of this service has resigned and will take up a position in District Nursing. Recruitment is underway to replace this role.
 - After hours cover for staff is now being administered by a senior support worker in Hokitika, Greymouth and Buller.
 - There is ongoing work in regard to improving rosters. Because of the sporadic nature of some of the work, i.e. very few hours on some days per week, this is at times challenging.
- **Clinical Nurse Specialists**
 - The nurses who undertook post-graduate studies last year had very successful results. This indicated a high degree of commitment to ongoing learning in their area of expertise, especially as this study is conducted in their own personal time.
 - A small number of our CNS group are working toward Nurse Prescribing rights in their area of practice.
 - The palliative care nurse's workload has remained at a high level.
 - Our Respiratory Nurse Specialists who were involved in the Maori respiratory health day believe it was a very positive day and are keen to be involved in further events.
- **FIRST/SED (Flexible Integrated Rehabilitation Support Team/Supported Early Discharge):** This concept of care revolves around effecting early discharge out of hospital whilst ensuring support in the areas of service required to ensure a safe recovery and to remain at home. This is then complimented by a restorative model of rehab care in the home. Seamless services are provided to meet the person's goals. The aim is to improve their health status so that they return to their former functional level. Allied Health Staff are working very closely with District Nursing and Home Based Support Services to ensure that this model is successful.

C: Implement the Maori Health Plan

- **The Maori Health Action Plan:** The Maori Health Action Plan first draft is currently being developed and will follow the same format as the other plans under development as part of the planning cycle. The National priorities remain very similar to last year with an Asthma indicator being added and all three CVD indicators removed. The oral health target now sits under the regional priorities and has been increased to 95% of pre- schoolers enrolled in the community dental service. The expectations are largely focused on child and youth health and prevention services with breastfeeding, smoking, screening rates, immunisation and oral health indicators continuing to have prominence in the Plan. The development of the Maori Health Action Plan will be led by the General Manager and Portfolio Manager for Maori Health, in conjunction with the PHO and Poutini Waiora. The final Plan will also be completed with advice and input from Tatau Pounamu who has had a planning session to identify local priorities. These priorities are Oral health, healthy environments with a focus on nutrition and physical activity and targeted smoking cessation. It was also agreed that there will be a continued focus on a targeted approach to improve Maori engagement across all Long Term Conditions clinical programmes.
- **Maori Mental Health Services:** Since June 2015, the manager has undertaken a review of the Maori Mental health service to assess its ability to deliver appropriate cultural support to tangata whaiora and their whānau, and to the wider mental health services across the rohe. A fuller report will be provided at a later date, specifically outlining issues of concern but more importantly identifying service development needs to ensure that the improvement of Health Outcomes for the Māori population within Te Tai O Poutini have been achieved through service quality and responsiveness.

To this aim Maori Mental Health has undertaken to:

- Implement a referral form for services to enable MMH to track and monitor all referrals to the service
- Currently reviewing the Service Provision Framework (SPF) including all documentation relevant to the service for alignment with the broader MH services
- Reviewing documentation against Health and Disability Quality standards
- Developing relationships with Primary Mental Health services/organisations to ensure that through collaboration the ability to access MMH services is increased

MMH has also regretfully accepted the resignation of Richard Wallace as the Kaumātua for not only MMH but for the West Coast DHB, and wish him well in his future endeavours. This does however create a position that will need to be filled and we will work with Tatau Pounamu and the GM Maori Health to address this.

- **Improving Maori Cancer Outcomes – Faster Cancer Treatment: Aim - Improving equity along the cancer pathway, for all patients across the South Island, and support the 62-day FCT target by promoting and facilitating early and consistent engagement of Maori with cancer services.** The next phase of this initiative will be to extend the Nelson Marlborough Cancer Pathway project to other South Island DHBs. The Southern Cancer Network will be the lead agency for this piece of work and will link very closely with the NMDHB and each of the South Island DHBs who are participating. SCN have started the contracting process and aim to have someone in place to begin this work by early March. The West Coast DHB are well placed to be the first DHB for this to occur as a next step to a series of hui late last year where the final report from NMDHB was presented

to several audiences. We are in close contact with the Southern Cancer Network and NMDHB and are well prepared for this initiative to start.

There will be a period of extensive consultation on the West Coast to identify the most appropriate processes to follow and to gain agreement on how we identify and engage with key stakeholders – consumers, providers and networks with the aim of mapping the pathway and identifying issues for Maori that contribute to delays in accessing treatment with resulting inequity in outcomes.

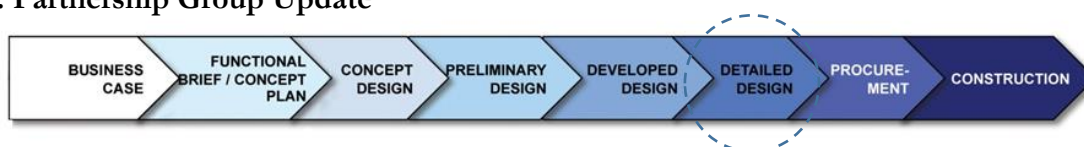
- **Poutini Waioara:** The Kaihautu of Poutini Waioara has resigned and the Board are now in the process of recruiting to this position. Moya Beech-Harrison has been in the role of Kaihautu for almost a year and has contributed a great deal during her time, she will leave the organisation and its staff well positioned and supported to continue with the work. A lot has been achieved in integrating the Maori Health teams into the practices and delivering clinics in community settings in collaboration with our health partners. Moya has committed to staying on as Kaihautu until a suitable person is in place.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
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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.
- Roof waterproofing is now almost completed at McBrearty Ward and also ED. This includes battening down of loose structure and application of a temporary rubber product to ensure the roofs remain watertight until the new developments come along.
- CAPEX bids are being formulated for this year's plan.
- A compliance audit has been carried out by the fire engineers from MARSH (DHB Insurance Brokers) and we await the results of this audit.
- All sites are in compliance and have current BWOFF certificates on display.

B: Partnership Group Update



- The Grey Base Hospital and Integrated Family Health Centre *Detailed Design Plans* are progressing and final design and specifications are being stepped through with the user groups.
- A user group consultation session with the design team occurred in Greymouth on 28 January to finalise outstanding *Detailed Design* items.
- Prior to the start of earthworks, the site of the new Grey Base Hospital and Integrated Family Health Centre was blessed with a ceremony held on 11 December. Local iwi and Anglican Minister Tim Mora facilitated the blessing, which was attended by Tony Kokshoorn, WCDHB Hospital staff, Board members, David Meates and the Executive Management team, as well as the project design team



Photo: WCDHB site of new facility blessing ceremony 11 December 2015



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Staff sickness has continued throughout the Christmas/New Year period putting some strain on services, but staff have continued to work well through this time.
- Staff continue to move across areas as need demands. Orientation packages have been developed to support staff in this. Grey Base continues to support community nursing where possible. We no longer need to support Granger House with staff as they have recruited. Hospital services have Enrolled Nurses seconded into a number of areas such as District, Outpatients and Kahurangi.
- The Trendcare Coordinator role was advertised and an offer has gone out to the preferred applicant.
- ED nursing staffing remains challenging. Advertising for experienced staff continues.
- Work is being done by all staff members to prepare for certification.
- The new Patient Transfer Service is working well with all initial teething problems managed. Three Registered Nurses have been redeployed as a dedicated resource to assist in the transfer of patients.

Medical

- A medical workforce plan has been developed; bringing various pieces of work into one document that describes activities within each specialty area and plans for the advancement of some transalpine services.
- Work has been done to expand a Rural Health Medicine (RHM) Registrar to better support Mental Health and Older Persons Health recruitment is taking place into this.
- Junior Medical Staffing has remained static, there are some vacancies and we are working with recruitment and locum agencies to fill these positions.
- Interviews and offers to RHM specialists are ongoing with 2 commencing in recent months

and another mid-June. We have also had enquiries from another RHM specialist.

- Work with CDHB to better support junior doctors is progressing around accreditation of clinical attachments and training with MCNZ for PGY1's and 2's.

Allied Health

- Janette Anderson is currently providing part time cover for the Associate Director of Allied Health (ADAH) position (3 days/week). Initial interviews have been completed for the permanent ADAH role.
- The Pharmacy intranet page is working well and the pharmacy staff feel communication throughout the DHB has improved because of this.
- The new computer has been installed in the Buller Health physiotherapy department but we are waiting on the connection point being made active. This should be completed by the end of January.
- The Occupational Therapy department have completed a hospital bed mattress audit. A total of 247 mattresses were assessed (with only 3 not being assessed). A recommended replacement plan has been developed which will need to be considered as we move towards our new facility.
- Due to the number of requests for advice on Enduring Power of Attorney, one of the Social Workers has been approved to attend the annual Elder Law Conference and workshop (Capacity Assessment of Older Patients) in February.
- The Buller Health Occupational Therapist has recently resigned and recruitment for this has begun.
- The physiotherapy service is still unable to fill the paediatric position and continue to look at alternative ways to provide this coast-wide service.
- The Calderdale Framework pilot project is progressing with the 67 identified community physiotherapy tasks prioritised down to just 2 to ensure full completion by the end of April. The other physiotherapy tasks, plus the community occupational therapy tasks, will continue to be considered and processed after April. The Calderdale Framework is an evaluation programme which identifies tasks that can be delegated or shared – a workforce model for skill sharing across the range of health professionals.
- Supported early discharge and the FIRST model of care for the over 65s is progressing.
- The VIP team are updating their policies and procedures to align with CDHB.

