West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 9 December 2016
10.15am

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

Jenny Black (Chair)
Chris MacKenzie (Deputy Chair)
Chris Auchinvole
Kevin Brown
Helen Gillespie
Michelle Lomax
Eddie Moke
Peter Neame
Nigel Ogilvie
Elinor Stratford
Francois Tumahai

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 *(Director, Capability Development))*
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes)*
Stella Ward *(Executive Director, Allied Health)*
Philip Wheble (*Acting General Manager, Grey/Westland))*
Justine White *(General Manager, Finance)*
Lee Harris (*Senior Communications Advisor)*
Kay Jenkins (*Minutes)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 9 December 2016 commencing at 10.15am

KARAKIA

ADMINISTRATION — *10.15am*

Apologies

1. **Interest Register**

2. **Confirmation of the Minutes of the Previous Meetings**
   - *4 November 2016*

3. **Carried Forward/Action List Items**
   (there are no carried forward items)

REPORTS — *10.20am*

4.	**Chair's Update (Verbal Update)**	*Deputy Chair*	*10.20am - 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery* Stella Ward *Executive Director of Allied Health*	*10.45am – 10.55am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*10.55am – 11.05am*
8.	**Health Target Report – Quarter 1 2016/17**	Melissa Macfarlane *Team Leader, Planning & Funding*	*11.05am – 11.15am*
9.	**Maori Health Plan Update**	Gary Coghlan *General Manager, Maori Health*	*11.15am – 11.25am*
10.	**2017 Schedule of Meetings**	*Board Secretariat*	*11.25am – 11.35am*
11.	**Reports from Committee Meetings** - CPH&DSAC *1 December 2016* *(to be circulated separately due to timing of meetings)* - Hospital Advisory Committee *1 December 2016* *(to be circulated separately due to timing of meetings)*	Elinor Stratford *Chair, CPH&DSA Committee* Kevin Brown *Deputy Chair, Hospital Advisory Committee*	*11.35am – 11.45am* *11.45am – 11.55am*
12.	**Resolution to Exclude the Public**	*Board Secretary*	*11.55am*

INFORMATION ITEMS

ESTIMATED FINISH TIME — *11.55am*

NEXT MEETING: Friday 10 February 2017 *(to be confirmed)*

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

	Disclosure of Interest
Jenny Black **Chair**	• Chair, Nelson Marlborough District Health Board • Life member of Diabetes NZ • Chair, South Island Alliance Board • Chair, National DHB Chairs
Chris Auchinvole	To be advised at meeting.
Kevin Brown	• 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
Helen Gillespie	• Peer Support Counsellor, Mum 4 Mum • Employee, DOC – Healthy Nature, Healthy People Project Coordinator
Michelle Lomax	• West Coast Community Trust – Trustee • Buller High School Board of Trustees – Chair • St John Youth – Assistant Division Manager • Employee - Damien O'Connor's Electorate Office • Chair, West Coast/Tasman Labour Electorate Committee
Chris MacKenzie	To be advised at meeting.
Edie Moke	• South Canterbury DHB – Appointed Board Member • Nga Taonga Sound & Vision - Board Member (elected) Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.
Peter Neame	• White Wreath Action Against Suicide – Member and Research Officer
Nigel Ogilvie	To be advised at meeting.

Elinor Stratford	• 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
Francois Tumahai	• 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

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Waterwalk Road, Greymouth
on Friday 4 November 2016 commencing at 10.15am

BOARD MEMBERS

Peter Ballantyne (Chair); Kevin Brown; Helen Gillespie; Peter Neame; Elinor Stratford; Joseph Thomas; Francois Tumahai; John Vaile; and Warren Gilbertson (via telephone for Public Excluded Item 2).

APOLOGIES

An apology was received and accepted from Michelle Lomax.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing & Midwifery); Mr Pradu Dayaram ((Medical Director Facilities Development); Kathleen Gavigan (General Manager, Buller); Chris Kibblewhite (People & Capability); Philip Wheble (Interim General Manager, Grey Westland); Justine White (General Manager, Finance); Lee Harris (Senior Communications Manager); and Kay Jenkins (Minutes).

Francois Tumahai led the Karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or alterations to the interest register.

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (54/16)
(Moved Elinor Stratford/seconded Francois Tumahi – carried

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 12 August 2016 be confirmed as a true and correct record subject to an alteration on page 4 – Kevin Brown presented the HAC update.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

The Chair advised that there have been many discussions around facilities since the last meeting with the last HRPG meeting being cancelled. The Board noted that the Buller project is

proceeding with a finance package being negotiated with a crown entity. It was also noted that three sites are under consideration and goetech reports are awaited.

The Chair also advised that the annual accounts have been signed off.

Resolution (55/16)
Moved Peter Neame/seconded Kevin Brown – carried)
That the Board:
i. notes the Chair's verbal update.

5. CHIEF EXECUTIVE'S UPDATE

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

Mr Meates highlighted:

- Some issues around orthopaedics (spinal) and plastics in ESPI compliance
- Grey facilities are on track. He highlighted some challenges around the commissioning in 2018 and the period where the DHB will need to continue services as well as move equipment that was previously planned to be installed new in the new premises.
- The focus on telehealth and the conversion of the use of this into measuring time and the unnecessary time spent for patients travelling. The Board noted that reporting around this will change over the next while.
- The IT infrastructure that is continuing to be built across the West Coast, Canterbury and the South Island and the need to keep a real focus on this.
- The positive changes to the health of Older Persons Health Service with someone who has come back to the West Coast after 5 years absence relating to us the positive changes in culture and the way things are done.

Discussion took place around Faster Cancer Treatment and the Board noted that these statistics capture only about a quarter of cancers and it is important for us to keep a focus on the total cancer component.

Resolution (56/16)
(Moved John Vaile/seconded Joseph Thomas – carried)
That the Board:
i. notes the Chief Executive's update.

6. CLINICAL LEADERS UPDATE

Karyn Bousfield, Director of Nursing and Midwifery, provided a verbal update from the Clinical Leaders.

She advised that there is a focus on leadership and succession planning.

"Releasing Time to Care" will be rolled out shortly and also "Releasing time to Lead" which is being led by Brian Dolan from the CDHB.

Ms Bousfield spoke again about the work being undertaken around the Enrolled Nursing Strategy bearing in mind that a lot of our Enrolled Nurses are around retirement age. The DHB is currently working with ARA as to how we can get more Enrolled Nurses on the West Coast.

She also provided an update on the Matt Gunter story which the Board had viewed and it was noted that this was presented to the Health Round Table at their last meeting in Wellington.

There are a large number of nurses wanting to enter past graduate qualifications due to the changes around nurse prescribing. Work is being undertaken in conjunction with Clinical Directors and General Managers to get mentoring in this area completed.

In the Quality area a Serious Incident Review Group has been introduced that will make recommendations back to the Incident Review Group. This appears to be working well.

Resolution (57/16)
(Moved Sharon Pugh/seconded: Helen Gillespie – carried)
That the Board:

i. notes the Clinical Advisor's update.

7. FINANCE REPORT

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

The consolidated West Coast District Health Board financial result for the month of September 2016 was a deficit of $0.184m, which was in line with budget. The year to date position is $0.12m favourable to budget. The year to date position is $0.142m unfavourable to budget.

The Board noted that Treatment Related costs are quite volatile particularly around blood products, pharmaceuticals and cancer treatments and also infrastructure costs around IT, transport and food.

The Chair thanked the management team for keeping us within reach of the budget and the Board noted that as we move to March 2018 there will be challenges around capital charges.

Resolution (58/16)
(Moved: Helen Gillespie/seconded: Elinor Stratford – carried)
That the Board:

i. notes the financial results for the period ended September 2016.

8. 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 27 October 2016.

The update was noted

b) Kevin Brown, Deputy Chair, Hospital Advisory Committee, provided an update from the Committee meeting held on 27 October 2016.

The update was noted.

The Chair thanked Sharon Pugh, John Vaile and Joseph Thomas for their commitment and contribution to the Board during their time as members.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (59/16)
(Moved Sharon Pugh/seconded Joseph Thomas – carried)
That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, & 7 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 23 September 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.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Ministry of Health Deficit Funding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6	Wellbeing Health & Safety Update	Protect the privacy of natural persons.	S9(2)(a)
7.	Reporting Summary Q4 2015/16	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j)
9.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

There being no further business the public open section of the meeting closed at 11.25pm

The Public Excluded section of the meeting commenced at 11.40pm and concluded at 1.35pm with a break for lunch from 12.20pm – 12.55pm.

_____ _____

Peter Ballantyne, Chair Date

CHIEF EXECUTIVE'S UPDATE

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chief Executive**

DATE: **9 December 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Health Alliance

Alliance Leadership Team [ALT] Activity

- At the last meeting in October the ALT received a presentation given by Gary Coghlan regarding use of the Health Equity Assessment Tool (HEAT) throughout planning. The need to increase visibility of activity that is aiming to reduce inequity was discussed.
- In the meeting the ALT also endorsed the final draft of the System Level Measures Framework Improvement Plan and were pleased to note the additional resource allocated to supporting the Primary & Community project.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - *Medical Centre* – Integration and work across primary, community and Age Residential Care (ARC) is continuing to develop. A recent trial of a partnership between the practice and St John has concluded and the data is being collated.
  - *Aged Residential Care* – Currently 8 hospital level and 4 residential level residents.
- **South Westland Area Practice:** A roving Rural Nurse Specialist (RNS) role is currently under recruitment to replace a vacancy. The RNS who has been seconded to Greymouth has been replaced for 6 months.
- **Greymouth Medical Centre (GMC)/Rural Academic General Practice (RAGP)**
  - CNS/Allied/GMC/RAGP combined meetings continue and are still investigating options for increased medical participation.
  - Basic CPR Refresher for all staff has taken place at GMC this month.
  - The RNS from Franz Josef has been seconded to RAGP and Emergency Department (ED) for several months and is working with the practice teams around how unplanned care could work in the soon to be built Integrated Family Health Centre (IFHC). She has been buddied with all staff individually initially to get a baseline on how the system currently works.

Community

- **Public Health/B4School/Vision Hearing**
  - Representatives attended a Wellness Hui in Buller in November.
  - In February next year, we are trialling Oral Health Holistic Wellness with parents and caregivers to discuss General Anaesthetic days in an attempt to reduce some of the oral health problems. This will be held in Parfitt ward. This will take a holistic wellness approach and have a take home pack of information.
  - A team meeting was held with Plunket and Poutini to clarify and progress establishing clinical support for the West Coast Tamariki Ora team and will set up professional development days.
  - Youth Assessments with the HEADSS tool provided in schools and alternative education providers for this year has been completed across all schools in the region except Karamea Area School and St Patricks in Greymouth.
  - B4School checks are continuing with the outreach service taking a more active role to maintain targets. Coordinators are continually reviewing the service and implementing quality initiatives to better provide this service more efficiently.
- **District Nursing**
  - Currently setting up interviews for Nursing Entry To Practice (NETP) staff for Greymouth and Hokitika.
  - There have been 2 resignations this month – one in Buller and one in Hokitika.
  - Reviews of District Nursing teams' emergency plans are occurring to ensure we can deliver services in the event of a natural disaster.
- **Home Based Support Services (HBSS)**
  - The new permanent manager for HBSS commenced his role on 21 November 2016. He is undergoing orientation at present.
  - As a follow-up to the certification audit, the written report of actions required has been received. The corrective actions that need to occur have been given timeframes

of 3 or 6 months depending on the importance of the issue found at audit.
    - The change process to move HBSS workers from casual to regularised hours is continuing with new rosters being put together for the support workers. This will become a requirement of the Ministry of Health in April 2017. Our implementation date is 5 December 2016 and work towards this is proceeding well within the timeframes required.
- **Clinical Nurse Specialists (CNS)**
    - *Buller* – The volume of activity undertaken by the Diabetes and Respiratory/Cardiac CNS is under review.
    - *Greymouth* – The two Oncology Nurse Specialists will move their clinics into the former Hannan ward space, which they already utilise for chemotherapy sessions. This will allow a dedicated space for the Stroke CNS in the Corner House.

C: Implement the Maori Health Plan

The General Manager, Maori Health has been asked to support two significant Hui this month. One a health and wellbeing Hui targeting Maori in Westport at the Solid Energy Centre on 25 November. The other Hui was held at Te Tauraka a Maui Marae in Bruce Bay on 27 November. The Kaupapa of this Hui is strongly focused on Tikanga Maori.

- **Health Equity Lens:** The General Manager Maori Health was asked to present to the Alliance leadership team on the use of the Health Equity Lens at their meeting in November. The South Island Alliance is looking to standardise and roll out this tool across all the DHBs. The presentation was well received and initiated some very useful and constructive discussion. The Alliance Leadership Team (ALT) made a decision to look at projects currently underway to which the Equity Lens could be applied. There was also agreement to reiterate to the workstreams, the importance of applying the Health Equity Assessment Tool (HEAT) tool and the thinking behind it, when undertaking their planning for 2017/18.
- **Nurse Workforce:** We are currently working with Nurse Educators looking at opportunities for our teams to work together to support one another. Particularly developing ways for informal cultural support for the Workforce Development team (Nurse Educators, etc.) and to enhance cultural competence and promote integration of the Maori world view, Te Ao Maori in teaching, resource development and staff interactions. Another goal is greater clarification about the process for initiating cultural support with Māori new graduate nurses and/or other Māori staff.
- **Whanau ora Hospital Services Launch:** A mihi whakatau was held to introduce the new Whanau ora Hospital Service in the Grey Base Hospital. Poutini Waiora Social Worker Maegan Cameron will take a lead in the hospital to identify all Maori inpatients and offer their support to Poutini Waiora services. The intention is to link Maori patients to the Maori Health Provider Poutini Waiora on admission to hospital – through this approach we would expect to see an improvement in post discharge planning and continuity of care.
- **Health Workforce New Zealand – Hauora Maori training:** Recruitment is underway for the 2017 year for Maori who want to undertake study. The funding is targeted at the Māori non-regulated health and disability workforce. Therefore, allied health staff, cultural workers, managers etc. (excluding clinical staff) can apply if they are:

- Employed by a District Health Board or by a Health and Disability Service (Non Government Organisation) that is funded by the District Health Board or the Ministry of Health.
- Iwi/Maori providers, primary health care, aged care (community, all levels of residential care facilities) and rural health care.
- Have whakapapa and/or cultural links with Te Ao Māori and Māori communities.
- Meet the entry criteria required by the training provider as well as supported by the trainee's employer.

