

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



BOARD MEETING

**Friday 12 August 2016
10.00am**

(Please note earlier start time at Facilities Site)

**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 12 August 2016 commencing at 10.15am

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| Visit to Facilities Site | 10.00am |
| <i>Please meet at the site entrance in Waterwalk Road where there is car parking.</i> | to |
| <i>Please ensure you wear sturdy footwear with closed in toes.</i> | 10.30am |

| | |
|-----------------------|----------------|
| KARAKIA | |
| ADMINISTRATION | 10.40am |

Apologies

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

| | |
|----------------|----------------|
| REPORTS | 10.45am |
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- | | | |
|---|---|-------------------|
| 4. Chair's Update (Verbal Update) | Peter Ballantyne <i>Chairman</i> | 10.45am – 10.55am |
| 5. Chief Executive's Update | David Meates <i>Chief Executive</i> | 10.55am – 11.10am |
| 6. Clinical Leader's Update | Karyn Bousfield <i>Director of Nursing & Midwifery</i> | 11.10am – 11.20am |
| 7. Matt Gunter Patient Story | Karen Bousfield <i>Director of Nursing & Midwifery</i> | 11.20am – 12noon |
| 8. Finance Report | Justine White <i>General Manager, Finance</i> | 12noon – 12.10pm |
| 9. Maori Health Action Plan 2016/17 | Philip Wheble <i>Team Leader, Planning & Funding</i> | 12.10pm – 12.20pm |
| 10. Reports from Committee Meetings | | |
| - CPH&DSAC 28 July 2016 | Elinor Stratford <i>Chair, CPH&DSA Committee</i> | 12.20pm – 12.30pm |
| - Hospital Advisory Committee 28 July 2016 | Sharon Pugh <i>Chair, Hospital Advisory Committee</i> | 12.30pm – 12.40pm |
| 11. Resolution to Exclude the Public | <i>Board Secretariat</i> | 12.40pm |

INFORMATION ITEMS

- 2016 Meeting Schedule

| | |
|------------------------------|----------------|
| ESTIMATED FINISH TIME | 12.40pm |
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NEXT MEETING

Friday 23 September 2016

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

| Disclosure of Interest | |
|----------------------------------|---|
| Peter Ballantyne Chair | <ul style="list-style-type: none"> • Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board |
| 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 and Research Officer |
| Sharon Pugh | <ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast |

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|------------------|--|
| 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 • 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 24 June 2016 commencing at 10.15am

BOARD MEMBERS

Peter Ballantyne (Chair); Warren Gilbertson; Michelle Lomax; Peter Neame; Sharon Pugh; Elinor Stratford; Joseph Thomas; Francois Tumahai; and John Vaile.

APOLOGIES

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

An apology for lateness was received and accepted from Warren Gilbertson (10.40am)

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Chris Kibblewhite (People & Capability); Mark Newsome (General Manager, Grey/Westland); Kylie Parkin (Acting General Manager, Maori Health); Philip Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); Karalyn van Deursen (Strategic Communications Manager); and Kay Jenkins (Minutes).

Gary Coghlan led the Karakia

1. 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.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (27/16)

(Moved Michelle Lomax/seconded Sharon Pugh - carried):

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 13 May 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

The Chair provided updates on as follows and provided a summary of discussions that took place at each of the meetings:

- 31 May – the commencement of the Facilities Project.
- 10 June – meeting re Buller with the Ministry of Health.
- 13 June – South Island Alliance Meeting
- 15 June – National Chairs Strategy Meeting followed by the National Leadership Meeting.
- Next Thursday is the next Partnership Group meeting.
- The Minister is intending to visit the West Coast on 23 November.
- The New Zealand Health Partnerships Board will meet with South Island Chairs & CEOs in Christchurch on 16 August.

Warren Gilbertson joined the meeting at 10.40am

The Board thanked the Chair and acknowledged the time and effort he has put in to get the DHB to the position it is in.

Resolution (28/16)

Moved Joseph Thomas/seconded Elinor Stratford – carried)

That the Board:

- i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

Michael Frampton, Programme Director, presented his report which was taken as read.

Mr Frampton highlighted:

- Alliance Leadership Team – We are sustaining a healthy alliance on the West Coast with the Chair of the Alliance Leadership Team now to sign the Annual Plan alongside the Chair and CEO.
- Primary Care – some really good work is taking place in Reefton with a dramatic shift in the relationship with the community.
- Plenty of conversations are taking place around Home Based Support Services. The DHB has engaged Fran Cook to step through with us how we continue to improve these services.
- Facilities – it is great to see construction commenced and the progress is heartening. A lot of work remains to be undertaken over the next two years.
- Buller – the Ministers have requested the Partnership Group to assume responsibility for the oversight of this development. The ongoing frustrations of the Community are recognised.

Discussion took place regarding the sense of frustration in the Community around the Buller project. The Board noted that the DHB is committed to working with the Partnership Group to progress this as fast as possible. The Chair commented that the Director of Special Projects at the Ministry of Health has advised him that he expects to have the financing of the project resolved within the next month.

- It is pleasing to see the continued reduction in DNA rates as reported through to the Hospital Advisory Committee. The challenge is now to sustain this.

A query was made regarding why breastfeeding is not more in the forefront of the report. The Board noted that there is no doubt about the DHBs commitment to breastfeeding and that there are established programmes in place in this area with a lot of good work taking place.

The Chair thanked management on behalf of the Board for all the good work being undertaken.

Resolution (29/16)

(Moved Joseph Thomas/seconded Michelle Lomax – 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 highlighted the following:

- The Associate Director of Nursing & Midwifery and General Manager, Maori Health have joined the South Island Workforce Development Hub as West Coast Representatives on this group. This group is part of the South Island Alliance and is fundamental in supporting well co-ordinated workforce development across the Alliance.
- Recruitment activity has taken place in the UK promoting the West Coast. There was a great deal of interest from primary care medical professionals from a variety of specialties which will be followed up.
- In Allied Health work continues around the Calderdale Framework and 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.
- A lot of initiatives are taking place in the Quality & Safety space with a continued effort to improve what we are doing.

Discussion took place regarding the change management process and the reaction of staff to this.

A query was made regarding the Buller Maternity Services contract and the Board noted that the current contract holders are working very closely with the new contractors to ensure a smooth handover.

The Board noted that all of the work undertaken post the maternity review has endured sustained changes and feedback from the women and their whanau has been really positive.

An update paper will come to the next Board meeting on progress made with Maternity Services.

Resolution (30/16)

(Moved Elinor Stratford/seconded: Warren Gilbertson – carried)

That the Board:

- i. notes the Clinical Advisor's update.

7. FINANCE REPORT

Michael Frampton, Programme Director, presented this report which was taken as read.

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 attained was \$0.160m unfavourable.

The Board noted that this result has not been easy to achieve and management are absolutely committed to achieving the predicted year end result. It was also noted that treatment related costs

are reasonably significant and these depend on the type of patients that arrive at our door. These costs mainly relate to blood and cancer treatments.

Resolution (31/16)

(Moved: Warren Gilbertson /seconded: Elinor Stratford – carried)
That the Board:

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

8. HEALTH TARGET REPORT – Q3

Phillip Wheble, Team Leader, Planning & Funding, presented this report which was taken as read. The Board noted that although the West Coast DHB will always struggle to meet the Faster Cancer Treatment and Immunisation targets we continue to try to improve and all non-compliances are followed up and investigated.

It was also noted that Primary “better help for smokers to quit” has been challenging and there is a significant focus on this.

Resolution (32/16)

(Moved: Sharon Pugh/seconded: Francois Tumahai – carried)
That the Board:

- i. notes the West Coast DHBs performance against the Health Targets

9. MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health, presented this report which was taken as read. Mr Coghlan commented that it is evident that things are tracking better each quarter and there is a belief that we can do even better in some areas.

The DHB are working together with the PHO and Poutini Waioara which is a good example of the desire to achieve better health for Maori in our community.

There is also a lot of work taking place around Maori Workforce Development with Regional programmes being developed through the South Island Alliance.

Board member Elinor Stratford, Board representative to Tatau Pounamau meetings advised that she had been asked to report to the Board the intention to appoint a Kaumatua.

Resolution (33/16)

(Moved: Joseph Thomas/seconded: Francois Tumahai – carried)
That the Board:

- i. Notes the Maori Health Plan Update

10. WEST COAST DHB DISABILITY ACTION PLAN – PROPOSED AMENDMENT TO GOVERNANCE STRUCTURE

Philip Wheble, Team Leader, Planning & Funding, presented this report which contained a recommendation from the Community & Public Health and Disability Support Advisory Committee. The Board noted that the proposal was for the Alliance Leadership Team to take a lead in this under the “whole of health system” approach.

Resolution (34/16)

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

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 Work stream 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

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 9 June 2016.

The update was noted

- b) Sharon Pugh, Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 9 June 2016.

The update was noted.

12. DELEGATIONS FOR ANNUAL ACCOUNTS

Michael Frampton, Programme Director, presented the report. Mr Frampton advised that this delegation is mainly about timings.

Resolution (35/16)

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

That the 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.

13. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (36/16)

(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 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. | Health & Safety Audit Presentation | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | S9(2)(j) |
| 5. | Presentation – Mental Health Update | 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 2015/16 | 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 Management Report | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | S9(2)(j) |

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| 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 Protect the privacy of natural persons. | S9(2)(a) |
| 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”;

There being no further business the public open section of the meeting closed at 11.55pm

The Public Excluded section of the meeting commenced at 12.15pm and concluded at 3.05pm with a break for lunch between 12.30pm and 1.10pm.

Peter Ballantyne, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

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

| | DATE RAISED/ LAST UPDATED | ACTION | COMMENTARY | STATUS |
|----|------------------------------|--|--------------|---------------------------------|
| 1. | 11 December 2015 | Presentation – Home Based Support Services | Presentation | Scheduled for September 2016 |

TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 12 August 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.

3. SUMMARY

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

Alliance Leadership Team [ALT] Activity

- In July the workstream leads and the Alliance Support Group met to talk and document the lessons learnt in progressing the 2015/16 workplans. This occurs each year and assists the Alliance to improve how we progress and achieve the actions in our workplans.
- The 2016/17 workplans are now underway with workstreams reporting progress against these actions.
- A new Reefton IFHS workstream was implemented earlier this year and progress reports will be included for 2016/17. This workstream will be focusing on shaping how health care will be provided into the future for our Reefton community and includes staff and community membership.

B: Build Primary and Community Capacity and Capability

Primary

▪ Reefton Health

- *Hospital* – Community engagement meetings continue discussing how integration looks at a patient or consumer level.
- *Integration continues* – Some staff are working across all areas, a joint storeroom project is almost complete.
- *Aged Residential Care* – Currently 8 hospital level and 4 residential level residents.

▪ South Westland Area Practice

- Regular protected clinical time is being provided for all of the RNS team to undertake Standing Orders training and evaluation. Sign-off for Standing Orders for the RNSs remains an issue to be resolved.
- Conversations with St John are occurring with regards to PRIME Standing Orders.
- Staff recruitment has been successful for both the permanent Fox Glacier position and a short term roving position.
- Peer meetings have had attendance and presentations from CCCN, Geriatrician and Occupational Therapy. Individual CNS presentations will be occurring in the near future at peer review meetings.

▪ Greymouth Medical Centre | Rural Academic General Practice

- The nurse roster for July has been quite stretched due to annual leave and staff sickness.
- Monthly CNS/Allied Health/RAGP meetings are now being held. These are aimed at enhancing patient outcomes through a coordinated response to health issues.

