West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 24 March 2017
10.15am

West Coast PHO
163 Mackay Street
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

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 West Coast PHO Board Room, 163 Mackay Street, Greymouth
on Friday 24 March 2017 commencing at 10.15am

KARAKIA
ADMINISTRATION — *10.15am*

Apologies

1. **Interest Register**

2. **Confirmation of the Minutes of the Previous Meetings**
   - *10 February 2017*

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

REPORTS — *10.20am*

4.	**Chair's Update (Verbal Update)**	Jenny Black *Chairperson*	*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 Allied Health* Mr Pradu Dayaram *Medical Director, Facilities Development*	*10.45am – 10.55am*
7.	**Finance Report**	David Meates *Chief Executive*	*10.55am – 11.05am*
8.	**Wellness Health & Safety Report**	Michael Frampton *General Manager, People & Capability*	*11.05am – 11.15am*
9.	**Disability Action Plan Update**	Melissa Macfarlane *Team Leader, Planning & Funding*	*11.15am – 11.25am*
10.	**Health Target Report – Quarter 2**	Melissa Macfarlane *Team Leader, Planning & Funding*	*11.25am – 11.35am*
11.	**Maori Health Update**	Gary Coghlan *General Manager, Maori Health*	*11.35am – 11.45am*
12.	**Draft West Coast DHB Public Health Plan 2017-18**	Cheryl Brunton *Medical Officer of Health* Claire Robertson *Team Leader, Community & Public Health*	*11.45am – 11.55am*

13. **Reports from Committee Meetings**

- CPH&DSAC *10 March 2017*	Elinor Stratford *Chair, CPH&DSA Committee*	*11.55am – 12.05pm*
- Hospital Advisory Committee *10 March 2017*	Michelle Lomax *Chair, Hospital Advisory Committee*	*12.05pm – 12.15pm*
14. **Resolution to Exclude the Public**	*Board Secretary*	*12.15pm*

INFORMATION ITEMS

- 2017 Meeting Schedule
- List of Common Acronyms – Working Document

ESTIMATED FINISH TIME ***12.15pm***

NEXT MEETING: Friday 12 May 2017

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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	• Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Trustee, Moana Holdings Heritage Trust • Member, Institute of Directors • Justice of the Peace • Daughter-in-law employed by Otago DHB
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 • Daughter is a recipient of WCDHB Scholarship • Member, Kawateri Action Group
Chris Mackenzie	• Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust - Trustee
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	• Chairman, Life Education Trust • Managing Director, Westland Medical Centre • Shareholder/Director, Thornton Bruce Investments Ltd • Shareholder, Hokitika Seaview Ltd • Shareholder, Tasman View Ltd • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre
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 • West Coast Conservation Board – Board Member • 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 10 February 2017 commencing at 10.15am

BOARD MEMBERS

Jenny Black (Chair); Chris MacKenzie (Deputy Chair); Chris Auchinvole; Kevin Brown; Michelle Lomax; Peter Neame Nigel Ogilvie; Elinor Stratford & Francois Tumahai.

APOLOGIES

An apology was received and accepted from Helen Gillespie

EXECUTIVE SUPPORT

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

Gary Coghlan 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 (1/17)
(Moved Michelle Lomax/seconded Elinor Stratford – carried

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 9 December 2016 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

The Chair acknowledged those Board members who had been able to attend the Ministry of Health Induction in Wellington.

She advised that Item 10 (Delegations) is withdrawn from today's agenda to allow in depth discussion at the next Quality, Finance, Audit & Risk Committee meeting.

Resolution (2/17)
(Moved Jenny Black/seconded Nigel Ogilvie – carried)

i. That the Chair's verbal update be noted.

5. CHIEF EXECUTIVE'S UPDATE

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

Mr Meates commented:

- He and Justine White (General Manager Finance) were part of the team responsible for landing the national Oracle Solution which is setting some interesting challenges across DHBs.
- Board members will see more media coverage regarding Home Based Support Services and this may increase with the re-assessments taking place.
- A Public Meeting has been called by a member of the public relative to orthopaedics. Board members received an invitation to this. The Chief Executive advised that this meeting unfortunately coincides with Canterbury DHBs Health Select Committee presentation so he will be unable to attend.
  The Board noted that there are challenges nationally around orthopaedic surgeons with DHBs using a lot more Allied Health interventions in this area. This will remain an ongoing focus.
- Facilities across the West Coast have gone through quite significant Engineering Inspections since the Canterbury earthquakes and with the ongoing seismic activity in the South Island Opus has just gone through and revisited these and ensured that we have building Warrants of Fitness.
- In regard the new development the steel is now on site and being installed. As requested at the last meeting the Chief Executive tabled a document showing local contractor input into the project. It was noted that Fletchers have been very mindful of using local contractors without over-committing them.
- There are five major facilities being commissioned in Canterbury at the same time as the Greymouth project and all of these seem to be slipping in timelines to the same date.
- There has been a lot of work undertaken around improved transport links on the West Coast over the last few years and these continue to be used successfully.
- A lot of work has also been undertaken around Primary Care in relation to the new facilities and bringing Primary Care into the integrated model of care.
- In the Information & Communications Technology (ICT) area there a number of components taking place. The West Coast will end up with a very integrated IT component and the Mental Health Solution is tracking towards a late March stand up.

Discussion took place around the Health Targets and in particular Faster Cancer Treatments. The Board noted that Faster Cancer Treatment is still about small numbers and in the immunisation area we know in detail who is not immunised. We will remain where we are currently in this area but we do know the reasons for this.

Discussion also took place regarding home help and the perception in the Community around this. The Chief Executive commented that the DHB is endeavouring to ensure that we have the right

support in place for people. He acknowledged the community perception and agreed that we need to help people understand and make sense of this. He added that we encourage people to ask for a review if they are not happy with the outcome of assessments.

Resolution (3/17)
(Moved Chris Mackenzie/seconded Nigel Ogilvie – carried)
That the Board:

i. Notes the Chief Executive's Update

6. CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing spoke to this report which was taken as read. Ms Bousfield highlighted:

- the work taking place around workforce planning & development on the West Coast to ensure a high quality and sustainability;
- the Maori Health Workforce Plan and the focus on completing the data;
- the finalisation of the new graduate Enrolled Nurse orientation programme;

Resolution (4/17)
(Moved Michelle Lomax/seconded Kevin Brown – carried)
That the Board:

i. Notes the Clinical Leader'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 December 2016 was a deficit of $0.026m, which was on target for the month. The year to date position is $0.102m unfavourable to budget.

Ms White commented that the DHBs ability to claw back $800,000 is challenging.

Discussion took place regarding how the DHB shows that there are better outcomes than previously.

Discussion also took place regarding putting the money where the need is in the system as opposed to just adhering to the budget.

Resolution (5/17)
(Moved Edie Moke/seconded Chris Auchinvole – carried)
That the Board:

i. Notes the financial results for the period ended 31 December 2016.

8. WELLBEING HEALTH & SAFETY UPDATE

Chris Kibblewhite, People & Capability, presented this report which was taken as read. She highlighted phase 1 around the foundation work of the Health & Safety Review programme which is well advanced.

The Board noted that work continues to standardise the risk registers across the West Coast DHB

with specific hazards for each work area being reviewed, confirmed, risk assessed and recorded.

South Island Health & Safety Managers have met regarding the changes to Safety1st.

In regard to the Occupational Health and Injury Management Service Review People & Capability are in the process of employing an Occupational Health person to work across the West Coast.

Discussion took place regarding the 2017 influenza campaign and the Board noted that we are awaiting the exact data for the vaccine.

Resolution (6/17)
(Moved Nigel Ogilvie/seconded Elinor Stratford – carried)
That the Board:

i. Notes the Wellness, Health & Safety Update

9. COMMITTEE MEMBERSHIP

Jenny Black, Chair, spoke to the paper which was the formalisation of Committee membership for this term of the Board.

The Board noted that Elinor Stratford had stepped down from her role as Board Representative on the Tatau Pounamu Advisory Group. Francois Tumahai, on behalf of Tatau Pounaum, thanked her for her hard work on this Group.

Resolution (7/17)
(Moved Francois Tumahai/seconded Chris Auckinvole – carried)
That the Board:

i. Confirms the appointment of Board members to the Quality, Finance Audit and Risk Committee, Hospital Advisory Committee, and the combined Community and Public Health Advisory & Disability Support Advisory Committee as per the schedule attached as Appendix 1; and
ii. Confirms the appointment of Chair's and Deputy Chairs to the Committees as shown in Appendix 1; and
iii. Confirms that the term of Committee appointments for Board members is for a three year term until the end of November 2019 (while they remain members of the Board) with a review to take place after the first year; and
iv. Notes that a further report will come to the Board's June meeting regarding the external/community membership of the Quality, Finance Audit and Risk Committee, Hospital Advisory Committee, Community and Public Heath and Disability Advisory Committee and Disability Support Advisory Committee who are appointed until July 2017; and
v. Notes that the Terms of Reference (TOR) for all Committees were reviewed in 2016 and will be reviewed again during the term of this Board.

10. DELEGATIONS

This paper was withdrawn and will be presented to the next QFARC meeting.

11. LOANS CONVERSION TO EQUITY

Justine White, General Manager, Finance, presented this report which was taken as read. She commented that traditionally DHBs have had access to both debt and equity funding, however the

Crown now propose to move from debt funding to equity funding for all DHBs. This effectively means that all loans must be repaid and converted back to equity.

Resolution (8/17)
(Moved Chris Mackenzie/seconded Francois Tumahai – carried)

That the Board:

i. notes that Cabinet has approved the move from debt funding of District Health Boards to Equity Funding;
ii. notes that the West Coast District Health Board executed a Facility Agreement with the Ministry of Health (previously via the Crown Health Financing Agency) and has drawn down $14.445 million from the facility;
iii. agrees to terminate the Facility Agreement between the Ministry of Health (previously via the Crown Health Financing Agency) and the West Coast District Health Board; and
iv. approves the execution of the Termination Agreement Relating to the Terms and Conditions of Loan Facility Agreements by two board members.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (9/17)
(Moved Chris Mackenzie/seconded Chris Auchinvole – 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 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.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

There being no further business the public open section of the meeting closed at 12noon

The Public Excluded section of the meeting commenced at 12.10pm and concluded at 12.55pm.

_____ _____

Jenny Black, Chair Date

CHIEF EXECUTIVE'S UPDATE

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

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

SOURCE: **Chief Executive**

DATE: **24 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

3. SUMMARY

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: Reinvigorate the West Coast Health Alliance

Alliance Leadership Team (ALT) Activity

- At their last meeting in February, the ALT
  - Noted the presentation received from Fran Cook about the Primary and Community Project. The ALT noted the scale of this project and were pleased that many of the streams of work will enable the Alliance workstream goals.
  - Noted the positive progress of all Alliance workstreams.
  - Noted that the Annual Planning process is well underway.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - A significant amount of effort has been undertaken with regard to preparing for the Cornerstone Audit which was passed in January.
  - The formal change process has been completed with a decision to further integrate the services at Reefton Health.
  - Locum GP coverage continues to be consistent.
  - There are currently 13 patients in the aged care facility (hospital level, residential and palliative).
- **South Westland Area Practice**
  - While the nursing team leader is doing project work for the Greymouth IFHC, a RN with a rural nursing background has been seconded into her role.
  - The team remains busy as the tourist season continues.
- **Greymouth Medical Centre (GMC)/Rural Academic General Practice (RAGP)**
  - The Cornerstone accreditation visits have occurred; the result that was indicated is positive. We are awaiting the written report.

Community

- **Public Health/B4School/Vision Hearing**
  - The contract between Public Health Nursing (PHN) and the child oral health general anaesthetic service continues with some positive outcomes. Parents are being informed of healthy options to improve oral health and while this is a small step we believe this will make a difference over time. This occurs monthly.
  - Youth Health HEADDSS in Schools – this assessment of year 9 and 10 in schools is about to commence for 2017.
  - B4School – close review of this service continues and there are areas identified to improve the quality of the service. The Greymouth PHN team will increase the outreach follow-up to make a difference.
  - Recent attendance at the children's day in Westport was good and positive promotion for child and family wellness in areas of oral health, nutrition and hygiene.
- **District Nursing**
  - The meet and greet initiative to address some of the issues around health literacy has commenced. This has come out of the discharge planning group and follows the IDEAL (Include, Discuss, Educate, Assess, Listen) model.
  - Granger House support continues and there are signs of making a difference for patient care, particularly in wound care and bladder management.
  - The team is now able to access competency and learning via health learn.
- **Child & Adolescent Dental Services:** re-rostering is occurring throughout the region that will aid in reducing arrears in the under 5s. It is also hoped to take pressure off the Greymouth team as they have the largest group of young people to provide services to.
- **Home Based Support Services (HBSS):** The service is commencing interviews with applicants for the role of the HBSS Registered Nurse (RN) position in Buller. During the recruitment process assistance has been provided via a RN seconded into the area.
- **Clinical Nurse Specialists (CNS):** One of our part time Greymouth Respiratory Nurse Specialists is leaving the WCDHB after 27 years in various roles. She has been an asset to our service and will be difficult to replace. This gives us an ideal opportunity to review the

role and so a secondment from the wards is hoped to be put in place for 6 months while this review is undertaken.

C: Implement the Maori Health Plan

- **Health Equity Lens – FIRST:** Flexible Integrated Rehabilitation Support Team (FIRST) is a new service that is being implemented to provide intensive rehabilitation in a person's home to optimise their ability to participate in life as independently as possible. Prior to the commencement of the service pilot, the project team had the opportunity to critique the service through the eyes of the equity lens, which is supported by Maori Health at the DHB. This session was invaluable for asking the right questions to better understand how well the service might respond to the needs of the whole community and where the gaps were. As a result of the session some changes have been made and actions agreed, including:
  - The circle of care around the person has been extended to include Maori Health providers,
  - The communications plan is being updated to better consider how conversations take place with the community through the use of IDEAL along with some changes to the language and jargon being used,
  - Work is planned to consider how to provide easier access to the service for those living in the more rural areas of the Coast, particularly looking at how to leverage telehealth as an enabler, along with better identification of the un-referred.
  - Ongoing evaluation has been identified as a priority and a way to measure improvement in equity measures.
- The project team are confident that by applying the equity lens to FIRST the outcomes for the community will be better than they may otherwise have been, and the service will respond more comprehensively to the needs of the wider community.
- Additionally we are providing support to apply the equity lens across the proposed changes to the model of care for urgent/unplanned care. Many of the actions agreed are similar to the FIRST actions. Such things as communication with Maori whanau, evaluation and engaging the Maori Provider. We will continue to work closely with the team as this model of care is developed.
- **Cultural Competencies - Tipu Ora:** The Tipu Ora Certificate in Hauora Maori Level 4 commenced in Greymouth on 1 March 2017. This course is usually delivered in Christchurch or in the North Island so to host it on the West Coast is a first and means that our students don't have to travel. We have 17 participants from a variety of areas in the health sector participating. Students and Tipu Ora teachers were welcomed by a Powhiri. The key learning objectives for Tipu Ora are for participants to be better equipped to work with Maori whanau and to gain a greater understanding of Tikanga Maori and Te Tiriti O Waitangi. The course is NZQA accredited and is for a period of 36 weeks in total which consists of three eight day wananga. I must commend my small team for the great effort they have put into making this come to fruition.
- **E-learning Orientation Maori Health. West Coast/Canterbury DHB -** *"Nāku te rourou, nāu te rourou, ka ora ai te iwi" With your basket and my basket the people will be well*
  - We have been asked by Learning and Development to work with the Maori Health Team in Canterbury in the development of an E-learning online module in Hauora Maori for new staff within both DHBs. The focus will be on "Pae ora" (Healthy future for whanau). There is considerable evidence of significant inequities for Māori

in health. District Health Boards are required to reduce inequities and carry out principles based prioritisation processes to meet the objectives of the New Zealand Public Health and Disability Act 2000. A comprehensive and well thought out educative e-learning module for all new staff is a good way for them to understand the causes of these inequities for Maori and arm them with tools and strategies that support reducing the health inequities Māori experience. A key element of the tools required is appreciation of the cultural competencies required by health professionals to engage with Māori in the most effective ways to establish optimal communication, trust and confidence that support improved outcomes and progress towards the reduction of Māori health inequities.

- **Rangatahi Work based programme:** Once again we are running a Rangatahi Work Placement hui from 27-29 March 2017. Local rangatahi will be supported by many services in both primary and secondary care. The variety of expertise they will be exposed to provides a great opportunity for these Maori students to gauge where in the health sector they may wish to develop a career. A Mihi Whakatau to welcome them is scheduled for Monday 27 March at 9am in the West Coast DHB Lecture Room, all are welcome.
- **Inequalities:** The Te Waipounamu Leadership group is actively involved in leading and supporting two projects focused on Maori Health. This is a regional project across all DHBs to understand and improve uptake of cervical screening across the Maori community. This commenced in October 2016. The Faster Cancer Treatment (FCT) funded project has a focus on providing coordinated and joined up service for Maori patients with cancer across the South Island.

Settings	**DELIVERING MODERN FIT FOR PURPOSE FACILITIES**

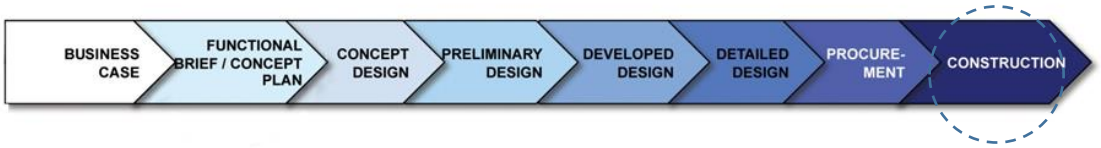
A: Facilities Maintenance Report

- Mainly business as usual activities for this month with emphasis on preparing the sites, plant and equipment and infrastructure for the rigours of the winter months ahead.
- Liaison with the new development project is ongoing especially around existing site infrastructure.
- During recent engineering surveys carried out by Opus International Consultants 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. The way forward has been identified and currently a new bridge design is being worked through via one of the M&E Project Managers. This work is now undergoing the internal sign off process in order that detailed design can be confirmed prior to tendering the works as per Government Rules of Sourcing (GRS).
- Annual Boiler Survey work and pressure vessel inspections are currently underway to comply with Health and Safety regulations appertaining to pressure vessels.
- A site management plan for ground contamination has been received from Tonkin and Taylor for the Westport Hospital site. This plan will need to be followed until the ground is remediated as part of any rebuild on site.
- Workforce planning is currently being looked at both for the changing skills mix due

to the new developments and also in regards to succession planning as retirement is on the horizon for some members of staff.

- **Health & Safety/HSNO:** Current Hazard Registers will be moved across to Safety 1st when the system module is ready for use and training in its use will be provided.
- **Building Compliance/BWOF**: Building Warrant of Fitness (BWOF) are all up to date for all West Coast Facilities.

B: Partnership Group Update



- The North wing structural steel erection is underway with the primary structure for the area of the building in which the perioperative zone and maternity are located now in place.
- In-slab services have been installed in virtually all areas including the generator slab and concrete pours have commenced.
- The new boiler house building consent documentation has been submitted, another project milestone underway.
- The procurement of equipment required for the project continues and is on track with timing and alignment with the construction programme.
- The colour boards/sample boards provided by the project architect CCM, which outline the finishes for the interior and exterior of the facility, have been accepted and are currently on display in the existing facility outside the café.
- Key messages communicated recently by the WCDHB largely relate to the interface with Fletcher Construction Company Ltd and staged works within the existing hospital grounds resulting in parking closures on the campus. Other key messages have included noise related to the installation of composite flooring, preparing for the move and migration planning.

Buller

- As previously 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 continue to work together to step through 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 include exploring a range of site feasibility options and additional geotechnical testing. The outcome of these investigations is expected at the end of March.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- Staffing continues to be managed with staff moving across wards to help their colleagues. There has been a big shift in thinking and staff are now feeling confident looking after different patient types.
- The new Health Care Assistants have started in the wards and will make a difference to the churn of the wards. Staff are excited about these positions as they feel this will bring some relief to the busier areas. It will also give us the ability to cover the ward clerks when they are on leave.
- Annual leave taken over the past month has increased by 58% compared to last months; this follows normal trends from previous years. Sick leave has decreased by 41%. Overall the hospital, although tight at times, continues to have capacity at all times.
- The medical ward has had an 8% decrease in occupancy, but these figures don't include patients overflowed to the surgical ward for this period. CCUs occupancy is up by 10% sitting at 49.5%. They have had an increase of ventilator patients over the past month which has required extra staff working in the unit. The surgical ward's occupancy is sitting at 59% for the month with a number of those patients being medical overflows.
- **Discharge Planning:** Actions from the strategic planning meeting held in December last year are now being rolled out. Work has begun on IDEAL (Include, Discuss, Educate, Assess, Listen) with Brian Dolan visiting the wards and discussing with the CNMs the importance of moving this forward. A decision was made to roll out IDEAL in bits, starting with Include. The West Coast is also leading the way with "End PJ Paralysis". This is part of discharge planning and stopping deconditioning of patients. We have many followers on Twitter who are very excited to see us take this concept up. Discussions have also started on patient stories which will not only give us an idea of how we are going as a base hospital, but it will also give us a base-line to see if we have improved in 6 months time.
- **DNAs:** Unfortunately, there has been an upward trend for DNAs over the past couple of months. This is of concern and we are actively looking to find ways to understand why this is happening.

Medical

- Two long term locums have commenced work, one in General Medicine and one in General Surgery.
- Work continues with the recruitment team around two General Surgeons. Our new RHM Specialist has commenced. Recruitment is working with a candidate for the anaesthesia position.
- The Resident Medical Officer (RMO) new quarter will commence at the end of February and we have three new doctors commencing and three doctors leaving. Interest remains strong in our vacancies. Our RHM registrar working in the rural GP clinics is working well with additional sessions being put into RAGP, Moana, Reefton and Karamea.

Allied Health

- Allied Health service areas are well under way to 'Dump the Junk' as we prepare for the big move. This process has provided great opportunities for staff to talk about how we will work as well as where we will work.
- Allied Health hosted a Wheelchair Seating Assessment programme this month at Grey Base Hospital. WCDHB Occupational Therapy and Physiotherapy staff and students were joined by colleagues from CDHB and SCDHB. The "Seating to Go" programme,

contracted by the Ministry of Health (MOH), forms part of the competency pathway requirements for the Wheeled Mobility and Postural Management accreditation.