The purpose of this fund is to improve access to relevant training opportunities for the non-regulated Māori health and disability workforce by supporting them to obtain entry into and through relevant education opportunities.

- **Treaty of Waitangi Training:** We had 18 attending Treaty of Waitangi training on 15 November. The morning session focused on historical Treaty education with the afternoon session covering the use of the Health Equity Assessment Tool through workshops.
- **Tipu Ora – Certificate in Hauora Maori Level 4 – West Coast:** We are currently calling for people who may be interested in the Certificate in Hauora Maori Level 4. Tipu ora have committed to delivering the training on the West Coast conditional on 15 people registering their interest. This would mean that trainees would not need to travel to Christchurch for the 5 Wananga as has been the case in the past.

	**DELIVERING MODERN FIT FOR PURPOSE FACILITIES**

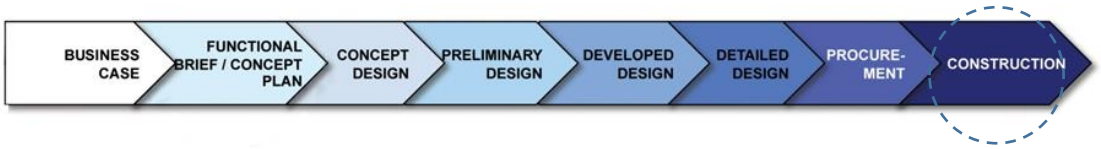
A: Facilities Maintenance Report

- OPUS International Consultants have been engaged to carry out earthquake RAPID assessments for those buildings which have an assessed seismic capacity of <34%NBS at Greymouth and Westport facilities and also Reefton Hospital. The aim is to provide assurance that the recent seismic event on the East Coast has not altered the status of the buildings.
- CAPEX bids have been submitted for this year's plan. Liaison with the new development project is ongoing especially around existing site infrastructure.
- There are ongoing issues with the existing flat roof sections of the hospital and there is a programme of temporary works to try and seal leaks without expending huge amounts of monies. This has been successful in some areas however due to the dilapidated condition of many of the roof details this process will be continuous until the buildings are decommissioned.
- Work continues on housing related refurbishment and maintenance.
- The Legionella testing regime at Buller Hospital is ongoing and monitored by the onsite Maintenance & Engineering staff members.
- During recent engineering surveys carried out by OPUS significant structural weaknesses were identified on the pedestrian access bridge to the hospital over the railway line. This resulted in immediate closure of the bridge to ensure we mitigate any risk. Opus have provided some broad brush information for the short, medium and long term options and this is currently with the site redevelopment team for consideration as to the correct way forward.
- Annual Boiler Survey work and pressure vessel inspections are currently underway.
- A review of Facilities Management is to be carried out by Deloittes as part of their West

Coast audit regime and this will commence on week beginning 5 December 2016.

- Building Warrant of Fitness (BWOF) are all up to date for all West Coast facilities.

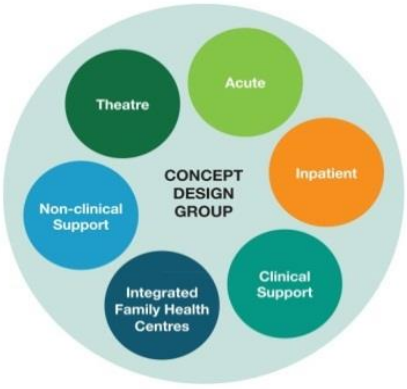
B: Partnership Group Update



- Work is close to completion to identify savings to ensure the project can be delivered within the $77.8 million budget as part of the construction value management process.
- Project contracts have been awarded for the Electrical, Hydraulic and Mechanical packages which is a significant step moving forward for construction.
- The Fletcher Construction Company Ltd (FCCL) site safety operation and documentation were recently audited by Site Safe. The Commercial Construction Site Safety Audit score for the Greymouth FCCL site was 98.3%. The site was found to be 'well organised, in good running order, tidy with well-maintained site documentation'.
- The procurement of equipment required for the project is well underway and is on track in terms of alignment with the programme.
- The WCDHB has increased the internal communications to staff regarding the facility redevelopment. The DHB has installed TV monitors in the existing facility and are currently organising a content system to promote facility updates. In addition, the WCDHBs Focus on People, Quality Accounts, which is distributed Coast-wide, has included a dedicated section to the facility development with messaging and images.

Buller

- As reported in the media, formal interest from a third party has been expressed to fund the Buller IFHC.
- A joint WCDHB and Ministry of Health project team are working together to investigate the formal interest and continue negotiations of indicative terms and documentation with the third party.
- There are still a number of steps which are being undertaken to progress the Buller IFHC, which includes exploring a range of site feasibility options and additional geotechnical testing, which potentially could be delayed due to the recent seismic activity.



A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- We welcome Michelle Gunn into the Duty Nurse Managers group replacing Maggie Boot who has retired after over 40 years of service for the WCDHB.
- The surgical ward has seen two new staff members join their team. Both members have fitted in well and come with good experience. They will start in surgical and when they become comfortable will then go to medical for orientation. We have filled a further two vacancies in the medical ward and likewise, these staff will work between both wards.
- The Emergency Department (ED) continues to recruit and utilise CDHB ED nurses to fill gaps until we get staff trained to senior level.
- Annual leave taken this month is down by 1500 hours compared to last month. Study leave has increased, as has sick leave and this has been managed well.
- The medical ward occupancy remains high at 90%, whilst the surgical ward declines to 68%, from 70% last month. There were 26 medical patients overflowed to Barclay ward for the month. Overall the hospital continues to manage beds well with no gridlock experienced so far this year.

Medical

- We have a general physician and general surgeon locum secured for 6 months commencing December 2016.
- We have had strong interest from 2 general surgeons and recruitment are working with them. We have had an anaesthetist resign, and recruitment is underway with a number of applicants applying.
- The Resident Medical Officer (RMO) new quarter will commence at the end of November and we have a number of new doctors starting. Some applicants have withdrawn from jobs in 2017 but we have managed to fill most of these and interest remains strong in our vacancies. We have approval from the college for two senior Rural Hospital Medical (RHM) registrars to support primary care as part of their GP training component. This will take the form of supporting rural clinics – Karamea, Reefton, Moana and RAGP.

Allied Health

- 'Text to remind' technology is being expanded into Radiology Services next month following its success in other areas of service.
- Work is underway across Allied Health to review the aspects of work that we use to measure how well staff are undertaking their duties. This includes response times for new referrals, time spent updating skills and how the service they provide is rated by the people that use it.
- Some of the Allied Health Clinical Leads have commenced a training programme this month, which will enhance their skills at managing their workloads and 'Releasing Time to Lead'. This is being facilitated by Brian Dolan, who also facilitates our Particip8, Collabor8 and Xceler8 programmes; utilising Lean Thinking and empowering staff to innovate to work smarter.

- Our Associate Director has recently returned from presenting some of the great work being undertaken on the Coast, at conferences in South Australia and Auckland. It was interesting to see how rural and remote communities are utilising Telehealth, the Calderdale Framework and other strategies to reach their populations, and reassuring to know that we are working towards similar systems here.
- Allied Health are progressing a district wide review of the services we offer in the community. This review has two main areas of focus. The first is to make sure that we are not duplicating services offered by others, so that those resources can be used to meet currently unmet needs. The second aim is to make sure any services we offer are aligned to the best evidence available.

Mental Health Services

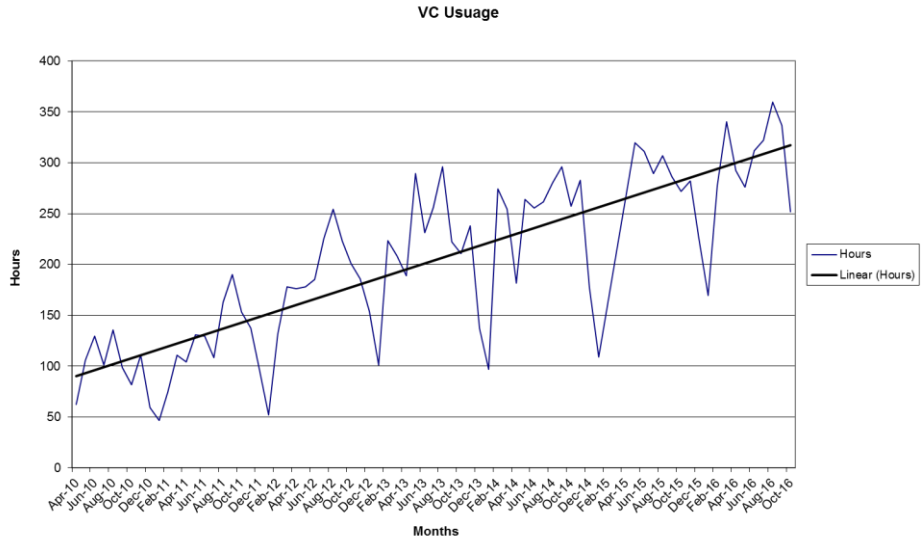
- **South Island Regional Key Performance Indicator (KPI) Forum:** Several West Coast DHB staff participated in a one-day collaborative workshop hosted by Canterbury DHB for adult KPI leads and representatives from across the South Island in October. The focus of the workshop included improving restraint and seclusion practices with a focus to reducing the need for seclusion.
- **Service Development:** Continuing work on reviewing the reporting and follow-up of people who receive treatment after intentional self-harm events. This together with better utilisation of available data will be a focus area for specialist services in the coming months.
- **PRIMHD:** PRIMHD is the Programme for the Integration of Mental Health Data – a national data set that contains mental health service activity and outcomes data from 1 July 2008. A quality improvement action plan has been endorsed to improve PRIMHD performance within specialist services. A range of systems issues including responsiveness will be reviewed.
- Child and Adolescent Mental Health Services have interviewed to fill vacant positions within the service. The calibre of applicants was high and offers of contract have been made. This will improve the ability for the service to meet demand.
- The Associate Director of Nursing has attended the regional Nursing Managers forum in Christchurch. Key discussions focussed on the development and continuation of the NESP (Nurse Entry to Speciality Practice) and NETP training for nursing continues to be supported by the West Coast DHB. This assists in the workforce development for nursing for Mental Health.
- The manager of the Alcohol and Other Drugs services (AOD) organised a Pharmaceutical evening to increase the relationship between Rata AOD services, pharmacies and the medical fraternity. Key outcomes are that the information sharing will increase in areas of knowledge within all services addressing dual addictions on the West Coast. The evening was a success and we look forward to continuing this initiative.
- The introduction of a new electronic feedback mechanism for mental health clients and their whanau has begun with the placement of electronic devices within the Mental Health teams. This enables whanau to give immediate feedback that is anonymised. This will provide more direct feedback on how services are meeting the needs of clients and their whanau. We will also be able to better record and improve service delivery.
- A review of the In-patient Unit Seclusion facilities was undertaken by the Director of Nursing Mental Health and this identified several areas of the unit requiring maintenance to be completed to ensure that the service meets requirements. This will be undertaken in the next month.

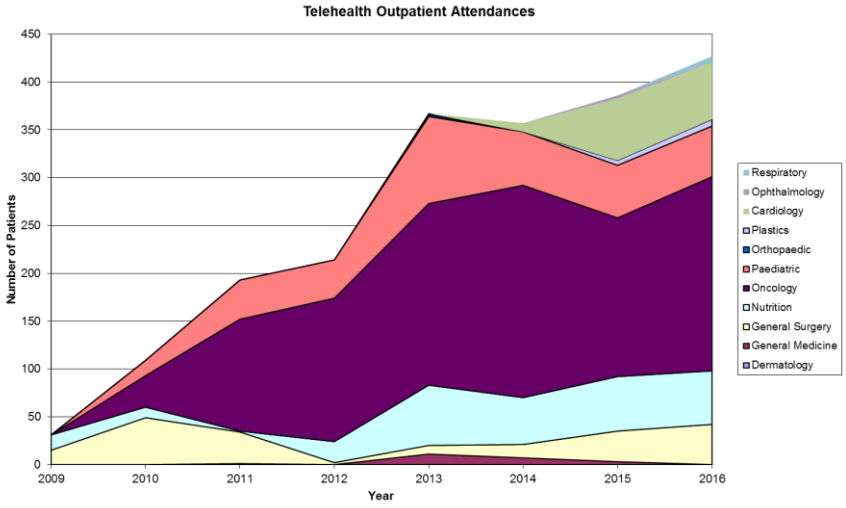
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- 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 membership of the Health of Older Persons workstream is being reviewed and has been expanded to include key community partners in order to drive wider collaboration and integrate care pathways between services.
- Work is underway to refine and improve data collection within partners' systems as well as improving data quality in support of clearer referral pathways.
- We note that 100% of people entering Aged Residential Care have had an InterRAI assessment.

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

- The use of telehealth was extended in September to enable services to be provided closer to home. Eighteen patients had their first general surgery specialist assessment at Buller Health by telehealth. This proved very successful for the surgeon and patients. Surgical procedures for some of these patients are being done in mid-November on the Mobile Surgical Bus reducing the need to travel for this.
- The Disability Information Kiosk is now in place for a period of time in the Buller Outpatients area. It will also be available for use in late November at the Kawatiri Wellbeing Hui which is being organised by Poutini Waiora. The Hui is a Buller IFHS Workstream initiative involving all health system partners and community organisations to promote health and wellbeing for Maori and the community as a whole.
- A curtain bank is being established at Buller Health with assistance from Poutini Waiora. This project is a Buller Healthy Homes initiative led by Community and Public Health. The aim is to provide free curtains to households wanting to make their homes warmer and drier.
- The Buller Interagency Forum has developed an action plan in response to the Buller Community Profile published by Community and Public Health in July. The Forum represents a wide variety of Government departments, health and education service providers and social service agencies. Initiatives to address key themes identified in the Profile are:
  - Exploring the feasibility of a social services hub
  - Establishing a Community of Wellbeing through an innovative Social Worker in schools project that will provide a single point of referral for school aged children
  - Improving coordination between agencies involved in improving food and financial security
  - Providing training for agency workers to increase their knowledge and skills in the areas of anger management and mental health
  - Exploring the feasibility of an after school care for school children
  - Improving access to support and services for those experiencing mental distress
  - Developing a web-based social services directory which will provide information on services and community events
  - Building community awareness about family violence and what can be done.