Community

▪ Public Health Nursing

- *Youth Health Services: HEADSSS* – HEADSSS assessment services are progressing across five of the six high schools and two ALTED facilities. There are a range of referrals from this service to support youth across the West Coast. A workshop to update staff on youth health assessment and management will be facilitated for the team. This is planned for September.
- *Well Child/Tamariki Ora* – we have made enquiries to Plunket regarding attending clinical education sessions with them. Our numbers for WCTO are low so retaining competency may be an issue in the future. This is being monitored.
- *B4School checks* – ‘Be Smarter’ resources have been rolled out as an approach to child obesity aimed at advising parents/caregivers before these children reach school age. A major influence on the service is families moving out of the Coast with 48 four year olds in the last six months that have moved with their families. This figure is significant as it makes it difficult to meet Ministry of Health targets.

▪ District Nursing

- The four District Nursing teams are now reporting on their workloads and numbers each day to our Trendcare Coordinator. This is in preparedness for Trendcare being available to our community nursing teams.
- Workloads remain steady across the region.
- A pressure injury workshop is being facilitated on 28 July which we hope will have high attendance from our District Nursing staff.

▪ Home Based Support Services

- The second RN vacancy has been filled with the new nurse starting 1 August.
- A permanent 30 hour per week position for trainer/assessor has begun. This work was already being undertaken by an incumbent on an informal basis.

- Buller is working to capacity. A recruitment process is underway to alleviate this.
 - Our backlog of Safety1st entries has been cleared.
 - InterRai assessments continue to be a bottleneck but addressing with increased nursing capacity.
 - Notice for our certification audit of HBSS has been received. This is scheduled for 26-27 September.
- **Clinical Nurse Specialists**
 - *Greymouth CNS Group* – Collaboration has occurred amongst the Heart Foundation, PHO and DHB CNS for two cardiac study days that were well subscribed. A new chest pain pathway for West Coast DHB patients has been developed; this project was led by our Cardiac Clinical Nurse Specialist. Mentoring of the new Stroke Rehabilitation Nurse is occurring within the CNS team.
 - *Buller CNS Group* – The capacity required is being assessed for the Diabetes CNS as the workload is growing. Interviews have been held for a vacancy for a Respiratory/Cardiac CNS. The Palliative/Oncology CNS has reduced her hours and recruitment is underway.

C: Implement the Maori Health Plan

- **Improving the Cancer Pathway for Maori in Te Waipounamu:** Dr Cragg has started this work with the West Coast DHB spending a week with key clinicians and organisations in Greymouth and Hokitika to collect information that will contribute to the outcomes below. She will be back in August to continue with the collection of information and data and is working closely with the Maori Health team and the Cancer Nurse Coordinator to ensure she is able to connect with the right people and services to best inform this work.
- **Goals:** To improve the cancer pathway for Maori and contribute to improved Maori health outcomes through:
 - Working with the DHBs and their Maori communities to identify local service improvement opportunities
 - Co-ordinating the development of implementation plans
 - Supporting DHBs to implement service improvements.
- **Objectives:**
 - An implementation plan for service improvement areas which will benefit Maori cancer patients will be agreed by each South Island DHB by July 2017
 - At least one service improvement from the implementation plan will be commenced by each DHB by July 2017.
- **Te Herenga Hauora – GMs Maori:** Alison Thom has recently been appointed to a Maori Leadership role in the Ministry of Health to begin developing new approaches that will accelerate improvement in Maori Health outcomes. She attended Te Herenga Hauora, General Managers Maori hui in July and spoke about her immediate priorities as a member of the MoH's Executive Leadership Team. The development of KPI's within each of the business development units focusing on improved outcomes for Maori is an immediate priority. She will build solid relationships with Tumu Whakarae at the National level and has identified meeting with GMs at both a regional level through Te Herenga Hauora and local level through Maori teams within the DHB, as a key vehicle for gaining insight and knowledge about the issues, needs and opportunities to inform her mahi.
- **South Island Workforce Development Team:** Gary Coghlan has been appointed to this committee as the Maori General Manager representative. Some Maori workforce development areas for improvement were noted at the Te Herenga meeting:
 - Improved ethnicity data collection internally through HR process so that we have a benchmark to measure improvement

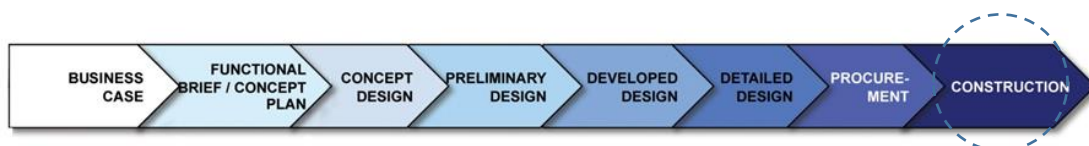
- Embed Maori cultural competencies and whanau centred values-based practice into the NZ H & D workforce
- Improve linkages with tertiary institutions to direct and provide supported pathways for Maori graduating from these institutions to roles within the Health & Disability sector in New Zealand
- **Hospital Whanau ora Service:** Following the disestablishment of the Hospital Kaiawhina role we are beginning the development of the new Whanau ora Service that will be delivered by Poutini Waioara the Maori Health Provider. The first meeting is scheduled for Monday 1 August with clinical managers and heads of departments throughout the hospital and alongside Poutini Waioara where we will begin to work on agreed expectations of the service.

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|  | DELIVERING MODERN FIT FOR PURPOSE FACILITIES |
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A: Facilities Maintenance Report

- Liaison with the design team and main contractor is ongoing regarding the value engineering aspects of the new build at Greymouth.
- Preparation is underway regarding data gathering for the forthcoming All of Government (AoG) electricity tender later this year.
- Maintenance upgrades of the DHB housing stock continues.
- **Other Significant Works:** Roofing over Community Services/Mental Health is requiring ongoing maintenance.
- The Legionella testing regime at Buller Hospital is ongoing and monitored by the onsite M&E staff members.
- A new contract via the South Island Alliance (SIA) has been entered into for Air Compressor and Vacuum Pumping systems. The successful contractor is Atlas Copco Ltd. This new contract started on 1 July 2016 and is the fourth contract put in place after tendering as part of the SIA, the others being Fire Services maintenance (Chubb), Lifts (OTIS), Generators (Q Power). This ensures that the specialist operational services of the individual sites are maintained by experts in the individual disciplines and ensures compliance for Building Warrant of Fitness (BWOFF) and minimises operational risk.
- **Building Compliance/BWOFF:** All buildings have current BWOFF certification in place. Some recertification is currently underway following June/July inspections.

B: Partnership Group Update

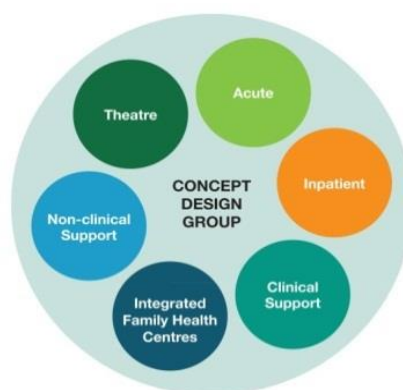


- As previously reported Fletcher Construction Company [FCC] commenced work on site on 30 May 2016. FCC are now fully established on site with site sheds having arrived and the site has been fenced.
- Bulk earthworks are underway and piling has begun.

- A temporary car park has been developed off Waterwalk Road to mitigate the loss of car parks from the closure of the northern car park outside the Corporate Services Building. Further reorganisation of car parking will occur.
- The WCDHB continues to engage with all parties as part of ensuring the project can be delivered within the revised budget.
- Fortnightly Campus Interface Meetings have been established with WCDHB, Ministry of Health, project managers and FCC representatives all in attendance. These meetings provide an update of site Health and Safety reporting as well as programme updates and any specifically addressed hospital and construction interfaces.
- WCDHB has provided written confirmation of its consent to Ministry of Health (and by extension the Ministry's various contractors, consultants and suppliers) to access the Grey Base Hospital site for the purpose of the Grey Base Hospital and Integrated Family Health Centre Redevelopment Project. This is referred to as a 'licence to occupy'.
- A letter of agreement has also been granted by the WCDHB to FCC to enable FCC to extend their existing storage area across two additional parcels of land off Waterwalk Road.
- The Department of Conservation has approved the WCDHB application for a concession to operate for 60 years on public conservation land off Greymouth Road and the Railway Local Purpose Reserve.

Buller

- The Hospital Redevelopment Partnership Group are now providing project governance to oversee the Buller development alongside the Grey Base Hospital and IFHC project.
- The Ministry of Health are continuing to step through exploring the feasibility of a third party funding the facility and leasing the building back to the DHB with a long-term lease. Until these negotiations are complete there is no certainty in regards to the timeline or the budget.





A: Hospital Services includes Secondary Mental Health Services

Nursing

- Staffing continues to be managed on a daily basis with staff moving across wards independently to help their colleagues.
- Trendcare is running in Kahurangi Dementia Unit and is being rolled out into Mental Health IPU. Six months of data will be collated from Kahurangi to enable us to work out correct staffing levels for the teams.
- Accrued annual leave continues to decrease with nearly 3000 hours taken for the month.
- The new Rheumatology/Infusion CNS position has closed and interviews will take place at the end of the month. This will enable transfusions to take place in the former Hannan Ward freeing capacity in the inpatient ward.
- Our medical ward had a busy month with high occupancy. This meant medical patients were overflowed to the surgical and paediatric wards, as per plan.
- The DHB has invested in 140 hours of training for nursing staff and 32 hours of orientation for new staff members over June.
- Casual hours have remained similar to last month at 4%, due to staff sick leave and an increase of one on one care.
- Discharge planning continues to have positive results with data analysis suggesting over the last 6 months patients return rates are down from last year. The group continues to roll out the IDEAL tool throughout the hospital; they have established a community referral form in the ISBAR format which has shown to be an effective tool for safe communication between secondary services and community.
- Pleasingly, DNA rates continue to remain low with Maori DNA rates at single figures. The DNA working group are now focusing on the appointment letters sent out to patients.
- E-texting continues to be popular with a number of patients reporting the reminder is an excellent way of communicating.

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, an interview is scheduled for next week. Recruitment is underway to fill anaesthesia vacancies – there has been interest from some promising candidates.
- Junior Medical Staffing – Annual Recruitment is nearing completion with offers out to Registrars 25 July and House Officers 8 August. We are working closely with CDHB to ensure best fit for both DHB's and have a number of promising applicants.
- Work with CDHB around community based attachments for PGY2's is progressing well – a MoU is being drawn up.
- Discussions have occurred with Ashburton and Rural and opportunity exists to strengthen and enrich the RHM training programme across both sites.

Allied Health

- Allied Health Leadership met in Greymouth at the end of June to finalise work on the coming year's strategy. Executive Director of Allied Health, Stella Ward, supported the leaders to ensure the plans align with the Ministry's refreshed Health Strategy and our model of care. Leaders found the day helpful in making new connections with each other, and being able to offer support to core projects underway.

- Allied Health has been invited to present at the upcoming SARRAH conference in Port Lincoln, Australia. SARRAH, Services for Rural and Remote Allied Health, will be holding a 3 day conference examining how a 'village approach' can strengthen and enhance health outcomes and thriving communities. WCDHB will present on Telehealth and Diversional Therapy initiatives.
- The incoming AOD Co-ordinator for the district has commenced some joint work with both Corrections and the West Coast Needle Exchange, which we hope will enhance the ways we work together.
- Pharmacy Internships for the 2017 year are in the process of being finalised. This has been another great opportunity to work in partnership with the community pharmacies, and we look forward to supporting professional development in this way. Our 2016 pharmacy interns have just completed their transition between their hospital and community placements.
- We are pleased to be welcoming a new Physiotherapist to the team, after significant challenges recruiting. This clinician will commence work in Buller, to cover annual leave, but will ultimately be based across the Grey/Westland community.
- We have also welcomed a new Occupational Therapist this month, who will be based in Westport, once she has completed her Greymouth based orientation. We look forward to welcoming another OT to the Greymouth team in the next few weeks.
- We are also in the final stages of recruiting to our Dietetic service. Once this team is fully staffed, we will be working in partnership with PHO and CPH to identify ways we can integrate our nutritional service provision across the district.
- Rachel Neame (OT) and Sue Donaldson (PT) have been recognised by the South Island Alliance for their work on the Calderdale Framework. This workforce development tool is assisting us to create a more flexible and competent allied health workforce, across all health settings.
- Our senior speech language therapist, Denise Diedrich, is working with the communications team to capture the recent therapeutic successes using technology. This is a component of a larger body of work being undertaken to ensure service delivery reaches across the community.