- The FIRST (Flexible Integrated Rehabilitation Support Teams) pilot is fast approaching with much of the operational planning complete. Once the initial client is identified, a smaller project group will commence the Calderdale Framework service analysis to identify which tasks Allied Health Professionals (AHPs) can delegate to Home Based Support and Allied Health Assistant (AHA) staff. Because of the links with the UK based Calderdale team and the Queensland team, we anticipate that the tasks we identify will already have robust Clinical Task Instructions which we will use as the basis for training and assessing staff competency.
- Work continues through the Supervision Co-ordination group to formalise the organisational expectations of frequency and format of Clinical, Professional and Administrative Supervision for all Nursing and Allied Health staff. A database of trained supervisors has also been centralised and training opportunities for future supervisors, and refreshing current supervisors continue to be explored.
- Allied Health leaders continue to work in partnership with Canterbury colleagues and across Primary and Community services on the West Coast to find ways that Allied Health can enhance service delivery outside the hospital environment. Workstreams currently underway involve Podiatry, Physiotherapy in General Practice and a single point of entry to Nutrition and Dietetic Services.
- Discussions are underway between Allied Health and ISG as to how we can support the safe and appropriate use of 'apps' and cloud based assessment tools, supported by the CDHB Allied Health Informatics Clinical Lead. Aspects that need to be considered are protection of patient information when stored on smart devices which link to cloud storage, that tools are clinically viable, evidence based and not going to do harm, and ensuring the DHB is not seen to promote or endorse particular general market based tools.
- Our Recruitment team are about to undertake some research into the numbers around frequency of recruitment, the time it takes to recruit and which professions required more often. This will help us to better understand where we should be focusing our efforts first, when encouraging Allied Health Professionals to work on the West Coast.

Mental Health Services

- **Child and Adolescent KPI National Forums:** The rescheduled National Adult KPI Forum for the last quarter was held in Wellington on 9 February 2017. The focus for the regions was on KPI 19 (seen within 7 days of discharge) and this will be a key focus for the WCDHB, along with the other 7 KPIs that were nominated.
- **Service Development:** The Child and Adolescent Service has continued to seek to get staffing up to previous levels and has now further appointed another staff member who has had previous experience in the service. Following on from an earlier meeting with members from the Werry Centre and representatives from NGO and service providers on the West Coast last month, a further meeting will be scheduled to seek to establish a governance group to assist and support the ICAMHS service move to improve its response to the National Initiative "Healthy Families, Healthy Children", formerly known as COPMIA. 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. This is ongoing with further development now targeted at completing all data requirements for a "Go-Live" in March of 2017.

- Ongoing training has been scheduled for Mental Health staff to complete the SPEC Training. This has taken some time to complete due to the limited number of trainers available to deliver this training on the West Coast.
- Significant effort is being made to ensure that the Mental Health Service is positioned to commence utilisation of its electronic clinical record system for the "Go Live" date. This will enable all clinical staff to have access to systems and information, allowing for significant increase in clinical time.

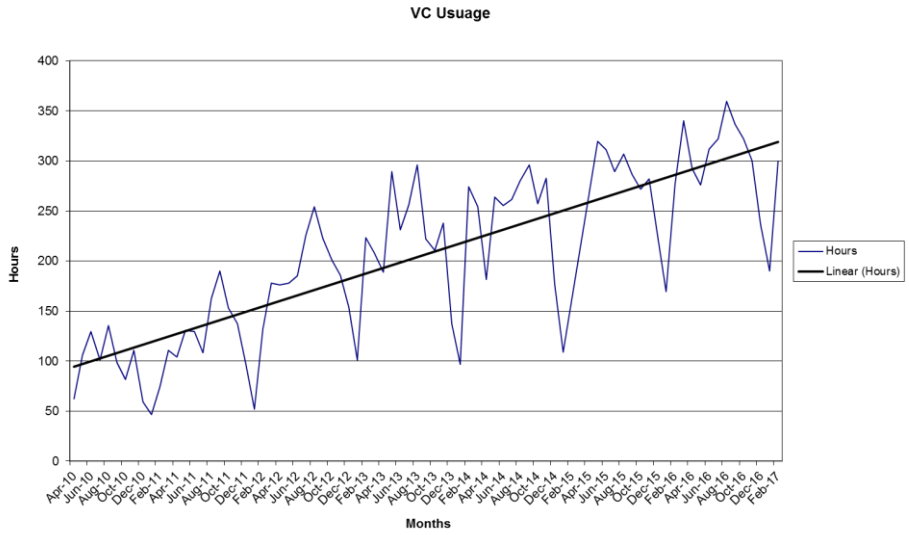
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

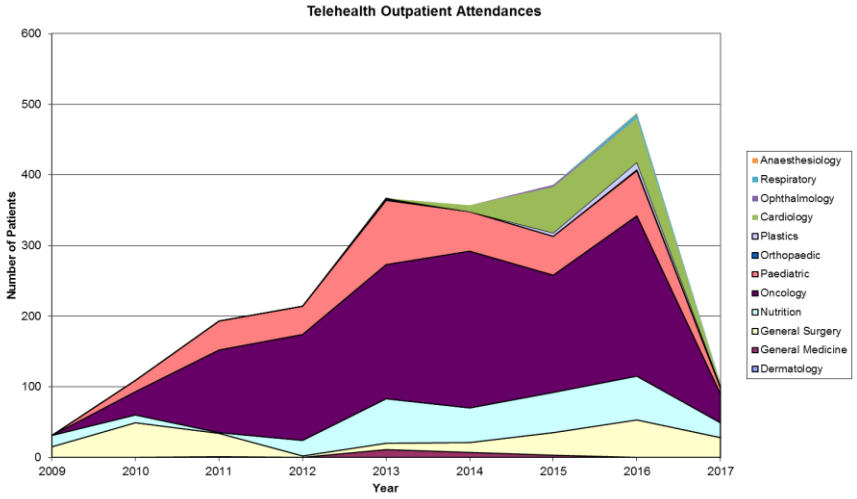
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- The following transport initiatives are now embedded
  - 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,
  - The Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital.

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.





INTEGRATING THE WEST COAST HEALTH SYSTEM

A. Implement the Complex Clinical Care Network (CCCN)

- A recent HealthCert (Ministry of Health) audit of Greymouth's Kowhai/Granger facilities has resulted in the Ministry withdrawing certification for Kowhai Manor. The DHB will be meeting with residents and their families to look at all the options for the Kowhai residents. Over the next three weeks a group of registered nurses who work with the West Coast DHB will visit Kowhai Manor and meet with each resident to undertake an assessment to check their level of need.
- Based on the assessment the residents will be given the option of either moving to Kiwiannia's other rest home, Granger House in Greymouth, another ARC facility on the West Coast or another area in New Zealand to make it easier for relatives to visit.
- The Complex Clinical Care Network (CCCN) team is working with families to ensure that moving residents to their new homes is as seamless as possible.
- Poutini Waiora is working with the CCCN to support better coverage in the use of the InterRAI assessment tool. A small working group is being established between Poutini Waiora and CCCN to develop an integrated approach in the assessment of our Maori clients.

B. Establish an Integrated Family Health Service (IFHS) in the Buller Community

- A programme to improve the physical health of people with long-term mental health conditions has commenced at Buller Medical Services. This provides people with an annual assessment of physical health and quarterly follow-up visits. An initial trial last year has provided valuable feedback on the best clinical approach and the administrative support needed to successfully run this programme. It is a joint initiative of Buller Medical Services, Buller Community Mental Health and the West Coast PHO. While it is being trialled in Buller, if successful it is likely it will be rolled out across the Coast.
- Buller Health continues to provide support for the Mana Tamariki Mana Mokopuna project. Research undertaken as part of this project has identified barriers Maori mothers experience when accessing health care. Strategies to these reduce these barriers are being developed and implemented in Buller though Poutini Waiora, including a series of workshops focused on topics requested by women involved in the programme. Workshops started on site in February and will continue until June.
- The curtain bank has commenced operation initially on a referral-only basis. Once it is

well-established it is envisaged it will be open once a week for people to drop in. Poutini Waiora is running the curtain bank on site with the assistance of volunteers and referrals are made through Community and Public Health. The service is part of Te Ha O Kawatiri's Healthy Homes Project which also works in partnership with Canterbury Energy Action (CEA). CEA are providing housing assessments (for home insulation needs) and curtains to supplement local donations. Further funding is also being sought to assist with home insulation. Buller Health is supporting Te Ha O Kawatiri's application to the Buller District Council for financial support from the Variable Rates Scheme. This would enable people with respiratory disorders to access funding for home insulation.

C. Establish an Integrated Family Health Service (IFHS) in the Grey/Westland Community

- A number of activities are occurring in preparation for the new facility including looking at the development of an urgent primary care service to improve access to primary care and extend the hours available to our communities for primary care services. One key area of focus is to ensure this service supports the current primary practices in providing care to our communities as much as possible in a planned and proactive way.
- The FIRST (Flexible Integrated Rehabilitation Support Teams) service is now in the early stages of a pilot to look at how we provide an intensive rehabilitation service in the community.
- A proposal for change process has been completed for the Reefton Health Services and there was strong support for the direction of moving to an integrated service. Administration and support areas are now looking to merge as a single unit at the facility while a team will look at the necessary supports needed to be in place to ensure specialist nursing skills continue to be supported.

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 January 2017 was a surplus of $0.301m, which was $0.064 favourable to budget. The year to date position is $0.038m 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	417	212	206	3,374	1,407	1,967
Provider Arm	(116)	25	(141)	(3,887)	(1,882)	(2,005)
Consolidated Result	301	237	64	(513)	(475)	(38)

B: Implement Employee Engagement and Performance Management Processes

- The People and Capability team is focused on ensuring people are at the heart of all we do. 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.
  - Supporting the delivery of care.
- Our programme of work is currently being enhanced and will continue to align with the organisational priorities for 2017.
- The current summary work programme is detailed below.

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	●

- Enhance our Health and Safety system – planning is well underway to run multi-disciplinary teams through scenarios, which will inform the roles and responsibility with respect to who owns the risk and controls. The focus will then turn to procedures for contractor management. Phase two is on target to commence in Quarter 2 2017 [April – June].
- Enhance Occupational Health services – current state mapping has been completed and proof tested. A project manager has been identified to lead the review, and confirmation of the scope and next steps are on track for completion in Quarter 1 2017 [January – March].

People and Capability Services

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

- Deloitte has been appointed to partner with the People and Capability team to optimise all processes across the employee lifecycle, with a focus on driving standardisation, integration and automation.
- Every people process is being reviewed for optimisation in Quarters 1 and 2. This will involve engagement with clinical and operational leaders.
- Phase one of this initiative – discovery, training and team mobilisation – is complete.
- The team is now preparing for the next stage, which involves the "voice of the customer". This involves engaging with our people as part of the design phase. A list

of participants has been developed, which will enable us to get the right people in the room, having the right conversations.

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 is leading the design of a policy framework, which will see all People and Capability policies | guidelines | procedures updated over 2017.
- Development of this framework is well underway and confirming the architecture of the document management system.

Organisational Development [OD]

- The key areas of focus for the Organisational Development team continued to be refined. The confirmed areas include:
  - Building leadership capability – work is underway to develop and deploy a leadership and talent framework, underpinned by the State Services Commission model.
  - Building capability of our people – in particular, operational leadership, effective communication and data literacy.
  - Process improvement – currently focused on the People Lifecycle Project.
- A timeline for this programme of work is in development.

C: Effective Clinical Information Systems

- **Mental Health Solution**: The Mental Health Solution software based in Health Connect South is not being used until the stabilisation issues are resolved. Renewed focus on providing a stable solution has occurred. Significant progress has been made in resolving the remaining issues within the Mental Health Solution. A team of Canterbury DHB, West Coast DHB and Orion members are working to a go live date of 20 March to re-enable the solution. This is currently on track but under pressure with two remaining critical issues to be resolved, and data entry volumes significantly under pressure to prepare for users coming back onto the system.
- **eReferrals Stage 3 – electronic triage**: The kick off for electronic triage of referrals has occurred. The implementation into West Coast DHB will be the second in the South Island with Canterbury DHB 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. Regular project meetings are occurring now with communication, training and project plans being finalised. A go live is being planned for May.
- **eMedicines:** Work has begun on developing the business case for electronic prescribing. A draft business case has been created but costs are higher than anticipated. An external party has been engaged to undertake interviews with Canterbury DHB, Southern DHB and West Coast DHB on refining the business case

which should lower the cost.

- **Patient Portal:** West Coast DHB 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 practice. Software implementation into Greymouth Medical practice has occurred with some test DHB staff now setup to access the portal.
- **Staff Wifi and Patient Wifi:** Once successfully implemented this will extend the existing staff wifi and patient wifi currently in use within Canterbury DHB to the West Coast DHB. 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 two months. Implementation was unfortunately delayed with a key staff resignation and the Christmas period. The staff wifi wireless network is now visible in some areas; however some stability issues need to be resolved before allowing DHB staff to access this. Once these stability issues are resolved patient wifi will be able to be quickly deployed. The intention is to still have patient wifi in Grey Hospital available by the end of March.
- **Joining West Coast DHB and Canterbury DHB domains:** The West Coast DHB and Canterbury DHB 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 West Coast DHB to Canterbury DHB. A scoping exercise is still underway but West Coast DHB has escalated for a more timely response from the supplier.
- **New Facility Work:** ISG is participating heavily in a number of ICT related facility meetings. A large piece of work is under way to look at communication services within the new facility. A paper with a recommendation to the new facility executive management has been completed and has been approved. The RFP is currently going through sign off. Other planning meetings have occurred looking at network, nurse call, security systems and others. Capex planning for fitting out ICT equipment has also occurred with facility items included into capex budgets subject to prioritisation.
- **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 West Coast DHB datacentre, of which there are eight remaining which need to be migrated.
- A capex request for a replacement of a number of legacy network switches within the DHB has been approved and ordered. Consideration to planning migration for some of these into the new facility has also been completed.

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

- **Website services:** A project to integrate and re-align West Coast DHB's website services is underway. This project will:
  - Fully enable mobile browsing of new DHB websites for Canterbury and West Coast so that consumers can easily find and use health information using their preferred devices.

- Deliver an integrated and shared website infrastructure that will enable in-house improvement to both DHB websites without the need for substantial consultancy services.
- Improve the effectiveness of each website through a comprehensive realignment with DHB communications and business objectives.
- Ensure that our health information will be considerably more accessible for consumers with disabilities.
- Enable both DHBs to develop new online services and website functionality and to integrate other existing DHB websites.

- The project is planned to be completed over the next 12 months, from April 2017 to April 2018.

Media interest

- Closure of Kowhai Manor
- Aged residential care on the West Coast
- New health facilities in Grey and Buller
- Mental health issues
- Patient issues
- Inter-district flows
- Air NZ flights
- Home based support services
- Orthopaedic services

Media releases were issued on

- Kowhai Manor to close
- Speaker focuses on teenage brain and alcohol

Video releases were issued on

- Updates on new facilities
- Oncology Clinical Nurse Specialist Maria Giles talking about her journey to become a nurse practitioner
- Scholarships/studentships
- Hon Steve Joyce visiting new facilities site

External engagement

- Public meetings:
  - Grey Power Buller
  - Grey Power Greymouth
  - Probus
  - Orthopaedics meeting called by Rev David Hastings
  - Grey Power Hokitika

Social media posts

- #EndPJparalysis campaign
- Progress on new facilities
- Supporting wider health and recruitment initiatives

Key Achievements/Issues of Note

- **Alcohol**: With support from the Health Promotion Agency, Nathan Wallis visited students from the seven West Coast secondary/area schools during the week of 20 – 24 February to talk about "Teenagers, Alcohol and the Amazing Brain". Virtually all Year 9-13 students attended a session with Nathan during the week. There were also three community meetings in Hari Hari, Hokitika and Reefton. Young people's use of alcohol and the wider drinking culture have been identified by schools and the wider community as a wellbeing priority. In April, Rachael Dixon, the Chair of the Health Education Association will visit the West Coast to run a workshop for schools on how to better include alcohol education in the curriculum. These workshops are part of an ongoing project with schools and communities to talk openly about alcohol and for people of all ages to be much more aware of the harms that are associated with alcohol.
- **Westland Safe Community Accreditation:** Community and Public Health is an active member of the Westland Safe Community Coalition. The Coalition has been working towards Westland becoming accredited as a Safe Community for some time. This has now been achieved and was marked at a ceremony at the Westland District Council on 23 February.
- **Falls Prevention:** A weekly tai chi class started in Karamea recently with an instructor who went through the training Community and Public Health supported last year. We are also trialling an additional class in Greymouth to support a growth in participant numbers.
- **Accessible West Coast:** Community and Public Health has had input into a number of workshops on the West Coast to discuss and scope issues of accessibility across the West Coast. The group has committed to developing a Coalition that will focus on improving accessibility across the West Coast.
- **Mental Wellbeing:** The "Pause Breathe Smile" mindfulness programme is being run this term in Grey Main School with the Year 3-4 class. Sessions are also being run for teaching staff as part of their professional development. This is leading to more of a whole school approach to incorporating mindfulness. Reefton Area School will participate in a similar programme in Term 2 with both staff and students, which will be co-facilitated with BullerREAP.
- **Food Security:** Community and Public Health will host a workshop on Food Security on 26 April. Invitations will be sent out shortly to individuals and organisations working with West Coasters who are struggling to provide sufficient nourishing food for themselves and their families. The purpose of the workshop is to start to build a picture of what food insecurity looks like on the West Coast, what activities are already taking place to address this, as well as highlighting any gaps and potential future actions.

Report prepared by: David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	99%	100%	99%	99%	95%	✓	The West Coast continues to achieve the ED health target, with 99.8% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,442	1,942	480	991	1,906	✓	This quarter, West Coast DHB provided 991 elective surgical discharges, delivering 106.7% of planned discharges 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	75%	80%	63%	76%	85%	✗	Performance against the health target has increased this quarter to 76.2% 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 five patients whose treatment was non-compliant with target. 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 Eight-month-olds fully immunised	89%	78%	76%	80%	95%	✗	During quarter two, 80% of all eight-month-olds were fully immunised. Opt-offs (11) and declines (3) increased slightly this quarter to a combined total of 14 or 16.3%. 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]	82%	79%	84%	91%	90%	✓	West Coast health practitioners have reported giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against the 90% target. The DHB is pleased to have improved performance by 7% since the previous quarter and to once again meet the national Health Target
Raising Healthy Kids Percent of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle interventions	New	New	40%	0%	95%	✗	This quarter, six children were identified as obese and not referred. It was expected (due to our small numbers) that results would fluctuate against this new target as the approach is embedded. However this result is a concern for us and we have made contact with the Ministry team to discuss this directly.

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

Target	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Target	Current Status	Progress
							We have also met locally to understand this result and staff have identified issues with the accuracy of identifying the correct BMI at the time of the B4 School Check (B4SC) as access to the database is limited by poor connectivity at many of the West Coast clinic sites and the hard copy chart is open to error. This issue has been discussed at a national level and we will be looking to improve database access to allow the result for those children close to 98th centile to be confirmed. B4SC staff will also be encouraged to offer referral to children who come close to the 98th centile.

CLINICAL LEADERS UPDATE

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

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

SOURCE: **Clinical Leaders**

DATE: **24 March 2017**

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

With the permanent appointment of a second Nurse Educator, the team has reviewed their portfolios and workplan to ensure a comprehensive approach to workforce development and nurse education. Several projects are underway, including the redesign of the Early Warning Score (EWS) document in preparation for the roll out of the Health Quality and Safety Commission (HQSC) Deteriorating Patient Programme. The West Coast was one of the first District Health Boards to introduce the Early Warning Score process and with the National Programme including a standardised document the West Coast version requires updating and further education to enable best practice.

The Nurse Educators are also developing the work environment processes for the introduction of nurse prescribing. This includes a clinical governance structure that supports safe prescribing, inclusive of policies and procedures, case review, continuing professional development activities, audit, and the development of a system for reporting adverse events or incidents. Prescribing mentors have already been identified and have begun planning to support nurses undertaking the training. These doctors will continue to provide oversight once the nurses have become endorsed to prescribe, and will also be part of the case review process.

A registered nurse working in the Operating Theatre (OT) has commenced postgraduate training to become a 'Registered Nurse First Surgical Assist'. This innovative role requires the nurse to have advanced skills and knowledge in surgical anatomy and physiology, and surgical techniques. This will allow the nurse to assist with aspects of patient management within the Operating Theatre, and will further enhance the theatre team.

We are excited to be welcoming a Transalpine Director of Midwifery in April 2017. Norma Campbell is a very experienced Midwife leader who has held a National Midwifery leadership role with the College of Midwives, is a strong advocate for mothers and babies, midwives and quality. We look forward to working with Norma. The introduction of this new role is the final recommendation to be implemented from the Maternity review.

Allied Health

Allied Health hosted a Wheelchair Seating Assessment programme this month at Grey Base Hospital. West Coast DHB Occupational Therapy and Physiotherapy staff and students were joined by colleagues from Canterbury DHB and South Canterbury DHB. The 'Seating to Go' programme, contracted by the Ministry of Health (MOH), form part of the competency pathway requirements for the Wheeled Mobility and Postural Management accreditation.

Work continues through the Supervision Co-ordination group to formalise the organisational expectations of frequency and format of Clinical, Professional and Administrative Supervision for all Nursing and Allied Health staff. A database of trained supervisors has also been centralised and training opportunities for future supervisors, and refreshing current supervisors continue to be explored.

Medical

Following sustained recruitment efforts the Buller Medical Service will have a full complement of Senior Medical Officers. Ahead of the new facility work is ongoing to develop the model of care to support this. A Rural Focussed Urban Specialist supporting local Rural Hospital Medicine Specialists and Physicians has been very successful in Paediatrics and this model is being explored for other disciplines.

Two West Coast DHB Senior Medical Officers have been appointed to roles in the West Coast Primary Health Organisation (PHO). These appointments will work with and support the PHO and signal a more collaborative approach to reduce the gaps between primary care/general practice and the hospital services. Dr Brendan Marshall was nominated as the second GP/Doctor representative to the PHO Clinical Governance Committee (CGC). Dr Andre Bonny has taken up the role of PHO Medical Director; the purpose of this role is to provide medical and clinical oversight, input and advice to the organisation.

QUALITY & SAFETY

Nursing & Midwifery

A new initiative has been introduced to the medical ward to encourage patients to get up, get dressed and move while in hospital. The concept is well socialised in the surgical service, with Advanced Recovery after Surgery (ERAS) encouraging patients to get moving as soon as possible post operatively. This has led to better recovery, a shorter hospital stay and the maintenance of independence. The introduction of 'End PJ Paralysis' is a campaign, led by a colleague (Brian Dolan) that encourages this elsewhere across the system. #EndPJparalysis is now a twitter campaign that has gained quite a following across New Zealand and the United Kingdom.

Allied Health

The Flexible Integrated Restorative Support Teams (FIRST) pilot is fast approaching with much of the operational planning complete. Once the initial client is identified, a smaller project group will commence the Calderdale Framework service analysis to identify which tasks Allied Health professionals (AHPs) can delegate to Home Based Support and Allied Health Assistant (AHA) staff. Because of the links with the UK based Calderdale team and the Queensland team, we anticipate that the tasks we identify will already have robust Clinical Task Instructions which we will use as the basis for training and assessing staff competency.

Allied Health leaders continue to work in partnership with Canterbury colleagues and across Primary and Community services on the West Coast to find ways that Allied Health can enhance service delivery outside the hospital environment. Workstreams currently underway involve Podiatry, Physiotherapy in General Practice and a single point of entry to Nutrition and Dietetic Services.

Discussions are underway between Allied Health and Information Services Group (ISG) as to how we can support the safe and appropriate use of 'apps' and cloud based assessment tools, supported by the

Canterbury DHB Allied Health Informatics Clinical Lead. Aspects that need to be considered are protection of patient information when stored on smart devices which link to cloud storage, that tools are clinically viable, evidence based and not going to do harm, and ensuring the DHB is not seen to promote or endorse particular general market based tools.