Mental Health Services

- **Collaborative staffing:** Staffing has been a challenge across the mental health division, however we have worked with CDHB to enable the secondment of two staff to the Coast for a three month period.
- **Clinical leadership changes:** For the last seven years the part-time roles of Clinical Director of Mental Health services, Clinical Director of Addiction services, and the Director of Area Mental Health Services have been contracted from CDHB on the basis of one day per week. With the resignation of the CD of MHS in June last year, the service has combined the three roles and incorporated them into a Consultant Psychiatrist position so that these leadership roles are delivered by a psychiatrist working on the West Coast, and also to achieve some savings in this area. This leadership role is supported by the Chief of Psychiatry in CDHB and the incumbent, Dr Cameron Lacey, participates in Clinical Director forums with CDHB colleagues, and the DAMHS role continues to be part of the CDHB DAMHS office.

▪ **Suicide Prevention and Postvention update:**

- *Presentations to Emergency Departments:-* For the last 18 months the Suicide Prevention Action Group has been monitoring the presentations to the Emergency Departments in Greymouth and Westport that involve suicidal ideation or actual deliberate self-harm. This is one of the initiatives in the WCDHB's Suicide Prevention and Postvention plan which not only enables information to be gathered to inform prevention work, but also facilitates follow up and ongoing support for these people.

The report from the second quarter October – December 2015 is now able to be compared with previous quarters and includes the following facts:

- Deliberate self-harm by intentional overdose remains the most common reason for ED presentation. More than half (16) of these attempts involved the use of more than one substance, but only 2 presentations involved more than 3 substances. Antidepressants remain the most common substance used in overdose.
- An emerging pattern is the increasing use of alcohol in combination with other substances.
- *Reporting on the implementation of a suicide prevention plan:* The WCDHB is required to identify three actions from its suicide prevention plan that will be the key focus for the next quarter. The following three goals have been selected:
 - Promote resilience building activities in the region to respond to early risks, promote mental health and wellbeing and prevent suicide.
 - Train the community health and social support services, staff, families, whanau, hapu, iwi and community members to identify and support individuals at risk of suicide and refer them to agencies that can help.
 - Ensure a range of accessible support services is available for families, whanau and others who are bereaved by suicide.

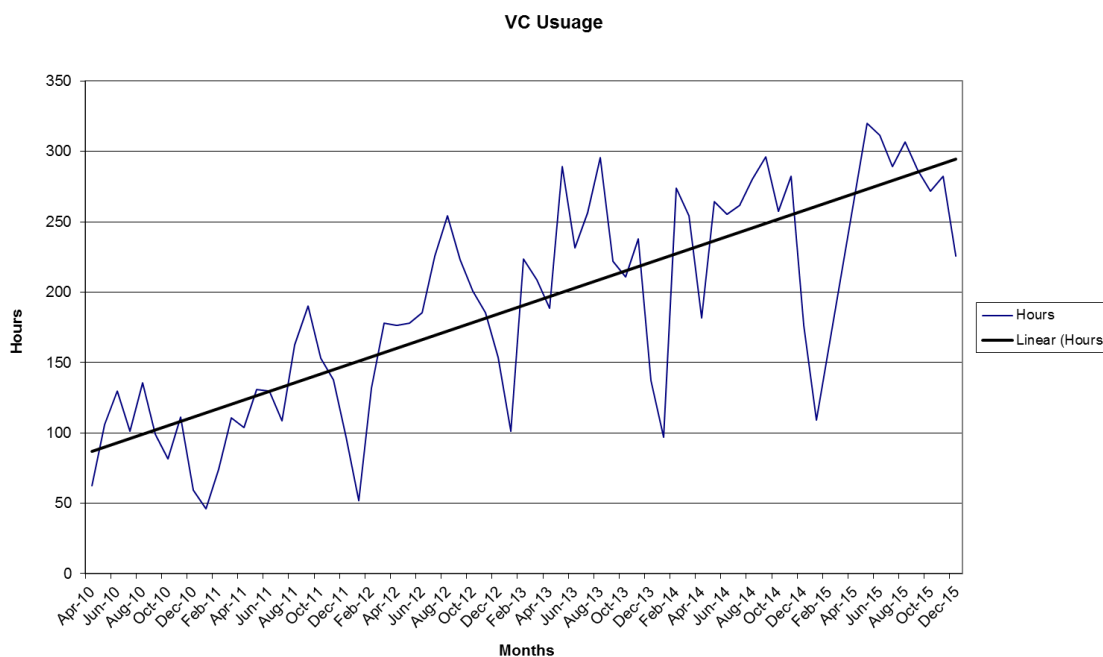
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient Transport, Within and Beyond the West Coast

- The following transport initiatives are now embedded and continue, including:
 - non-acute patient transport to Christchurch through ambulance transfer;
 - 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 Grey Base Hospital.
- We will report on changes to these services or new transport initiatives as they arise.

B: Champion the Expanded use of Telemedicine Technology

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



A: Implement the Complex Clinical Care Network [CCCN]

- The CCCN continues to provide specialist case management for the most complex clients and has further increased InterRAI assessment coverage for those receiving HCSS and entering ARC.
- The integration plan continues in Buller to implement a supported discharge response for patients who are medically stable and would benefit from a period of rehabilitation in their own home.
- The cognitive impairment (CI) working group met in December and a good start was made to identify key work for 2016 and beyond. This included ensuring ongoing training for clinicians, such as GPs who work with people affected by CI and their caregivers.

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

- Community and Public Health (CPH) has commenced work on the development of the Buller Community Profile, which includes a survey of health and social services in Buller. This survey is a Buller Interagency Group initiative. The Community Development Officer at Buller REAP is assisting CPH with this and will use some of the information collected to develop a community services directory. Information from the profile will support the Buller IFHS Workstream adoption of a population-based approach to improving health outcomes and reducing health inequality.
- *Update on Buller Older Persons Activity* - Kynnersley closed on 1 October 2015, once bed occupancy rates enabled this to occur. Dunsford now has HealthCert approval to operate an 18 bed facility, with four beds suitable for both residential and hospital level care.

Palliative care has transferred to Foote Ward. Alterations are underway which will provide a lounge for non-palliative patients and their families. The existing lounge will become part of a palliative care unit with room for family to stay overnight, a beverage bay, and access to an outdoor area. These alterations will be completed in February.

Community-based service provision to support health of older persons in Buller expanded in the last quarter. To address social isolation, the Diversional Therapist is now working in the community and has an active caseload of 34. This service assesses people's needs and develops activity plans with them which reconnect them to existing activities and services to meet their goals. This is significantly reducing social isolation for patients as well as relieving family and friends by enabling participation in activities safely. This initiative has boosted numbers taking part in social activities and availing themselves of local transport options. This supports sustainability of these services. A survey has been undertaken in the Ngakawau area to identify needs and activities available. This has resulted in people putting forward ideas for development and people volunteering to assist.

The Buller Housing Group comprising the West Coast DHB, Buller District Council, Ministry of Social Development (MSD) and Housing New Zealand meets every six weeks with the objective of improving the housing stock for older people. A housing trust interested in expanding into Buller is being invited to meet with the Buller District Council in February or April. A business case is being developed under the Te Putahitanga Whānau Ora project to establish a social enterprise that will insulate and alter people's homes. Buller Health Services has commenced a needs assessment on home insulation for people with respiratory diseases, with a particular focus on elderly and children. MSD are meeting with the Buller Interagency Group in January to discuss barriers accessing Housing New Zealand homes, and how these could be addressed.

To accelerate development of proactive care for older people in the community, an Enrolled Nurse has joined the District Nursing team (0.6 FTE), and recruitment of additional Home Based Support Workers (4.5 FTE) is now complete. A process for proactive care planning has been agreed by the Inter-Disciplinary Team, taking place (when required) following the daily IDT meeting.

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

- The last few months of 2015 saw the nurse led clinics involving Poutini Waioara, Clinical Nurse Specialists, Practice Nurses and West Coast PHO expand in both Greymouth and Hokitika.
- Changes in medical staff and the time of year have meant that discussions around how the Grey Practices would work in the future with planned and unplanned care will continue into Quarter 3.
- The HealthPathways survey was conducted and feedback on the survey will be provided to ALT at its meeting in late January.

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

- The consolidated West Coast District Health Board financial result for the month of December 2015 was a deficit of \$0.120m, which was \$0.027m unfavourable against the budgeted deficit of \$0.093m. The year to date position is now \$0.167m unfavourable.

	Monthly Reporting			Year to Date		
	Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000
Governance Arm	0	0	0	0	0	0
Funder Arm	690	(32)	722	1,673	(205)	1,878
Provider Arm	(810)	(61)	(749)	(2,366)	(321)	(2,045)
Consolidated Result	(120)	(93)	(27)	(693)	(526)	(167)

B: Implement Employee Engagement and Performance Management Processes

- **Employee Health and Wellness:** The 'Be Present this Christmas' wellbeing presentation by Dr Caroline Bell and Ciaran Fox (from the Mental Health Foundation) was made available to staff via video conference on 16 December as part of the staff wellbeing programme. Injury Management information briefings were completed with Health and Safety Committees, confirming our goals for proactive return to work outcomes. Support also continues for staff returning to work. The Occupational Health team are currently discussing the influenza programme for 2016 with nursing and exchange of ideas between Canterbury and the West Coast to increase the vaccine uptake. Safety 1st reporting of staff incident trends has been completed and reporting is being reviewed in terms of an appropriate format and audience. Progress has been made to get the monthly Workplace Inspection Checklist incorporated as a recording function in Safety 1st. This initiative will simplify the process for staff and enable lead indicators to be produced for this task.
- **Recruitment:** SMO recruitment has included an international campaign for General Physicians and Surgeons. GP recruitment has seen a permanent replacement in Greymouth and another to commence in March. Offers have been made to GPs for Buller. In Nursing, a Regional Coordinator for AOD has been appointed, and an offer for a Nurse Practitioner is underway. There are a number of senior nursing roles to be advertised in the coming weeks. A Rural Nurse Specialist has been appointed for Ngakawau. Recruitment continues for Practice Managers in South Westland and Buller.
- **Learning and Development:** The team have offered a questionnaire to several key stakeholders in the business posing three key questions and following up with meetings to better understand the needs of the business from a learning perspective. Studentships were successful again for the West Coast DHB; there was a presentation for the recipients of the studentship and scholarships.