Mental Health Services

- **Ministry of Health Visit:** The Director of Mental Health, Dr Crawshaw, recently visited the West Coast and spent the day meeting with staff. He expressed satisfaction with plans to improve service performance, the direction of travel and longer term plans regarding a more integrated system-wide service. Dr Crawshaw would like to be updated on the progress and encouraged a broad communication strategy and engagement plan going forward.
- **Transalpine development:** Bi-monthly mental health and addiction forums are taking place between clinical leaders and managers from West Coast and Canterbury DHBs. By strengthening local district capacity the West Coast vision and DHB goals to deliver viable and sustainable care are enabled.
- **Access Rates:** Specialist mental health services access rates exceeded the annual targets during the 2015-2016 financial year for adult as well as child, adolescent and youth services.
- **Audit Results:** A positive report was received for the Alcohol and Drugs service. The report noted that all staff were friendly, helpful and welcoming to the audit team and enthusiastic about the learning opportunity the audit provided.
- **Mental Health Leadership Team:** MHLT now meets monthly. Relationships and links between MHLT and SPGG (Suicide Prevention Governance Group), SPAG (Suicide Prevention Action Group) and REEM (Reportable Events Evaluation & Monitoring) have been formalised. Key performance indicators for child, adolescent, and adult services which are aligned to the national framework for the mental health and addiction sector have been endorsed.



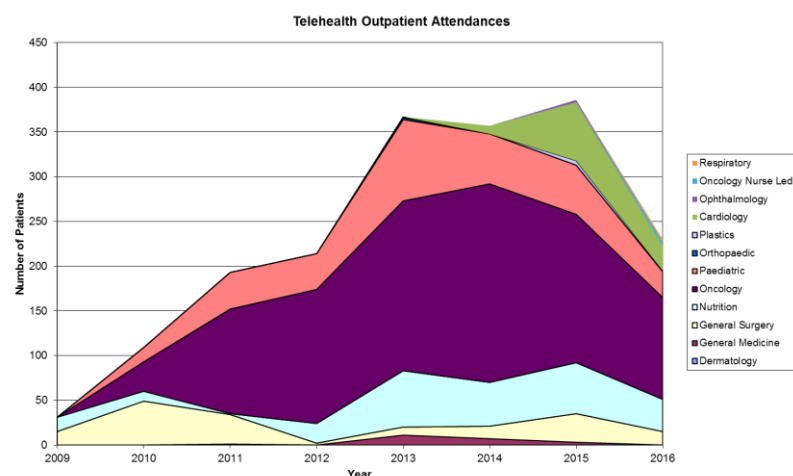
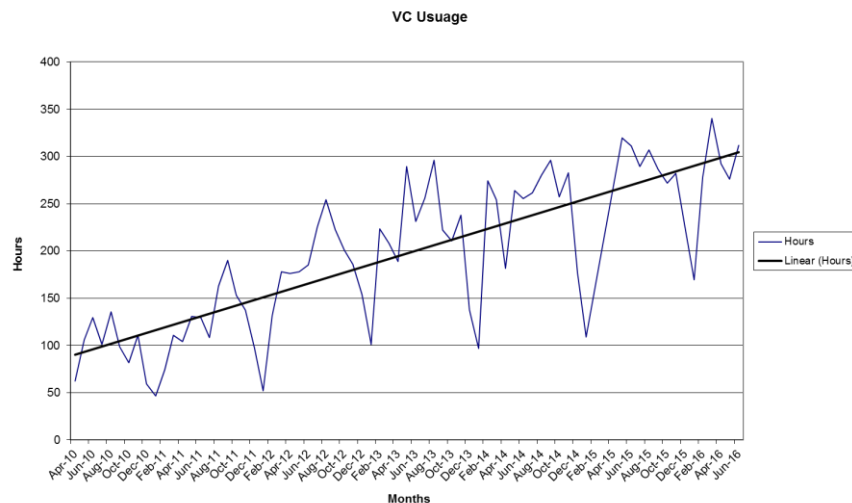
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

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.
 - Discussions with St John are currently underway around transport of patients in Buller and Reefton.

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 Falls Champion has begun to see community clients with referrals mostly coming from the Complex Clinical Care Network. The Falls Champion will be promoting their role into general practice in the coming months.

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

- The first annual reviews under the Mental Health Long Term Conditions Management Pilot Programme are taking place in early August. Participants are being invited to provide feedback on areas for improvement before the programme is rolled out to those who are eligible. The aim of this programme is to ensure the physical health needs of people with long-term mental health conditions are met.
- The Buller Community Profile, prepared for the Buller Interagency Forum by Community and Public Health, was released in early July. The profile provides both an analysis of statistical data and a stocktake of service provision to identify how the needs of people are changing since the economic downturn in Buller.
- The Buller IFHS work plan for the coming year has a major focus on Maori health with initiatives planned to increase the rate of breast feeding at 6 months, reduce dental cavities in children under 5 and continue health promotion and early intervention in relation to the health targets through the provision of screening, health education and support. The team is also working to improve health literacy in men particularly in relation to cancer and to increase usage of telehealth so that services are provided closer to home and the travel burden for people is reduced.

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

- As previously mentioned, the Reefton workstream has been incorporated after discussions with the community. This workstream will be focused on moving forward on an integrated service for the Reefton community. A number of projects around this are already underway including the nursing team moving across services as the need arises.
- The Grey|Westland workstream is continuing to look at opportunities to work with the plastics specialists to allow some procedures to be done in primary care while the secondary dietician's role that will sit in primary care is still to be filled.
- This year Grey Health will be supporting a trial of the new patient portal that will allow the community to interact with their practices via the internet.
- Other activities will include the integration of primary and community services and looking at how access to primary care can be improved.
- The workstream will also look to bring community members onto the workstream to provide a user's point of view for the improvement of services. This will mean all three IFHS workstream will have community members on the team.



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of June 2016 was a surplus of \$0.202m, which was \$0.046m favourable against the budgeted surplus of \$0.156m. The year to date position attained was \$0.019m 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 | 1,086 | 232 | 854 | 4,884 | (155) | 5,039 |
| Provider Arm | (884) | (76) | (808) | (5,781) | (723) | (5,058) |
| Consolidated Result | 202 | 156 | 46 | (897) | (878) | (19) |

B: Effective Clinical Information Systems

- Mental Health Solution:** The Mental Health Solution software based in Health Connect South remains out of production. WCDHB, CDHB and Orion are working together, with urgency, to bring the solution back on-line. A further update will be provided for next meeting.
- eReferrals Stage 3 – electronic triage:** The kick off for electronic triage of referrals has occurred. The implementation into WCDHB will be the second in the South Island with CDHB going first. The new system will allow electronic triaging of referrals by clinical staff to occur, and improve notification back to general practice on the status of the referral. Detailed planning is underway with a clearer implementation timeframe available by next reporting period.
- 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 practise. The patient portal contract is going through final sign off. Next report should provide an implementation timeframe.
- Staff Wifi and Patient Wifi:** Once successfully implemented this will extend the existing staff wifi and patient wifi currently in use within CDHB to the WCDHB. The contract to implement the solution is currently going through sign off. An implementation timeframe will be available for next report. Once approved the project is expected to take 2 months to implement.
- 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. This project is now in progress with both WCDHB and CDHB ISG teams working on the solution. It is expected the solution will be implemented within 2 months. Next report will provide a clearer timeframe.
- New Facility Work:** ISG is participating heavily in a number of ICT related facility meetings. A large piece of work is under way to look at communication services within the new facility. This will tie into all of government purchasing under the Telecommunications As A Service (TaaS) offering. A comparison exercise is currently underway with TaaS

providers which will provide the basis on which approach to take with the new Grey Base facility.

- **IT Infrastructure replacement:** Continues.

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

External Communications

- Media interest:
 - Rest home temporary management/aged residential care in Grey and Buller
 - New facilities – Greymouth
 - Mental health/suicide
 - Drug and alcohol treatment figures
 - Ambulance transfers
- Media releases were issued on:
 - New endoscopy tower improves views
 - Health disability action plan launched
 - Profile provides planning tool
 - New stop smoking tool for the Coast
- Video releases posted on (DHB website/Facebook page):
 - Speech language therapist Denise Diedrichs talks about using Telehealth
 - Improving wound pressure care – quality initiative
- Internal Communications
 - Weekly global update email
 - Telehealth communications planning
 - Community and Public Health Healthy Food & Drink policy
 - Emergency planning/Civil Defence communications planning
 - Te Wiki o Te Reo Maori communications
- External engagement
 - Facebook posts on WCDHB Careers page
 - Twitter posts on WCDHB Careers page
 - Buller Community Profile launch
 - Support for new facilities communications
 - Strategic Disability Action Plan launch



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **Buller Community Profile:** The Buller Community Profile was launched in Westport on 7 July with a presentation of the findings of the Profile report to an audience of 60+ people from health and social service organisations. The report was prepared for the Buller Inter Agency Forum. The purpose of the document was to record an in-depth profile of the Buller District – the demographic data on its people, as well as comments from a number of key agencies that make decisions that affect the lives of the people in the Buller, about what they see happening in their community and the






likely challenges in the future. The Buller Interagency Forum met one week after the launch of the Profile and have started planning for positive action for the future using the information gathered through the report. The full report is available on the WCDHB website.

- **Off Licence Issued for New Bottle Store in Hokitika:** The Westland District Licensing Committee (DLC) has approved the issue of an off-licence for a new bottle store in Hokitika. The DLC considered, in forming its decision, that reporting agencies, other objectors and some members of the community believe there are too many off-licences in Hokitika. The DLC's decision states that *"members of the public and organisations may lobby the Westland District Council to commit to a Local Alcohol Policy. This would allow proper public consultation and would have the effect of determining the number of Off Licences that the community believes is appropriate in the Hokitika urban area"*.
- **Arahura Awa Hui:** At the request of some Arahura community members, staff from CPH, the West Coast Regional Council (WCRC) and Environmental Science and Research (ESR) met with members of the community at a hui earlier this month to discuss community concerns about water quality of the Arahura awa. Information from some preliminary monitoring was presented and discussed. As an initial action, the WCRC will include some additional monitoring sites on the Arahura awa in its summer programme of recreational water monitoring. CPH staff will also continue to liaise with the community about any further actions.
- **Smokefree Outdoor Dining:** Members of the West Coast Tobacco Free Coalition have recently visited cafés, bars and restaurants with outdoor dining areas in Westland to provide them with free smokefree signage. The response to this initiative has been very positive. Business owners and managers have been encouraged to display the smokefree signage on their outdoor tables to encourage people to enjoy their hot drinks and food in a smokefree setting.
- **Nutrition Health Promotion:** CPH staff have delivered seven cooking skills sessions at Greymouth Alternative Education. The students cook their lunch every day as a group and the most effective approach was to take their favourite meals and adapt them to contain more vegetables, less sugar, saturated fat and salt.
- **Healthy Homes Project in Buller:** As part of our work with the Healthy Homes project CPH is currently acting as a conduit for whānau in Buller to have access to the Christchurch-based Community Energy Action (CEA) curtain bank while an assessment is made of the feasibility of setting up curtain banks on the West Coast.

