

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



BOARD MEETING

**Friday 24 June 2016
10.15am**

**St John
Waterwalk Road
GREYMOUTH**

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

WEST COAST DISTRICT HEALTH BOARD**BOARD MEMBERS**

Peter Ballantyne (Chair)
Kevin Brown
Warren Gilbertson
Helen Gillespie
Michelle Lomax
Peter Neame
Sharon Pugh
Elinor Stratford
Joseph Thomas
Francois Tumahai
John Vaile

EXECUTIVE SUPPORT

David Meates (*Chief Executive*)
Karyn Bousfield (*Director of Nursing & Midwifery*)
Gary Coghlan (*General Manager, Maori Health*)
Mr Pradu Dayaram (*Medical Director, Facilities Development*)
Michael Frampton (*General Manager, People & Capability*)
Kathleen Gavigan (*General Manager, Buller*)
Carolyn Gullery (*General Manager, Planning & Funding*)
Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)
Mark Newsome (*General Manager, Grey/ Westland*)
Dr Vicki Robertson (*Interim Medical Director, Patient Safety and Outcomes*)
Stella Ward (*Executive Director, Allied Health*)
Philip Wheble (*Team Leader, Planning & Funding*)
Justine White (*General Manager, Finance and Corporate Services*)
Lee Harris (*Senior Communications Advisor*)
Kay Jenkins (*Minutes*)

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 24 June 2016 commencing at 10.15am

KARAKIA

ADMINISTRATION

10.15am

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 13 May 2016
3. Carried Forward/Action List Items

REPORTS

10.20am

- | | | | |
|-----|---|--|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.20am – 10.30am |
| 5. | Chief Executive's Update
- Wellbeing Health & Safety Update - Verbal | Michael Frampton
<i>Programme Director</i> | 10.30am – 10.45am |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i>
Dr Cameron Lacey
<i>Medical Director</i> | 10.45am – 10.55am |
| 7. | Finance Report | Michael Frampton
<i>Programme Director</i> | 10.55am – 11.05am |
| 8. | Health Target Report – Q3 | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 11.05am – 11.15am |
| 9. | Maori Health Plan Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 11.15am – 11.25am |
| 10. | West Coast DHB Disability Action Plan – Proposed Amendment to Governance Structure | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 11.25am – 11.35am |
| 11. | Reports from Committee Meetings | | |
| - | CPH&DSAC
9 June 2016 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 11.35am – 11.45am |
| - | Hospital Advisory Committee
9 June 2016 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 11.45am – 11.50pm |
| 12. | Delegations for Annual Accounts | Michael Frampton
<i>Programme Director</i> | 11.50am – 11.55am |
| 13. | Resolution to Exclude the Public | Board Secretariat | 11.55am |

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME

11.55am

NEXT MEETING

Friday 12 August 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 Karamea tae noa
atu ki Awarua.

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

Disclosure of Interest	
Peter Ballantyne Chair	<ul style="list-style-type: none"> • Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
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 • Hon Vice President West Coast Rugby League
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 • Employee - Damien O'Connor's Electorate Office • Te Ha O Kawatiri – Co-ordinator • Chair, West Coast/Tasman Labour Electorate Committee
Peter Neame	<ul style="list-style-type: none"> • White 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 • Chief Executive, Ngai Tahu Seafood
Francois Tumahai	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust - Chair • Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group
John Vaile	<ul style="list-style-type: none"> • Director, Vaile Hardware Ltd • Member of Community Patrols New Zealand

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 13 May 2016 commencing at 10.15am

BOARD MEMBERS

Peter Ballantyne (Chair); Kevin Brown; Warren Gilbertson; Helen Gillespie; Michelle Lomax; Peter Neame; Sharon Pugh; Elinor Stratford; Francois Tumahai; and John Vaile.

APOLOGIES

An apology was received and accepted from Joseph Thomas.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing & Midwifery); Mr Pradu Dayaram; (Medical Director, Facilities Development); Michael Frampton (General Manager, People & Capability); Kathleen Gavigan (General Manager, Buller); Melissa Macfarlane (Team Leader, Accountability, Planning & Funding); Mark Newsome (General Manager, Grey/Westland); Kylie Parkin (Acting General Manager, Maori Health); Philip Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

5. TELEHEALTH UPDATE PRESENTATION

The Board met at the Lecture Theatre where John Garrett, telehealth Clinical Leader, Canterbury/West Coast joined the Board by video conference and provided an update regarding telehealth. The Board expressed their thanks to John for the excellent presentation, the progress made and his dedication to the successful implementation of telehealth.

The Board adjourned to St John, Waterwalk Road for the remainder of the meeting.

The Chair welcomed new Board member, Francois Tumahai who led the Karakia.

2. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no changes 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.

3. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (27/16)

(Moved Michelle Lomax/seconded Elinor Stratford - carried):

“That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 1 April 2016 be confirmed as a true and correct record.

4. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

5. CHAIR'S UPDATE

The Chair provided updates on as follows:

- Facilities Development Project – Grey is currently going through the tender process with the Tender price timed to come thorough on 16 May which will go to the 23 May HRPG meeting. The Ministry of Health are confident that work will commence by 31 May.

Discussion took place regarding the process form 23 May and the Board noted that a letter of intent will be signed between Fletchers and the Ministry of Health regarding the process and then there will be detailed tender documents.

In regard to the Buller project this project will now transfer to the HRPG who are working through the funding options. Discussion took place regarding what this means for the DHB and it was noted that this means that the Ministry of Health will hold the contracts as with the Grey project.

- South Island Alliance Meeting – This meeting was held on 11 April 2016 and the following items were discussed:
 - Health & Safety of Locums – it was agreed that a statement around being fit/prepared for work needs to be included in employment agreements/code of conduct to ensure that locum staff are accountable for this. It was also agreed that a full orientation needs to be undertaken to ensure that locums are fully informed of their responsibilities.
 - A letter has been received from the PHO Network requesting the ability to work more collaboratively with DHBs. SIAPO will attend their next meeting on 13 May to discuss this further.
 - PICS – this is to go live at Burwood on 13 June and the next steps of prioritisation are currently being considered.
 - NZ Health Partnerships – concerns were raised around the National Improvement Programme (NIP). Discussions also took place around the contract for food and also procurement.
- Chair's Strategy Meeting – Discussions took place at this meeting regarding: capital charges and funding; Annual Plans and as to the continued necessity for separate Maori Health Action Plans in addition to being included in the Board Annual Plan; and Board Governance Induction Sessions.
- The Director General held his Health Symposium on 18 & 19 April to launch the New Zealand Health Strategy which is now in place.

The comment was made that the Ministry of Health appeared to be unaware of the extent that work referred to nationally was already being done in health systems of DHBs.

Resolution (28/16)

Moved: John Vaile/seconded: Warren Gilbertson – carried)

That the Board:

- i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

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

Mr Meates highlighted items as follows:

- In mental health initial project scoping is underway to progress the 2016/17 priorities to improve crisis responsiveness services; ensure service delivery and care is contemporary; progress integrated stepped care service delivery and transform provider arm services.
- He emphasised the Telehealth work that has been undertaken led by John Garratt, as detailed in the presentation earlier, and the significant impact on many different services and also how we include this technology in different models of care. Mr Meates advised that he wants to start looking at a new set of metrics for the West Coast. These will be experimental initially. He also commented that we also need to start telling the story of health in Treasury language. Health sits on the greatest productivity story ever but we are not very good at telling the story.
- Evening Clinics have commenced at the Buller IFHC with a focus on flu immunisation and cervical smears. These have had an excellent uptake.
- Change in the People & Capability space is occurring across the organisation from the old HR functions which were generally administrative. This realign is building the capability of our people and also building depth within the organisation and making it much more robust and resilient. He added that the Board will see a number of different things emerge in this space and also in the Health & Safety area around how we create and bring to life the sense of what is taking place.

A query was made regarding maintenance and upgrading of DHB housing stock and the Board noted that this will in time come to the Board through QFARC as there are still some decisions to be made around assets.

Discussion took place regarding Home Based Carers and in-between travel payments. The Board noted that this is now recognised in a new contract. The Chief Executive commented that we have a vested interest in building the capability of these people and also the bulk funding gives much more certainty to the providers.

Resolution 29/16)

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

That the Board:

- i. notes the Chief Executive's update.

6. CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing and Midwifery, presented the Clinical Leaders Update. The report was taken as read. Ms Bousfield advised that a lot is taking place in the workforce space and in particular around Nurse Practitioner roles to support increased acuity in the Community. These Nurse Practitioners will work across the community, emergency department and also within the IFHC.

West Coast Clinical Leaders attended the inaugural South Island interdisciplinary learning workshop which was held last month. The event, held at the Design Lab in Christchurch, was an opportunity for clinical leaders and senior managers across the health system to identify opportunities and agree on key principles to increase interdisciplinary learning across the South Island. The day was focused on identifying areas that require change, creating new opportunities, agreeing some common language for interdisciplinary learning across the South Island as well as showcasing a number of activities that are already occurring across the region and was attended by a range of

health professionals, representing DHBs, PHOs, aged residential care and education providers, who were challenged to think about how they would apply interdisciplinary learning in their everyday practice.

Mr Pradu Dayaram, Medical Director, spoke around Quality & Safety and advised that recently all theatre staff got together to discuss changes in cultures and how people treat each other in theatres. The Board noted that teams on the West Coast are already quite integrated.

Resolution (30/16)

(Moved: John Vaile/seconded: Warren Gilbertson – carried)

That the Board:

- i. notes the Clinical Advisor's update.

7. WELLBEING, HEALTH AND SAFETY UPDATE

Michael Frampton, General Manager, People & Capability, presented this update which was taken as read. The Board noted that a lot of work is taking place in this space and what we should be doing to ensure the wellbeing of our staff.

Resolution (31/16)

(Moved: Helen Gillespie/seconded: Michelle Lomax – 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 March 2016 was a deficit of \$0.109m, which was \$0.010m favourable against the budgeted deficit of \$0.099m. The year to date position is now \$0.158m unfavourable.

Discussion took place regarding Treatment Related costs and the Board noted that these costs tend to be managed within predicted levels however there are fluctuations from month to month often depending on what clinics are held and what comes through the front door.

Resolution (32/16)

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

That the Board:

- i. notes the financial results for the period ended 31 March 2016.

9. BOARD MEMBER MEDIA CONTACT POLICY

Peter Ballantyne, Chair, presented this paper which was taken as read. He commented that to put this into context it is no more than common sense to a business operation and is about individuals not expressing their own opinions on behalf of the Board. He also stressed the importance of collective accountability.

Discussion took place on the policy with Board members presenting their different points of view.

Resolution (33/16)

(Moved: Sharon Pugh/seconded: Helen Gillespie – carried)

(Peter Neame asked that his vote against the resolution be recorded)

That the Board:

- i. approves the protocols 1 – 8 detailed below as the Board Member Media Contact Policy.

10. WEST COAST DHB REVISED STANDING ORDERS

Peter Ballantyne, Chair, presented the revised Standing Orders which were taken as read. There was no discussion on these.

Resolution (34/16)

(Moved: Warren Gilbertson/seconded: Kevin Brown – carried)

That the Board:

- i. approves the revised standing orders for the West Coast DHB.

11. 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 28 April 2016.

The update was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 28 April 2016.

The update was noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC**Resolution (35/16)**

(Moved Peter Neame/seconded John Vaile – carried)

That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 1 April 2016.	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.	Presentation – Draft Health & Safety Audit	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	West Coast DHB Draft 2016/17 Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	West Coast DHB Draft 2016/17 Maori Health Action Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	Risk and Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Loans Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
10.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

There being no further business the public open section of the meeting closed at 1.15pm.

The Public Excluded section of the meeting commenced at 1.45pm and concluded at 3.45pm with a break for lunch between 1.15pm and 1.45pm.

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 24 JUNE 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	11 December 2015	Presentation – Home Based Support Services	Presentation	Scheduled for August or September 2016
2.	11 December 2015	Mental Health Services	Updates to be provided as available	Update at today's meeting.

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 24 June 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.



A: Reinvigorate the West Coast Health Alliance

Alliance Leadership Team [ALT] Activity

At the May meeting of the ALT a number of subjects and activities were discussed.

- With the end of the year coming up fast the ALT noted the progress on the workstream activity. The ALT also discussed the draft 16/17 Annual Plan and endorsed the recommendation that the Chair sign alongside the Board Chair and the CEO.
- The ALT acknowledged Carl Hutchby's endorsement from Tatau Pounamu to represent Māori Health expertise at ALT.
- There was also a discussion around the work that Allied Health and WCPHO had undertaken with the secondary clinical dietician replacement. This role would work in a collaborative manner within primary care, including holding outpatients clinics in the practices.
- The ALT continued to note the challenges with staffing around recruitment or workforce capacity issues across workstreams.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
 - Hospital – Community engagement meetings continue discussing how integration looks at an organisation level and at a patient or consumer level.
 - Aged Residential Care – Currently 8 hospital level and 5 residential level residents.
- **South Westland Area Practice**
 - All South Westland Practices and townships have now had a community meeting attended by WCDHB staff to discuss any issues and concerns.
 - The RNS at Fox has resigned and her position has been advertised.
 - One RNS is going on Leave without Pay for 6 months and one with planned leave for surgery for 3 months. To cover these roles, a short term roving position has been advertised.
 - Reduction in after-hours work attributable to HML introduction and reprioritisation of routine work. It is important however, to acknowledge that district nursing commitments remain high and there are times when this service has to occur over a seven day week.
 - All RNS's are undertaking Standing Orders training.
- **Greymouth Medical Centre/Rural Academic General Practice**
 - A combined Clinical Nurse Specialist, Allied Health and GMC meeting has been held as an introductory meeting and building relationships. This will form the basis of MDT groups.
 - Practice members went to the local rest homes to give flu vaccinations to residents. The practices are actively encouraging all patients who attend for any consultation to have a flu vaccination as well.

Community

- **Oral Health:** We continue to develop transalpine peer support with a recent visit from the Senior Dentist for Child and Adolescent Oral Health.
- **Public Health**
 - *Youth Health Services* - HEADDSSS has now been introduced to year 9 and/or 10 students across all secondary schools except John Paul II on the Coast with some fine-tuning of documentation and review needed to ensure consistency across the service. All the PHN team have received the formal training for this.
 - *Well Child* - There is a reduced number of referrals into this service currently which may impact on continuing competency of our staff. Plunket has the National contract for 85% of the Well Child work and Poutini Waioara is also operating in this area.
 - *B4 School Check* - Monthly numbers are steady but targets may not be achieved at the end of the financial year. This can occur due to illness in the family, meaning that the child does not arrive for their assessment.
 - *VHT* - Training is well underway and going very well for our PHN who has agreed to work in this area.
- **District Nursing**
 - NETP staff in Hokitika, Grey & Reefton have settled in well. They are taking workloads with peer support and supervision as needed to maintain safety. Reefton and Hokitika NETP staff are on a 6-monthly rotation - Reefton with the GP

Practice and Hokitika with the PHN.

- There has been a reasonable amount of on-call required for palliative patients in Hokitika and Greymouth. Workloads continue to be steady in the service across all areas.
- **HBSS Service**
 - Recruitment for a nursing vacancy in Buller has been problematic which has placed additional pressure on existing nursing FTE to cover the vacancy, contributing to a backlog of clinical reviews. Partial cover has been arranged through the Buller DN team.
 - In Greymouth, additional coordinator support has been approved for a fixed term to release the enrolled nurse to undertake clinical duties.
 - ContinuCare testing and issue resolution continues.
 - Medication policy utilised by HBSS is under review to ensure that the process is consistent with best practise.
 - Key upcoming activities are: Orientation for the new RN in Buller, interviews for the second RN vacancy, training for ContinuCare super-users and full implementation of ContinuCare. We are also considering how we will support constraints on aged residential care beds.
- **Clinical Nurse Specialists**
 - One of our Oncology Nurse Specialists and our Diabetes Nurse Specialist are undertaking extra study in order to be able to prescribe in their field of expertise in the future.
 - One of our Oncology Nurses recently attended a secondary breast cancer conference in Australia and had the opportunity to visit a very well-known oncology treatment centre. She reported that the experience was amazing and it has given her many new ideas for care of our breast cancer patients.

C: Implement the Maori Health Plan

- **Primary care better help for smoker's health target:** As reported previously, performance decreased in Quarter 2, with 84.8% of smokers enrolled with the PHO provided cessation advice in the 15 months ending December 2015. We expect data for Quarter 3 in the coming weeks.
- **Secondary care better help for smokers to quit health target:** During Quarter 2, West Coast DHB staff provided 96.4% of hospitalised smokers with smoking cessation advice and support, meeting target. Data for Quarter 3 is expected by the end of the month. It is pleasing to see that 100% of Maori patients who smoke have been given quit advice and help.
- **Spirometry and Pulmonary Rehab Clinics:** The WCPHO and Poutini Waiora have provided another Spirometry clinic with the Buller Health Medical Centre to provide screening spirometry tests for all consenting Maori smokers and ex-smokers 45+ years old. The purpose of the initiative is to detect early disease in relatively asymptomatic smokers or ex-smokers with significant history, so that they have the opportunity to receive early intervention and to promote smoking cessation in this at-risk group. In addition, the clinic provides an opportunity to address other health needs for clients through a Whanau ora model of care. Through these clinics, clients are offered increased access to screening, treatment and follow-up for themselves and their whanau. Support for cessation is provided by Community Public Health – Aukati Kaipaipa and the WCDHB Respiratory Nurse Specialists provide expertise. 9 people attended the

clinic - 7 Maori and 2 other. Other interventions provided as a result of this clinic were: 4 referrals for cervical screens and 7 CVRA's.