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

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, Finance & Corporate Services**

DATE: **24 March 2017**

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 January 20176.

3. DISCUSSION

Overview of January 2017 Financial Result

The consolidated West Coast District Health Board financial result for the month of January 2017 was a surplus of $0.301m, which was $0.064 favourable to budget. The year to date position is $0.038m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,020	6,999	21	√	48,480	48,958	(478)	×
Governance & Administration	69	69	0	√	482	563	(81)	×
Funder	4,902	5,014	(112)	×	34,907	35,098	(191)	×
	11,991	12,082	(91)	×	83,869	84,619	(750)	×
EXPENSES								
Provider								
Personnel	5,137	4,997	(140)	×	37,014	36,701	(313)	×
Outsourced Services	0	2	2	√	6	20	14	√
Clinical Supplies	574	636	62	√	4,884	4,579	(305)	×
Infrastructure	964	823	(141)	×	7,316	5,928	(1,388)	×
	6,675	6,458	(217)	×	49,220	47,228	(1,992)	×
Governance & Administration	69	69	0	√	482	563	81	√
Funder	4,485	4,802	317	√	31,533	33,691	2,158	√
Total Operating Expenditure	11,229	11,329	100	√	81,235	81,482	247	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	762	753	10	√	2,634	3,137	(503)	×
Interest, Depreciation & Capital Charge	461	516	55	√	3,147	3,612	465	√
Net surplus/(deficit)	301	237	64	√	(513)	(475)	(38)	×

4. APPENDICES

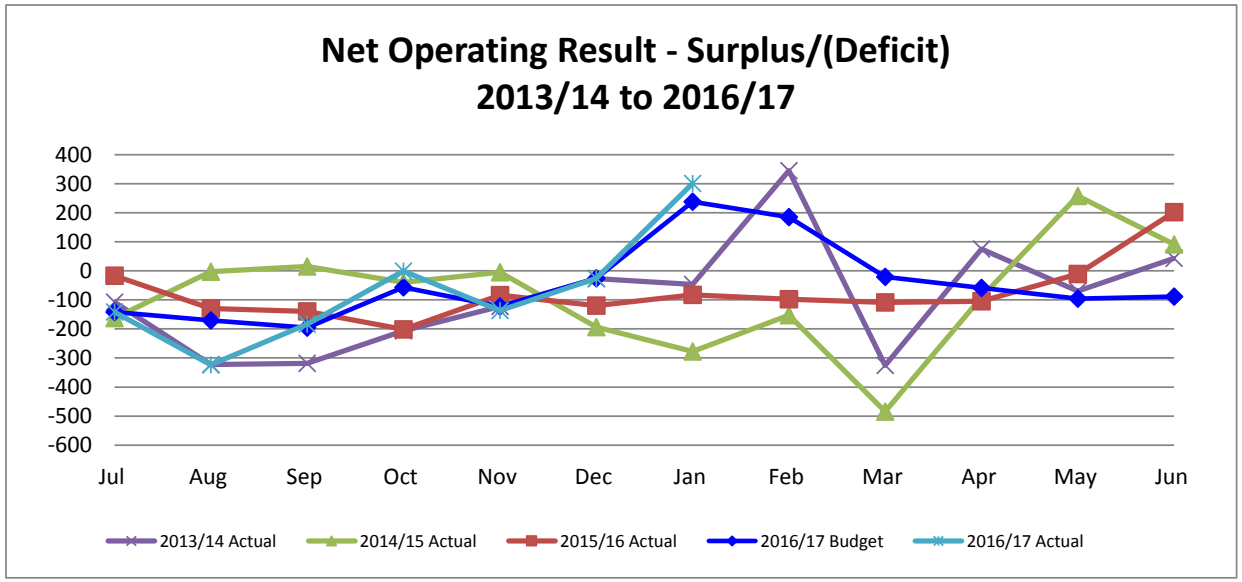
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JANUARY 2017

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	301	237	64	27% ✓	(513)	(475)	(38)	8% ✗

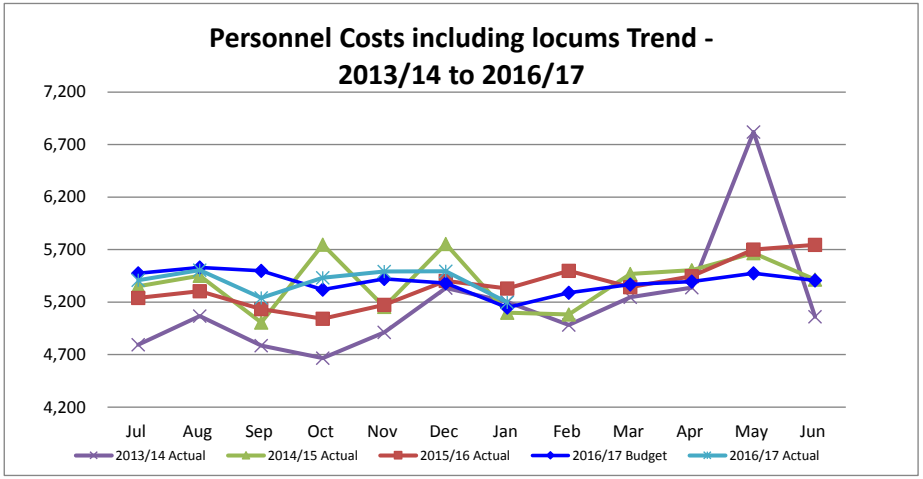


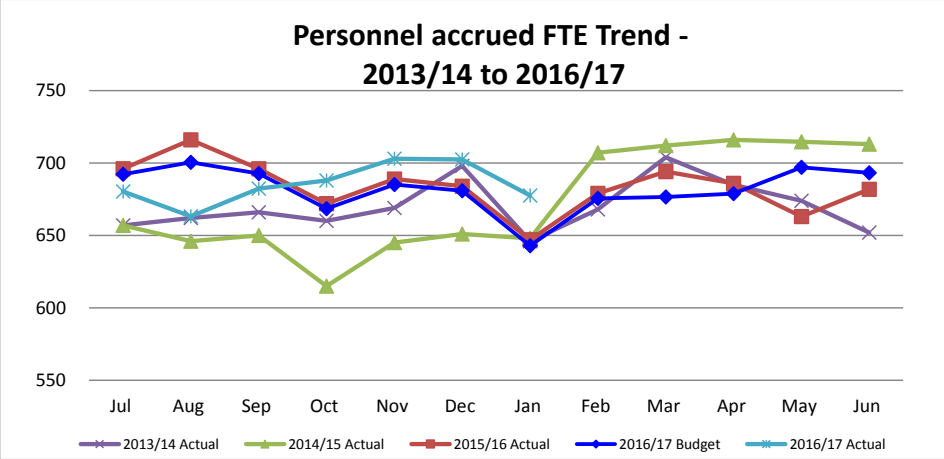
We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

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

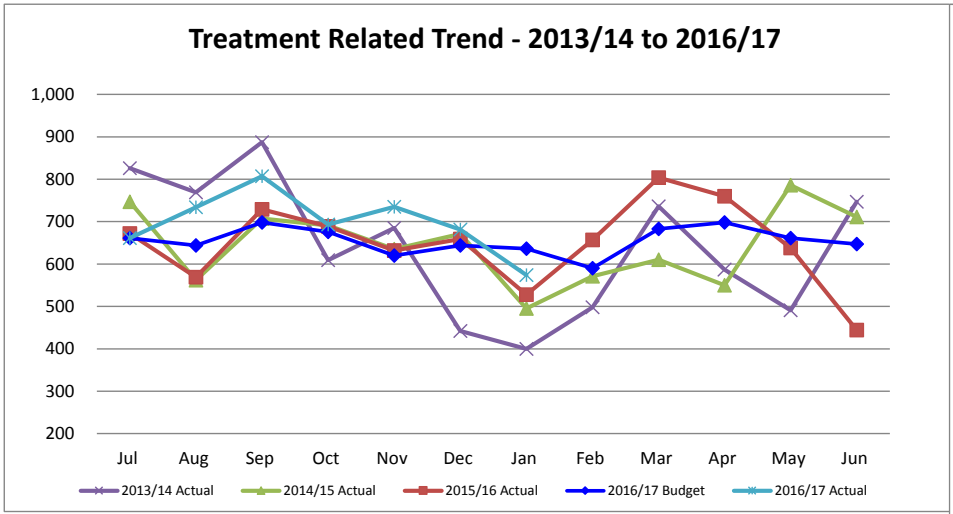


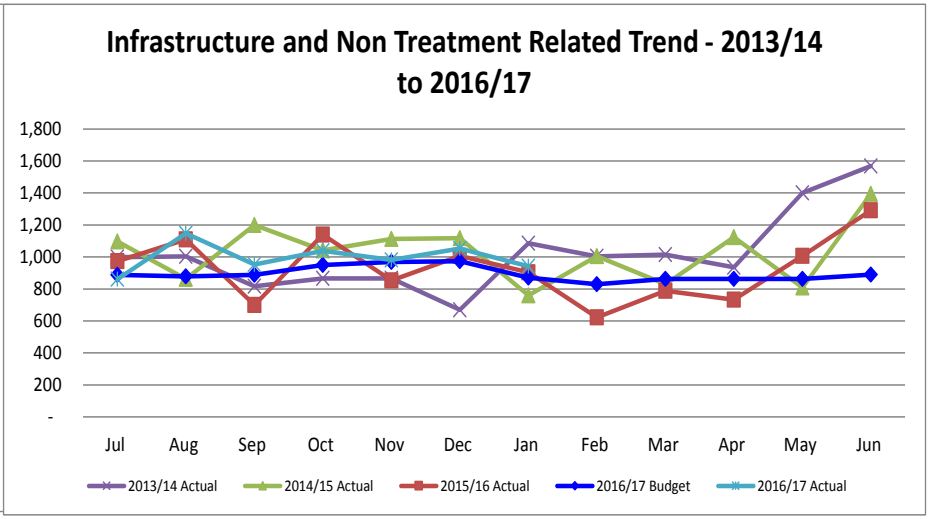


KEY RISKS AND ISSUES

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



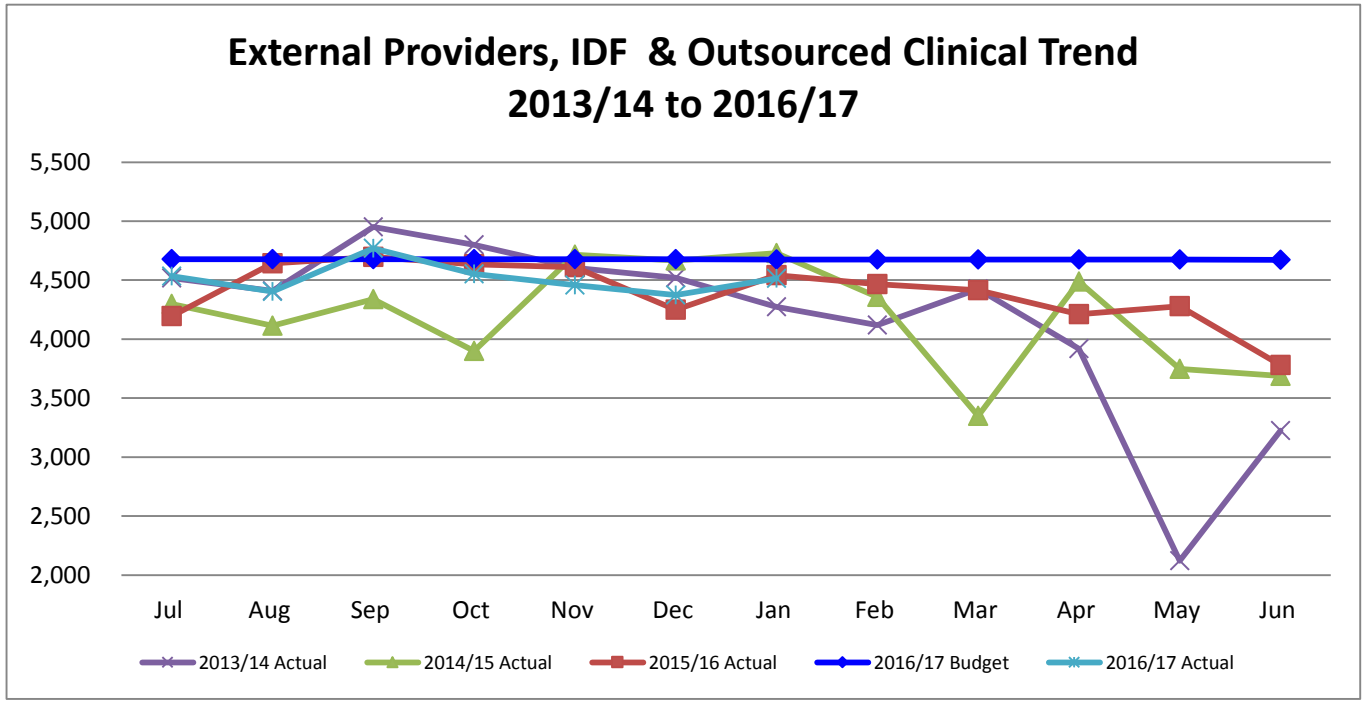


KEY RISKS AND ISSUES

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

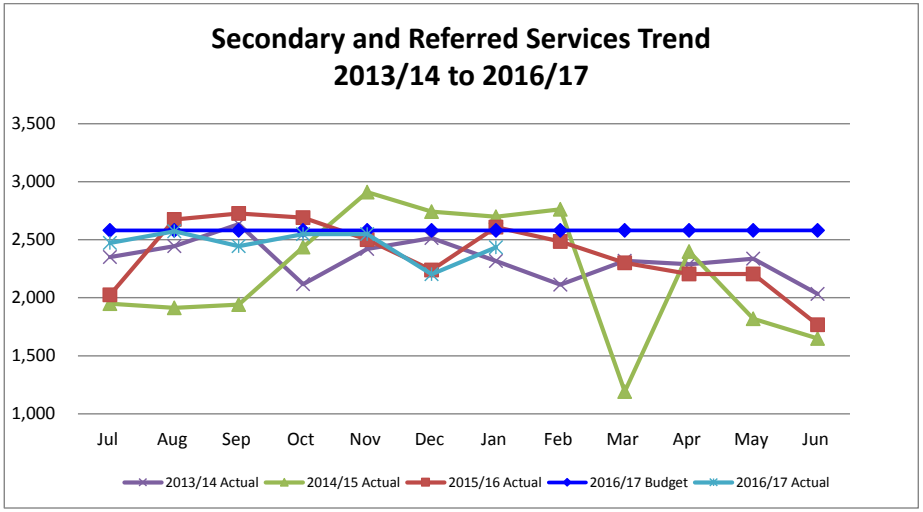
Capacity constraints within the system require continued monitoring of trends and demand for services.

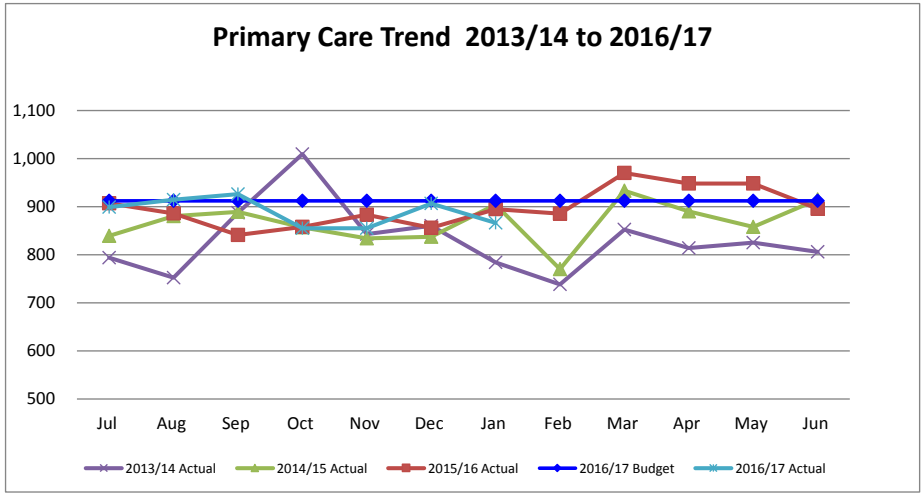
PLANNING AND FUNDING DIVISION

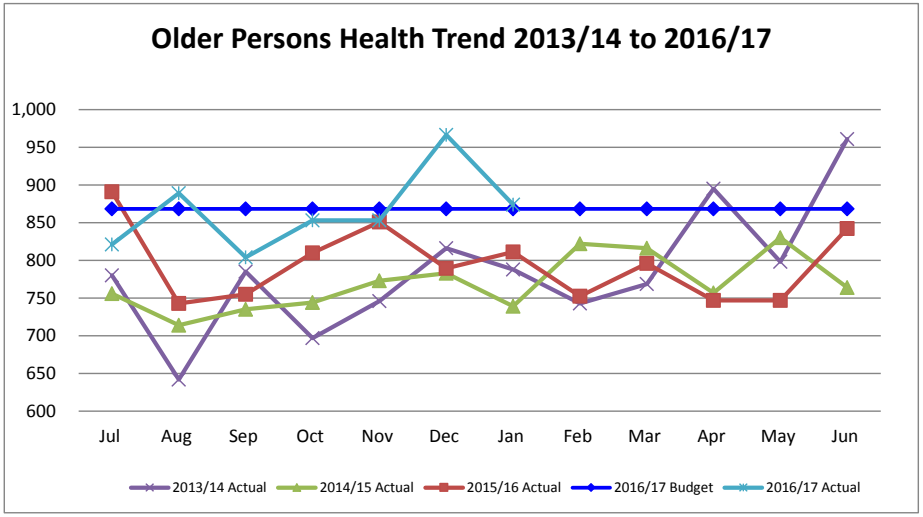
Month Ended January 2017

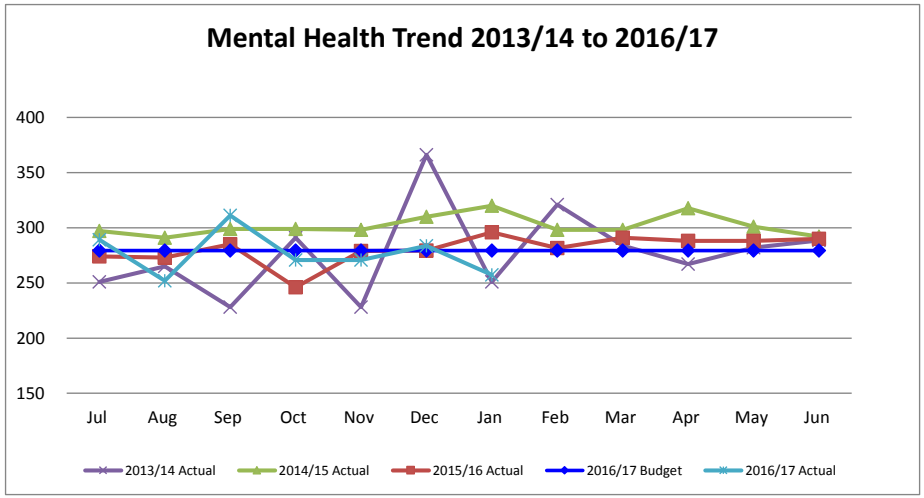
Current Month Actual $000	Budget $000	Variance $000	%		SERVICES	Year to Date Actual $000	Budget $000	Variance $000	%		2016/17 Annual Budget $000
					Primary Care						
18	28	10	35%	✓	Dental-school and adolescent	205	198	-6	-3%	✗	340
19	21	2	9%	✓	Maternity	133	149	17	11%	✓	256
1	1	0	0%	✗	Pregnancy & Parent	9	9	0	0%	✗	15
0	0	0		✓	Sexual Health	0	0	0		✓	0
4	4	1	15%	✓	General Medical Subsidy	16	29	13	44%	✓	50
513	522	9	2%	✓	Primary Practice Capitation	3,684	3,656	-28	-1%	✗	6,267
91	91	0	0%	✓	Primary Health Care Strategy	637	638	1	0%	✓	1,093
87	87	0	0%	✓	Rural Bonus	612	612	0	0%	✓	1,049
6	4	-2	-48%	✗	Child and Youth	36	29	-7	-23%	✗	50
0	10	10	97%	✓	Immunisation	23	73	50	68%	✓	125
5	5	0	0%	✓	Maori Service Development	33	33	0	0%	✓	57
52	45	-7	-15%	✗	Whanau Ora Services	365	317	-48	-15%	✗	543
25	14	-12	-85%	✗	Palliative Care	104	96	-8	-8%	✗	165
6	6	0	2%	✓	Community Based Allied Health	58	44	-13	-30%	✗	76
12	10	-2	-17%	✗	Chronic Disease	73	73	0	0%	✗	125
25	61	36	60%	✓	Minor Expenses	275	426	152	36%	✓	731
866	**912**	**46**	**5%**	✓		**6,261**	**6,383**	**122**	**2%**	✓	**10,942**
					Referred Services						
27	26	-1	-5%	✗	Laboratory	184	183	-1	-1%	✗	313
659	666	7	1%	✓	Pharmaceuticals	4,089	4,661	572	12%	✓	7,991
686	**692**	**6**	**1%**	✓		**4,273**	**4,844**	**571**	**12%**	✓	**8,304**
					Secondary Care						
200	223	23	10%	✓	Inpatients	1,122	1,562	441	28%	✓	2,678
167	126	-41	-33%	✗	Radiolgy services	1,032	881	-151	-17%	✗	1,510
96	114	18	16%	✓	Travel & Accommodation	695	795	100	13%	✓	1,362
1,285	1,425	140	10%	✓	IDF Payments Personal Health	9,910	9,978	68	1%	✓	17,105
1,748	**1,888**	**140**	**7%**	✓		**12,758**	**13,215**	**457**	**3%**	✓	**22,655**
3,300	**3,492**	**192**	**5%**	✓	**Primary & Secondary Care Total**	**23,292**	**24,443**	**1,150**	**5%**	✓	**41,902**
					Public Health						
13	23	11	45%	✓	Nutrition & Physical Activity	86	163	77	47%	✓	279
11	11	0	0%	✓	Tobacco control	84	78	-6	-8%	✗	133
24	**34**	**11**	**31%**	✓	**Public Health Total**	**170**	**241**	**71**	**29%**	✓	**412**
					Mental Health						
7	7	0	0%	✓	Dual Diagnosis A&D	50	50	0	0%	✓	85
0	0	0		✓	Eating Disorders	11	0	-11		✗	0
20	20	0	0%	✓	Child & Youth Mental Health Services	140	140	0	0%	✓	240
5	8	2	33%	✓	Mental Health Work force	109	53	-57	-108%	✗	90
-41	61	102	167%	✓	Day Activity & Rehab	324	425	102	24%	✓	729
11	11	0	0%	✓	Advocacy Consumer	75	75	0	0%	✓	128
169	81	-88	-109%	✗	Other Home Based Residential Support	654	566	-88	-16%	✗	970
11	11	0	0%	✓	Advocacy Family	77	77	0	0%	✓	132
10	16	6	38%	✓	Community Residential Beds	68	111	43	38%	✓	190
66	66	0	0%	✓	IDF Payments Mental Health	459	459	0	0%	✓	787
257	**279**	**22**	**8%**	✓		**1,966**	**1,955**	**-11**	**-1%**	✗	**3,351**
					Older Persons Health						
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
77	84	7	9%	✓	Home Based Support	720	590	-130	-22%	✗	1,012
7	6	-2	-28%	✗	Caregiver Support	38	41	2	6%	✓	70
211	242	31	13%	✓	Residential Care-Rest Homes	1,584	1,692	108	6%	✓	2,900
9	9	0	-1%	✗	Residential Care-Community	64	64	0	0%	✗	110
451	404	-47	-12%	✗	Residential Care-Hospital	2,777	2,830	53	2%	✓	4,851
9	10	1	14%	✓	Day programmes	96	70	-25	-36%	✗	121
8	11	3	28%	✓	Respite Care	61	77	15	20%	✓	132
1	1	0	0%	✓	Community Health	9	9	0	0%	✓	15
1	1	0	12%	✓	Minor Disability Support Expenditure	9	9	0	2%	✓	16
99	99	0	0%	✗	IDF Payments-DSS	695	695	0	0%	✗	1,192
874	**868**	**-6**	**-1%**	✗		**6,054**	**6,078**	**24**	**0%**	✓	**10,419**
1,131	**1,147**	**16**	**1%**	✓	**Mental Health & OPH Total**	**8,020**	**8,032**	**13**	**0%**	✓	**13,770**
4,455	**4,674**	**218**	**5%**	✓	**TOTAL EXPENDITURE**	**31,482**	**32,716**	**1,234**	**4%**	✓	**56,084**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	11,896	11,934	(38)	0%	✕	12,341
Cash	12,040	13,474	(1,434)	-11%	✕	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 January 2017