Report prepared by:





David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

| Target | | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 15/16 | Target | Current Status | Progress |
|---|--|-------------|--------------|--------------|-------------|--------------|-------------------|---|
|  | Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹ | 99.7% | 99.6% | 99.2% | 100% | 95% | ✓ | The West Coast DHB has achieved an impressive 100% result against shorter stays in ED health target with 100% of patients admitted, discharged or transferred from ED within six hours during Quarter 4. |
|  | Improved Access to Elective Surgery West Coast's volume of elective surgery | 480 YTD | 1,130 YTD | 1,442 YTD | | 1,371 YTD | ✓ | (Due to the end of year reporting we are still waiting on confirmed results for quarter 4) 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% | 71.4% | 75% | | 85% | ✗ | (Due to the end of year reporting we are still waiting on confirmed results for quarter 4) 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 | 88.4% | 80.9% | 89.3% | 78% | 95% | ✗ | While West Coast DHB has not met the increased immunisation health target, we are pleased to have vaccinated all of the eligible consenting population with no children missed. Opt-offs increased from 8% this quarter to 15%, which is reflected in the drop in our results, and continues to make meeting the target impossible. |
|  | Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ² | 91.1% | 96.4% | 93.9% | 97% | 95% | ✓ | West Coast DHB staff provided 97% of hospitalised smokers with smoking cessation advice and support. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker. |

¹ Greymouth Emergency Department only

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

| Target | | Q1 15/16 | Q2 15/16 | Q3 15/16 | Q4 15/16 | Target | Current Status | Progress |
|---|--|-------------|-------------|-------------|-------------|--------|---|---|
|  | Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months | 84.5% | 84.8% | 82% | 79% | 90% |  | Performance disappointingly continued to decrease in Quarter 4, with 79% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. All best practices continue including; the Smokefree 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% | 90.8% | 90.3% | 91.1% | 90% |  | A slight upward trend for the target has been maintained in Quarter 4 with 91.1% 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: 12 August 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. SUMMARY

WORKFORCE

Nursing & Midwifery

A project is underway to align the workforce between the Emergency Department and the Critical Care Unit at Grey Hospital. A shared clinical skill set and education/training template is being developed to support nurses to upskill to work across both clinical areas. This will enable two key outcomes, an increase in nurses who can work flexibly across both areas to manage variance, and to improve the patient journey. This workforce development is also in anticipation of the addition of observation beds in the Emergency Department in the new facility. This flexible approach has been trialed by two staff and has been very successful.

A working group comprising of NZNO staff, delegates and DHB staff are in the process of finalising two key documents to ensure seamless service delivery, and flexibility of nursing staff. One document has the agreed principles of the Safe Staffing Health Workplace (SSHW) guidelines which enables nursing to react to variance in workload. This ensures safe delivery of care. The second outlines the agreed principles when nurses may be requested to assist in alternate DHB facilities such as from Grey to Buller. Once finalised these will be formally introduced and in effect immediately.

We are now actively recruiting into several vacancies in Hospital services. Roles that nurses are now being employed into are with a view to future service configuration and care delivery. This includes preparing for the integrated inpatient ward and nurses understanding that their role will be across medical, surgical and AT&R.

Allied Health

Allied Health Leadership across the DHB had a very successful leadership and planning session on 30 June to forge connections and set the workplan for the coming year. There is ongoing work in the implementation of the Calderdale framework and Allied Health Assistance training as part of the South Island Allied Health workplan.

We have had some success in the recruitment of physiotherapy, occupation therapy and a shared dietitian role has been developed with the PHO. The workforce action plan is in draft and will be shared with staff for feedback in the coming weeks.

QUALITY & SAFETY

Nursing & Midwifery

The “My Care Plan” tool has been redeveloped and education has been given to staff. This tool is an interdisciplinary visual bedside care plan that enables patient, family and staff quick reference regarding key needs of the patient. This includes mobility requirements, predicted discharge date, nutrition and who the nurse is for the shift. This tool also encourages and supports patients to be actively involved in their own care planning.

Work continues in improving discharge planning. The Identification, Discussion, Education, Assessment, Listen (IDEAL) framework is being utilised by clinical teams. The Ian Sturges model is now used in conjunction with IDEAL. This model is based on the principles of preventing “de-conditioning” of patients. This is to maximise the independence of patients for the entire hospital event period to ensure they return home safely and with no loss of independence. The aim of this combined process is to streamline the patient journey with improved continuity, effective service coordination and to minimise the risk of readmission for better patient outcomes.

Allied Health

Work is underway to evaluate and rationalise the variety of equipment held for loan within the Grey Base Hospital environment. This quality initiative has developed out of a need to prepare for the new facilities, and is being led by Tara Jopson, Occupational Therapist as her Collabor8 project.

A ‘Hoarding and Squalor’ working group has been examining the growing issues across the district with keeping people well in their own homes, when those environments are impacted by hazards to residents and health professionals. The group are exploring opportunities to develop a collective response which they hope will support the improvement and maintenance of good health for people in their own homes and communities.

Medical

Morbidity and Mortality Reviews.

Regular meetings are held to discuss cases where there may be learnings to be taken from reviews of care provided to patients who either had unanticipated outcomes (morbidity) or who died (mortality). While the majority of these are expected and there was nothing that could be done to prevent them, there are some cases which provoke significant discussion amongst medical staff and enable us to review the ways that we provide care in order to improve them. Reviews are held in Medicine and Surgery (general surgery, orthopaedics, obstetrics and gynaecology, plastics and urology). Issues arising out of these may go to an All Clinicians meeting (which involves all of the medical staff) or to an MDT meeting (Multi-Disciplinary Team) which involves medical, nursing and allied health staff. Cases referred to these meetings enable a wider discussion and a system based approach to improving patient outcomes. A review of the terms of reference for Morbidity and Mortality Meetings is underway with a review document having been completed and about to be reviewed by the All Clinicians Morbidity and Mortality meeting.

Credentialing

Credentialing of clinicians is a process undertaken to ensure that a clinician is appropriately trained and experienced to undertake the work for which she/he is employed. It also ensures that the individual's scope of practice aligns with the requirements of the DHB and the safe and appropriate practice within the West Coast environment. Emergency Department, Anaesthesia and Obstetrics and Gynaecology have recently been credentialed. The next department to undergo credentialing will be Orthopaedics and this should be undertaken later this year.

FACILITIES

GreyBase Hospital and Integrated Family Health Centre

As previously reported Fletcher Construction Company [FCC] commenced work on the 30 May 2016. FCC are now fully established on site with site sheds having arrived and the fencing of the site. Bulk earthworks are underway and piling equipment is already arriving on site.

Fortnightly Campus Interface Meetings have been established with WCDHB, Ministry of Health, Project Managers and FCC representatives all in attendance. These meetings provide an update of site Health and Safety reporting as well as programme updates and also specifically address any hospital and construction interfaces. The WCDHB project redevelopment team continue to work together with all parties to mitigate any impact of the construction on the existing hospital site.

A recent example of a hospital construction| interface was the requirement for the Rural Learning Centre sewers to be temporarily disconnected as part of the early construction phase. These services will be connected to the new facility development services once this is established. In order to mitigate the effect on the staff and students who continue to use the Rural Learning Centre, a robust path has been built connecting the Rural Learning Centre and the Corporate Services building to enable the use of services in the Corporate Services building.

Staff will have also noticed the recent closure of the northern car park outside of the Corporate Services building as this area has become part of the construction site. Note a temporary carpark for staff and visitors has been developed in order to mitigate the loss of these car parks and it is located off of Waterwalk Rd. to the north of the existing car park in this area.

Buller

The Hospital Redevelopment Partnership Group are now providing project governance to oversee the Buller redevelopment alongside the GreyBase Hospital and Integrated Family Health Centre project. The Ministry of Health are continuing to step through exploring the feasibility of a third party funding the facility and leasing the building back to the DHB with a long-term lease. Until these negotiations are complete there is no certainty in regards to the timeline or the budget.

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: Clinical Leaders

FINANCE REPORT

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance & Corporate Services

DATE: 12 August 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of June 2016 Financial Result

The consolidated West Coast District Health Board financial result for the month of June 2016 was a surplus of \$0.202m, which was \$0.046m favourable against the budgeted surplus of \$0.156m. The year to date position attained was \$0.019m unfavourable.

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

| | Monthly Reporting | | | | Year to Date | | | |
|---|-------------------|--------|----------|---|--------------|---------|----------|---|
| | Actual | Budget | Variance | | Actual | Budget | Variance | |
| REVENUE | | | | | | | | |
| Provider | 6,776 | 6,993 | (217) | x | 82,856 | 84,171 | (1,315) | x |
| Governance & Administration | 70 | 68 | 2 | v | 900 | 827 | 73 | v |
| Funds & Internal Eliminations | 4,873 | 4,997 | (124) | x | 57,533 | 56,927 | 606 | v |
| | 11,719 | 12,058 | (339) | x | 141,289 | 141,925 | (636) | x |
| EXPENSES | | | | | | | | |
| Provider | | | | | | | | |
| Personnel | 5,589 | 5,045 | (544) | x | 62,589 | 60,540 | (2,049) | x |
| Outsourced Services | (7) | 8 | 15 | v | 30 | 96 | 66 | v |
| Clinical Supplies | (266) | 617 | 883 | v | 7,780 | 7,404 | (376) | x |
| Infrastructure | 2,087 | 815 | (1,272) | x | 12,037 | 9,846 | (2,191) | x |
| | 7,403 | 6,485 | (918) | x | 82,436 | 77,886 | (4,550) | x |
| Governance & Administration | 70 | 68 | (2) | x | 900 | 827 | (73) | x |
| Funds & Internal Eliminations | 3,787 | 4,765 | 978 | v | 52,649 | 57,082 | 4,433 | v |
| Total Operating Expenditure | 11,260 | 11,318 | 58 | v | 135,985 | 135,795 | (190) | x |
| Surplus / (Deficit) before Interest, Depn & Cap Charge | 459 | 740 | (281) | x | 5,304 | 6,130 | (826) | x |
| Interest, Depreciation & Capital Charge | 257 | 584 | 327 | v | 6,201 | 7,008 | 807 | v |
| Net surplus/(deficit) | 202 | 156 | 46 | v | (897) | (878) | (19) | x |

4. APPENDICES

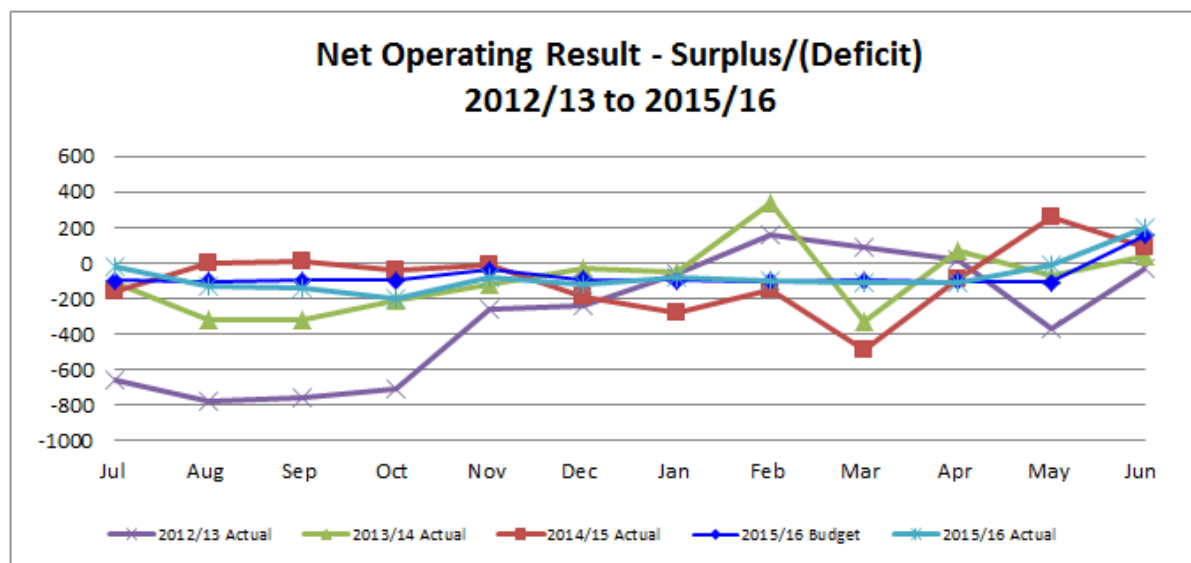
| | |
|------------|--|
| Appendix 1 | Financial Result Report |
| Appendix 2 | Statement of Comprehensive Revenue & Expense |
| Appendix 3 | Statement of Financial Position |
| Appendix 4 | Statement of Cash flow |