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

- The Reefton team have just completed a trial with St John where Prime Response in Medical Emergency (PRIME) responders from the DHB responded with St John responders on all calls. This effectively allowed for double crewing of ambulances. The aim of the trial was to determine if this would improve ambulance response rates for the local community and reduce the incidents where either St John or DHB PRIME responders had to deal with a situation on their own. At the same time the PRIME responder for the day provided urgent care for those that came into the facility. The trial is being assessed to understand the impacts, both positive and negative, around working in this way to determine if this model should proceed.
- The Grey workstream continue to plan services and ways of working in preparation for the new building. A project lead is now in place to work with primary and ED teams around the development of an unplanned service that would improve access to primary care services in Grey. Technology is also a major enabler for an integrated approach to health care and various pieces of work are underway including the patient portal and looking at how district nurses can use Medtech for their work.
- A project team is now also in place with a project lead to drive the integration of primary and community services on the Coast.

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 October 2016 was a deficit of $0.001m, which was $0.056 favourable to budget. The year to date position is $0.087m 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	431	212	219	1,604	850	754
Provider Arm	(432)	(269)	(163)	(2,255)	(1,414)	(841)
Consolidated Result	(1)	(57)	56	(651)	(564)	(87)

B: Implement Employee Engagement and Performance Management Processes

- The People and Capability team is focused on ensuring people are at the very heart of our health system. Our programme of work [below] supports this goal and ensures we continue:
  - Doing the basics brilliantly;
  - Growing individual and team capability;
  - Enabling the wellbeing of our people; and
  - Supporting the delivery of care.

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

- **Wellbeing, Health and Safety**

Key initiatives	Due	Status
Enhance our Health and Safety system	2017: Q4	●
Enhance Occupational Health services	2017: Q1	●

  - Task analysis for phase one of the Health and Safety system review is completed, with proposals being drafted to resource this work for approval by the General Manager People and Capability. This will include the policy and procedure framework and contractor management. Phase one is on target to commence in Quarter 4 2016 (October – December).

- **People and Capability Services**

Key initiatives	Due	Status
Refresh Remuneration Strategy: IEA	2016: Q4	●
Redesign the employee lifecycle	2017: Q2	●

  - The Individual Employment Agreement (IEA) Remuneration Strategy 2016/17 was presented to IEA staff in October. A series of supporting tools, guides, process documents and templates have been finalised. People and Capability will work with IEA staff and their managers to complete these in the coming months.
  - A procurement process is underway to appoint a consultancy service to partner with the People and Capability team to redesign the employee lifecycle. This will involve significant engagement with clinical and operational leaders from across the West Coast and Canterbury DHBs.
  - It is anticipated that a consultancy service will be appointed before year-end, and phase one of the redesign will commence in Quarter 1 2017.

- **People and Capability Operations**

Key initiatives	Due	Status
Standardise advisory processes	2016: Q4	●
Streamline change processes	2016: Q4	●
Renew People and Capability policies	2017: Q2	●

  - People and Capability Operations continues to transfer files to the new shared network area that enables an organisation-level view of advisory processes and documentation. This supports and enhances consistency of advice and practice from the People and Capability advisory group, and ensures we meet requirements for managing employment relations matters.
  - The toolkit of standardised change processes and templates continues to be enhanced. This includes standardised processes and documentation for planning, consultation, decision making and implementation of People and Capability operational changes.

C: Effective Clinical Information Systems

- **Mental Health Solution**: The Mental Health Solution software based in Health Connect South has become unstable and to avoid risk the service has reverted to a manual process outside of the solution. Information is still being captured and displayed in Health Connect South, however the electronic workflow which comprises the Mental Health Solution software is not being used until the stabilisation issues are resolved. Renewed focus on providing a stable solution has occurred. The remaining required fixes for the solution are aiming to be in place before end of year. An update will be provided next reporting period with the outcome.
- **eReferrals Stage 3 – electronic triage:** The kick off for electronic triage of referrals has occurred. The implementation into WCDHB will be the 2nd 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. Stage 3 of electronic triage is on hold pending changes required to enable the capability to meet regional needs. A potential solution to this issue has been found and is being reviewed by stake holders in the next 2 weeks to determine if it is fit for purpose. Implementation will occur early/mid 2017 if successful.
- **eMedicines:** Work has begun on developing the business case for electronic prescribing. The objective is to have the business case completed before end of year, with project to start early 2nd quarter 2017.
- **Patient Portal:** WCDHB has been going through a procurement process for an 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. Implementation into a test environment is underway with production to follow within a couple of weeks.
- **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 has been approved and a project kick off has occurred. It is expected the solution will be implemented within 2 months. Implementation is currently in progress but running slightly behind schedule due to staffing issues and some technical challenges. Before Christmas is still on track to be achieved for staff and patient wifi.
- **Joining WCDHB and CDHB domains:** The WCDHB and CDHB domains have been joined. Further work is needed to enable various services to be available across both DHBs. The first focus will be enabling intranet access from WCDHB to CDHB. Due to staffing constraints this project is on hold for a few weeks. There is some additional capacity at a senior level starting within the CDHB ISG team, specifically to help further this and other integration projects. It will also provide support to the West Coast ISG team going forward. Next report an update will be available on this project.
- **New Facility Work:** Information Services Group (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. A paper with a recommendation to new facility executive management has been completed and is being reviewed. A procurement process should be initiated by end of year for the communication systems within the new facility.

- **IT Infrastructure replacement:** An investment in upgrading some systems at the end of their life has been approved with the remote access system, firewall, mail system, core switches, terminal replacement, Uninterruptable Power Supply system and improvements to medtech32 all being completed.
    - Business case approved for services to replace some Windows 2003 servers. There are 92 servers within the WCDHB datacentre, of which there are 12 remaining which need to be migrated. CCL has assisted the WCDHB with some of the more complex migrations.
    - The Winscribe digital dictation system has been updated to a new version. This has allowed decommissioning of some older servers, and enabling smart phone access is now being setup to allow the use of smart phones to do dictation once Staff Wifi is enabled.
    - A capex request is being prepared to replace a number of legacy network switches within the West Coast DHB. Careful consideration to planning migration for these into the new facility is also being thought through.

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

External Communications

- Media interest:
    - Home based support services
    - Food services national / local contract
    - Sexual health figures better on WC
    - Junior doctor's strike
    - Provisional suicide statistics for WC
    - Mental health services staffing
- Media releases were issued on:
    - West Coast focuses on falls prevention (Serious adverse events)
    - Kawatiri health hui
- External engagement:
    - Focus on People (Quality Accounts) now published
    - Assistance with promotion of Disability Resource Services kiosk

Internal Communications

- CE Update
- Weekly global update email
- Junior doctor's strike
- Social media posts:
    - World Prematurity Day
    - Kawatiri Wellbeing Hui
    - DHB Studentships
    - Miniature horse visit to Kahurangi
    - Patient Safety Week
    - Jane George at SARRAH allied health conference in Australia
    - Disability Resource Service kiosk celebrating Occupational Therapy week

Key Achievements/Issues of Note

- **Smokefree:** Community & Public Health (CPH) has recruited two new smoking cessation staff to work in the new stop smoking service Oranga Hā – Tai Poutini (Stop Smoking West Coast). One of these staff will be based in Westport at Poutini Waiora's office there and the other in CPH's Greymouth office. Both staff are currently undergoing training for their roles.
- **Alcohol:** CPH staff assisted West Coast Police to conduct alcohol Controlled Purchase Operations (CPOs) late last month in Westport and Greymouth. None of the off and on-licence premises visited in either CPO sold to the underage volunteers which is a pleasing result.
- **Te Hā o Kawatiri Healthy Homes Curtain Bank project:** CPH coordinated with Community Energy Action (CEA) to bring a few boxes of curtains from the Christchurch curtain bank to Westport as a 'starter kit' for a curtain bank which is under-development in Westport. A venue is currently being finalised through WCDHB. CPH will work with Poutini Waiora and others to make arrangements regarding how it will operate.
- **Kawatiri Wellbeing Hui:** CPH is working with Poutini Waiora, WCDHB and WCPHO to organise a Wellbeing Hui in Kawatiri on the 23rd of November. The hui is an opportunity to increase awareness around the Te Hā o Kawatiri Healthy Homes project, including the curtain bank.
- **Nutrition and Physical Activity:** CPH have continued focussing on Early Childhood Nutrition by running a workshop with a group of mothers at West REAP. The Healthy Kai for Under 5's resource, which has been designed to use in conjunction with early childhood nutrition sessions, is nearly complete and ready to go to a graphic designer. From here it will go through CPH's resource approval process before being printed and used.
- **Community Wellbeing – Runanga Action Group:** CPH staff liaised with John Kirwan before his recent visit to the West Coast to promote depression awareness. This was done to ensure that he was aware of and promoted the three key messages from the Runanga Action Group: mates looking after mates, seeking help, and the importance of community connectedness.
- **Drinking Water:** CPH's West Coast Trainee Drinking Water Assessor (DWA) will be undergoing an external accreditation audit later this month. This process is part of the accreditation of the South Island Drinking Water Assessment Unit which is run by CPH under contract to the Ministry of Health. It is designed to ensure that all work carried out by DWAs complies with legislation and best practice.
- **Kaikoura Earthquake Response:** CPH West Coast staff have supported business as usual functions while our Christchurch Office moved into emergency response mode as the result of 14 November 7.8 magnitude earthquake centred in North Canterbury. Our West Coast team leader has travelled to Christchurch to cover duties as Operations Manager and one of our Health Prevention Officers (HPOs) will also be involved in the response. This experience will help to strengthen our local emergency response capacity.

Report prepared by: David Meates, Chief Executive

Health Target progress

Quarterly & progress data

Target	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	100%	99%	100%	99%	95%	✓	The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter one.
Improved Access to Elective Surgery West Coast's volume of elective surgery	978	1,442	1,942	480	1,889	✓	This quarter, West Coast DHB provided 480 elective surgical discharges, delivering 103.7**%** of planned discharged against target.
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	71%	75%	80%	63%	85%	✗	Performance against the health target has decreased this quarter with 63.2% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge and this result reflects only four patients whom were non-compliant. Audits into patient pathways have taken place with no capacity issues identified
Increased Immunisation Eight-month-olds fully immunised	81%	89%	78%	76%	95%	✗	During quarter one, 76% of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%) and Asian (100%). Opt-offs (12.9%) and declines (7.1%) increased slightly this quarter to a combined 20%, this continues to make meeting the target impossible. Only three children were missed this quarter
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[2]	85%	82%	79%	84%	90%	✗	West Coast health practitioners have reported giving 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target. The DHB is pleased to have improved performance by 5% against this

[1] Greymouth Emergency Department only
[2] Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Target	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Target	Current Status	Progress
							target since the previous quarter.
Raising Healthy Kids Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle interventions	New	New	New	40%	95%	✘	This quarter, 40% of four-year-olds identified as in above the 98th percentile for their BMI (a ratio measure of height to weight) were referred for clinical assessment and healthy lifestyle intervention.

CLINICAL LEADERS UPDATE

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Clinical Leaders**

DATE: **9 December 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders' Update.

3. SUMMARY

WORKFORCE

Nursing & Midwifery

Planning for the introduction of the Productive Ward Series continues with 12 senior staff attending the Productive Leader workshop in November 2016. This is a year long programme, split into workshops and webinars. The programme is based on the UK NHS "Releasing Time to Lead" programme. The programme includes, but is not limited to, leadership team coaching, email management, workload and meeting management. There are also self development modules on strategic thinking, communicating and influencing, information processing, stress management and problem solving. Staff who attended were excited and stimulated by the information and techniques they were learning and are already demonstrating changes in their leadership practice. This will significantly contribute to the successful roll out of the full programme through 2017.

Allied Health

The FIRST (Flexible, Integrated, Restorative Support Teams) programme continues to be developed by clinical leaders. Next steps include consultation around documentation and pathways, as we work towards a whole of district appropriate service.

Joy Aiton, Clinical Manager Occupational Therapy, has been appointed to the national Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa (OTNZ WNA) council for a two year term.

Medical

The medical workforce continues to have some vacancies with further recruitment planned. For Senior Medical Officers (SMOs) we are currently seeking to fill positions in Rural Hospital Specialists (3FTE), General Surgery (2FTE), Anaesthesia (1.35FTE), and General Medicine (1FTE).

Four new Resident Medical Officers (RMOs) will commence on 29 November and one on 12 December 2016. Advertisements have been placed in the last month to attract staff to replace two new RMOs who cancelled their positions for 2017, so further recruitment is in process. Two more RMOs have been recruited to start in January and February 2017, so quarter one is fully staffed. Two of the

three August 2016 recruits will be leaving at the end of February 2017 so they will be replaced. Currently there are three vacancies in Relief and General Surgery at Grey hospital to fill in quarter 3 and 4 in 2017. Two Rural Hospital Medicine (RHM) registrars will be working 0.5FTE next year in GP positions based in Greymouth but covering a range of outreach clinics.

QUALITY & SAFETY

Nursing & Midwifery

The Products Evaluation Committee is to be transformed into the New Products/Technology and Treatment Committee. This will ensure a cohesive process in the planning, evaluation and introduction of products, technology and treatments into the West Coast health system. The Terms of Reference and membership for the group will be refreshed and documentation will be aligned to newly developed tools out of the South Island Alliance. This will support inclusive decision making with reference to considering impact across the Alliance and partnering DHBs.

Allied Health

A Calderdale Framework Foundation Training session on 10 November 2016 was attended by our newest Allied Health staff, some of our nursing colleagues and Gary Coghlan (General Manager, Māori Health). The session provided a good opportunity for staff to start to think about how skill sharing and delegation is possible, as the framework is designed to identify and mitigate risk where skill sharing or delegation is deemed appropriate.

Each South Island DHB has a clinical lead as well as front line staff trained to facilitate Calderdale work, and our Associate Director of Allied Health Jane George has undertaken training this month to support this work. Jane's participation affirms the commitment the West Coast DHB has in ensuring the right staff are undertaking the right tasks, and that members of our community are not waiting any longer than necessary to access our services.

Discussion following the national Australian Rehabilitation Outcomes Centre (AROC) Quality Forum in November 2016 highlighted the need for more staff to have better knowledge of AROC and be competent with the use of Functional Independence Measures (FIM). To assist with this, Margot van Mulligan, Senior Physiotherapist, is being trained as a Facilitator. Once trained, Margot hopes to get more West Coast DHB clinical staff FIM trained and work towards more accurate data collection. A plan to increase the engagement and communication of FIM across hospital (and community) services is being developed.