C: Effective Clinical Information Systems

- **Mental Health Solution:** A dedicated CDHB project manager has been appointed to assist in managing the project for WCDHB and weekly project meetings are occurring. An additional .5 FTE is also being recruited for within WCDHB to help support the project resource requirements. Current planning indicates the system will be back on line February-March 2016.
- **scOPe Clinical Audit Tool:** ISG has assisted in the implementation of the "scOPe" clinical audit tool. This successfully went live on 3 December 2015. The scOPe tool provides capability to assist in complications reporting, mortality and morbidity review, surgical log books and continuing professional development.

- **ISG Policy Alignment:** WCDHB and CDHB have jointly begun an ISG policy alignment process. A business case, tender process and preferred provider has been chosen for this work. The first workshop was completed in December 2015. It is planned the policies will be finalised by 1st Quarter 2016, with the implementation within the DHBs to occur after this. The policy alignment is a critical part of the ISG strategic plan, and an enabler to a number of other joint projects such as staff and patient wifi.
- **New Facility Work:** ISG is participating heavily in a number of ICT related facility meetings. A number of ICT facility design documents have been reviewed by ISG over November and December 2016 with Nurse Call, Security and Telehealth being completed. The LAN design for the facility has been finalised with documentation provided in December 2015. An ICT planning meeting will be occurring in February 2016 to scope out work which needs to occur over the next few months relating to ICT and the new facility. WCDHB and CDHB ISG are jointly working together on facility related work as much is common with the Burwood and ASB builds occurring in Christchurch.
- **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 76 of the total 82 departments. Stage 3 which has yet to be deployed regionally creates a fully end to end electronic process. The remaining departments are mental health related and require some detailed involvement with the Mental Health service to ensure sensitive referrals are dealt with appropriately. By next report a timeframe should be available to transition these services to stage 2 electronic referrals.
- **IT Infrastructure replacement:** An investment in upgrading some systems at the end of their life has been approved with the remote access system, mail system, terminal replacement, Uninterruptable Power Supply system and improvements to medtech32 all being completed.
 - A Statement of Work has been approved for the implementation of a new load balanced firewall for WCDHB. A CDHB project manager and architect are assisting with the project. The new load balanced firewall was commissioned successfully in December 2015.
 - Business case approved for services to replace some Windows 2003 servers. There are 92 servers within the WCDHB datacentre, of which there are 17 remaining which need to be migrated.

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

External Communications

- Media interest:
 - Grey base rebuild/facilities
 - Cardiac targets and DHB performance
 - Outstanding annual leave balances
 - Patient complains about treatment and racism
 - Otira bus crash – GP patients being asked to pay
 - STI rates low on the West Coast
 - South Westland GPs/Nurse Practitioner
 - Buller GP waiting times

- Kawatiri Birthing Unit progress
- First Coast babies
- Media releases were issued on:
 - Plunket to provide free parenting and pregnancy education
 - Reduction in serious adverse events

Internal Communications

- CE Update – December & January
- Weekly global update email
- Healthy eating policy (with Healthy West Coast)

External engagement

- Hospital history advisory committee
- Water testing communications (with Community and Public Health)
- Pregnancy & Parenting Education communications (with CDHB)
- Facebook posts on WCDHB Careers page
- Twitter posts on WCDHB Careers page

External publications

- Focus on Patients: Quality Accounts distributed
- Pharmacy patient brochure

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES
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Key Achievements/Issues of Note

- **Health Promoting Schools (HPS):** During late November and early December 2015 the HPS School Community Health and Wellbeing Review Tool was completed with seven schools across the West Coast. The review tool is a useful way for schools to provide evidence of self-review and progress in terms of health and wellbeing in their school community. The discussions held with principals and staff were robust, and planning for HPS involvement in 2016 was central to these discussions. It is positive to see schools valuing and being committed to the health and education partnership.
- **Community Nutrition:** CPH staff have recently met with some key contacts in Westport and will be running an Appetite for Life course with 37 clients starting in February. We are also developing strategies to streamline our referral process and the overall experience of Appetite for Life. CPH staff have continued to work with Early Childhood Centres to support the development of healthy kai policies. We recently visited Kids First in Franz Josef where six parents and one teacher attended a healthy eating workshop. It is encouraging to see that this centre is proactive in ensuring healthy kai is available. Since opening, there has been a “no packets” approach and encouraging healthy beverages by ensuring each child has a drink bottle filled up with water available at all times.
- **MoH Tobacco Realignment:** Following the submission of a Registration of Interest, CPH was successful in the next stage of the MoH Tobacco Realignment – Regional/ Local Stop Smoking Services process. This process follows the announcement that the Aukati Kaipaipa service will no longer be funded past 30 June 2016. CPH has been invited to


submit a Request for Proposal (RFP). A working group representing a number of local organisations and knowledge of smoking cessation and Maori health has been convened and is currently working on the RFP to propose a smoking cessation service model they believe will work best on the West Coast.

- **Healthy Food and Beverage Environments Policy:** Over the last six-months, DHBs and the Ministry of Health have been working together to strengthen DHB Healthy Food & Beverage guidelines and attempt national alignment across the sector. This has included the development and agreement of high level principles, under which individual DHBs' detailed policies will be developed. The principles are based substantially on the new *Eating and Activity Guidelines for New Zealand Adults*. WCDHB EMT endorsed a principles based document on 23 December 2015 and work is continuing on the detailed policy, with the expectation that this will be completed by 30 June 2016.
- **Alcohol Licensing:** CPH's alcohol licensing officer attended a Grey District Council meeting to present a submission on behalf of the Medical Officer of Health as Council considered whether or not to continue deferring the development of a Local Alcohol Policy for Grey District. The submission was well received and CPH has been asked to provide updated evidence on alcohol-related harm in the community, in particular in relation to trading hours.

Report prepared by:

David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Target	Status	Progress
 Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.4%	99.7%	99.7%	99.7%	95%	✓	The West Coast DHB continues to achieve impressive results against the shorter stays in ED health target, with 99.6% of patients admitted, discharged or transferred from ED within six hours during Quarter 2.
 Improved Access to Elective Surgery West Coast's volume of elective surgery	1,288 YTD	480 ²	1,721	802 Nov	824 YTD	✗	802 elective surgical cases were delivered to Coasters in the year to date November 2015, representing 97% of our year-to-date target delivery. At just 22 discharges short of our year-to-date target, it is not anticipated there will be any difficulty in making up this shortfall.
 Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	62.5%	50%	50%	TBC	85%	✗	Work around the faster cancer treatment health target continues, with 50% of patients (4/8) having received their first cancer treatment or other management within 62 days of being referred in Quarter 1. While improvement against this target is a significant priority, small numbers remain challenging. All four non-compliant patients were complex cases with comorbidities. Data for Quarter 2 is expected in the coming weeks.
 Increased Immunisation Eight-month-olds fully immunised	89%	88.4%	85%	80.9%	95%	✗	While West Coast DHB has not met the increased immunisation health target, we are pleased to have vaccinated 99% of the eligible consenting population with only one child missed. Opt-off & declines increased to a combined total of 18%, which is reflected in our reduced results and made meeting target impossible this quarter. The single missed child has since been immunised.
 Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ³	97.8%	91.1%	97.8%	96.4% Prelim	95%	✓	During Quarter 2, West Coast DHB staff provided 96.4% of hospitalised smokers with smoking cessation advice and support, meeting target. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker
 Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	94%	84.5%	90.2%	TBC	90%	✗	Performance against the primary care better help for smokers to quit health target shows a decrease in Quarter 1, not meeting the target at 84.5%. This drop was expected following a national definition change, with the target's focus now not only on smokers expected to present to general practice, but the West Coast population as a whole. Internal preliminary data suggests performance will decrease in Quarter 2.
 More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	90.3%	91%	91.1%	TBC	90%	✓	Performance against the more heart and diabetes checks health target was maintained in Quarter 1, once again meeting the target. Internal preliminary data suggests performance will be maintained in Quarter 2.

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

² Coding delays have meant this result is preliminary. More recent results show 487 discharges were complete as at the end of September 2014, reflecting 94.2% of target.

³ Results may vary slightly due to coding timeframes

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 12 February 2016

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders Update

3. DISCUSSION

Workforce

The department of nursing is working with local management and Otago University to provide and prioritise West Coast nurses to access Health Workforce New Zealand (HWNZ) funded postgraduate studies without leaving the Coast. Accessing this level of education is part of preparing our generalist and sometimes isolated workforce for new ways of working. Initial planning has commenced to run the Advance Health Assessment Paper in Buller.

An initiative is being developed to increase the visibility and accessibility of staff involved with clinical practice development in outlying areas. The plan includes working with staff located in the West Coast's remote areas to determine professional development needs and taking a 'cluster-care' approach to efficiently deliver face-to-face, on-site training, education, and professional support to isolated staff who cannot easily leave their clinical posts. This cluster includes the maternity educator, resuscitation service leader, nurse educator and the associate director of nursing: clinical practice development.