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JUNE 2016

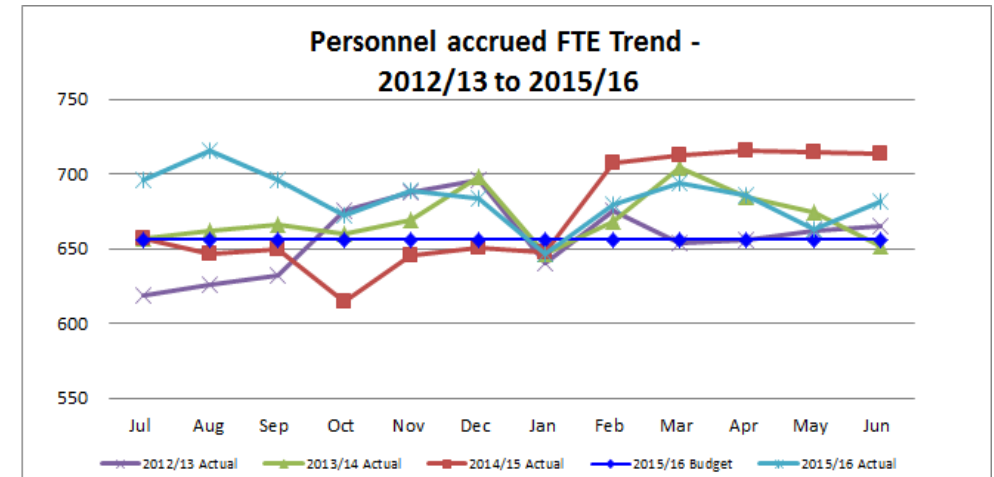
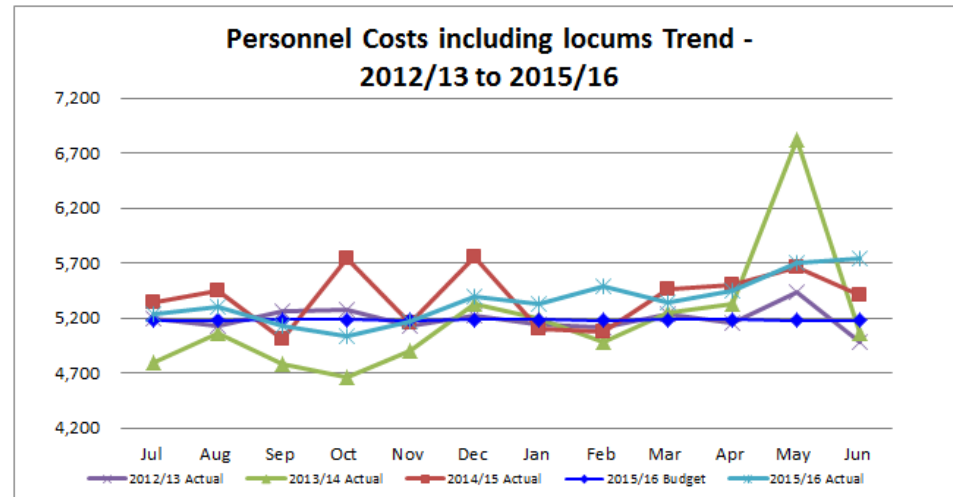
| | Month Actual \$'000 | Month Budget \$'000 | Month Variance \$'000 | | | YTD Actual \$'000 | YTD Budget \$'000 | YTD Variance \$'000 | | |
|-------------------|---------------------------|---------------------------|--------------------------|-----|---|----------------------|----------------------|------------------------|----|---|
| Surplus/(Deficit) | 202 | 156 | 46 | 29% | ✓ | (897) | (878) | (19) | 2% | ✗ |



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

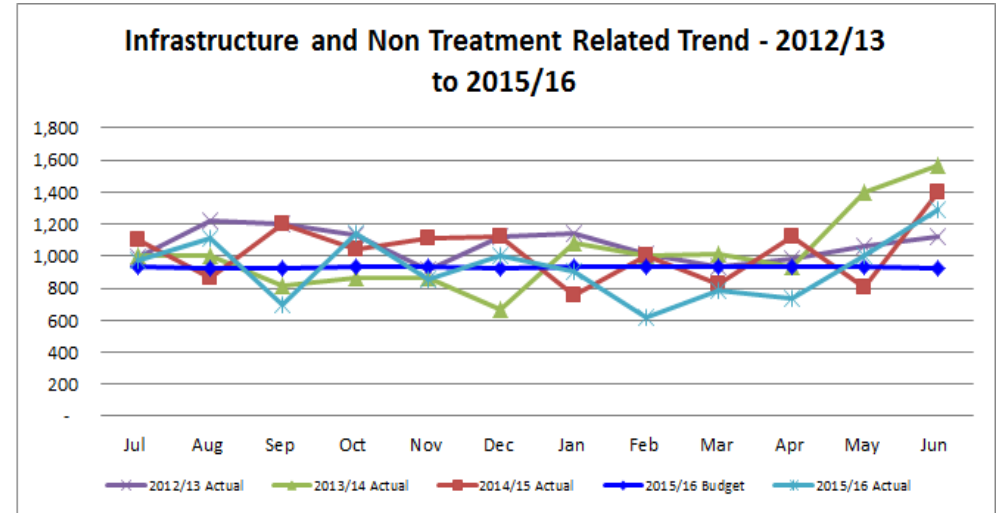
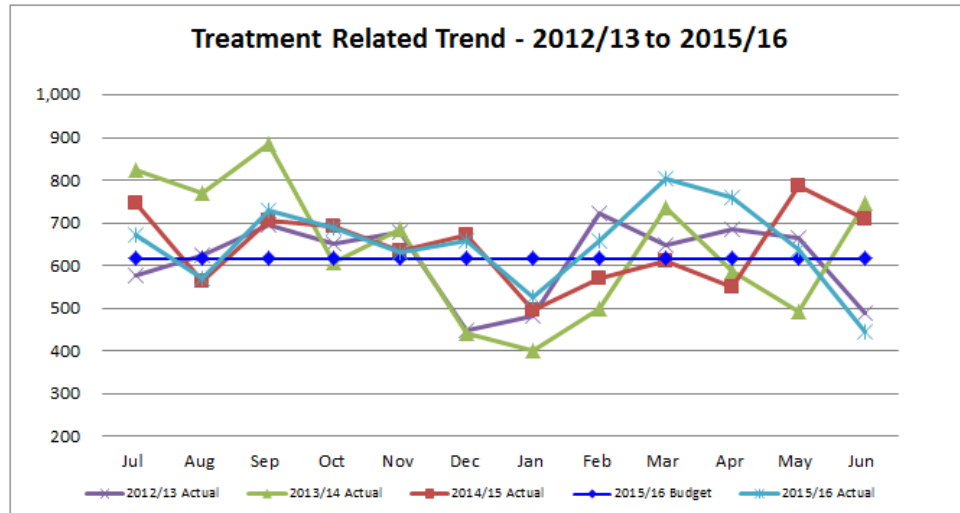


KEY RISKS AND ISSUES

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

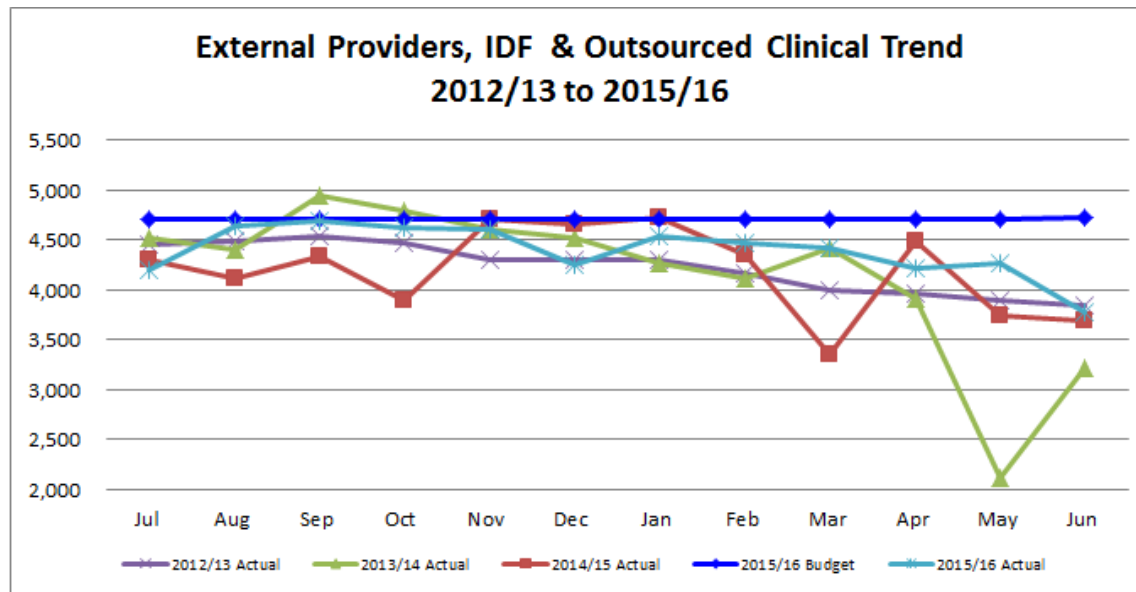


KEY RISKS AND ISSUES

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.