- As a result of the Spirometry Clinic held earlier in the year in Hokitika the WCDHB Respiratory Nurse Specialist has delivered a Pulmonary Rehab clinic in Grey Base Hospital. This was held in collaboration with the Poutini Waioara Kaupapa Maori Nurses and consisted of two sessions per week for eight weeks. The clinic included physiotherapy, education from dieticians, occupational therapists, clinical psychologist, pharmacist and the respiratory educator and physical activity. Six Maori attended the Pulmonary Rehab Clinic which is an outstanding result. We are now working together to identify a pathway for ongoing support for those Maori who completed the Rehab clinic.
- **Hauora Maori Workforce Development:** We have four people from the West Coast participating in the Level 4 Certificate in Hauora Maori and in the Level 6 Diploma in Hauora Maori. The Certificate explains the principles and key concepts of Hauora based on a Maori world view. It also explores Maori models of Hauora and their application in a work context and examines the application of more operational tools such as assessment, referral and Maori methods of communication used by kaimahi in a Hauora context. The level 6 Diploma builds on this to examine Maori health initiatives such as auahi kore, korikori tinana, tamariki ora, whanau ora and the Treaty of Waitangi. We now have a considerable number of Kaimahi across the sector who have completed the certificate and have progressed on to the Diploma and are working in either public health, the DHB or the Maori Health Provider. They are supported by Health Workforce NZ through the DHB Hauora Maori training fund.
- **Improving the Cancer Pathway for Maori (Phase 2): Extend the Maori Cancer Pathway Project to other South Island DHBs:** This project has been divided into two parts. Part 1 is the implementation of a specific initiative to address elements of the system that inhibit equity in the cancer care for Maori. The initial implementation is within Nelson/Marlborough where the 2014/15 project has set the scene for this further development. Concurrently the Southern Cancer Network have some existing resource to support Part 2 of the project and after an RFP process have contracted Dr Melissa Cragg to roll out the Maori Cancer pathway project to other South Island DHBs – the primary purpose of this work will be to identify issues and options confirmed for each DHB and create connections forming the platform for designing and implementing service improvements. We look forward to working with Dr Cragg on this piece of work. Dr Cragg has already delivered the findings of Phase 1 of the Nelson/Marlborough research to various audiences within the health sector and Maori community. This research confirmed that Maori often present late or not at all for diagnosis and treatment resulting in poorer outcomes.
- **Poutini Waioara:** A mihi whakatau was held on 26 April to welcome two new Kaimahi to the organisation and in to the positions of Mama and Pepi and Tamariki ora Nurse within the Maori Health Provider. These two positions will work very closely together to provide a wraparound service focused on the delivery of timely access to well child core checks for Tamariki and providing support in antenatal education, breastfeeding education and support, parenting, oral health education, nutrition advice and linking into other services as required for Mum and baby from conception.
- **Cervical Screening: Te Herenga Hauora and South Island Southern Cancer Network: Cervical Screening Project:** THH and the SCN have been considering how best to maximise the 'inequalities resource' within SCN for the next 18 months. A

component of the resource has been committed to supporting Cancer Pathway Projects for Maori as part of the Faster Cancer Treatment initiative in conjunction with Nelson Marlborough. The priority identified across the South Island, with the guidance from Te Herenga Hauora is to support the uptake of both the breast & cervical screening programmes as per the objectives below.

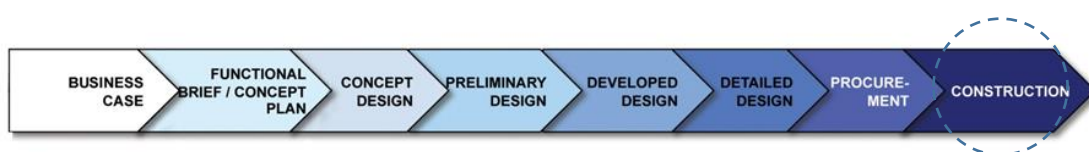
- Public Health to conduct a literature review of current performance and understanding the barriers to the up-take of the cervical screening programme
- Stocktake of cervical screening stakeholder services across the South Island and from the analyses - develop, implement and evaluate proposed changes.
- **South Island Alliance Workforce:** The Te Wai Pounamu Maori health workforce plan is to be reviewed and refreshed. The South Island Workforce Development Hub will work with the South Island Maori GMs on this. Gary Coghlan will lead this work alongside Pania Coote, GM Maori Otago/Southland DHB.
- **Tumu Whakarae:** Regional Leads met with General Managers and Planning & Funding leads recently. A meeting was organised by Janet Mclean, Bay of Plenty DHB on behalf of Tumu Whakarae. There was agreement to champion health equity and health literacy in our system moving forward. The following actions were agreed:
 - Joint communication promoting our commitment to work together. This will be submitted to Maori health publications in the next month.
 - Key project development on a joint submission on Oral health
 - Work together on the pharmacy agreement (re: equity) with a focus on health equity, mental health and health of older people.
 - PHO national agreement (health equity focus)
- **Te Rau Matatini:** Recently the South Island General Managers Maori meet with Te Rau Matatini. TRM is open to forming key strategic relationships and the discussion focused on how resources can be shared more effectively and the priorities for the Maori workforce around cultural competency. A commitment was made to maintain communication, develop links to keep each other informed as we plan and move forward with the intention of identifying specific training opportunities and need within each region.
- **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 Waioara. 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.



A: Facilities Maintenance Report

- Ongoing activity has been concentrated on preparing the sites for the winter months as much as possible, in particular the flat roof areas at Greymouth Hospital.
- The building services packages for the Greymouth rebuild are now subject to value engineering. We continue to have input into the building packages for the facility development.
- Preparation is underway regarding data gathering for the forthcoming AOG electricity tender later this year.
- Maintenance upgrades of the DHB housing stock is well underway. A new roof has recently been installed to the property at 15 Domain Terrace.
- FPIS bi-annual inspections have taken place of the fire systems and we await the reports.
- The security system control panel at Buller Medical Centre has been replaced.
- **Other Significant Works:** We are currently prepping the flat roof portion of Theatre ready for a temporary liquid rubber seal, and are also finding the need to include a reflective topcoat. Localised small sections of the Lab roof were removed and replaced (substrate) as the particle board has disintegrated.
- At Buller Hospital, domestic hot water interim monthly heat disinfection has been put in place to reduce the risk of legionella bacteria returning.
- **Building Compliance/BWOF:** BWOF compliance has been achieved and all buildings have current BWOF certification in place. Some certification is due for renewal on 1 July and IQP inspections are being planned. Four yearly sprinkler valve overhauls are due at Greymouth Hospital and will be completed as per service level agreement by Chubb.

B: Partnership Group Update

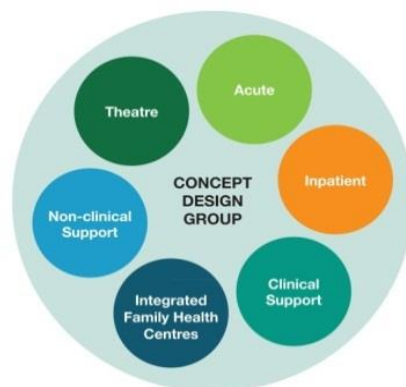



- The project has reached a remarkable milestone with the start of the Construction phase of the project with Fletcher Construction Company (FCC) commencing on site on 30 May 2016.
- As reported in the media on 27 May 2016, the Minister of Health announced an additional \$9.7 million for the Grey Base Hospital and Integrated Family Health Centre redevelopment. This funding takes the hospital redevelopment budget to \$77.8 million.
- It was stated that the rationale for the increase in price following FCC tendering of the sub-trades was competition with the Christchurch rebuild.
- The additional funding was premised on a commitment to retain clinical scope required for the DHB to deliver the model of care.
- The site will be fully fenced and established by 14 June. Once the site is

established, site clearing will be followed by bulk excavation scheduled for the end of June.

Buller

- The Minister of Health and the Minister of Finance have approved the Buller Integrated Family Health Centre redevelopment moving forward.
- The agreed scope budget remains \$8.1 million.
- The Ministers have requested that the Hospital Redevelopment Partnership Group oversee the Buller development alongside the Grey Base Hospital and IFHC project.



	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES
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A: Hospital Services includes Secondary Mental Health Services

Nursing

- Staffing has been challenging throughout the hospital with an increase of staff sickness - a total of 794 hours for the month of May. It was pleasing to see that whilst it was challenging, we responded well and were able to remain within Safe Staffing Healthy Workplace guidelines. Casual staff use has increased slightly from 2% to 4%, reflective of sickness.
- We are currently recruiting for two full time positions for paediatric and medical/CCU nursing. A further 6 nurses will be entering the system in September for the second intake of NETPs. Recruitment continues for a Rheumatology/Infusion nurse, 0.5 FTE. This is a new position for the DHB, but it will be pivotal in assisting with the success of the new transalpine model for the service. There have been two new appointments this month – the CNS Stroke Nurse and Nurse Educator.
- It is pleasing to see the medical and surgical wards working more seamlessly over both areas and staff more comfortable moving between wards. The orientation packages have been well received and found to be useful.
- Nursing continues to manage variance and occupancy of wards and units. Average occupancy for the month continued to be steady for May sitting at 71%. It should be noted, the medical ward continued to be high with an average occupancy of 85%.
- IDEAL model for patient care continues to be rolled out; posters are at all bed ends in the medical and surgical wards.
- Preparation is starting for the controlled drugs audit which is due at the end of July. Lessons learnt from last audit have been valuable to making the process seamless.
- The patient transfer service between Greymouth and Christchurch continues to work well, with dedicated nursing resource.

Allied Health

- Staff representing various Allied Health professions across the West Coast DHB attended the recent National Allied Health Conference held in Auckland. The presentations given by our staff were very well received, with multiple requests by colleagues for further detail on the various projects;
 - Inpatient discharge planning – a functional approach
 - Community diversional therapy to address social isolation in a rural town
 - Pressure care project – ensuring pressure care is managed appropriately to meet patient need
- Staff also participated in the wide range of presentations and various professional group meetings. Learnings gained will provide opportunities to further develop frontline services in paediatrics, delivering outpatient services in General Practice, and the utilisation of professional students and interns in various community settings. The conference also presented an opportunity for the WCDHB to strengthen connections and networks across the DHBs; frontline staff in attendance have identified some Collabor8 projects that they will be able to implement, to remain connected with colleagues across the country.
- Recruitment strategies are being reviewed in relation to our ongoing challenges recruiting experienced staff across the Allied Health disciplines. This includes exploring the currently over-resourced Australian workforce, who are adjusting to the post-budget changes to their health system.
- Initial reports from the Recruitment team who represented WCDHB at a Rural Health job fair in Birmingham UK, are that there was a good amount of interest from the Allied Health Workforce. Allied Health will work with Recruitment to make personal contact with all those who registered an interest, to ensure potential candidates have all the information they need to make the best choice.
- We continue to progress Service Accreditation for the provision of basic equipment. This is initially being implemented in outlying areas, where timeliness of equipment provision could otherwise be impacted by distance from base issues. Mentoring and practical support is being provided by CDHB.
- A competition has been run across Allied Health to design a logo which represents who we are and what we do. This has generated great discussion across the various teams and professional groups, as well as a good number of entries. The winning design incorporated the WCDHB colours and imagery, combined with a Nikau Palm, whose trunk represents the multiple interweaving strands of Allied Health. The home baked morning tea prize was appreciated by the members of the Occupational Therapy department who submitted this winning design. Medical Illustrations have given the ‘winning’ entry a professional polishing, and the final design was launched at the staff wide forum on 16 June. It is our intention that this logo will be used on internal communications such as on an increased intranet presence, and to sit alongside the WCDHB logo on presentations at conferences.
- Work continues to develop an intranet, and then internet, presence for Allied Health.
- The Stroke Awareness ‘FAST’ Campaign has launched, with considerable input from Allied Health across the district. Particular thanks go to Margot van Mulligen from Physiotherapy who has taken up a leadership role for this programme.



- The Allied Health Leadership Group welcome their newest member this month; Simon Evans, Alcohol and Drug Clinician Lead.
- Offering telehealth clinics to clients receiving nutrition and dietetic services continue, and Speech Language Therapy are now scoping opportunities for their client group, in conjunction with the Telehealth Project Specialist.
- The Allied Health leadership will be coming together next month to review the recent AHL Current State Review and MoH Health Strategy to ensure that our workplans and goals align with the requirements of our funders, as well as of our community. The plans will include enhancing Workforce Identity, developing Current and Future Workforce, and transforming Innovation into Business as Usual practice.

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. There are some conversations now occurring as to the best way to progress some of these plans in several of the services – Anaesthesia, Orthopaedics and General Surgery.
- Ongoing recruitment is occurring for Rural Hospital Medicine Specialists.
- Junior Medical Staffing – annual recruitment has commenced and we have a number of applicants to vet prior to offers going out at the end of July. We are working in partnership with the CDHB Resident Doctor Support Team to ensure we get best fit for the West Coast.
- Work with CDHB to better support junior doctors is progressing around accreditation of clinical attachments and training with MCNZ.
- Discussions have occurred with Ashburton and Rural and opportunity exists to strengthen and enrich the RHM training programme across both sites.

Mental Health Services

- *iCAMHS* - Meetings are underway with the Werry Centre and primary mental health services to initiate a Primary Level Services forum on the West Coast. This is primarily an opportunity for all local youth services to profile their service delivery as well as an opportunity to explore processes supporting further service collaboration and integration.
- *NZ Police* - An initial meeting has been held between the newly appointed Area Commander of Police for the West Coast Region and the Acting Operations Manager, to review the current working relationships between Police and Mental Health Services. Both services are keen to strengthen how we will work together to deliver efficient, responsive services for West Coast people and key to this will be a closer working relationship. Meetings will commence on a monthly basis and reviewed quarterly.
- *Emerge Aotearoa* - A meeting with the local team from Emerge Aotearoa continues to build on the relationship between Mental Health Services and Emerge within Greymouth and the wider West Coast Region.
- *New Appointments* - The appointment of a full-time Psychiatrist and a new manager for the Alcohol and Drug team will provide a great boost to the current service. Mental Health Services are pleased to welcome Dr Flegars who will commence duty in early August 2016 and Simon Evans who commenced on Monday 13 June. Both positions will add to the capacity and capability of the service.
- *National KPI Forum* - Staff from the DHB attended the recent national KPI forum in Auckland. The New Zealand Mental Health and Addictions KPI Programme is a

provider-led initiative, designed to bring about quality and performance improvement across the Mental Health and Addictions sector.



DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

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

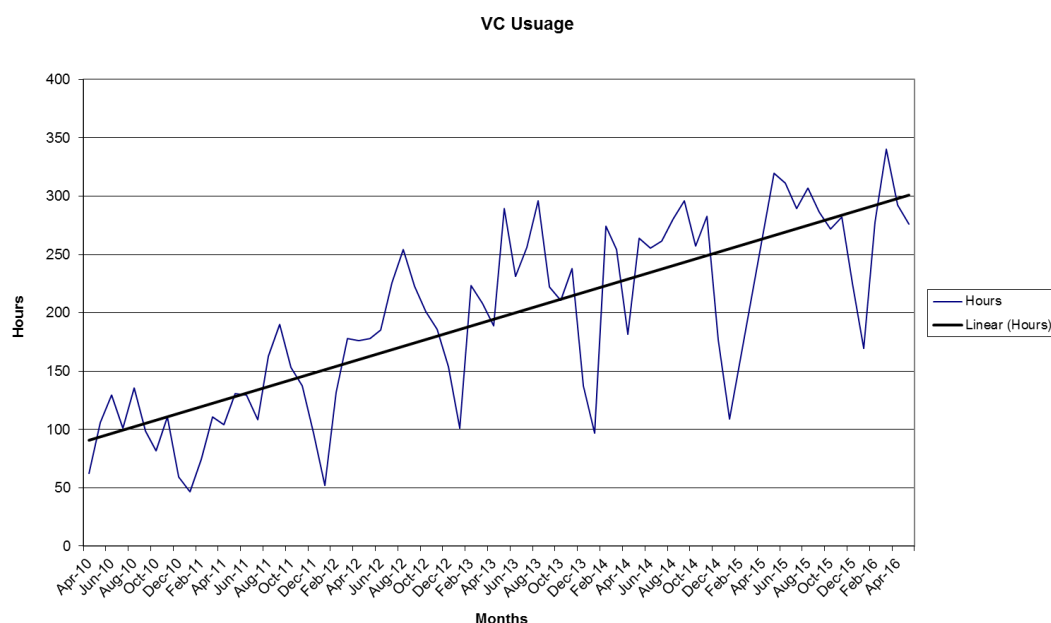
The following transport initiatives are now embedded and continue, including:

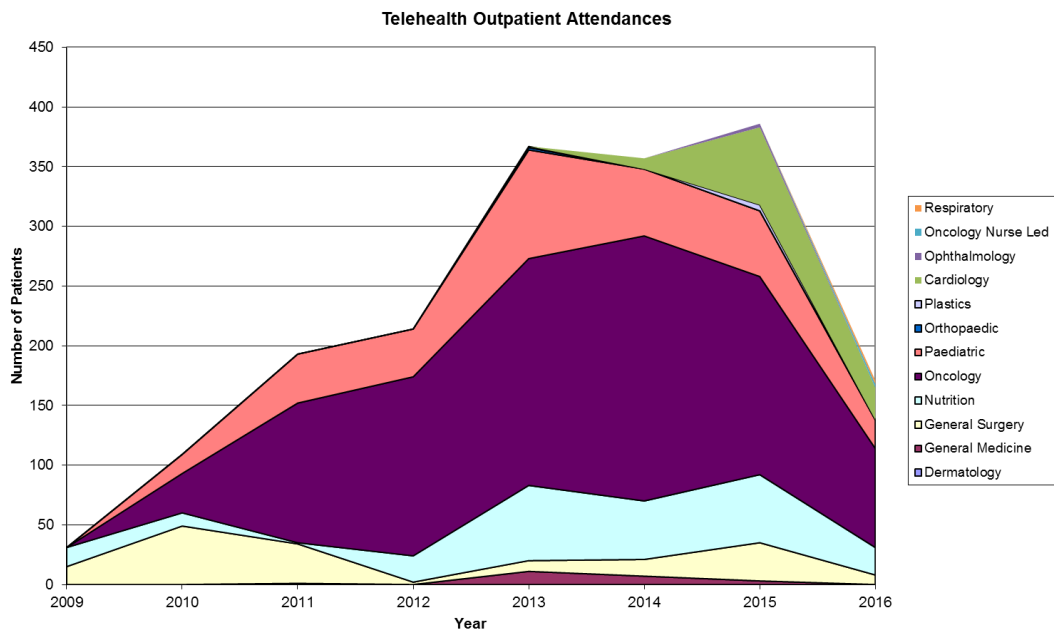
- non-acute patient transport to Christchurch through ambulance transfer;
- the St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth, and;
- the Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital.

We will report on changes to these services or new transport initiatives as they arise.

B: Champion the Expanded use of Telemedicine Technology

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 new Falls Champion has commenced and completed training in Canterbury. Referrals and reporting for this service have now begun.
- The local community pharmacists in Greymouth, Hokitika and Westport are attending the weekly Community IDT meetings.
- The community geriatrician is working with the pharmacy workstream to look at how the West Coast could commence a medication management service for complex older people.

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

- Buller Health will be piloting the inclusion of mental health conditions in the Long Term Conditions Management programme. PHO funding has been approved and implementation planning is underway. It is expected the programme will go live in August.
- The Palliative Care Unit is working well on Foote Ward. The new patient lounge is being increasingly used for people requiring infusions. A space for this type of activity has been included in the IFHC concept plan.
- Letters have been provided in support of Te Ha O Kawatiri's applications for funding which would enable a local home insulation service. This would benefit local residents with respiratory diseases. Te Ha O Kawatiri is part of the inter-agency Housing Group which continues to focus on improving housing for older persons.
- A recent consumer feedback workshop at Kawatiri Birthing Unit was very well attended. Women were positive about the service and provided valuable ideas on how it could be improved. The handover of facility management is progressing well and this will be complete at the end of July.

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

- The Homecare Medical (HML) call centre trial in South Westland has been successful in achieving the outcomes we set out to achieve. Any issues identified within the trial have been immediately addressed by the HML/DHB team. The communication issues within the Haast area continue to be challenging. Community meetings in four locations have taken place to gain feedback from the community on the trial with positive responses. A further community meeting will be held in the coming month.
- A group focusing on common practices across Greymouth primary has met twice now and is looking at a number of opportunities to improve processes and ensure they are common to all three practices. A process allowing quick access for pharmacists to GP's has been developed and implemented across the practices.
- Interest in the use of telehealth across specialties has increased with the implementation of a new telehealth report.



A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of April 2016 was a deficit of \$0.105m, which was \$0.002m unfavourable against the budgeted deficit of \$0.103m. The year to date position is now \$0.160m 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	568	(38)	606	3,034	(346)	3,380
Provider Arm	(673)	(65)	(608)	(4,122)	(582)	(3,540)
Consolidated Result	(105)	(103)	(2)	(1,088)	(928)	(160)

B: Implement Employee Engagement and Performance Management Processes

The People and Capability team is focused on ensuring people are at the very heart of our health system. In doing so we continue to bring to life an integrated patient-centric system, and accelerate the quality, pace and sustainability of transformational change. We do so by focusing on:

- **Supporting our people to stay well, healthy and safe.** This enables our people to provide even better care for our patients and the community;
- **Taking a longer term strategic approach to investing in our people** by repositioning, connecting and building the capability of our people. This enables our people to do the basics well and supports them to make things better for our health system;
- **Overhauling the employee lifecycle,** and making the core processes and systems highly effective. This frees up the time of our people and enables them to better focus on providing quality, compassionate, patient-centric care; and
- **Bringing to life, and making visible, the new People and Capability.** This ensures people are at the very heart of our health system.

A comprehensive People and Capability programme of work [below] enables the delivery of these goals.

Please note - the following key is applicable to all tables below:

	Performing to plan
	At risk but not an issue
	Needs immediate attention
	Not scheduled to commence
	Complete

Supporting our people to stay well, healthy and safe

- Supporting our people to stay well, healthy and safe remains one of our greatest priorities. We need to continue to support our people to keep looking after themselves, so they can continue to look after others effectively.
- We continue to encourage and promote our people to access the supports that are available in our Wellbeing Programme. The programme contains a range of initiatives and interventions designed to respond to some of the key issues identified by our people.
- In addition, we have designed a Wellbeing, Health and Safety Work Programme that includes three key projects [below], which are all on target for completion during Quarter 4 2016 [October – December].

Key Projects	Due	Status
Development of a <i>Wellbeing Survey</i> and <i>Strategy</i>	Q4	
Review of our Health and Safety System	Q4	
Review of our Occupational Health and Injury Management Service	Q4	

Taking a longer term strategic approach to investing in our people

- There are a variety of initiatives that invest in our people, including training programmes, service improvement, mentoring and personal support. These initiatives are currently being reviewed with an eye to prioritising a longer term strategic approach to investing in our people. This will enable us to innovate and scale, accelerate and sustain, the change essential to the ongoing transformation of our health system.
- We have identified four key people investment projects that will enable a longer term strategic investment in our people [below]. This includes the development and implementation of HealthLearn – one of the key strategic tools for reaching our people with critical and mandatory learning material, and ensuring we attain compliance with legislative requirements. HealthLearn has been repositioned as the online learning environment of choice within the South Island via the SIAPO team.
- The other three key projects are currently being scoped.

Key Projects	Due	Status
Development of our Organisational Development direction, strategy and service offering	Q4	
Design of our <i>Leadership Development Programme</i>	2017: Q2	
Design and implementation of our development planning and appraisal process	2017: Q2	
Development and implementation of HealthLearn	2017: Q2	

Overhauling the employee lifecycle

- We are bringing to life integrated, connected and user-friendly core services across the employee lifecycle. These core services include recruitment, induction, development planning and appraisal, learning and development, remuneration, career and succession planning, and the administration and business support of these processes.
- These employee lifecycle processes will be designed from the perspective of our people [in the same way that our strategy for healthcare services is about putting the patient at the centre of their journey].
- In addition, we want to ensure that our remuneration process is fair, transparent, flexible and sustainable.
- We have established two key projects to overhaul the employee lifecycle.

Key Projects	Due	Status
Development of our <i>IEA Remuneration Strategy 2016</i>	Q3	
Review of the Employee Lifecycle	2018: Q1	

Bringing to life, and making visible, the new People and Capability

- Bringing to life the new People and Capability includes the development of consistent People and Capability advice, processes and policies across the system. Our teams will then work with our people to ensure visibility and understanding of our advice, processes and policies.
- The three projects **below** have been established to ensure consistency of advice and standardisation of advisory processes; standardisation and visibility of our change processes; and consistency of contemporary people policies.

Key Projects	Due	Status
Standardisation of advisory processes and the establishment of a precedent system for advice	Q4	
Standardisation and visibility of change processes	Q4	
Review of People and Capability policies and processes	Q4	

C: Effective Clinical Information Systems

Mental Health Solution

- The Mental Health Solution continues to be worked on in the background, and a plan going forward will become clearer over the next month.

Patient Portal

- WCDHB has been going through a procurement process for implementation of a patient portal for patients accessing primary care facilities on the West Coast. The portal will allow patients to access their own clinical information within a primary care setting and potentially allow them to self-book appointments with their local general practice. The patient portal contract is nearing final sign-off with legal approvals in place. Next report should provide an implementation timeframe.

Staff Wifi and Patient Wifi

- A closed tender for this work has been submitted to 2 vendors and will close early May. Once successfully implemented this will extend the existing staff wifi and patient wifi currently in use within CDHB to the WCDHB. Resource constraints within the CDHB ISG team due to Burwood Hospital will push this project out to the 3rd Quarter 2016.

Joining WCDHB and CDHB domains

- Detailed planning is underway to join the WCDHB and CDHB computer domains. This will allow shared intranet access and access resources from the other DHB with the home DHB's username/password. Resource constraints within the CDHB ISG team have put this project on hold while Burwood Hospital goes live.

New Facility Work

- ISG is participating heavily in a number of ICT related facility meetings. Relocation for printer planning has been nearly completed, focus will now be moving to PC/desktop planning. A large piece of work is underway to look at communication services within the new facility. This will tie into all of government purchasing under the Telecommunications as a service offering.

Risk Assurance

- All DHBs are required to provide the GCIO an ICT Risk Assurance Plan by June 2016. This will be an area of focus for ISG over the next month.

IT Infrastructure replacement

- An investment in upgrading some systems at the end of their life has been approved with the remote access system, firewall, mail system, terminal replacement, Uninterruptable Power Supply system and improvements to medtech32 all being completed.
 - 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. CDHB ISG will be assisting the WCDHB with some of the more complex migrations.
 - The core switch replacement business case has been approved, with equipment on order and project kick-off occurring. These will replace end of life essential pieces of IT infrastructure.

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

External Communications

- Media interest:
 - Rest home temporary management
 - New facilities – Greymouth and Westport
 - Mental health crisis referrals
 - Anaesthetics vacancies
 - Dog bites
 - Board media policy
 - Kawatiri birthing numbers
 - Campaign to attract GPs to the Coast
- Media releases were issued on:
 - DHB applauds Government commitment to West Coast
- Video releases posted on DHB website/Facebook page:
 - Reefton Young Vinnies fundraiser for musical instruments for Reefton Hospital residents
 - District Nurses in Buller tell their story
 - Stroke survivor Paul Soper tells his story

- Pulmonary rehabilitation classes working wonders
- Working for the West Coast DHB (Dr Brendan Marshall)
- Buller women give feedback on maternity services

Internal Communications

- Weekly global update email
- Telehealth communications planning
- Discussions with Community and Public Health about Healthy Food & Drink policy

External engagement

- Facebook posts on WCDHB Careers page
- Twitter posts on WCDHB Careers page
- Assistance with Buller Community Profile communications
- Stroke Awareness FAST communications
- Support for new facilities communications
- Working on Strategic Disability Action Plan communications

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES
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Key Achievements/Issues of Note

- **WCDHB Healthy Food and Drink Policy:** Following feedback from key national and local stakeholders, the nationally aligned WCDHB Healthy Food and Drink Policy has been finalised. The policy has been informed by the NZ Eating and Activity Guidelines (2015), National Heart Foundation guidelines for healthy cafeteria food and the Health Star Rating system for packaged goods. The local endorsement process is almost completed and has included a number of groups within the DHB as well as CPHAC/DSAC. The Minister of Health expects DHBs to have adopted their new policies by 1 July and to develop local implementation plans.
- **Stop Smoking Services RFP:** CPH has been confirmed as the successful supplier for a new stop smoking service on the West Coast. CPH and Healthy West Coast Governance Group partners met with Ministry representatives on Monday 30 May to discuss the proposed service which will deliver cessation support to identified priority groups: Maori, Pacific people, pregnant women and mental health clients. The new service will link with existing cessation services across the health sector. Negotiations with the Ministry over contract service specifications continue and we are aiming for a smooth transition to the new service from 1 July.
- **World Smokefree Day:** Tuesday 31 May was World Smokefree Day. The theme this year was “It’s about Whānau”. Members of the West Coast Tobacco Free Coalition were promoting smokefree lives outside Mitre 10 in Greymouth on the day. The recent Budget announcement of 10% increases in the price of tobacco products each year for the next four years is also timely.
- **Nutrition Health Promotion:** CPH have recently started nutrition workshops for the Mana Tamariki Mokopuna project, working with Poutini Waiora. This is aimed at mothers with young children and will be covering topics such as lunchbox ideas, breakfasts, quick healthy kai, supermarket shopping, and healthy eating when out and about. A Greymouth Appetite for Life course has started in Greymouth, with strong







numbers (11) and participation each week.

- **Council Annual Plan Submissions:** CPH submitted on all four West Coast Council Draft Annual Plans and have now appeared before Councils to speak to the submissions. The submissions focussed on public health issues such as water, sewerage, emergency management, environments that encourage physical activity, smokefree outdoor environments and support for implementing healthy homes initiatives and the development of local alcohol policies.
- **Alcohol Licensing:** CPH staff presented before the Westland District Licensing Committee (DLC) on 23 May in opposition to a proposed new bottle store in Hokitika. The DLC chairman called the hearing to close at 5.00pm and agreed that closing submissions could be provided in writing by the applicant's lawyer and CPH's Senior Alcohol Licensing Officer (on behalf of the Medical Officer of Health). CPH's closing submission was lodged on 31 May and the applicant's closing submission was lodged with the DLC on 7 June. The DLC has reserved its decision on the application. In the absence of local alcohol policies, there is little to prevent the proliferation of alcohol outlets in any district of the West Coast.

Report prepared by:


David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target		Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.7%	99.7%	99.6%	99.2%	95%	✓	The West Coast DHB continues to achieve impressive results against the shorter stays in ED health target, with 99.2% of patients admitted, discharged or transferred from ED within six hours during Quarter 3.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	1,721	480 YTD	1,130 YTD	1,442 YTD	1,371 YTD	✓	1,442 elective surgical cases were delivered to Coasters in the year-to-date March 2016, meeting target at 105.2% of our year-to-date target delivery.
	Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	50%	50%	71.4%	75%	85%	✗	Work around the faster cancer treatment health target continues, with 75% of patients (9/12) having received their first cancer treatment or other management within 62 days of being referred (in the rolling 6 months to March 2016). All non-compliant patients were complex cases with comorbidities or were delayed due to patient choice.
	Increased Immunisation Eight-month-olds fully immunised	85%	88.4%	80.9%	89.3%	95%	✗	While West Coast DHB has not met the increased immunisation health target, we are pleased to have vaccinated 97% of the eligible consenting population with only two children missed. Opt-offs decreased 10% this quarter to 8%, which is reflected in our improved results, although continues to make meeting the target impossible.
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ²	97.8%	91.1%	96.4%	93.9%	95%	✗	West Coast DHB staff provided 93.9% of hospitalised smokers with smoking cessation advice and support, a disappointing decrease after meeting the secondary care better help for smokers to quit target last quarter. 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 offered help to quit smoking by a primary care health care practitioner in the	90.2%	84.5%	84.8%	82%	90%	✗	Performance disappointingly continued to decrease in Quarter 3, with 81.7% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. All best practices continue including; the Smokefree

¹ Greymouth Emergency Department only

² Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Target		Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Target	Current Status	Progress
last 15 months								Services Coordinator (SSC) meeting with practices; widespread use of regular performance data; ongoing training and practice support; and reminder, prompting, and IT tools such as TXT2Remind all in use.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91.1%	91%	90.8%	90.3%	90%	✓	Although continuing a slight downward trend, the target has been maintained in Quarter 3 with 90% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 24 June 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders Update

3. DISCUSSION

WORKFORCE

Nursing & Midwifery

The Clinical Nurse Specialist (CNS) team is planning a series of education sessions to build knowledge and skills in these areas of specialty within the broader nursing team. This will include local visits to the more rural teams such as South Westland as well as a whole day of sessions based in Greymouth. The CNS group has also begun monthly meetings with primary practices to improve the integration of primary, community and specialty services.

There will be an Enrolled Nurse Focus Day on July 12th, where enrolled nurses will work through an interactive series of sessions to develop a vision and strategy and complete some education sessions. This day will also be an opportunity for three of our enrolled nurses to present to the wider group on a topic of their choosing. This valuable section of our nursing workforce is well poised to work in innovative ways across our health system and integrated planning will enable a well engaged workforce.

