West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 12 May 2017
10.00am

(Please note earlier start time at Facilities Site)

St John
Waterwalk Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

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

EXECUTIVE SUPPORT

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

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 12 May 2017 commencing at 10.00am

Visit to Facilities Site ***Please meet at the site entrance in Waterwalk Road where there is car parking. Please ensure you wear sturdy footwear with closed in toes and bring your hard hat and jacket if you took one home with you after the last visit.***	***10.00am to 10.30am***

KARAKIA

ADMINISTRATION ***10.40am***

Apologies

1. **Interest Register**
2. **Confirmation of the Minutes of the Previous Meetings**
   - *16 March 2017*
3. **Carried Forward/Action List Items**

REPORTS FOR NOTING ***10.45am***

4.	**Chair's Update (Verbal Update)**	Jenny Black *Chair*	*10.45am – 10.55am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.55am – 11.10am*
6.	**Clinical Leader's Update**	Mr Pradu Dayaram *Medical Director, Facilities Development* Cameron Lacey *Medical Director*	*11.10am – 11.20am*
7.	**Mental Health Update**	Cameron Lacey *Medical Director*	*11.20am – 11.40am*
8.	**Finance Report**	Justine White *General Manager, Finance*	*11.40am – 11.50am*
9.	**Wellbeing Health & Safety Update**	Michael Frampton *General Manager, People & Capability*	*11.50am – 12noon*
10.	**Reports from Committee Meetings**		
	- CPH&DSAC *27 April 2017*	Elinor Stratford *Chair, CPH&DSA Committee*	*12noon – 12.10pm*
	- Hospital Advisory Committee *27 April 2017*	Michelle Lomax *Chair, Hospital Advisory Committee*	*12.10pm – 12.20pm*
11.	**Resolution to Exclude the Public**	*Board Secretariat*	*12.20pm*

INFORMATION ITEMS

- 2017 Meeting Schedule

ESTIMATED FINISH TIME ***12.20pm***

NEXT MEETING: Friday 23 June 2017

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

BOARD MEMBERS

Jenny Black (Chair); Chris MacKenzie (Deputy Chair); Chris Auchinvole; Helen Gillespie; Michelle Lomax; Edie Moke; Peter Neame Nigel Ogilvie; Elinor Stratford & Francois Tumahai.

APOLOGIES

An apology was received and accepted from Kevin Brown.

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); Michael Frampton (General Manager, People & Capability Manager, Operations); Melissa Macfarlane (Team Leader, Planning & Funding); Mark Newsome (Director, Capability Development); Karalyn van Deursen (Strategic Communications Manager); Stella Ward (Executive Director of Allied Health); Philip Wheble (Interim General Manager, Grey Westland); 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 (10/17)
(Moved Edie Moke/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 10 February 2017 be confirmed as a true and correct record subject to the addition of Edie Moke as a Board Member"

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

Jenny Black provided the Board with an update from the New Zealand Health Partnerships Shareholders meeting held in Wellington on 20 March 2017. She thanked Board members for their prompt responses regarding the remit that was put to the meeting. The Shareholders supported the amendment to Clause 9.3 (B) (I) of the Constitution of New Zealand Health Partnerships Limited. This changes representation by DHBs from "Chairs" to Chairs & Deputy Chairs".

Resolution (11/17)
(Moved Nigel Ogilvie/seconded Francois Tumahai – 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 as follows:

- The cornerstone accreditation audits have been taking place across Primary Care at Reefton and Greymouth Medical Centre and the Rural Academic General Practice. Results indicated were positive and a written report is awaited,
- A lot of work is being undertaken around models of care in relation to the facilities project.
- In the building compliance area all Building Warrant's of Fitness are up to date for all facilities.
- The West Coast is leading the way with "End PJ Paralysis" which is part of discharge planning and working with patients and families around the journey back home and how this is normalised.
- In regard to Kowhai Manor and Granger House the Chief Executive complimented the staff who have managed this process. The Board noted this and acknowledged the teams who have worked in this area over the last few months.
- The Mental Health Solution Software has now "gone live" and will take a little time to settle in.
- The West Coast DHB website is being updated. This will portray a lot more professionalism and the ethos of the West Coast DHB.

Discussion took place regarding the recent publicity in Canterbury around unmet need. The Chief Executive commented that no Health Care System in the world is able to meet all health needs all of the time. Access has been one of the focuses on the West Coast and it is pleasing to see the waiting time for GP appointments being reduced significantly. He added that the core element of this is enabling Primary Care access to all the tools and frameworks the need to ensure sustainability, quality and reliability.

Resolution (12/17)
(Moved Chris Auchinvole/seconded Michelle Lomax – carried)
That the Board:

i. Notes the Chief Executive's Update

6. CLINICAL LEADERS UPDATE

Stella Ward, Executive Director of Allied Health, presented this report which was taken as read. Ms Ward highlighted as follows:

- The Nurse Practitioner programme is well on track;
- The new Transalpine Director of Midwifery, Norma Campbell has been welcomed to the West Coast in her new role;
- The new End PJ Paralysis programme;
- The Flexible Integrated Restorative Support Teams pilot is fast approaching with most of the operational planning completed;
- Some significant work has been undertaken on the West Coast and in Canterbury around how we can support the safe and appropriate use of "apps" and cloud based assessment tools.

Mr Pradu Dayaram advised the Board that last week some clinicians and project managers visited Kaikoura and Blenheim to view their facilities with a view to using some of these methods in our new development.

Resolution (13/17)
(Moved Helen Gillespie/seconded Edie Moke – carried)
That the Board:

i. Notes the Clinical Leader's Update

7. FINANCE REPORT

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

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 Board noted that provisional results for February show a $50k deficit for the month and $88k year to date.

Discussion took place regarding the cost of the new facilities and how this would affect the DHBs financial position.

Discussion also took place regarding the cost of Aged Residential Care and the Board noted that the DHB is the provider of last resort and it is possible that this will incur additional costs for the DHB.

Resolution (14/17)
(Moved Edie Moke/seconded Elinor Stratford – carried)
That the Board:

i. Notes the financial results for the period ended 31 January 2017

8. WELLBEING HEALTH & SAFETY UPDATE

Michael Frampton, General Manager, People & Capability, presented this report which was taken as read. Mr Frampton advised that the DHB continues to extend onto the West Coast the Wellbeing Workshops which are supporting staff involved in significant change.

He advised that from an Occupational Health perspective he is pleased that we have commenced the Health & Safety System Review with a particular focus on whether there are also other things we should be undertaking. The work in respect of this review is well underway and the dashboard will be a work in progress for some time and will continue to be refined.

The Board noted that the Minister of Health would be launching the Flu vaccination programme on 6 April and this DHB will roll out our own programme here commencing next week.

Resolution (15/17)
(Moved Michelle Lomax/seconded Francois Tumahai – carried)
That the Board:

i. Notes the Wellness, Health & Safety Update

9. DISABILITY ACTION PLAN UPDATE

Melissa Macfarlane, Team Leader, Planning & Funding, presented the Disability Action Plan update which was taken as read. The Board noted that champions have been identified in different areas to move this forward and it is hoped we will see some traction on this.

Discussion took place regarding illiteracy and it was noted that there are processes in place for people with literacy issues. Stella Ward, Executive Director, Allied Health, advised regarding some of the work being undertaken in this area.

Discussion also took place regarding the employment of those who identify as Maori by the DHB. It was noted that there is a significant mismatch across the South Island of those who identify as Maori and work is being undertaken in this area and also across schools and providers.

Resolution (16/17)
(Moved Francois Tumahai/seconded Edie Moke – carried)
That the Board:

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

10. HEALTH TARGET REPORT – QUARTER 2

Melissa Macfarlane, Team Leader, Planning & Funding, presented the Quarter 2 Health Target Report. There was no discussion on the report which was self explanatory and had already been discussed previously in the meeting.

Resolution (17/17)
(Moved Francois Tumahai/seconded Edie Moke – carried)
That the Board:

11. MAORI HEALTH UPDATE

Gary Coghlan, General Manager, Maori Health, presented the Maori Health Update.

The Update was noted.

12. DRAFT WEST COAST DHB PUBLIC HEALTH PLAN 2017-18

Claire Robertson and Cheryl Brunton, Community & Public Health, presented the draft West Coast Public Health Plan 2017-18. Ms Robertson advised that this plan follows a new exemplar set by the Ministry of Health.

A query was made regarding breast feeding being made more visible in the plan. Ms Brunton advised that this is deliberately a very high level plan so would not be specified here but more so in the team working plans.

Resolution (18/17)
(Moved Helen Gillespie/seconded Elinor Stratford – carried)
(Michelle Lomax abstained from voting)
That the Board:

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

13. REPORTS FROM COMMITTEE MEETINGS

a. **Community & Public Health & Disability Support Advisory Committee Meeting**
Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee, provided the Board with an update from the Committee meeting held on 10 March 2017.

Resolution (19/17)
(Moved Francois Tumahai/seconded Helen Gillespie – carried)
That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee update.

b. Hospital Advisory Committee Meeting
Michelle Lomax, Chair, Hospital Advisory Committee, provided the Board with an update on the Committee meeting held on 10 March 2017.

Resolution (20/17)
(Moved Michelle Lomax/seconded Chris Auchinvole – carried)
That the Board:

i. notes the Hospital Advisory Committee update.

c. Francois Tumahai provided the Board with an update from the Tatau Poumanu Advisory Group meeting. He advised that there had been three main themes from the meeting:

i. Wayfinding strategy;
ii. Discussions around cultural compliances in the new rebuild; and
iii. The appointment of a new Chair – Susan Wallace

The update was noted

14. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (21/17)

(Moved Helen Gillespie/seconded Nigel Ogilvie – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7 & 8 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";

There being no further business the public open section of the meeting closed at 11.45am

The Public Excluded section of the meeting commenced at 11.55am and concluded at 2.00pm with a break between 12.20pm and 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: **12 May 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.

	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 March, the ALT
  - Were pleased to note the clarity in this year's workstream workplans and the workstream leads have been congratulated on this.
  - Noted the positive engagement with schools in the recent alcohol presentations by Nathan Wallis, "Alcohol and the Amazing Brain".
  - Noted again the importance of the system enablers (workforce, settings, integrated information systems & transport) for delivery on the workplans.
  - Endorsed both the draft Annual Plan and the draft System Level Measures Framework Improvement Plan.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - Work around integration continues.
  - 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**
  - Cornerstone preparation is underway.
  - The new Roving RNS has started orientating to her new position.
  - The receptionist has resigned and it is anticipated the vacancy will be filled by an internal applicant.
- **Greymouth Medical Centre (GMC)/Rural Academic General Practice (RAGP)**
  - The Cornerstone Accreditation Report has arrived and there are a few Corrective Actions that need to occur. This is mostly around providing further information on some items.
  - A Practice Nurse from Grey Medical has retired and recruitment is underway to replace her with a Health Care Assistant or Enrolled Nurse. This change has come out of the review of roles in the Practices.

Community

- **Public Health/B4School/Vision Hearing**
  - Hokitika and Buller PHNs have commenced a presence in the early childhood facilities fortnightly to be available to meet parents as they drop their children off at pre-school. The purpose is to be on the spot to respond to any queries relating to well health for children and families/whanau. This is an opportunity to promote wellness and identify 4 year olds for the B4School service as well as checking on oral health, immunisation, nutrition etc. It would be ideal to get this happening in Greymouth also. With the introduction of such quality initiatives it is challenging with the current resource.
  - Some discussions have begun with the PHN team around options for those requiring contraception and sexual health advice with the changes in the family planning services and access being a consideration for the youth.
  - **B4School** checks are continuing with the outreach service taking a more active role to maintain targets. Greymouth has been identified as an area where improvement can be made in the outreach services for B4School. Coordinators are continually reviewing the service and looking at ways to encourage engagement.
  - **VHT:** Our newly appointed VHT (Vision Hearing Tester) has passed her clinical assessment. The assessor has indicated that our staff member is performing to a high level so this is a great asset to the team. She came in to a backlog of work and has now got this cleared so all work is now current.
  - **HPV** is preparing for start in the second term so work around getting consents etc. has been happening over the last two weeks in readiness. This is also being offered to boys this year.
- **District Nursing**
  - "Meet and greet" has presented some challenges at times but gradually

streamlining this with staff and patients on a daily basis. Feedback is positive from both the District Nursing and ward teams of being well received from the patients who are responsive to being approached about their care once they leave the hospital.

- Processes are being reviewed to look at different ways of working, releasing more time for patient care.
- A recent visit to Buller DN's to review ACC data collection and contracts has resulted in increased revenue. Ongoing training in this area will ensure staff are claiming more efficiently with better revenue outcomes.

- **Home Based Support Services**
  - **Buller/Hokitika Support Worker/client-needs mismatch:** Ongoing work is underway in Buller and Hokitika to match support worker availability to client needs. This work will ensure that we are using our resources efficiently and providing the right care to our clients.
  - **Applications for vacancies:** The vacancy for the Buller HBSS RN has now been successfully filled and this nurse is undergoing orientation to the combined HBSS/DN role. This is a positive result and is accompanied by a successful Support Worker vacancy response Coast-wide. Nine applicants for the casual Support Worker positions are now in process and this will assist coordinators in managing the fluid nature of the environment.
- **Clinical Nurse Specialists (CNS)**
  - **Buller:** Staff are reporting that workloads are constant with referrals increasing in the area of sleep studies. However, with establishing assessment and management of sleep disorders this has a flow on effect in the control and management of other chronic conditions.
  - **Greymouth:** After the recent departure of a Respiratory Nurse Specialist we have seconded a nurse from the medical ward for 6 months to allow time to look at service needs, potential opportunities for service development and configuration generally. This service has been steadily growing over the last few years especially in the area of sleep studies.
- **Oral Health:** Arrears for pre-schoolers are slowly reducing due to the re-rostering of the Buller therapist. There is a big push planned for the second term to ensure that these arrears are significantly reduced or eliminated.