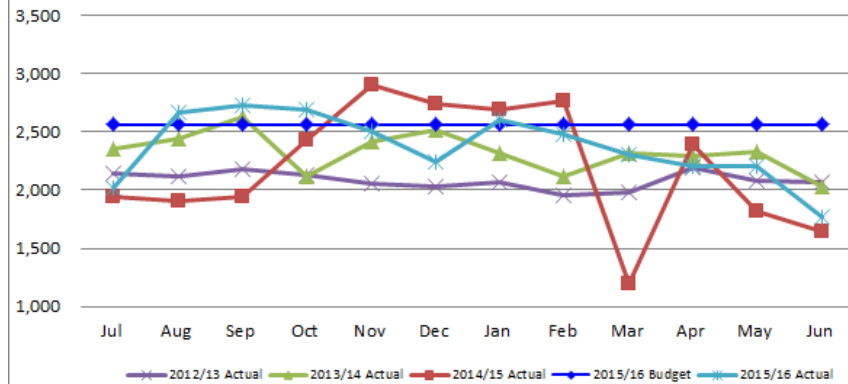
PLANNING AND FUNDING DIVISION

Month Ended June 2016

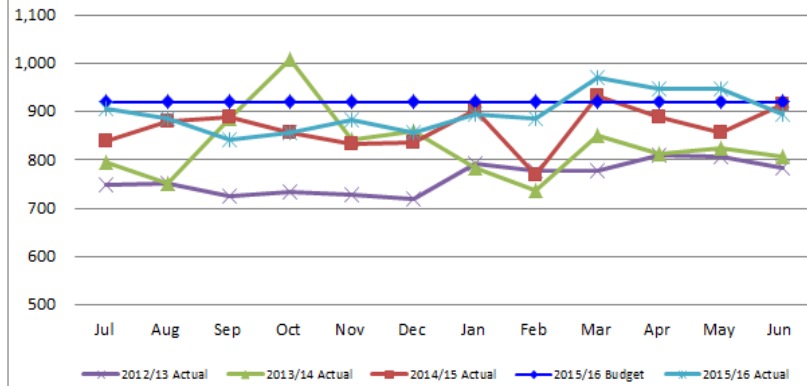
| Current Month | | | | | Year to Date | | | | | 2015/16 | |
|---------------|--------|----------|-------|-------|--------------------------------------|--------|--------|----------|-------|---------------|--------|
| Actual | Budget | Variance | | | SERVICES | Actual | Budget | Variance | | Annual Budget | |
| \$000 | \$000 | \$000 | % | \$000 | | \$000 | \$000 | % | \$000 | | |
| | | | | | Primary Care | | | | | | |
| 29 | 31 | 2 | 5% | ✓ | Dental-school and adolescent | 336 | 369 | 33 | 9% | ✓ | 369 |
| 23 | 26 | 3 | 13% | ✓ | Maternity | 327 | 316 | -11 | -3% | ✗ | 316 |
| 1 | 1 | -1 | -96% | ✗ | Pregnancy & Parent | 11 | 8 | -3 | -37% | ✗ | 8 |
| 0 | 3 | 3 | 100% | ✓ | Sexual Health | 0 | 33 | 33 | 100% | ✓ | 33 |
| 2 | 4 | 2 | 53% | ✓ | General Medical Subsidy | 26 | 50 | 24 | 48% | ✓ | 50 |
| 525 | 513 | -12 | -2% | ✗ | Primary Practice Capitation | 6,220 | 6,152 | -68 | -1% | ✗ | 6,152 |
| 110 | 91 | -19 | -21% | ✗ | Primary Health Care Strategy | 1,131 | 1,093 | -38 | -3% | ✗ | 1,093 |
| 87 | 87 | 0 | 0% | ✓ | Rural Bonus | 1,049 | 1,049 | 0 | 0% | ✓ | 1,049 |
| -11 | 5 | 16 | 316% | ✓ | Child and Youth | 45 | 59 | 14 | 24% | ✓ | 59 |
| 10 | 13 | 2 | 18% | ✓ | Immunisation | 122 | 151 | 29 | 19% | ✓ | 151 |
| -8 | 5 | 13 | 267% | ✓ | Maori Service Development | 41 | 57 | 15 | 27% | ✓ | 57 |
| 3 | 52 | 49 | 93% | ✓ | Whanau Ora Services | 457 | 626 | 169 | 27% | ✓ | 626 |
| 9 | 18 | 9 | 50% | ✓ | Palliative Care | 130 | 215 | 85 | 40% | ✓ | 215 |
| 7 | 6 | -1 | -11% | ✗ | Community Based Allied Health | 84 | 76 | -8 | -11% | ✗ | 76 |
| 17 | 12 | -5 | -46% | ✗ | Chronic Disease | 105 | 144 | 39 | 27% | ✓ | 144 |
| 90 | 53 | -37 | -69% | ✗ | Minor Expenses | 706 | 639 | -67 | -10% | ✗ | 639 |
| 896 | 920 | 24 | 3% | ✓ | | 10,790 | 11,036 | 246 | 2% | ✓ | 11,036 |
| | | | | | Referred Services | | | | | | |
| 48 | 23 | -24 | -105% | ✗ | Laboratory | 347 | 279 | -68 | -24% | ✗ | 279 |
| 464 | 663 | 200 | 30% | ✓ | Pharmaceuticals | 6,954 | 7,960 | 1,006 | 13% | ✓ | 7,960 |
| 511 | 687 | 175 | 26% | ✓ | | 7,301 | 8,239 | 939 | 12% | ✓ | 8,239 |
| | | | | | Secondary Care | | | | | | |
| 255 | 263 | 8 | 3% | ✓ | Inpatients | 2,529 | 3,152 | 623 | 20% | ✓ | 3,152 |
| 99 | 126 | 27 | 21% | ✓ | Radiolgy services | 1,468 | 1,510 | 41 | 3% | ✓ | 1,510 |
| 116 | 114 | -2 | -2% | ✗ | Travel & Accommodation | 1,359 | 1,362 | 3 | 0% | ✓ | 1,362 |
| 786 | 1,375 | 589 | 43% | ✓ | IDF Payments Personal Health | 15,603 | 16,502 | 899 | 5% | ✓ | 16,502 |
| 1,255 | 1,877 | 622 | 33% | ✓ | | 20,959 | 22,526 | 1,567 | 7% | ✓ | 22,526 |
| 2,662 | 3,483 | 821 | 24% | ✓ | Primary & Secondary Care Total | 39,050 | 41,801 | 2,751 | 7% | ✓ | 41,801 |
| | | | | | Public Health | | | | | | |
| 0 | 25 | 24 | 99% | ✓ | Nutrition & Physical Activity | 237 | 294 | 58 | 20% | ✓ | 294 |
| 0 | 0 | 0 | | ✓ | Public Health Infrastructure | 0 | 0 | 0 | | ✓ | 0 |
| 11 | 11 | 0 | -3% | ✗ | Tobacco control | 134 | 129 | -5 | -4% | ✗ | 129 |
| 0 | 0 | 0 | | ✓ | Screening programmes | 0 | 0 | 0 | | ✓ | 0 |
| 11 | 35 | 24 | 68% | ✓ | Public Health Total | 371 | 423 | 53 | 12% | ✓ | 423 |
| | | | | | Mental Health | | | | | | |
| 7 | 6 | -1 | -27% | ✗ | Dual Diagnosis A&D | 59 | 66 | 8 | 12% | ✓ | 66 |
| 0 | 2 | 2 | 100% | ✓ | Eating Disorders | 0 | 23 | 23 | 100% | ✓ | 23 |
| 23 | 20 | -3 | -15% | ✗ | Child & Youth Mental Health Services | 236 | 240 | 5 | 2% | ✓ | 240 |
| 22 | 5 | -17 | -344% | ✗ | Mental Health Work force | 212 | 60 | -152 | -254% | ✗ | 60 |
| 61 | 61 | 0 | 0% | ✓ | Day Activity & Rehab | 729 | 729 | 0 | 0% | ✓ | 729 |
| 11 | 11 | 0 | 1% | ✓ | Advocacy Consumer | 128 | 128 | 0 | 0% | ✗ | 128 |
| 81 | 81 | 0 | 0% | ✓ | Other Home Based Residential Support | 970 | 970 | 0 | 0% | ✓ | 970 |
| 11 | 11 | 0 | 0% | ✓ | Advocacy Family | 132 | 132 | 0 | 0% | ✗ | 132 |
| 10 | 10 | 0 | 1% | ✓ | Community Residential Beds | 137 | 117 | -20 | -17% | ✗ | 117 |
| 0 | 0 | 0 | | ✗ | Minor Expenses | 0 | 0 | 0 | | ✗ | 0 |
| 65 | 65 | 0 | 0% | ✓ | IDF Payments Mental Health | 776 | 776 | 0 | 0% | ✗ | 776 |
| 290 | 270 | -20 | -7% | ✗ | | 3,378 | 3,242 | -137 | -4% | ✗ | 3,242 |
| | | | | | Older Persons Health | | | | | | |
| 0 | 9 | 9 | 100% | ✓ | Information and Advisory | 0 | 114 | 114 | 100% | ✓ | 114 |
| 0 | 0 | 0 | 100% | ✓ | Needs Assessment | 0 | 1 | 1 | 100% | ✓ | 1 |
| 124 | 70 | -54 | -77% | ✗ | Home Based Support | 1,021 | 837 | -184 | -22% | ✗ | 837 |
| 6 | 8 | 2 | 23% | ✓ | Caregiver Support | 71 | 96 | 25 | 26% | ✓ | 96 |
| 216 | 281 | 65 | 23% | ✓ | Residential Care-Rest Homes | 2,803 | 3,370 | 567 | 17% | ✓ | 3,370 |
| 9 | 5 | -4 | -93% | ✗ | Residential Care-Community | 124 | 56 | -68 | -123% | ✗ | 56 |
| 400 | 360 | -40 | -11% | ✗ | Residential Care-Hospital | 4,335 | 4,318 | -18 | 0% | ✗ | 4,318 |
| 0 | 0 | 0 | | ✓ | Ageing in place | 0 | 0 | 0 | | ✓ | 0 |
| 10 | 0 | -10 | | ✗ | Day programmes | 127 | 0 | -127 | | ✗ | 0 |
| -19 | 15 | 34 | 225% | ✓ | Respite Care | 107 | 180 | 73 | 41% | ✓ | 180 |
| 1 | 1 | 0 | 0% | ✓ | Community Health | 15 | 15 | 0 | 0% | ✓ | 15 |
| 5 | 1 | -3 | -244% | ✗ | Minor Disability Support Expenditure | 37 | 16 | -21 | -133% | ✗ | 16 |
| 91 | 91 | 0 | 0% | ✓ | IDF Payments-DSS | 1,090 | 1,090 | 0 | 0% | ✗ | 1,090 |
| 842 | 841 | -3 | 0% | ✗ | | 9,730 | 10,092 | 361 | 4% | ✓ | 10,092 |
| 1,132 | 1,111 | -23 | -2% | ✗ | Mental Health & OPH Total | 13,109 | 13,333 | 225 | 2% | ✓ | 13,333 |
| | | | | | | | | | | | |
| 3,806 | 4,630 | 824 | 18% | ✓ | Total Expenditure | 52,529 | 55,558 | 3,029 | 5% | ✓ | 55,558 |

EXTERNAL PROVIDER COSTS

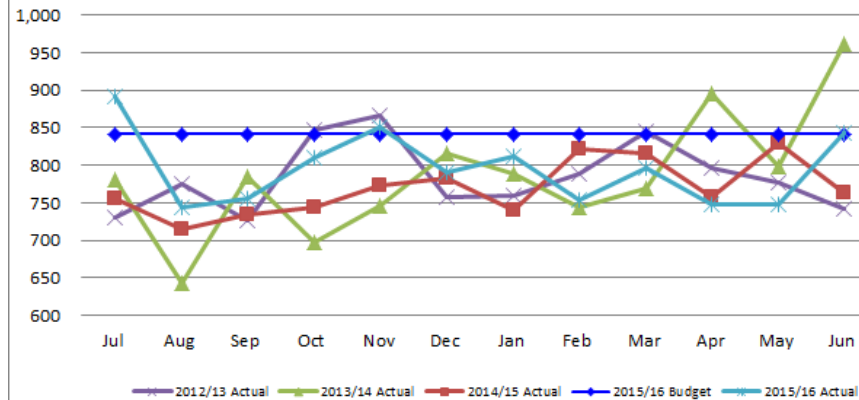
**Secondary and Referred Services Trend
2012/13 to 2015/16**



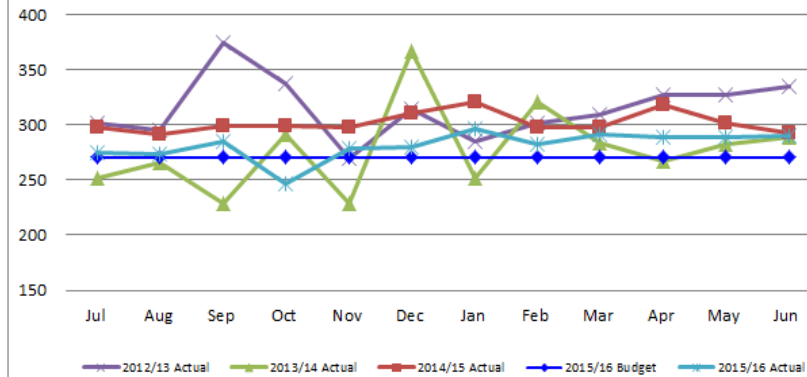
Primary Care Trend 2012/13 to 2015/16



Older Persons Health Trend 2012/13 to 2015/16



Mental Health Trend 2012/13 to 2015/16



FINANCIAL POSITION

| | Month Actual \$'000 | Month Budget \$'000 | Month Variance \$'000 | | | Annual Budget \$'000 |
|--------|---------------------------|---------------------------|--------------------------|-----|---|----------------------------|
| Equity | 12,409 | 9,083 | 3,326 | 37% | ✓ | 9,083 |
| Cash | 11,871 | 10,201 | 1,670 | 16% | ✓ | 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