The recruitment process for the Associate Director of Allied Health is almost complete. West Coast and Canterbury Allied Health staff are continuing to work together on the development of the Allied Health Strategic Workforce plan. The Calderdale framework implementation projects are well underway and there is very good networking and regional collaboration occurring.

Quality and Safety

The midwifery team have re-engaged with the Quality Leadership Programme (QLP) with an aim for 90% – 100% completion of within the team. This programme is similar to the nursing Professional Development and Recognition Programme (PDRP) which enables clinicians to develop a professional portfolio to document clinical proficiency and competencies with a quality and leadership focus. For midwifery, this aligns with the portfolios that all midwives submit for the biannual standards review process with the College of Midwives.

The WCDHB supported the provision of 57 multidisciplinary maternity courses locally in 2015, to support ongoing clinical excellence in the service.

A review has commenced to look at the effectiveness and improvement of the maternity service following the implementation of the Maternity Review recommendations one year on. Feedback from women continues to be positive with the satisfaction rates at 95% – 100% from consumers who have fed back via the ‘we care about your care’ patient satisfaction survey.

This year the service will also be running consumer feedback forums in Buller, Greymouth and Hokitika. This is to encourage further feedback from women who have had babies during 2015.

A project is underway to refine existing processes for accessing Controlled Drug medications urgently in rural areas, for clinical situations that fall outside of the PRIME emergency response and associated Standing Orders. This project is aimed at maintaining safe medication practices that are ‘best-for-patient’.

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 clinical vacancies are filled and we have been successful in filling one 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

TO: Chair and Members
Quality, Finance, Audit & Risk Committee

SOURCE: People and Capability

DATE: 12 February 2016

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

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

2. RECOMMENDATION

That the Committee:

- i Notes and supports the direction outlined in this paper.

3. UPDATE

General

- As indicated in the recent People and Capability Decision Document following a Proposal for Change process, a new role of Manager - Wellbeing, Health and Safety has been created to provide additional strategic leadership capacity to the function. Mark Lewis has been appointed to this role, and commenced on 11 January 2016
- Following the external health and safety review conducted in late 2015, the health and safety systems review report is expected to be received in draft within the next fortnight. It will be reviewed for any corrections to matters of fact, before being considered by the Executive Management Team. We expect that the report, including the management response to areas identified for improvement and forward workplan, will be provided to the 10 March QFARC meeting
- Work continues on the development of a means to collate statistical reports from a variety of systems to enable audits to be completed on a number of indicators for wellbeing, health and safety performance

Wellbeing

The 'Be Present this Christmas' wellbeing presentation by Dr Caroline Bell and Ciaran Fox (from the Mental Health Foundation) was made available to West Coast DHB staff via video conference on 16 December 2015.

Occupational Health

The staff influenza program for 2016 has been discussed with the nurses and an exchange of ideas between Canterbury and the West Coast to encourage an increase in vaccine uptake by the staff has taken place.

Safety

Safety 1st reporting of staff incident trends has been completed and reporting is being reviewed in terms of an appropriate format and audience.

Injury Management

- Information briefings were completed with H&S Committees, confirming our goals for proactive return to work outcomes
- Support for staff returning to work continues to be provided by a staff member on secondment with support from the Canterbury DHB team

Report prepared by: Marilyn McLeod, Health and Safety Manager

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

FINANCE REPORT

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance

DATE: 12 February 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 31 December 2015.

3. DISCUSSION

Overview of December 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 December 2015 was a deficit of \$0.120m, which was \$0.027m unfavourable against the budgeted deficit of \$0.093m. The year to date position is now \$0.167m unfavourable. The table below provides the breakdown of December's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,776	7,014	(238)	x	41,669	42,129	(460)	x
Governance & Administration	125	69	56	v	487	414	73	v
Funds & Internal Eliminations	4,899	4,718	181	v	28,542	28,326	216	v
	11,800	11,801	(1)	x	70,698	70,869	(171)	x
EXPENSES								
Provider								
Personnel	5,248	5,045	(203)	x	30,526	30,270	(256)	x
Outsourced Services	0	8	8	v	22	48	26	v
Clinical Supplies	659	617	(42)	x	3,950	3,702	(248)	x
Infrastructure	1,075	821	(254)	x	6,198	4,926	(1,272)	x
	6,982	6,491	(491)	x	40,696	38,946	(1,750)	x
Governance & Administration	125	69	(56)	x	487	414	(73)	x
Funds & Internal Eliminations	4,209	4,750	541	v	26,869	28,531	1,662	v
Total Operating Expenditure	11,316	11,310	(6)	x	68,052	67,891	(161)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	484	491	(7)	x	2,646	2,978	(332)	x
Interest, Depreciation & Capital Charge	604	584	(20)	x	3,339	3,504	165	v
Net surplus/(deficit)	(120)	(93)	(27)	x	(693)	(526)	(167)	x

4. APPENDICES

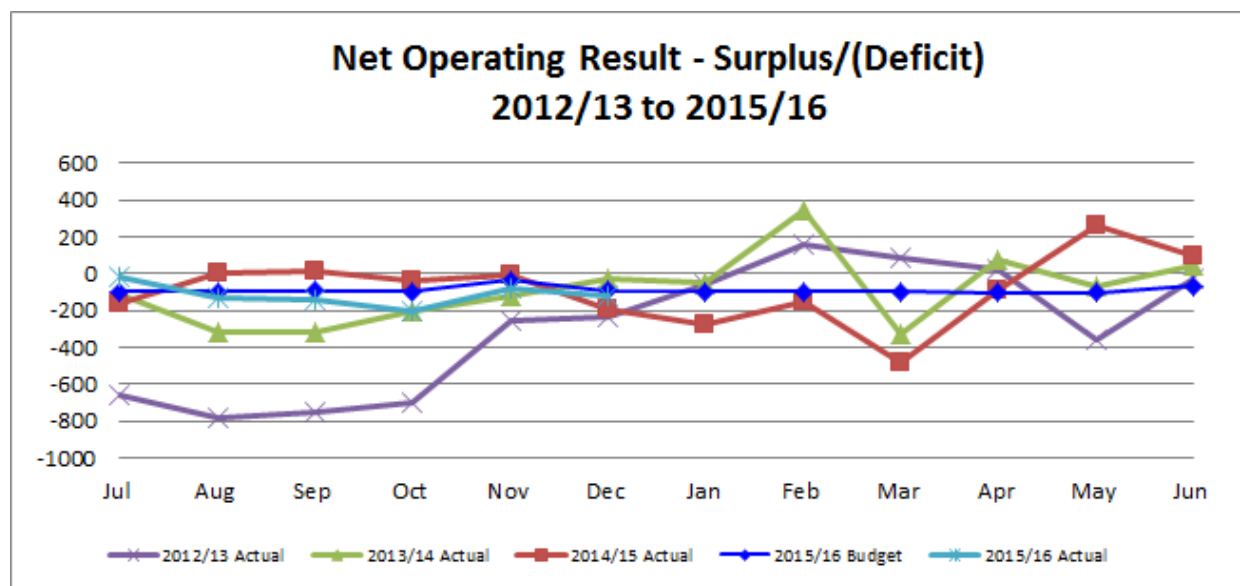
Appendix 1:	Financial Results for the period ending 31 December 2015
Appendix 2:	Statement of Comprehensive Revenue & Expense – December 2015
Appendix 3:	Statement of Financial Position – December 2015
Appendix 4:	Cashflow – December 2015

Report prepared by: Justine White, General Manager Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – DECEMBER 2015

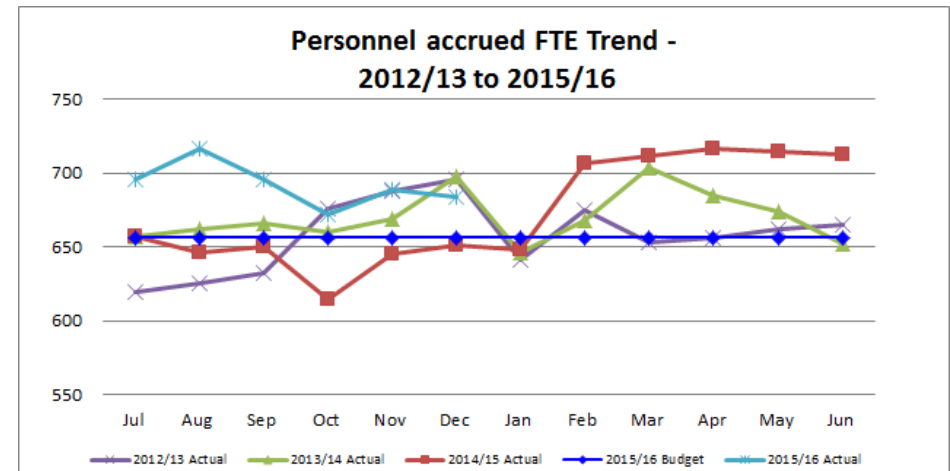
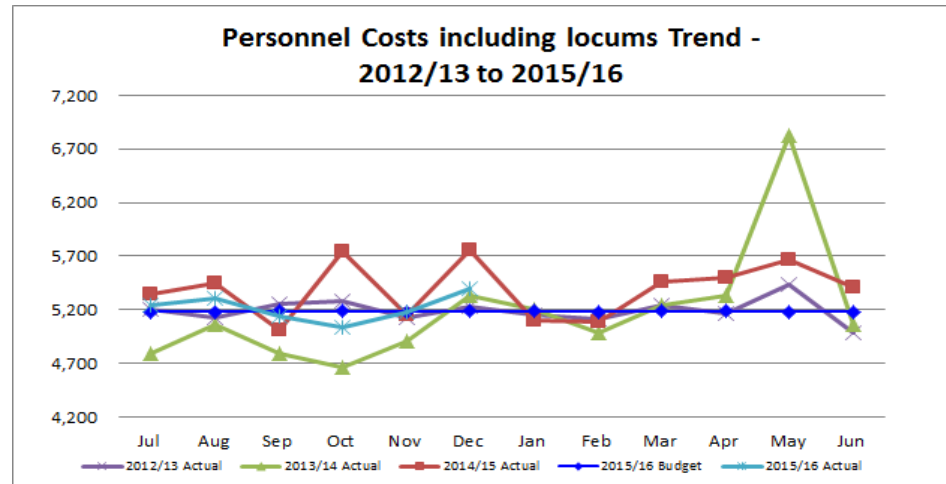
	Month Actual \$'000	Month Budget \$'000	Month Variance		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(120)	(93)	(27)	29% X	(693)	(526)	(167)	32% X



We have submitted an Annual Plan with a planned deficit of \$878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. The YTD result reflects a significant cost incurred in October in relation to redundancies associated with the closure of the Kynnersley rest home in Buller, although these costs were incurred in October these are expected to be recovered over the balance of the financial year.