C: Implement the Maori Health Plan

- **Kia ora Hauora Work Placement Programme:** West Coast DHB has just completed this year's work placement programme in conjunction with Kia ora Hauora. The programme was run over 3 days from 27-29 March. The students had access to many different careers within the health sector including the local Maori Health Provider – Poutini Waiora, Westland Medical Centre, and Grey Hospital - Laboratory, Occupational Therapy, Emergency Department, Nursing, West Coast PHO and Community Public Health.
- **Tipu Ora – Certificate in Hauora Maori Level 4 (West Coast):** Tipu ora have held their second three day Wananga for the Certificate in Hauora Maori level 4 in Greymouth. The course runs over 6 months and takes 20 weeks to complete with 6 three day Wananga. There are 16 participating in the training from across the West Coast and from various health and NGO services. Previously this certificate has been run out of Christchurch for the last 3 years and prior to that out of Rotorua and

Auckland so it is a real coup to get it delivered locally. The course will close with a formal graduation in July.

- **Treaty of Waitangi – Greymouth:** 18 trainees attended the Treaty training held on 18 April at St Johns.
- **Treaty of Waitangi – Buller:** 13 people attended the Treaty training held on 26 April in Buller.
- **Tatau Pounamu – Chair Resignation:** Chair Lisa Tumahai announced her resignation at the last Tatau Pounamu meeting on 23 March 2017, Ned Tauwhare has been replaced as the second Ngati wae wae representative and a new Chair will be elected at the meeting on 18 May.
- **Takarangi Cultural Competency Framework:** The first training has been scheduled to take place on 27/28 July on Te Tauraka Waka a Maui Marae. We are targeting around 20-25 trainees initially focusing on senior and middle management and also clinical managers. Those trained in TCF at the initial workshop will be skilled for and tasked with the responsibility of carrying this learning into their practice settings and with supporting the next layer of their workforce to undertake the training.
- An initial presentation has been given to the Director of Nursing, GM Buller Health, Operations Manager CAMHS, Mental Health, Associate Director Allied Health, GM Grey/Westland Health and Team Leader Community Public Health as an opportunity to ask further questions and to gain support for the sustained and supported growth of the Takarangi framework as a recognised part of core competency training throughout the sector. An implementation plan is being developed that will look at how we embed the training across the sector, some of the issues for future consideration are:
    - A stronger systems approach will be required – including greater organisation/ service level buy in and support (who needs to be involved? Key clinicians and managers).
    - Alignment to the workforce development strategy, performance management systems and overall quality framework to ensure cultural competency is a core platform to best practice
    - Training and supervision will need to be developed and delivered in a way that is directly related to the competencies
    - A package will need to be developed beyond the introductory workshop that looks at ongoing competency based training and supervision
    - There will need to be ongoing support of practitioners and services that engage with the framework
    - Linkages to regional and local plans.
- **Dual Signage:** Meetings have been held between Tatau Pounamu and the facilities team to begin discussing options to include dual signage within the new facility.
- **Tumu Whakarae – letter to the Chair of DHB CEOs Group Annual Plan Guidance to DHBs:** The removal of the requirement for the DHBs to have standalone Annual Maori Health Plans has created some concern for GMs Maori across the country, given one potential impact of this is that the Maori health priorities become invisible in an integrated plan. However if achieving health equity for Maori is at the forefront of DHBs thinking this won't be an issue. Tumu Whakarae strongly recommends that in relation to the integration of annual Maori Health Plans into Annual Plans that CEOs champion a Maori health equity approach in respective DHBs by: Approaching the Annual Plan in the same way we approached Annual

Maori Health Plans. Where applicable report all Annual Plan indicators by ethnicity. Where an indicator shows a Maori health inequity or equity gap apply the Te Ara Whakawaiora performance improvement methodology to that indicator.

  - Appoint a responsible Executive Champion
  - Develop a robust improvement plan
  - Systematic reporting and monitoring of performance against the indicator to the Governance Groups
  - Share intelligence around the performance of this indicator

- These actions will also enable DHBs to achieve outstanding performance rankings in line with DHB non-financial monitoring framework and performance measures provided by the MOH. This ranking can only be applied when a DHB has met the target agreed in its Annual Plan and has achieved the target level of performance for the Maori population group. Tumu Whakarae has also agreed to continue to implement our performance improvement tools, namely Trendly and Health Excellence Seminars. We will be exploring opportunities to partner with our Ministry of Health colleagues from 2017/18 onwards with this endeavour.
- **Tumu Whakarae - Ministry of Health – Strategic Engagement:** In relation to MOH infrastructural changes Tumu Whakarae met with Alison Thom – Executive Leadership Team, Maori Leadership and has agreed to work with her to clarify key MOH leads and points of engagement on key Maori health matters in the future including Annual Planning, Workforce Development, Policy Performance Monitoring, and in particular in areas where Maori health outcomes are lagging.
- **Annual Planning 2017/18:** A hui was held with Tatau Pounamu, Poutini Waiora, Community Public Health and the West Coast PHO to review the first draft of the Annual Plan, workstream workplans and System Level Measures Framework and to incorporate their feedback into the 2nd draft of the plans to the Ministry. The feedback was positive with Tatau Pounamu wanting a strong emphasis on models of care for youth primary mental health and ensuring access for Maori to mental health services was improved. Leading on from this they wanted assurance that reporting against mental health services and access for Maori was robust and regular with strong input from Maori into the Suicide Prevention Action Group and Mental Health working groups. Additionally a strong focus on oral health and improving Maori outcomes was identified as a local priority. It was also noted that some solid planning is occurring to ensure accountability for equity measures within the Annual Plan given the removal of the Maori Health Plan.

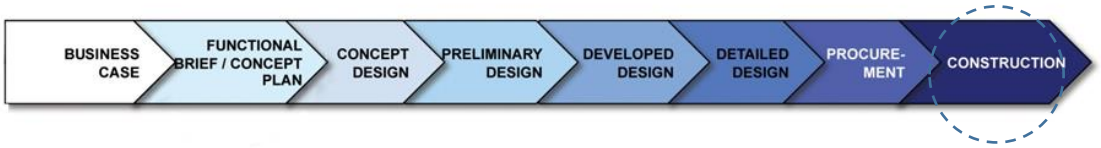
Settings	**DELIVERING MODERN FIT FOR PURPOSE FACILITIES**

A: Facilities Maintenance Report

- Mainly business as usual activities for this month. Work is proceeding on preparing the sites, plant and equipment and infrastructure for the rigours of the winter months ahead, this includes the ongoing roofing patch repairs on the blocks that will be replaced by new assets.
- Liaison with the new development project at Greymouth is ongoing especially around existing site infrastructure; this is likely to escalate in the coming months as the imbedded services infrastructure begins to take shape on the site.

- The work to replace the pedestrian bridge has been identified and is currently going through the WCDHB sign off process prior to going out to tender.
- Annual Boiler Survey work and pressure vessel inspections have been finalised and all plant and equipment is compliant.
- Workforce planning is currently being looked at both for the changing skill mix due to the new developments and also in regards to succession planning as retirement is on the horizon for some members of staff. A report with recommendations has gone to the Director of Strategic Projects for presentation at EMT.
- There will be some alterations to the present M&E workshop area to make space available for Occupational Therapy equipment and improve the stores delivery dock area. This work is being done in conjunction with the new development team.
- There will be a Facilities Management audit carried out by Deloittes later this year once the terms of reference have been firmed up. This will focus mainly on the new facilities and asset management planning.
- Further hazards have been identified as part of the roof woks on the McBrearty block roof and this will be mitigated by signage and markings to mitigate the inherent risks.
- **Building Compliance/BWOF**: Building Warrant of Fitness (BWOF) are all up to date for all West Coast Facilities.

B: Partnership Group Update



- Construction of the Greymouth facility re-development is progressing and the structural steel erection for the North Wing, including roof steel and purlins is complete.
- The Kingspan roofing for the North Wing is expected to be on-site 08 May, which will be another significant project milestone.
- The new boiler house building consent has been issued and construction is expected to commence in June.
- Procurement of the equipment required for the project continues and is on track with timing and alignment with the Fletcher Construction Company Ltd [FCCL] construction programme. The WCDHB's major equipment procurement is complete.
- Communications regarding changes to any staff and patient parking will increase over the coming months as FCCL will need to trench across the existing hospital main car park to install in-ground services.

Buller

- The site feasibility analysis across three WCDHB sites has been completed for the proposed $12 million Buller Integrated Family Health Centre. The Pakington Street site has been selected as the preferred site. The rationale for selecting the Pakington Street site includes that this site has no underlying trust status; the site will enable better facility design and site access, as well as more on-site parking. In addition, the site was deemed to present less resource consent issues and the geotechnical evaluation showed similar results across all three sites with the same foundation system recommended for all sites.

- As previously reported in the media, formal interest from a third party has been expressed to fund the Buller IFHC and steps to process an agreement are currently being worked through.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- **Leadership for nursing:** The proposal to change the Clinical Nurse Managers' (CNM) positions and add Associate CNM to the mix is well under way. Position descriptions for all positions have been out for consultation for the last 3 months with minor changes occurring. These have now been finalised and have been distributed to the current CNM's. A decision is expected from them by the end of the month with the rest of the positions being advertised beginning of May.
- **IDEAL:** IDEAL continues to gain momentum throughout the wards with Clinical Nurse Managers talking to staff and arranging education sessions at staff handovers. Brian Dolan is back next month to continue education and ensure staff continue to embed this into their everyday work.
- **End PJ Paralysis:** This is a concept which is being introduced into the medical ward. Patients that are able will be up and dressed in the morning allowing them to feel normalised. It also looks at muscle wastage in the elderly when keeping them in hospital. The walls in the medical ward have posters depicting to staff and family reasoning behind timely discharge. These posters will be changed on a regular basis to ensure the message is getting through.
- **Infusion Service:** Historically this service has been provided from the medical ward taking up acute beds. At the beginning of the year a Clinical Nurse Specialist Rheumatology and Infusion was employed and the service was moved to Hannan Ward. Already data from this service is showing the service is growing and being delivered from a lot of different areas within the DHB. Work is now underway using data to help in designing an improved infusion service.

Medical

- We continue to see some interest in our vacancies in General Surgery and General Medicine. The recruitment process is continuing for two general surgeons that we have interviewed.
- Work on a transalpine anaesthesia liaison role has commenced.
- Annual recruitment for RMO's has commenced. We have a number of RMO's indicate their desire to stay into 2018. Work around implementing the RDA MECA has also commenced in partnership with CDHB and the wider region.

Allied Health

- We continue to recruit for a number of Allied Health Professionals currently; Physiotherapist, Psychologist, FIRST Lead, and a Family Protection Specialist. Some professions continue to be difficult to recruit to, and are therefore impacting on our ability to meet targets for non-acute service delivery.

- Recruitment has been successful in the following areas: Pharmacy Assistant, Integrated Pharmacist, Paediatric Occupational Therapist and Allied Health Assistant.
- The FIRST (Flexible Integrated Rehabilitative Support Team) project group have commenced a Greymouth based pilot, with a larger project group having been formed to develop the detailed design. This will include a sub group who will examine how to incorporate Calderdale Framework principles.
- The Supporting Parents Healthy Children programme, formerly COPMIA (Children of Parents with Mental Illness Addiction) launched in February with Privacy Commission and Werry Centre staff participating in a workshop for agencies across the district. We had a great response to be part of the ongoing development and governance, and a steering group will meet in coming weeks to plan the way forward.
- Allied Health's communications strategy continues to drive work on our Intranet presence and ensuring written information such as brochures are up to date and of a good standard. We look forward to launching a noticeboard in Greymouth Hospital which will link to our other communication tools.
- Radiology and Physiotherapy are the first of our service areas to review the way that referrals are triaged, to ensure they align with the categories used in other parts of the Health System. This work, which will roll out through the other service areas, is essential to being consistent and transparent with how service is offered and when people need to wait, and why.

Mental Health Services

The Mental Health Service has two key focus areas – ***operational excellence***, led by the Operations Manager, and a ***transformation process*** facilitated by a project team led by Cameron Lacey.

- **Operational Excellence:**
    - **Nationally Consistent De-escalation and Personal Restraint Training:** Ongoing development of coordinated training for staff within the West Coast DHB Mental Health Services between both West Coast DHB and Canterbury DHB is becoming critical to ensure that there will be sufficient qualified SPEC (Safe Practice Effective Communication) trainers to maintain cover at all times. Attendance by the Acting Operations Manager Mental Health Services at a presentation by the Ministry of Health early February has confirmed that there are gaps due to staff leaving and this is consistent with other DHBs.
    - **Mental Health Incident Review Group:** MIRG has been operating for approximately 8 months as a forum for reviewing reportable Safety1st events. This has improved processes to ensure that Mental Health services have a robust review process for reportable events.
    - **Mental Health IT System go-live:** The Mental Health service has been working steadily over the last two months to enable the transition from a predominantly paper based system to an electronic system. This will enable timely access to clinical records and enable staff to deliver services without being caught up in paper work. Teams have worked hard to ensure that all relevant data is up to date and some are now on the system with a number still to go live over the next couple of weeks.
    - **Alcohol and Other Drugs (AOD):** The Rata AOD service receives referrals from the Corrections Department on a frequent basis. The processes involved once received were often long winded due to lack of information to work with,

incorrect details and misunderstandings as to what comprised an appropriate referral. This resulted in, on occasions, significant delays from the point of referral to point of contact with the client. In order to address this, Rata staff have taken the initiative and introduced a triage clinic for all Greymouth Corrections referrals that is delivered onsite at the Corrections Department. This is done on a fortnightly basis, though capacity has been built in to be weekly if required. Currently it remains fortnightly at Corrections request.