30 June 2016

in thousands of New Zealand dollars

| | Monthly Reporting | | | | Year to Date | | | | Full Year 15/16 | Prior Year |
|--|-------------------|---------------|--------------|----------------|----------------|----------------|--------------|---------------|-----------------|----------------|
| | Actual | Budget | Variance | %Variance | Actual | Budget | Variance | %Variance | Budget | Actual |
| Operating Revenue | | | | | | | | | | |
| Crown and Government sourced | 11,268 | 11,541 | (273) | (2.4%) | 135,869 | 136,183 | (314) | (0.2%) | 135,973 | 134,166 |
| Inter DHB Revenue | (0) | 5 | (5) | (100.0%) | 76 | 60 | 16 | 26.7% | 60 | 36 |
| Inter District Flows Revenue | 125 | 151 | (26) | (17.2%) | 1,487 | 1,500 | (13) | (0.9%) | 1,560 | 1,497 |
| Patient Related Revenue | 218 | 262 | (44) | (16.8%) | 2,873 | 3,144 | (271) | (8.6%) | 3,144 | 3,000 |
| Other Revenue | 108 | 99 | 9 | 9.1% | 984 | 1,038 | (54) | (5.2%) | 1,188 | 1,162 |
| Total Operating Revenue | 11,719 | 12,058 | (339) | (2.8%) | 141,289 | 141,925 | (636) | (0.4%) | 141,925 | 139,861 |
| Operating Expenditure | | | | | | | | | | |
| Personnel costs | 5,744 | 5,111 | (633) | (12.4%) | 64,396 | 61,352 | (3,044) | (5.0%) | 61,352 | 64,688 |
| Outsourced Services | (7) | 8 | 15 | 187.5% | 30 | 96 | 66 | 68.8% | 96 | 82 |
| Treatment Related Costs | 444 | 617 | 173 | 28.0% | 7,781 | 7,404 | (377) | (5.1%) | 7,404 | 7,736 |
| External Providers | 2,936 | 3,118 | 182 | 5.8% | 36,269 | 37,190 | 921 | 2.5% | 37,190 | 35,196 |
| Inter District Flows Expense | 851 | 1,520 | 669 | 44.0% | 16,380 | 18,368 | 1,988 | 10.8% | 18,368 | 14,789 |
| Outsourced Services - non clinical | 0 | 73 | 73 | 100.0% | 0 | 876 | 876 | 100.0% | 876 | 325 |
| Infrastructure and Non treatment related costs | 1,292 | 926 | (366) | (39.5%) | 11,129 | 11,157 | 28 | 0.3% | 11,157 | 12,350 |
| Total Operating Expenditure | 11,260 | 11,373 | 113 | 1.0% | 135,985 | 136,443 | 458 | 0.3% | 136,443 | 135,166 |
| Result before Interest, Depn & Cap Charge | 459 | 685 | (226) | (33.0%) | 5,304 | 5,482 | 178 | 3.2% | 5,482 | 4,695 |
| Interest, Depreciation & Capital Charge | | | | | | | | | | |
| Interest Expense | 54 | 68 | 14 | 20.6% | 651 | 828 | 177 | 21.4% | 828 | 732 |
| Depreciation | 153 | 395 | 242 | 61.3% | 4,572 | 4,740 | 168 | 3.5% | 4,740 | 4,238 |
| Capital Charge Expenditure | 50 | 66 | 16 | 24.2% | 978 | 792 | (186) | (23.5%) | 792 | 772 |
| Total Interest, Depreciation & Capital Charge | 257 | 529 | 272 | 51.4% | 6,201 | 6,360 | 159 | 2.5% | 6,360 | 5,742 |
| Net Surplus/(deficit) | 202 | 156 | 46 | (29.5%) | (897) | (878) | (19) | (2.2%) | (878) | (1,047) |
| Other comprehensive income | | | | | | | | | | |
| Gain/(losses) on revaluation of property | | | | | | | | | | |
| Total comprehensive income | 202 | 156 | 46 | (29.5%) | (897) | (878) | (19) | (2.2%) | (878) | (1,047) |

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 June 2016

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

| Actual | Budget | Variance | %Variance | Prior Year |
|----------|----------|----------|-----------|------------|
| | | | | |
| 24,877 | 24,263 | 614 | 2.5% | 27,847 |
| 681 | 639 | 42 | 6.6% | 1,002 |
| 1,981 | 1,568 | 413 | 26.3% | 718 |
| 567 | 567 | 0 | 0.0% | 643 |
| 28,106 | 27,037 | 1,069 | 4.0% | 30,210 |
| | | | | |
| 11,871 | 10,201 | 1,670 | 16.4% | 5,648 |
| 74 | 60 | 14 | 23.3% | 70 |
| 986 | 1,100 | (114) | (10.4%) | 984 |
| 5,920 | 4,218 | 1,702 | 40.4% | 11,099 |
| 0 | 136 | (136) | (100.0%) | 136 |
| 18,851 | 15,715 | 3,136 | 20.0% | 17,937 |
| | | | | |
| 46,957 | 42,752 | 4,205 | 9.8% | 48,147 |
| | | | | |
| | | | | |
| 10,945 | 11,195 | 250 | 2.2% | 11,195 |
| 2,629 | 2,895 | 266 | 9.2% | 2,661 |
| 13,574 | 14,090 | 516 | 3.7% | 13,856 |
| | | | | |
| 3,500 | 3,250 | (250) | (7.7%) | 3,250 |
| 8,161 | 7,248 | (913) | (12.6%) | 8,174 |
| 9,313 | 9,081 | (232) | (2.6%) | 10,056 |
| 20,974 | 19,579 | (1,395) | (7.1%) | 21,480 |
| | | | | |
| 34,548 | 33,669 | (879) | (2.6%) | 35,336 |
| | | | | |
| 72,563 | 71,625 | (938) | (1.3%) | 71,694 |
| 22,082 | 19,569 | (2,513) | (12.8%) | 22,397 |
| (82,236) | (82,150) | 86 | 0.1% | (81,319) |
| 0 | 39 | 0 | 0.0% | 39 |
| 12,409 | 9,083 | (3,326) | (36.6%) | 12,811 |
| | | | | |
| 46,957 | 42,752 | 4,205 | 9.8% | 48,147 |

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 June 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 |
| 20,198 | 11,792 | 8,406 | 71.3% | 153,293 | 141,175 | 12,118 | 8.6% |
| (6,113) | (5,111) | (1,002) | (19.6%) | (65,977) | (61,352) | (4,625) | (7.5%) |
| (1,966) | (1,632) | (334) | (20.5%) | (25,854) | (19,641) | (6,213) | (31.6%) |
| (2,970) | (3,118) | 148 | 4.7% | (36,666) | (37,190) | 524 | 1.4% |
| (817) | (1,520) | 703 | 46.3% | (15,983) | (18,368) | 2,385 | 13.0% |
| 8,332 | 411 | 7,921 | 1927.2% | 8,812 | 4,624 | 4,188 | 90.6% |
| (54) | (60) | 6 | 10.0% | (651) | (720) | 69 | 9.6% |
| (618) | (66) | (552) | (836.4%) | (978) | (792) | (186) | (23.5%) |
| 7,660 | 285 | 7,375 | 2587.6% | 7,183 | 3,112 | 4,071 | 130.8% |
| 35 | 44 | (9) | (20.5%) | 327 | 528 | (201) | (38.1%) |
| 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% |
| (3,475) | (316) | (3,159) | (999.7%) | (2,306) | (3,858) | 1,552 | (40.2%) |
| 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% |
| (3,440) | (272) | (3,168) | 1164.7% | (1,979) | (3,330) | 1,351 | 40.6% |
| 1,000 | 1,100 | (100) | 0.0% | 0 | 1,100 | (1,100) | 0.0% |
| 0 | (68) | 68 | 0.0% | 86 | (68) | 154 | 0.0% |
| 1,000 | 1,032 | (32) | 0.0% | 86 | 1,032 | (946) | 0.0% |
| (409) | 0 | (409) | 0.0% | (67) | 0 | (67) | 0.0% |
| 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% |
| 591 | 0 | 591 | 0.0% | 19 | 0 | 19 | 0.0% |
| 4,811 | 1,045 | 3,766 | 360.3% | 5,223 | 814 | 4,409 | 541.7% |
| 7,060 | 10,034 | (2,974) | (29.6%) | 5,648 | 121,913 | (116,265) | (95.4%) |
| 11,871 | 11,079 | 792 | 7.1% | 10,871 | 122,727 | (111,856) | (91.1%) |

MAORI HEALTH ACTION PLAN

TO: Chair and Members
West Coast District Health Board

SOURCE: Planning and Funding

DATE: 12 August 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This paper has been prepared to provide the Board with the good news that the DHB's Maori Health Action Plan has been formally approved by the Ministry of Health.

2. RECOMMENDATION

That the Board:

- i. notes the approval of the Maori Health Action Plan.

3. SUMMARY

The DHB prepared its Maori Health Action Plan in accordance with the legislation and the expectations set for the health sector by the Ministry and Minister of Health.

Local priorities were developed in close consultation with our health partners including, the Maori Advisory Board, Tatau Pounamu, West Coast PHO, Community and Public Health and Poutini Waiora and through the Alliance workstreams.

The draft Action Plan was presented for Stakeholder and Board feedback and review through April and May 2016. The draft was also provided to the Ministry of Health for their feedback.

The feedback from the Ministry of Health was positive and focused on minor technical changes which the DHB worked through and has now resolved. None of the feedback from the Ministry or from local stakeholders necessitate material changes to the draft which was approved for submission by the Board in May.

Formal advice was received from the Ministry 29 July, advising that the Plan was approved.

The final version will be uploaded to the West Coast DHB and Ministry of Health websites alongside those of all the other DHBs. Regular reporting against the Plan will be provided to the Board by the GM Maori Health.

This is an important document that sits alongside the Annual Plan but provides a clear focus on health improvements for Maori and encouraging engagement with our health system. Board members are encourage to circulate the Plan to networks to raise awareness of the challenges and the activity that will be undertaken in the coming year.

The Plan is currently with the printers, a copy will be provided at the meeting.

Report prepared by: Melissa Macfarlane, Team Lead Accountability, Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding
David Meates, Chief Executive

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

TO: Chair and Members
West Coast District Health Board

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

DATE: 12 August 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 12 August 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 – 12 August 2016.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY AND PUBLIC HEALTH UPDATE

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

Buller Community Profile

The Buller Community Profile was launched at Club Buller in Westport on Thursday 7 July. Dr Cheryl Brunton and Dr David Brinson presented a summary of the findings of the Profile report to an audience of 60+ people from many health and social service organisations.

The report was prepared for the Buller InterAgency Forum. The purpose of the document was “to record an in-depth profile of the Buller District – the demographic data on its people, as well as comments from a number of key agencies that make decisions that affect the lives of the people in the Buller, about what they see happening in their community and the likely challenges in the future” (p1, Buller Community Profile).

A huge amount of work has gone into the Profile and to date there has been significant media coverage. A copy of the full report is available for download from the West Coast DHB website.

The Buller InterAgency Forum met one week after the launch of the Profile and have started planning for positive action for the future using the information gathered through the report.

Smokefree Outdoor Dining

Members of the West Coast Tobacco Free Coalition have recently visited cafés, bars and restaurants with outdoor dining areas in Westland from Kumara south to Fox Glacier to provide them with free smokefree signage.

The response to this initiative has been very positive. Business owners and managers have been encouraged to display the smokefree signage on their outdoor tables to encourage people to enjoy their hot drinks and food in a smokefree setting.

Alcohol Licensing

The Westland District Licensing Committee (DLC) has approved an application for an off-licence new bottlestore in Hokitika. The DLC considered, in forming its decision, that reporting agencies, other objectors and some members of the community believe there are too many off-licences in Hokitika. The DLC’s decision states that *“members of the public and organisations may lobby the Westland District Council to commit to a Local Alcohol Policy. This would allow proper public consultation and would have the effect of determining the number of Off Licences that the community believes is appropriate in the Hokitika urban area”*.

