West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 23 June 2017

1.15pm

Regional Council
Main Road
GREYMOUTH

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

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

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 the Regional Council, Main Road, Greymouth
on Friday 23 June 2017 commencing at 1.15pm

KARAKIA			
ADMINISTRATION			***1.15pm***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *12 May 2017*		
3.	**Carried Forward/Action List Items** *(there are no carried forward items)*		
REPORTS FOR NOTING			***1.20pm***
4.	**Chair's Update** **(Verbal Update)**	Jenny Black *Chairperson*	*1.20pm – 1.25pm*
5.	**Chief Executive's Update**	Michael Frampton *General Manager, People & Capability*	*1.25pm – 1.35pm*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing* Mr Pradu Dayaram *Medical Director, Facilities Development*	*1.35pm – 1.40pm*
7.	**Finance Report**	Justine White *General Manager, Finance*	*1.40pm – 1.50am*
8.	**Wellbeing Health & Safety Update**	Michael Frampton *General Manager, People & Capability*	*1.50pm – 2.00pm*
9.	**Maori Health Update**	Kylie Parkin *Portfolio Manager, Maori Health*	*2.00pm – 2.10pm*
10.	**Reports form Committee Meetings**		
	- CPH&DSAC *8 June 2017*	Elinor Stratford *Chair, CPH&DSA Committee*	*2.10pm – 2.15pm*
	- Hospital Advisory Committee *8 June 2017*	Michelle Lomax *Chair, Hospital Advisory Committee*	*2.15pm – 2.20pm*
11.	**Resolution to Exclude the Public**	*Board Secretary*	*2.20pm*
INFORMATION ITEMS			
ESTIMATED FINISH TIME			***2.20pm***

NEXT MEETING: Friday 11 August 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 • St John Youth – Area Youth Manager • Employee - Damien O'Connor's Electorate Office • Chair, West Coast/Tasman Women's branch of Labour Party • List candidate for Labour Party • Daughter is a recipient of WCDHB Scholarship • Member, Kawatiri 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 – Board Member and Research Officer • Author and Publisher of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.

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

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
Held in the Board Room, Corporate Office, Grey Hospital
on Friday 12 May 2017 commencing at 10.00am

BOARD MEMBERS

Jenny Black (Chair); Chris Mackenzie (Deputy Chair); Chris Auchinvole; Helen Gillespie; Edie Moke (via video conference); Peter Neame; Nigel Ogilvie; and Elinor Stratford.

APOLOGIES

Apologies were received and accepted from Kevin Brown, Michelle Lomax & Francois Tumahai.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Mr Pradu Dayaram ((Medical Director, Facilities Development); Kathleen Gavigan (General Manager, Buller); Cameron Lacey (Medical Director)(via video conference) Melissa Macfarlane (Team Leader, Planning & Funding); Mark Newsome (Director, Capability Development); Philip Wheble (Interim General Manager, Grey Westland); Justine White (General Manager, Finance & Corporate Services; and Kay Jenkins (Minutes).

The meeting commenced with a visit to the facilities site from 10am – 10.30am

Everyone joined in 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 (22/17)
(Moved Chris Mackenzie/seconded Nigel Ogilvie – carried

"That the minutes of the Meeting of the West Coast District Health Board held at St John, Waterwalk Road, Greymouth on Friday 12 May 2017 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward items.

4. CHAIR'S UPDATE

Chair, Jenny Black welcomed everyone and acknowledged that today is International Nurses Day and commented that we are lucky we have so many people who come together every day for the benefit of the health and wellbeing of our community.

5. CHIEF EXECUTIVE'S UPDATE

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

A query was made regarding "corrective actions" on page 2 and the Board noted that as reported at the last meeting the cornerstone accreditation process audits have been taking place and it is quite common to get these corrective actions.

The Board noted that the Health Quality & Safety Commission have advised that a West Coast staff member has been awarded a Leadership Award. The recipient will be announced when Janice Wilson comes to the West Coast to present this.

The Board asked that their congratulations be passed to the recipient.