At the triage meeting Corrections staff discuss each individual potential referral with two AOD staff and jointly a decision is made as to whether the person concerned is appropriate for Rata AOD referral. If they are, then Corrections staff are advised of an appointment date for assessment which they pass directly to the client. Should they not be appropriate referrals, then the most appropriate agency to meet the client's needs is identified. In such cases that would be for the most part PACT. This has been running successfully now for approximately 3 months. The benefits noted have been:

- More timely access to the service
- Appropriate services identified to meet individual client needs sooner
- Assessment appointments being coordinated with Corrections staff for input where required
- Reduced DNA rate
- Significant reduction in administration time for both Corrections and Rata AOD
- Further enhanced working relationships with all Corrections staff
- Overall the results have been extremely encouraging and it is envisaged this method of service delivery will be maintained for the future.

- **Transforming Mental Health Service**
  - **A project team is in place** led by Cameron Lacey and includes support from Sandy McLean, Fran Cook and Paul Norton. This group has a role to facilitate the process of transforming our mental health services on the Coast in line with the outcomes of the mental health review. The team is finalising a project plan with high level time frames which will then be provided to staff and key stakeholders, providing transparency around the process and ensuring a high level of engagement.

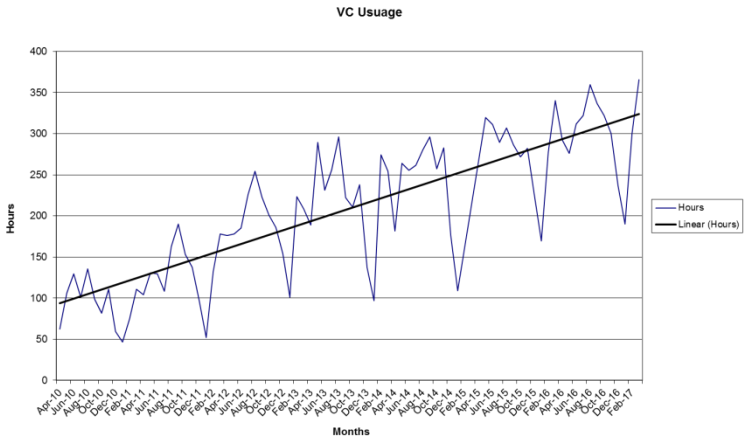
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

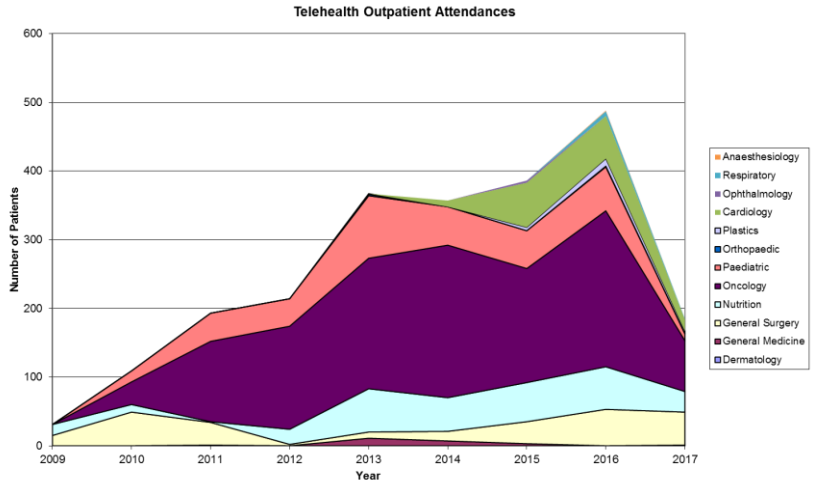
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- 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.





- Telehealth activity reporting can now provide more detailed data to supplement longer running measurements. Telehealth for patient consultations doubled from January 2016 to December 2016, with November having 4.6% of patients seen via video conference.
- 542 patients were seen by video conference for specialist appointments in 2016; specialties utilising telehealth include cardiology, general surgery, nutrition services, oncology and nurse-led oncology, orthopaedic surgery, paediatric medicine and paediatric oncology, plastic surgery and respiratory medicine.
- Cardiology often see approx. 50% of patients by telehealth, and some nurse-led oncology clinics see 100% of patients each month by video conference. Respiratory medicine began in 2016 with none of their patients being seen by video conference and in November were able to see 100% of patients by this mode.
- Over the year, the use of video conferencing for patient consultations has saved patients travelling 18,915km across the West Coast, saving over 180 hours of patient time.
- There is room for improvement as WCDHB still has 1 in 5 patients travelling more than 2 hours return to attend a specialist appointment.
- During 2016, more than 620 patients were required to travel more than 4 hours (return) to attend a specialist appointment; in August 40 patients travelled over 5 hours.
- Based on the NTA travel reimbursement allocation of 28c/km, the total fuel cost to our patients per month is estimated to be over $25,000.
- This data does not include travel that patients have to do to attend specialist appointments in Christchurch.

INTEGRATING THE WEST COAST HEALTH SYSTEM

A. Implement the Complex Clinical Care Network (CCCN)

- Twenty-five people across the West Coast have been trained in completing an Advance Care Plan. Teams await a South Island regional template for the Advance Care Plan. The Acute Care Plan has been made live in Health Connect South and is available for use. Tina Murphy is training ED staff and Pauline Ansley is training primary care clinicians. The Complex Care Plan (integral to FIRST) is under review by the FIRST Project Team.
- 29 people have been referred to the Falls Champion Service during quarter three and 45 people are currently active in the Community Falls Prevention Programme.

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

- A number of initiatives are underway within Buller Medical Services:
    - Immunisation clinics have commenced. Clinics are aimed at reducing the incidence of influenza over winter, especially in vulnerable people within the Buller community.
    - Rural Nurse Specialists in the northern West Coast have developed a Health and Safety Risk Register for their rural clinics. This builds on the existing hazard registers and meets the requirements of recent legislative changes. They found this a valuable exercise as it highlighted areas which require further work, particularly with regard to working alone and personal security.
    - With a stable medical workforce the practice team has identified ways in which they can reorganise to improve work flows and patients' experience of care. Implementation of some of the key opportunities is now underway.
- The Kawatiri Birthing Unit continues to be well utilised. There were 26 births during 2016 and 36 women received post-natal care within the unit. All women were exclusively breastfeeding on discharge.

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

- Work continues with the health teams in Grey to plan and implement the changes required in preparation for the new IFHC. This includes looking at how to provide greater access to primary care for our communities in Grey.
- The FIRST (Flexible Integrated Rehabilitation Support Teams) service completed its first pilot to look at how we provide an intensive rehabilitation service in the community. The team has taken on the learnings from this and are now looking to put these into practice with another trial.
- Other projects underway or starting include looking at how Outpatients will work in the new facility, looking at our infusion service and a project around releasing more clinical time for our District Nurses.

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

March 2017 was a deficit of $93 thousand, which was $72 thousand unfavourable to budget. The year to date position is $160 thousand 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	
Funder Arm	515	212	304	4,581	1,832	2,74
Provider Arm	(608)	(233)	(375)	(5,053)	(2,144)	(2,909
Consolidated Result	(93)	(21)	(72)	(472)	(312)	(160

B: People at the Heart of All We Do

- 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 and Injury Management Services	2017: Q2	●

- In relation to our Health and Safety system, engagement with multi-disciplinary teams has been completed to inform roles and responsibility with respect to who owns the risk and controls. This information is now being analysed, with collateral to be developed to proof test the outcomes. The focus will then turn to procedures for contractor management. Phase two is on target to commence in Quarter 2 2017 [April – June].
- Detailed project planning for the Occupational Health and Injury Management Service Review is now underway.

People and Capability Services

Key initiatives	Due	Status
Redesign the employee lifecycle	2017: Q2	●

- There are three key stages of this work:
  - **Consult**: co-design workshops during the first two weeks of May – 250 people have been invited
  - **Create**: subject matter experts will create ideas for the new processes in June

- **Confirm**: the new processes will be "calibrated" with those who attended the co-design workshops ahead of finalising them in July.

- There is continued engagement across the organisation with confirmation of all people involved. In addition, getting all workshops and engagement sessions booked.

People and Capability Operations

Key initiatives	Due	Status
Design a policy framework and renew People and Capability policies	2017: Q2	●

- The purpose of the Policy Framework is to reflect what's most important to us and how we do things around here, and supporting procedures and guidelines that are clear, consistent, integrated, and which align with West Coast DHB values.
- The policies will be developed via an extensive engagement with our people, union partners and other stakeholders.

Organisational Development [OD]

Key initiatives	Due	Status
Develop and deploy leadership and talent framework	2017: Q4	●

- The key area of focus is the development of a leadership and talent framework.
- The purpose of this framework is to develop a common leadership development system that is based on the commitment to:
  - A common leadership framework, including a common assessment and development approach
  - Common principles and practices for talent management.
- This is being developed in partnership with our leaders and will be underpinned by the State Services Commission framework that is utilised across the core public sector.

C: Effective Clinical Information Systems

- **Mental Health Solution**: The Mental Health Solution (MHS) software based in Health Connect South has gone live. Users are gradually being moved across to the MHS with Buller Mental Health, Forensics and part of Alcohol and Drug (AoD) back on the system. Regular meetings with key members in Information Services Group, CDHB, Orion and Mental Health are occurring to keep on top of minor issues and ongoing support. The remaining service areas are being prepared to come back onto the system by the Mental Health team.
- **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. Go live is planned and on track for 11 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. Interviews have now been completed with a workshop being arranged to provide finer detail to allow completion of the business case.

- **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. Four DHB staff have the patient portal enabled, allowing the identifying and resolving of some final issues. Wider role out to a further user base is expected within May.
- **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. Staff wifi is now live for some areas of Grey Base hospital. Further role out is in progress. Patient wifi is also being progressed with the screen which users will see when they first connect in the process of being setup. WCDHB's internet supplier has also confirmed there will be no cost to patient internet use by the DHB as part of the renewed internet contract. Due to the complex issues that have had to be overcome it is unlikely until May before patient wifi will be available despite the best efforts from WCDHB and CDHB ISG staff.
- **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 design has been agreed for this solution which will not increase any operating costs but double the bandwidth available for running these new services over. Timeframes have still not been determined but the supplier is now engaged and committed to supplying these by next report.
- **New Facility Work:** ISG is participating heavily in a number of ICT related facility meetings. A large piece of work is underway to look at communication services within the new facility. A RFP has been approved and is currently out to the market for a communication system for the new facility.
- **IT Infrastructure replacement:** An investment in upgrading some systems at the end of their life has been approved with the remote access system, firewall, mail system, core switches, terminal replacement, Uninterruptable Power Supply system and improvements to medtech32 all being completed.
- 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. Several of the new replacement network switches have been implemented, with the bulk to occur over the next few weeks.

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

Media interest

- Aged residential care on the West Coast
- New health facilities in Grey and Buller
- Travel/transport

- Laundry service proposal for change
- Debt collection and non-eligible patients
- Board procedures
- Respite care
- Mental health services

Media releases were issued on

- DHB endorses Buller IFHC site
- West Coast focuses on falls prevention
- DHB places temporary manager in Granger House

Video releases were issued on

- Preventing falls – patient story
- Before Schools Check

External engagement

- Public meetings:
    - Grey Power Greymouth – travel/transport
    - The Pitch Development West Coast – new facilities

Social media posts

- Facilities update (Facebook & Twitter)
- Autism Awareness (Facebook)
- Conversations that count (Facebook)
- Immunisation time (Facebook)
- Fluoridation information (Facebook)
- Watch the weather and be ready (Twitter)

Healthy Environment & Lifestyles	**PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

Key Achievements/Issues of Note

- **Smokefree:** Community and Public Health (CPH) and the other members of the West Coast Tobacco Free Coalition will be promoting Smokefree lifestyles during May. World Smokefree Day is on 31 May. Promotions will be held in Westport and Greymouth during Smokefree May. The theme this year is "It's about Whānau". The Oranga Hā – Tai Poutini (Stop Smoking West Coast) service continues to enrol clients and following on from the success of January's Facebook campaign, another Facebook campaign will be run during April and May. As well as promoting the service, this will also showcase clients who were successful in quitting after the last campaign.
- **Alcohol:** CPH staff joined West Coast Police and the Westland District Licensing Inspector in a meeting with Westland Racing Club Committee members to discuss the sale and supply of alcohol at future race meetings at Hokitika Racecourse. The meeting was very constructive and provided clarity to the racing club about the expectations of regulatory agencies, countering some recent misleading media comment. As part of the 'Teenagers, Alcohol and the Amazing Brain' project, a survey has been conducted recently with Year 9-13 students from West Coast secondary and

area schools. More than 900 students have taken part. They have been asked about their perceptions of alcohol and its use among other teenagers. CPH's Information Team will analyse the survey data and prepare a report on the findings.

- **Nutrition:** CPH will host a workshop on Food Security in Greymouth on 26 April. Invitations have been sent 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. Planning for the workshop is well underway and some pre-work has been sent to participants. We plan to compile a report on the workshop findings to help inform action.
- **Health Promoting Schools:** A Community Partnerships meeting was held recently at Grey High. The participants included the school pastoral team (school senior leadership, year deans, and school counsellors) as well as outside representatives from statutory agencies, NGOs and health and social services. The purpose of the meeting was for the school's pastoral team to meet providers and hear about services available to their students, including referral criteria and processes. It was agreed that this would be a regular bi-monthly meeting.
- **Tai Poutini Polytechnic Wellbeing Day:** Another successful wellbeing event was held at Tai Poutini Polytech with 100+ students attending over lunchtime on 3 April. The theme was the Wellbeing WoF, promoting the 5 ways to wellbeing and local services and activities. Approximately 15 local services were present, including CAMHS, Poutini Waiora, Sexual Health services and St John. A local DJ entertained the crowd. CPH staff provided healthy kai tasters with recipes, promoting healthy eating on a budget. We also promoted Oranga Hã (Stop Smoking West Coast) and five people signed up. CPH are hoping to run a Stop Smoking group within the polytech.