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	11,551	11,594	(43)	(0.4%)	80,848	81,158	(310)	(0.4%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	49	(47)	(95.9%)	84	76
Inter District Flows Revenue	139	139	0	0.0%	965	973	(8)	(0.8%)	1,744	1,487
Patient Related Revenue	239	248	(9)	(3.6%)	1,551	1,736	(185)	(10.7%)	2,962	2,873
Other Revenue	62	94	(32)	(34.0%)	503	703	(200)	(28.4%)	1,112	984
Total Operating Revenue	11,991	12,082	(91)	(0.8%)	83,869	84,619	(750)	(0.9%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,198	5,147	(51)	(1.0%)	37,769	37,749	(20)	(0.1%)	64,670	64,396
Outsourced Services	0	2	2	100.0%	6	20	14	70.0%	30	30
Treatment Related Costs	574	636	62	9.7%	4,885	4,579	(306)	(6.7%)	7,858	7,781
External Providers	3,134	3,085	(49)	(1.6%)	21,147	21,595	448	2.1%	37,000	36,269
Inter District Flows Expense	1,351	1,589	238	15.0%	10,386	11,123	737	6.6%	19,084	16,380
Outsourced Services - non clinical	31	0	(31)	0.0%	68	0	(68)	0.0%	0	0
Infrastructure and Non treatment related costs	941	870	(71)	(8.2%)	6,974	6,417	(557)	(8.7%)	10,723	11,129
Total Operating Expenditure	11,229	11,329	100	0.9%	81,235	81,483	248	0.3%	139,365	135,985
Result before Interest, Depn & Cap Charge	762	753	9	1.2%	2,634	3,136	502	16.0%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	48	54	6	11.1%	320	378	58	15.3%	648	651
Depreciation	342	380	38	10.0%	2,356	2,660	304	11.4%	4,572	4,572
Capital Charge Expenditure	71	82	11	13.4%	471	574	103	17.9%	984	978
Total Interest, Depreciation & Capital Charge	461	516	55	10.7%	3,147	3,612	465	12.9%	6,204	6,201
Net Surplus/(deficit)	301	237	64	(26.8%)	(513)	(475)	(38)	(8.1%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	301	237	64	(26.8%)	(513)	(475)	(38)	(8.1%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 January 2017

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,465	23,960	(495)	(2.1%)	25,444
Intangible assets	614	394	220	55.8%	681
Work in Progress	2,494	1,981	513	25.9%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	27,140	26,902	238	0.9%	28,106
Current assets					
Cash and cash equivalents	12,040	13,474	(1,434)	(10.6%)	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	1,007	986	21	2.1%	986
Debtors and other receivables	6,555	5,046	1,509	29.9%	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	19,676	19,580	96	0.5%	18,851
Total assets	46,816	46,482	334	0.7%	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,945	10,945	0	0.0%	10,945
Employee entitlements and benefits	2,895	2,629	(266)	(10.1%)	2,629
Total non-current liabilities	13,840	13,574	(266)	(2.0%)	13,574
Current liabilities					
Interest-bearing loans and borrowings	3,500	3,500	0	0.0%	3,500
Creditors and other payables	7,674	8,161	487	6.0%	8,161
Employee entitlements and benefits	9,906	9,313	(593)	(6.4%)	9,313
Total current liabilities	21,080	20,974	(106)	(0.5%)	20,974
Total liabilities	34,920	34,548	(372)	(1.1%)	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)	(82,749)	(82,691)	58	0.1%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	11,896	11,934	38	0.3%	12,409
Total equity and liabilities	46,816	46,482	334	0.7%	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 January 2017

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	11,540	12,042	(502)	(4.2%)	83,742	84,374	(632)	(0.7%)
Cash paid to employees	(4,646)	(5,147)	501	9.7%	(37,034)	(37,749)	715	1.9%
Cash paid to suppliers	(1,962)	(1,508)	(454)	(30.1%)	(13,053)	(11,015)	(2,038)	(18.5%)
Cash paid to external providers	(4,338)	(3,085)	(1,253)	(40.6%)	(19,592)	(21,595)	2,003	9.3%
Cash paid to other District Health Boards	(147)	(1,589)	1,442	90.7%	(11,941)	(11,123)	(818)	(7.4%)
Cash generated from operations	447	713	(266)	(37.3%)	2,122	2,892	(770)	(26.6%)
Interest paid	(48)	(54)	6	11.1%	(320)	(378)	58	15.3%
Capital charge paid	(71)	(82)	11	13.4%	(471)	(574)	103	17.9%
Net cash flows from operating activities	328	577	(249)	(43.2%)	1,331	1,940	(609)	(31.4%)
Cash flows from investing activities								
Interest received	50	40	10	25.0%	249	245	4	1.6%
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(173)	(208)	35	16.8%	(1,390)	(1,456)	66	(4.5%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(123)	(168)	45	(26.8%)	(1,141)	(1,211)	70	5.8%
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	205	409	(204)	(49.9%)	190	1,607	(1,417)	(88.2%)
Cash and cash equivalents at beginning of period	11,835	13,065	(1,230)	(9.4%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	12,040	13,474	(1,434)	(10.6%)	12,040	13,474	(1,434)	(10.6%)

WELLBEING HEALTH AND SAFETY UPDATE

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

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

SOURCE: **People and Capability**

DATE: **24 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report provides an update on employee wellbeing, health and safety activities and provides a high-level dashboard for January 2017 and Quarter 4 of 2016.

2. RECOMMENDATION

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

i. Note the Wellbeing Health & Safety Update.

3. SUMMARY

General

A range of other wellbeing, health and safety activities continue to progress. These are outlined below.

Of particular note is the appointment of an Occupational Health and Safety Advisor for the West Coast. The successful applicant will commence on 6 March 2017.

Wellbeing

A contract has been signed for the staff wellbeing and strengths based workshops. Planning is underway to provide a calendar of dates across the Greymouth and Westport sites.

Health and Safety

Safety Advisors continue to work with line managers and Health and Safety Representatives to increase their knowledge and ensure a safe working environment. Two training sessions in risk management have been held for managers. Safety Advisor attended the last health and safety meeting in Greymouth and has been working with the Manager of maintenance and engineering to resolve some identified issues.

Occupational Health

The general vaccination programme for staff continues to be carried out by Occupational Health Nurses supported from Canterbury DHB, including pre-employment health screening. The staff influenza vaccination programme has been confirmed including the identification of authorised vaccinators. Communication collateral will be based on the national campaign, shared between the Canterbury DHB and West Coast DHB, with specific material also produced for the West Coast DHB.

Health and Safety System Review

Development of the policy and procedure framework is well underway and confirming the architecture of the document management system. Planning is also well underway to inform the roles and responsibility with respect to who owns the risk and controls. The focus will then turn to procedures for contractor management. Phase two is on target to commence in Quarter 2 2017 (April – June).

Key Milestones: Health and Safety System Review	Due	Status
Detailed work plan complete	Q3	
Work programme commenced [phase one]	Q4	
Phase 1 continues	Q1	
Work programme commenced [phase two]	Q2	

Occupational Health and Injury Management Service Review

Current state mapping has been completed and is now being proof tested and a project manager has been identified. The scope of the review is in draft which will go to Mary Gordon (Executive Director of Nursing, Canterbury DHB) and Michael Frampton (General Manager People and Capability) as co-sponsors of the review.

Key Milestones: Occupational Health and Injury Management Service Review	Due	Status
Project sponsor and Terms of Reference confirmed	Q3	
Current state review complete	Q4	
Scope confirmed	Q1	
Future state design complete	Q2	

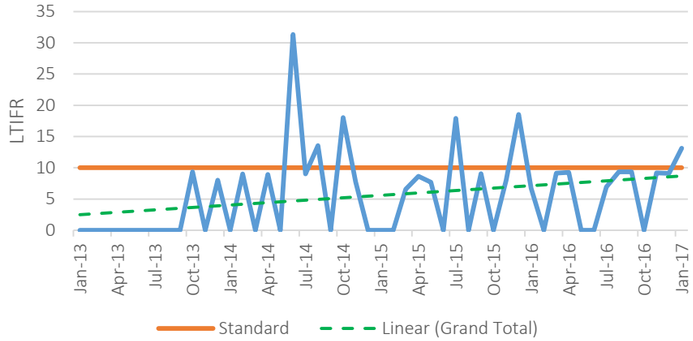
4. APPENDICES

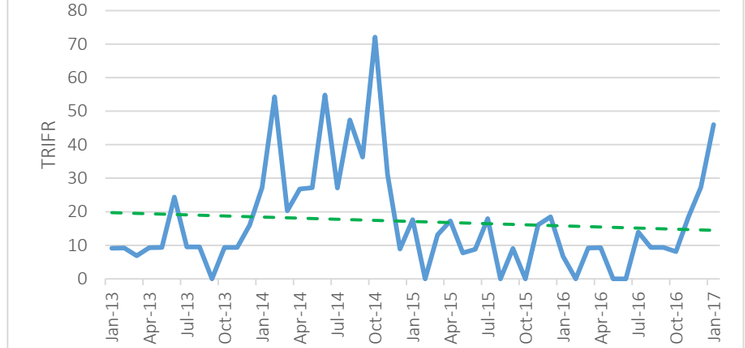
Appendix 1: Wellbeing, Health and Safety Dashboard

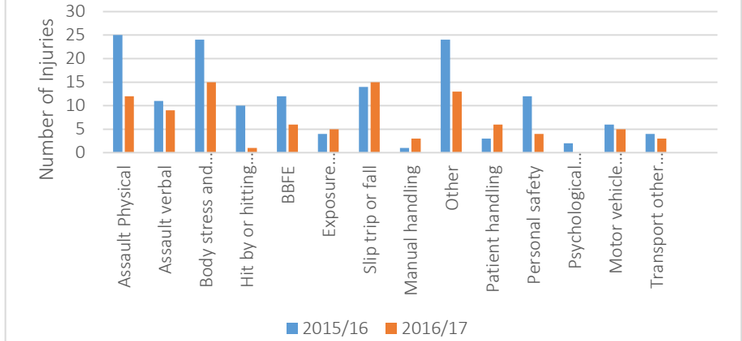
Report prepared by: Mark Lewis, Manager Wellbeing Health

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

Wellbeing, Health and Safety Dashboard: West Coast District Health Board [January 2017]





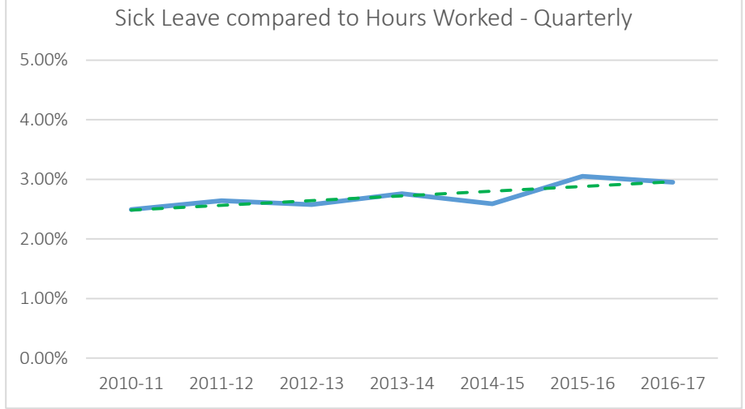


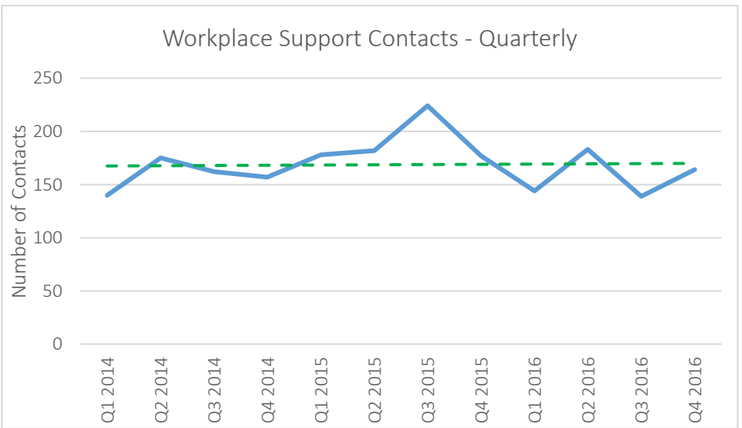
Worksafe Notifiable Events - Monthly

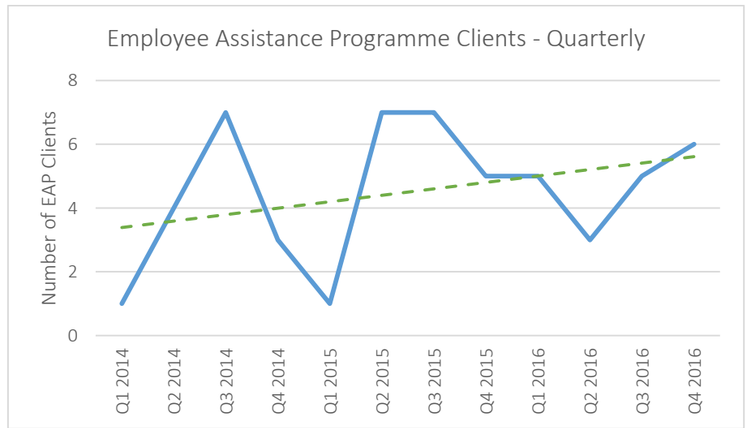
Event	Nov-16	Dec-16	Jan-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Duty Holder Review	Nov-16	Dec-16	Jan-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Please note: The above are raw scores.







Prepared by: Mark Lewis, Manager Wellbeing Health and Safety
Approved by: Michael Frampton, General Manager People and Capability

Lost Time Injury Frequency [monthly]

Description:
Lost time injury frequency rates are based on the number of loss time injuries per million hours worked. The loss time injury frequency is compared to the ACC Healthcare Levy Risk Group Average of 10 [standard].

Comment:
Lost time injuries are consistently below the ACC health industry standard ratio.

Focus:
Reviewing Safety 1st injury trends, completing risk assessments as part of the migration from hazard registers to risk registers.

Combined Injury Frequency [monthly]

Description:
Combined injury frequency is a ratio based on the number of all ACC accepted medical treatment claims per million hours worked.

Comment:
Whilst there was a spike in January with 7 staff experincing injuries that required medical tretament, injury rates continue to decline over the reporting period [three years].

Focus:
Reviewing Safety 1st injury trends, completing risk assessments as part of the migration from hazard registers to risk registers.

Mechanism of Harm: Employee Events [rolling 12 months]

Description:
Number of Employee Events as reported on Safety1st in the last 12 month period compared to the previous 12 months.

Comment:
Compared to the previous 12 months, the three key mechanisms of harm; body stress and strain, physical assualt and slip | trip and falls.

Focus:
Reviewing Safety 1st injury trends, completing risk assessments as part of the migration from hazard registers to risk registers.

Worksafe Notifiable Events [monthly]

Description:
Events reported and confirmed by WorkSafe that meet the legislative definition of notifiable.

Comment:
Nothing to report.

Focus:

Sick Leave [quarterly]

Description:
Sick leave taken compared to hours worked.

Comment:
There has been a steady increase in the requirement for staff to utilise sick leave. However, there was a decline over Quarter 4 [Oct – Dec].

Focus:
People and Capability will monitor the situation and work with management to identify trends over Quarter 1 [Jan – Mar].

Paid Leave [quarterly]

Description:
Annual leave taken relative to entitlment.

Comment:
Paid leave statistics have not been included due to some inconsistencies in the data. This will be resolved prior to the next reporting period.

Focus:

Workplace Support [quarterly]

Description:
Number of contacts in relation to organisational headcount.

Comment:
Access has been steadily increased for staff to independent and confidential support services. Workplace Support has been targeted on specific areas as required, with a small increase in the average number of contacts over the last couple of years.

Focus:
Confidential couselling services, and current contracts in place, will be reviewed in Quarter 2 [Oct – Dec] to ensure staff have access to the required services.

Employee Assistance Programme [quarterly]

Description:
Number of clients in relation to organisational headcount.

Comment:
Access has been steadily increased for staff to independent and confidential support services. As well as increasing access, there has been active promotion of the services available through a number of channels. This coupled with the positive experiences of staff who have utilised the services has seen a steady increase in uptake.

Focus:
Confidential couselling services, and current contracts in place, will be reviewed in Quarter 2 [Oct – Dec] to ensure staff have access to the required services.

Prepared by: Mark Lewis, Manager Wellbeing Health and Safety
Approved by: Michael Frampton, General Manager People and Capability

DISABILITY ACTION 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: **Planning and Funding**

DATE: **24 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This paper provides a summary of activity undertaken, or to be undertaken in progressing the Priority Actions 2016/17 of the Disability Action Plan 2016 -2026. Regular updates were requested by the Community and Public Health & Disability Support Advisory Committee and will be provided to the Board.

2. RECOMMENDATION

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

i. note the activity being undertaken, or to be undertaken in progressing the Priority Actions 2016/17 of the Disability Action Plan 2016 -2026.

3. DISCUSSION

As part of the approvals process for the Transalpine Disability Health Action Plan (the Plan) it was identified that wherever possible the Priority Actions would be progressed within existing systems and processes such as the Alliance Leadership Team and via the transalpine approach where resources are shared across the two DHB's e.g. People and Capability. This report summarises the current activity or that which is planned.

For the purpose of being succinct this report groups the 17 objectives from the Disability Action Plan into the following categories.

1. Integrating and Addressing Gaps in Services for People with Disabilities

   a. The Work Streams and Service Level Alliances are developing their 2017/18 Work Plans and as a requirement of this, the Work Plans are to include actions that progress the objectives of the Disability Action Plan. The initial drafts are due back to the Alliance Leadership Team on 23 March with final approval due on 11 May 2017.

   b. To address the delay in discharge from hospital settings in the Canterbury DHB of people with disabilities who have complex needs, a series of meetings is being planned to identify a decision matrix and resolution pathway between DSS and the DHB. A draft Terms of Reference has been developed jointly by DSS and Canterbury DHB and will be circulated more widely as it is DSS's intention that if a successful process is identified it could be adapted and adopted across other DHB's. The West Coast DHB will be offered to be part of this process by having input into the draft TOR and participating in the meetings. Once developed the group's recommendations will be taken back to each organisation for the

required approvals.

The need for a broader more accessible range of respite options for children with a disability is being progressed within the Child and Youth Work Stream as it was included in their 2016/17 Work Plan. The range of respite options available is being considered as part of the plan, and this is particularly important given DSS data identifies that only 5 children aged between 0-19 years are allocated respite via disability funding on the West Coast.

2. Provide Accessible Information and Improve Communication

   a. A draft Transalpine DHB Communications Plan has been developed and has been considered at the February Canterbury DHB Disability Steering Group meeting and will have further input from the West Coast through March 2017. The plan includes the rebuilding of 2 DHB most used websites as the starting point to make the 2 DHB's websites fully accessible. The Plan also includes identifying and getting key documents into Easy Read format and setting up regular communication platforms with the disability community by using a variety of tools such as newsletters, websites and social media.

   b. A detailed plan on the multifaceted approach required to increase staff disability awareness is to be developed and progressed through People and Capability.

   c. Quality and Patient Safety have the development of a policy on the use of sign language and access to interpreters on their 2016-17 Work Plan, along with having the complaints process available in easy read.

3. Increase the opportunity for employment in the Canterbury DHB and across the health system

   a. People and Capability are to develop an affirmative action plan that will lead to processes that enables and supports more people that have an impairment to be employed within the Canterbury and West Coast DHB's. Increasing the number of people with disabilities employed is identified as part of their current review of the employee life cycle which includes a focus on improving equity, diversity and inclusion for the workforce and is scheduled to be concluded by late April 2017.

4. Accessible West Coast

   a. The West Coast Resource Centre has engaged Brian Eriksen, the Taranaki Disability Strategy founder and leader of the Disability coalition partners in Taranaki to lead a series of workshops on developing a West Coast Accessibility Coalition. Currently a draft Terms of Reference is being developed with the intention that this will inform the future collaborative work to address barriers to accessibility across the West Coast. The key coalition partners include the District Councils, Police, Presbyterian Support and the West Coast DHB.

5. Implementing the Plan in Partnership

   a. The Communication Plan is critical here in ensuring ongoing engagement with the disability community and ensuring they are aware of activity being undertaken to improve the experience and outcomes of people with disabilities of the health system.

   b. A plan for refreshing the Priority Actions with engagement from the disability sector needs to be planned and the Actions amended if necessary by the end of 2017.

4. CONCLUSION

The current momentum is expected to accelerate as focused work is progressed, as identified in the section above. A dashboard reporting template is to be developed with the assistance of the Planning and Funding Analyst Team and this will complement written and verbal updates provided to CPH&DSAC quarterly through 2017.

Report prepared by:	Kathy O'Neill, Team Leader Planning and Funding
Report approved for release by:	Stella Ward, Executive Director of Allied Health, Scientific and Technical, Canterbury and West Coast District Health Boards

HEALTH TARGET REPORT - QUARTER 2

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

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

SOURCE: **Planning & Funding**

DATE: **24 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with West Coast's progress against the national health targets for Quarter 2 (October-December 2016). The attached report provides an account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 2 health target league table is attached to this report.