The Communities of Wellbeing project is underway in Buller. It is modelled on Children's Teams, with community agencies formally committing to working in partnership with each other and developing a robust collaboration that supports families to best access the services available across the region. This work is well timed with the Ministry of Social Development announcing new legislation in relation to information sharing to support vulnerable children.

Social Work are leading a working group across the district to look at best evidence in supporting people who live in unsanitary or unsafe accommodation. This work includes Community and Public Health, Grey District Council and other health partners.

Medical

<u>Credentialing</u>

The psychiatrists in the Mental Health service will be next up for credentialing and we have commissioned a credentialing subcommittee to perform this. The Credentialing and Audit Facilitator and the Medical Director Patient Safety and Outcomes met with them recently to talk them through the process and provide them with information packs. As some of the team are away, it is likely that this will take place in February 2017.

Once this is underway we plan to credential the Paediatric service followed by Primary Care.

The Credentialing reports on Obstetrics and Gynaecology, and ED have been signed out, with certificates sent to the credentialed practitioners. The Credentialing and Audit Facilitator will meet with the Clinical Leads for these departments to review progress of the departments towards the outcomes agreed in the Departmental Credentialing reports.

Morbidity and Mortality

The finalised review of the terms of reference for these groups has been ratified and will be published on the intranet.

The final few meetings for the year are taking place and we will review the calendar for next year, including consideration of timing for meetings to enable more clinicians to attend these.

Serious Incidents Review Group (SIRG)

The Serious Incident Review Group set up to review reported SAC 1 and 2 events is running well after the first few months of weekly meetings. All SAC 1 and 2 events reported via Safety1st are reviewed by this group to determine the appropriate SAC rating. If an event is confirmed as SAC 1 or 2 and harm has occurred then the events are reportable. Pleasingly, we are starting to see reports of near misses and these are coded as potential SAC 1/2 events which are not required to be reported. We are however, using these events as opportunities to improve our systems and RCA and London Protocol reviews are being performed on these events to determine their causes and seek recommendations to improve practice and avoid repeated events.

Many of the reports reaching this group are finally coded as SAC 3 and 4 and are referred to the Incident Review Group for further management; however, when we observe common themes we are providing direction to the Incident Review Group (IRG) regarding this review and requesting that outcomes are reported back to the clinical leaders who make up the SIRG.

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
Karyn Bousfield, Director of Nursing and Midwifery
Cameron Lacey, Medical Director
Vicki Robertson, Medical Director
Stella Ward, Executive Director of Allied Health

FINANCE REPORT

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **General Manager, Finance**

DATE: **9 December 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial results for the period ended 31 October 2016.

3. DISCUSSION

Overview of October 2016 Financial Result

The consolidated West Coast District Health Board financial result for the month of October 2016 was a deficit of $0.001m, which was $0.056 favourable to budget. The year to date position is $0.087m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,991	6,994	(3)	×	27,770	27,966	(196)	×
Governance & Administration	69	69	0	√	276	276	0	√
Funds & Internal Eliminations	4,981	5,014	(33)	×	19,854	20,056	(202)	×
	12,041	12,077	(36)	×	47,900	48,298	(398)	×
EXPENSES								
Provider								
Personnel	5,301	5,165	(136)	×	21,140	21,208	68	√
Outsourced Services	0	3	3	√	3	12	9	√
Clinical Supplies	693	676	(17)	×	2,895	2,679	(216)	×
Infrastructure	1,103	903	(200)	×	4,174	3,417	(757)	×
	7,097	6,747	(350)	×	28,212	27,316	(896)	×
Governance & Administration	69	69	0	√	276	276	0	√
Funds & Internal Eliminations	4,550	4,802	252	√	18,250	19,206	956	√
Total Operating Expenditure	11,716	11,618	(98)	×	46,738	46,798	60	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	325	459	(134)	×	1,162	1,500	(338)	×
Interest, Depreciation & Capital Charge	326	516	190	√	1,813	2,064	251	√
Net surplus/(deficit)	(1)	(57)	56	√	(651)	(564)	(87)	×

4. APPENDICES

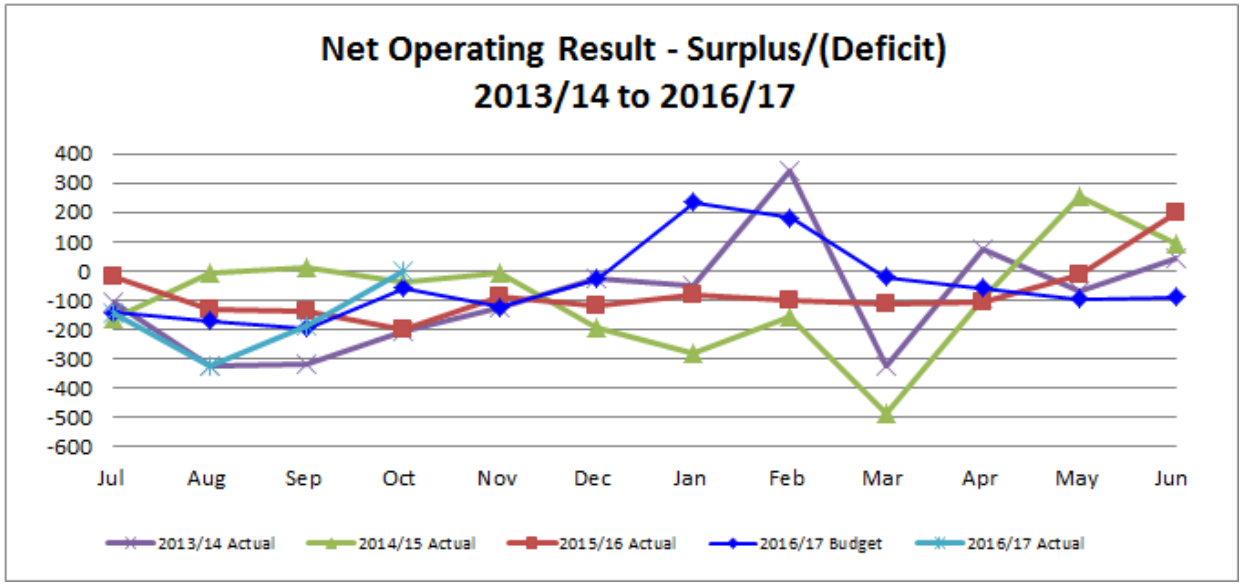
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, General Manager Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – OCTOBER 2016

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(1)	(57)	55	-98% ✓	(651)	(564)	(87)	15% ✗

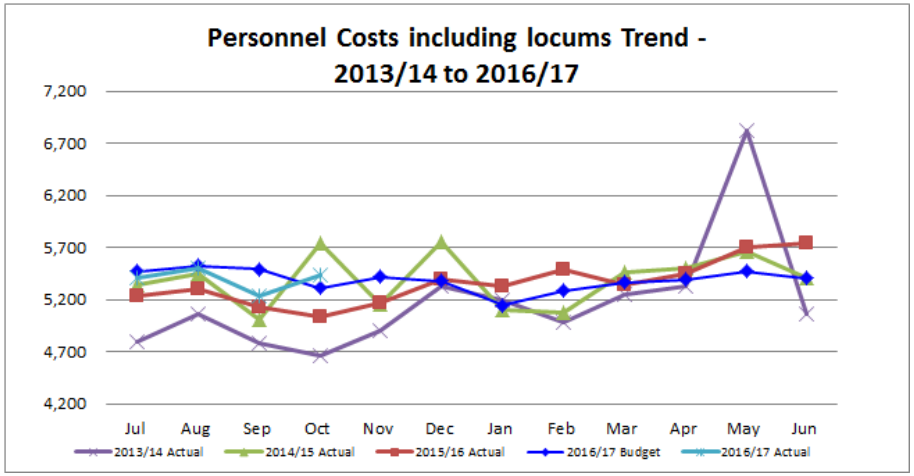


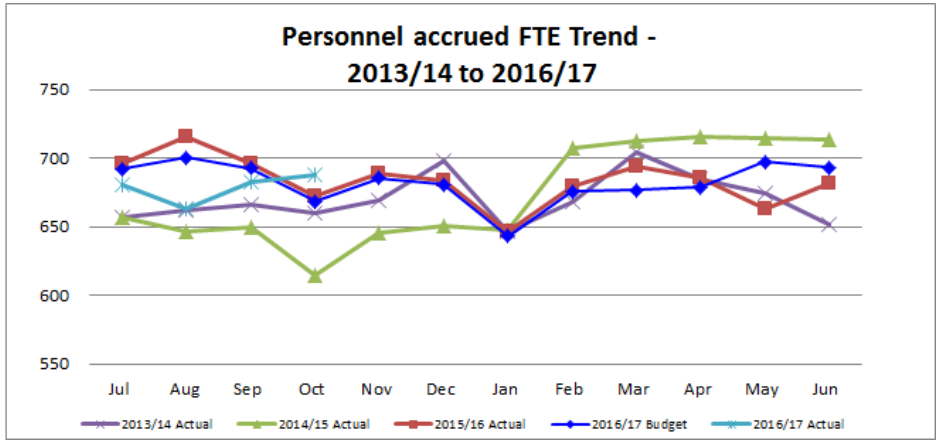
We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

KEY RISKS AND ISSUES

It is important to note the budget is phased according to activity, with the first quarter of the year anticipated to be the heaviest months of activity, and the third quarter (January – March) the lightest.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

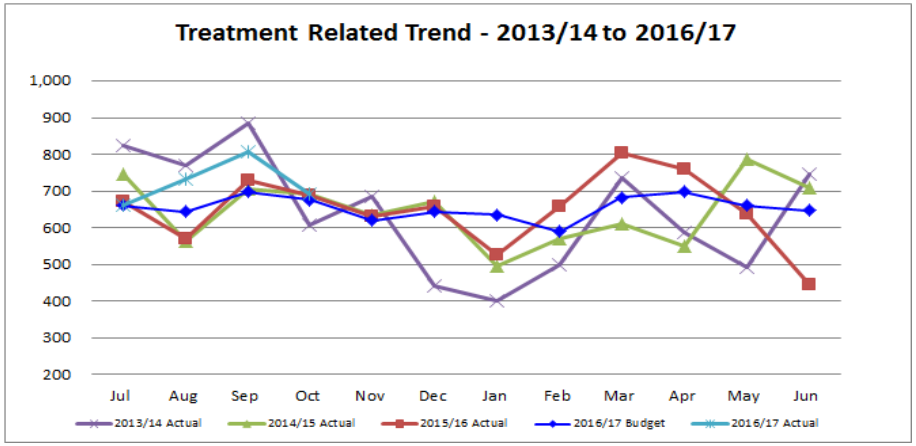


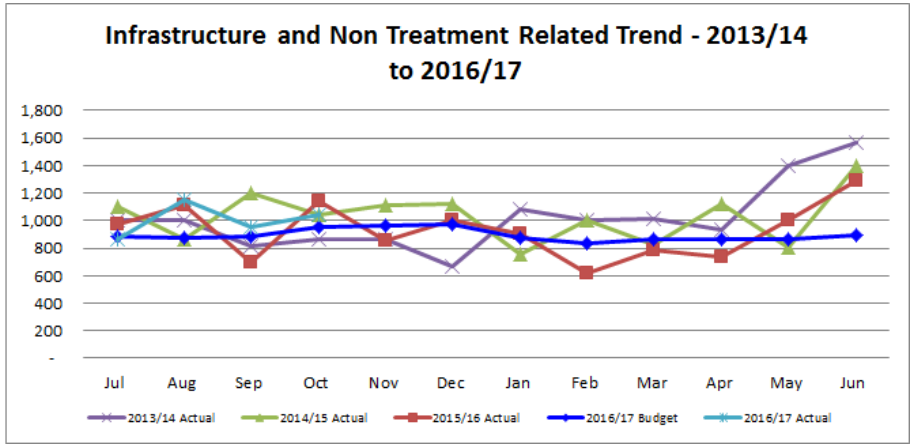


KEY RISKS AND ISSUES

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



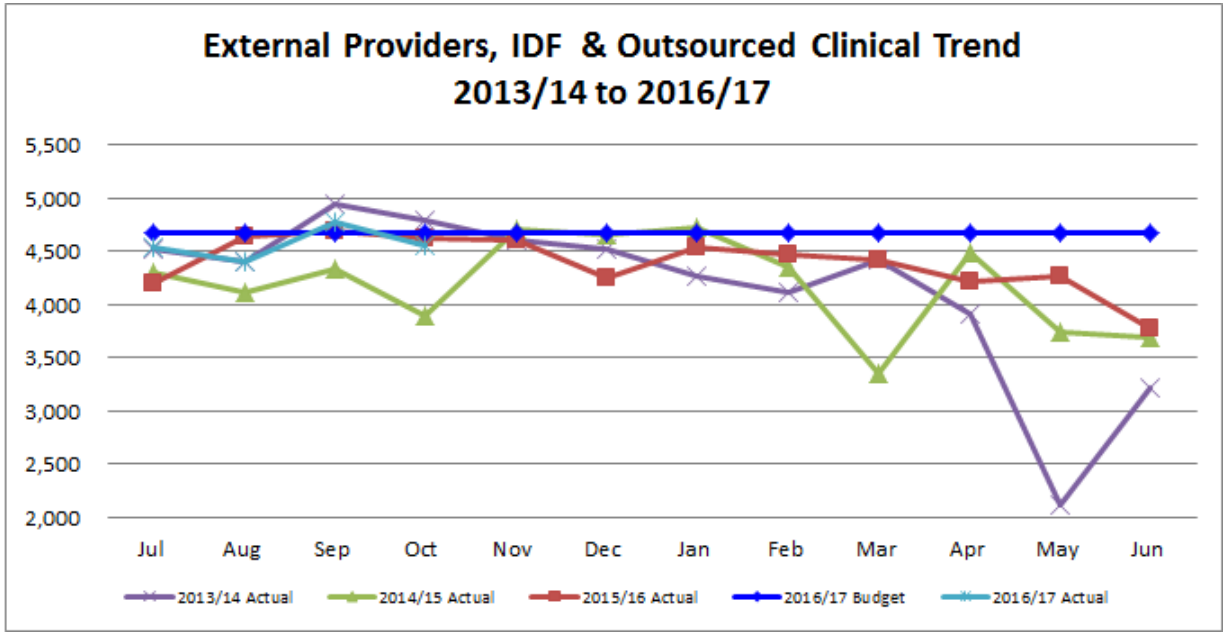


KEY RISKS AND ISSUES

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

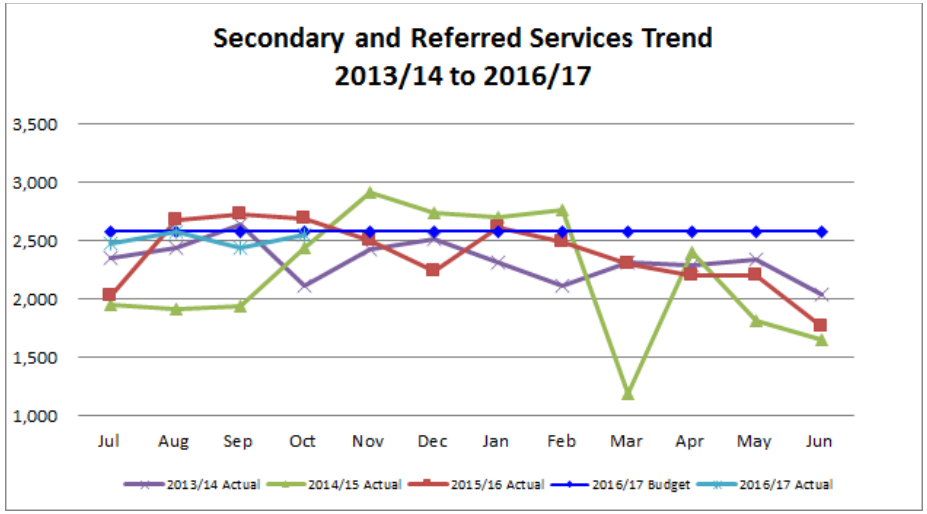
Capacity constraints within the system require continued monitoring of trends and demand for services.