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

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

SOURCE: **Clinical Leaders**

DATE: **12 May 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

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

3. SUMMARY

WORKFORCE

Nursing & Midwifery

Canterbury and the West Coast are working together to further design and implement systems, processes and policies for the introduction of nurse prescribing. A working group with nurses from across the system and with Otago University postgraduate school of nursing will be supported by the South Island Alliance workforce team.

We recently congratulated Tina Murphy who has achieved Nurse Practitioner status with the Nursing Council. Tina has been the team leader for the South Westland Rural Nurse Specialists and is currently helping us facilitate the design and development of a primary urgent care service in Grey. This is a fantastic achievement and Tina will be helping us in supporting our other Nurse Practitioner interns across the system.

Midwifery Council have approved the Midwife Educator as an accredited provider of continuing midwifery education. This ensures ongoing local provision of high quality midwifery education across the West Coast health system.

Allied Health

Our Medical Technicians delivered Plaster Casting training to Emergency Department Nursing and Medical staff this month, and plan to offer another session next month. This ensures that staff who are required to apply casts when there is limited assistance available from our team, can do so with confidence and a good level of skill. These are also fun sessions and further strengthen the relationship between our Medical Technicians and Emergency Department staff.

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. We will be surveying staff over coming weeks, to find out how we can better support them participating in and providing (or wanting to provide) supervision.

QUALITY & SAFETY

Nursing & Midwifery

InterRAI is a tool that is used to assess the needs of aged residential care clients, and informs care planning that is appropriate and customised for each person. We measure each quarter, on our compliance with InterRai use across the West Coast DHB. In the last quarter, the West Coast DHB achieved 100% compliance. This is a fabulous achievement and reflects the amount of work the team has put into this process for our older folk, and standards of care.

The Health Quality and Safety Commission's Safer Surgery Collaborative is underway on the West Coast. Each quarter district health boards are expected to observe and collate data around three key components of safe surgery. These are, 'sign in' which includes checks such as the right patient is identified and documentation is in order. The next is 'time out' which is a moment to stop, pause and check again, just prior to commencing the surgery, that the right patient, surgical procedure and equipment is set up. The third step is 'sign out' which is a final check to ascertain if all went according to plan and is an opportunity for a post operative debrief. At this point documentation and plan of care is also checked to ensure all is completed and available. This initiative is to improve communication within the surgical team, and empowers any member of the team to speak up and question. In the last quarter we achieved our target.

The Associate Director of Nursing Workforce Development recently liaised with all local aged residential care facilities to inform them that they are able to access the South Island wide e-learning platform. This will enable access to HealthLearn for professional development and learning opportunities, and also the Lippincott nursing policy and procedure manual.

Allied Health

The FIRST pilot has offered service to its initial client, and undertaken a variety of the operational tasks. 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. The current focus for these groups is on utilising clear triage processes and ensuring we have quality data available from our patient management systems.

Discussions continue between Allied Health and Information Systems 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.

Medical

ETriage or electronic triage is due to start shortly. A referral to hospital services is generated within Medtech in primary care and is transmitted electronically to Central Booking Unit. Currently these referrals are printed out and physically given to the triaging clinician with the resultant risk of misplacement of the paper copies and challenges in timely response to primary care particularly if this is a request for advice. The information that the clinician documents on this referral is only captured if the referral is rescanned into Health Connect South (HCS) which wastes resources. With eTriage, the entire process is electronic and there is no risk of losing any of the referrals or of losing information about the triage process all of which will be captured electronically and

permanently stored. Three services (Plastics, General Surgery and Gynaecology) will trial this process locally commencing in early May 2017, with the same services already using eTriage in Canterbury DHB. The intention is to roll out eTriage to other services once the processes are working effectively in the three trial services.

Medical Director/Patient Safety and Outcomes attended the Choosing Wisely Implementation meeting recently, despite the Wellington weather bomb. This was enabled by use of a webinar, as it was not otherwise possible to reach Wellington. The meeting provided information about the Choosing Wisely programme commencing in New Zealand. This is an international movement designed to encourage the careful use of our limited resources by choosing to use tests and treatments which have evidence of benefit. For further information see http://choosingwisely.org.nz/. Nationally the Chief Medical Officer group is reviewing local implementation of Choosing Wisely around the country. Our use of Healthpathways, and the localisation of this, along with the newly developed Hospital Health Pathways (which we will join shortly), are local examples of these programmes.

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:

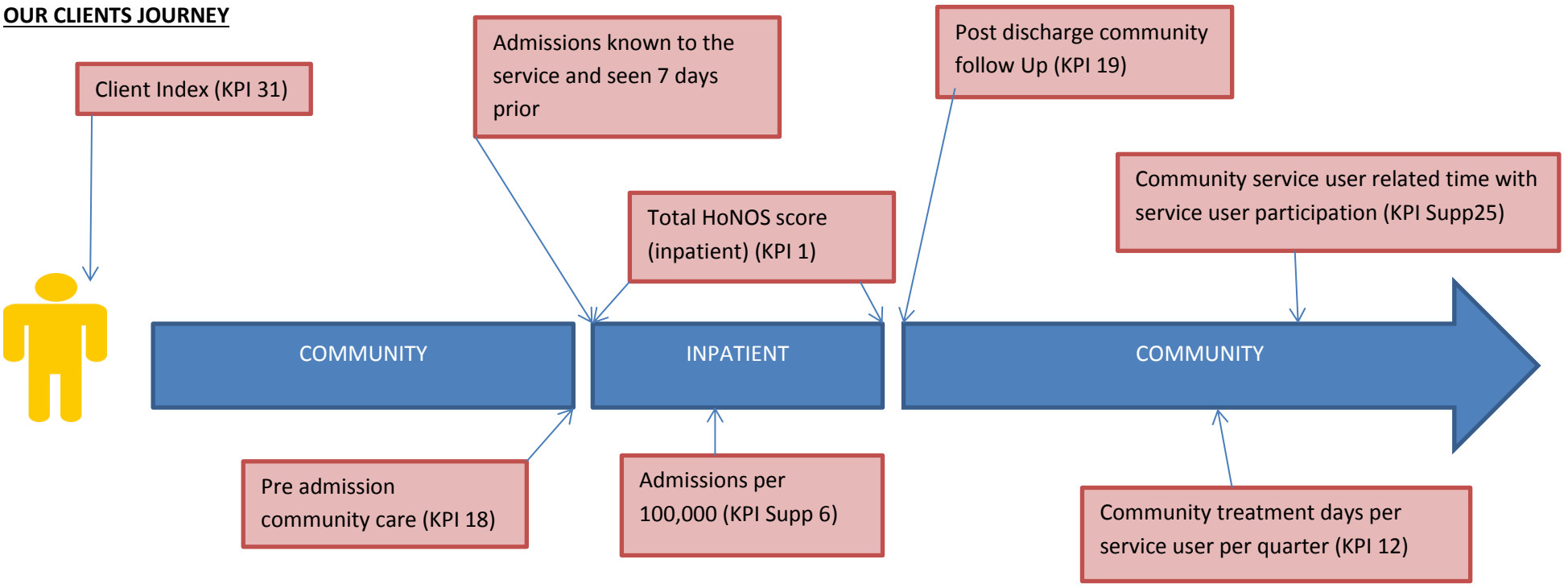
Clinical Leaders:

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

Key Performance Indicators for WCDHB SMHS - Second Quarter 2016

These have been selected from both national and local priorities to improve our ability to monitor how our service is performing, and identify areas that may need support and strengthening.

OUR CLIENTS JOURNEY



KEY	Achieved	Partial	Not Achieved	Incomplete Result

1. Client Index: New service users (KPI Domain – Effective & Accessible)

KPI	Fourth quarter 2015-2016	First quarter 2016-2017	Second quarter 2016-2017
New service users	98	113	135

KPI	Target	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
New Service Users	N/A	26	47	25	33	36	43	49	44		44

Second Quarter Details (first point of contact)

Buller CMH	Forensic	Grey CMH	TACT	Rata AOD	Westland CMH	Total
11	0	15	73	26	26	135

Definition: The number of service users whose first presentation has no preceding contact with the organisation within 5 years prior to the date of presentation.

2. Pre admission community care (KPI Domain – Continuous)

KPI	National Target	Fourth quarter 2015-2016	First quarter 2016-2017	Second quarter 2016-2017
Pre-admission Community Care	100%	100%	94%	92%

KPI	Target	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Pre-admission Community Care	100%	100%	100%	92%	100%	85%	100%	100%	57%		100%

Definition: The percentage of overnight admissions to the MHS IPU for which a community service contact was recorded in the 7 days immediately preceding that submission.

Rationale *To provide a measuring of accessibility and engagement of MHS services*

3. Admissions known to the service and seen in seven days pre-admission (KPI Domain- Efficient & Continuous)

KPI	National Target	Fourth quarter 2015-2016	First quarter 2016-2017	Second quarter 2016-2017
Known and Seen Pre-admission	85%	47%	58%	49%

KPI	Target	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Known and Seen Pre-admission	85%	50%	33%	58%	69%	46%	80%	46%	64%		46%

Definition: Number of admissions to the MHS IPU where there was an open referral to one of the teams on each of the seven days prior to the admission; they must also be seen in the seven days prior to admission and excludes referrals opened and closed on the same day.

Rationale *To provide a measuring of accessibility and engagement of adult community MHS services, as largely excludes TACT admissions*

4. Total HoNOS score (inpatient) (KPI Domain - Efficient)

KPI	National Target	Fourth quarter 2015-2016	First quarter 2016-2017	Second quarter 2016-2017
Total HoNOS Score		9.00	7.59	5.74

KPI	Target	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Total HoNOS Score (Discharged Inpatients)	TBC	10	9.09	7.92	7.2	6.5	9.22	7.36	3.33		4.25

Definition: This is a measure of problem resolution after a consumer has experienced a period of inpatient treatment.

Rationale *This would tell us whether the IPU is effective in improving the HoNOS score assuming that it is higher than normal on admission*

Reference *Effect size needs to be calculated to allow comparison*

5. Admissions per 100,000 (KPI Domain – Accessible)

KPI	National Target	Fourth quarter 2015-2016	First quarter 2016-2017	Second quarter 2016-2017
Acute Admissions per 100,000 people	N/A		91 (364 p.a)	115 (460 p.a)

KPI	Target	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Number of Acute Admissions	N/A										15

Definition: Total number of acute inpatient admissions. (number of admissions x3 = approx. rate/100,000)

Rationale *Useful to monitor demand on IPU and provides a measure of effectiveness of use of alternative to admissions.*

Reference *Average for small DHBs for 2012-15 = 223/100,000 per year*

6. Post community discharge care (KPI Domain - Continuous)

KPI	National Target	Fourth quarter 2015-2016	First quarter 2016-2017	Second quarter 2016-2017
Post Discharge Community Care	100%	61%	83%	79%

KPI	Target	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Post Discharge Community Care	100%	69%	60%	55%	67%	73%	82%	56%	83%	55%	55%

Definition The percentage of overnight discharges from MHS IPU for which a community service contact was recorded in the seven days immediately following that discharge

Rationale *A responsive community support system for persons who have experienced an acute episode requiring hospitalisation is essential to maintain clinical and functional stability and to minimise the need for hospital readmission. Research also indicates that service users have increased vulnerability immediately following discharge, including higher risk of suicide.*

7. Community service user related time with service user participation (KPI Domain – Efficient)

KPI	National Target	Fourth quarter 2015-2016	First quarter 2016-2017	Second quarter 2016-2017
Community Service User Related Time with User Participation	80%	91%	87.4%	86.8%

KPI	Target	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Community Service User Related Time with User Participation	80%	91.8%	91.8%	89.6%	89.3%	88.1%	83.2%	83.9%	89.4%		87.7%

Definition The proportion of time attributed to the care of the identified service users by community teams

Rationale *How many times are our service users are seen or have clinically significant engagement with staff helps understand actual acuity and caseloads.*

8. Community Treatment days per service user per quarter (KPI Domain – Appropriate)

KPI	National Target	Fourth quarter 2015-2016	First quarter 2016-2017	Second quarter 2016-2017
Community Treatment Days per Service	10-20 per quarter		6.95	5.53

KPI	Target	April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Community Treatment Days per Service User per month	TBC	3.24	3.37	3.2	3.43	3.21	2.23	2.43	1.89		2.54

Definiton The average number of treatments days in a *three month* period of community care. A community treatment day is a date when at least one face-to-face community contact with service user participation occurs.

Rationale *This is a measure of the intensity of treatment within the community and helps to understand variation in community treatment utilization and may demonstrate degrees of accessibility to CMH*

Child and Youth KPI Indicators & Rationale

- **Did Not Attend**
  - Duration of planned contacts with the service user where the service user did not attend.
    - *This was previously not recorded accurately as clinician's just completed other tasks if client/ whanau did not arrive and was recognised by the team as an area to develop consistency to identify opportunities for improved efficiency*

- **Contact time with service user and family/whanau**
  - Duration of contacts with service user participation in which both the service user and family/whānau participated
    - *To provide a measure of time with service user and the degree to which families are involved*

    .
- **Contact time with service user without family/whanau**
  - Duration of contacts in which neither the service user nor family/whānau participated (e.g. Care coordination)
    - *To provide a measure of additional work to support users and famiiles*

Notes for interpretation of results:

Due to low volume of contact, which prompted Ministry of Health audits, it is likely that these results may not accurately service performance.