2. RECOMMENDATION

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

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

3. SUMMARY

In Quarter 2, the West Coast has:

- Achieved the **shorter stays in ED** health target, with 99.8% of people admitted or discharged within six hours. The West Coast continues to maintain consistent performance against this health target.
- Achieved the **improved access to elective surgery** health target, with 991 elective surgical discharges year-to-date, delivering 106.7% of planned discharges against target.
- Achieved the **better help for smokers to quit** health target, with practitioners giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against the 90% target.
- Improved performance against the **faster cancer treatment health target** with results lifting from 63% to 76.2**%.** This result reflects only five patients whose treatment was non-compliant with target. Audits into patient pathways have taken place with no capacity issues identified
- Improved performance against the **increased immunisation health target**, missing only three children during this quarter. West Coast vaccinated **8**0**%** of the eligible population.

Health target performance has been weaker in the following areas:

- Performance decreased against raising **healthy kids health target** to 0%. Six children were identified as obese and not referred. The result is a concern for us and we have made contact with the Ministry team to discuss this directly.

4. APPENDICES

Appendix 1: 2016/2017 West Coast Health Target Report – Quarter 2

Report prepared by: Sarah Fawthrop, Planning & Funding
Report approved by: Carolyn Gullery, General Manager, Planning & Funding

National Health Targets Performance Summary

Quarter 2 2016/17 *(October – December 2016)*

Target Overview

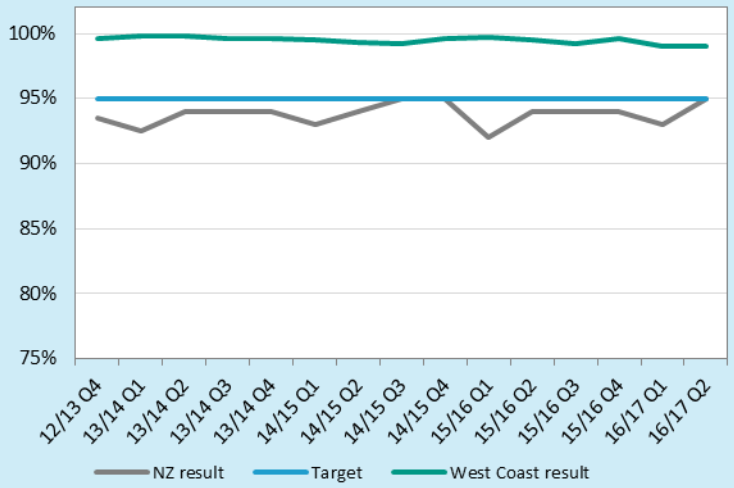
Target	Q3 15/16	Q4 15/16	Q1 16/17	**Q2 16/17**	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99%	100%	99%	99%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery[1]	1,442	1,942	480	991	1,906	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	75%	80%	63%	76%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	89%	78%	76%	80%	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	82%	79%	84%	91%	90%	✓	4
Raising Healthy Kids Percent of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle interventions	New	New	40%	0%	95%	✗	4

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 99.8% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.

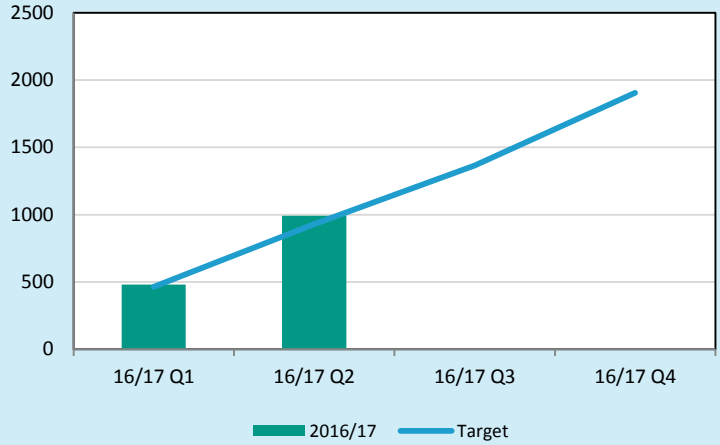
The ED team continues to work closely with General Practice providers to improve access to appointments. Work is currently underway to better understand how our current technology systems such as MedTech and iPM can be developed into an integrated system for the transition to the new Hospital. The same project lead is also conducting work on Heath Connect South and having discharge letters uploaded to this system.

Improved Access to Elective Surgery

Target: *1,906 elective surgeries in 2016/17*

✔

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



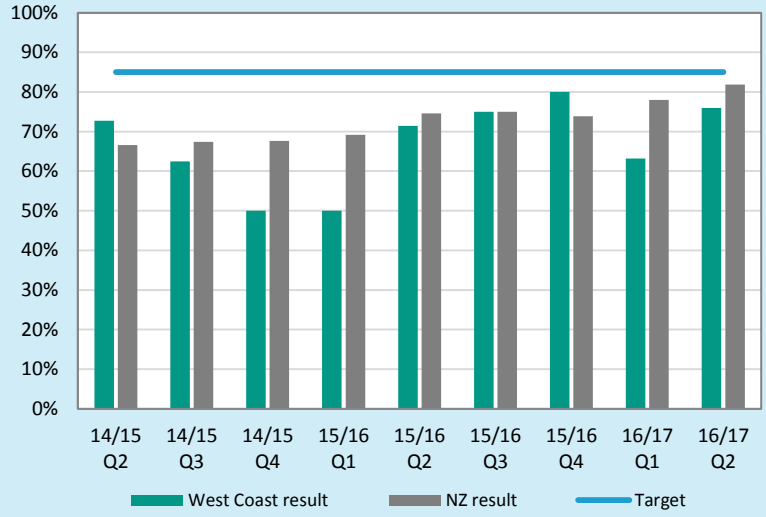
This quarter, West Coast DHB provided 991 elective surgical discharges, delivering 106.7**%** of planned discharges against target.

[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 increased this quarter to 76.2% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

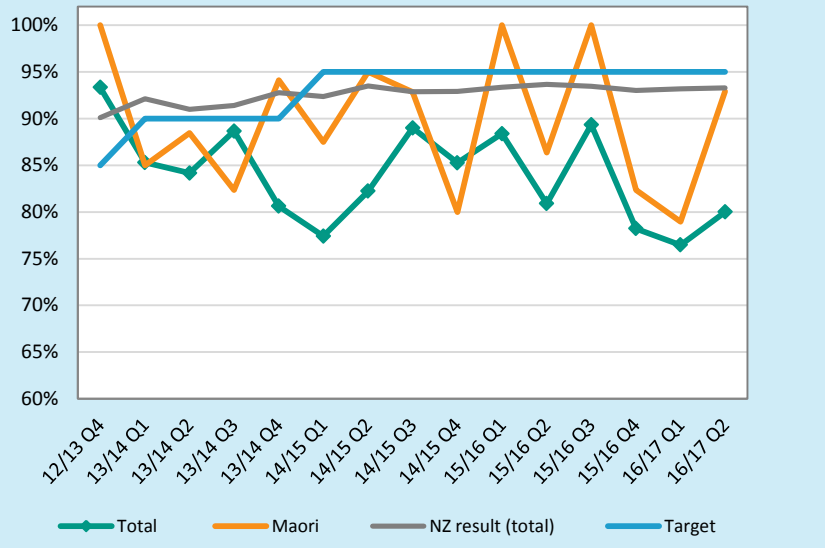
Small numbers are a challenge and this result reflects only five patients whose treatment was non-compliant with target. Audits into patient pathways have taken place with no capacity issues identified.

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 two, 80% of all eight-month-olds were fully immunised.

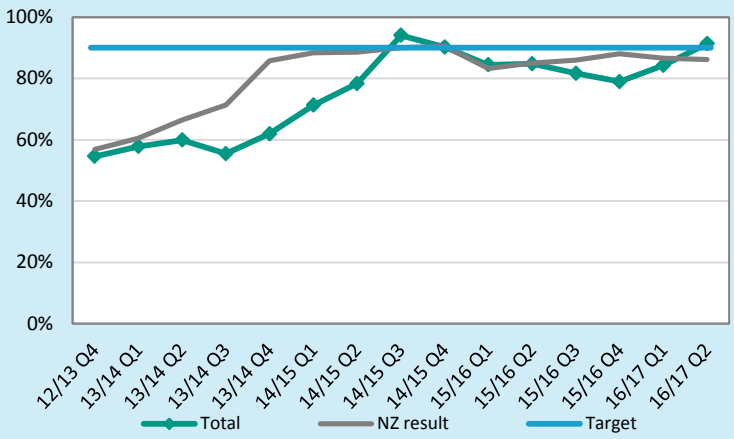
Opt-offs (11) and declines (3) increased slightly this quarter to a combined total of 14 or 16.3%. This continues to make meeting the target impossible.

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



✔

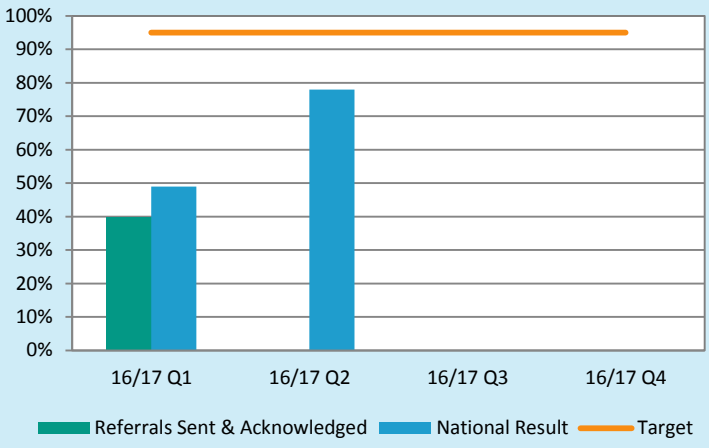
West Coast health practitioners have reported giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against the 90% target.

The DHB is pleased to have improved performance by 7% since the previous quarter and to once again meet the national Health Target

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.



NB: Data for this target is based on all *acknowledged* referrals for obese children

✘

This quarter, six children were identified as obese and not referred. It was expected (due to our small numbers) that results would fluctuate against this new target as the approach is embedded. However this result is a concern for us and we have made contact with the Ministry team to discuss this directly.

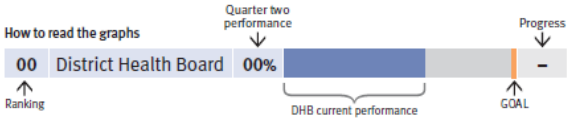
We have also met locally to understand this result and staff have identified issues with the accuracy of identifying the correct BMI at the time of the B4 School Check (B4SC) as access to the database is limited by poor connectivity at many of the West Coast clinic sites and the hard copy chart is open to error. This issue has been discussed at a national level and we will be looking to improve database access to allow the result for those children close to 98th centile to be confirmed. B4SC staff will also be encouraged to offer referral to children who come close to the 98th centile.

National Health Targets Performance Table – Quarter 2 2016/17 *(October- December 2016)*

My District Health Board

2016/17 QUARTER TWO (OCTOBER–DECEMBER 2016) RESULTS

How to read the graphs



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 two performance (%)	Change from previous quarter
1	West Coast	99	–
2	Waitemata	97	–
3	South Canterbury	96	–
4	Bay of Plenty	96	▲
5	Nelson Marlborough	96	–
6	Counties Manukau	96	–
7	Hutt Valley	95	▲
8	Wairarapa	95	–
9	Tairawhiti	95	–
10	Auckland	95	–
11	Hawke's Bay	95	▲
12	Canterbury	95	▲
13	Whanganui	95	–
14	Taranaki	94	–
15	Southern	94	▲
16	Lakes	93	▲
17	MidCentral	93	▲
18	Northland	93	–
19	Capital & Coast	88	▲
20	Waikato	88	▼
	All DHBs	94	–

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 97,092 discharges for the year to date, and have delivered 3,300 more.

		Quarter two performance (%)	Progress against plan (discharges)
1	Northland	125	▲
2	Taranaki	112	▲
3	Whanganui	111	▲
4	Tairawhiti	108	▲
5	Counties Manukau	108	▲
6	Nelson Marlborough	107	▲
7	MidCentral	107	▲
8	West Coast	107	▲
9	Waitemata	106	▲
10	Waikato	106	▲
11	Bay of Plenty	104	▲
12	Lakes	104	▲
13	Hutt Valley	101	▲
14	Hawke's Bay	99	▼
15	Southern	99	▼
16	Auckland	97	▼
17	Wairarapa	96	▼
18	Capital & Coast	95	▼
19	Canterbury	95	▼
20	South Canterbury	93	▼
	All DHBs	103	▲

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. Results cover those patients who received their first cancer treatment between 1 July and 31 December 2016.

		Quarter two performance (%)	Change from previous quarter
1	Waitemata	90	▲
2	South Canterbury	90	▲
3	Auckland	88	▲
4	Lakes	88	▲
5	Waikato	86	▲
6	Canterbury	85	▲
7	Nelson Marlborough	84	▲
8	Bay of Plenty	84	▲
9	Southern	83	▲
10	Northland	83	▲
11	Wairarapa	82	▲
12	Capital & Coast	82	▼
13	MidCentral	81	▲
14	Tairawhiti	80	▲
15	Taranaki	77	▲
16	West Coast	76	▲
17	Whanganui	74	▼
18	Counties Manukau	74	▼
19	Hutt Valley	68	▲
20	Hawke's Bay	65	–
	All DHBs	82	▲

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 October and December 2016 and who were fully immunised at that stage.

		Quarter two performance (%)	Change from previous quarter
1	Hutt Valley	97	▲
2	Auckland	95	▲
3	Hawke's Bay	95	–
4	Wairarapa	95	▲
5	Capital & Coast	95	▲
6	MidCentral	95	–
7	Canterbury	95	–
8	Counties Manukau	94	–
9	Southern	94	–
10	Lakes	94	▲
11	Whanganui	93	▼
12	Taranaki	93	–
13	Waitemata	92	▼
14	South Canterbury	92	▼
15	Waikato	92	–
16	Nelson Marlborough	91	▲
17	Tairawhiti	90	–
18	Northland	89	▼
19	Bay of Plenty	86	–
20	West Coast	80	▲
	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.

		Quarter two performance (%)	Change from previous quarter
1	West Coast	91	▲
2	Lakes	90	–
3	Bay of Plenty	90	▲
4	Counties Manukau	89	–
5	Waitemata	88	▲
6	Hutt Valley	88	▲
7	Auckland	88	–
8	Wairarapa	88	–
9	South Canterbury	87	▲
10	Hawke's Bay	87	▲
11	Nelson Marlborough	87	▼
12	Waikato	87	–
13	Tairawhiti	86	▼
14	Capital & Coast	86	–
15	Taranaki	86	–
16	Canterbury	85	▼
17	Whanganui	85	–
18	MidCentral	84	▼
19	Northland	81	▼
20	Southern	75	▼
	All DHBs	86	–

90%

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 June to 30 November 2016.

		Quarter two performance (%)	Change from previous quarter
1	Waitemata	100	▲
2	Auckland	97	▲
3	Hutt Valley	91	▲
4	MidCentral	89	▲
5	South Canterbury	87	▲
6	Waikato	79	▲
7	Canterbury	78	▲
8	Wairarapa	76	▲
9	Lakes	76	▲
10	Whanganui	75	▲
11	Northland	73	▲
12	Tairawhiti	66	▲
13	Southern	64	▲
14	Counties Manukau	62	▲
15	Capital & Coast	47	▲
16	Hawke's Bay	40	▲
17	Nelson Marlborough	39	▲
18	Taranaki	36	▲
19	Bay of Plenty	33	▲
20	West Coast *	0	▼
	All DHBs	72	▲

95%

* This result is based on low volumes, six children identified as obese were not referred.

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 UPDATE

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

SOURCE: **General Manager, Maori Health**

DATE: **24 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

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

i notes the Maori Health Plan Update.

3. SUMMARY

Maori Health Quarterly Report – Q2, 2016/17

Health Equity Lens
We are beginning to see the use of the equity tool across the system influencing planning and development. The annual planning process for 2017/18 is now underway with workstreams being instructed to use the equity lens to review and plan their activity for the year. This activity will then be transferred across into the Annual Plan with equity against actions being reported on quarterly.

Additionally the Maori health team are providing support on the use of the tool to workstream leads and others who are planning key pieces of work for the primary and community integration work.

Maori Nurse Workforce
In 2016/17, the Office of the Chief Nurse, National Nurses Organisation, and Health Workforce NZ formalised a national goal to match the Maori Nursing workforce to the Maori population by the year 2028. As part of a five point plan to encourage the growth of the Maori nursing workforce, individual DHBs have been tasked to:

- Strengthen DHB regional planning guidance towards increased participation of Maori and Pacific peoples in the health workforce
- Establish Maori Workforce Action Plans for workforce diversity in order to receive contracted HWNZ funding
- Publish regular reports tracking the progress toward matching the local Maori nurse workforce to the local Maori population

Locally this means that by 2028 at least 14% of nurses working within the West Coast Health system should identify as Maori **(55 Maori nurses).** According to records from Jan 2017 only 0.02% (6 nurses) employed with the WCDHB identify as Maori**.**

In order to meet the WCDHB's commitment to diversity in the nursing workforce, the very beginnings of an action plan has been developed to ensure we are able to meet this target by 2028. The draft plan incorporates such things as robust ethnicity reporting, working with local iwi to identify opportunities for supported pathways into nursing training, developing a comprehensive plan to ensure a collective and coordinated approach to growing the nursing workforce on the West Coast.

Health Workforce New Zealand – Hauora Maori training

The 2017 year is looking at a full compliment of trainees who have applied to the Hauora Maori HWNZ fund to support their training requirements. There have been 8 applicants 3 within the DHB, 4 from Poutini Waiora and 1 from Community and Public Health. Four are studying to complete the Level 4 Certificate in Hauora Maori, 3 the Level 6 Diploma in Hauora Maori and 1 the Level 4 National Certificate in Tamariki Ora.

Tipu Ora – Certificate in Hauora Maori Level 4 – West Coast

The Level 4 Certificate in Hauora Maori will take place on the West Coast beginning on the 1 March. There are 15 participants undertaking the study which takes place over 20 weeks with 5 three day Wananga.

South Island Regional Services Plan

There has been a commitment across all five South Island DHBs to work towards Maori health equity as a priority. Te Herenga Hauora, the South Island Regional DHB Director/GM Maori Health Leaders will work with the South Island Alliance Programme office (SIAPO) and various partnerships to progress regional work in the 2017/2018 period that supports progressing Maori health equity.

The five South Island DHBs have identified seven key drivers for this work:

- Te Tiriti o Waitangi (1840) the founding document of our nation
- He Korowai Oranga the National Maori Health Strategy
- Equity of health care for Maori Framework and Health Equity Tool
- The size and composition of the Maori population in Te Waipounamu
- A disproportionately high health need for Maori with Te Waipounamu relative to non-Maori
- A commitment across all five South Island DHBs to work towards health equity
- A commitment to build Iwi capacity to respond to their own health needs

Key areas of focus is grouped into these five areas:

- Ensuring a Maori health equity approach is adopted by all South Island Alliance workstreams and each South Island DHB's respective Annual Plan
- Building Maori Health workforce capacity within the sector
- Building cultural responsiveness amongst the health sector
- Working to improve the incidence and impact of cancer on Maori
- Working across sectors to address the wider determinants of health for Maori that cause health inequity

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

DRAFT WEST COAST DHB PUBLIC HEALTH PLAN 2017-18

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

SOURCE: **Community and Public Health**

DATE: **24 March 2017**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The Public Health Annual Plan is generated as a Ministry of Health requirement. The draft Plan, which will be presented to the Ministry of Health as a first draft by end March and final draft by end May.

2. RECOMMENDATION

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

i. endorse the draft West Coast DHB Public Health Annual Plan, 2017-18.

3. SUMMARY

The draft West Coast DHB Public Health Annual Plan 2017-18 is prepared as part of the Community and Public Health (C&PH) contract with the Ministry of Health. While primarily focused on the work of C&PH, the scope of the Plan includes other relevant DHB-funded activities. The Plan is structured around five core public health functions agreed by the Public Health Clinical Network.

4. DISCUSSION

This draft West Coast DHB Public Health Annual Plan has been prepared by C&PH, with contributions from the West Coast PHO and the WCDHB Planning and Funding division. The Plan is based on a template which was developed in 2012 and is updated annually by the South Island Public Health Services. While the overall approach is shared across the South Island, the activities presented in the five outcomes and activities tables are specific to each DHB.

The Plan covers relevant WCDHB-funded activities, in addition to those delivered by C&PH, and as such also includes the West Coast PHO and divisions of the WCDHB in the responsibilities column.

The Plan has two functions:

1. as a companion document to the WCDHB Annual Plan 2017-18; and
2. as the basis of the Community & Public Health contract with the Ministry of Health.

5. APPENDICES

Appendix 1: Draft WCDHB Public Health Plan 2017-18

Report prepared by: Annabel Begg, Public Health Specialist, C&PH
Report approved for release by: Evon Currie, General Manager, Community & Public Health

THE WEST COAST HEALTH SYSTEM
– supporting you to be well

West Coast District Health Board Public Health Plan 2017-18

Draft 28th February 2017

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

CONTENTS

1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2017–18

- This plan describes public health services provided or funded by the West Coast DHB and its Public Health Unit (PHU), Community and Public Health (CPH).
- It accompanies the West Coast DHB Annual Plan 2017-18 and has been endorsed by the Board of the West Coast DHB [*this statement pending Board review*].
- It describes key relationships with other agencies.
- The plan is based on a planning template agreed by the three South Island PHUs which utilises the Core Public Health Functions framework.

a. Our Public Health Service

- CPH (a division of the Canterbury DHB) provides public health services throughout the West Coast DHB region, as well as within Canterbury and South Canterbury. Public health services on the West Coast are also provided through the Planning and Funding (P&F) Division of the West Coast DHB and by the West Coast Primary Health Organisation (WCPHO) and Poutini Waiora.
- Public health activities involve working in partnership with health and non-health agencies to improve health outcomes via a determinants approach.
- The plan focuses on the work of CPH, and also includes activities of P&F, the WCPHO and Poutini Waiora, but does not cover non-DHB funded public health providers, such as non-government organisations (NGOs).
- It is estimated that the West Coast DHB will serve a population of 32,600 people in 2017-18 (up from 31,330 at the 2006 Census). This population is spread over a large area from Karamea in the north to Jackson's Bay in the south (and Otira in the east) - as such, it has the most sparse population of the 20 DHBs in New Zealand. The population is spread across three Territorial Authorities (TAs): Buller, Grey and Westland Districts.
- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which was up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2013 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep2013 deciles 6 – 10) made up 57% of the West Coast population, compared with less than 50% of the total New Zealand population.
- The work of this plan is guided by the following public health principles:
    a. focusing on the health of **communities** rather than individuals
    b. influencing **health determinants**
    c. prioritising improvements in **Māori health**
    d. reducing **health disparities**
    e. basing practice on the best available **evidence**
    f. building effective **partnerships** across the health sector and other sectors
    g. remaining **responsive** to new and emerging health threats.

b. Our Key Priorities

- The West Coast DHB vision is of:

  "An integrated West Coast health system that is clinically sustainable, financially viable and wraps care around the patient to help them stay well".

- In line with this vision – the future model of care for health services on the West Coast will be:

  People-centred: Services focused on meeting people's needs and valuing their time as an important resource.

  Based on a single system: Services and providers working in a mutually supportive way for the same purpose, to support people to stay well.

  Integrated: The most appropriate health professional available and able to provide care where and when it is needed.