Resolution (23/17)
(Moved Nigel Ogilvie/seconded Elinor Stratford – carried)
That the Board:

i. Notes the Chief Executive's Update

6. CLINICAL LEADERS UPDATE

Mr Pradu Dayaram, Medical Director, presented this report which was taken as read. There was no discussion on the update.

Resolution (24/17)
(Moved Helen Gillespie/seconded Chris Mackenzie – carried)
That the Board:

i. Notes the Clinical Leader's Update

7. MENTAL HEALTH PRESENTATION

Dr Cameron Lacey, Medical Director, provided the Board with a presentation on the mental health transformation on the West Coast.

It was noted that the Mental Health Solution is back on line and Clinicians using this are reporting a considerable improvement in their ability to use the system.

The presentation covered:

- The approach which is a focus on improving mental health services and access to mental health services for our communities;
- The overall objectives;
- The two streams of work: Operational Excellence & the service transformation project; and
- Crisis response;

The Board noted that in the last few months a project team has been formalised as part of the service transformation project. This team will be focussed on facilitating the design of the new service with an initial focus on the detailed model of care to provide direction for all service design and crisis response across the West Coast. This will be aligned and connected with the Primary and Community project.

The Chair thanked Dr Lacey for his presentation commenting that the Board looked forward to further updates in the coming months.

8. FINANCE REPORT

Justine White, General Manager, Finance, presented this report which was taken as read. The consolidated West Coast District Health Board financial result for the month of March 2017 was a deficit of $93 thousand, which was $72 thousand unfavourable to budget. The year to date position is $160 thousand unfavourable.

The Board noted that the unfavourable result is mainly due to additional personnel costs around ESPI compliance and revenue.

Resolution (25/17)
(Moved Chris Mackenzie/seconded Nigel Ogilvie – carried)
That the Board:

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

9. WELLBEING HEALTH & SAFETY UPDATE

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

It was noted that 388 staff and partners have taken up the opportunity to receive the flu vaccine.

Resolution (26/17)
(Moved Helen Gillespie/seconded Chris Auchinvole – carried)
That the Board:

i. Notes the Wellness, Health & Safety Update

10. 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 27 April 2017.

b. Hospital Advisory Committee Meeting
The Hospital Advisory Committee update from the Committee meeting held on 27 April 2017 was taken as read.

Resolution (27/17)
(Moved Jenny Black/seconded Nigel Ogilvie – carried)
That the Board:

i. notes the updates from Committee meetings held on 27 April 2017.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (28/17)

(Moved Elinor Stratford/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 & 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";

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

The Public Excluded section of the meeting commenced at 12noon and concluded at 2.30pm with a break between 12.20pm and 1.00pm

_____ _____

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: **23 June 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 the last meeting in May the ALT:
  - Were pleased to review the Mental Health project plan and hear about the team leading this work.
  - Acknowledged the good work put in to develop the Model of Care document that has been drafted by the Primary & Community project team.
  - Noted the report regarding usage of Telehealth on the Coast and the positive impact this is having in terms of patients and the environment.
  - Were pleased to note the planned changes to the eligibility criteria for accessing subsidised (free to patient) Sexual Health services at general practice with the upper age limit being raised to 24 across the Coast from 1st July.
  - Were pleased to hear about the progress being made to provide Pregnancy & Parenting Education to hard to reach Māori through a collaborative approach by Plunket, Poutini Waiora, and Lead Maternity Carers.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - Work around integration continues.
  - Locum GP coverage continues to be consistent through to early 2018.
  - There are currently 12 patients in the aged care facility (hospital level, residential and palliative).
- **South Westland Area Practice**
  - Cornerstone audits will occur in July but the actual date has not yet been notified. Policies and Procedures are in place and our care is of a very high standard.
  - The new roving nurse has almost completed her orientation and is enjoying working in our South Westland communities.
  - People and Capability are re-advertising the receptionist role for Franz.
- **Greymouth Medical Centre (GMC)/Rural Academic General Practice (RAGP)**
  - Cornerstone feedback has been completed and the practices have attained accreditation.
  - Letters have gone out to the patients regarding the merger of the two practices in preparation for moving into the new IFHC next year.
  - With the recent departure of one of the practice nurses, an enrolled nurse has commenced work. The role is slightly different and supports the work of the practice generally.