Process and timelines for KPI reports:

Timeliness of data submission, entry, corrections, report creation and distribution has led to limited ability to utilize monthly KPIs to reflect service trends in the Directorate meeting to date.

To improve the value and timeliness of information to be discussed at the directorate meeting the following process is to be followed
1. End of month - Data to be submitted teams for PRIMHD entry by 10th of following month.
3. Reports to be run on 20th of following month and distributed to team managers
4. Data to be considered and commented on for next directorate meeting.

Proposed addition of Waiting List report to KPI

IT is proposed that the waiting list reports are added to KPIs, these are being generated weekly and at this point are not consistent with information in clinical files, but have proved useful to improve quality and completeness of service data being entered.

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**

DATE: **12 May 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 March 2017.

3. DISCUSSION

Overview of March 2017 Financial Result

The consolidated West Coast District Health Board financial result for the month of March 2017 was a deficit of $93 thousand, which was $72 thousand unfavourable to budget. The year to date position is $160 thousand unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,008	6,999	9	√	62,229	62,956	(727)	×
Governance & Administration	69	69	(0)	×	620	701	(81)	×
Funder	4,854	5,014	(160)	×	44,782	45,126	(344)	×
	11,931	12,082	(151)	×	107,631	108,783	(1,152)	×
EXPENSES								
Provider								
Personnel	5,461	5,216	(245)	×	47,756	47,053	(703)	×
Outsourced Services	(15)	2	17	√	(9)	24	33	√
Clinical Supplies	720	683	(37)	×	6,313	5,853	(460)	×
Infrastructure	1,034	815	(219)	×	9,422	7,526	(1,896)	×
	7,201	6,716	(485)	×	63,483	60,456	(3,027)	×
Governance & Administration	69	69	0	√	620	701	81	√
Funder	4,339	4,802	463	√	40,201	43,294	3,093	√
Total Operating Expenditure	11,609	11,587	(22)	×	104,304	104,451	148	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	322	495	(172)	×	3,327	4,332	(1,005)	×
Interest, Depreciation & Capital Charge	415	516	101	√	3,799	4,644	845	√
Net surplus/(deficit)	(93)	(21)	(72)	×	(472)	(312)	(160)	×

4. APPENDICES

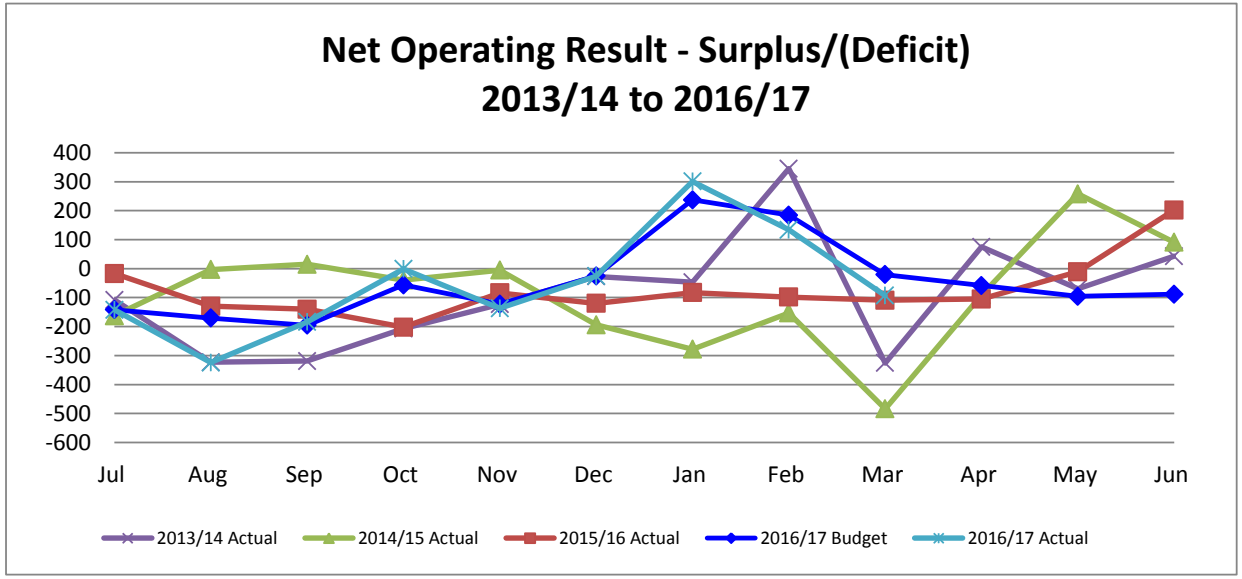
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, General Manager, Finance

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – MARCH 2017

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(93)	(21)	(72)	352% ✕	(472)	(312)	(160)	51% ✕

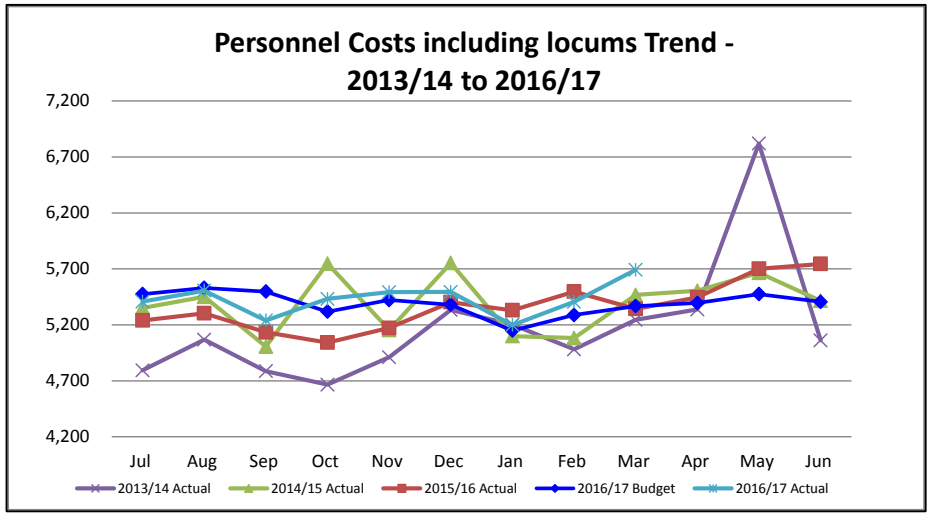


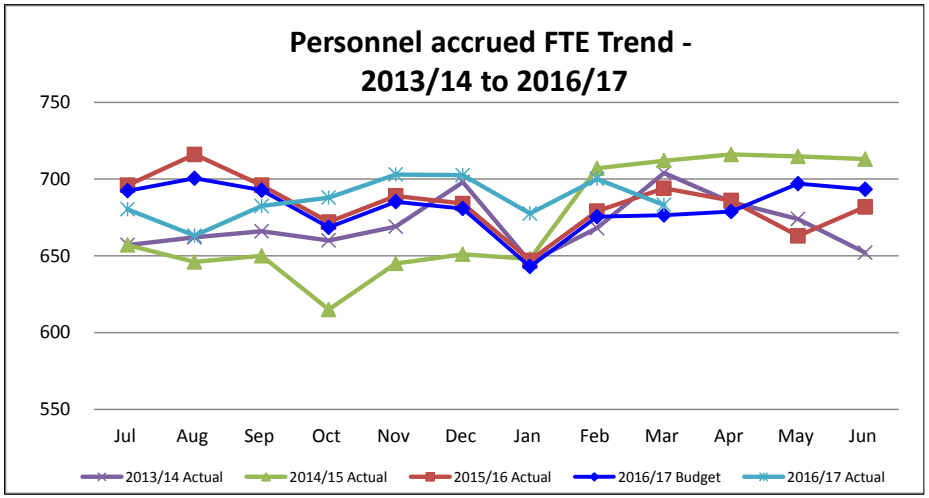
We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016. At this stage we are forecasting a year end result largely on budget.

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

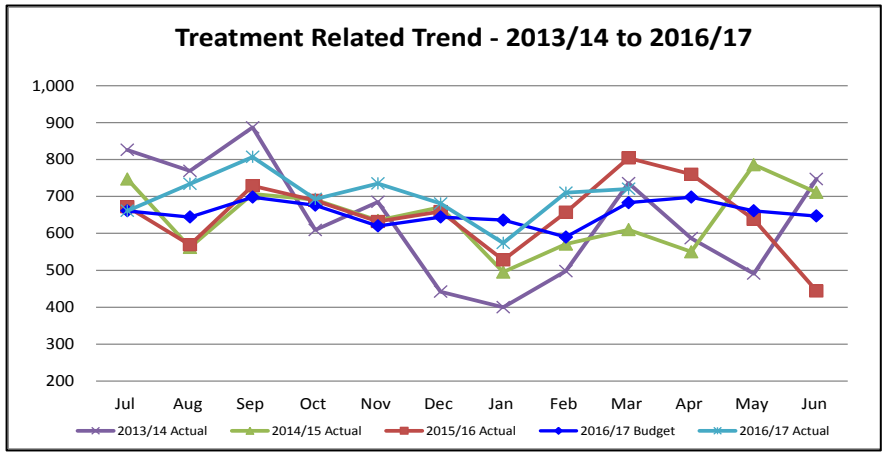


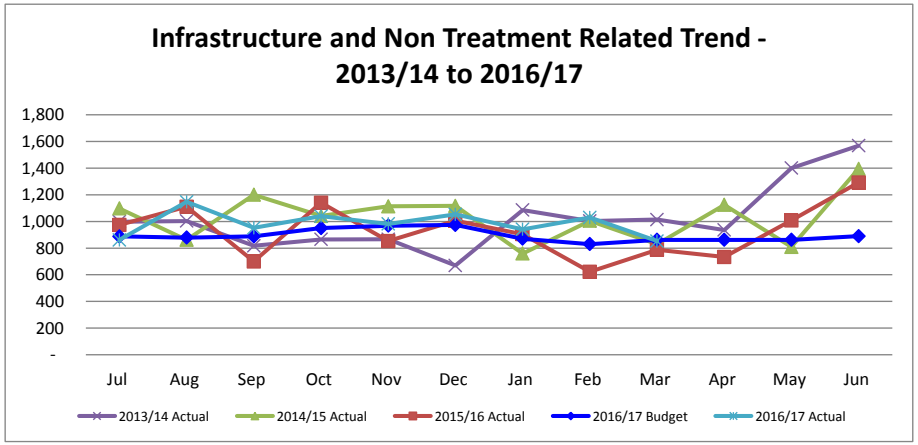


KEY RISKS AND ISSUES

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



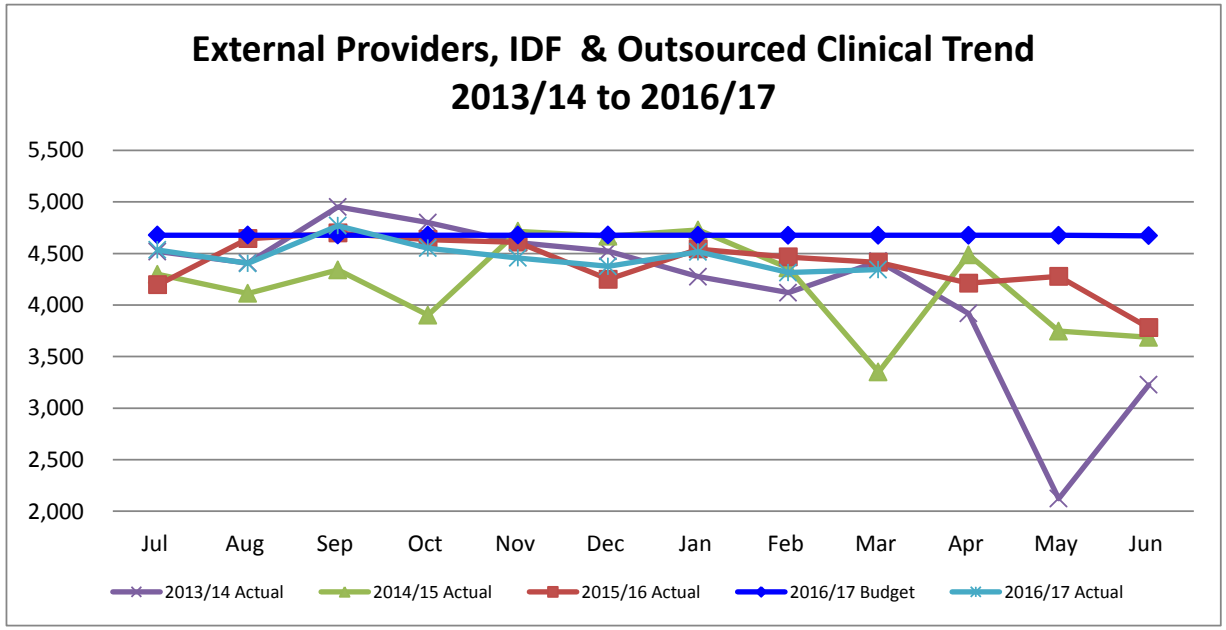


KEY RISKS AND ISSUES

High costs treatment particularly in oncology and rheumatology medicines is causing significant concern on costs in this category.