  Viable: Achieving levels of efficiency and productivity that allow an appropriate range of services to be sustainably maintained in the long term.

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives, including those set out in the Ministry's Statement of Intent 2015-19, the refreshed New Zealand Health Strategy Future Direction (2016), He Korowai Oranga (2014), and Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-18.
- The five South Island DHBs together form the South Island Alliance, which is committed to "a sustainable South Island health system focused on keeping people well and providing equitable, and timely, access to safe, effective, high-quality services as close to people's homes as possible."[1]
- The plan is aligned with national, regional and local outcomes and outcomes measures work, including the West Coast Health System, System Level Measures Framework 2016-17[2]; and the South Island Alliance's Outcomes Measures, the latter of which includes measures against the outcome "Improved environments to support health and wellbeing".
- The plan is aligned with and sits alongside the West Coast DHB Annual Plan 2017-2018. The plan contents reflect Government, Ministry of Health, and West Coast DHB priorities. CPH activities are carried out under the public health service specifications (Tiers One, Two and Three) as agreed by the Ministry of Health.
- The New Zealand Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision-making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.
- CPH is committed to joined-up working, including via the West Coast Health Alliance and the South Island Alliances.
- CPH is a part of the South Island Alliance's South Island Public Health Partnership (SIPHP) Workstream, which is a collaboration that includes the manager and clinical director of each South Island PHU, a Māori public health specialist, representatives from the South Island Alliance and the Ministry of Health, and an Alliance sponsor.
- The SIPHP has identified the following regional priorities for public health in 2017-2018:
    - Collective impact
    - Māori health
    - Environmental sustainability
    - Health in All Policies (particularly healthy weight, oral health, clean air, warm homes and alcohol harm reduction), and
    - Rheumatic Fever.
  - The regional priority of "collective impact" refers to the establishment in 2017-2018 of a cross-sector, "one team" approach (undertaken by a body termed the "South Island Public Health Alliance") to address the "wicked problems" of public health in the South Island. Once established, the South Island Public Health Alliance will operate under the auspices of the South Island Alliance to enable collective impact, with expected long term health, equity, social, environmental and economic benefits.
  - The clinical director and manager of CPH will be included in the membership of the South Island Public Health Alliance.

[1] Te Wai Pounamu South Island Health Service Plan 2015-18.

[2] West Coast Health System, Improvement Plan, System Level Measures Framework 2016-17.

- The SIPHP will continue to meet as an entity in 2017-2018, focussing on the regional priorities outlined above, with an emphasis on regional alignment between the three South Island PHUs, where this will be of benefit.

- CPH has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health, Health Protection Officers, and those acting under delegation from the Ministry of Health.
- This plan also outlines how CPH will meet the statutory responsibilities of a PHU and its designated officers in the West Coast DHB, as specified by the Ministry of Health.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and 'Vital Few' reporting as outlined in the planning and reporting package for 2017-18.
- CPH will also provide information about population-level measures (noted throughout the plan) alongside other reporting.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network[3] and included in the Ministry of Health Tier Two and Three Public Health Service Specifications are:
  1. Health assessment and surveillance
  2. Public health capacity development
  3. Health promotion
  4. Health protection
  5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- This plan presents (short-term) outcomes, outcome measures and summary activities. In addition to the summary activities presented here, CPH undertakes and will report against all activities outlined in the Environmental and Border Health exemplar and all mandatory (regulatory) activities outlined in the Alcohol exemplar from the PHU annual planning package 2017-18.

[3] Available at http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf

2. KEY RELATIONSHIPS

The Public Health work of the West Coast DHB involves partnership with many health and non-health agencies. Some key partners of CPH are listed below. Formal agreements are noted in parentheses.

Local authorities:
West Coast Regional Council
Buller District Council
Grey District Council
Westland District Council
District Licensing Committees

Government agencies:
Alcohol Regulatory and Licensing Authority
Department of Conservation
Department of Corrections
Department of Internal Affairs
Environmental Protection Authority
Environmental Science and Research
Health Promotion Agency
Ministry of Business, Innovation and Employment
Ministry of Education
Ministry for the Environment
Ministry of Health
Ministry of Primary Industries
New Zealand Fire Service
New Zealand Police
Worksafe

Māori/Iwi agencies:
Te Runanga o Ngati Waewae
Te Runanga o Maakaawhio
Poutini Waiora
Te Hā o Kawatiri

Education institutions:
Education Facilities and Settings
Tai Poutini Polytechnic
Front-Line

West Coast DHB:
Community and Public Health Advisory Committee/Disability Support Advisory Committee
Falls Prevention Coalition
Immunisation Coordinator
Immunisation Advisory Group
Infection Control Nurse Specialist, Grey Hospital
Infection Prevention and Control Committee
Public Health Nurses

Rural Nurse Specialists
Suicide Prevention Governance Group
Suicide Prevention Action Group
Tatau Pounamu ki Te Tai o Poutini
West Coast Health Alliance

Non-government organisations/networks:
Action on Smoking and Health
Active West Coast
Alcohol Action NZ
Buller and Westland Sports Trusts
Buller REAP
Buller Interagency Forum
Cancer Society
Education West Coast
Family Planning Association
Heart Foundation
Healthy West Coast Governance Group (Terms of Reference, joint work plan)
Home Builders
Laboratories
Liaison on Alcohol and Drugs
Medical Centres
Mental Health Foundation
New Coasters
Plunket
Potikahua House
Smokefree South Island
Sport Canterbury West Coast
Stroke Foundation of New Zealand
Te Rito network
The Hub/Nurturing the Future West Coast Tobacco Free Coalition
West Coast Primary Health Organisation
West Coast Youth Workers Collective
WestREAP
Westland Safe Communities

3. HEALTH ASSESSMENT AND SURVEILLANCE

"understanding health status, health determinants and disease distribution"

a. Strategies

- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating **disease clusters and outbreaks** (both communicable and non-communicable).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
Health assessment	Robust population health information available for planning health and community services	Availability of information for planning (narrative)	Monitor, analyse and report on key health determinants, including: -alcohol-related harm -smoking status (e.g. from ASH Year 10 data, 2013 Census, and WCPHO reports).	CPH, P&F WCDHB, WCPHO
			Develop health status reports and health needs analyses for specific populations as required.	CPH
			Develop disease-specific reports for conditions of concern, as required.	CPH
			Contribute to related work of partner organisations, e.g. WCPHO and WCDHB through the Healthy West Coast workstream of the West Coast Health Alliance.	CPH, WCPHO, Poutini Waiora, WCDHB
	Improved public understanding of health determinants	Availability of information to public (narrative)	Disseminate information in existing and dedicated reports (e.g. WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media, and in one-off reports).	CPH, WCDHB Communications Team, WCPHO
Surveillance	Prompt identification and	Surveillance system in place	Review (via EpiSurv and other sources), analyse, and report on communicable	CPH

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
	analysis of emerging disease trends, clusters and outbreaks	(narrative) Timeliness of reports for trends and outbreaks of concern (narrative)	diseases data, including via web applications and written reports (e.g. PHI Quarterly, weekly reports on notifiable diseases and influenza – May to September).	
			Produce disease-specific reports for communicable diseases of concern, e.g. Pertussis, other diseases causing outbreaks.	CPH
			Review, analyse and report on other disease and determinants data (e.g. alcohol-related harm, and diseases relevant to West Coast context).	CPH, P&F WCDHB
			Provide reports to P&F for MoH on SI rheumatic fever incidence.	CPH, SIPHP

4. PUBLIC HEALTH CAPACITY DEVELOPMENT

"enhancing our system's capacity to improve population health"

a. Strategies

- Developing and maintaining public health **information systems**.
- Developing **partnerships** with iwi, hapū, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing **human resources** to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research, evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.
- **Quality management** for public health, including monitoring and performance assessment.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information (narrative)	Review, implement and maintain public health information systems (CFS; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, GIS systems, Health Pathways, NIR, Community Health Information, Emergency Information Systems).	CPH, P&F WCDHB, WCPHO
			Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.	CPH, WCPHO, WCDHB
Partnerships with iwi, hapū, whānau and	Effective partnerships with iwi, hapū, whānau and Māori	Joint approaches and initiatives (narrative)	Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around: -health information and analysis -proposals and policies with health implications	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Māori			-health determinants and outcomes.	
			Develop, implement and report on CPH Māori Health Plan.	CPH (DLT Māori Health Rōpū)
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Joint approaches and initiatives (narrative)	Work with local Pacific and other ethnic leaders and communities around: -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH
			Contribute to WCDHB ethnic specific plans as appropriate.	CPH, P&F WCDHB, WCPHO
Human resources	A highly skilled public health workforce	% Staff with appropriate or relevant public health qualifications (quantitative) Development/training provided and to whom (narrative)	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies, progressing a Te Tiriti based approach to public health, and contributing to SI workforce development and national networks.	CPH, SIPHP
			Facilitate training for CPH staff in the Treaty, inequalities, HiAP, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.	CPH
			Carry out in-house training on the new Health Protection Amendment Act 2016 utilising the Guidance on Infectious and Communicable Disease Management under the Health Act 1956 document.	CPH
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Research / evaluation reports, publications and presentations (narrative)	Support public health research and evaluation with a particular focus on improving Māori health and reducing health disparities.	CPH
			Share research (e.g. Buller Community Profile) with relevant agencies to assist in dealing with the impacts of job losses on the West Coast.	CPH
			Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.	CPH
			Systematically identify opportunities for conference presentations and peer-reviewed	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			publication where appropriate.	
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Planning advice / reports (narrative)	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	CPH, P&F WCDHB, WCPHO, SIPHP
			Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, SIPHP, National Public Health Clinical Network, National HPS Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, Promoters Advocating Sexual Health in Aotearoa NZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream, West Coast Immunisation Advisory Group, WCDHB Suicide Prevention Governance and Action Groups.	CPH
Quality management	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan reports (narrative) Accreditation results (narrative +/- quantitative)	Review and deliver the quality improvement plan including: policy and procedure maintenance, on-call documents available and accessible electronically and off-site, internal audit plan and schedule progressed, and provision of information, training and support to staff.	CPH
			Maintain CFS work plan. Complete all remaining CFS team and folder migrations.	CPH
			Complete CFS team audits.	CPH
			Present annual quality report to CPH DLT.	CPH
			Applications of Health Excellence for CPH.	CPH
			Contribute to the WCDHB organisation-wide quality programme and Quality Accounts.	CPH
			Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors (DWAs) at all times.	CPH/SIDWAU
			Address IANZ issued Corrective Action Requests responded to within allocated timeframes.	CPH/SIDWAU
	Effective regional delivery of public health core functions	Reports of SI Public Health Partnership (narrative)	Contribute to management and regional work groups as needed, such as the: -SIPHP Workstream -SI Public Health Alliance -SIPHP Alignment Group	CPH

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
			-SI Public Health Analysts' Network -SIPHP Alcohol Workgroup -SIPHP Sustainability Workgroup -SIPHP Workforce Development Network.	

5. HEALTH PROMOTION

"enabling people to increase control over and improve their health"

a. Strategies

- Developing public and private sector **policies** beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural **environments** supportive of health.
- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
The South Island Population Level Measures: (The following population-level measures are impacted by a range of strategies throughout the plan) Percentage of the population over 15 who smoke Percentage of Year 10 students who have never smoked Percentage of the population over 15 who are obese Percentage of children caries free at 5 years Percentage of Māori children caries free at 5 years Percentage of adults who consume recommended daily intake of fruit and vegetables Percentage of adults who are physically active				
Building Healthy Policy	Increased numbers of sustainable policies	New and reviewed strategies, plans and policies	Develop and make available resources to support health impact assessment (HIA) and a "health in all policies" (HiAP) approach.	CPH (Policy)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	and practices that support health and wellbeing, improve Māori health, and reduce disparities	reflect health priorities (narrative)	Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, e.g. Te Pae Mahutonga, Health Promotion and Sustainability Through Environmental Design, Broadly Speaking training etc. Ensure these tools are available to all partner agencies and support their implementation.	CPH (Policy)
			Support settings (workplaces, sports clubs, schools) to develop policies which support health.	CPH
			Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant MoE initiatives, housing, community resilience and wellbeing in response to job losses.	CPH
			Develop joint work plans with a range of stakeholders including: -Healthy West Coast work plan -West Coast Tobacco Free Coalition work plan -WCDHB Māori Smoking Cessation work plan -WCDHB Youth Health Plan -WCDHB Suicide Prevention Plan.	CPH, WCDHB, WCPHO, Poutini Waiora
			Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.	CPH, SIPHP
Built Environments	Built environments promote health, and support healthy choices and behaviours	Evidence of Public Health contribution in key decisions (narrative)	Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible and promote health.	CPH
			Submissions on the four Councils' Annual Plans.	CPH
Creating supportive environments	Settings that support healthy choices and behaviours	Number and type of settings that embed a systems approach to improving health (quantitative, narrative)	Assist organisations and communities interested in gardening and growing food to achieve their goals.	CPH
			Advocate for environments that support active transport, play and community connectedness.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings' evaluation reports, including environment changes achieved (quantitative, narrative)	Develop and support HPS initiatives reflecting national strategic direction and guided by the service specification.	CPH, WCDHB PHNs
			Support school initiatives that meet health and wellbeing needs identified by the school such as promoting student voice, healthy lifestyles and environments, emotional and mental wellbeing, improved attendance, hygiene, and whānau engagement.	CPH
			Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.	CPH
			Continue to utilise the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.	CPH
Workplaces	Workplaces that support healthy choices and behaviours	Workplace initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	Work with priority workplaces to develop health promoting workplaces.	CPH
			Work with workplaces to encourage smoking cessation among staff.	CPH, WCPHO, Poutini Waiora
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	Marae and other settings initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.	CPH, WCPHO, Poutini Waiora
Other community settings	Other community settings that support healthy choices and behaviours	Evaluation reports, including environment changes achieved (quantitative, narrative)	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.	CPH, WCDHB, WCPHO, Poutini Waiora
			Support active transport through advocacy and membership on West Coast Road Safety Committee.	CPH, WCDHB
			Work with ECECs to promote health and wellbeing, with a particular focus on nutrition and oral health.	CPH, WCDHB, WCPHO
Community	Effective community	Changes achieved by community partnerships	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, e.g. community	CPH, WCDHB, WCPHO

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
action	action initiatives	(narrative)	resilience and wellbeing in response to job losses, supporting delivery of the Prime Minister's Youth Mental Health initiative, WCDHB Suicide Prevention Plan.	
			Encourage community members to participate in submission-making process including submissions on Alcohol Licence applications.	CPH
			Support the Te Pūtahitanga – funded Te Hā o Kawatiri project in the Buller District.	CPH
Develop personal skills	People with skills to enable healthy choices and behaviours	Lifestyle change support delivered (with success rates if available) (narrative +/- quantitative) Evaluation of other initiatives (narrative +/- quantitative)	Enable the delivery of integrated smoking cessation services on the West Coast.	CPH, WCDHB, WCPHO, Poutini Waiora
			Develop and deliver other lifestyle intervention support (e.g. Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).	CPH, WCDHB, WCPHO, Poutini Waiora
			Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative and WCDHB Suicide Prevention Plan.	CPH, WCPHO (Primary Mental Health Team) and other WCDHB Teams/Services (e.g. Mental Health)
			Deliver sexual health resources to priority groups and identify and facilitate training where appropriate.	CPH, WCDHB
	Communities aware of health issues and healthy choices and behaviours	Impact of communications, including number of hits, community feedback etc (narrative, quantitative)	Develop and implement CPH public health communications strategies.	CPH
			Deliver/support relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week, White Ribbon Day, 'It's Not OK' campaign, Matariki, Waitangi Day and Ask a Professional columns in the Messenger).	CPH, WCDHB, WCPHO, Poutini Waiora
Reorient health service	Preventative and population approaches support healthy choices and behaviours in	ABC coverage in primary and secondary care (quantitative) Healthcare initiatives and evaluation reports	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service, Coast Quit and Oranga Hā – Tai Poutini.	WCDHB, WCPHO, CPH
			Work with hospital and community healthcare providers to develop health promoting settings (e.g. promoting active transport, Smokefree, and West Coast Health System Healthy Food and Beverage Policy).	CPH, WCPHO, WCDHB, Poutini Waiora

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
	healthcare settings	(narrative)	SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI Service Level Alliances and workstreams.	CPH, WCPHO, WCDHB, Poutini Waiora
			Develop WCDHB Alcohol Harm Reduction Strategy.	WCDHB, WCPHO, CPH
			Top three physical activity and nutrition priorities: -Work in partnership with stakeholders to improve and support opportunities for physical activity -Create supportive environments in ECECs and school communities -Deliver community nutrition & cooking programmes with vulnerable/high needs groups.	CPH

6. HEALTH PROTECTION

"protecting communities against public health hazards"

a. Strategies

- Developing and reviewing public health laws and regulations[4].
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates, outbreak rates and trends (quantitative) Reach and impact of prevention information and initiatives (quantitative, narrative) Outbreaks controlled (quantitative, narrative)	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)
			Quality data entry in EpiSurv in a timely manner.	CPH
			Carry out internal audits of selected cases for adherence to protocols.	CPH
			Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)
			Provide public information and advice, aimed at reducing	CPH, WCDHB Infection

[4] Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			incidence of communicable disease, including promoting immunisation, hand hygiene and condom distribution.	Control Committee, West Coast Immunisation Advisory Group
			Work with priority settings and communities to increase immunisation and improve infection control.	CPH
			Provide vaccinator and programme authorisations as per Medicines Regulations.	CPH
			Progress to an electronic processing platform enabling accurate processing data reporting for authorised vaccinators as well as programme authorisations.	CPH (Protection, Information)
			Continue to implement SI Rheumatic Fever Prevention Plan (reported through SIPHP).	SIPHP
			Maintain the rheumatic fever register. Undertake 6-monthly reviews of prophylaxis compliance in primary care.	CPH
Drinking water quality	Optimised adequacy, safety and quality of drinking water on West Coast	Prioritised plan agreed with TAs (narrative) Improvements achieved in water quality, water infrastructure, quality assurance systems (narrative) Number of supplies with approved and implemented Water Safety Plans (quantitative)	Implement the requirements of the Drinking Water Standards for New Zealand as required (e.g. P2 assignments, catchment risk assessments, secure ground water assessments).	CPH/SIDWAU
	Prevention of spread of disease to the public through reticulated water supplies	Number/size waterborne disease outbreaks (quantitative, narrative)	Review and prioritise all community supplies and work with prioritised communities and TAs and regional bodies to improve water quality.	CPH
			Carry out functions and duties of a DWA as defined under the Health Act.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Identify and investigate incidents, complaints and notification of adverse drinking water quality (or adequacy) of tankers and networked and temporary drinking water supplies.	CPH
			Carry out public health grading of drinking water supplies on request.	CPH
			Undertake water carrier registration where required.	CPH
			Respond promptly to notified drinking water transgressions.	CPH
			Respond promptly to suspected cases and potential outbreaks of water-borne disease.	CPH
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Sewage-related outbreaks (quantitative, narrative) Environmental contamination events (quantitative, narrative)	Work with councils to promote and ensure safe sewage disposal, including making submissions on regional plans and policies, district plans and policies, resource consents.	CPH
			Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	CPH
			Liaise with councils to ensure that sewage overflows that pose a significant public risk are managed appropriately.	CPH
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational water	Beach and river water monitoring results, including improvements achieved (quantitative, narrative) Waterborne disease outbreaks (see above)	Encourage local authorities to clearly identify and notify publically recreational waters which do not meet minimum microbiological water quality guidelines. Completed through agreed recreational water protocols with councils annually.	CPH
			Provide input into regional and local activities associated with recreational water quality. Provide public and stakeholders with appropriate public health advice relating to recreational water.	CPH
			Investigate cases of suspected or confirmed illness including any toxic shellfish poisoning.	CPH
			Respond to recreational water (including swimming pool) incidents and enquiries as required.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Promote NZS5862 to Councils and pool managers to maintain or improve pool water quality during any investigations.	CPH
Housing	Less disease caused by inadequate housing	Housing quality improvements (narrative) Improvements achieved in protection and support for householders, especially tenants (quantitative, narrative)	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households). (Also see Air Quality, under Resource Management.)	CPH, WCDHB P&F, WCPHO, Te Hā o Kawatiri, CEA
Resource management	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Evaluation of council decisions, implementation and enforcement (narrative) Air quality monitoring results (quantitative)	Encourage and assist Councils to develop and implement policies through processes, such as the review of district plans, including variations or plan changes or Council Long Term Plans that address the wider determinants of health.	CPH
			Provide other agencies and the public with information about the public health aspects of sustainable resource management.	CPH
			Liaise and, where appropriate, undertake joint projects with consent authorities and affected communities to ensure that public health aspects of planning and resource management are considered.	CPH
			Provide technical advice and information to regional councils and territorial authorities as required.	CPH
			Work with stakeholders to identify and address potential health issues.	CPH
Hazardous substances	Public protected from exposure to hazardous substances	Reports of public exposure (narrative) Management of emergency events (narrative) Safeguards in place, including interagency work, agreed protocols, and exercises (narrative) Promotion of the HSDIRT reporting process to GPs, hospitals and others (narrative)	Use the priority criteria in the Hazardous Substances Action Plan, and injury surveillance data, to guide work to reduce public exposure to hazardous substances.	CPH
			Maintain effective risk management strategies and response plans for hazmat incidents and emergencies.	CPH
			Represent public health interests at meetings of the Area Hazmat Coordination Committee when this is established.	CPH
			Promote hazardous substances injury notification by GPs.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		Reach and impact of public information (narrative) Number & nature of VTA permits issued and results of audits (quantitative, narrative)	Report all notifications of hazardous substances injuries to the science provider in the format required (HSDIRT), including GP notifications. Investigate notifications as required.	CPH
			Provide public information and advice on the risks of environmental and non-occupational exposures to hazardous substances and products, including asbestos in the non-occupational environment. Give advice to and encourage and/or assist territorial authorities and Regional Councils to address public health issues related to contaminated land.	CPH
			Process applications for permission for use of VTAs.	CPH
			Undertake field or desktop audits of all VTA permissions.	CPH
Early childhood education centres	Reduced incidence and impact of health issues in ECECs	Compliance with ECEC regulations, including infection control and lead exposure (mainly narrative, including changes achieved)	Conduct and report on pre-licensing inspections of ECECs, including compliance by the licensee of the premises with the Education (Early Childhood Centres) Regulations 1998	CPH
			Work with councils to ensure appropriate placement of new ECECs.	CPH
			Investigate/inspect and report on ECECs in response to complaints.	CPH
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Effective emergency responses as required (narrative) Safeguards in place, including interagency work, agreed protocols, and exercises (narrative) Reach and impact of public information (narrative)	Review and maintain emergency plans.	CPH, WCDHB, WCPHO
			Participate in emergency responses on an as-needed basis.	CPH
			Deliver MoH Emergency Management training to new staff and refresher training to established personnel (e.g. CIMS in Health, Health EMIS).	CPH
			Complete CPH West Coast Business Continuity Plan and share with other PHUs.	CPH
Sustainability	Greater understanding	Evidence of increased awareness and	Raise awareness regarding sustainability and climate disruption,	CPH, SIPHP