The Associate Director of Nursing & Midwifery has joined the South Island Workforce Development Hub as the West Coast representative on this group. This group is part of the South Island Alliance and is fundamental in supporting well coordinated workforce development across the Alliance.

Medical

Reports from the recruitment initiative to attend the UK conference was a great success. There was a great deal of interest from primary care medical professionals from a variety of specialties. There did seem to be a large number of midwives and podiatrists at the conference and it will be interesting to receive the attendance stats from the organisers. Contact was made with at least 500 people and some of these people provided their contact details while others took away flyers and business cards. The range of professionals expressing an interest included midwives, Rural Nurse Specialists, GPs, an orthopaedic surgeon and trainees. Those who expressed interest have received a follow up email and further outcomes will be reported.

Allied Health

Allied Health Leadership across the DHB will join together on 30 June to forge connections and set the workplan for the coming year. This presents a great opportunity for Mental Health Leaders in particular to connect with and receive support from their colleagues; as they have not previously been part of the Allied Health Leadership Group.

West Coast DHB staff were recognised at the recent Calderdale Framework Workshop, for completion of the Facilitator training and the programme of work they are undertaking within Occupational Therapy and Physiotherapy. This work is ongoing across the South Island, where our staff are able to work in partnership with colleagues in the various DHBs.

QUALITY & SAFETY

Nursing & Midwifery

The utilisation of the online Lippincott Nursing Procedures Manual continues to increase and a link will be included on Health Pathways to allow increased access across the system to this valuable resource.

A new initiative has been introduced in Operating Theatre (OT), following communication concerns identified during a caesarean section, where the core midwife was not easily recognised. The “red hat” initiative was developed and now the core midwife, who is responsible for the woman, wears a red surgical hat so she is easily identified. This ensures that other staff in OT know who they should be communicating with and this initiative has vastly improved information flow in OT.

Access to the West Coast DHB’s maternity web pages increased 33% during the period March to May 2016. Visitors to the site accessed the following pages most often: West Coast DHB services, facilities and the “I’m pregnant, what next?” indicating what visitors are looking for when they visit the site. The increase in access to the pages coincides with the recent introduction of a Facebook page for the role of the MQSP Co-coordinator, where there is a direct link to the web pages. Statistics are monitored and reviewed monthly by the Maternity Quality Safety Group.

Allied Health

A number of initiatives are being tested across Allied Health at the present time. These include a ‘trolley vs bed’ trial for those inpatients requiring Radiology, various ‘set up’ processes undertaken by Medical Technicians and Radiologists and development of a transalpine Birth Plan document involving Social Work, VIP and CYFS.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by:

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

FINANCE REPORT

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance & Corporate Services

DATE: 24 June 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 30 April 2016.

3. DISCUSSION

Overview of April 2016 Financial Result

The consolidated West Coast District Health Board financial result for the month of April 2016 was a deficit of \$0.105m, which was \$0.002m unfavourable against the budgeted deficit of \$0.103m. The year to date position is now \$0.160m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,736	7,010	(274)	x	69,147	70,168	(1,021)	x
Governance & Administration	69	69	0	√	761	690	71	√
Funds & Internal Eliminations	4,791	4,721	70	√	47,644	47,213	431	√
	11,596	11,800	(204)	x	117,552	118,071	(519)	x
EXPENSES								
Provider								
Personnel	5,356	5,045	(311)	x	51,498	50,450	(1,048)	x
Outsourced Services	(11)	8	19	√	11	80	69	√
Clinical Supplies	760	617	(143)	x	7,408	6,170	(1,238)	x
Infrastructure	754	821	67	√	8,813	8,210	(603)	x
	6,859	6,491	(368)	x	67,730	64,910	(2,820)	x
Governance & Administration	69	69	0	√	761	690	(71)	x
Funds & Internal Eliminations	4,223	4,759	536	√	44,610	47,559	2,949	√
Total Operating Expenditure	11,151	11,319	168	√	113,101	113,159	58	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	445	481	(36)	x	4,451	4,912	(461)	x
Interest, Depreciation & Capital Charge	550	584	34	√	5,539	5,840	301	√
Net surplus/(deficit)	(105)	(103)	(2)	x	(1,088)	(928)	(160)	x

4. APPENDICES

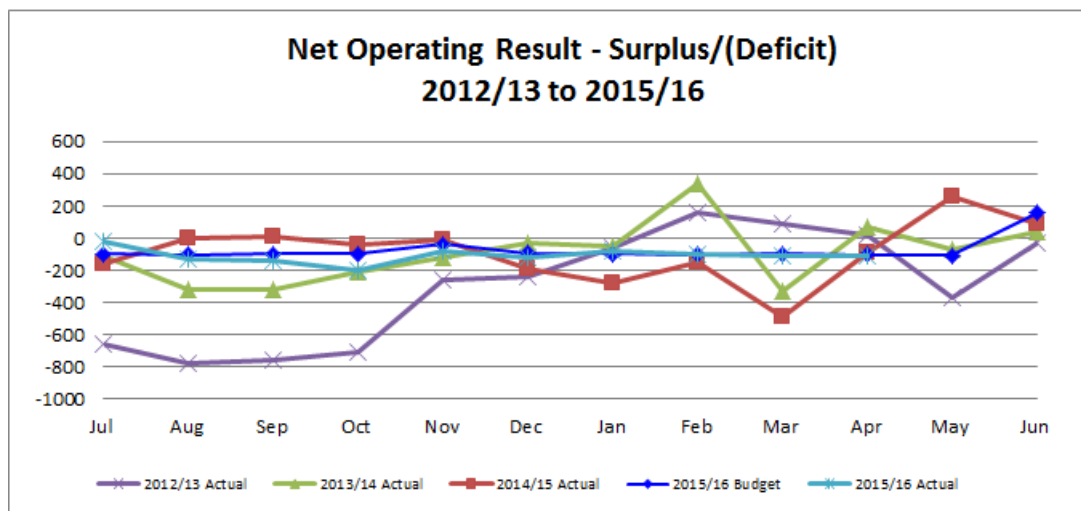
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, General Manager Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – APRIL 2016

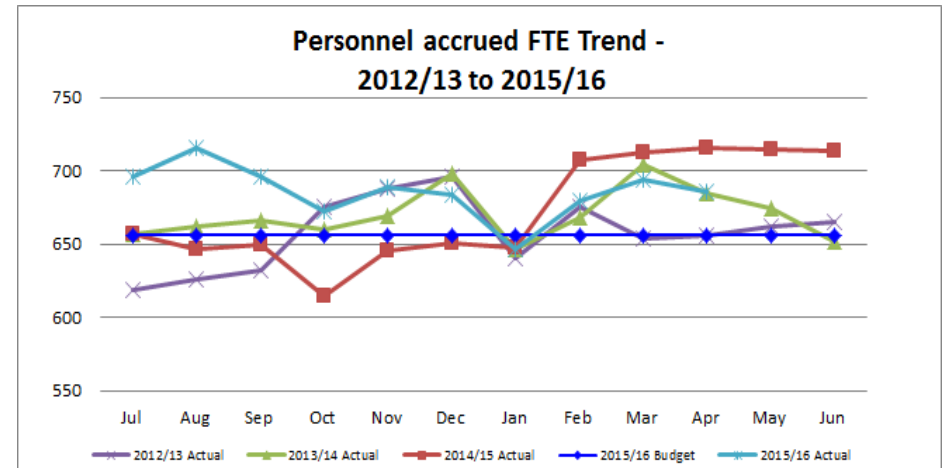
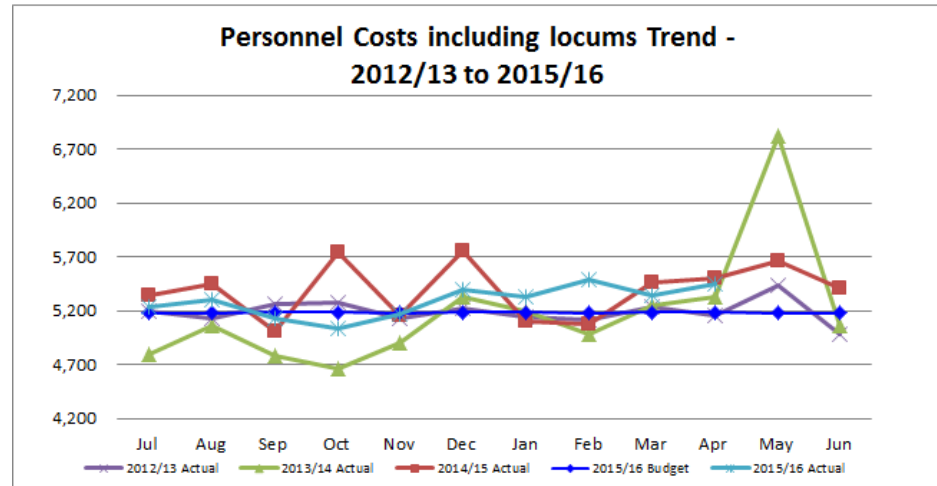
	Month Actual \$'000	Month Budget \$'000	Month Variance		YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	(105)	(103)	(2)	2%	(1,088)	(928)	(160)	17%



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 were expected to be recovered over the balance of the financial year, however this has been difficult to achieve.

KEY RISKS AND ISSUES

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

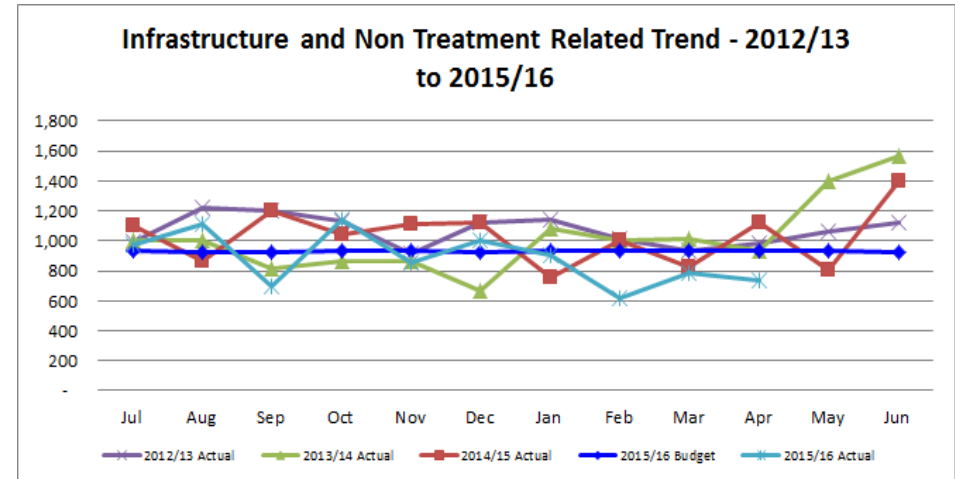
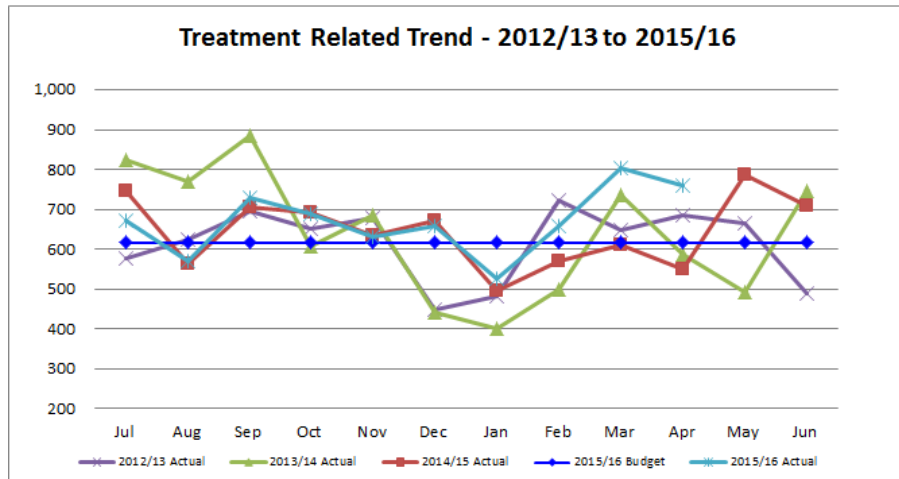


KEY RISKS AND ISSUES

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

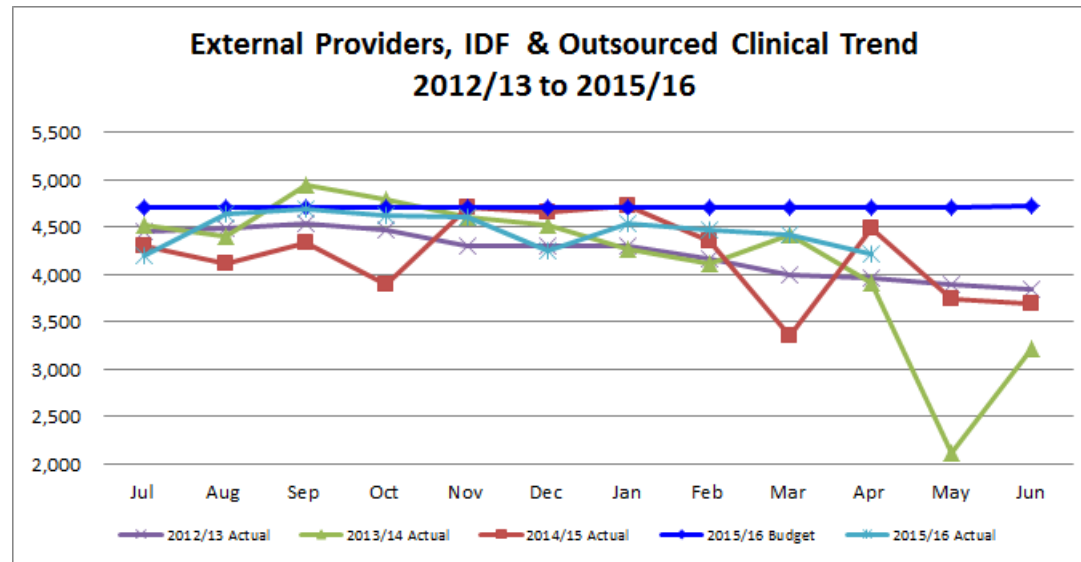


KEY RISKS AND ISSUES

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.