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

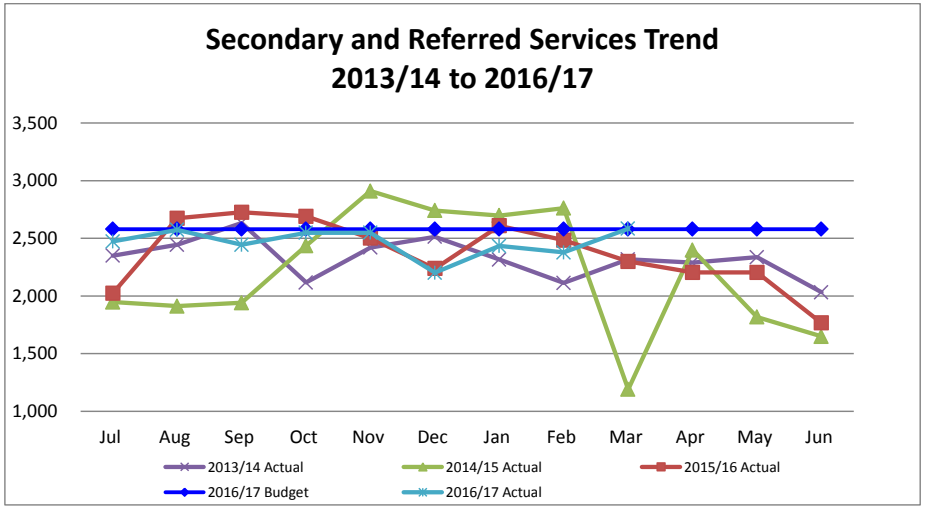
Capacity constraints within the system require continued monitoring of trends and demand for services.

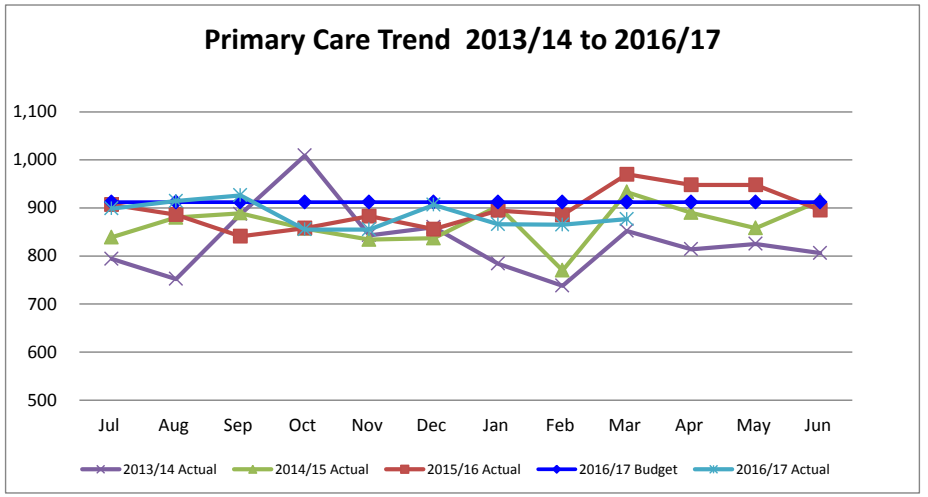
PLANNING AND FUNDING DIVISION

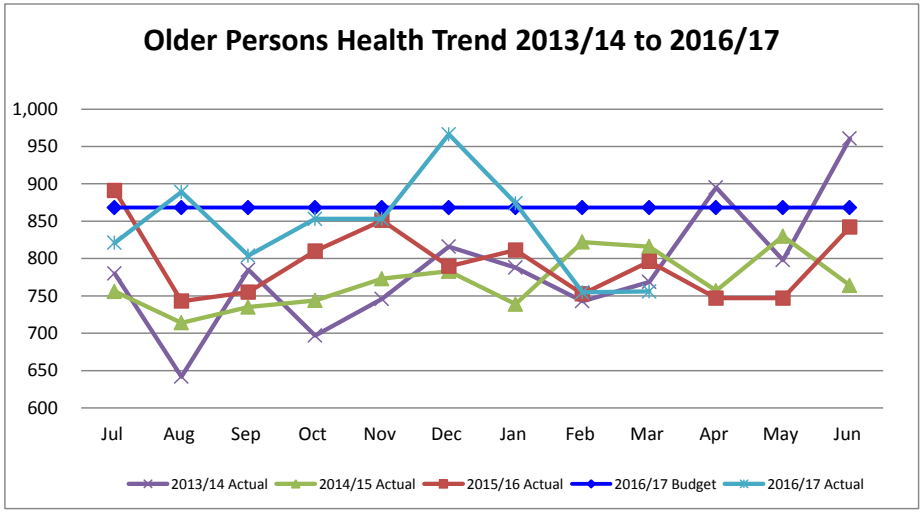
Month Ended March 2017

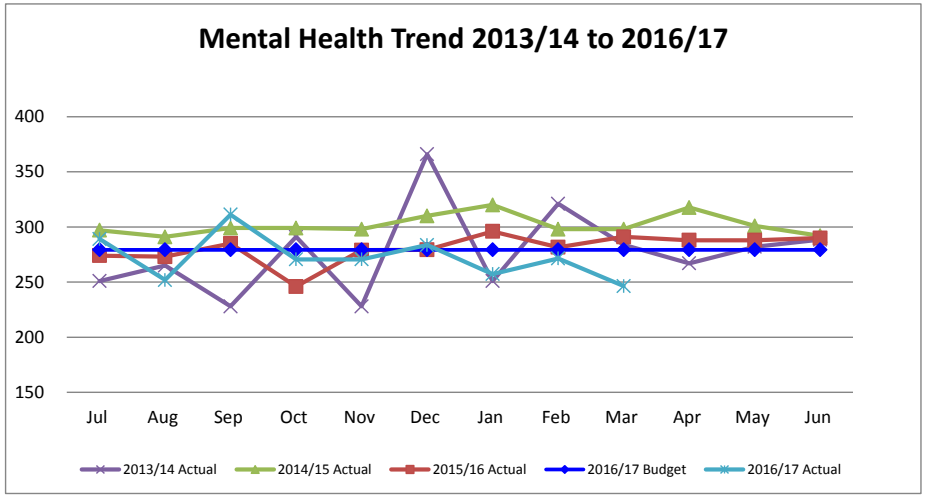
Current Month Actual $000	Budget $000	Variance $000	%		SERVICES	Year to Date Actual $000	Budget $000	Variance $000	%		2016/17 Annual Budget $000
					Primary Care						
39	28	-11	-37%	✗	Dental-school and adolescent	258	255	-3	-1%	✗	340
20	21	2	8%	✓	Maternity	178	192	14	7%	✓	256
1	1	0	20%	✓	Pregnancy & Parent	11	11	0	4%	✓	15
	0	0		✓	Sexual Health	0	0	0		✓	0
1	4	3	77%	✓	General Medical Subsidy	17	38	20	54%	✓	50
515	522	7	1%	✓	Primary Practice Capitation	4,714	4,701	-14	0%	✗	6,267
91	91	0	0%	✓	Primary Health Care Strategy	819	820	1	0%	✓	1,093
87	87	0	0%	✓	Rural Bonus	787	787	0	0%	✓	1,049
4	4	0	-4%	✗	Child and Youth	44	37	-7	-19%	✗	50
25	10	-15	-140%	✗	Immunisation	51	94	42	45%	✓	125
5	5	0	1%	✓	Maori Service Development	42	43	0	0%	✓	57
51	45	-6	-13%	✗	Whanau Ora Services	468	407	-61	-15%	✗	543
11	14	2	17%	✓	Palliative Care	139	124	-15	-12%	✗	165
-7	6	13	211%	✓	Community Based Allied Health	51	57	6	11%	✓	76
10	10	0	0%	✗	Chronic Disease	94	94	0	0%	✗	125
23	61	38	63%	✓	Minor Expenses	328	548	220	40%	✓	731
877	**912**	**35**	**4%**	✓		**8,003**	**8,207**	**204**	**2%**	✓	**10,942**
					Referred Services						
25	26	1	2%	✓	Laboratory	236	235	0	0%	✗	313
537	666	129	19%	✓	Pharmaceuticals	5,242	5,993	752	13%	✓	7,991
562	**692**	**130**	**19%**	✓		**5,477**	**6,228**	**751**	**12%**	✓	**8,304**
					Secondary Care						
295	223	-72	-32%	✗	Inpatients	1,539	2,009	470	23%	✓	2,678
157	126	-31	-25%	✗	Radiolgy services	1,328	1,132	-195	-17%	✗	1,510
124	114	-11	-10%	✗	Travel & Accommodation	897	1,022	125	12%	✓	1,362
1,445	1,425	-20	-1%	✗	IDF Payments Personal Health	12,754	12,829	75	1%	✓	17,105
2,021	**1,888**	**-134**	**-7%**	✗		**16,517**	**16,991**	**474**	**3%**	✓	**22,655**
3,461	**3,492**	**31**	**1%**	✓	**Primary & Secondary Care Total**	**29,997**	**31,426**	**1,429**	**5%**	✓	**41,902**
					Public Health						
13	23	11	45%	✓	Nutrition & Physical Activity	141	209	68	32%	✓	279
11	11	0	0%	✓	Tobacco control	106	100	-6	-6%	✗	133
24	**34**	**11**	**31%**	✓	**Public Health Total**	**248**	**309**	**62**	**20%**	✓	**412**
					Mental Health						
7	7	0	0%	✓	Dual Diagnosis A&D	64	64	0	0%	✓	85
1	0	-1		✗	Inpatients	11	0	-11		✗	0
20	20	0	0%	✓	Child & Youth Mental Health Services	180	180	0	0%	✓	240
5	8	2	33%	✓	Mental Health Work force	119	68	-52	-77%	✗	90
37	61	23	39%	✓	Day Activity & Rehab	400	547	147	27%	✓	729
11	11	0	0%	✓	Advocacy Consumer	96	96	0	0%	✓	128
103	81	-22	-27%	✗	Other Home Based Residential Support	860	728	-133	-18%	✗	970
11	11	0	0%	✓	Advocacy Family	99	99	0	0%	✓	132
-14	16	30	191%	✓	Community Residential Beds	64	143	79	55%	✓	190
66	66	0	-1%	✗	IDF Payments Mental Health	591	590	-1	0%	✗	787
246	**279**	**33**	**12%**	✓		**2,484**	**2,513**	**29**	**1%**	✓	**3,351**
					Older Persons Health						
	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
73	84	12	14%	✓	Home Based Support	868	759	-109	-14%	✗	1,012
8	6	-2	-37%	✗	Caregiver Support	53	53	0	0%	✗	70
169	242	72	30%	✓	Residential Care-Rest Homes	1,922	2,175	253	12%	✓	2,900
9	9	0	-1%	✗	Residential Care-Community	82	83	1	1%	✓	110
379	404	26	6%	✓	Residential Care-Hospital	3,526	3,638	112	3%	✓	4,851
4	10	6	59%	✓	Day programmes	110	90	-19	-21%	✗	121
11	11	0	-4%	✗	Respite Care	76	99	23	23%	✓	132
1	1	0	0%	✓	Community Health	11	11	0	0%	✓	15
3	1	-1	-97%	✗	Minor Disability Support Expenditure	24	12	-12	-100%	✗	16
99	99	0	0%	✓	IDF Payments-DSS	893	894	1	0%	✓	1,192
756	**868**	**112**	**13%**	✓		**7,564**	**7,814**	**250**	**3%**	✓	**10,419**
1,002	**1,147**	**145**	**13%**	✓	**Mental Health & OPH Total**	**10,048**	**10,327**	**279**	**3%**	✓	**13,770**
4,487	**4,674**	**187**	**4%**	✓	**TOTAL EXPENDITURE**	**40,293**	**42,063**	**1,770**	**4%**	✓	**56,084**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000		Annual Budget $'000
Equity	26,382	12,098	14,284	118% ✔	12,341
Cash	11,037	13,982	(2,945)	-21% ✘	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 March 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	11,473	11,594	(121)	(1.0%)	103,758	104,346	(588)	(0.6%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	63	(61)	(96.8%)	84	76
Inter District Flows Revenue	139	139	(0)	(0.2%)	1,244	1,251	(7)	(0.6%)	1,744	1,487
Patient Related Revenue	253	248	5	1.9%	2,012	2,232	(220)	(9.9%)	2,962	2,873
Other Revenue	66	94	(28)	(29.5%)	615	891	(276)	(31.0%)	1,112	984
Total Operating Revenue	11,931	12,082	(151)	(1.3%)	107,631	108,783	(1,152)	(1.1%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,692	5,366	(326)	(6.1%)	48,867	48,400	(467)	(1.0%)	64,670	64,396
Outsourced Services	(15)	2	17	871.6%	(9)	24	33	139.3%	30	30
Treatment Related Costs	720	683	(37)	(5.5%)	6,315	5,852	(463)	(7.9%)	7,858	7,781
External Providers	2,828	3,085	257	8.3%	26,840	27,765	925	3.3%	37,000	36,269
Inter District Flows Expense	1,511	1,589	78	4.9%	13,361	14,301	940	6.6%	19,084	16,380
Outsourced Services - non clinical	20	0	(20)	0.0%	74	0	(74)	0.0%	0	0
Infrastructure and Non treatment related costs	853	862	9	1.1%	8,856	8,109	(747)	(9.2%)	10,723	11,129
Total Operating Expenditure	11,609	11,587	(22)	(0.2%)	104,304	104,451	147	0.1%	139,365	135,985
Result before Interest, Depn & Cap Charge	322	495	(173)	(35.0%)	3,327	4,332	1,005	23.2%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	0	54	54	100.0%	343	486	143	29.4%	648	651
Depreciation	344	380	36	9.4%	2,843	3,420	577	16.9%	4,572	4,572
Capital Charge Expenditure	71	82	11	13.5%	613	738	125	16.9%	984	978
Total Interest, Depreciation & Capital Charge	415	516	101	19.6%	3,799	4,644	845	18.2%	6,204	6,201
Net Surplus/(deficit)	(93)	(21)	(72)	(349.8%)	(472)	(312)	(160)	(51.3%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(93)	(21)	(72)	(349.8%)	(472)	(312)	(160)	(51.3%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 March 2017