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	of and action on sustainability	development of sustainable approaches within our DHBs and partner organisations (narrative)	including both adaptation and mitigation strategies.	Sustainability Workgroup
			Submissions to Councils where appropriate.	CPH
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Retailer display compliance at inspection (quantitative) Retailer compliance during CPOs (quantitative) Number and nature of workplace complaints (quantitative, narrative)	Respond to public complaints.	CPH
			Complete education visit/compliance check prior to CPO/complaint.	CPH
			Conduct CPOs.	CPH
			Provide public and retailer information and advice.	CPH
Alcohol	Less alcohol-related harm	**Population level measures:** ED presentations (quantitative, pending data availability) Hazardous drinking (quantitative) Hospitalisations wholly attributable to alcohol (quantitative) Alcohol related motor vehicle crashes (quantitative) Injury related outcomes of alcohol-related motor vehicle crashes (quantitative)		
		Improvements in licensing environment, including LAPs, accords, monitoring, enforcement, and other interagency work (narrative) Reach and impact of public information (narrative) Nature and impact of DHB alcohol harm reduction strategies (narrative) Number and impact of licence application	Support and continuously improve ED alcohol data collection system.	WCDHB, CPH
			Undertake or work with other agencies to undertake monitoring visits of high risk premises as per PHU risk rating tool and/or based on local data, complaints or other intelligence, including requests from police or licensing inspectors.	CPH
			Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLCs, either where there are matters in opposition or recommendations (on the basis	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		reports and hearings (quantitative, narrative) Retailer compliance during CPOs (quantitative)	of application of the relevant risk assessment tool in the Public Health Alcohol Regulatory Officer Toolkit, May 2013).	
			Collaborate in police-led CPOs to reduce sale of alcohol to minors.	CPH
			Work with special licence event organisers and support them to adopt and implement appropriate alcohol management plans or alcohol harm reduction practices.	CPH
			Provide education as part of re-licensing and new licensing processes, including: -educating retailers, employers and their staff and volunteers (club licences) about their Sale and Supply of Alcohol Act 2012 responsibilities -contributing to formal training of Duty Managers.	CPH
			Liaise with and, where appropriate, undertake joint projects to influence other local authority alcohol related policies and bylaws prior to the formal consultation process.	CPH
			Support West Coast councils to develop, implement and monitor their LAPs.	CPH
			Work with SIPHP to facilitate the development of DHB Alcohol Harm Reduction Strategies.	CPH, SIPHP (Alcohol Workstream)
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during CPOs (quantitative)	Work with Police and other agencies including CPH Canterbury staff to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations.	CPH
Other	Public protected from other health hazards	Impact of work (narrative)	Undertake other regulatory health protection work using a risk-based approach and in accordance with the Environmental Health Protection Manual.	CPH

7. PREVENTIVE INTERVENTIONS

"population programmes delivered to individuals"

a. Strategies

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: e.g. immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: e.g. cancer screening).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Measures** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation rates: **SI Population Level Measures:** Percentage 5 year olds fully vaccinated Percentage of Māori 5 year olds fully vaccinated Percentage 65+ who receive flu vaccination **West Coast Health System contributory measures:** % of high need enrolled persons 65+ who have received an influenza vaccine (30 June 2017 target 65%)	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.	CPH, WCDHB (P&F, PHNs, RNSs, West Coast Immunisation Advisory Group), WCPHO
			Immunisation promotion e.g. Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.	CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator), WCDHB Immunisation Advisory Group, WCPHO
			Immunisation delivery.	WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)
Lifestyle interventions	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity (quantitative)	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC interventions with pregnant women who smoke.	WCDHB, WCPHO, CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		West Coast Health System contributory measure: % of enrolled patients who identify as smokers offered advice and support to quit within last 15 months (30 June 2017 target 90%) % eligible adult population who have had a CVD risk assessment in the last 5 years (30 June 2017 target 90%)	Continue to implement West Coast Smoking Cessation Strategy in primary care and the community.	WCDHB, WCPHO, CPH
			Meet West Coast Health System Improvement Plan smoking targets, including delivery of brief advice and cessation support to smokers.	WCPHO, WCDHB
			Deliver Coast Quit smoking cessation initiatives. Deliver Oranga Hā-Tai Poutini smoking cessation services.	WCPHO, CPH
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening: **SI Population Level Measures:** Percentage of women aged 50-69 who have had a breast screen in the last 2 years Percentage of Māori women aged 50-69 who have had a breast screen in the last 2 years Percentage of women who have had a cervical smear once in the last 3 years Percentage of Māori women who have had a cervical smear once in the last 3 years **West Coast Health System contributory measure:** % eligible women who have had a cervical smear in the last 3 years (30 June 2017 target 84%)	Work to meet West Coast Health System target including by participating in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.	WCPHO, WCDHB, Poutini Waiora, CPH
			Maintain current levels of uptake of breast screening through a planned approach.	WCPHO, WCDHB, Poutini Waiora, CPH
	Early detection of health,	Coverage rates for Before School	Implement, and/or undertake activities to increase	

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	behavioural, social, or developmental concerns.	Checks (quantitative)	uptake of, Before School Checks.	
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes: **SI Population Level Measures:** Percentage of people aged 45-74 who have had their cardiovascular risk assessed in the last 5 years **West Coast Health System contributory measure:** % eligible adult population who have had a CVD risk assessment in the last 5 years (30 June 2017 target 90%)	Work to meet West Coast Health System CVD risk assessment target, including by promoting CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO, WCDHB

8. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CEA – Community Energy Action

CFS – Common File Structure

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CPH – Community and Public Health

CPO – Controlled Purchase Operation. One CPO equals one total organised operation that targets a number of premises.

CVD – Cardiovascular Disease

DHB – District Health Board

DLC – District Licensing Committee

DLT – Divisional Leadership Team

DWA - Drinking Water Assessor

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database

ESR – Institute of Environmental Science and Research

GIS – Geographical Information Systems

GM – General Manager

GP – General Practitioner

Health EMIS – Emergency Management Information System

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy West Coast Governance Group – a tripartite alliance of CPH, the WCDHB and WCPHO for joint planning and delivery of health promotion.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population. The HIA identifies how to act to manage those effects.

HiAP – Health in All Policies

HIIRC – Health Improvement and Innovation Resource Centre. An online resource providing health information.

HPS – Health Promoting Schools

HSDIRT – Hazardous Substances Disease and Injury Reporting Tool

IANZ – International Accreditation New Zealand

LAP - Local Alcohol Policy

MoE – Ministry of Education

MoH – Ministry of Health

NGO – Non-Government Organisation

NIR – National Immunisation Register

NZDep2013 – New Zealand Deprivation Index (2013)

P&F – Planning and Funding

PHI – Public Health Information

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHU – Public Health Unit

Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation used its money.

RNS – Rural Nurse Specialist

SI – South Island

SIDWAU – South Island Drinking Water Assessment Unit

SIPHAN – South Island Public Health Analysis Network (online communication and document storage tool)

SIPHP - South Island Public Health Partnership

TA – Territorial Authority

Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.

VTA – Vertebrate Toxic Agent

WC – West Coast

WCDHB – West Coast District Health Board

WCPHO – West Coast Public Health Organisation

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 10 MARCH 2017

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

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

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

DATE: **24 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 10 March 2017.

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

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 10 March 2017.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY AND PUBLIC HEALTH UPDATE

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

Smokefree
All three stop smoking practitioners within the new service Oranga Hā – Tai Poutini (Stop Smoking West Coast) have completed their training and are now delivering the cessation service. A Facebook campaign over the January period was successful in increasing the visibility of the service as well as resulting in 61 referrals through the Facebook link during the month of January.

A tobacco controlled purchase operation (CPO) was carried out in Westland, Grey and Buller Districts over two days in January by CPH and Ministry of Health Smokefree Enforcement staff. There were no sales of cigarettes to the underage volunteer in any the premises subject to the CPO. This is a pleasing result, however, CPH will continue to remain vigilant regarding cigarette sales to under 18 year olds.

Alcohol
CPH staff assisted West Coast Police to conduct alcohol controlled purchase operations (CPOs) in the Westland District in late December. There was one sale to the underage volunteer in Franz Josef and a Police prosecution is pending. The Alcohol Licencing Officer, alongside West Coast Police staff, monitored the Boxing Day horse races in Westport for compliance with the Sale and Supply of Alcohol Act. In line with their colleagues elsewhere in New Zealand, West Coast Police are strongly opposed to allowing BYO alcohol at such events.

With support from the Health Promotion Agency, Nathan Wallis visited students from the 7 West Coast secondary/area schools during the week of the 20th – 24th February to talk about "Teenagers, Alcohol and the Amazing Brain". Virtually all Year 9-13 students attended a session with Nathan during the week. There were also three community meetings in Hari Hari, Hokitika and Reefton. Young people's use of alcohol and the wider drinking culture have been identified by schools and the wider community as a wellbeing priority. This is part of an ongoing project with schools and communities to talk openly about alcohol and for people of all ages to be much more aware of the harms that are associated with alcohol.

In April, Rachael Dixon, the Chair of the Health Education Association (NZHEA) will visit the West Coast to run a workshop for schools on how to better include alcohol education in the curriculum.

Te Hā o Kawatiri Healthy Homes Curtain Bank
CPH continues to coordinate with Te Hā o Kawatiri, Community Energy Action (CEA), Poutini Waiora and the WCDHB, with respect to a curtain bank in Westport which will service the West Coast. The curtain bank will be in operation shortly.

Falls Prevention
A weekly tai chi class started in Karamea recently with an instructor who went through the training CPH supported last year. We are also trialling an additional class in Greymouth to support a growth in participant numbers.

Accessible West Coast
CPH has had input into a number of workshop on the West Coast to discuss and scope issues of accessibility across the West Coast. The group has committed to developing a Coalition that will focus on improving accessibility across the West Coast.

Westland Safe Community Accreditation
Community and Public Health is an active member of the Westland Safe Community Coalition. The Coalition has been working towards Westland becoming accredited as a Safe Community for some

time. This has now been and was marked at a ceremony at the Westland District Council on the 23rd of February.

Drinking Water
CPH's West Coast Trainee Drinking Water Assessor (DWA) passed an external accreditation audit in November. 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.

There have been a number of water transgressions in some West Coast water supplies over the last three months. Adverse weather over the summer has been affecting supplies that are currently not treated, as well as ones where the source water is susceptible to degradation in storm events. However, for one of these at least (Kumara), we note that the Council has recently agreed to fund an upgrade which will significantly improve this water supply. Of most concern is the ongoing history of transgressions in the Punakaiki water supply, which has again been on a boil water notice over the summer period. Buller District Council has been communicating regularly with CPH on this issue, but it is clear that further action needs to be taken to address this pattern of continuing non-compliance with Drinking Water Standards.

Emergency Response
As an emergency response agency, CPH staff were on stand-by for the recent extreme weather event on the West Coast. From a public health perspective the biggest impact of the so-called "weather bomb" event was the impact on water supplies noted above.

Mental Wellbeing
The "Pause Breathe Smile" mindfulness programme is being run this term in Grey Main School with the Year 3-4 class. Sessions are also being run for teaching staff as part of their professional development. This is leading to more of a whole school approach to incorporating mindfulness. Reefton Area School will participate in a similar programme in Term 2 with both staff and students, which will be co-facilitated with BullerREAP.

Nutrition
CPH will host a workshop on Food Security on 26th April. Invitations will be sent out shortly to individuals and organisations working with West Coasters who are struggling to provide sufficient nourishing food for themselves and their families. The purpose of the workshop is to start to build a picture of what food insecurity looks like on the West Coast, what activities are already taking place to address this, as well as highlighting any gaps and potential future actions.

Discussion took place regarding the ongoing problems at Punakaiki and the Committee noted that the damage caused in the bush by Cyclone Ita changed the source water conditions which in turn affect the filters. The Council are working on a solution to this which is a huge technical problem.

The report was noted.

b) PLANNING & FUNDING UPDATE

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

Key Achievements

- **Cardiovascular and Diabetes Checks:** West Coast DHB continued to surpass the 90% target for Cardiovascular and Diabetes Checks for the period to 31 December 2016 - with 91.0% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last 5 years. This is the eighth quarter in a row where the West Coast PHO teams have met or exceeded the national target.

- **ED Health Target:** Performance continues to be impressive with 99.8% (100%) of patients admitted, discharged or transferred from Grey Base ED within six hours during January 2017. The West Coast continues to lead the country in performance against this target.
- **Elective Services Health Target:** This quarter, West Coast DHB provided 991 elective surgical discharges, delivering 106.7% of planned discharges against target.
- **Primary Care Smoking Health Target**: West Coast health practitioners have reported giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against a 90% national target.

Key Issues & Associated Remedies

- **B4 School Check Coverage**: Since November, a further 41 children (5 high deprivation children) have received their B4 School Check bringing the year-to-date result to 31% (38% for high deprivation) of the eligible population so far receiving their Checks.
- **ESPI 2 |FSA (First Specialist Assessment):** The DHB was non-compliant against the maximum 120 days' wait time target for seventeen orthopaedic and seven plastic surgery patients as at 30 December. A number of these patients have since been seen, however delays in assessment for orthopaedic referrals remain an issue, due to transalpine staffing and service constraints. We anticipate a February recovery for plastic surgery cases.
- **ESPI 5 | FSA to Treatment:** Performance against ESPI 5 was more positive with only 5 plastic surgery patients exceeding the 120-day maximum wait times as at the end of December 2016. We anticipate a February recovery for plastic surgery cases.

The report was noted.

c) ALLIANCE UPDATE

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

Alliance Leadership Team (ALT)

At the last meeting in February the ALT:

- Received a presentation given by Fran Cook about the Primary & Community Project. The ALT noted the scale of this project but were pleased that many of the streams of work will enable the Alliance workstream goals.
- Noted the positive progress of all the workstreams.
- Noted that the Annual Planning process is well underway.

Health of Older Persons

- The membership of the Health of Older Persons Workstream has been reviewed and reinvigorated. The team would like to note there was excellent engagement at the initial planning meeting for 2017-18 Workplan.
- Work continues to refine and improve falls data collection within partners' systems as well as improving data quality in support of clearer referral pathways.
- The team have had preliminary discussions to identify Fracture Liaison Service functions that could be completed by incumbents in other clinical areas in the absence of having an established Falls Liaison Service.
- It has been noted that there has been an increase in 'hits' for the Cognitive Impairment Pathway on HealthPathways.

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

- As an outcome of ongoing discussions within the workstream and with staff regarding greater integration of services based in Reefton, a proposal was put to staff around how the DHB could support this through structural changes, combining of cost centres and administrative functions.

- Feedback was provided by staff and was generally supportive of the direction with a few areas that needed further consideration.
- Single cost centres and an administrative team have been agreed as a first steps that will be implemented.
- A working group will be put together to look at how an integrated nursing team could work in the future while ensuring key core competencies continue to be supported.
- Reefton has also brought on new nursing staff under an integrated position description that allows them to move across services, supporting each as required.

Healthy West Coast (HWC)

- Good work is underway to improve the coordination of the delivery of nutrition support for people in the community and increased support is being provided through the PHO's 'BetaMe' online support and smartphone app which was launched in January.
- The Coast's new Stop Smoking service, Oranga Hā – Tai Poutini has had good success through a Facebook advertising campaign generating over 50 new self referrals to the service. These self referrals bring highly motivated clients and therefore quit rates at 4 weeks (the standard reporting metric required by MoH) are above the 50% target.

Child and Youth

- Both the Child & Youth workstream and the Youth Health Action Group had the opportunity to hear a presentation by Dr Jean Simpson of the NZ Child & Epidemiology Service on their 2015 report "The Health Status of Children & Young People in Canterbury and West Coast". The presentation promoted discussions regarding many of the topics covered but in particular the issues facing young people with mental illness.

The report was noted.

d) HEALTH TARGET REPORT – Q2

This report is included in today's Board papers for noting.

e) MAORI HEALTH PLAN UPDATE

This update is included in today's board papers for noting.

f) DISABILITY ACTION PLAN UPDATE

This update is included in today's board papers for noting.

g) WEST COAST DHB 2017-18 PUBLIC HEALTH PLAN

This plan is included in today's papers and is recommended by the Committee for endorsement.

h) COMMITTEE WORK PLAN 2017

The Committee discussed the draft 2017 work plan and members noted that this is a working document and feedback can be provided to the Chair at any time. Suggestions were made regarding some presentations.

i) GENERAL BUSINESS

i. The Committee noted that the DSS Newsletter will now be included in the information papers as it becomes available.

ii. The Chair advised that she had received an invitation to "Y Mobility" from 10am – 12noon today which is situated in the Y Furniture Shop.

iii. Thanks were extended to management for their attendance in the recent public meetings.

iv. Discussion took place regarding the amended regulations around the use of 1080.

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

AGENDA

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Friday 10 March 2017 commencing at 9.30am

ADMINISTRATION — 9.30am

Karakia

Apologies

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

2. **Confirmation of the Minutes of the Previous Meeting**
   1 December 2016

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.35am

4.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.35am – 9.45am*
5.	**Disability Action Plan Update**	Kathy O'Neill *Service Development Manager, Planning & Funding*	*9.45am – 9.55am*
6.	**Planning & Funding Update**	Kathy O'Neill *Team Leader, Planning & Funding*	*9.55am – 10.05am*
7.	**Alliance Update**	Kathy O'Neill *Team Leader, Planning & Funding*	*10.05am – 10.15am*
8.	**Health Target Q2 Report**	Kathy O'Neill *Team Leader, Planning & Funding*	*10.15am – 10.25am*
9.	**Maori Health Update**	Gary Coghlan *General Manager, Maori Health*	*10.25am – 10.35am*
10	**Community & Public Health 2017-2018 Public Health Plan**	Claire Robertson *Team Leader, Community & Public Health*	*10.35am – 10.45am*
11.	**2017 Committee Work Plan**	*Board Secretariat*	*10.45am – 10.50am*
12.	**General Business**	Elinor Stratford *Chair*	*10.50am – 10.55am*

ESTIMATED FINISH TIME
10.55am

INFORMATION ITEMS

- **Board Agenda – 10 February 2017**
- **Chair's Report to last Board Meeting**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 27 April 2017

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 10 MARCH 2017

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

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

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **24 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 10 March 2017.

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

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

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

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 10 March 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 March 2017. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

MANAGEMENT REPORT

This report is intended to:

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

Philip Wheble, Interim General Manager, Grey/Westland presented the report. He highlighted the following most notable features as:

- Welcome to the new recruitment specialist – John Ray;
- The FIRST (Flexible Integrated Rehabilitation Support Teams) pilot is fast approaching.
- New Rural Hospital Medicine Specialist has commenced.

He also spoke regarding Outpatient Clinics – with the statistics indicating an increase in DNAs he advised that he has requested the team to look at the trend here. There is some great work being done in this area so there is a need to understand what is taking place.

Discussion took place regarding transfers to Christchurch in the Maternity area. The Committee noted that in 2016 13 pregnant women were transferred to a tertiary centre and 12 of them birthed appropriately while there.

Discussion also took place regarding inpatient and outpatient volume statistics and it was noted that the West Coast often achieves electives but not case weights as the surgeries carried out here are generally less complex cases. Mr Wheble commented that from the Board's perspective it is important to ensure we have the right mix and ensure we have the ability to achieve this.

A query was made regarding vacancies and the Committee noted that these are across the whole DHB.

The report was noted.

FINANCE REPORT

Justine White, General Manager, Finance, presented this report which showed that the consolidated West Coast District Health Board financial result for the month of January 2017 was a surplus of $0.301m, which was $0.064 favourable to budget. The year to date position is $0.038m unfavourable.

The Committee noted that the February results are in the process of being finalised and look to be on track. It was also noted that there are pressures on personnel costs which are a little fragile due to changes to rosters and locum costs. There is a continued focus on the use of locums.

The Committee also noted that there is pressure in the Revenue area, particularly ACC where revenue is down and management are following up on this.

Ms White commented that as we ramp up into winter it will be a challenge to claw back the year to date variance.

Discussion took place regarding the work that has taken place in Primary Care and it was noted that some challenges still remain here particularly around the payment of accounts.

The report was noted.

CLINICAL LEADERS UPDATE

The Clinical Leaders is provided in today's Board papers.

2017 COMMITTEE WORK PLAN

The Committee discussed the draft 2017 work plan and members noted that this is a working document and feedback can be provided to the Chair at any time. Suggestions were made regarding some presentations.

4. APPENDICES

Appendix 1:	Agenda - Hospital Advisory Committee – 10 March 2017
Report prepared by:	Michelle Lomax Chair, Hospital Advisory Committee

AGENDA

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Friday 10 March 2017 commencing at 11.15 am

ADMINISTRATION			**11.15am**
	Karakia		
	Apologies		
1.	**Interest Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** *1 December 2016*		
3.	**Carried Forward/Action Items**		
REPORTS/PRESENTATIONS			**11.20am**
4.	**Management Report**	Philip Wheble *Interim General Manager Grey | Westland*	*11.20am – 11.40am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.40am – 11.55am*
6.	**Clinical Leaders Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.55am – 12.05pm*
7.	**2017 Draft Work Plan**	*Board Secretariat*	*12.05pm – 12.15pm*
8.	**General Business**	Michelle Lomax *Chair*	*12.15pm – 12.25pm*
ESTIMATED FINISH TIME			**12.25pm**

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 10 February 2017**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 27 April 2017
Corporate Office, Board Room at Grey Base Hospital.

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: **24 March 2017**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7 & 8 and the information items contained in the report.

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 10 February 2017	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)
5	Delegations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	West Coast DHB 2017/18 Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
7.	South Island Health Services Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

The following late item was added to this resolution at the meeting:

8.	Buller IFHC Site Selection (late paper)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

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

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2017

DATE	MEETING	TIME	VENUE
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Friday 10 March 2017	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Friday 10 March 2017	HAC	11.00am	Boardroom, Corporate Office
Friday 10 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	West Coast PHO Boardroom
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	Arahura Marae
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.