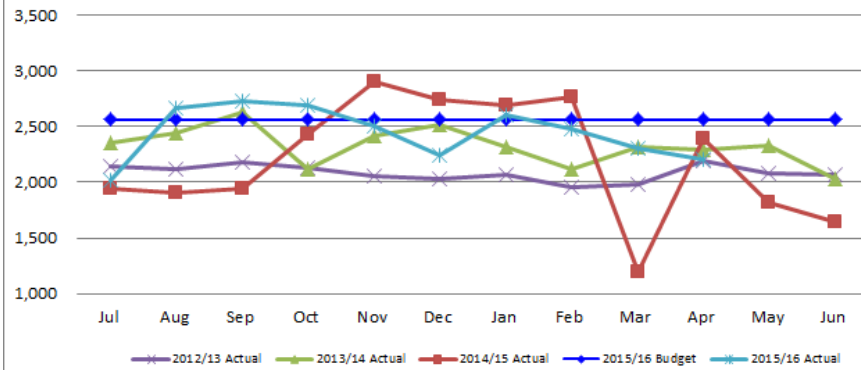
PLANNING AND FUNDING DIVISION

Month Ended April 2016

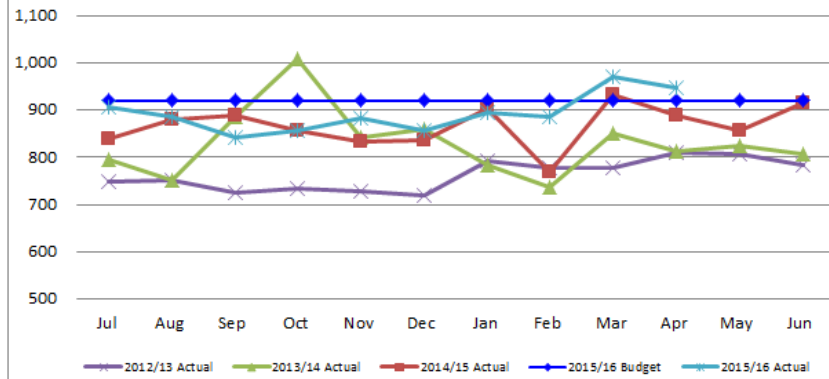
Current Month					Year to Date					2015/16	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance		Annual Budget	
\$000	\$000	\$000	%	\$000		\$000	\$000	%	\$000		
					Primary Care						
37	31	-6	-20%	✗	Dental-school and adolescent	278	307	29	10%	✓	369
38	26	-12	-44%	✗	Maternity	279	263	-15	-6%	✗	316
1	1	-1	-96%	✗	Pregnancy & Parent	8	6	-2	-25%	✗	8
0	3	3	100%	✓	Sexual Health	0	28	28	100%	✓	33
2	4	2	55%	✓	General Medical Subsidy	23	42	19	46%	✓	50
524	513	-11	-2%	✗	Primary Practice Capitation	5,176	5,127	-49	-1%	✗	6,152
111	91	-20	-22%	✗	Primary Health Care Strategy	930	911	-19	-2%	✗	1,093
87	87	0	0%	✓	Rural Bonus	874	874	0	0%	✓	1,049
6	5	-1	-23%	✗	Child and Youth	46	49	3	6%	✓	59
-5	13	18	140%	✓	Immunisation	87	126	39	31%	✓	151
5	5	0	-4%	✗	Maori Service Development	43	47	4	8%	✓	57
48	52	4	8%	✓	Whanau Ora Services	398	522	123	24%	✓	626
9	18	9	52%	✓	Palliative Care	106	179	73	41%	✓	215
7	6	-1	-11%	✗	Community Based Allied Health	70	63	-7	-11%	✗	76
9	12	3	27%	✓	Chronic Disease	79	120	41	34%	✓	144
69	53	-16	-30%	✗	Minor Expenses	532	533	0	0%	✓	639
948	920	-28	-3%	✗		8,929	9,197	267	3%	✓	11,036
					Referred Services						
25	23	-2	-7%	✗	Laboratory	275	233	-43	-18%	✗	279
352	663	311	47%	✓	Pharmaceuticals	5,915	6,633	718	11%	✓	7,960
377	687	310	45%	✓		6,190	6,866	676	10%	✓	8,239
					Secondary Care						
145	263	118	45%	✓	Inpatients	2,054	2,627	573	22%	✓	3,152
125	126	1	1%	✓	Radiology services	1,237	1,258	21	2%	✓	1,510
122	114	-8	-7%	✗	Travel & Accommodation	1,120	1,135	15	1%	✓	1,362
1,435	1,375	-60	-4%	✗	IDF Payments Personal Health	13,866	13,752	-114	-1%	✗	16,502
1,827	1,877	50	3%	✓		18,277	18,772	495	3%	✓	22,526
3,151	3,483	332	10%	✓	Primary & Secondary Care Total	33,396	34,834	1,438	4%	✓	41,801
					Public Health						
19	25	6	23%	✓	Nutrition & Physical Activity	212	245	33	13%	✓	294
	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
12	11	-1	-8%	✗	Tobacco control	112	108	-4	-4%	✗	129
	0	0		✓	Screening programmes	0	0	0		✓	0
31	35	5	14%	✓	Public Health Total	324	353	29	8%	✓	423
					Mental Health						
7	6	-2	-29%	✗	Dual Diagnosis A&D	44	55	11	19%	✓	66
0	2	2	100%	✓	Eating Disorders	0	19	19	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	193	200	8	4%	✓	240
23	5	-18	-366%	✗	Mental Health Work force	172	50	-122	-245%	✗	60
61	61	0	0%	✗	Day Activity & Rehab	607	608	0	0%	✓	729
11	11	0	0%	✗	Advocacy Consumer	107	107	0	0%	✗	128
81	81	0	0%	✓	Other Home Based Residential Support	808	808	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	110	110	0	0%	✗	132
10	10	0	0%	✓	Community Residential Beds	117	98	-20	-20%	✗	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✓	IDF Payments Mental Health	647	647	0	0%	✗	776
288	270	-18	-7%	✗		2,806	2,701	-105	-4%	✗	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	95	95	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
91	70	-22	-31%	✗	Home Based Support	787	697	-90	-13%	✗	837
6	8	2	30%	✓	Caregiver Support	59	80	21	27%	✓	96
194	281	87	31%	✓	Residential Care-Rest Homes	2,298	2,808	510	18%	✓	3,370
8	5	-3	-68%	✗	Residential Care-Community	106	46	-60	-128%	✗	56
337	360	23	6%	✓	Residential Care-Hospital	3,527	3,598	71	2%	✓	4,318
0	0	0		✓	Ageing in place	0	0	0		✓	0
8	0	-8		✗	Day programmes	100	0	-100		✗	0
11	15	4	28%	✓	Respite Care	115	150	35	23%	✓	180
1	1	0	0%	✓	Community Health	13	13	0	0%	✓	15
0	1	1	100%	✓	Minor Disability Support Expenditure	32	13	-19	-145%	✗	16
91	91	0	0%	✓	IDF Payments-DSS	908	908	0	0%	✗	1,090
747	841	92	11%	✓		7,945	8,410	464	6%	✓	10,092
1,035	1,111	74	7%	✓	Mental Health & OPH Total	10,752	11,111	359	3%	✓	13,333
4,217	4,630	413	9%	✓	Total Expenditure	44,472	46,298	1,826	4%	✓	55,558

EXTERNAL PROVIDER COSTS

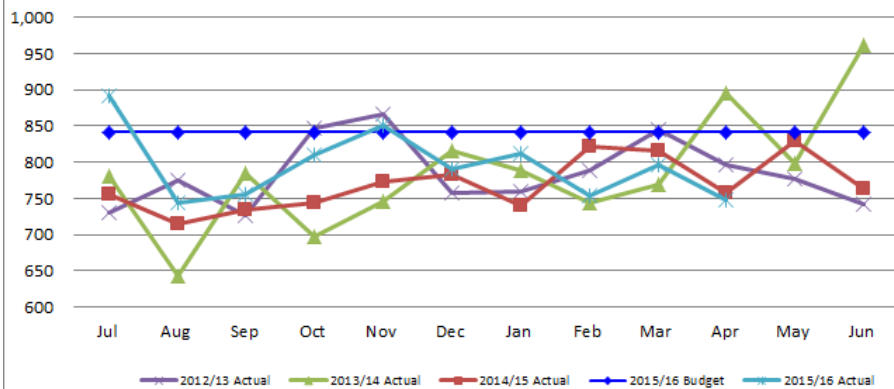
**Secondary and Referred Services Trend
2012/13 to 2015/16**



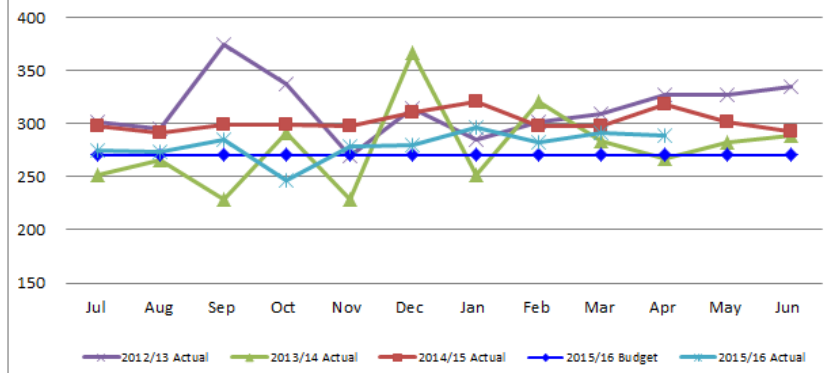
Primary Care Trend 2012/13 to 2015/16



Older Persons Health Trend 2012/13 to 2015/16



Mental Health Trend 2012/13 to 2015/16



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	11,408	8,101	3,307	41% ✓	9,083
Cash	6,525	9,284	(2,759)	-30% ✗	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
in thousands of New Zealand dollars

30 April 2016

	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	11,232	11,331	(99)	(0.9%)	113,020	113,311	(291)	(0.3%)	135,973	134,166
Inter DHB Revenue	27	5	22	440.0%	56	50	6	12.0%	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	1,236	1,280	(44)	(3.4%)	1,560	1,497
Patient Related Revenue	258	262	(4)	(1.5%)	2,428	2,620	(192)	(7.3%)	3,144	3,000
Other Revenue	(46)	74	(120)	(162.2%)	812	810	2	0.2%	1,188	1,162
Total Operating Revenue	11,596	11,800	(204)	(1.7%)	117,552	118,071	(519)	(0.4%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,446	5,112	(334)	(6.5%)	52,951	51,130	(1,821)	(3.6%)	61,352	64,688
Outsourced Services	(11)	8	19	237.5%	11	80	69	86.3%	96	82
Treatment Related Costs	760	617	(143)	(23.2%)	7,409	6,170	(1,239)	(20.1%)	7,404	7,736
External Providers	2,723	3,100	377	12.2%	30,097	30,973	876	2.8%	37,190	35,196
Inter District Flows Expense	1,500	1,532	32	2.1%	14,513	15,316	803	5.2%	18,368	14,789
Outsourced Services - non clinical	0	73	73	100.0%	0	730	730	100.0%	876	325
Infrastructure and Non treatment related costs	733	932	199	21.4%	8,120	9,298	1,178	12.7%	11,157	12,350
Total Operating Expenditure	11,151	11,374	223	2.0%	113,101	113,697	596	0.5%	136,443	135,166
Result before Interest, Depn & Cap Charge	445	426	19	4.5%	4,451	4,374	(77)	(1.8%)	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	53	68	15	22.1%	542	692	150	21.7%	828	732
Depreciation	415	395	(20)	(5.1%)	4,151	3,950	(201)	(5.1%)	4,740	4,238
Capital Charge Expenditure	82	66	(16)	(24.2%)	846	660	(186)	(28.2%)	792	772
Total Interest, Depreciation & Capital Charge	550	529	(21)	(4.0%)	5,539	5,302	(237)	(4.5%)	6,360	5,742
Net Surplus/(deficit)	(105)	(103)	(2)	(1.9%)	(1,088)	(928)	(160)	(17.2%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(105)	(103)	(2)	(1.9%)	(1,088)	(928)	(160)	(17.2%)	(878)	(1,047)

As at
in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

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APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 April 2016

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date			
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
11,867	11,756	111	0.9%	120,912	117,631	3,281	2.8%
(6,504)	(5,112)	(1,392)	(27.2%)	(54,830)	(51,130)	(3,700)	(7.2%)
(3,900)	(1,638)	(2,262)	(138.1%)	(22,672)	(16,370)	(6,302)	(38.5%)
(2,757)	(3,100)	343	11.1%	(30,425)	(30,973)	548	1.8%
(1,466)	(1,532)	66	4.3%	(14,185)	(15,316)	1,131	7.4%
(2,760)	374	(3,134)	(838.0%)	(1,200)	3,842	(5,042)	(131.2%)
(53)	(60)	7	11.7%	(542)	(600)	58	9.7%
60	(66)	126	190.9%	(417)	(660)	243	36.8%
(2,753)	248	(3,001)	(1210.1%)	(2,159)	2,582	(4,741)	(183.6%)
(72)	44	(116)	(263.6%)	280	440	(160)	(36.4%)
0	0	0		0	0	0	0.0%
4,600	(322)	4,922	1528.6%	2,411	(3,220)	5,631	(174.9%)
	0	0			0	0	
4,528	(278)	4,806	(1728.8%)	2,691	(2,780)	5,471	196.8%
0	0	0		0	0	0	0.0%
0	0	0		86	0	86	
0	0	0		86	0	86	
81	0	81		284	0	284	
0	0	0		0	0	0	
81	0	81		370	0	370	
1,856	(30)	1,886	(6286.7%)	902	(198)	1,100	(555.5%)
4,693	10,097	(5,404)	(53.5%)	5,648	101,812	(96,164)	(94.5%)
6,549	10,067	(3,518)	(34.9%)	6,550	101,614	(95,064)	(93.6%)

HEALTH TARGET REPORT QUARTER 3

TO: Chair and Members
West Coast District Health Board

SOURCE: Planning & Funding

DATE: 24 June 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

The purpose of this report is to present the Board with the West Coast DHBs progress against the national health targets for Quarter 3 (January-March 2016). The attached report provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 3 health target league table is attached as an Appendix.

2. RECOMMENDATION

That the Board:

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

3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the **ED health target**, with **99.2%** of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved **105.2%** of the year-to-date improved access to **elective surgery health target**, exceeding target by 71 discharges.
- Achieved the **more heart and diabetes checks health target**, with **90%** of the eligible enrolled population having had a CVD risk assessment in the last five years.

Health target performance was weaker in the following areas:

- Performance decreased against the **better help for smokers to quit (secondary) health target**, with **93.9%** of hospitalised smokers receiving help and advice to quit. Best practice initiatives continue, however the effects of small numbers remain challenging.
- Performance improved against the **faster cancer treatment health target** at **75%**, reflecting just three non-compliant patients. All non-compliant patients exceeded the wait time due to clinical or other justifiable reasons. Work is ongoing and all non-compliant cases are investigated.
- Performance against the **increased immunisation health target** continues to be challenging due to small numbers and high opt-off and declines. With just two children missing the timeframe, **89.3%** of the eligible population and **97%** of the consenting population were vaccinated.
- Performance disappointingly decreased against the **better help for smokers to quit (primary) health target** this quarter. In Quarter 3, **81.7%** of (PHO enrolled) smokers received help and advice to quit.

6. APPENDICES

Appendix 1: Q3 1516 WC Health Target Report.pdf
Appendix 2: HT_Q3 _COL_WestCoast.pdf

Report prepared by: Libby Doran, Planning & Funding
Report approved by: Carolyn Gullery, GM Planning & Funding

National Health Targets Performance Summary

Quarter 3 2015/16 (January-March 2016)

Target Overview

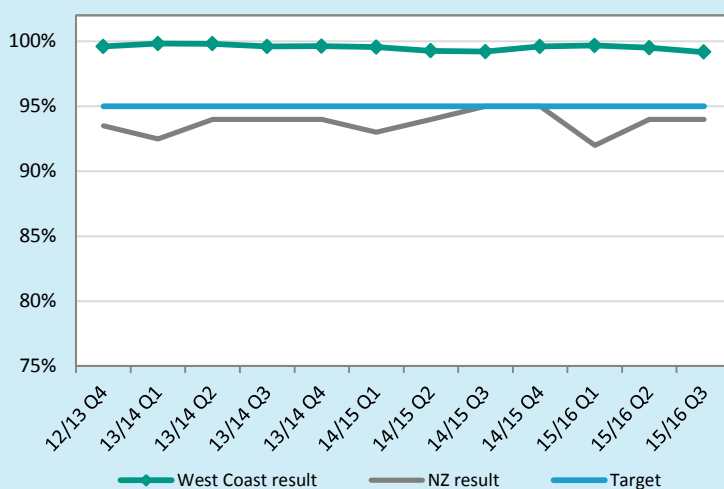
Target	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.7%	99.7%	99.5%	99.2%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery ¹	1721	480	978	1442	1,371 YTD	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	50%	50%	71.4%	75%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	85.3%	88.4%	80.9%	89.3	95%	✗	3
Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ¹	97.8%	91.1%	96.4%	93.9%	95%	✗	4
Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	90.2%	84.5%	84.8%	81.7%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91.1%	91%	90.8%	90.3%	90%	✓	5

¹Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Shorter Stays in Emergency Departments

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

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

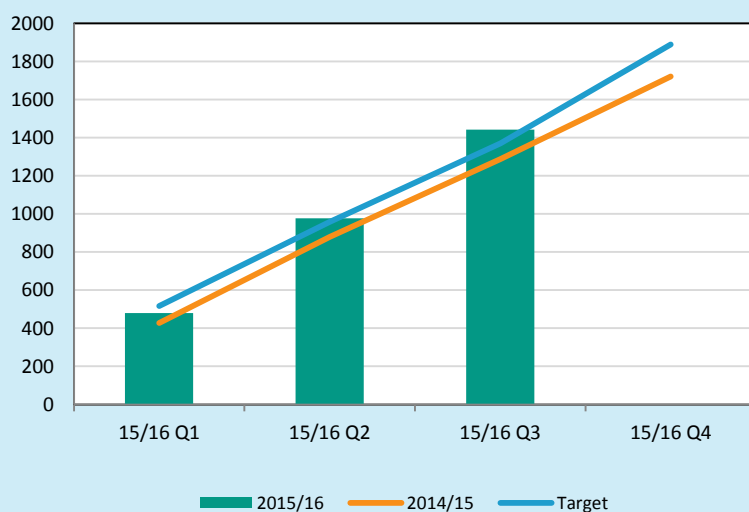


The West Coast continues to achieve the ED health target, with **99.2%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 3.

Improved Access to Elective Surgery

Target: 1,889 elective surgeries in 2015/16

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



1,442 elective surgical cases were delivered to Coasters in the year to date March 2016, representing **105.2%** of our year-to-date target delivery.

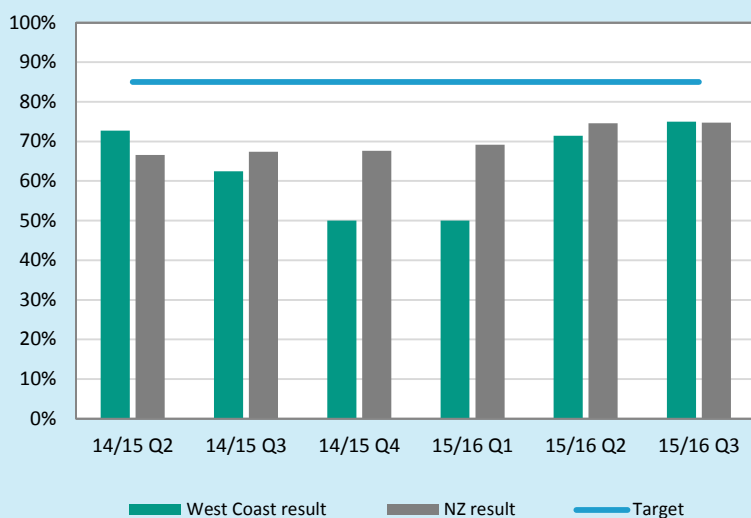
We are pleased to have met target and expect to meet our overall electives health target volumes by year-end.