Community

- **Public Health/B4School/Vision Hearing**
  - The Public Health Nurse initiative to step up visibility in schools and early childhood education is working well and improved relationships are strengthening and a better understanding of what is available through the service is increasing. Also from this comes a familiarity with the PHN so when the 4 year old arrives for the B4School clinic there is a nurse's face they already know. Parents and caregivers have the opportunity to discuss issues in a face to face meeting which has positive outcomes for both child and whanau.
  - There is an extravaganza for child, baby and families on 17 June in Greymouth facilitated by REAP. Public Health Nurses from Hokitika and Westport, along with the VHT and B4School Coordinator will have a stall to promote well family health and promote services. The team commitment is appreciated.
  - **Vision Hearing Tester:** Our technician is keeping up to date with the workload efficiently and continues with her qualifications getting good academic acknowledgement from her assessors.
- **District Nursing**
  - The team continue with provision of quality care to the community.
  - Recent competency has been achieved by a small number of staff to provide a back up to infusion services in particular Zaludronic acid infusions (intravenous medication for osteoporosis to help prevent fractures). This will be delivered in clinic rather than at DHB practices.
  - Doppler services are being provided as required. The equipment purchased last year has contributed to efficiency in this area.
  - District Nurses have commenced working with Allied Health to improve nutritional services across district nursing and home based support services. This will enable better services at home for those needing support with nutritional needs. This is exciting as it is one of many opportunities to work more collaboratively with the Allied Health teams.

- **Home Based Support Services (HBSS)**
  - **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 is nearing completion with a successful meeting with the PSA on 6 June that will see immediate progress to resolve the issue.
  - **Pay Equity and In Between Travel (IBT):** Considerable work has recently been completed regarding the upcoming Pay Equity Settlement and IBT initiatives. The work in these areas has meant that HBSS met the required deadlines with MOH.
- **Clinical Nurse Specialists (CNS)**
  - **Buller:** FTE in Buller is being looked at in relation to the combined CNS role for Oncology/Palliative services. There is a high demand for palliative expertise in the Buller area. Some chemotherapy is being offered in Buller which means those patients no longer need to travel to Christchurch or Greymouth to access this service.
  - **Greymouth:** One of our CNSs is undertaking a Train the Trainer programme in Health Literacy. It is expected that she will go on and train other staff. It is well recognised that a number of health professionals do not realise that some of their patients do not understand the terminology used. When staff use the skills learnt on the course this will increase patient understanding resulting in improved health outcomes.
- **Oral Health:** A meeting has been held to discuss fixtures, fittings and equipment (FF&E) for the dental clinic in the new facility. Later in June there will be transalpine oral health workshops held in both Canterbury and the West Coast with staff attending both of these workshops. The purpose is "to provide a coordinated approach to oral health prevention, promotion and services within the Canterbury and West Coast area".

C: Implement the Maori Health Plan

- **Strategic Planning and Integration Team (SPAIT):** a presentation was made to SPAIT by Te Herenga Hauora (SI GMs Maori) regarding the consistent use of the HEAT tool to enable assessment of policy, programme or service interventions for their current or future impact on health inequalities. Some examples of where this may be applied would be annual plans, system level measures, service changes and reviews. SPAIT have endorsed the use of the tool at a regional level and the roll out of how this will be undertaken will be decided on over the next couple of months and a training package will be delivered.

  Recently we have applied this to some pieces of work occurring on the West Coast and are beginning to see some thoughtful intervention taking place at a planning level.

- **Takarangi Cultural Competency programme:** planning is well underway for the first Takarangi Cultural Competency workshop to be delivered on the West Coast in July. We have had a good response from the services with 25-30 confirmed for the first cohort.