KEY RISKS AND ISSUES

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

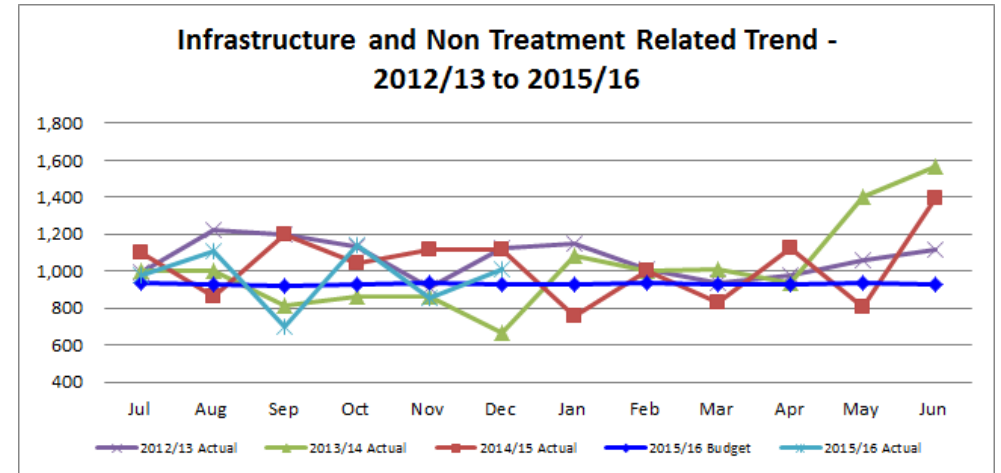
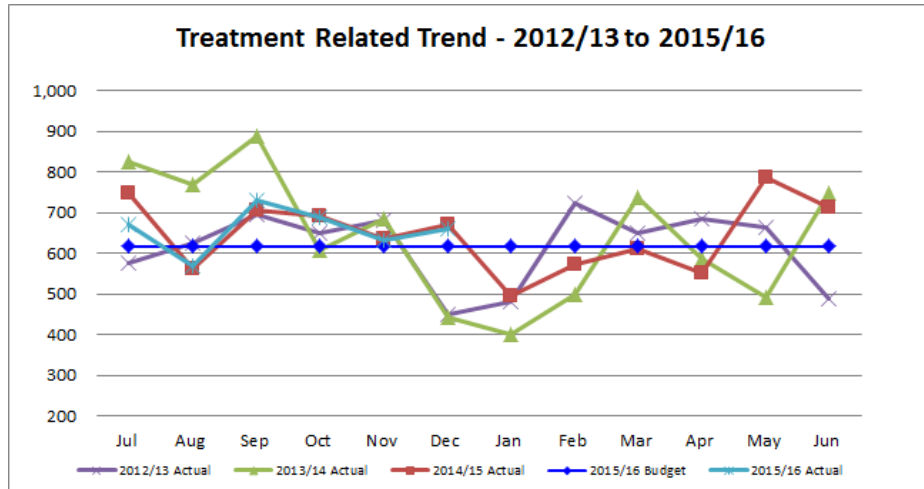


KEY RISKS AND ISSUES

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

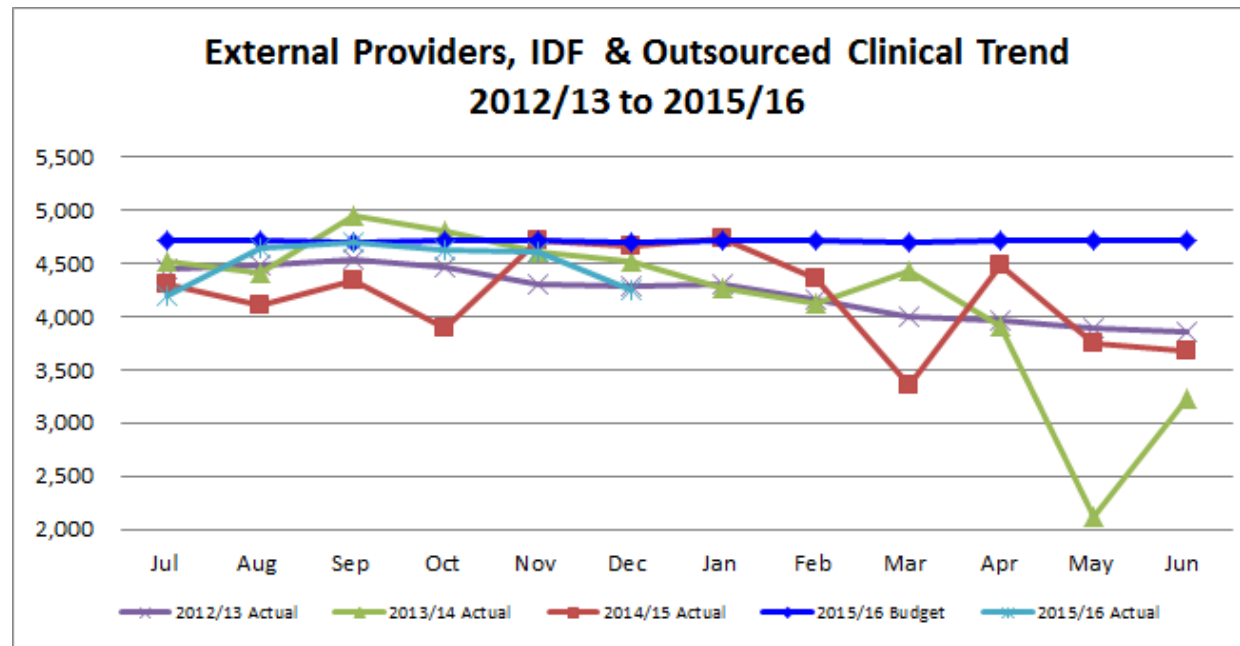


KEY RISKS AND ISSUES

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

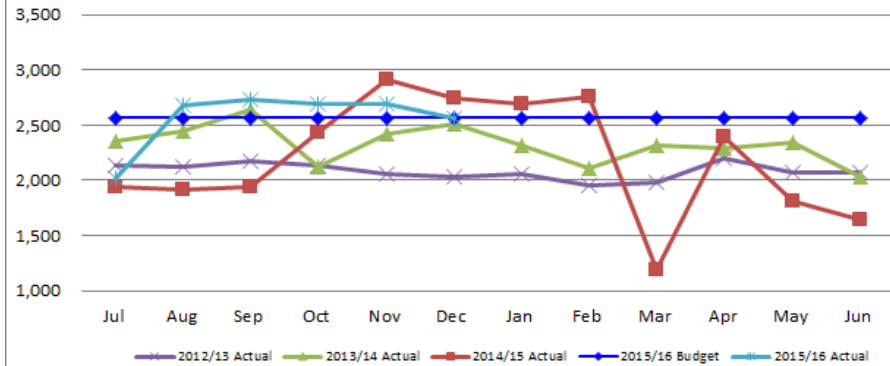
Capacity constraints within the system require continued monitoring of trends and demand for services.