Glossary of health related terms, abbreviations and acronyms

Health term or acronym	Description
ABC strategy for smoking cessation	Ask, Brief Advice, Cessation Support.
ACC	Accident Compensation Corporation. (Crown Entity providing comprehensive 24 hour, no-fault personal accident cover for all New Zealanders)
Acute Care	The provision of appropriate, timely, acceptable and effective management of conditions with sudden onset and rapid progression that require attention.
ADMS	Acute Demand Management Services. (The goal of ADMS is to provide the most appropriate urgent care options for the patient need at any given time)
AEP	Accredited Employer Programme
AKP	Aukati Kaipaipa. (Smoking cessation support for Maori)
AL	Annual Leave.
ALAC	Alcohol Liquor Advisory Council.
ALOS	Average Length of Stay. (Sum of bed days for patients discharged in the period (ie lengths of stay) divided by the number of discharges for the period)
AMAU	Acute Medical Assessment Unit (Canterbury DHB inpatient unit)
AMI	Acute Myocardial Infarction (Heart attack. Damage to heart muscle that results typically from the partial or complete blocking of a coronary artery.)
AOD	Alcohol and Other Drugs
AoG	All of Government
AP	Annual Plan (This document sets out what the DHB intends to do over the year to advance the outcomes set out in the District Strategic Plan, the funding proposed for these outputs, the expected performance of the DHB provider arm and the expected capital investment and financial and performance forecasts.)
APL	Appetite for Life
ARC	Aged Residential Care
ASH	Ambulatory Sensitive Admissions (Hospitalisation or death due to causes which could have been avoided by preventative or therapeutic programme)
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment Treatment and Rehabilitation (Specialist health services for older people provided by teams of health professionals specially trained to treat illness, rehabilitate and maintain the older person's ability and mobility so that they can retain an independent lifestyle)
AUT	Auckland University of Technology
B4Sc	Before School Checks (The final core WellChild/Tamariki Ora check children receive at age 4. It is free and includes vision, hearing, oral health, height and weight and allows health concerns to be identified and addressed early in a child's development, giving them the best possible start for school and later life.)
BAC	Business Assurance & Consultancy

Glossary of health related terms, abbreviations and acronyms

BAG	Business Advisory Group
BDU	Business Development Unit
BFHI (NZBA)	Baby Friendly Hospitals Initiative (Promote and supports breastfeeding in New Zealand)
BIC	Brief Intervention Co-ordination Service (Also known as a Brief Intervention Counselling. Provides people with mild to moderate mental health concerns up to 5 session of free psychological intervention from their general practice teams, with the possibility of onward referral to a related community agency.)
Blueprint Funding	Blueprint funding is allocated by Government to work to ensure the development of mental health services for the 3% of the total NZ population with moderate to severe mental illness. Service development is based on the service levels set out in the Mental Health Commission's Blueprint for Mental Health Services in New Zealand: How Things Need to Be (1998).
BWD	Burwood Hospital
BWOF	Building Warrant of Fitness
C+	Careplus (Services that involve the development of individualised programmes for people enrolled with a Public Health Organisation (*PHO*) who have two or more long-term (chronic) conditions - specific goals are set and monitored. Disease state management funding with specific criteria. Funding directed by PHO.)
CA	Collective Agreement
CAC	Clinical Advisory Committee
CABG	Coronary Artery Bypass Graft
CADS	Community Alcohol and Drug Services
Canterbury HealthInfo	A Canterbury wide, electronic, information system that provides health information for the general public.
CAPEX	Capital Expenditure (Spending on land, buildings and larger items of equipment.)
CASP	Career and Salary Progression
CBMS	Community Based Musculoskeletal Service
CCC	Central Coordination Centre (Coordinate older persons' health services, District Nursing, respite care etc.)
CCCN	Complex Clinical Care Network
CCU	Critical Care Unit
CD	Clinical Director
CDHB	Canterbury District Health Board (Also known as Canterbury DHB.)
CDM	Chronic Disease Management
CE Act	Crown Entities Act (The Act which governs Crown Entities set out in 2004.)
CEA	Collective Employment Agreement
CEO	Chief Executive Officer
CFA	Crown Funding Agreement (An agreement by the Crown to provide funding in return for the provision of, or arranging the provision of, specified services.)
CFO	Chief Financial Officer

Glossary of health related terms, abbreviations and acronyms

CHOC	Children's Haematology and Oncology Centre
CIO	Chief Information Officer
CIS	Clinical Information Systems
CLS	Canterbury Linen Service
CME	Continuing Medical Education
CMHT	Community Mental Health Teams
CMO	Chief Medical Officer
CN	Clinical Networks
CNS	Clinical Nurse Specialist (Registered nurses with an advanced degree in a particular area of patient care (eg., neurosurgery clinical nurse specialist).)
Continuants of Care	Exists when a person can access responsive services matched to their level of need at any time throughout their illness or recovery.
COPD	Chronic Obstructive Pulmonary Disease (A progressive disease process that commonly results from smoking. Chronic obstructive pulmonary disease is characterised by difficulty breathing, wheezing and a chronic cough.)
CORD	Chronic Obstructive Respiratory Disease
CORNS	Child Outreach Nursing Services
CPAC	Clinical Prioritisation Assessment Criteria (National criteria.)
CPAM	Community Pharmacy Anticoagulation Management (CPAM Service uses international normalised ratio (*INR*) point-of-care testing and adjusts warfarin doses with the aid of a decision support system in a pharmacy.)
CPAP	Continuous Positive Airway Pressure (Prescribed treatment for patients diagnosed as having Obstructive Sleep Apnoea (*OSA*).)
CPH	Community and Public Health (Provides public health services to those people living in the Canterbury, South Canterbury and West Coast regions.)
CPHAC	Community and Public Health Advisory Committee (CPHAC is a statutory advisory committee to the Board.)
CPI	Consumer Price Index
CQI	Continued Quality Improvement
CR	Crisis Resolution (Specialist Mental Health Service.)
CREST	Community Rehabilitation Enablement Support Team (A community-based supported discharge team that facilitates earlier discharge from hospital to appropriate home-based rehabilitation services and will be expanded to support people who can be rehabilitated in their homes to avoid hospital admission.)
CRMS	Community Referral Management Service
CRO	Cardio-Respiratory Outreach Service
Crown Entities	A generic term for a diverse range of entities referred to in the Crown Entities Act 2004. Crown entities are legally separate from the Crown and operate at arm's length from the responsible or shareholding Minister; they are included in the annual financial statements of the Government.
CSC	Community Services Card
CSS	Clinical Support Services

Glossary of health related terms, abbreviations and acronyms

CSSD	Central Sterile Supply Department
CSW	Community Support Workers
CTA	Clinical Training Agency (The CTA provides funding for Post Entry Clinical Training programmes, are nationally recognised by the profession and/or health sector and meet a national health service skill requirement rather than a local employer need.)
CVD	Cardiovascular Disease (Cardiovascular diseases are diseases affecting the heart and circulatory system. They include ischaemic heart disease, rheumatic heart disease, cerebrovascular disease and other forms of vascular and heart disease.)
CVRP	Community Violence Reduction Project
CWD	Case Weighted Discharge (Relative measure of a patient's utilisation of resources.)
CWH	Christchurch Women's Hospital
CYF	Child Youth & Family
DAA	Designated Audit Agency
DARs	Diabetes Annual Reviews
Determinants of Health	The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.
DFA	Delegated Financial Authority
DG	Director General
DHB	District Health Board
DHBNZ	District Health Boards of New Zealand
DHBSS	District Health Board Shared Services
DIA	Department of Internal Affairs
DNAs	Do Not Attends (When patients don't turn up.)
DNWs	Do Not Waits (When patients leave before being seen.)
DOM	Director of Midwifery
DON	Director of Nursing
DOSA	Day of Surgery Admission (A patient who is admitted on the same day on which they are scheduled to have their elective surgery. The admission can be as either a day case or an inpatient.)
DRG	Diagnostic Related Group (The grouping of patients in accordance with their diagnosis.)
DSAC	Disability Support Advisory Committee (DSAC is a statutory advisory committee of the Board.)
DSP	District Strategic Plan (Identifies how DHBs will fulfil its objectives and functions over the next five to ten years by identifying the significant internal and external issues that impact on the DHB and affect its ability to fulfil its mandate and purpose, acknowledging societal outcomes and identifying appropriate system outcomes as they relate to DHB population outcomes and outlining major planning and capability building.)
DSS	Disability Support Services (Services provided for people who have been identified as having a disability, which is likely to continue for a minimum of six months and results in a reduction of independent function to the extent that ongoing support is required.)
EAP	Employee Assistance Programme

Glossary of health related terms, abbreviations and acronyms

ED	Emergency Department
EEO	Equal Employment Opportunities
EI	Electives Initiative
EMT	Executive Management Team (Senior Management Team for the West Coast DHB, who report directly to the Chief Executive.)
EOI	Expression of Interest
ER	Employment Relations
ERA	Employment Relations Authority
ERS	Employment Relations Service
ERMS	Electronic Request Management System
ESPIs	Elective Services Patient Flow Indicators (Developed by the Ministry to assess whether or not DHBs are on the right track with the Government policies on elective services.)
FCT	Faster Cancer Treatment
FFT	Future Funding Track (Annual percentage price increase to DHBs from the Ministry.)
FIRST	Flexible, Integrated, Restorative Support Teams
Follow-ups	Further assessments by hospital specialists
FPSC	Finance procurement and supply chain
FSA	First Specialist Assessment (Outpatients only - first time a patient is seen by a doctor for a consultation in that speciality for that reason, this does not include procedures, nurse appointments, diagnostic appointments or pre-admission visits.)
FTE	Full Time Equivalent (An employee works an average minimum of 40 ordinary hours per week on an ongoing basis.)
GPT	General Practice Team (Includes practice nurses etc as well as General Practitioners (GPs).)
GM	General Manager
GP	General Practitioner
hA	healthAlliance NZ Ltd
HASE	Health and Safety in Employment Act
H&S	Health and Safety
HAC	Hospital Advisory Committee (HAC is a statutory advisory committee of the Board.)
HBI	Hospital Benchmark Information
HBSS	Home Based Support Services
HDC	Health and Disability Commissioner
HDU	High Dependency Unit
HEADSS	Home, Education, Activities/Employment, Drugs, Suicidality, Sex & Eating/Safety
HEAL	Healthy Eating Active Living 'Action Plan' (This plan provides us with the platform to implement the national HEHA strategy at a local level.)

Glossary of health related terms, abbreviations and acronyms

Health Outcomes	A change in the health status of an individual, group or population which is attributable to a planned programme or series of programmes, regardless of whether such a programme was intended to change health status.
Health Workforce Advisory Committee	Committee who advises the Minister on how to ensure an adequate and responsive professional health workforce.
HealthPathways	A Canterbury wide, electronic, information system that provides referral guidelines, best practice information, etc, for all health providers.
HEAT	Heat Equity Assessment Tool (The HEAT Tool provides questions to assist people working in the health sector to consider how particular inequalities in health have come about, and where the effective intervention points are to tackle them.)
HEHA	Healthy Eating Health Action Strategy (HEHA is the Ministry's strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders.)
HIA	Health Impact Assessments (A Healthy Christchurch initiative.)
HIN	Health Information Database
HIS-NZ	Health Information Strategy - New Zealand (The Government's Health Information Strategy for all District Health Boards.)
HLC	Hospital Level Care (Used in Aged Residential Care settings.)
HNZ	Health Needs Assessment (A process designed to establish the health requirements of a particular population.)
HOPS	Health of Older People Strategy
HPCA	Health Practitioners Competency Assurance (The purpose of the HPCA Act, which came into force on 18 September 2004, is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions.)
HPI	Health Practitioner Index (A comprehensive source of trusted information about health practitioners for the NZ health and disability sector. The HIP uniquely identifies health providers and organisations. This will allow health providers who manage health information electronically to do so with greater security. It will help our health sector to find better and more secure ways to access and transfer health-related information.)
HPV	Human Papilloma Virus (A national immunisation programme for HPV started in September 2007 and aims to reduce the incidence of cervical cancer.)
HQSC	Health Quality and Safety Commission
HR	Human Resources
HRIS	Human Resource Information System
HRPG	Hospital Redevelopment Partnership Group
H&SS	Hospital and Specialist Services
HSWS	Health Service Welfare Society
HT	Health Targets (Ministry's Health Targets.)
HWIP	Health Workforce Information Programme
HUHC	High User Health Card
IBC	Indicative Business Case

Glossary of health related terms, abbreviations and acronyms

ICAMS	Infant, Child, Adolescent Mental Health Services
ICD	International Classification of Diseases
ICU	Intensive Care Unit
IDEAL	Include, Discuss, Educate, Assess, Listen
IDF	Inter District Flow (Service provided by a DHB to a patient whose 'place of residence' falls under the region of another DHB. Under population based funding (*PBF*) each DHB is funded on the basis of its resident population therefore the DHB providing the IDF will recover the costs of the IDF from the DHB who was funded for that patient.)
IEA	Individual Employment Agreement
IFHC	Integrated Family Health Centres (or Care)
IFHS	Integrated Family Health Service
InterRAI	International Resident Assessment Instrument (Comprehensive geriatric assessment tool.)
IPA	Independent Practitioners Association
IR	Industrial Relations
ISO9000	International Standards Organisation, 9000 series “Quality Systems”
ISSP	Information Services Strategic Plan (The Canterbury DHB's plan for information services - in line with the NZ Health Information Strategy.)
IT	Information Technology
IV	Intravenous
Iwi	Maori tribe/extended kinship group
JAC	Joint Action Committee
JD	Job Description
KPI	Key Performance Indicator (KPIs are quantifiable measurements, agreed to beforehand, that reflect the critical success factors of an organisation.)
KPP	Knowing the People Planning Project (The Programme identifies those people with enduring mental illness and tracks their progress against ten elements of recovery from employment status through to use of hospital services.)
LAMP	Leadership and Management Programme
LMC	Lead Maternity Carer (A self-employed midwife who has a contract with the MoH to provide maternity services)
LINAC	Linear Accelerator
LLO	Liquor Licensing Officer
LNA	Learning Needs Analysis
LOS	Length of Stay (LOS is the time from admission to discharge, less any time spent on leave. It is normal to exclude boarder patients when calculating length of stay.)
LTCCP	Long Term Council Community Plan (Plan that sets out the type of community the people of a region would like to live in, and the things they would like to see for their community. It shows how the Council (for that region) and other organisations will work to build that community.)
LWOP	Leave without pay
MBIE	Ministry of Business Innovation and Employment.

Glossary of health related terms, abbreviations and acronyms

MECA	Multi-Employer Collective Agreement
MHERC	Mental Health Education and Resource Centre
MLWU	Medical Laboratory Workers Union
MMPO	Midwifery and Maternity Providers Organisation
MoH	Ministry of Health
Morbidity	Illness, sickness
Mortality	Death
MoU	Memorandum of Understanding
MPDS	Māori Provider Development Scheme
MPIA	Ministry of Pacific Island Affairs
MSD	Ministry of Social Development
MSO	Management Services Organisation
MT4C	Making Time for Caring
MUR	Medicines Use Review and Adherence Support
NASC	Needs Assessment & Service Co-ordination (NASC assists older people with long-term disabilities/health problems (ie., longer than 6 months) to remain living at home, safely and independently, for as long as possible. Needs Assessors complete an assessment of needs with the older person, and Service Coordinators use this assessment to develop care packages of support services to assist at home.)
National Minimum Data Set	A national collection of public and private hospital discharge information, including clinical information, for inpatients and day patients.
NCEA	National Certificate of Educational Attainment
NCSP	National Cervical Screening Programme
NGO	Non-Government Organisation
NHI	National Health Index
NHI	National Health Index (The NHI number is a unique identifier that is assigned to every person who uses health and disability support services in NZ. A person's NHI number is stored on the NHI along with that person's demographic details. The NHI and associated NHI numbers are used to help with the planning, co-ordination and provision of health and disability support services across NZ.)
NHS	National Health Service
NICU	Neonatal Intensive Care Unit
NIR	National Immunisation Register (A computerised information system that has been developed to hold immunisation details of NZ children and assist to improve immunisation rates.)
Non-Government Organisations	There are many ways of defining NGOs. In the context of the relationship between the Health and Disability NGOs and the West Coast DHB, NGOs include independent community and iwi/Maori organisations operating on a not-for-profit basis, which bring a value to society that is distinct from both Government and the market. In reality this will mean that any profits are put back into the organisation, rather than distributed to shareholders.
NRT	Nicotine Replacement Therapy
NSU	National Screening Unit
NZRDA	NZ Resident Doctors Association (Or the RDA for short. The RDA is the only organisation in New Zealand solely representing the interests of RMOs (RMO means Resident Medical Officer and includes

Glossary of health related terms, abbreviations and acronyms

	trainee interns, house surgeons, senior house officers and registrars). Run by resident doctors for resident doctors.)
NZBS	NZ Blood Service (Manages the donation, collection, processing, and supply of blood, controlled human substances, and related or incidental matters.)
NZCOM	NZ College of Midwives
NZDep	NZ Deprivation Index (The New Zealand Deprivation Index is a small area deprivation index, based on the residential address of an individual. The NZDep Index uses the level of 10 variables to reflect seven dimensions of deprivation: income, transport, living space, home ownership, employment, qualifications, and support. Decile 1 is least deprived, Decile 10 is most deprived.)
NZHIS	NZ Health Information Service (A group within the Ministry responsible for the collection and dissemination of health-related data. NZHIS has as its foundation the goal of making accurate information readily available and accessible in a timely manner throughout the health sector.)
NZHPL	NZ Health Partnerships Ltd
NZMA	NZ Medical Association
NZNO	NZ Nurses Organisation
NZPHD	NZ Public Health & Disability Act
OAG	Office of the Auditor General
OPD (Chronic Obstructive Pulmonary Disease)	A progressive disease process that most commonly results from smoking. Chronic obstructive pulmonary disease is characterised by difficulty breathing, wheezing and a chronic cough.
OPH (SS)	Older Persons' Health (Specialist Service)
OPMH	Older Persons Mental Health (Formally known as Psychiatric Services for the Elderly (*PSE*).)
OSA	Obstructive Sleep Apnoea
OT	Operating theatre
P&F	Planning & Funding
PACS	Picture Archiving and Communications Systems (A picture archiving and communications system is a versatile system that enables the transfer of digital images and patient information throughout the organisation. In broad terms, PACS is a technology system and process for handling medical images (X-rays, CT, ultrasound etc) without the need for film. Images are stored on computer as digital information and displayed on computer screens for viewing.)
PACU	Post Anaesthesia Care Unit
Paed Onc	Paediatric Oncology
Paeds	Paediatrics
PBF	Population Based Funding (Involves using a formula to allocate each DHB a fair share of the available resources so that each Board has an equal opportunity to meet the health and disability needs of its population.)
PCO	Primary Care Organisation
PD	Position Description
PDR	Performance Development Review
PDU	Professional Development Unit
PG	Personal Grievance

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PHARMAC	Pharmaceutical Management Agency (Agency which secures, for eligible people in need of pharmaceuticals, the best health outcomes that are reasonably achievable from pharmaceutical treatment and from within the amount of funding provided.) Also now responsible for procurement of an increasing number of medical devise categories.
PHN	Public Health Nursing
PHO	Primary Health Organisation (PHOs encompass the range of primary care and practitioners and are funded by DHBs to provide of a set of essential primary health care services to those people who are enrolled in that PHO.)
PMS	Patient Management Systems (PMS (secondary-care), or Practice Management System (primary-care) used to keep track of patients. In secondary care the focus is usually on tracking the admissions, discharges or transfers of patients. In primary care, the focus is on maintenance of the register.)
POW	Programme of Works
PP (also known at PI)	Pacific Peoples (The population of Pacific Island ethnic origin (for example, Tongan, Niuean, Fijian, Samoan, Cook Island Maori, and Tokelauan) incorporating people of Pacific Island ethnic origin born in NZ as well as overseas.)
PPDS	Pacific Provider Development Scheme
Primary birthing facility	This is a facility that provides inpatient services for labour and birth and the immediate postnatal period.
Primary Care	Primary Care means essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.
PRIME	Primary Response in Medical Emergency
PRIMHD	Programme for the Integration of Mental Health Data
PSA	Public Service Association
PSE	Psychiatric Services for the Elderly (Has now changed its name to Older Persons Mental Health (*OPMH*).)
Public Health	The science and art of preventing disease, prolonging life and promoting health and efficiency through organised community effort. A collective effort to identify and address the unacceptable realities that result in preventable and avoidable health outcomes, and it is the composite of efforts and activities that are carried out by people committed to these ends.
QA	Quality Assurance
QFARC	Quality, Finance, Audit and Risk Committee (QFARC is a committee of the Board.)
QIC (Quality Improvement Committee)	The Quality Improvement Committee is a statutory committee established under the NZ Public Health and Disability Act.
QIPPS	Quality Improvement Programme Planning Systems
Quintile	Deprivation quintiles divide areas by addresses to analyse variations in health between deprived and affluent sections of the population. Q1 is the lowest deprivation and Q5 is the highest. Q0 is unknown.

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RAPG	Rural Academic General Practice
RCSP (Regional Clinical Service Plans)	Collaborative plan by DHBs in a region (Northern, Midland, Central, Southern) describing the future configuration of services across that region.
RDA (also known as NZRDA)	NZ Resident Doctors Association
RDST	Resident Doctors Support Team
RFI	Request for Information
RFP	Request for Proposal
RHM	Rural Health Medicine
Ring Fence	Relates to Mental Health Blueprint. Mental health funding may be ring fenced to ensure and surplus is not transferred outside of mental health.
RM	Registered Midwife
RN	Registered Nurse
RMO	Resident Medical Officer (This is another name for a House Officer or Registrar.)
ROI	Registration of Interest
RT	Radiology Technician
RTW	Return to Work
SCEI	Supply Chain Enhancement Initiative
SCN	Southern Cancer Network is one of four Regional Cancer Networks in New Zealand established to support the implementation of cancer control strategies and action plans in New Zealand.
Secondary birthing facility	This is a hospital that provides inpatient and outpatient services for women and their babies who experience complications that need additional maternity care involving obstetricians, paediatricians and other specialists.
Secondary Care	Specialist care that is typically provided in a hospital setting.
SFWU	Service and Food Workers Union
SIA	Services to Improve Access
SIPICS	South Island Patient Information Care System
SISSAL	South Island Shared Services Agency Ltd
SL	Sick leave
SLA	Service Level Alliance (Part of Alliance Contracting, used for Better, Sooner, More Convenient and elsewhere.)
SMHS	Specialist Mental Health Services
SMO	Senior Medical Officer
SOI	Statement of Intent (The SOI covers three years and is the DHB's key accountability document to Parliament. It is a statutory obligation under the Public Finance Act and has a high level focus of key financial and non-financial objectives and targets, similar to an executive summary.)
SoM	School of Medicine
SPOE	Single Point of Entry (Single Point of Entry is a single point of initial contact when people are referred for certain types of mental health services.)
SSC	State Services Commission
SSP	Statement of Service Performance

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STI	Sexually Transmitted Infection
SWAG	Staff Wellbeing Action Group
SWP	Staff Wellbeing Programme
Tertiary Care	Very specialised care often only provided in a smaller number of locations
TLA	Territorial Local Authority (Local Council, also known as: Regional Councils; District Councils; Territorial Local Authorities; Unitary Authorities; City Councils; Councils.)
TOR	Terms of Reference
TOW	Treaty of Waitangi (NZ's founding document. It establishes the relationship between the Crown and Maori as tangata whenua and requires both the Crown and Maori to act reasonably toward each other and with utmost good faith.)
UC	University of Canterbury
UoO	University of Otago
UPC	User Part Charges
VHP	Visiting Health Professional
VLCA	Very Low Cost Access Practices
W&CHD (or WCHD)	Women's and Children's Health Division
WAP	Workforce Annual Plan
Well Child / Tamariki Ora Programme	This covers eight core checks provided from birth to 5 years to check that each child is keeping well, growing and developing to their fullest potential. The checks are free.
WCDHB	West Coast District Health Board
WMRS	Workforce Management Reporting System
WO	Whanau Ora
WP	Working Party
Xcelr8 Collabor8 Particp8	These are learning and development programmes established by the DHB with the specific objectives of: achieving more with what we already have; equipping the DHB for future challenges; supporting participants to achieve; and bringing the DHB further together by refreshing the basics and providing a memorable and fun learning experience.
YTD	Year to date (The 12 month period immediately prior to the date given.)