- **Te Ara Mate Pukupuku Ki Te Waipounamu – Improving the Cancer Pathway for Maori:** the report has been finalised and key deliverables identified as followed:

  1. Enhance the Cultural Competency of the health sector workforce
  2. Improve relationships and communication throughout the pathway
  3. Improve the current referral system
  4. A focus is made on accurate ethnicity data collection within WCDHB and on ensuring datasets are complete so they can then be utilised for effective analysis
  5. Develop the cancer health literacy of whanau and support services in the WCDHB

  There are a number of detailed actions and milestones attached to the deliverables, a local

implementation group will be formed with responsibility to keeping this plan on track.

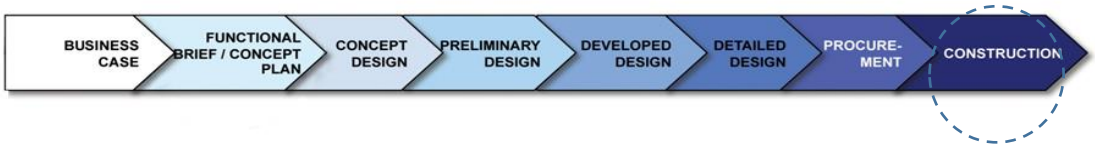
Lorraine Staunton (NMDHB Nurse Educator) will be available to come to the Coast to work alongside us to begin implementation of some of the actions within the plan.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- Mainly business as usual activities for this month. Work continues on preparing the sites, plant and equipment and infrastructure for the rigours of the winter months ahead.
- 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 in detailed design stage with OPUS International Consultants.
- 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. A detailed report with recommendations has gone to the Director of Strategic Projects for presentation at EMT.
- There will be a Facilities Management audit carried out by Deloitte later this year once the terms of reference have been firmed up. This will focus mainly on the new facilities and asset management planning.
- **Health & Safety/Hazardous Substances New Organisms (HSNO):** There were no accidents for this period. All HSNO areas are complaint.
- **Building Compliance/Building Warrant of Fitness (BWOF):** BWOFs are up to date for all West Coast facilities. Electrical compliance testing is ongoing.

B: Partnership Group Update



- Construction of the Greymouth facility re-development is progressing and the large retaining wall which supports the south wing of the building has been completed which allows for the structural steel erection for this area. In addition, roof installation and façade framing have commenced.
- The new boiler house building consent has been issued and site preparation and construction are expected to commence in June. The WCDHB has removed containers which were in this location and the site is ready for Fletcher Construction Company Ltd (FCCL) to commence works.
- Procurement of the equipment required for the project continues and is on track with timing and alignment with the FCCL construction programme. The WCDHB's major equipment procurement is complete and technical information relating to the procurement of equipment is now being incorporated into the construction documentation as the information becomes available.
- External lighting and light pole installation has occurred along the eastern parameter of the site.

- 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

- As reported in the media, the Hospital Redevelopment Partnership Group has announced the Buller Integrated Health Centre funding has been secured with the Accident Compensation Corporation (ACC) proposal to own the health facility and enter into a long-term lease with the WCDHB.
- Again as previously reported, the Pakington Street site has been selected as the preferred site for the Buller Integrated Family Health Centre. A public consultation process will be undertaken in the near future in regard to the DHB selling the land on Pakington Street to the ACC. The public consultation process will be led by the WCDHB. Ministerial approval to sell the land will also be required.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- **Leadership for nursing:** All new Clinical Nurse Managers' (CNM) positions have now been filled with the Associate CNM advertisement closing shortly. The implementation plan is running slightly ahead of time. Some education sessions have been arranged from early July ensuring staff filling these positions have the tools they need.
- **Discharge planning:** Ngaere Dawson has agreed to come over for three days to obtain some patient stories around discharge. This process will give us the information we need to ensure we keep improving our processes around discharge planning.
- **End PJ Paralysis:** The momentum continues to build as staff take up the challenge to end PJ paralysis. Other DHB's have got on board and are following our lead. It is pleasing to see patients up and dressed, even those sitting on beds.
- **Infusion Service:** Data has now been collected and collated on all infusions within the Grey Base area. A steering group has been initiated and the first meeting took place on 8 June. A project plan will be presented to the team with the data. A business case will be developed with the new facility in mind to accommodate all infusions in one area.
- **DNA:** The DNA project has been re-launched with a media release communicating to the community that if appointments are missed staff will be ringing them to find out why. This is to understand any issues in our processes which are not working and to identify if there are other innovative ways to improve attendance to appointments.