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

Faster Cancer Treatment

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

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



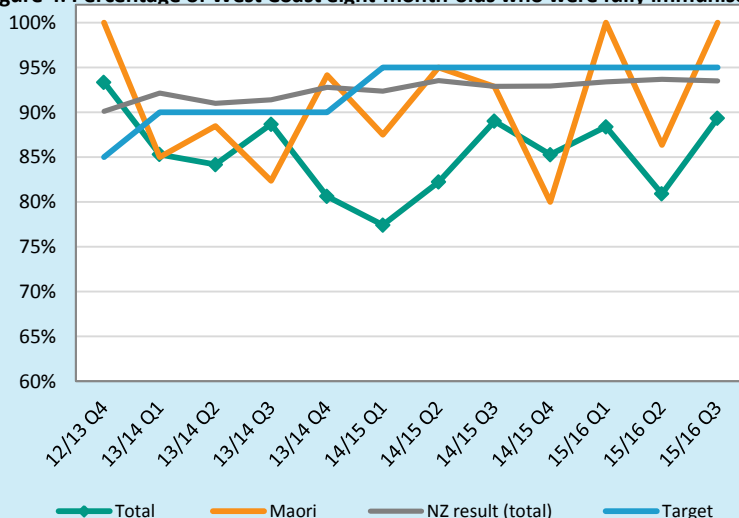
Performance against the health target has increased this quarter with **75%** of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge with this result reflecting just three out of twelve patients noncompliant. All were complex patients, exceeding the timeframe in part due clinical considerations and comorbidities. Audits into patient pathways have taken place.

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

Increased Immunisation

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

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



Although we have not met target, just two children were missed this quarter. During Quarter 3, **89.3%** of all 8-month-olds were fully immunised. Strong results were achieved for Māori (100%) and New Zealand European (98%).

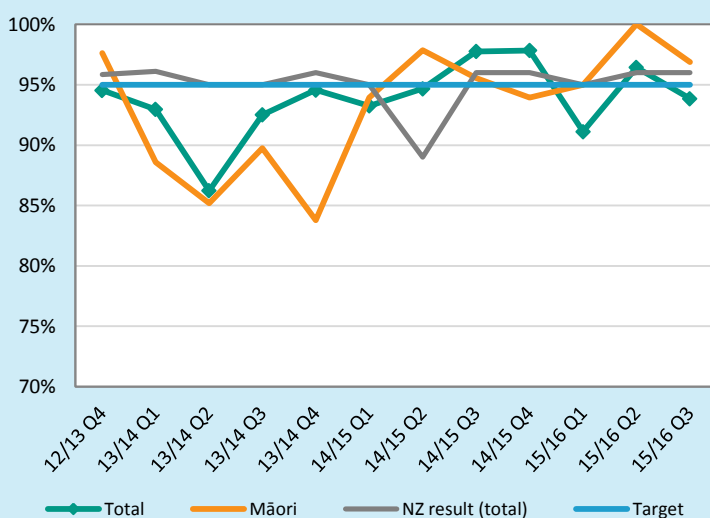
Opt-offs decreased 10% this quarter to 8%—which is reflected in our improved results, although continues to make meeting the target impossible.

Of the two children missed—one has since been vaccinated and the other is still overseas on holiday. This means **97%** of the eligible (consenting) population were immunised.

Better Help for Smokers to Quit: *Secondary*

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

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



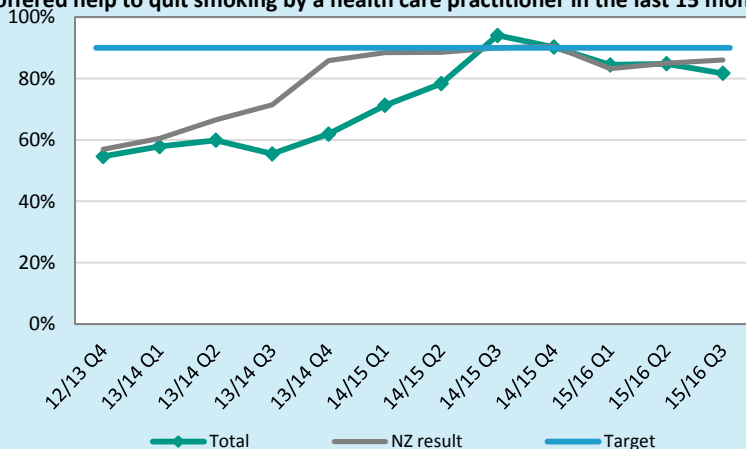
West Coast DHB staff provided **93.9%**³ of hospitalised smokers with smoking cessation advice and support—disappointingly missing target against the total population. The target was met for our Māori population.

Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker who discusses each case with both the Ward Champions and Clinical Nurse Managers of departments where misses occurred. Monthly reports show a positive result for January (95.5%) but poorer performance in February (93.7%) and March (92.2%).

Better Help for Smokers to Quit: *Primary*

Target: 90% of smokers in the community receive advice to quit

Figure 6: Percentage of PHO enrolled population who smoke that have been offered help to quit smoking by a health care practitioner in the last 15 months



West Coast health practitioners have reported giving **4,512** smokers cessation advice in the 15 months ending March 2016. This represents **81.7%** of smokers enrolled with the PHO, against our 90% target.

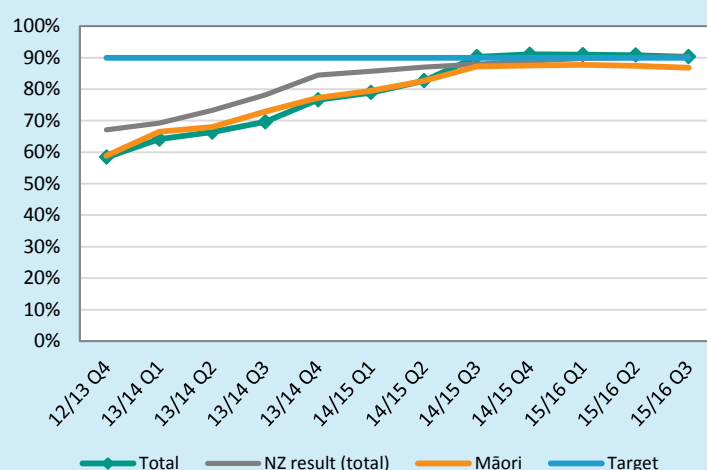
The DHB is disappointed to note a further drop in performance at PHO level. At practice level, three of eight are performing above target and one is within 5% of target. The remaining practices have plans in place to improve performance. All best practice initiatives continue.

³ Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

More Heart & Diabetes Checks

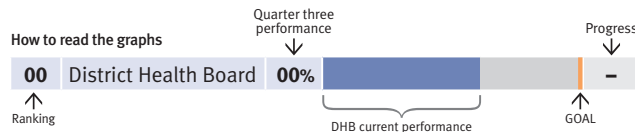
Target: 90% of the eligible enrolled population have had a CVD risk assessment in the last five years

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



West Coast general practices have maintained coverage this quarter, with **90.3%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. We are pleased to continue to meet target.

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



Shorter stays in Emergency Departments

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

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

95%



Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between January and March 2016 and who were fully immunised at that stage.

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

95%



Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4000 discharges per year. DHBs planned to deliver 138,026 discharges for the year to date, and have delivered 7,992 more. The new revised target definition includes elective and arranged in-patient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (excluding maternity).

		Quarter three performance (%)	Progress against plan (discharges)
1	Northland	123	▲
2	Waikato	120	▲
3	Tairāwhiti	118	▲
4	Taranaki	114	▲
5	Whanganui	113	▲
6	Bay of Plenty	110	▲
7	Southern	107	▲
8	Hutt Valley	105	▲
9	West Coast	105	▲
10	Counties Manukau	105	▲
11	Capital & Coast	105	▲
12	Nelson Marlborough	102	▲
13	Hawke's Bay	102	▲
14	Waitemata	102	▲
15	Lakes	102	▲
16	MidCentral	102	▲
17	Wairarapa	101	▲
18	Canterbury	99	▼
19	South Canterbury	98	▼
20	Auckland	98	▼
All DHBs		106	▲

100%



Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. From quarter one the hospital target is now only reported on the Ministry's website, along with the maternity target results. www.health.govt.nz/healthtargets

		Quarter three performance (%)	Change from previous quarter
1	Tairāwhiti	91	▲
2	Southern	90	▲
3	Waitemata	90	▲
4	Counties Manukau	89	▲
5	Northland	88	▲
6	Waikato	88	▲
7	Nelson Marlborough	88	▼
8	MidCentral	88	▲
9	Auckland	88	▲
10	Wairarapa	86	▲
11	South Canterbury	86	▲
12	Whanganui	86	▲
13	Taranaki	86	▲
14	Canterbury	85	▲
15	Capital & Coast	83	▲
16	West Coast	82	▼
17	Bay of Plenty	79	▲
18	Hutt Valley	79	▲
19	Hawke's Bay	78	▲
20	Lakes	73	▲
All DHBs		86	▲

90%

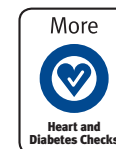


Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between 1 October 2015 and 31 March 2016.

		Quarter three performance (%)	Change from previous quarter
1	Taranaki	84	▲
2	Capital & Coast	82	▲
3	Hutt Valley	81	▲
4	Nelson Marlborough	81	▼
5	Whanganui	80	▲
6	Northland	79	▲
7	Tairāwhiti	78	▲
8	Southern	78	▲
9	MidCentral	77	▼
10	Waikato	77	▲
11	West Coast	75	▲
12	Auckland	75	▲
13	Canterbury	73	▼
14	South Canterbury	72	▼
15	Counties Manukau	70	▼
16	Waitemata	70	▲
17	Wairarapa	69	▲
18	Bay of Plenty	69	▼
19	Hawke's Bay	63	▼
20	Lakes	47	▼
All DHBs		75	▲

85%



More heart and diabetes checks

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

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

90%

MAORI HEALTH PLAN UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Maori Health

DATE: 24 June 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

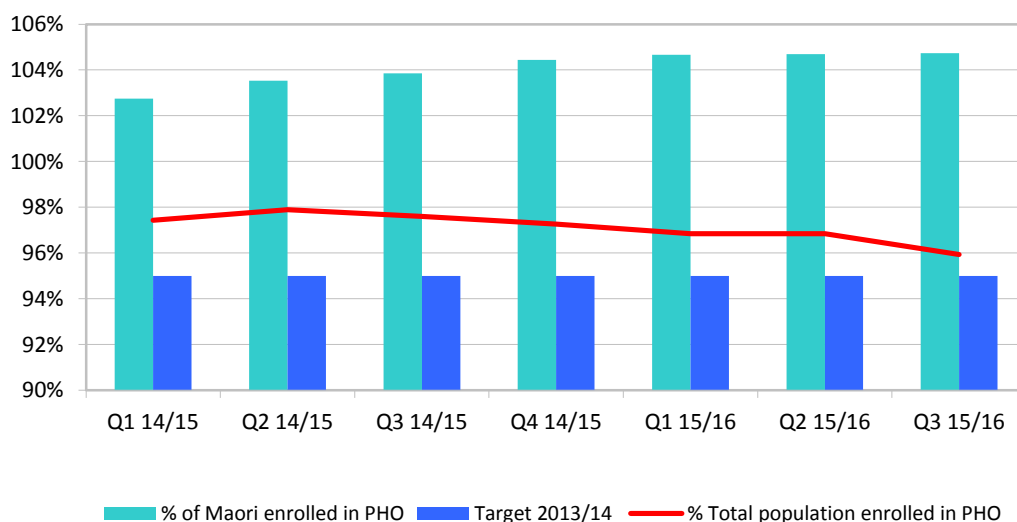
- i notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q3, 2016/17

Access to care

Percentage of Maori enrolled in the PHO

PHO enrolment using 2013 Census population data



* 2006 census population was used as the denominator.

ACHIEVEMENTS/ISSUES OF NOTE

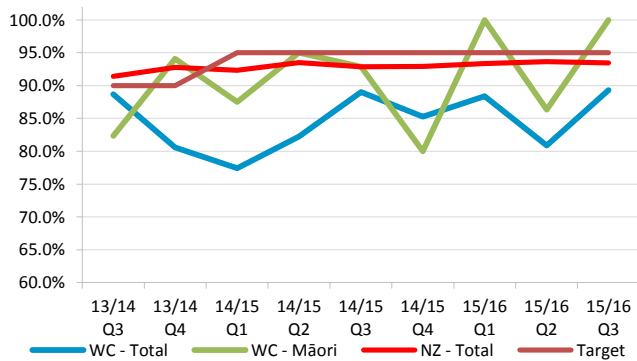
Enrolment in PHO

Using the 2013 population census figures 105% of Maori were enrolled with the PHO as at 31 March 2016. 3319 Maori were enrolled in quarter 1 compared to 3312 in quarter 3 an increase of 07 and an increase from 3205 (107) from end of June 2014.

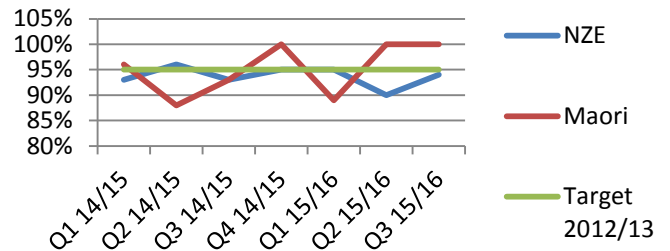
The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



Eight-month-old immunisation

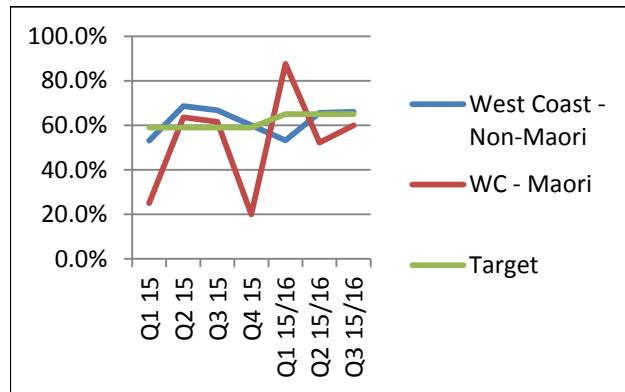
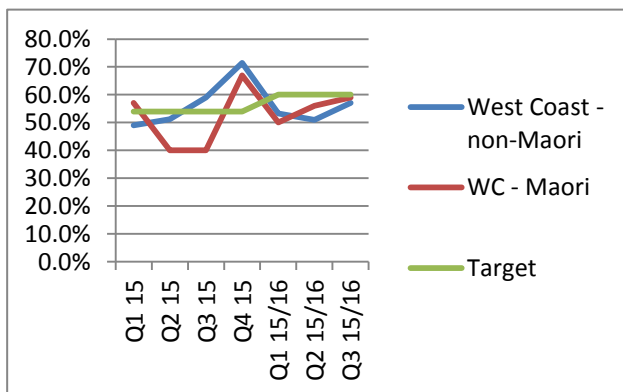
100% of Maori babies have been immunised on time at 8 months of age in quarter 3 16 babies out of 16 eligible for this quarter. This is compared 98% of non-Maori babies – 45 out of 46 eligible babies fully immunised at the 8 months milestone.

Two-year-old immunisation

100% of Maori 2 year olds have been immunised on time in Quarter 3 – 23 from 23 eligible babies. This is compared to 90% NZ European babies - 46 from 49 eligible babies.

Excellent results for Maori with 100% of 8 month and 2 year olds immunised on time in Quarter 3.

Percentage of West Coast babies fully/exclusively breastfed at 3 months and receiving some breastmilk at 6 months



Breastfeeding Support

At the end of Quarter 3 Maori is only 1% away from the 60% target of babies fully/exclusively breastfed at 3 months with an increase from 56% in Quarter 2 – this is compared to 57% of non-Maori. 60% of Maori babies are receiving some breastmilk at 6 months which is 5% from target compared with 66% of non-Maori babies.

Plunket Breastfeeding Stats

In the last quarter (Jan-Mar) the breastfeeding rate at 2-5 weeks was 72% (of 42 mums), at 6-9 weeks 62% (of 55 mums), at 10-15 weeks 57% (of 70 mums), and at 16 weeks-5mo 19% (of 68 mums).

Maori

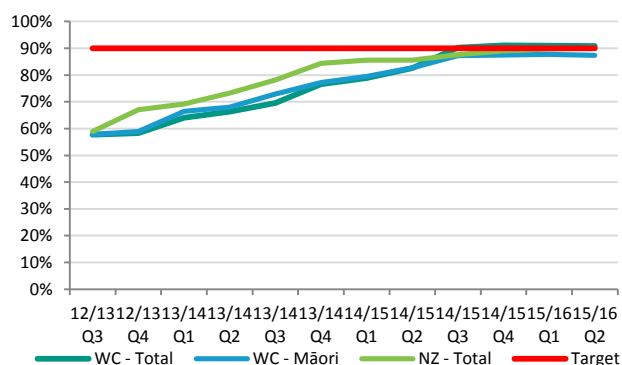
2-5 weeks 88% (7 out of 8 total), at 6-9 weeks 80% (12 out of 15 total), at 10-15 weeks 59% (10 out of 17 total), and at 16 weeks-5mo 7% (1 out of 15 total).