Planning and Funding Division
Month Ended December 2015

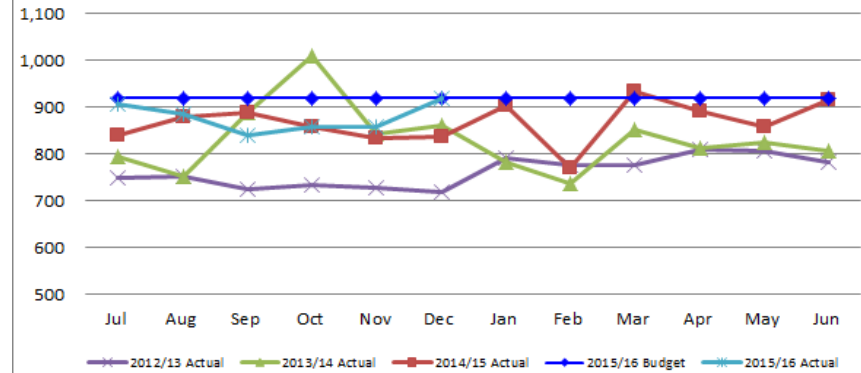
Current Month				Year to Date				2015/16 Annual Budget
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance	
\$000	\$000	\$000	%		\$000	\$000	\$000	
				Primary Care				
21	31	9	30% ✓	Dental-school and adolescent	167	184	18	10% ✓
24	26	2	9% ✓	Maternity	172	158	-14	-9% ✗
0	1	1	100% ✓	Pregnancy & Parent	0	4	4	100% ✓
0	3	3	100% ✓	Sexual Health	0	17	17	100% ✓
2	4	2	60% ✓	General Medical Subsidy	15	25	10	39% ✓
549	513	-37	-7% ✗	Primary Practice Capitation	3,112	3,076	-36	-1% ✗
91	91	0	0% ✓	Primary Health Care Strategy	546	547	1	0% ✓
87	87	1	1% ✓	Rural Bonus	524	524	0	0% ✓
4	5	1	28% ✓	Child and Youth	24	29	5	18% ✓
8	13	5	39% ✓	Immunisation	42	75	34	44% ✓
4	5	1	20% ✓	Maori Service Development	23	28	6	20% ✓
-8	52	60	116% ✓	Whanua Ora Services	200	313	113	36% ✓
17	18	1	7% ✓	Palliative Care	53	108	55	51% ✓
8	6	-2	-26% ✗	Community Based Allied Health	43	38	-5	-13% ✗
9	12	3	27% ✓	Chronic Disease	53	72	19	27% ✓
42	53	12	22% ✓	Minor Expenses	257	320	62	20% ✓
856	920	64	7% ✓		5,231	5,518	287	5% ✓
				Referred Services				
24	23	0	-1% ✗	Laboratory	176	140	-37	-26% ✗
558	663	106	16% ✓	Pharmaceuticals	3,663	3,980	317	8% ✓
581	687	105	15% ✓		3,840	4,120	280	7% ✓
				Secondary Care				
202	263	61	23% ✓	Inpatients	1,357	1,576	219	14% ✓
161	126	-35	-28% ✗	Radiology services	742	755	13	2% ✓
121	114	-7	-6% ✗	Travel & Accommodation	652	681	29	4% ✓
1,174	1,375	201	15% ✓	IDF Payments Personal Health	8,281	8,251	-30	0% ✗
1,657	1,877	220	12% ✓		11,031	11,263	232	2% ✓
3,094	3,483	389	11% ✓	Primary & Secondary Care Total	20,102	20,901	799	4% ✓
				Public Health				
21	25	4	15% ✓	Nutrition & Physical Activity	131	147	16	11% ✓
0	0	0	✓	Public Health Infrastructure	0	0	0	✓
12	11	-1	-8% ✗	Tobacco control	67	65	-2	-4% ✗
0	0	0	✓	Screening programmes	0	0	0	✓
33	35	3	8% ✓	Public Health Total	198	212	13	6% ✓
				Mental Health				
3	6	2	40% ✓	Dual Diagnosis A&D	12	33	21	63% ✓
0	2	2	100% ✓	Eating Disorders	0	11	11	100% ✓
20	20	0	0% ✓	Child & Youth Mental Health Services	120	120	0	0% ✓
18	5	-13	-257% ✗	Mental Health Work force	77	30	-47	-156% ✗
61	61	0	0% ✓	Day Activity & Rehab	364	365	0	0% ✓
11	11	0	1% ✓	Advocacy Consumer	64	64	0	0% ✓
81	81	0	0% ✓	Other Home Based Residential Support	485	485	0	0% ✓
11	11	0	-3% ✗	Advocacy Family	66	66	0	0% ✗
10	10	0	1% ✓	Community Residential Beds	72	59	-14	-24% ✗
0	0	0	✓	Minor Expenses	0	0	0	✓
65	65	0	0% ✗	IDF Payments Mental Health	388	388	0	0% ✗
279	270	-9	-3% ✗		1,649	1,621	-29	-2% ✗
				Older Persons Health				
0	9	9	100% ✓	Information and Advisory	0	57	57	100% ✓
0	0	0	100% ✓	Needs Assessment	0	1	1	100% ✓
86	70	-16	-23% ✗	Home Based Support	461	418	-43	-10% ✗
6	8	2	23% ✓	Caregiver Support	34	48	14	29% ✓
191	281	90	32% ✓	Residential Care-Rest Homes	1,459	1,685	226	13% ✓
12	5	-8	-163% ✗	Residential Care-Community	69	28	-41	-149% ✗
361	360	-2	0% ✗	Residential Care-Hospital	2,108	2,159	51	2% ✓
0	0	0	✓	Ageing in place	0	0	0	✓
11	0	-11	✗	Day programmes	59	0	-59	✗
22	15	-7	-48% ✗	Respite Care	70	90	20	22% ✓
1	1	0	0% ✓	Community Health	8	8	0	0% ✓
8	1	-7	-527% ✗	Minor Disability Support Expenditure	26	8	-18	-227% ✗
91	91	0	0% ✗	IDF Payments-DSS	545	545	0	0% ✗
790	841	49	6% ✓		4,839	5,046	207	4% ✓
1,069	1,111	40	4% ✓	Mental Health & OPH Total	6,488	6,667	178	3% ✓
4,195	4,630	434	9% ✓	Total Expenditure	26,788	27,779	991	4% ✓

EXTERNAL PROVIDER COSTS

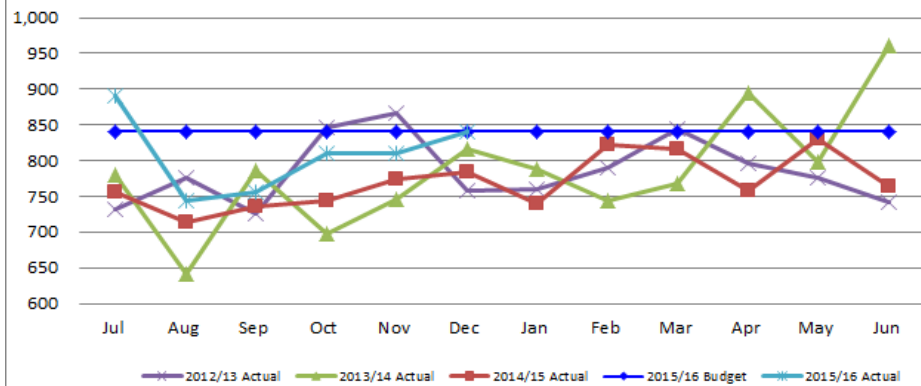
**Secondary and Referred Services Trend
2012/13 to 2015/16**



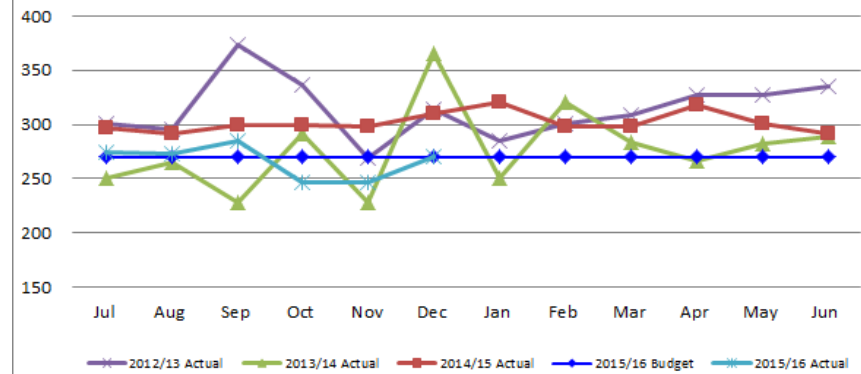
Primary Care Trend 2012/13 to 2015/16



Older Persons Health Trend 2012/13 to 2015/16



Mental Health Trend 2012/13 to 2015/16



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	11,803	8,635	3,168	37% ✓	9,083
Cash	16,348	9,250	7,098	77% ✓	10,201

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 COMPREHENSIVE REVENUE & EXPENSE

For period ending

31 December 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 15/16	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,368	11,331	37	0.3%	67,938	67,987	(49)	(0.1%)	135,973	134,166
Inter DHB Revenue	1	5	(4)	(80.0%)	6	30	(24)	(80.0%)	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	736	768	(32)	(4.2%)	1,560	1,497
Patient Related Revenue	230	262	(32)	(12.2%)	1,477	1,572	(95)	(6.0%)	3,144	3,000
Other Revenue	76	75	1	1.4%	541	513	29	5.6%	1,188	1,162
Total Operating Revenue	11,800	11,801	(1)	(0.0%)	70,698	70,869	(171)	(0.2%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,402	5,117	(285)	(5.6%)	31,255	30,680	(575)	(1.9%)	61,352	64,688
Outsourced Services	15	8	(7)	(87.5%)	52	48	(4)	(8.3%)	96	82
Treatment Related Costs	659	617	(42)	(6.8%)	3,950	3,702	(248)	(6.7%)	7,404	7,736
External Providers	2,970	3,093	123	4.0%	18,199	18,580	381	2.1%	37,190	35,196
Inter District Flows Expense	1,239	1,530	291	19.0%	8,670	9,189	519	5.6%	18,368	14,789
Outsourced Services - non clinical	25	73	48	65.8%	146	438	292	66.7%	876	325
Infrastructure and Non treatment related costs	1,006	927	(79)	(8.5%)	5,783	5,574	(209)	(3.7%)	11,157	12,350
Total Operating Expenditure	11,316	11,365	49	0.4%	68,055	68,211	156	0.2%	136,443	135,166
Result before Interest, Depn & Cap Charge	484	436	48	11.0%	2,643	2,658	15	0.6%	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	55	68	13	19.1%	327	418	91	21.8%	828	732
Depreciation	415	395	(20)	(5.1%)	2,490	2,370	(120)	(5.1%)	4,740	4,238
Capital Charge Expenditure	134	66	(68)	(103.0%)	519	396	(123)	(31.1%)	792	772
Total Interest, Depreciation & Capital Charge	604	529	(75)	(14.2%)	3,336	3,184	(152)	(4.8%)	6,360	5,742
Net Surplus/(deficit)	(120)	(93)	(27)	(29.0%)	(693)	(526)	(167)	(31.7%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(120)	(93)	(27)	(29.0%)	(693)	(526)	(167)	(31.7%)	(878)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 December 2015