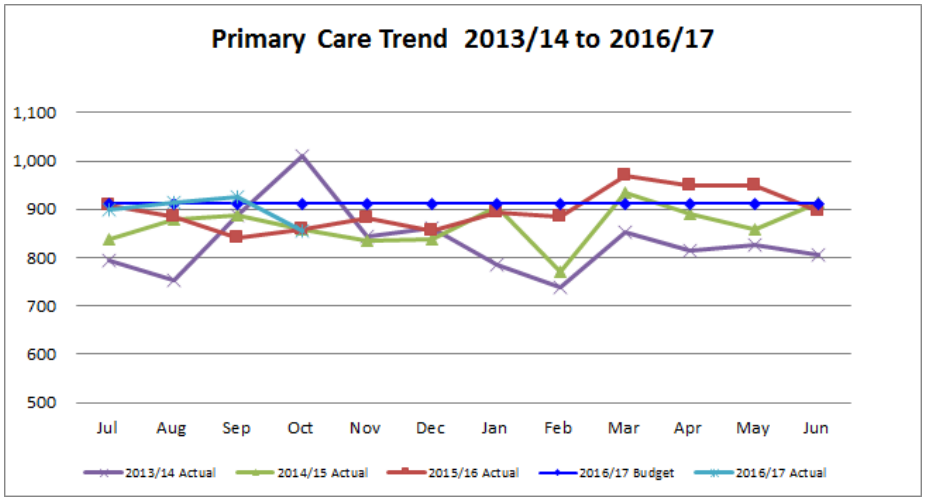
PLANNING AND FUNDING DIVISION

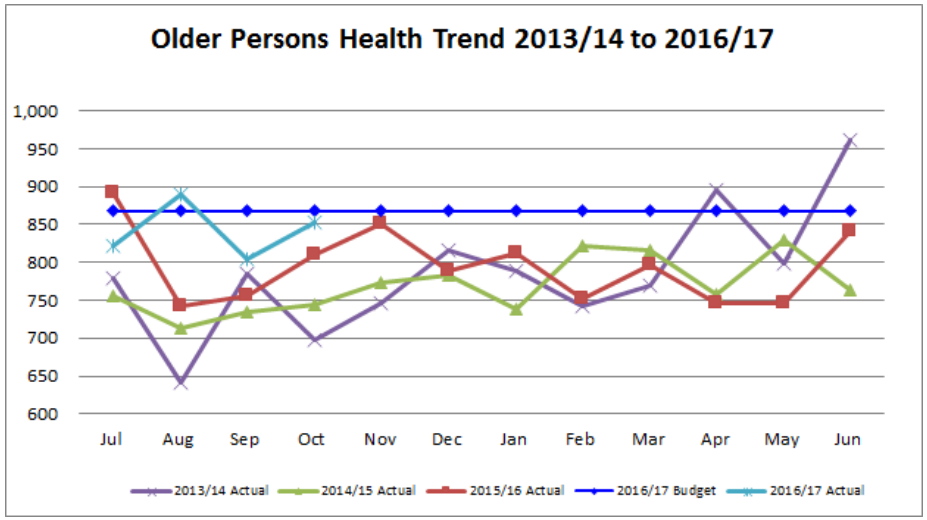
Month Ended October 2016

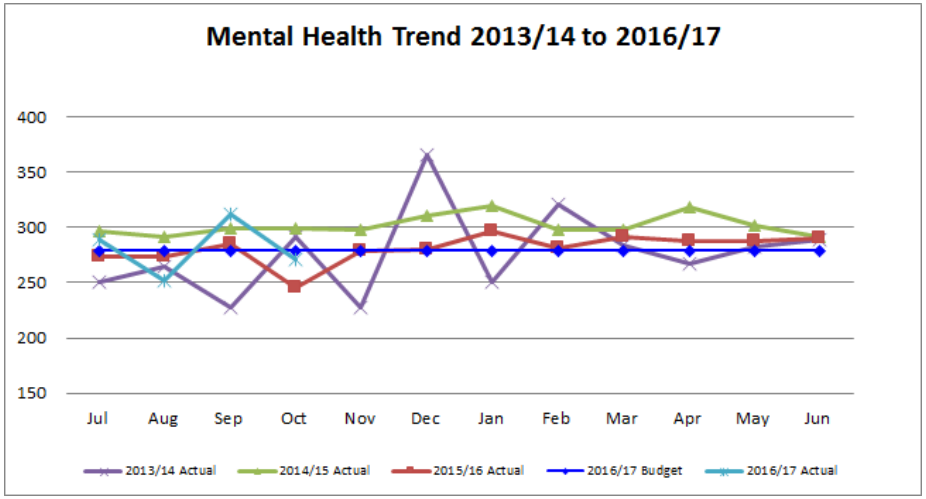
Current Month					SERVICES	Year to Date					2016/17
Actual	Budget	Variance				Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
24	28	4	15%	✓	Dental-school and adolescent	106	113	7	7%	✓	340
8	21	13	62%	✓	Maternity	83	85	2	3%	✓	256
1	1	0	0%	✗	Pregnancy & Parent	5	5	0	0%	✗	15
0	0	0		✓	Sexual Health	0	0	0		✓	0
2	4	2	54%	✓	General Medical Subsidy	7	17	9	55%	✓	50
516	522	7	1%	✓	Primary Practice Capitation	2,097	2,089	-8	0%	✗	6,267
91	91	0	0%	✓	Primary Health Care Strategy	364	364	0	0%	✓	1,093
87	87	0	0%	✓	Rural Bonus	350	350	0	0%	✓	1,049
6	4	-2	-48%	✗	Child and Youth	21	17	-4	-26%	✗	50
3	10	7	68%	✓	Immunisation	22	42	20	47%	✓	125
5	5	0	1%	✓	Maori Service Development	19	19	0	0%	✓	57
52	45	-7	-15%	✗	Whanau Ora Services	209	181	-28	-15%	✗	543
18	14	-4	-29%	✗	Palliative Care	49	55	6	10%	✓	165
8	6	-2	-26%	✗	Community Based Allied Health	38	25	-13	-50%	✗	76
10	10	0	0%	✗	Chronic Disease	42	42	0	0%	✗	125
23	61	38	62%	✓	Minor Expenses	183	244	60	25%	✓	731
855	**912**	**57**	**6%**	✓		**3,594**	**3,647**	**53**	**1%**	✓	**10,942**
					Referred Services						
25	26	1	3%	✓	Laboratory	104	104	0	0%	✓	313
587	666	79	12%	✓	Pharmaceuticals	2,500	2,664	163	6%	✓	7,991
613	**692**	**79**	**11%**	✓		**2,604**	**2,768**	**164**	**6%**	✓	**8,304**
					Secondary Care						
125	223	99	44%	✓	Inpatients	605	893	287	32%	✓	2,678
146	126	-21	-16%	✗	Radiolgy services	529	503	-26	-5%	✗	1,510
94	114	20	17%	✓	Travel & Accommodation	423	454	31	7%	✓	1,362
1,572	1,425	-146	-10%	✗	IDF Payments Personal Health	5,879	5,702	-177	-3%	✗	17,105
1,937	**1,888**	**-49**	**-3%**	✗		**7,436**	**7,552**	**116**	**2%**	✓	**22,655**
3,404	**3,492**	**88**	**3%**	✓	**Primary & Secondary Care Total**	**13,635**	**13,967**	**332**	**2%**	✓	**41,902**
					Public Health						
13	23	10	45%	✓	Nutrition & Physical Activity	54	93	39	42%	✓	279
8	11	4	32%	✓	Tobacco control	44	44	0	0%	✓	133
20	**34**	**14**	**41%**	✓	**Public Health Total**	**98**	**137**	**39**	**29%**	✓	**412**
					Mental Health						
7	7	0	0%	✓	Dual Diagnosis A&D	28	28	0	0%	✓	85
0	0	0		✓	Eating Disorders	0	0	0		✓	0
20	20	0	0%	✓	Child & Youth Mental Health Services	80	80	0	0%	✓	240
5	8	2	33%	✓	Mental Health Work force	61	30	-31	-102%	✗	90
61	61	0	0%	✓	Day Activity & Rehab	243	243	0	0%	✓	729
11	11	0	0%	✗	Advocacy Consumer	43	43	0	0%	✓	128
81	81	0	0%	✓	Other Home Based Residential Support	323	323	0	0%	✗	970
11	11	0	0%	✓	Advocacy Family	44	44	0	0%	✓	132
10	16	6	38%	✓	Community Residential Beds	39	63	24	38%	✓	190
66	66	0	0%	✓	IDF Payments Mental Health	262	262	0	0%	✓	787
271	**279**	**9**	**3%**	✓		**1,123**	**1,117**	**-6**	**-1%**	✗	**3,351**
					Older Persons Health						
0	0	0	100%	✓	Needs Assessment	0	0	0	100%	✓	1
135	84	-50	-60%	✗	Home Based Support	440	337	-103	-30%	✗	1,012
5	6	0	8%	✓	Caregiver Support	27	23	-4	-16%	✗	70
258	242	-16	-7%	✗	Residential Care-Rest Homes	922	967	44	5%	✓	2,900
9	9	0	2%	✓	Residential Care-Community	37	37	0	0%	✗	110
311	404	93	23%	✓	Residential Care-Hospital	1,440	1,617	177	11%	✓	4,851
27	10	-17	-170%	✗	Day programmes	62	40	-22	-54%	✗	121
7	11	4	36%	✓	Respite Care	34	44	10	23%	✓	132
1	1	0	0%	✓	Community Health	5	5	0	0%	✓	15
0	1	1	101%	✓	Minor Disability Support Expenditure	3	5	3	50%	✓	16
99	99	0	0%	✗	IDF Payments-DSS	397	397	0	0%	✗	1,192
853	**868**	**15**	**2%**	✓		**3,367**	**3,473**	**106**	**3%**	✓	**10,419**
1,124	**1,147**	**24**	**2%**	✓	**Mental Health & OPH Total**	**4,490**	**4,590**	**100**	**2%**	✓	**13,770**
4,549	**4,674**	**125**	**3%**	✓	**TOTAL EXPENDITURE**	**18,223**	**18,695**	**472**	**3%**	✓	**56,084**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000		Annual Budget $'000
Equity	11,845	11,845	-	0% ✓	12,341
Cash	12,869	12,869	-	0% ✓	14,195

KEY RISKS AND ISSUES

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE

For period ending 31 October 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 16/17	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,625	11,594	31	0.3%	46,199	46,376	(177)	(0.4%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	0	28	(28)	(100.0%)	84	76
Inter District Flows Revenue	132	139	(7)	(5.1%)	547	556	(9)	(1.6%)	1,744	1,487
Patient Related Revenue	212	248	(36)	(14.5%)	868	992	(124)	(12.5%)	2,962	2,873
Other Revenue	72	89	(17)	(19.1%)	286	346	(60)	(17.3%)	1,112	984
Total Operating Revenue	12,041	12,077	(36)	(0.3%)	47,900	48,298	(398)	(0.8%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,432	5,315	(117)	(2.2%)	21,585	21,807	222	1.0%	64,670	64,396
Outsourced Services	0	3	3	100.0%	3	12	9	75.0%	30	30
Treatment Related Costs	693	676	(17)	(2.5%)	2,895	2,679	(216)	(8.1%)	7,858	7,781
External Providers	2,912	3,085	173	5.6%	12,093	12,340	247	2.0%	37,000	36,269
Inter District Flows Expense	1,638	1,589	(49)	(3.1%)	6,157	6,356	199	3.1%	19,084	16,380
Outsourced Services - non clinical	2	0	(2)	0.0%	6	0	(6)	0.0%	0	0
Infrastructure and Non treatment related costs	1,039	950	(89)	(9.4%)	3,999	3,605	(394)	(10.9%)	10,723	11,129
Total Operating Expenditure	11,716	11,618	(98)	(0.8%)	46,738	46,799	61	0.1%	139,365	135,985
Result before Interest, Depn & Cap Charge	325	459	(134)	(29.3%)	1,162	1,499	337	22.5%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	13	54	41	75.9%	177	216	39	18.1%	648	651
Depreciation	236	380	144	37.9%	1,328	1,520	192	12.6%	4,572	4,572
Capital Charge Expenditure	77	82	5	6.1%	308	328	20	6.1%	984	978
Total Interest, Depreciation & Capital Charge	326	516	190	36.8%	1,813	2,064	251	12.2%	6,204	6,201
Net Surplus/(deficit)	(1)	(57)	56	98.1%	(651)	(565)	(86)	(15.3%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(1)	(57)	56	98.1%	(651)	(565)	(86)	(15.3%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 October 2016