The community lactation consultancy and breastfeeding advocates continue to be in contact with all new-born's Mums through the Newborn enrolment process. Of 47 advocacy clients in Q3 9 were Maori.

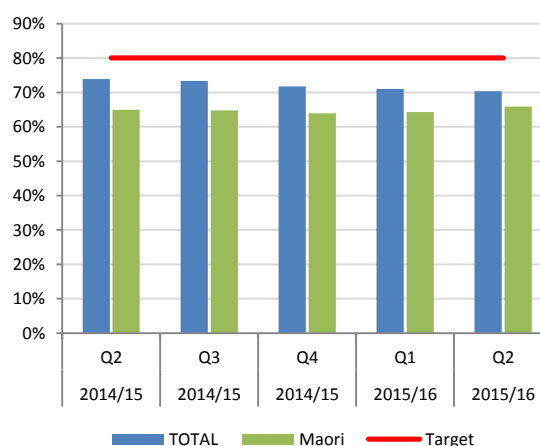
11 women are currently undergoing Mum4Mum training, due to graduate in Q4; this includes 7 wahine from the Mana Tamariki Mana Mokopuna project.

More Heart & Diabetes checks

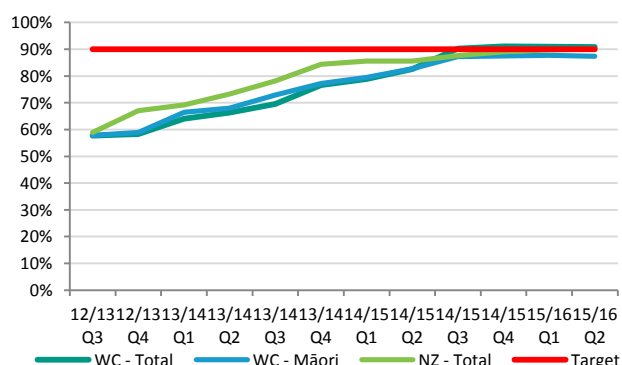
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



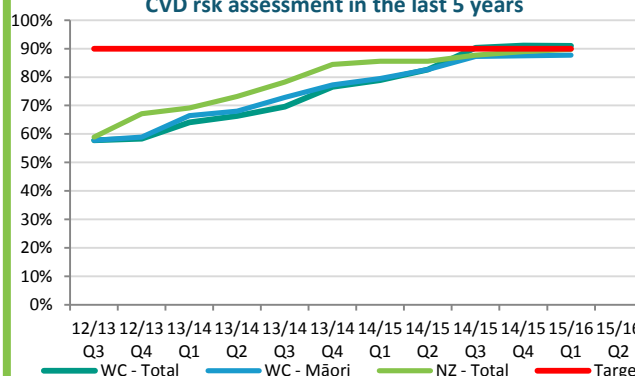
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



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



CVD health target: Eligible population having had a CVD risk assessment in the last 5 years



Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 58 Maori have participated in a Diabetes Annual Review year to date at the end of quarter. 90% of Maori with diabetes have had Retinal Exams and 64% show HBA1c levels at or below 8.0, 57% are non-smokers and 48% are on statins: As reported previously, performance against achieving good management of diabetes decreased during the rolling twelve months to December 2015. Among those who had their annual review, 64% of the estimated diabetic population had satisfactory or better management of their diabetes against the 80% target. Maori results also decreased at 30%. This is measured by the clinical indicator of HbA1c ≤ 64 mmols/mol.

CVD Health Target

West Coast general practices have maintained coverage this quarter, with 90% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. Maori make up 10% of CVRAs this quarter a jump from 5.7% in the last quarter. By comparison, Maori make up 10% (1034) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and

for female 45-74 years). 88% of those eligible have been screened: this includes 85% of eligible males and 91% of eligible females.

The smoking profile for CVRAs completed this quarter for Maori is 51% not smoking compared with other ethnicities screened not smoking 80%.

Green Prescription

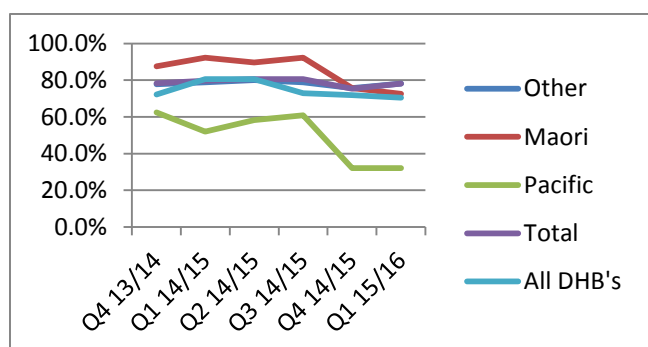
Quarter 3 data shows from 93 referrals to the Green Prescription programme in the Grey/Westland district 12 were for Maori (12%), 31 total referrals were made in the Buller district with 6 (19%) being for Maori.. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

Long Term Condition Management (LTC)

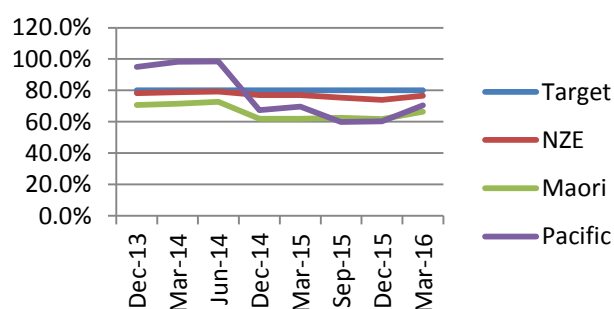
231 Maori are enrolled in the Long Term Conditions programme as at March 31 2016. Maori enrolments make up 6.4% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.4% of the enrolled population at the primary practices aged 45 years and above.

Cancer

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



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



ACHIEVEMENTS/ISSUES OF NOTE

Table 1: NCSP coverage (%) in the three years ending 31 December 2015 by ethnicity, women aged 25–69 years, West Coast District Health Board

Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach 80% target*
Māori	844	560	66.4	115
Pacific	75	55	70.5%	7
Asian	345	182	52.3%	96
European/Other	7,479	5,734	76.7%	249
Total	8,749	6,531	74.6%	468

Cervical cancer screening

At the end of March 2016, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 66.4% an increase of 5%. The result for Pacific women was 70.5% an increase of 10% and for New Zealand European an increase of 2% at 76.7%. The number of women required to reach the 80% national target has dropped in this quarter to 468 from 707. There has been a targeted effort to co-ordinate the resource working on cervical screening on the West Coast; this has included the practices, Poutini Waiora and the DHB Maori/High Needs Screener working in a more aligned way.

Table 1: BSA coverage (%) in the two years ending 31 March 2016 by ethnicity, women aged 50–69 years, West Coast District Health Board

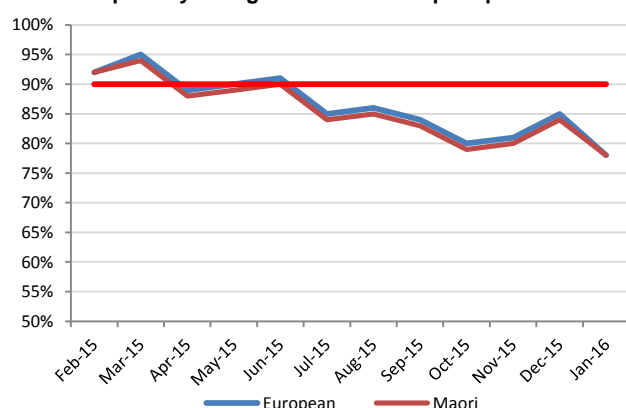
Ethnicity	Population	Women screened in last 3 years	2-year coverage	Additional screens to reach 70% target*
Māori	385	265	72.6	
Pacific	25	8	32	10
Other	4256	3356	78.8	
Total	4650	3630	78.1	

Breast cancer screening

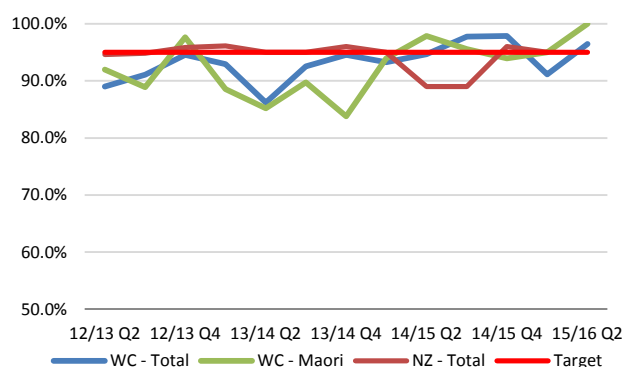
At the end of March 2016 the preliminary two year coverage result for breast screening on the West Coast continues to be above the target for all ethnicities except for Pacifica where we need an additional 10 to achieve the target.

SMOKING CESSATION

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



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



ACHIEVEMENTS/ISSUES OF NOTE

Primary care better help for smoker's health target

As reported previously, performance disappointingly decreased in Quarter 2, with 84.8% of smokers enrolled with the PHO provided cessation advice in the 15 months ending December 2015. We expect data for Quarter 3 in the coming weeks.

Secondary care better help for smokers to quit health target

During Quarter 2, West Coast DHB staff provided 96.4% of hospitalised smokers with smoking cessation advice and support, meeting target. Data for Quarter 3 is expected by the end of the month. It is pleasing to see that 100% of Maori patients who smoke have been given quit advice and help.

Spirometry and Pulmonary Rehab Clinics

The WCPHO and Poutini Waioira have provided another Spirometry clinic with the Buller Health Medical Centre to provide screening spirometry tests for all consenting Maori smokers and ex smokers 45+ years old. The purpose of the initiative is to detect early disease in relatively asymptomatic smokers or ex smokers with significant history, so that they have the opportunity to receive early intervention and to promote smoking cessation in this at-risk group. In addition the clinic provides an opportunity to address other health needs for clients through a Whanau ora model of care. Through these clinics clients are offered increased access to screening, treatment and follow-up for themselves and their whanau. Support for cessation is provided by Community Public Health – Aukati Kaipapa and the WCDHB Respiratory Nurse Specialists provide expertise.

9 people attended the clinic 7 Maori and 2 other. Other interventions provided as a result of this clinic were: 4 referrals for cervical screens and 7 CVRA's.

As a result of the Spirometry Clinic held earlier in the year in Hokitika the WCDHB Respiratory Nurse Specialist has delivered a Pulmonary Rehab clinic in Grey Based Hospital. This was held in collaboration with the Poutini Waiora Kaupapa Maori Nurses and consisted of two sessions per week for eight weeks. The clinic included physiotherapy, education from dieticians, occupational therapists, clinical psychologist, pharmacist and the respiratory educator and physical activity.

6 Maori attended the Pulmonary Rehab Clinic which is an outstanding result. We are now working together to identify a pathway for ongoing support for those Maori who completed the Rehab clinic.

Hauora Maori Workforce Development

We have 4 people from the West Coast participating in the Level 4 Certificate in Hauora Maori and in the Level 6 Diploma in Hauora Maori.

The Certificate explains the principles and key concepts of Hauora based on a Maori world view. It also explores Maori models of Hauora and their application in a work context and examines the application of more operational tools such as assessment, referral and Maori methods of communication used by kaimahi in a Hauora context. The level 6 Diploma builds on this to examine Maori health initiatives such as auahi kore, korikori tinana, tamariki ora, whanau ora and the Treaty of Waitangi.

We now have a considerable number of Kaimahi across the sector who have completed the certificate and have progressed on to the Diploma and are working in either public health the DHB or the Maori Health Provider. They are supported by Health Workforce NZ through the DHB Hauora Maori training fund.

Improving the Cancer Pathway for Maori (Phase 2)

Extend the Maori Cancer Pathway Project to other South Island DHBs

This project has been divided into two parts. Part 1 is the implementation of a specific initiative to address elements of the system that inhibit equity in the cancer care for Maori. The initial implementation is within Nelson/Marlborough where the 2014/15 project has set the scene for this further development. Concurrently the Southern Cancer Network have some existing resource to support Part 2 of the project and after an RFP process have contracted Dr Melissa Cragg to roll out the Maori Cancer pathway project to other South Island DHBs – the primary purpose of this work will be to identify issues and options confirmed for each DHB, create connections forming the platform for designing and implementing service improvements.

We look forward to working with Dr Cragg on this piece of work. Dr Cragg has already delivered the findings of Phase 1 of the Nelson/Marlborough research to various audiences within the health sector and Maori community. This research confirmed that Maori often present late or not at all for diagnosis and treatment resulting in poorer outcomes.

Poutini Waiora

A mihi whakatau was held on the 26 April to welcome 2 new Kaimahi to the organisation and in to the positions of Mama and Pepi and Tamariki ora Nurse within the Maori Health Provider. These 2 positions will work very closely together to provide a wraparound service focused on the delivery of timely access to well child core checks for Tamariki and providing support in antenatal education, breastfeeding education and support, parenting, oral health education, nutrition advice and linking into other services as required for Mum and baby from conception.

Cervical Screening

Te Herenga Hauora and South Island Southern Cancer Network: Cervical Screening Project

THH and the SCN have been considering how best to maximise the 'inequalities resource' within SCN for the next 18 months. A component of the resource has been committed to supporting Cancer Pathway Projects for Maori as part of the Faster Cancer Treatment initiative in conjunction with Nelson Marlborough. The priority identified across the South Island, with the guidance from Te Herenga Hauora is to support the

uptake of both the breast & cervical screening programmes as per the objectives below.

- Public Health to conduct a literature review of current performance and understanding the barriers to the up-take of the cervical screening programme
- Stocktake of cervical screening stakeholder and services across the South Island and from the analyses, develop, implement and evaluate proposed changes.

South Island Alliance Workforce

The Te Wai Pounamu Maori health workforce plan is to be reviewed and refreshed. The South Island Workforce Development Hub will work with the South Island Maori GMs on this. Gary Coghlan will lead this work alongside Pania Coote, GM Maori Otago/Southland DHB.

Tumu Whakarae

Regional Leads met with General Managers and Planning & Funding leads recently. A meeting was organised by Janet Mclean, Bay of Plenty DHB on behalf of Tumu Whakarae. There was agreement to champion health equity and health literacy in our system moving forward. The following actions were agreed:

- Joint communication promoting our commitment to work together. This will be submitted to Maori health publications in the next month.
- Key project development on a joint submission on Oral health
- Work together on the pharmacy agreement (re: equity) with a focus on health equity, mental health and health of older people.
- PHO national agreement (health equity focus)

Te Rau Matatini

Recently the South island General Managers Maori meet with Te Rau Matatini. TRM is open to forming key strategic relationships and the discussion focused on how resources can be shared more effectively and the priorities for the Maori workforce around cultural competency.

A commitment was made to maintain communication, develop links to keep each other informed as we plan and move forward with the intention of identifying specific training opportunities and need within each region.

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.

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.

Dr Melissa Cragg has been contracted to deliver on phase 2 of this initiative which is 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.

Report prepared by: Kylie Parkin, Maori Health

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

DISABILITY ACTION PLAN - PROPOSED AMENDMENT TO GOVERNANCE STRUCTURE

TO: Chair and Members
West Coast District Health Board

SOURCE: Planning and Funding

DATE: 24 June 2016

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

This paper is submitted for a recommendation to the Board from the Community and Public Health & Disability Support Advisory Committee regarding an amendment to the Disability Action Plans Governance Structure which was approved by the West Coast Board at their meeting on 1 April 2016.

2. RECOMMENDATION

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

- i. Approves the proposed amendment to the Strategic Disability Action Plan Governance Structure which is to have the Alliance Leadership Team provide the overall governance of the plan, and
- ii. Approves that the priority actions from the Strategic Disability Action Plan form part of the different work stream work plans; and
- iii. Approves, where necessary, the Disability Lead from Planning and Funding working with West Coast DHB departments to implement priority actions that will not be progressed within the Workstream e.g. People and Capability, Communications etc; and
- iv. Notes that progress on the implementation of the Strategic Disability Action Plan will continue to be reported to the Community and Public Health & Disability Support Advisory Committee.

3. SUMMARY

It is proposed that the Governance Structure for the implementation of the Strategic Disability Action Plan be amended to sit within the scope of the Alliance Leadership Team and the Workstreams. This would reduce duplication of processes and the burden of an additional governance structure that will draw on many of the same individuals across the health system.

4. DISCUSSION

The Governance Structure approved by the Community and Public Health & Disability Support Advisory Committee and the West Coast Board requires a separate Disability Steering Group be established to provide leadership and oversight of the implementation of the West Coast Strategic Disability Action Plan, approved on 1 April 2016.