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,050	23,698	(648)	(2.7%)	25,444
Intangible assets	615	312	303	97.2%	681
Work in Progress	2,736	1,981	755	38.1%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	26,969	26,558	411	1.5%	28,106
Current assets					
Cash and cash equivalents	11,037	13,982	(2,945)	(21.1%)	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	1,016	986	30	3.0%	986
Debtors and other receivables	5,906	5,046	860	17.0%	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	18,033	20,088	(2,055)	(10.2%)	18,851
Total assets	45,002	46,646	(1,644)	(3.5%)	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	10,945	10,945	100.0%	10,945
Employee entitlements and benefits	2,928	2,629	(299)	(11.4%)	2,629
Total non-current liabilities	2,928	13,574	10,646	78.4%	13,574
Current liabilities					
Interest-bearing loans and borrowings	0	3,500	3,500	100.0%	3,500
Creditors and other payables	6,605	8,161	1,556	19.1%	8,161
Employee entitlements and benefits	9,087	9,313	226	2.4%	9,313
Total current liabilities	15,692	20,974	5,282	25.2%	20,974
Total liabilities	18,620	34,548	15,928	46.1%	34,548
Equity					
Crown equity	87,008	72,543	(14,465)	(19.9%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(82,708)	(82,527)	180	0.2%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	26,382	12,098	(14,284)	(118.1%)	12,409
Total equity and liabilities	45,002	46,646	(1,643)	(3.5%)	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 March 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	12,433	12,042	391	3.2%	108,948	108,458	490	0.5%
Cash paid to employees	(6,372)	(5,366)	(1,006)	(18.8%)	(49,174)	(48,400)	(774)	(1.6%)
Cash paid to suppliers	(781)	(1,547)	766	49.5%	(17,884)	(13,984)	(3,900)	(27.9%)
Cash paid to external providers	(3,861)	(3,085)	(776)	(25.2%)	(25,989)	(27,765)	1,776	6.4%
Cash paid to other District Health Boards	(628)	(1,589)	961	60.5%	(14,362)	(14,301)	(61)	(0.4%)
Cash generated from operations	791	455	336	73.8%	1,539	4,008	(2,468)	(61.6%)
Interest paid	0	(54)	54	100.0%	(343)	(486)	143	29.4%
Capital charge paid	(71)	(82)	11	13.5%	(613)	(738)	125	16.9%
Net cash flows from operating activities	720	319	401	125.5%	583	2,784	(2,200)	(79.0%)
Cash flows from investing activities								
Interest received	32	40	(8)	(20.2%)	310	325	(15)	(4.6%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(240)	(208)	(32)	(15.4%)	(1,706)	(1,872)	166	(8.9%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(208)	(168)	(40)	23.9%	(1,396)	(1,547)	151	9.8%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		14,445	878	13,567	0.0%
Repayment of equity	0	0	0		0	0	0	
Cash generated from equity transactions	0	0	0		14,445	878	13,567	
Borrowings raised								
Repayment of borrowings	0	0	0		(14,445)	0	(14,445)	
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	512	151	361	238.3%	(813)	2,115	(2,928)	(138.4%)
Cash and cash equivalents at beginning of period	10,525	13,830	(3,305)	(23.9%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	11,037	13,982	(2,944)	(21.1%)	11,037	13,982	(2,945)	(21.1%)

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: **12 May 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report provides an update on employee wellbeing, health and safety activities including a high level dashboard.

2. RECOMMENDATION

That the Committee:

i. notes the Wellbeing Health & Safety Update.

3. SUMMARY

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

Wellbeing:
Strengths workshops have been confirmed in Greymouth and Westport for 20 and 21 September 2017. These workshops are building on the Wellbeing Workshops offered previously and will be available to all staff.

Promotion collateral and a communication plan are being confirmed including site flyers, information for the CE Update and Staff Wellbeing Intranet page.

Health and Safety:
The process of transitioning the West Coast DHBs 82 Hazard Registers to Risk Registers has commenced. It is anticipated this will be completed in Quarter 3 (Jul – Sept) 2017. People and Capability are reviewing the process for the completion of the Workplace Induction Checklist. This review is to increase the current completion rate.

Occupational Health:
Preparations for the staff annual influenza programme have been finalised. People and Capability have received significant support from the West Coast immunization team. The programme ensures clinics are widespread supported by a communication plan and collateral for promoting getting vaccinated.

Health and Safety Systems Review
Tier 1 and 2 of the policy and procedure framework has been confirmed, including the confirmation of the architecture for the document management system. Planning is now underway for Tier 3 and 4 of the policy and procedure framework (including contractor management) and designing event pathways as part of the People and Capability People Lifecycle Review programme

of work. A communication plan is being developed with respect to roles and responsibilities to communicate the part we all play within the West Coast DHB health and safety system.
The following key is applicable to all tables below.

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

Key Milestones: Health and Safety System Review	Due	Status
Work programme commenced [phase one]	Q4	
Phase 1 continues	Q1	
Work programme commenced [phase two]	Q2	
Phase 2 continues	Q3	

Occupational Health and Injury Management Service Review
As part of current state mapping, and the consideration by the executive sponsors of the draft review scope, it has become clear that it is not desirable to undertake a review of both the Canterbury and West Coast Occupational Health and Injury Management Services using the same review scope and process.

Work is underway to determine the most appropriate way to proceed. An update on progress will be provided at the meeting.

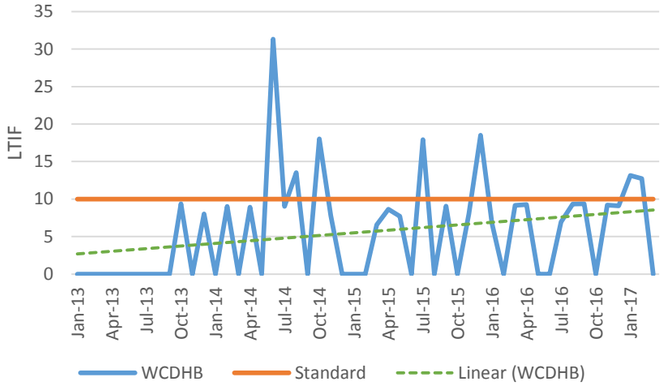
Key Milestones: Occupational Health and Injury Management Service Review	Due	Status
Current state review complete	Q4	
Scope confirmed	Q1	
Project Planning	Q2	
Future state design	Q3	

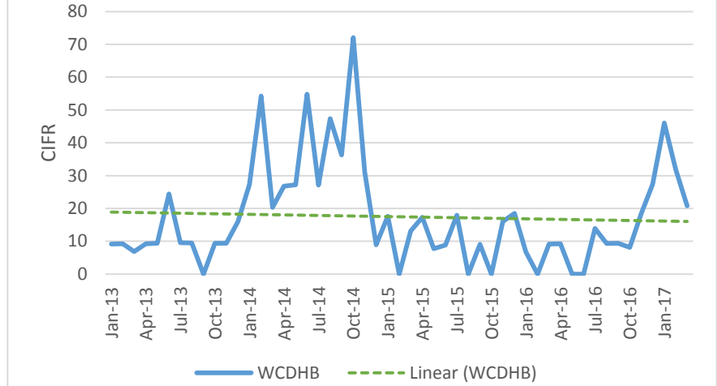
4. APPENDICES

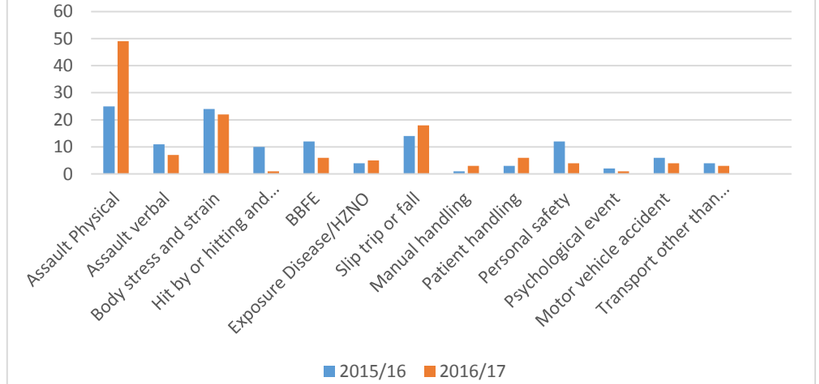
Appendix 1: Wellbeing, Health and Safety Dashboard

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 (March 2017)





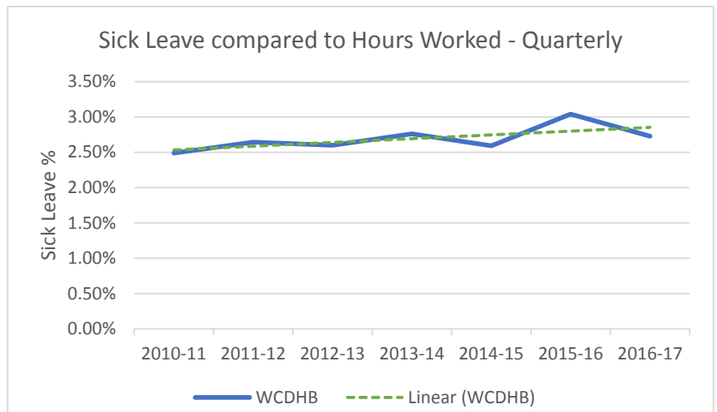


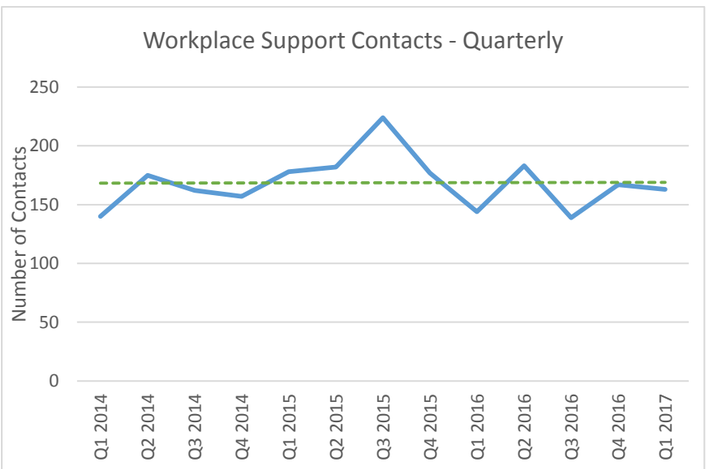
Worksafe Notifiable Events - Monthly

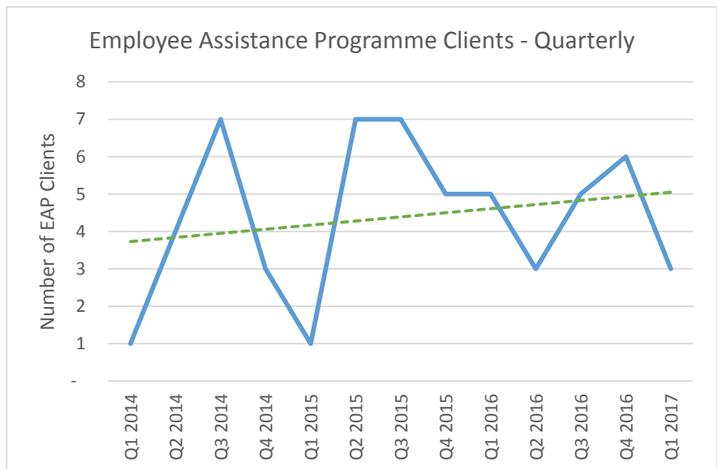
Event	Jan-17	Feb-17	Mar-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Duty Holder Review	Jan-17	Feb-17	Mar-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 (quarterly)

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:

Whilst we see as increasing in lost time injuries per million hours worked over the last 4 years this remains below the ACC health sector average. The main driver was no lost time injurues reported in the first two quarters of 2013.

Focus:

People and Capability will continue to support managers with maintaining hazard registers and completing risk assessments as well as providing proactive education sessions across the WCDHB.

Combined Injury Frequency (quarterly)

Description:

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

Comment:

There has been a decrease in the number of ACC accepted medical treatment claims per million hours worked over the last two quarters. The increase in claims is related to musculoskeletal strain and sprains with the predominate mechanism being patient handling.

Focus:

People and Capability will continue to work with managers and staff to identify hazards associated with work layout, task variability and environmental issues.

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:

We continue to see three main mechanisms of harm; physical assault, body stress and strain and slip/trip or fall. There is an increase in physical assaults and slip/trip or fall compared to the previous 12 months.

Focus:

Work continues to capture injury mechanism of harm trends across the divisions to ensure targeted prevetion programmes remain relevant.

Worksafe Notifiable Events (monthly)

Description:

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

Comment:

Nothing to report.

Focus:

People and Capability will continue to support managers with maintaining hazard registers and completing risk assessments.

Sick Leave (quarterly)

Description:

Sick leave taken compared to hours worked.

Comment:

We are continuing to see a slight increased in sick leave taken compared to hours worked.

Focus:

People and Capability will continue to monitor the situation over the next quarter and work with Operational Leadership to support our people to stay well and healthy at work.

Workplace Support (quarterly)

Description:

Number of contacts in relation to organisational headcount.

Comment:

Workplace Support contacts remain static relative to WCDHB headcount.

Focus:

People and Capability will continue to monitor the situation over the next quarter and work with Operational Leadership to support our people to stay well and healthy at work

Employee Assistance Programme (quarterly)

Description:

Number of clients in relation to organisational headcount.

Comment:

There has been a decrease in the number of Employee Assistance Programme contacts relative to WCDHB headcount over the last quarter. The trend is increasing overall however the variance is one client due to low number of our people requiring this service in general.

Focus:

People and Capability will continue to monitor the situation over the next quarter and work with Operational Leadership to support our people to stay well and healthy at work.