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	24,266	24,353	(87)	(0.4%)	25,444
Intangible assets	633	517	116	22.4%	681
Work in Progress	2,277	1,981	296	14.9%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	27,743	27,418	325	1.2%	28,106
Current assets					
Cash and cash equivalents	12,217	12,869	(652)	(5.1%)	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	990	986	4	0.4%	986
Debtors and other receivables	5,788	5,046	742	14.7%	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	19,069	18,975	94	0.5%	18,851
Total assets	46,812	46,393	419	0.9%	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,945	10,945	0	0.0%	10,945
Employee entitlements and benefits	2,819	2,629	(190)	(7.2%)	2,629
Total non-current liabilities	13,764	13,574	(190)	(1.4%)	13,574
Current liabilities					
Interest-bearing loans and borrowings	3,500	3,500	0	0.0%	3,500
Creditors and other payables	8,529	8,161	(368)	(4.5%)	8,161
Employee entitlements and benefits	9,261	9,313	52	0.6%	9,313
Total current liabilities	21,290	20,974	(316)	(1.5%)	20,974
Total liabilities	35,054	34,548	(506)	(1.5%)	34,548
Equity					
Crown equity	72,563	72,543	(20)	(0.0%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(82,887)	(82,780)	107	0.1%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	11,758	11,845	87	0.7%	12,409
Total equity and liabilities	46,812	46,393	419	0.9%	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 October 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	11,723	12,042	(319)	(2.6%)	48,380	48,168	212	0.4%
Cash paid to employees	(5,047)	(5,315)	268	5.0%	(21,570)	(21,807)	237	1.1%
Cash paid to suppliers	(594)	(1,629)	1,035	63.5%	(6,891)	(6,296)	(595)	(9.5%)
Cash paid to external providers	(2,863)	(3,085)	222	7.2%	(10,906)	(12,340)	1,434	11.6%
Cash paid to other District Health Boards	(1,687)	(1,589)	(98)	(6.2%)	(7,344)	(6,356)	(988)	(15.5%)
Cash generated from operations	1,532	424	1,107	260.9%	1,669	1,370	299	21.8%
Interest paid	(13)	(54)	41	75.9%	(177)	(216)	39	18.1%
Capital charge paid	(77)	(82)	5	6.1%	(308)	(328)	20	6.1%
Net cash flows from operating activities	1,442	288	1,153	399.9%	1,184	826	358	43.4%
Cash flows from investing activities								
Interest received	35	35	0	0.0%	148	130	18	13.8%
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(269)	(208)	(61)	(29.3%)	(965)	(832)	(133)	16.0%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(234)	(173)	(61)	35.3%	(817)	(702)	(115)	(16.4%)
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	878	(878)	0.0%
Repayment of equity	0	0	0		0	0	0	
Cash generated from equity transactions	0	0	0		0	878	(878)	
Borrowings raised								
Repayment of borrowings	0	0	0		0	0	0	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	0	0	0		0	0	0	
Net increase in cash and cash equivalents	1,208	115	1,092	946.6%	367	1,002	(635)	(63.4%)
Cash and cash equivalents at beginning of period	11,009	12,753	(1,744)	(13.7%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	12,217	12,869	(652)	(5.1%)	12,217	12,869	(652)	(5.1%)

HEALTH TARGET REPORT - QUARTER 1

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Planning & Funding**

DATE: **9 December 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Committee with the DHB's progress against the national health targets for the final quarter of the year (July-September 2016). DHB performance against the health targets is published in newspapers and online on Ministry and DHB websites. The health target performance table is attached with the report (Appendix 1).

2. RECOMMENDATION

That the Board:

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

3. SUMMARY

In Quarter 1, the West Coast has:

- Achieved the **Shorter Stays in ED** health target, with 99% of patients admitted, transferred and discharged from our emergency departments within six hours. West Coast continues to lead the country at the top of the league table for this target.
- Achieved the **Improved Access to Elective Surgery** health target, achieving 103.7% of the expected delivery, providing 408 elective surgeries.
- Partially achieved the **Faster Cancer Treatment** target with 63.2% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Work being done around the capture and quality of the data and improving patient pathways has improved DHB performance.
- Partially achieved the **Better Help for Smokers to Quit – Primary Care** health target**,** reaching 84% of patients who smoke, a 5% increase on the previous quarter's performance. The Smokefree Services Coordinator continues to support General Practices across the Coast to meet the target.
- Partially achieved the **Raising Health Kids** health target with 40% of four-year-olds identified as in above the 98th percentile for their BMI (a ratio measure of height to weight) referred for clinical assessment and healthy lifestyle intervention. A Healthy Weight in Childhood approach is being implemented across the West Coast DHB. This approach includes the introduction of the BeSmarter tool (a goal setting resource that enables positive engagement about appropriate supports for healthy growth in childhood) and access to supports such as clinical supports, Green Prescription, nutrition courses and parenting classes through General Practice.
- Did not achieve the **Immunisation** health target immunising 76% of eight-month-olds this quarter however strong results were achieved for Pacific and Asian (100%) ethnicities. Just three children were missed this quarter.

4. APPENDICES

Appendix 1: Health Target Report – Quarter One

Report prepared by: Jessica Wise, Accountability Coordinator, Planning & Funding
Report approved by: Carolyn Gullery, General Manager, Planning & Funding

National Health Targets Performance Summary

Quarter 1 2016/17 *(July - September 2016)*

Target Overview

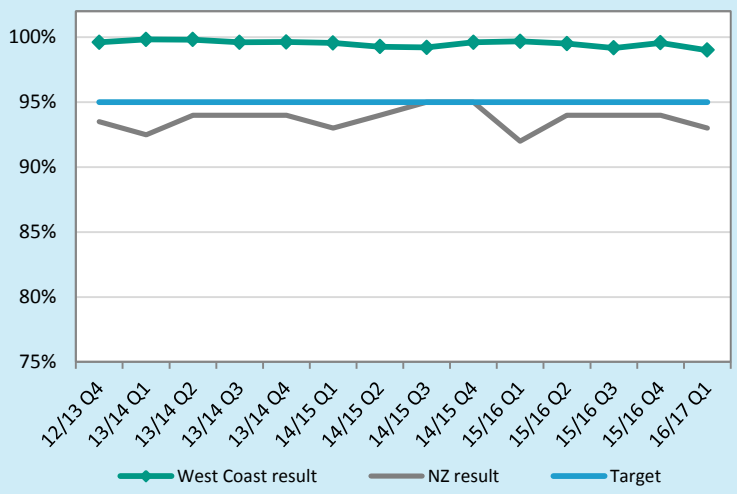
Target	Q2 15/16	Q3 15/16	Q4 15/16	**Q1 16/17**	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	100%	99%	100%	99%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery[1]	978	1,442	1,942	480	1,889	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	71%	75%	80%	63%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	81%	89%	78%	76%	95%	✗	3
Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	85%	82%	79%	84%	90%	✗	4
Raising Healthy Kids Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle interventions	New	New	New	40%	95%	✗	5

Shorter Stays in Emergency Departments

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

✔

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



The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter one.

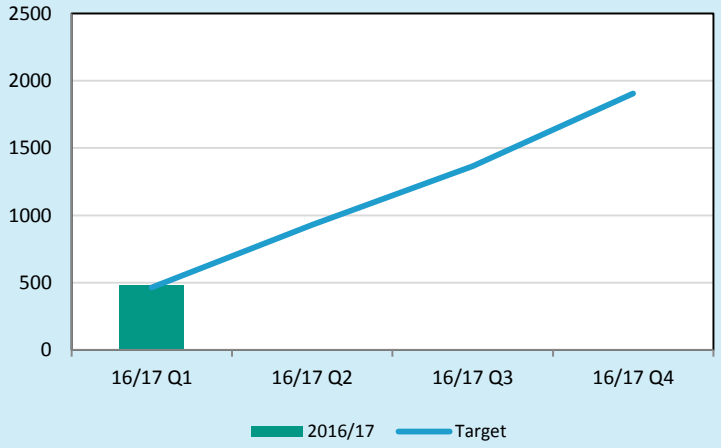
The ED team continues to work closely with community organisations, our discharge planning group and acute admitting wards to ensure the smooth flow of patients. We are working with St John to improve the timeliness of shared information.

Improved Access to Elective Surgery

Target: *1,889 elective surgeries in 2015/16*

✔

Figure 2: Elective surgical discharges delivered by the West Coast DHB [1]



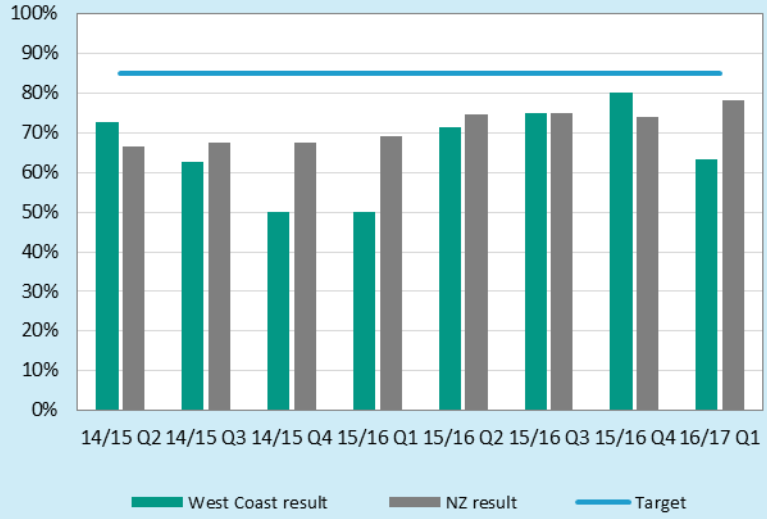
This quarter, West Coast DHB provided 480 elective surgical discharges, delivering 103.7**%** of planned discharged against target.

[1] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

Faster Cancer Treatment

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

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



Performance against the health target has decreased this quarter with 63.2% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

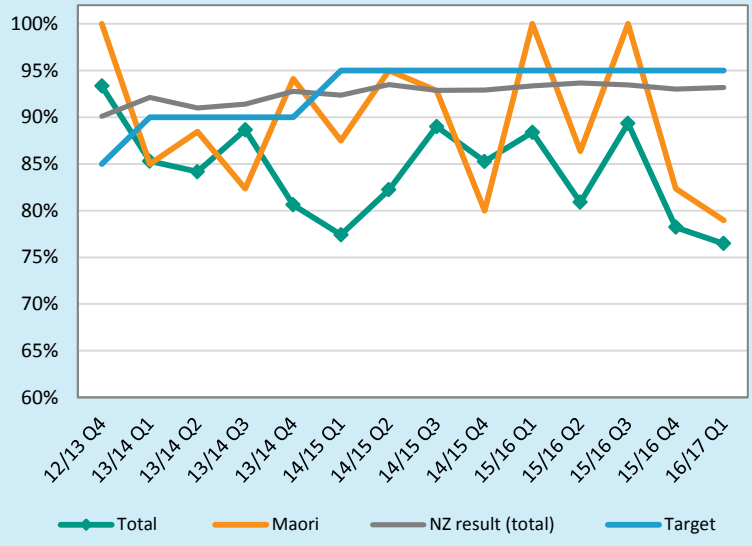
Small numbers are a challenge and this result reflects only four patients whom were non-compliant. Audits into patient pathways have taken place with no capacity issues identified.

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

Increased Immunisation

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

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



During quarter four, 76% of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%) and Asian (100%).

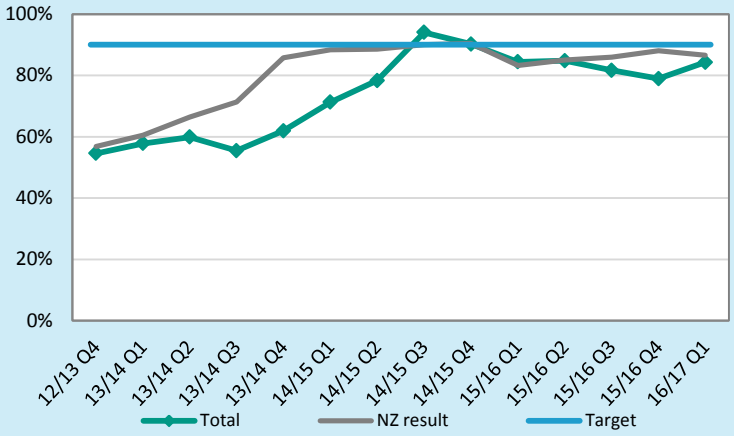
Opt-offs (12.9%) and declines (7.1%) increased slightly this quarter to a combined 20%, this continues to make meeting the target impossible.

Only three children were missed this quarter.

Better Help for Smokers to Quit: *Primary*

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

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



West Coast health practitioners have reported giving 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target.

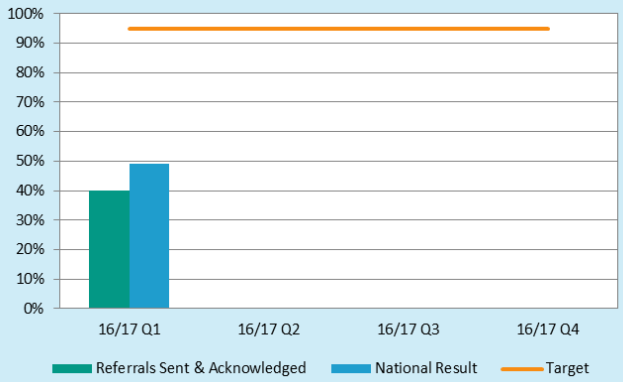
The DHB is pleased to have improved performance by 5% against this target since the previous quarter.

Three of our eight General Practices are performing at or above target with a further three above 80%. All practices that are below target have shown positive improvement this quarter.

Raising Healthy Kids

Target: *95% of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle intervention*

Figure 7: Percentage of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle intervention.



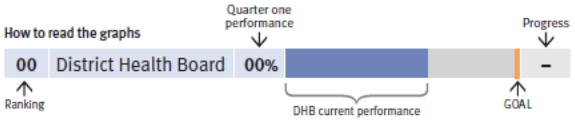
This quarter, 40% of four-year-olds identified as in above the 98th percentile for their BMI (a ratio measure of height to weight) were referred for clinical assessment and healthy lifestyle intervention.