When working to identify appropriate membership and how the proposed Disability Steering Group would align with the Alliance Leadership Team and the already established Working Groups, it was evident that these groups had members who would also be required to be involved

in the Disability Steering Group. Additionally there are a number of identified actions within the Strategic Disability Action Plan that could appropriately sit within the Workstreams Workplans.

An example of the appropriateness of this, is that the Child and Youth Workstream already has the identified actions from the Strategic Disability Action Plan for children and youth with disabilities as objectives with their 2016/17 Workplan. If approved this approach would be broadened for the other Work streams within the Alliance to include the priority actions within their workplans.

Initial discussions have taken place with the Director of Allied Health who is also the Chair of the Alliance Leadership Team and the Executive Sponsor of the Disability Strategy and whilst a paper would need to be submitted to the Alliance Leadership Team there is agreement that the implementation of the Strategic Disability Action Plan would appropriately fit within the Alliance structure.

There are some objectives of the Strategic Disability Action Plan that will continue to be co-ordinated by the Disability Lead within Planning and Funding, in conjunction with the relevant departments e.g. Communications, People and Capability and Quality and Patient Safety. Therefore the overall accountability of the implementation of the Disability Action Plan will continue to be communicated to DSAC.

5. CONCLUSION

If approved by the Board a paper will be need to be submitted to the Alliance Leadership Team, for their agreement for them to include all the relevant objectives and priority actions of the Strategic Disability Action Plan within the scope of the Alliance Structure on the West Coast.

Report prepared by: Kathy O'Neill, Team Leader, Planning & Funding

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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 9 JUNE 2016

TO: Chair and Members
West Coast District Health Board

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

DATE: 24 June 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 9 June 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 – 9 June 2016.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) DISABILITY ACTION PLAN – AMENDMENT TO GOVERNANCE STRUCTURE

An amendment to the Disability Action Plan Governance Structure, that was approved by the Board at the meeting held on 1 April 2016, was provided to the Committee. It is proposed that the Governance Structure for the implementation of the Strategic Disability Action Plan be amended to sit within the scope of the Alliance Leadership Team and the Workstreams. This would reduce duplication of processes and the burden of an additional governance structure that will draw on many of the same individuals across the health system.

The Committee recommend to the Board that the amendment to the plan be approved.

b) COMMUNITY AND PUBLIC HEALTH UPDATE

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

Alcohol Licensing

Community and Public Health staff presented before the Westland District Licensing Committee (DLC) in opposition to a proposed new off licence in Hokitika. The DLC has reserved its decision on the application.

West Coast DHB Healthy Food and Drink Policy

Following feedback from key national and local stakeholders, the nationally aligned West Coast DHB Healthy Food and Drink Policy has been finalised. The policy has been informed by the NZ Eating and Activity Guidelines (2015), National Heart Foundation guidelines for healthy cafeteria food and the Health Star Rating for packaged goods. The local endorsement process has begun and includes a number of groups within the DHB.

Stop Smoking Services RFP

Community and Public Health has been identified as a preferred supplier for a new stop smoking service on the West Coast conditional upon negotiations. Community and Public Health and Healthy West Coast Governance Group partners met with Ministry representatives on Monday 30th May to discuss the proposed service which will deliver cessation support to identified priority groups: Maori, Pacific people, pregnant women and mental health clients. Negotiations with the Ministry over contract service specifications continue and they are aiming for a smooth transition to the new service from 1st July.

World Smokefree Day

Tuesday 31st May was World Smokefree Day. The theme this year was “It’s about Whānau”. Members of the West Coast Tobacco Free Coalition were promoting smokefree lives outside Mitre 10 in Greymouth on the day. The recent Budget announcement of 10% increases in the price of tobacco products each year for the next four years is also timely.

Nutrition Health Promotion

As part of their ongoing work with Early Childhood Education Centres, Community and Public Health were involved in the Teddy Bears Picnic held recently in Westport. This event was aimed at engaging families with children under five, whether or not they currently attend an Early Childhood Centre. The day had a strong emphasis on nutrition, oral health and healthy lunchboxes. Community and Public Health also ran an Early Childhood Nutrition workshop in Ross, it was a great way to promote oral health in a rural community.

Community and Public Health have recently started their nutrition workshops for the Mana Tamariki Mokopuna project, working with Poutini Waiora. This is aimed at mothers with young children and we will be covering topics such as lunchbox ideas, breakfasts, quick healthy kai, supermarket shopping, and healthy eating when out and about. A Greymouth Appetite for Life course has started in Greymouth, with strong numbers.

Council Annual Plan Submissions

Community and Public Health have submitted on all four West Coast Council Annual Plans and are in the process of speaking to their submissions. Submissions focussed on public health issues such as water, sewerage, emergency management, environments that encourage physical activity and support for implementing healthy homes initiatives.

Healthy Homes Project in Buller

Community and Public Health is a member of the Te Hā o Kawatiri Healthy Homes project which is currently developing a plan to improve housing quality in the Buller area. The project is initiating relationships with stakeholders including Community Energy Action in Christchurch, Te Puni Kokiri and other interested parties.

Safe Communities Westland

Community and Public Health is a member of the Westland Safer Community Council which is in the process of being accredited as a New Zealand Safe Community. The group have recently met with the accreditors and it is expected that sign off will occur in the next month or two.

Mindfulness in Schools

Community and Public Health and Buller REAP have been facilitating the Mental Health Foundation's Mindfulness in Schools programme - Pause Breathe Smile - in Reefton Area School. Two classes finished the programme in week 1 of term 2 with positive feedback from students and teachers. An evaluation of the programme is currently being completed which will include feedback from school staff and the facilitators. A new course has started at Paparoa Range School which will run through term 2.

The report was noted.

c) HEALTHY FOOD AND DRINK POLICY

The Healthy Food and Drink Plan was received by the Committee and is included in today's Board papers with a recommendation for endorsement.

d) PLANNING & FUNDING UPDATE

Philip Wheble, Team Leader, Planning & Funding presented this update. The 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

- Performance continues to be impressive against the ED health target with 98.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during March 2016. A significant 96% were seen within just four hours.
- West Coast DHB was 71 discharges ahead of our year-to-date target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.
- The more heart and diabetes checks target was met in Quarter 3 with 90% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

Key Issues & Associated Remedies

- One ophthalmology, four orthopaedics, and one plastics patient are showing as exceeding wait times from first specialist assessment to surgical treatment in March (ESPI 5). The ophthalmology patient has since been seen, and the plastics and two orthopaedic patients are being rebooked. There have been significant disruptions to the orthopaedic service both in Canterbury and on the West Coast.

- B4 school check results show 56% of our total eligible population and 47% of our high deprivation population have received their B4 School Check against our 75% year-to-date target for April 2016. Investigation has shown 44 children moved out of area, 32 declined to have their check entered in the database, and 10 children were unable to be contacted despite multiple attempts.
- Performance disappointingly continued to decrease in Quarter 3, 81.7% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. All best practices continue.

Upcoming Points of Interest

Older Persons' Health: The Falls Champion has commenced their role and has completed training in Canterbury. Referrals and reporting for this service have now begun.

Discussion took place regarding the low B4 school check numbers against the target number. The Committee noted that the DHB will struggle to meet the targets set due to significant movement of children out of the area and the 46 Glorivale children receiving the checks but opting out of putting their numbers in the database.

The report was noted.

e) ALLIANCE UPDATE

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

Alliance Leadership Team (ALT)

At their meeting in April the ALT reviewed the latest draft of the annual plan and provided its support of the plan. The new System Level Measurement Framework (SLMF) was also discussed with Helen Reriti taking the ALT through the details of the framework. The ALT discussed developing a plan to engage local stakeholders in understanding SLMF and identifying local improvement goals.

Health of Older Persons

- The newly appointed Falls Champion has been orientated to the position, meeting with Falls Champions from Canterbury over two days this month.

Grey/Westland & Buller Family Health Services (IFHS)

- The Homecare Medical (HML) trial has been, in the most part, successful in achieving the outcomes we set out to achieve. Community meetings in three locations have taken place to gain feedback from the community on the trial with positive responses. A further two community meetings will be held in the coming month.
- A group focusing on common practices across Greymouth primary has met twice now and is looking at a number of opportunities to improve processes and ensure they are common to all three practices.
- Interest in the use of telehealth and the desire to understand how it could work in individual specialities has increased with the instigation of the telehealth report.
- Data for the past year is showing an increase in Māori engagement in Buller Health.
- The Alcohol and Other Drug project has commenced in relation to both Maori and youth in Buller. Issues have been identified and implementation planning is underway at an inter-agency planning meeting in mid-May.

Healthy West Coast (HWC)

- The Ministry have notified HWC that they have been shortlisted as a preferred provider of the new local stop smoking services. HWC will now begin the next phase of negotiations with MoH regarding the detail of how the new model will operate.

- The National DHBs Healthy Food & Drink Policy has now been finalised and is being distributed for local endorsement by 1st July.

Child and Youth

- A Quality project is underway to improve completion of the West Coast Newborn Multi-enrolment Form for women birthing at Christchurch Women's Hospital. Work is also underway to trial a new process to improve handover from Maternity to Well Child Tamariki Ora service in the Buller region.
- Work is progressing with the B4SC team to develop an appropriate referral pathway for children identified at >98th percentile for BMI.
- A youth well-being promotion afternoon took place in May in Greymouth, focused on promoting services available and providing an informal setting for young people to talk to professionals.

Pharmacy

- Analysis of leasing benchmarks for the Greymouth IFHC Community Pharmacy have been completed and discussed with pharmacies. Next steps are to progress formal negotiations for an agreement.
- There has been agreement to progress medicines use reviews on patients discharged from hospital on referral from the CCCN.

Discussion took place regarding vulnerable children in the community. The Committee was informed there are robust measures in place through the whole West Coast DHB system to ensure any children of concern are captured.

The report was noted.

f) HEALTH TARGET REPORT – QUARTER THREE

The Health Target Report for Q3 was received by the Committee and is included in today's Board papers.

g) MAORI HEALTH UPDATE

This report is included in today's Board papers.

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 9 June 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

28 April 2016

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

- | | | | |
|-----|--|---|-------------------|
| 4. | Disability Action Plan – Proposed Amendment to Governance Structure | Kathy O'Neill
<i>Service Development Manager, Planning & Funding</i> | 9.10am – 9.20am |
| 5. | Community and Public Health Update | Claire Robertson
<i>Team Leader, Community and Public Health</i> | 9.20am - 9.30am |
| 6. | Healthy Food and Drink Policy | Claire Robertson
<i>Team Leader, Community and Public Health</i> | 9.30am – 9.40am |
| 7. | Planning & Funding Update | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 9.40am – 9.50am |
| 8. | Alliance Update | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 9.50am – 10.00am |
| 9. | Health Target Quarter 3 Update | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 10.00am – 10.10am |
| 10. | Maori Health Plan Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 10.10am – 10.20am |
| 11. | General Business | Elinor Stratford
<i>Chair</i> | 10.20am – 10.30am |

ESTIMATED FINISH TIME

10.30am

INFORMATION ITEMS

- Board Agenda – 13 May 2016
- Chair's Report to last Board Meeting
- 2016 Committee Work Plan (Working Document)
- C&PH 6 Monthly report to MoH (July – December 2015)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 28 July 2016

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 9 JUNE 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 24 June 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 9 June 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 – 9 June 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 9 June 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.

MANAGEMENT REPORT

This report is intended to:

- provide the Committee with greater insights into the nature and flow of activity in, and through, the secondary care component of the West Coast health system;
- reflect a patient-centric view of services, being the ‘patient journey’ through the system; and
- provide the Committee with greater clarity of, and focus on, key metrics.

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

- Continued decrease in DNAs;
- Allied Health contributions at National Conference;
- Positive recruitment for RMOs

In addition Mr Newsome drew the Committees attention to inpatient volumes which showed that the throughput for the 10 month period to the end of April 2016 shows that the overall case-weighted discharges from Grey Hospital remains behind target for the year for surgical specialty services (particularly in orthopaedics). This is offset by higher throughputs in medical specialty services. The Committee noted that this no anything to be concerned about as it reflects the throughput of the hospital.

In the Workforce area:

- the Clinical Nurse Specialist Stroke Nurse has commenced her new role and beginning the process of establishing the new service;
- recruitment is underway to identify 5 – 6 NETP nurses and 1 NESP nurse to commence employment into current vacant positions in September;
- recruitment is also underway for a Rheumatology CNS/Infusion Nurse 0.5 FTE. This is a new role and will enable shared care with the visiting Rheumatologist and coordination of the Day Stay Infusion service;
- Recruitment is ongoing for junior doctors and several new doctors have been confirmed for Q3 & Q4 of the medical year. Annual recruitment has closed for the 2017 year and a number of suitable job applicants are in the process of being shortlisted;
- There has been agreement that Anaesthesia will move to a transalpine service with Canterbury undertaking to recruit for a Canterbury/West Coast Anaesthetist.

Discussion took place regarding issues with patients receiving mail and the Committee noted that a piece of work is being let by Mr Pradu Dayaram, Medical Director, reviewing the processes in the Clinical Booking Unit.

The Committee congratulated all involved on getting the Grey facility build across the line, acknowledging the work involved in getting to this point, and look forward to exciting developments as the build progresses.

The report was noted.

FINANCE REPORT

The consolidated West Coast District Health Board financial result for the month of April 2016 was a deficit of \$0.105m, which was \$0.002m unfavourable against the budgeted deficit of \$0.103m. The year to date position is now \$0.160m unfavourable.

The Committee noted that Personnel costs are unfavourable for the month with Locums continuing to be a necessary but unfavourable to budget cost. Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by unexpected turnover which in turn required more reliance on short term placements which are more expensive than permanent staff.

Treatment related costs are above expected levels for the month due to high Pharmaceutical costs.

The report was noted.

CLINICAL LEADERS UPDATE

The Committee noted that a lot of work is taking place from a workforce perspective to ensure the right roles are in the right place for the models of care. Work is also taking place looking at where nursing fits in the transalpine model, particularly for Clinical Nurse Specialists.

A lot of work is also taking place in the Quality & Safety area with the Health Quality & Safety Commission rolling out new programmes.

The update was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 9 June 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 9 June 2016 commencing at 11.00 am

ADMINISTRATION

11.00am

Karakia

Apologies

1. **Interest Register**

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

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

28 April 2016

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

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

5. **Finance Report**

Justine White 11.30am – 11.45am
General Manager, Finance

6. **Clinical Leaders Update**

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

7. **General Business**

Sharon Pugh 12noon – 12.10pm
Chair

ESTIMATED FINISH TIME

12.10pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 13 May 2016
- 2016 HAC Workplan (Working Document)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 28 July 2016

Corporate Office, Board Room at Grey Base Hospital.

DELEGATIONS FOR ANNUAL ACCOUNTS

TO: Chair and Members
West Coast District Health Board

SOURCE: Finance

DATE: 24 June 2016

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

The purpose of this report is to seek approval from the West Coast DHB Board in respect to a delegation to approve the annual accounts for the 2015/16 financial year on the Board's behalf, if required, if the timing of these does not fit with Board or Committee meetings.

2. RECOMMENDATION

That the West Coast DHB Board:

- i. authorises either the Quality, Finance, Audit and Risk Chairman and the Board Chair or, if one of these should not be available, one of these two and a Board member, to approve the final audited accounts for 2015/16 on the Board's behalf, if required, should the timing of these not fit with a Board or Committee meeting; and
- ii. notes that if this delegated authority is exercised the final accounts will be circulated to Committee and Board members; and
- iii. notes that the West Coast DHB Chair, a Board Member, Chief Executive and General Manager Finance & Corporate Services must sign the letter of representation required in respect to the 2015/16 Crown Financial Information System (CFIS) accounts which are required at the Ministry of Health in early August 2016.

3. SUMMARY

The audited Crown Financial Information System (CFIS) accounts for the 2015/16 financial year are due with the Ministry of Health by in early August to meet the Crown's financial reporting timetable.

The CFIS accounts for the 2015/165 financial year must be signed on behalf of the Board by the West Coast DHB Chair, a Board Member, Chief Executive and General Manager Finance & Corporate Services and their letter of representation will accompany the accounts. Any change to the 'bottom line' result as reported to this Committee will be discussed with the Chair of the Quality, Finance, Audit and Risk Committee and/or the West Coast DHB Chair with Committee members to be updated via e-mail of any change.

The audit process began in late July 2016 and is expected to be finished by early September 2016 with the final full audited accounts expected to be completed by late October 2016. In the event that the timing of the completion of these does not fit Board meetings it is recommended the Board be asked to delegate approval of the final 2015/16 audited accounts as per the recommendations contained in this report.

Report approved for release by: Justine White
General Manager Finance & Corporate Services

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 24 June 2016

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 & 13 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 13 May 2016.	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.	Presentation – Mental Health Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Audit Arrangements Year Ended June 2016	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Audit New Zealand Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	2016/17 Baseline Capital Allocation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
8.	Individual Employment Agreement Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Health & Safety Audit Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
10.	Risk and Risk Mitigation Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
11.	Pharmacist Services in the Community	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
12.	Committee Membership	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
13.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

3. **SUMMARY**

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

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

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

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

Clause 33 of the Act also further provides:

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

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

Report Prepared by:

Board Secretariat

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 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.