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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 27 APRIL 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: **12 May 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 27 April 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 – 27 April 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
CPH and the other members of the West Coast Tobacco Free Coalition will be promoting Smokefree lifestyles during May. World Smokefree Day is on 31 May. Promotions will be held in Westport and Greymouth during Smokefree May. The theme this year is "It's about Whānau". Whānau is a driving force for many people being motivated to quit to protect others from the harms of second-hand smoke.

The Oranga Hā – Tai Poutini (Stop Smoking West Coast) service continues to enrol clients and 51 people have already successfully quit smoking (defined as smokefree at 4-weeks post target quit date). Following on from the success of January's Facebook campaign, another Facebook campaign will be run during April and May. As well as promoting the service, this will also showcase clients who were successful in quitting after the last campaign.

Alcohol
CPH staff joined West Coast Police and the Westland District Licensing Inspector in a meeting with Westland Racing Club Committee members to discuss the sale and supply of alcohol at future race meetings at Hokitika Racecourse. Clarity was provided to the club in respect of BYO not being permitted on a Special-Licence. The meeting was very constructive in paving the way to BYO free future events.

As part of the 'Teenagers, Alcohol and the Amazing Brain' project, a survey has been conducted recently with Year 9-13 students from West Coast secondary and area schools. More than 900 students have taken part. They have been asked about their perceptions of alcohol and its use among other teenagers. The CPH Information Team have assisted with developing the survey and will analyse the survey data and prepare a report on the findings.

Also part of this project, and following on from Nathan Wallis' presentations last month, a workshop for teachers with Rachael Dixon of the NZ Health Education Association was held earlier this month. Rachael had some great ideas for incorporating alcohol education into the curriculum and the teachers who attended are keen to work on this.

Te Pūtahitanga & Tāne Ora
Alongside WCDHB, Poutini Waiora and members of Te Hā o Kawatiri, CPH attended a meeting with Te Pūtahitanga for an update on their work and some examples of other region's initiatives funded through Te Pūtahitanga. While they were together, group membersalso discussed further the idea of having a focus on Tāne Ora (Māori men's wellbeing). It was agreed that this kaupapa is important and an area of need identified by whānau, community and partners but that the right process needs to be followed, including being specific about what it is within the kaupapa of Tāne Ora we would like to achieve.

Nutrition
CPH hosted a workshop on Food Security in Greymouth on 26th April. Invitations were sent to individuals and organisations working with West Coasters who are struggling to provide sufficient nourishing food for themselves and their families. There was a very good response. The purpose of the workshop was 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. At the time of writing this report, planning for the workshop was well underway and some pre-work has been sent to participants. It is planned to compile a report on the workshop findings to help inform action.

CPH has been running an Appetite for Life with the Hauora Tinana group at Poutini Waiora, Hokitika. About 15 people have been attending, and the response so far has been very positive.

There are two more sessions to be run in this course. Future Appetite for Life courses are currently being planned.

CPH ran two nutrition workshops at Westport Kindergarten, reaching 26 parents and 2 teachers which is a fantastic turn out. Westport Kindergarten have signed up for the Heart Foundation' Healthy Heart Award, and CPH is supporting them on their journey with this. There were a lot of questions around fussy eating, packet free lunchboxes, label reading, low sugar yoghurts, the use of fluoride toothpaste and sugary drinks.

Health Promoting Schools
A Community Partnerships meeting was held recently at Grey High. The participants included the school pastoral team (school senior leadership, year deans, and school counsellors) as well as outside representatives from statutory agencies, NGOs and health and social services. The purpose of the meeting was for the school's pastoral team to meet providers and hear about services available to their students, including referral criteria and processes. It was agreed that this would be a regular bi-monthly meeting.

TPP wellbeing day
Another successful wellbeing event was held at Tai Poutini Polytech with 100+ students attending over lunchtime on 3rd April. The theme again was the Wellbeing WoF, promoting the 5 ways to wellbeing & local services & activities. Approximately 15 local services were present, including CAMHS, Poutini Waiora, Sexual Health services, St Johns, ANZ bank, belly dancing & a local DJ played some tunes. We provided healthy kai tasters with recipes, promoting healthy eating on a budget, and also promoted Oranga Hã, getting 4-5 sign ups. CPH are hoping to run a Stop Smoking group within TPP.

Pause Breathe Smile – Grey Main
CPH has completed another Pause Breathe Smile (PBS) programme with P3-4 class (26 students) at Grey Main. A weekly session for staff was also completed as part of their PD. This was to give the teachers some knowledge & information about mindfulness within the classroom, but also as a way of promoting positive staff wellbeing. Working with teaching staff has meant that a wider impact has been had within the school & PBS has been spread more widely throughout the whole school with various teachers using some of the mindfulness practices within their classrooms. Classroom Teacher feedback:

Further PBS is starting at Reefton Area School in term 2, with 2 classes & also staff sessions, again in response to concerns about staff wellbeing.

Discussion took place regarding the Food Security workshop held in Greymouth, the workshop was very well received and a report is being prepared and will be provided to the Committee at a later date.

The Committee applauded the work being undertaken and positive feedback from the Health Promoting Schools, not just the with the section contained in the summary but with all projects and the staff going the extra mile to ensure the whole of the West Coast benefits from the ongoing work.

The Committee noted that the outcomes around "Teenagers, Alcohol and the Amazing Brain" project will come back to the Committee in late 2017.

The Committee also noted that there will be an update at the next Committee meeting around drinking water as survey results will be available.

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

- **ED Health Target:** Performance continues to be impressive with 99.4% of patients admitted, discharged or transferred from Grey Base ED within six hours during March 2017. The West Coast continues to lead the country in performance against this target.
- **Elective Services Health Target:** West Coast DHB has provided 1,193 elective surgical discharges to 28 February. Delivering 106% of planned discharges against target.

Key Issues & Associated Remedies

- **Aged Residential Care Services:** A HealthCert (Ministry of Health) audit of Greymouth's Kowhai/Granger facilities in February resulted in the Ministry withdrawing certification for Kowhai Manor. The DHB moved to support the residents and their families. The level of need for each individual was assessed and Kowhai residents were supported into alternative accommodation.
- **ESPI 2 |First Specialist Assessment (FSA):** For the third month in a row, West Coast DHB was non-compliant against the maximum 120 days' national wait time target, with 49 orthopaedic and 13 plastic surgery patients overdue for FSA as at 28 February 2017. A concerted effort was undertaken to get these overdue patients seen in March and it is anticipated that this will reflect us being back within overall ESPI compliance tolerance levels once month-end data is confirmed. Delays in assessment for orthopaedic referrals remain an issue, due to transalpine staffing and service constraints.
- **ESPI 5 | FSA to Treatment:** Performance against ESPI 5 was more positive than ESPI 2, with only six patients exceeding the 120-day maximum wait time as at the end of February 2017 (five orthopaedic and one plastic surgery patient). This is within ESPI compliance tolerance levels. We anticipate a March recovery for the overdue 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 March the ALT:

- Were pleased to note the clarity in this year's workstream workplans and the workstream leads have been congratulated on this.
- Noted the good engagement with schools in the recent alcohol presentations by Nathan Wallis, "Alcohol and the Amazing Brain".
- Noted again the importance of the system enablers (workforce, settings, integrated information systems & transport) for delivery on the workplans.
- Endorsed both the draft Annual Plan and the draft System Level Measures framework Improvement Plan.

Health of Older Persons

- Work has commenced with Information Services Group to collect data on falls from Emergency Department events to begin identifying patients for the fracture liaison service.

- The workstream noted the closure of Kowhai Manor following MOH withdrawal of certification on failure of their recent audit.
- The workstream will be considering how the gap left by the closure of Kowhai Manor Aged Residential Care facility can be managed in a proactive and sustainable manner.

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

- The patient portal is now live and will be tested with a select group of patients initially at Grey Medical.
- Development work is underway to create a primary urgent care service to provide greater access for communities to primary care. The service is being designed to ensure that it supports the primary practices in continuing to provide planned and proactive care to our communities.
- The Proposal for change for integrating the workforce at Reefton was approved and as at 1st July the team will be fully integrated

Healthy West Coast (HWC)

- Subject matter expert, Nathan Wallis visited the West Coast in February and spoke to all year 9-13 students from the seven secondary and area schools. There were also three community meetings about alcohol use and its impacts on brain development.
- Rachael Dixon from the Health Education Association (NZHEA) is visiting the Coast in April to run a workshop for secondary teachers on integrating alcohol education into the curriculum for year 9-11 students.

Child and Youth

- Initial discussions have taken place between the DHB Sexual Health service, Community & Public Health, PHO and school based health service (Public Health Nursing) regarding how to reorganise contraceptive advice and treatment in light of the closure of the Greymouth Family Planning clinic.

The report was noted.

d) GENERAL BUSINESS

i. The Committee noted that the Grey District Council (GDC) has called for submissions on their new draft parking policy for the Greymouth Central Business District. The submission deadline is 15 May 2017. Discussion took place regarding a submission process for the West Coast DHB.

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
Thursday 27 April 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** *10 March 2017*		
3.	**Carried Forward/ Action Items**		
REPORTS/PRESENTATIONS			**9.35am**
4.	**Community and Public Health Update**	Cheryl Brunton *Medical Officer of Health, Community and Public Health*	*9.35am – 9.45am*
5.	**Planning & Funding Update**	Sandy McLean *Team Leader, Planning & Funding*	*9.45am – 9.55am*
6.	**Alliance Update**	Sandy McLean *Team Leader, Planning & Funding*	*9.55am – 10.05am*
7.	**General Business**	Elinor Stratford *Chair*	*10.05am – 10.15am*

ESTIMATED FINISH TIME
10.15am

INFORMATION ITEMS

- **Board Agenda – 24 March 2017**
- **Chair's Report to last Board Meeting**
- **2017 Committee Work Plan (Working Document)**
- **West Coast DHB 2017 Meeting Schedule**
- **C&PH 6 Monthly report to Ministry of Health (July-December 2016)**

NEXT MEETING

Date of Next Meeting: Thursday 8 June 2017

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 27 APRIL 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: **12 May 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 27 April 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 – 27 April 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 April 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 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 Director of Midwifery – Norma Campbell;
- Increased focus on communication on the medical ward; and
- The endoscopy service has continued its strong performance following transformations in the last 6 months.

He expanded on the increased focus on communication and the Committee noted that this focus is across the service as a whole and is a real focus for this year. It was also noted that the majority of complaints received by the DHB have a communication aspect to them. Mr Wheble advised that Brian Dolan, Director of Service Improvement, Canterbury DHB, came to the West Coast and spoke with staff around how we communicate with patients, families and each other which has proved to be very beneficial. In addition the Clinical Nurse Specialist in Morice Ward has been undertaking a lot of work in this area.

In regard to the endoscopy service Mr Wheble highlighted that the West Coast has continued its strong performance in this area following transformations in the last 6 months. February data has it at number 2 nationally against the Ministry of Health colonoscopy indicators. An Endoscopy Nurse coordinator has been employed to continue the transformation into a patient focused service and support the work towards the accreditation needed in preparation for a bowel screening program rollout.

Discussion took place regarding DNA rates and the Committee noted that management are looking to see what can be done differently and how we communicate with our patients in a timely manner. Some work has been undertaken around getting appointment advice our earlier and thie appears to be impacting on the DNA rates.

Discussion took place regarding transport options and whether these are detailed in the advice letters. The Committee noted that this is mainly provided for patients travelling to Christchurch under the National Transport Agreement however we are reviewing whether we are providing the correct information and if it is in a timely manner.

A query was made regarding the provision of an advocate when patients do not have support and it was noted that the DHB does try to encourage this and is part of the whole communication package.

Discussion took place regarding the communication being provided to patients who are referred back to their GP for treatment when they do not meet the criteria for surgery and updates on this will be provided as required.

The Committee asked for some reassurance that there is some mitigation taking place around ESPI compliance and it was noted that work is continuing around this with teams in Christchurch regarding solutions. Whilst the DHB will not be "red" in month 4, there is no assurance of a sustainable solution as yet.

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 March 2017 was a deficit of $93k, which was $72kunfavourable to budget. The year to date position is $161k unfavourable.

Ms White advised that there are essentially two concerns currently: personnel costs; and patient revenue.

Contributing to the personnel costs is the additional work required to meet ESPI targets and in the revenue area a lot of work is being undertaken to understand why this is lower than expected and the outturn for the rest of the year.

A query was made regarding how the DHB prioritises where the money is spent and it was

noted that Clinicians make collective decision around where we put our resources. There is also the tension of individual treatment versus the whole system and we try to put the patient at the centre of these decisions.

The report was noted.

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

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 27 April 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 27 April 2017 commencing at 11.00 am

ADMINISTRATION — 11.00am

Karakia

Apologies

1. **Interest Register**
   Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.
2. **Confirmation of the Minutes of the Previous Meeting**
   10 March 2017
3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS — 11.10am

4.	**Management Report**	Philip Wheble *Interim General Manager Grey | Westland*	*11.10am – 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am – 11.45am*
6.	**Clinical Leaders Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.45am – 12.00pm*
7.	**General Business**	Michelle Lomax *Chair*	*12.00noon – 12.10pm*

ESTIMATED FINISH TIME — 12.10pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 24 March 2017**
- **2017 HAC Workplan (Working Document)**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 8 June 2017
Board Room at Corporate Office, Grey Hospital, Greymouth

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Board Secretary**

DATE: **12 May 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 & 9 and the information items contained in the report.

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 24 March 2017	For the reasons set out in the previous Board agenda.	
2.	Amendment to NZHPL Master Banking Services Provider	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Final Annual Plan Delegation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	System Level Measure Improvement Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	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)
6.	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)

7.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Buller IFHC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	Report from Committee Meeting – QFARC	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	West Coast Regional Council
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.