Nutrition Health Promotion

Community and Public Health staff have delivered seven cooking skills sessions at Greymouth Alternative Education. There were six students involved with the course. The students cook their lunch every day as a group and the most effective approach was to take their favourite meals and adapt them to contain more vegetables, less sugar, saturated fat and salt. These students are high consumers of energy drinks, so there was a focus on this as well as part of the programme, including how these affect the body.

Arahura Awa Hui

At the request of some Arahura community members, staff from Community and Public Health, the West Coast Regional Council (WCRC) and The Institute of Environmental Science and Research (ESR) met with members of the community at a hui earlier this month to discuss community concerns about water quality of the Arahura awa. Information from some preliminary monitoring was presented and discussed. As an initial action, the WCRC will include some additional monitoring sites on the Arahura awa in its summer programme of recreational water monitoring. Community & Public Health staff will also continue to liaise with the community about any further actions.

Healthy Homes Project in Buller

As part of our work with the Healthy Homes project Community and Public Health is currently acting as a conduit for whānau in Buller to have access to the Christchurch-based Community Energy Action (CEA) curtain bank while an assessment is made of the feasibility of setting up curtain banks on the West Coast.

CEA and the Canterbury DHB have evaluated the Healthy Homes insulation programme set up to improve homes in Canterbury post-earthquakes. Nine hundred homes were insulated which resulted in considerable improvements to health of the occupants and a substantial reduction in health costs. Copies of the evaluation document can be made available to Committee members.

Discussion took place regarding the approval for the new bottle store in Hokitika with disappointment being expressed. Discussion also took place regarding Local Alcohol Plans and Dr Cheryl Brunton provided the Committee with the background around this.

The Committee applauded the work being undertaken around the water quality of the Arahura awa.

The report was noted.

b) 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 99.2% of patients admitted, discharged or transferred from Grey Base ED within six hours during June 2016. A significant 94.5% were seen within just four hours.
- West Coast DHB was 25 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. Provisional analysis indicates that we will exceed our Health Target volumes for the year to 30 June 2016.
- During Quarter 4, West Coast DHB staff provided 97% of hospitalised smokers with smoking cessation advice and support, meeting target. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker.

Key Issues & Associated Remedies

- **Immunisation:** 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.
- **B4 School Checks:** Service targets during the last quarter have improved to 82% 299 checks completed of the 363 target set by MOH. What the service has found is the combination of children who have had B4 school checks but cannot be recorded and movement of families out of the West Coast region has meant that meeting the target has been particularly difficult.

Mr Wheble tabled some examples of graphs regarding breastfeeding for the Committee to look at to determine what information they would like to be included in future reporting. Discussion took place around this.

Discussion also took place regarding the challenges around vision and hearing testing and the resources available in this area.

The Committee noted that management are continually looking at Aged Care Services with a view to improving these.

A query was made regarding whether any dementia care is provided by Private Providers and the Committee noted that this is not provided by Private Providers currently however lower complexity dementia patients are provided for and in these cases additional funding is provided.

The report was noted.

c) **ALLIANCE UPDATE**

This report provided an update of progress made around the West Coast Alliance regarding: **Alliance Leadership Team (ALT)**

- In July the workstream leads and the Alliance Support Group will be meeting to talk and document the lessons learnt in progressing the 2015/16 workplans. This occurs each year and assists the Alliance to improve how to progress and achieve the actions in the workplans.
- The 2016/17 workplans are now underway with workstreams reporting against these actions.

Health of Older Persons

- The Falls Champion is receiving most of its referrals for clients within the community from the Complex Clinical Care Network. Promotion of this service is planned into general practice and with the rural nurse specialists in the coming months.

Integrated Family Health Service (IFHS) Workstreams (Grey/Westland, Buller & Reefton)

- A new workstream has been put in place as a result of the community engagement in Reefton. This workstream will be looking at the services in Reefton and how these might look in the future. The workstream has community, staff and management as members of the workstream.
- Staff in Reefton have been looking at opportunities where the services there can work together and have already started working in an integrated way. Nursing is now moving between services to assist in covering gaps including supporting PRIME, covering leaving across the service and looking at a single stock room for all services.
- The Grey/Westland workstream is continuing to look at opportunities to work with the plastics specialists to allow some procedures to be done in primary care. The secondary dieticians role that will sit in primary care is still to be filled.
- Grey Health will be supporting a trial this year of the new patient portal that will allow the community to interact with their practices via the internet.

Healthy West Coast (HWC)

- Following the Ministry led Realignment of Stop Smoking Services process, Community & Public Health now have a contract in place on behalf of the Healthy West Coast workstream which represents a whole-of-system approach to supporting smokers to quit. There will be a 3 month transition from the Aukati KaiPaipa service to the new model.

Child and Youth

- A working group has met to develop a local Oral Health Promotion plan that will compliment the Transalpine Oral Health Steering Group's Communication Plan. The plan will take a life course approach, identifying key opportunities to deliver oral health and nutrition messages from pregnancy through to adolescence.

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.

The report was noted.

d) BREASTFEEDING PLAN UPDATE

Jenni Stephenson, Planning & Funding provided the Committee with an update on progress with the West Coast's Priority Plan for Breastfeeding. The Committee noted that the majority of the actions in the plan have been completed and Ms Stephenson took the Committee through the actions which are still work in progress.

The Chair thanked Ms Stephenson for the update.

e) GENERAL BUSINESS

- i. The Committee discussed the Ministry of Health publication "A guide to Community Engagement with People with Disabilities" which was provided for their information.
- ii. The Chair spoke regarding the launch of KIOSK which is to be trialled on the West Coast.
- iii. The Committee noted that on 2 August there is a meeting on The West Coast regarding the National Disability Strategy.
- iv. On 6 & 7 September 2 people are coming to the West Coast from Taranaki to look at accessible communities.
- v. The review of NASC and DIAS is still continuing and it is hoped that this will be completed by July 2017. It is also hoped that the Ministry will have informed providers of any changes by December 2016

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 28 July 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

9 June 2016

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS 9.10am

- | | | | |
|----|---|---|------------------|
| 4. | Community and Public Health Update | Claire Robertson <i>Team Leader, Community and Public Health</i> | 9.10am - 9.20am |
| 5. | Planning & Funding Update | Philip Wheble <i>Team Leader, Planning & Funding</i> | 9.20am – 9.30am |
| 6. | Alliance Update | Philip Wheble <i>Team Leader, Planning & Funding</i> | 9.30am – 9.40am |
| 7. | Breastfeeding Plan Update | Jenni Stephenson <i>Planning & Funding</i> | 9.40am – 9.50am |
| 8. | General Business | Elinor Stratford <i>Chair</i> | 9.50am – 10.10am |
| | - <i>Ministry of Health publication - A Guide to Community Engagement with People with Disabilities</i> | | |

ESTIMATED FINISH TIME 10.10am

INFORMATION ITEMS

- Board Agenda – 24 June 2016
- Chair's Report to last Board Meeting
- 2016 Committee Work Plan (Working Document)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 8 September 2016

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 28 JULY 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 12 August 2016

| | | | | | | |
|----------------------|----------|--------------------------|--------|-------------------------------------|-------------|--------------------------|
| Report Status – For: | Decision | <input type="checkbox"/> | Noting | <input checked="" type="checkbox"/> | Information | <input type="checkbox"/> |
|----------------------|----------|--------------------------|--------|-------------------------------------|-------------|--------------------------|

1. ORIGIN OF THE REPORT

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

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

- “- monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and
- give the Board advice and recommendations on that monitoring and that assessment.

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB.”

2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 28 July 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 28 July 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:

- Contracted elective Targets were met
- Successful recruitment of physiotherapist
- Continues low rate of DNAs

Mr Newsome also spoke about the following:

- The patient flow diagrams are close to coming back into the report with a lot of work having been done around dashboards.
- These volumes are provisional results for the 2015/16 financial year:
Inpatient Volumes - throughput for the year to 30 June 2016 show overall case-weighted discharges [CWD] from Grey Base Hospital were behind target for the year for surgical specialty services (particularly in acute Orthopaedics); offset by higher throughputs in medical specialty services. Overall, net delivery was virtually matched to contracted caseweights (down superficially by 0.37%).
Outpatient Volumes – Provider Arm outpatient delivery for specialist surgical and medical services are down for the year to 30 June 2016 by 18.8% (2692 attendances) from expected volumes overall. Throughput was 23% under contracted volume for surgical specialty services and 12.2% down against contracted volume for medical specialty services. There have been fewer First Specialist Appointments (FSAs), as well as fewer subsequent follow-up attendances, among both service groups (most notably in General Surgery, Orthopaedics, ENT, Urology, General Medicine, Dermatology and Respiratory).
- Grey Hospital occupancy has been high with Barclay Ward taking medical overflows as per the plan put in place earlier in the year.
- Workforce
 - It is hoped that all Junior Medical staff vacancies will be filled over the next few months and we are working closely with Canterbury in this area.
 - Discussions have commenced with Ashburton Hospital around building a strong rural network of training registrars in Rural Hospital Medicine.
 - A decision was made that the West Coast would recruit directly for Anaesthesia and 8 applications were received.
- Allied Health – Allied Health Leaders met in Greymouth at the end of June to finalise work on the coming year's strategy. This also ensured the plans align with the Ministry's refreshed Health Strategy and our models of care.
- The incoming AOD coordinator for the District has commenced some joint work with both Corrections and the West Coast Needle Exchange which will hopefully enhance the ways we work together.
- After significant challenges recruiting it is pleasing to welcome a new physiotherapist to the team.
- A new Occupational Therapist has also commenced this month and will be based in Westport once she has completed her orientation.
- ESPI Compliance – May has been a challenging month with weather affecting many lists and disruptions to the Orthopaedic Service. The Plastic Surgeons did additional days in June to accommodate the non-compliant patients and combined this with an education session to primary care.

A query was made regarding ENT and management advised that last time they looked at bringing this surgery to the West Coast there was not enough volume however it is timely to look at this again.

Discussion took place regarding falls in Kahurangi. Management commented that whilst there have been a number of falls this number was bolstered by a number of falls by one person. The Committee noted that falls are taken very seriously and a reinvigoration of the falls group is taking place.

In regard to the facilities project the Committee noted that piling has commenced on site. The contractors are very easy to deal with and continued communication is taking place. They are also trying to employ as many local people as possible.

The report was noted.

FINANCE REPORT

The consolidated West Coast District Health Board financial result for the month of June 2016 was a surplus of \$0.202m, which was \$0.046m favourable against the budgeted surplus of \$0.156m. The year to date position attained was \$0.019m unfavourable.

The Committee noted that this is a provisional year end result with the Auditors coming back in a couple of weeks time.

Ms White commented that she did not foresee any issues that would change the result substantially.

The Committee also noted that June has shown a continuation of the pressures that have experienced in previous months with the trade off between Treatment Related expenses and Infrastructure.

The report was noted.

CLINICAL LEADERS UPDATE

The Committee noted that Gary Coghlan will represent the West Coast on the South Island Workforce Development Hub. This group is part of the South Island Alliance and is fundamental in supporting well-coordinated workforce development across the Alliance.

An enrolled Nurse focus day on 12 July was very well attended. The attendees worked through an interactive series of sessions to develop a vision and strategy and complete some education sessions.

The update was noted.

4. APPENDICES

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

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA

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

9 June 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 – 24 June 2016
- 2016 HAC Workplan (Working Document)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 8 September 2016
Corporate Office, Board Room at Grey Base Hospital.

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 12 August 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 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 24 June 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. | Maternity Services Review – 12 Month Implementation Assessment | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | S9(2)(j) |
| 5. | Risk Management Report | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | S9(2)(j) |
| 6 | Wellbeing Health & Safety Update | 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. | 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.