A Healthy Weight in Childhood approach is being implemented across the West Coast DHB. This approach includes the introduction of the BeSmarter tool (a goal setting resource that enables positive engagement about appropriate supports for healthy growth in childhood) and access to supports such as clinical supports, Green Prescription, nutrition courses and parenting classes through General Practice. We anticipate that the small numbers of children on the West Coast should allow for our services across the system to follow up and work closely with families at an individual level. However so far a number of families have declined referral.

National Health Targets Performance Table – Quarter 1 2016/17 *(July - September 2016)*

My District Health Board

2016/17 QUARTER ONE (JULY–SEPTEMBER 2016) RESULTS



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

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

Shorter stays in Emergency Departments

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

		Quarter one performance (%)	Change from previous quarter
1	West Coast	99	–
2	Waitemata	97	▲
3	South Canterbury	96	–
4	Wairarapa	96	–
5	Tairawhiti	96	–
6	Counties Manukau	96	–
7	Nelson Marlborough	96	–
8	Auckland	95	–
9	Whanganui	94	▲
10	Bay of Plenty	94	–
11	Taranaki	94	–
12	Hutt Valley	94	–
13	Canterbury	93	▼
14	Northland	93	–
15	Hawke's Bay	92	–
16	MidCentral	91	▼
17	Lakes	91	▲
18	Southern	90	▼
19	Waikato	89	▼
20	Capital & Coast	85	▼
	All DHBs	93	–

95%

Improved access to Elective Surgery

Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 49,227 discharges for the year to date, and have delivered 2,395 more.

		Quarter one performance (%)	Progress against plan (discharges)
1	Northland	125	▲
2	Tairawhiti	122	▲
3	Whanganui	121	▲
4	Taranaki	112	▲
5	MidCentral	112	▲
6	Counties Manukau	110	▲
7	Waikato	108	▲
8	Hutt Valley	108	▲
9	Nelson Marlborough	107	▲
10	Lakes	106	▲
11	Waitemata	105	▲
12	Southern	105	▲
13	West Coast	104	▲
14	Bay of Plenty	103	▲
15	Canterbury	99	▼
16	Capital & Coast	97	▼
17	Hawke's Bay	97	▼
18	Wairarapa	94	▼
19	Auckland	93	▼
20	South Canterbury	91	▼
	All DHBs	105	▲

100%

Faster Cancer Treatment

Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between 1 April 2016 and 30 September 2016.

		Quarter one performance (%)	Change from previous quarter
1	Waitemata	86	▲
2	Capital & Coast	84	–
3	Nelson Marlborough	83	▲
4	Bay of Plenty	82	▲
5	Waikato	81	▲
6	Southern	79	▲
7	Auckland	79	▲
8	Lakes	78	▲
9	Canterbury	78	▲
10	MidCentral	77	▲
11	South Canterbury	77	▲
12	Whanganui	76	▼
13	Northland	76	▲
14	Counties Manukau	75	▲
15	Taranaki	74	▼
16	Tairawhiti	74	▲
17	Wairarapa	73	▲
18	Hawke's Bay	66	▲
19	Hutt Valley	65	▼
20	West Coast	63	▼
	All DHBs	78	▲

85%

Increased Immunisation

Increased Immunisation

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

		Quarter one performance (%)	Change from previous quarter
1	Hutt Valley	96	–
2	Hawke's Bay	95	–
3	South Canterbury	95	▲
4	Canterbury	95	–
5	MidCentral	95	–
6	Southern	95	▲
7	Whanganui	94	–
8	Capital & Coast	94	▲
9	Wairarapa	94	▼
10	Auckland	94	–
11	Counties Manukau	94	▼
12	Waitemata	94	▲
13	Waikato	92	▲
14	Taranaki	92	▼
15	Northland	91	▲
16	Tairawhiti	91	▲
17	Lakes	90	▼
18	Nelson Marlborough	89	▼
19	Bay of Plenty	86	–
20	West Coast	76	▼
	All DHBs	93	–

95%

Better help for Smokers to Quit

Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

The hospital target is no longer a health target, results will continue to be reported on the Ministry's website along with the maternity target results.

		Quarter one performance (%)	Change from previous quarter
1	Lakes	90	–
2	Nelson Marlborough	89	–
3	Counties Manukau	89	▼
4	Tairawhiti	89	▼
5	Canterbury	89	–
6	Bay of Plenty	88	▲
7	Waitemata	87	▼
8	Waikato	87	▼
9	Auckland	87	▼
10	MidCentral	87	–
11	Wairarapa	87	–
12	South Canterbury	86	▼
13	Taranaki	86	▼
14	Capital & Coast	85	▲
15	Whanganui	85	▼
16	West Coast	84	▲
17	Northland	84	▼
18	Southern	83	▼
19	Hawke's Bay	81	–
20	Hutt Valley	80	▼
	All DHBs	87	▼

90%

This is the first time Raising Healthy Kids has been reported as a health target.

Raising Healthy Kids

Raising healthy kids

The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School Checks occurring in the six months between 1 March and 31 August 2016.

*As this is the first time these results are being reported there is no comparison with the previous quarter.

		Quarter one performance (%)	Change from previous quarter*
1	Waitemata	83	NA
2	Auckland	79	NA
3	South Canterbury	71	NA
4	Northland	70	NA
5	MidCentral	66	NA
6	Lakes	62	NA
7	Tairawhiti	56	NA
8	Hutt Valley	53	NA
9	Southern	49	NA
10	Whanganui	47	NA
11	Waikato	47	NA
12	Canterbury	46	NA
13	West Coast	40	NA
14	Nelson Marlborough	33	NA
15	Counties Manukau	29	NA
16	Wairarapa	29	NA
17	Taranaki	28	NA
18	Hawke's Bay	27	NA
19	Capital & Coast	25	NA
20	Bay of Plenty	17	NA
	All DHBs	49	NA

95%

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

MAORI HEALTH PLAN UPDATE

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **General Manager, Maori Health**

DATE: **9 December 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

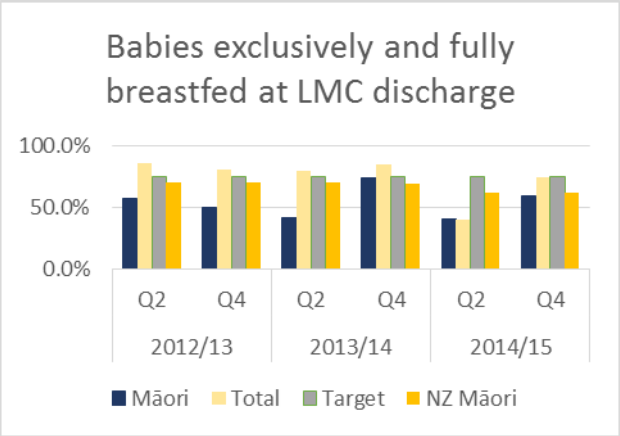
This report is provided to Community & Public Health & Disability Support Advisory Committee as a regular update.

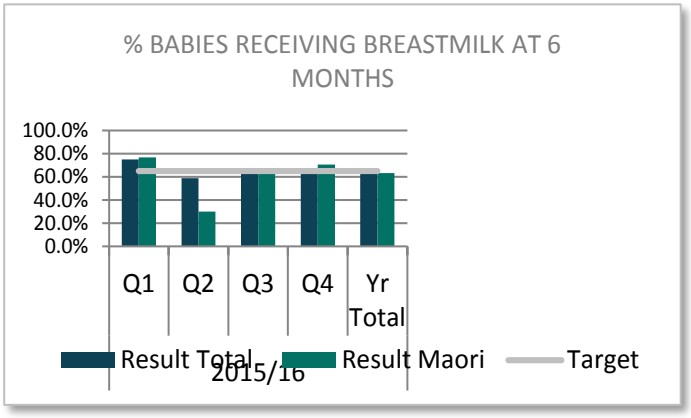
2. RECOMMENDATION

That the Board:
i notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q1, 2016/17

Tamariki Health and Wellbeing





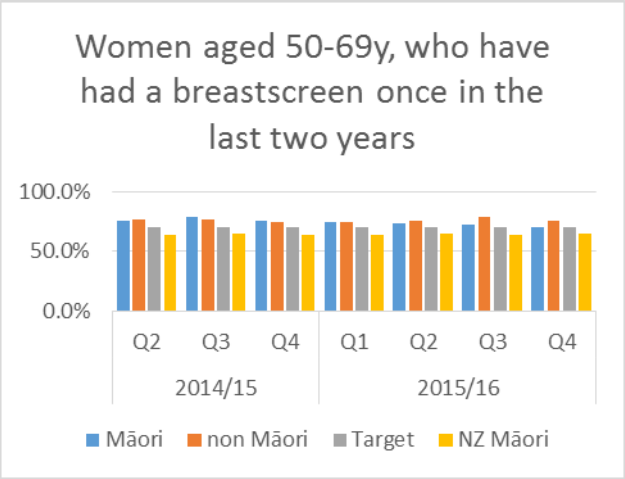
Comments: At year end for 2015/2016 the result for Maori was 63.2% at 6 months which is just 2% away from the 65% target.

The current Breastfeeding Priority Plan is due to be reviewed and updated. Planning and funding will lead this process alongside the Breastfeeding Interest Group with input from the Child and Youth Workstream, Maternity Quality and Safety group and the Public Health Workstream.

The Mama and Pepi service continues to focus on providing breastfeeding support to Maori mums. Additionally the Maori health team are working with a small group of Maori mums to provide feedback to Plunket that will inform the delivery of Pregnancy and Parenting education for Maori whanau.

The Buller Workstream are developing local strategies aimed at engaging Maori mothers in breastfeeding education to increase breastfeeding rates.

Cancer

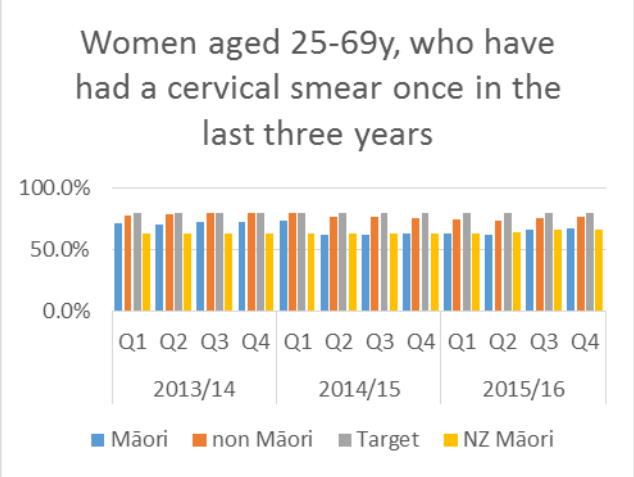


Comments: We are still just achieving target for our Breastscreening rates for Maori women however there has been a steady decline from previous quarters. A meeting was held with Breastscreen South Regional Manager and the Pacific and Maori Co-ordinators who work from Christchurch. Links were made at that meeting with Poutini Waiora Nurse and Kaiarataki and this connection has resulted in a more seamless approach to tracking those Maori overdue and linking them back with Breastscreen South.

Table 1: BSA coverage (%) in the two years ending 30 September 2016 by ethnicity, women aged 50–69 years, West Coast District Health Board

Ethnicity	Population	Women screened in last 2 years	2-year coverage	Additional screens to reach 70% target
Māori	373	261	70.0%	
Pacific	20	7	35.0%	7
Other	4,178	3,254	77.9%	
Unspecified		28		
Total	**4,571**	**3,550**	**77.7%**	

**For the total population the number of additional screens is the number required to move the total population coverage to 70%. This may not be the same as the sum of additional screens required for each ethnic group to reach 70%.*
Total includes women of unknown ethnicity, and therefore is greater than the sum of Māori, Pacific and Other.



Comments: Q1 results show that there are 123 additional screens required to meet the target for Maori. There has been a real effort by Poutini Waiora to work closely with practice teams and the DHB Outreach service to improve this number however it is taking a while for this effort to translate into improvement in the data.

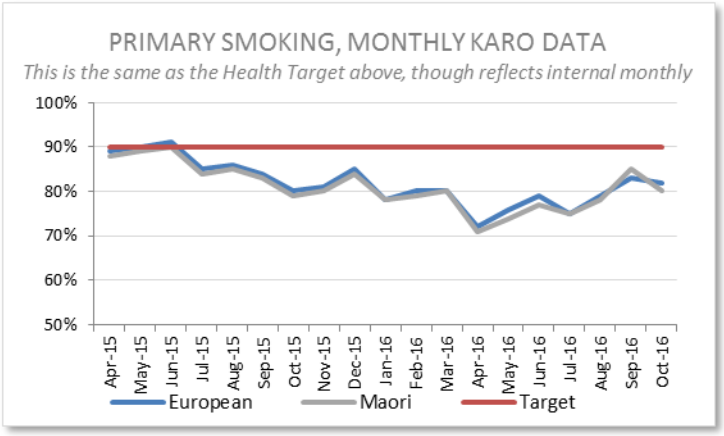
The Cancer Nurse Navigator and Poutini Waiora continue to work collectively to identify opportunities for Hui to improve health literacy around benefits to screening.

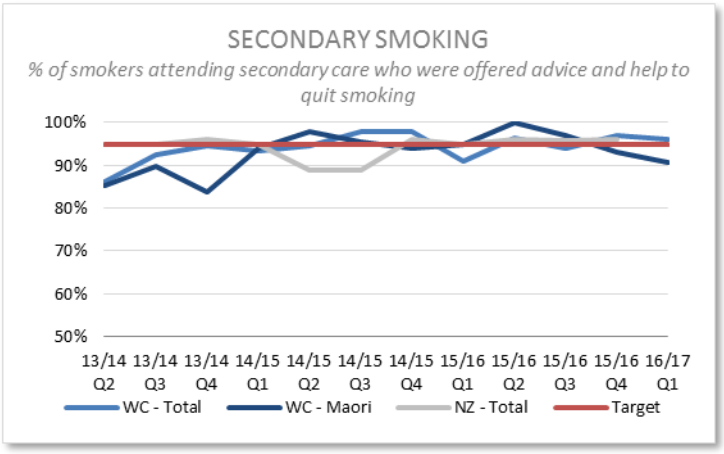
Table 1: NCSP coverage (%) in the three years ending 30 September 2016 by ethnicity, women aged 25–69 years, Total Coverage

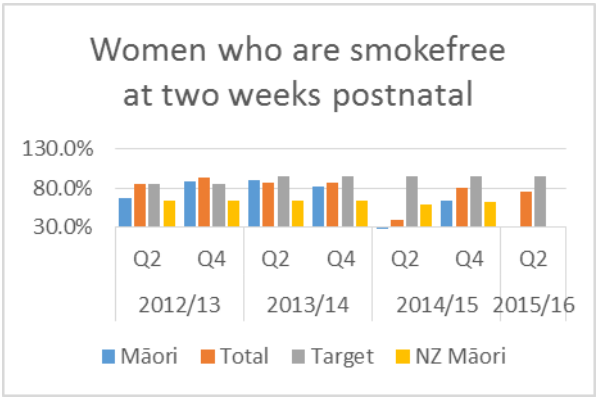
Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach target*
Māori	873	575	65.90%	123
Pacific	85	53	62.40%	15
Asian	368	190	51.60%	104
Other	7,211	5,726	79.40%	42
Total	**8,537**	**6,544**	**76.70%**	**285**

**For the total population the number of additional screens is the number required to move from the total population coverage to 80%. This may not be the same as the sum of additional screens required for each ethnic group to reach 80%.*

Smoking







Health Target | Primary Care Smoking: West Coast health practitioners have reported giving 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target.