Medical

- We continue to see some interest in our vacancies – we have an offer out to an anaesthetist, and a general surgeon. Interviews are being held in the coming weeks for a rural generalist and a general physician.
- Work on a transalpine anaesthesia liaison role has commenced.
- We have a number of RMOs indicate their desire to stay into 2018. Annual recruitment has progressed to the interview stage and we have had interest from a number of promising candidates. Work around implementing the RDA MECA continues.

Allied Health

- Allied Health are preparing to undertake a programme of workforce analysis and development to ensure we are best placed to respond to the Primary and Community Model of Care, which is currently under consultation. This programme of work will explore clinical and kaiawhina staff activity, reviewing opportunities and barriers to staff working to the top of their scope and partnering effectively with other disciplines.
- Professional groups within the Allied Health cluster are commencing a series of workshops as part of the Allied Health integration activity in both the Primary & Community and Mental Health Future State work. The first of these has already been held with the Social Work workforce, and included other statutory and NGO providers of social work across the district.
- The Calderdale Framework implementation continues with training now being delivered with our kaiawhina workforce to develop their competence in a range of Clinical Task Instructions (CTIs). The Calderdale Framework also offers us opportunities to enhance quality and safety through standardisation of practice; this has been a significant feature of the most recent workshop for Calderdale Framework Facilitators of which the DHB has three. Pathways will be developed to support staff through the analysis and articulation of processes which would benefit from standardisation. These, along with all other Calderdale Framework CTIs and learning tools are now available within the HealthLearn application.
- A workshop has been developed to examine the scope and reach of clinical social work within the health setting. This workshop brings together DHB staff, NGO and statutory social work partners and funders to understand the current context, the proposed Primary and Community Model of Care, the Future State for Mental Health services and how services can be delivered in meaningful ways that reach people who need them throughout the district.
- We continue to recruit for a number of Allied Health professions currently; Physiotherapists, Psychologist, Occupational Therapists, 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.
- The Supporting Parents Healthy Children, formerly COPMIA (Children of Parents with Mental Illness Addiction) Steering Group has been established and members are supporting their services to undertake a stocktake of how well our services and spaces are doing in being child friendly, when we work with their parents/caregivers.
- 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 Grey Base Hospital which will link to our other communication tools.

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:**
    - **Dynamic Appraisal of Situational Risk (DASA):** Currently arrangements are being made for this training package and also the risk assessment process currently being used by CDHB to be delivered to mental health staff on the Coast. The training would be delivered over a full day, covering a broad introduction to violence risk assessment, factors associated with violence risk and specific approaches to assessing risk. In addition, the DASA will be introduced with a case study provided to undertake practice scoring on, before reviewing appropriate actions to take with elevated scores. The rest of the day will be focussing on how to structure clinical assessment of violence risk.

- **Mental Health Incident Review Group (MIRG):** Currently the MIRG meeting is under review with the anticipated outcome being a weekly meeting that reports back directly to the Clinical Risk Meeting (CRM). Once information has been presented in that forum a summary will then be circulated to relevant team managers to disseminate amongst their teams.
- **Mental Health IT System go-live:** The Mental Health service continues to work towards the transition from a primarily paper based system to an electronic one. Since the last report, the Hokitika team have received training and now have access to the system. The immense staff effort to ensure data is brought up to date to enable the remaining teams to go live on the system continues. From those who have received training and have access, the feedback has been positive and it is noted that clinicians are now starting to report less time spent around administrative duties.
- **Alcohol and Other Drugs (AOD):** The triage initiative reported on previously continues to be well received and a recent discussion between all concerned parties unanimously agreed it should continue in its current format.
- **ICAMHS: Supporting Parents Healthy Children:** This is a Ministry of Health initiative that aims to have workers within Mental Health and Addictions Services working in a more family/whanau focussed way, through clinicians identifying those clients who are parents and working with them in a manner that supports and nurtures a healthy parent-child relationship. As part of this initiative, a new brochure and referral form has been developed both of which are currently going through the DHB processes for approval for use. In addition there has been an initial meeting of interested parties, both DHB and NGO, to form a steering group with the next meeting arranged for 27 June 2017, feedback from which will be provided in the next report.