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
25,407	24,841	566	2.3%	25,904
771	651	120	18.4%	771
2,194	1,568	626	39.9%	2,194
567	567	0	0.0%	70
28,939	27,627	1,312	4.7%	28,939
16,348	9,250	7,098	76.7%	16,348
73	60	13	21.7%	73
999	1,100	(101)	(9.2%)	999
12,884	4,218	8,666	205.5%	12,884
0	136	(136)	(100.0%)	0
30,304	14,764	15,540	105.3%	30,304
59,243	42,391	16,852	39.8%	59,243
11,195	11,195	0	0.0%	11,195
2,822	2,895	73	2.5%	2,822
14,017	14,090	73	0.5%	14,017
3,250	3,250	0	0.0%	3,250
20,847	7,248	(13,599)	(187.6%)	20,847
9,326	9,168	(158)	(1.7%)	9,326
33,423	19,666	(13,757)	(70.0%)	33,423
47,440	33,756	(13,684)	(40.5%)	47,440
71,753	70,693	(1,060)	(1.5%)	71,753
22,082	19,569	(2,513)	(12.8%)	22,082
(82,032)	(81,666)	366	0.4%	(82,032)
0	39	0	0.0%	0
11,803	8,635	(3,168)	(36.7%)	11,803
59,243	42,391	16,852	39.8%	59,243

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

31 December 2015

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	25,344	11,757	13,587	115.6%	82,985	70,605	12,380	17.5%
Cash paid to employees	(5,326)	(5,117)	(209)	(4.1%)	(31,837)	(30,680)	(1,157)	(3.8%)
Cash paid to suppliers	(3,012)	(1,633)	(1,379)	(84.4%)	(11,485)	(9,820)	(1,665)	(17.0%)
Cash paid to external providers	(3,004)	(3,093)	89	2.9%	(18,389)	(18,580)	191	1.0%
Cash paid to other District Health Boards	(1,205)	(1,530)	325	21.2%	(8,480)	(9,189)	709	7.7%
<i>Cash generated from operations</i>	12,797	384	12,413	3232.7%	12,794	2,336	10,458	447.7%
Interest paid	(55)	(60)	5	8.3%	(327)	(360)	33	9.2%
Capital charge paid	(245)	(66)	(179)	(271.2%)	(519)	(396)	(123)	(31.1%)
Net cash flows from operating activities	12,497	258	12,239	4744.0%	11,948	1,580	10,368	656.2%
Cash flows from investing activities								
Interest received	20	44	(24)	(54.5%)	186	264	(78)	(29.5%)
(Increase) / Decrease in investments	0	0	0		0	0	0	0.0%
Acquisition of property, plant and equipment	(243)	(322)	79	24.5%	(1,513)	(1,932)	419	(21.7%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(223)	(278)	55	(19.8%)	(1,327)	(1,668)	341	20.4%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	0	0	0.0%
Repayment of equity	0	0	0		86	0	86	
<i>Cash generated from equity transactions</i>	0	0	0		86	0	86	
Borrowings raised								
Repayment of borrowings	0	0	0		(7)	0	(7)	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	0	0	0		79	0	79	
Net increase in cash and cash equivalents	12,274	(20)	12,294	(61472.2%)	10,700	(88)	10,788	(12259.6%)
Cash and cash equivalents at beginning of period	4,074	10,197	(6,123)	(60.0%)	4,074	10,197	(6,123)	(60.0%)
Cash and cash equivalents at end of year	16,348	10,177	6,171	60.6%	14,774	10,109	4,665	46.2%

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 28 JANUARY 2016



TO: Chair and Members
West Coast District Health Board

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

DATE: 12 February 2016

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

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 28 January 2016.

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 – 28 January 2016.

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:

Health Promoting Schools (HPS)

During late November and early December 2015 the HPS School Community Health and Wellbeing Review Tool was completed with seven schools across the West Coast.

In 2015 nine local schools were successful in their application to Ministry of Education's Teacher Led Innovation Fund. The purpose of this is fund to support teachers to develop ways to improve learning, particularly for Maori, Pasifika, those that have special learning education needs, and other minority students.

Community Nutrition

Community & Public Health have recently met with some key contacts in Westport and will be running an Appetite for Life course commencing in February.

They have also been continuing work with Early Childhood Centres to support the development of healthy kai policies. They recently visited "Kids First", in Franz Josef. This was a valuable visit, with six parents and one teacher attending the healthy eating workshop.

Ministry of Health Tobacco Realignment

Following the submission of a Registration of Interest, Community & Public Health were successful in the next stage of the MoH Tobacco Realignment – Regional/Local Stop Smoking Services process. This process follows the announcement that the Aukati Kaipapa service will no longer be funded past 30 June 2016. Community & Public Health has been invited to submit a Request for Proposal (RFP). A working group representing a number of local organisations and knowledge with smoking cessation and Maori health are currently working on the RFP to propose a smoking cessation model they believe will work best on the West Coast.

Healthy Food and Beverage Environments Policy

Over the last six-months, DHBs and the MoH have been working together to strengthen DHB Healthy Food & Beverage guidelines and attempt national alignment across the sector. This has included the development and agreement of high level principles, under which individual DHBs detailed policies will be developed. West Coast DHB EMT endorsed a principles based document on the 23 December 2015 and work will continue on the detailed policy, with the expectation that this will be completed by 30 June 2015.

Alcohol Licensing

A presentation has been developed by Community & Public Health that focuses on the responsibilities of a Duty Manager including:

- The provision of free water, non alcohol drinks and low alcohol drinks
- The provision of safe alternative transport options
- Denying intoxicated people entry into licences premises and not allowing people to become intoxicated on a licensed premise.
- The provision of substantial food items available at all times of the licence
- Denying service to any person under the age of 18 and requesting identification from any person that looks under 25 years of age
- The keeping of a 'log book' and suggestions of information to be recorded in the log book
- Ethical issues e.g. what would they do if a young vulnerable looking intoxicated person arrives at their licensed premises alone.

Community & Public Health attended a Grey District Council meeting and made submissions on behalf of the Medical Officer of Health regarding the implementation of a Local Alcohol Policy in Grey District. The submissions were well received by Council and Community & Public Health has been asked to gather further evidence on the harm caused to the community relating to the Sale and Supply of Alcohol Act 2012 'default national maximum trading hours' 8.00am until 4.00am the following day.

In January Community & Public Health conducted monitoring at the Kumara Races, Kumara Racecourse Westland District and licensed premises in Westland District and Grey District within a 50km radius of Kumara Racecourse.

Buller Community Profile

A number of interviews have been held with local health and social service providers in the Buller to gather information for the Buller Community Profile. There has been a very positive response from all of those involved so far and some very valuable information gathered.

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 DHB continues to achieve 99.5% of patients admitted, discharged or transferred from Grey Base ED within six hours during October 2015. An impressive 96% were seen within just four hours.
- All patients were compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) and First Specialist Assessment to surgical treatment (ESPI 5) in November. Preliminary results for December are showing three patients non-compliant against ESPI 5.

Key Issues & Associated Remedies

- West Coast DHB has not met target in December, delivering B4 School Checks to 27% of the total eligible population and 25% of the high deprivation population against the 45% 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 November 2015 by 22 discharges, representing 97% of target. It is not anticipated that we will have any difficulties meeting our overall Electives Health Target volumes by year-end.
- Performance against the Primary Care Smokers Better Help to Quit Health Target has decreased in Quarter 1. West Coast health practitioners have reported giving 4,744 smokers cessation advice—84.5% of smokers enrolled with the PHO, against our 90% target. This drop was anticipated following a national definition change.

The Committee discussed the low figures provided for the B4 School checks and were advised that management are currently looking at ways to make this a more robust service.

Discussion took place regarding Well Child checks and further information regarding this will be provided at the next meeting.

Concern was expressed regarding the wait times for Mental Health for 0 – 19 years and Management undertook to provide some further information around this.

The report was noted.

c) **ALLIANCE UPDATE**

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

Alliance Leadership Team

The Alliance Leadership Team met during November to begin discussions about focus areas for 2016/17 Annual Planning. Members were agreed that the five top priorities remain as for the 2015/16 year, namely:

1. Continuing to develop an integrated, cohesive system.
2. The importance of primary care as a key foundation, and resourcing this correctly.
3. Maori health inequity.
4. Rural lens and ensuring services work Coast-wide.
5. IT as an enabler.

A Maori health workshop was held just prior to the ALT planning workshop to develop focus areas for Maori health. This will then become part of the ALT planning package for work streams. First drafts of work stream plans for the 16/17 year will be reviewed by the ALT in late January 2016

Health of Older Persons

- To identify how Coast wound care expertise is shared and areas for improvement, wound care process mapping sessions with Aged Residential Care, Home Based Support and District Nursing were held during Quarter 2.
- A working group was formed in Q2 to bring key clinicians from the CCCN, Psychiatric Older Persons Health Services and Palliative Care together to plan for further improvements.