Secondary Smoking: During Quarter One, West Coast DHB staff provided 96.0% of hospitalised smokers with smoking cessation advice and support against the 95% target. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker in conjunction with the Nurse Managers.

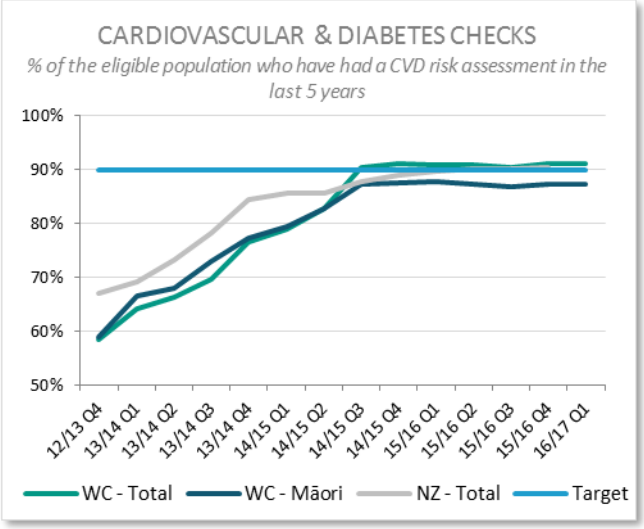
New Stop Smoking Service

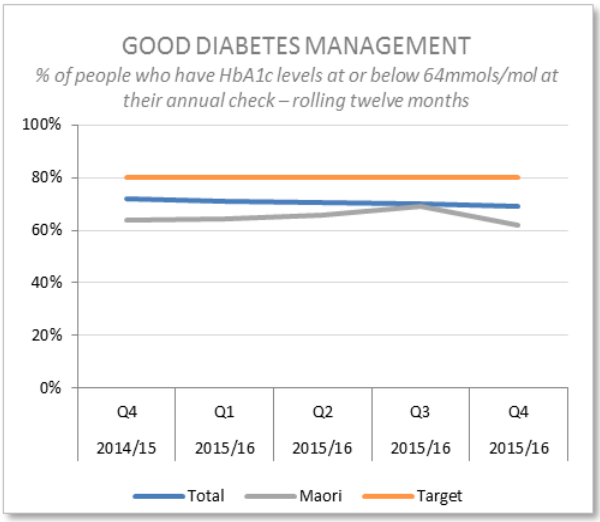
An appointment has been made for the Grey rohe with an appointment in the Buller rohe imminent. A strong focus will be on improving access and rates for Maori to cessation services and the appointments that have been made to these roles reflect that priority and the commitment to that objective.

Coast Quit

In Quarter 1 14 Maori were enrolled in the Coastquit programme compared to 121 Non-maori and 1 Pacific Island enrollment Maori enrollments make up 10.7% of all enrollments in Quarter 1. 38% of the people phoned for their follow-up were still smokefree in the 3-4 month period since commencing the Coast Quit programme.

Adult Health





Cardiovascular and Diabetes Checks: West Coast DHB continued to achieve a result of 91% of the eligible enrolled West Coast population having had a cardiovascular and diabetes risk assessment (CVDRA) in the last 5 years as at the end of September 2016 (target: 90%). While continuing to be monitored, this measure ceased to be one of the formal six National Health Targets with effect from 1 July 2016.

A total of 559 cardiovascular risk assessments were conducted this quarter (this doesn't include patients with known diabetes).

Maori make up 9.3% of completed CVRAs this quarter. By comparison, Maori make up 10% (1,062) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 87% of those eligible Maori have been screened: this includes 83% of eligible males and 92% of eligible females.

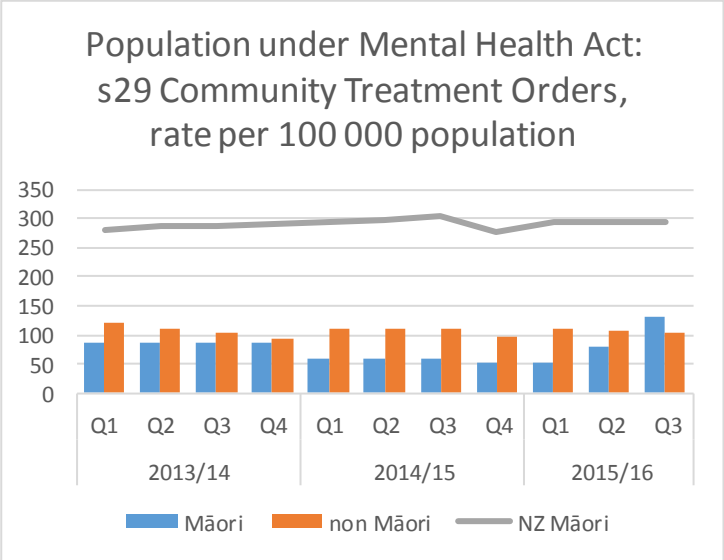
The smoking profile for CVRAs completed this quarter for Maori is 69% <u>not</u> smoking compared with other ethnicities screened not smoking 77%.

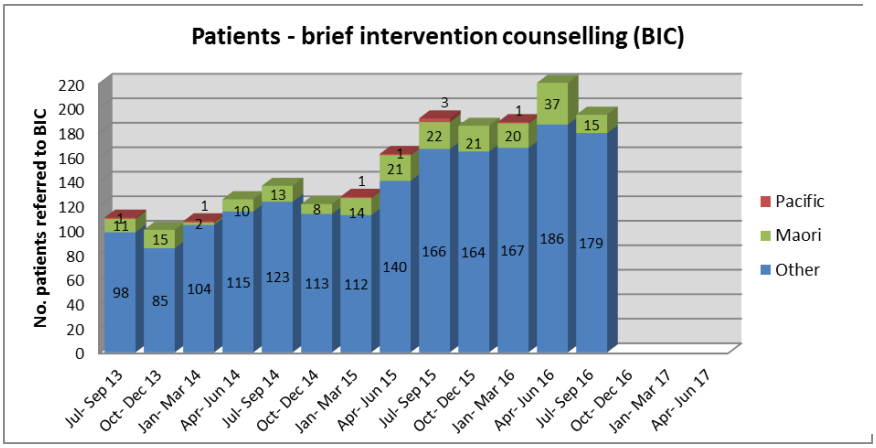
CVD Annual Reviews: 4% of the annual reviews conducted year to date was for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme. 417 annual reviews were completed this quarter, 16 were for Maori (4%).

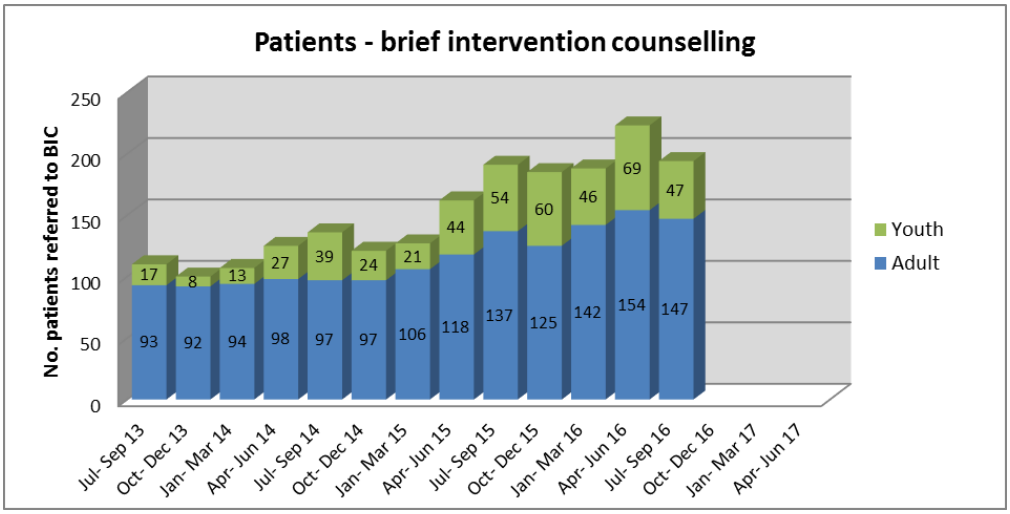
Diabetes Management: 69.3% of people with diabetes had good management of disease in the twelve months to 30 September 2016 (as defined by having an HbA1c level at or below 64mmols at time of diabetes check). Our internal target for this measure is 80%. This measure is only updated quarterly

293 reviews were conducted this quarter (293 year-to-date) as part of the LTC programme. 7.9% of the annual reviews conducted YTD were for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme.

Mental Health







There were 339 new requests processed this quarter, with 33 (10%) of these people identifying as Maori.

The number of people receiving counselling packages of care this quarter was 196 with 47 (24%) of these being young people aged 12-19 years.

Requests for counselling for children younger than 12, who presented with mild to moderate mental health concerns, continued along with requests from adults for relationship counselling. This reflected gaps in availability of these services in the community.

The number of people attending an assessment or an assessment and one session of counselling (BIC) was 16.

Wait list was 69 at the end of the quarter and includes people we are trying to contact to offer an appointment. This rise in number reflected the increasing demand for Brief Intervention

General Manager's Update
The General Manager, Maori Health has been asked to support two significant hui this month. One a health and well being hui targeting Maori in Westport at the Solid Energy centre on 25 November.

The other a hui was held at Te Turaka A Maui Marae in Bruce Bay on 27 November. The Kaupapa of this hui is strongly focused on Tikanga Maori

Health Equity Lens
The General Manager, Maori Health was asked to present to the Alliance Leadership Team (ALT) on the use Equity Lens at their meeting in November. The South Island Alliance is looking to standardise and roll out across all the DHBs. The presentation was well received and initiated some very useful and constructive discussion. The ALT made a decision to look at projects currently underway to which the Equity lens could be applied. There was also agreement to reiterate to the workstreams, the importance of applying the Health Equity Assessment Tool (HEAT) and the thinking behind it, when undertaking their planning for 2017/18.

Nurse Workforce
We are currently working with nurse educators looking at opportunities for our teams to work together to support one another. Particularly developing ways for informal cultural support for the Workforce Development team (Nurse Educators, etc.) and to enhance cultural competence and promote integration of the Maori world view, Te Ao Maori in teaching, resource development, staff interactions. Another goal is greater clarification about process for initiating cultural support with Māori new graduate nurses and/or other Māori staff

Whanau ora Hospital Services
A mihi whakatau was held to introduce the new Whanau ora Hospital Service in the Grey Base Hospital. Poutini Waiora Social Worker Maegan Cameron will take a lead in the hospital to identify all Maori inpatients and offer their support to Poutini Waiora services. The intention is to link Maori patients to the Maori Health Provider Poutini Waiora on admission to hospital – through this approach we would expect to see an improvement in post discharge planning and continuity of care.

Health Workforce New Zealand – Hauora Maori training

Recruitment is underway for the 2017 year for Maori who want to undertake study. The funding is targeted at the Māori non-regulated health and disability workforce. Therefore, allied health staff, cultural workers, managers etc. (excluding clinical staff) can apply if they are:

- Employed by a District Health Board or by a health and disability service (NGO) that is funded by the District Health Board or the Ministry of Health.
- Iwi/Maori providers, primary health care, aged care (community, all levels of residential care facilities) and rural health care.
- Have whakapapa and/or cultural links with Te Ao Māori and Māori communities.
- Meet the entry criteria required by the training provider as well as supported by the trainee's employer.

The purpose of this fund is to improve access to relevant training opportunities for the non-regulated Māori health and disability workforce by supporting them to obtain entry into and through relevant education opportunities.

Report Prepared by: Kylie Parkin, Maori Health

PROPOSED MEETING SCHEDULE - 2017

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Board Secretary**

DATE: **9 December 2016**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2017 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board, as recommended by the outgoing Board, at its meeting on 23 September 2016:

i. Confirms the proposed schedule of meetings for 2017 (refer Appendix 1 attached); and

ii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The date for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee (QFARC) and the Hospital Advisory Committee (HAC) in particular and also the timing of Canterbury DHB meetings.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.2), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

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

The suggested meeting dates for 2017 contained in Appendix 1 are based on the current cycle of meetings with Committee meetings on Thursday's and Board meetings on Friday's.

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

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

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

In terms of standing orders it is be necessary for the incoming Board at its first meeting in December 2016, to formally adopt the schedule of meetings for 2017.

4. APPENDICES

Appendix 1: Proposed Schedule of Meetings - 2017

Report prepared by: Kay Jenkins, Board Secretary

Report Approved for Release by: David Meates, Chief Executive

DRAFT

THESE DATES ARE STILL TO BE APPROVED BY THE NEW BOARD IN DECEMBER 2016

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2017

DATE	MEETING	TIME	VENUE
Thursday 26 January 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 January 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 January 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 March 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 March 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 April 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 April 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 April 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 May 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 8 June 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 June 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 June 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 June 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 July 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 July 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 July 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 August 2017	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 14 September 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 14 September 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 14 September 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 September 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 26 October 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 October 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 October 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 3 November 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 November 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 November 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 November 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 December 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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

RESOLUTION TO EXCLUDE THE PUBLIC

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Board Secretary**

DATE: **9 December 2016**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8 & 9 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 4 November 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.	Wellbeing Health & Safety Update	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)
5.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Mental Health Service Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

7.	2017/18 Planning Process	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Update on Facilities Projects	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	Advisory Committee – Public Excluded Updates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

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

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 Secretary