Grey/Westland & Buller Family Health Services (IFHS)

- Significant work has been undertaken to look at improving the communication of information from secondary care to primary care. This has included leveraging on existing tools such as Health Connect South (HCS) as well as process improvements in the way we work. This work will continue through 2016.
- Work is ongoing to develop regular reporting identifying the distance travelled by our communities for the purposes of specialist appointments. This will be used as a tool to identify and communicate opportunities for greater use of telehealth across the Coast. The promotion of Poutini Waiora services within the Buller Region has been successful, developing a more co-ordinated approach to health care for the Buller Maori population. This has now led to similar clinics being held in Greymouth and Hokitika.

Healthy West Coast

- Work continues to develop a West Coast DHB Nutrition Policy in line with DHBs nationally. The first stage of this, the removal of sugar-sweetened beverages from sale in DHB owned premises, has been completed.
- Plunket have been confirmed as the new provider for Pregnancy and Parenting Education for the West Coast. The team are working with local educators to establish systems for centralised registration of classes as well as developing a flexible model to allow increase engagement with target groups (young, Maori and high deprivation).

Child and Youth

- Work continues to promote the benefits of registering with a Lead Maternity Carer early in pregnancy. HealthPathways information for GPs and Primary Care is being reviewed and

further promotion through pharmacies and supermarkets (where pregnancy test kits are purchased) is planned.

- The Youth Health Action Group has begun to work with Westland District Council on the development of its Youth Development Strategy.

Pharmacy

- Pharmacist to General Practice Programme: Current activity and lessons learnt for each pharmacy have been discussed as a group. Time commitment continues to be limiting. Pharmacies are seeking to shift the focus of activity from the quality of prescribing to monitoring of treatment and being part of the treatment decision process. This will involve more frequent participation in the CCCN and linking the pharmacy long term conditions service to structured long term conditions management by general practice and DHB services.
- A further cultural competency programme will be developed and tailored for pharmacy to be delivered at individual pharmacies.

The report was noted.

d) GENERAL BUSINESS

The Chair informed the Committee that the Disability Information Advisory Services (DIAS) review has commenced and will be undertaken by Sapere. This review will now also include the review of Needs Assessment & Services Coordination (NASC) so the services can be looked at in a collaborative way.

e) PRESENTATIONS

In conjunction with the Hospital Advisory Committee, the Committee received 2 presentations. The first presented by Moya Beech-Harrison, General Manager, Poutini Waiora, on the Mana Tamariki Programme and the second from Wayne Turp, Planning & Funding in Canterbury around Child and Youth Health.

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 28 January 2016 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

3 December 2015

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

4. Community and Public Health Update

Claire Robertson
Team Leader, Community and Public Health

9.10am - 9.20am

5. Planning & Funding Update

Phil Wheble
Team Leader, Planning & Funding

9.20am – 9.30am

6. Alliance Update

Phil Wheble
Team Leader, Planning & Funding

9.30am – 9.40am

7. 2016 Committee Workplan

Board Secretariat

9.40am – 9.50am

8. General Business

Elinor Stratford
Chair

9.50am – 10.00am

PRESENTATIONS IN CONJUNCTION WITH HOSPITAL ADVISORY COMMITTEE

Mana Tamariki Programme Presentation

Moya Beech-Harrison
General Manager, Poutini Waiora

10.00am - 10.30am

Child & Youth Health Presentation

Wayne Turp
Project Specialist, Planning & Funding

10.30am - 11.00am

ESTIMATED FINISH TIME

11.00am

INFORMATION ITEMS

- Board Agenda – 11 December 2015
- Chair's Report to last Board Meeting
- CPH six monthly report to Ministry of Health
- West Coast DHB 2016 Meeting Schedule
- Revised Time Line – Disability Action Plan

NEXT MEETING

Date of Next Meeting: Thursday 10 March 2016

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 28 JANUARY 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 12 February 2016

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

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 28 January 2016.

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 – 28 January 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 28 January 2016. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

CARRIED FORWARD ITEMS

The carried forward items were noted.

MANAGEMENT REPORT

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

Mr Newsome commented in particular on:

- The reduction in DNAs. The Committee noted that the DNA Group continue to work across this space including:
 - Refining the e-texting system and analysing data continues. To date we have had at least three occasions when the system has not sent out the reminders. As a consequence, we will extend the data collection period for another two months before analysing the data.
 - Continuing to ensure that patient appointment letters are sent well in advance to ensure adequate notice. When we have short notice clinics, patients should be confirmed first prior to getting onto the lists.

- The team has finished reviewing letters to ensure important information is immediately recognisable. Dates and times of appointments should be easily visible to patients.
- Out Patients Department staff continue to monitor DNA rates and ring patients who do DNA to find out why.
- We now have a report that differentiates DNAs between Maori and non-Maori. We are confident this new report has reliable data which will enable us to further understand cultural issues.
- The Nurse Manager Operations attended the National DNA meeting via teleconference. The key points of this were:
 - o The system has to be patient focused. Dunedin has gone to weekend clinics to allow people who work Monday to Friday to get to appointments without taking time off work. This was a big shift for them but was very successful.
 - o Ask patients which is the better way to contact them.
 - o Some DHBs send no letters sending text messages instead and this has been successful.
 - o The group talked about a national campaign on DNAs showing the costs associated and health issues that may occur.
- Nursing Workforce: Hospital Services has 17 FTE less than this time last year and resource continues to match activity and throughput. We are now at the point of building up a small casual pool who will work across the DHB.

Chris Black, long service Clinical Nurse Educator, has retired after 30 years service. This role will be advertised in the near future.

- Medical Workforce: A medical workforce plan has been developed bringing various pieces of work into one document that describes activities within each specialty area and plans for the advancement of some transalpine services.

Recruitment is ongoing across the junior doctor workforce with some vacancies following the late withdrawal of two candidates.

Two Rural Hospital Medical Specialists have commenced since November and another is likely to commence mid year.

- The process for recruitment of a new Associate Director of Allied Health is nearing completion.
- The Buller Occupational Therapist has recently resigned and recruitment for this position has commenced.
- The physiotherapy service is still unable to fill the paediatric position and continues to look at alternative ways to provide this coast-wide service.
- The temporary Manager at Granger House and Kowhai Manor ceased work in November with the new facility Manager commencing on a one year fixed term. This Manager is working with the team to build on the progress staff have already made and will report to the Ministry and the DHB on progress against HealthCert's Inspection findings.
- There have been a lot of trauma cases on the West Coast over the last few months with some of these cases leading to a lot of publicity.

A query was made regarding how the transalpine service is progressing. The Committee noted that whilst this is not without it's problems it is working well and is improving all the time. A Clinical Nurse Specialist was recently employed into orthopaedics(half time with plastics) and is working

well with orthopaedic surgeons.

A query was made regarding the patient transfer contract and the Committee noted that this service is well embedded and as with most of our services we continue to look at how this can be improved.

The report was noted.

FINANCE REPORT

Michael Frampton, Programme Director, presented the Finance Report for the month ending December 2015. The consolidated West Coast District Health Board financial result for the month of December 2015 was a deficit of \$0.120m, which was \$0.027m unfavourable against the budgeted deficit of \$0.093m. The year to date position is now \$0.167m unfavourable.

The Committee noted that Personnel Costs for the period were higher than expected due to MECA settlements which were back paid from 1 July 2015.

The Committee also noted that management are confident that the DHB will meet the 800k deficit submitted in the Annual Plan although a number of areas remain under pressure.

Mr Frampton provided the Committee with an update on the facilities project. A query was made as to why there has not been any activity since the blessing and the Committee noted that this is at the discretion of the HRPG. Management will seek some clarity around this at the HRPG meeting to be held in Christchurch tomorrow.

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 report was noted.

2016 COMMITTEE WORK PLAN

The meeting noted the 2016 Committee Workplan and made some suggestions regarding presentations they would like to see. These will be added to the carried forward list and added to the Work Plan once dates are confirmed.

PRESENTATIONS

In conjunction with the Community & Public Health & Disability Support Advisory Committee, the Committee received 2 presentations. The first presented by Moya Beech-Harrison, General Manager, Poutini Waioara, on the Mana Tamariki Programme and the second from Wayne Turp, Planning & Funding in Canterbury around Child and Youth Health.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 28 January 2016.

Report prepared by: Sharon Pugh, Chair, Hospital Advisory Committee

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 28 January 2016 commencing at **10.00 am**

**PRESENTATIONS IN CONJUNCTION WITH COMMUNITY & PUBLIC HEALTH AND DISABILITY
SUPPORT ADVISORY COMMITTEE**

Mana Tamariki Programme Presentation	Moya Beech-Harrison <i>General Manager, Poutini Waiora</i>	10.00am - 10.30am
Child & Youth Health Presentation	Wayne Turp <i>Project Specialist, Planning & Funding</i>	10.30am - 11.00am

ADMINISTRATION 11.00am

Karakia

Apologies

- Interest Register**
Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.
- Confirmation of the Minutes of the Previous Meeting**
3 December 2015
- Carried Forward/Action Items**

REPORTS/PRESENTATIONS 11.10am

- | | | | |
|----|---|---|-------------------|
| 4. | Management Report | Mark Newsome
<i>General Manager Grey Westland</i> | 11.10am – 11.30am |
| 5. | Finance Report | Michael Frampton
<i>Programme Director</i> | 11.30am – 11.40am |
| 6. | Clinical Leaders Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 11.40pm – 11.50pm |
| 7. | 2016 Committee Workplan
(for discussion) | Board Secretariat | 11.50pm – 12noon |
| 8. | General Business | Sharon Pugh
<i>Chair</i> | 12noon – 12.10pm |

ESTIMATED FINISH TIME 12.10pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 11 December 2015
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 10 March 2016
Corporate Office, Board Room at Grey Base Hospital.

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2016

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

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