- **Transforming Mental Health Service**
  - **A project team is in place** led by Cameron Lacey and includes support from Phil Wheble, 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 have released a timetable for the work to be undertaken and have met with mental health staff via the monthly forum.
  - **The Model of Care** document describing the future high level direction for mental health services on the Coast is now out for review and feedback.
  - **Symposium and workshops** have been organised for the next stage in the project which is to look at how we should provide crisis response on the Coast that will provide better outcomes for our communities, sustainably and equitably.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

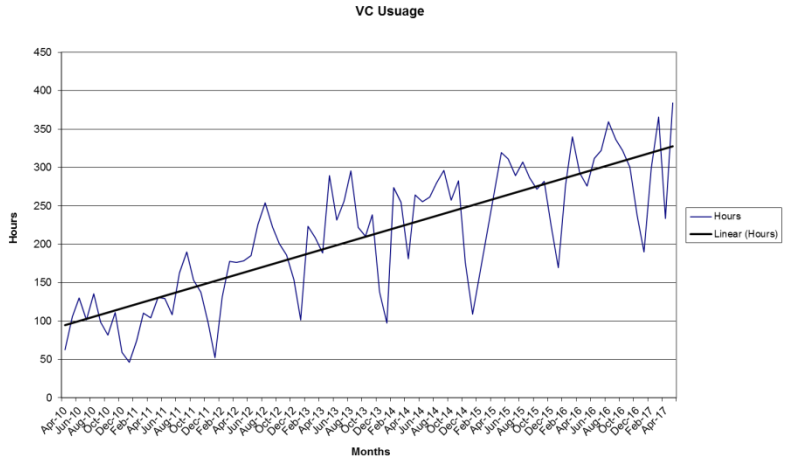
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

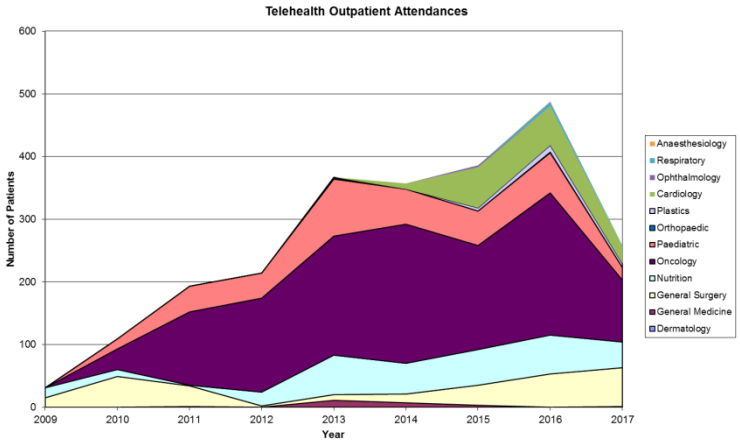
- **The following transport initiatives are now embedded:**
  - Non-acute patient transport to Christchurch through ambulance transfer;
  - The St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth;
  - The Buller Red Cross community health shuttle 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% 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 sees approximately 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 was 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.

INTEGRATING THE WEST COAST HEALTH SYSTEM

A. Implement the Complex Clinical Care Network (CCCN)

- The Health of Older Person Workstream is encouraged to see that 80% of people in Aged Residential Care facilities received a subsequent InterRAI Long Term Care Facility assessment within 230 days of the previous assessment over this quarter. The workstream noted that this is a significant improvement from 44% in the previous quarter.
- A regular networking forum has been initiated with the management teams of the Aged Residential Care facilities.
- Work on the pay equity settlement has been prioritised during May to meet the Ministry of Health timeframes.
- Several cohorts of healthcare professionals are currently enrolled in the person-centred dementia education programme: Walking In Another's Shoes. Over 30 students across the system are actively working towards completion of this training. A master class was provided in quarter three with 12 students attending, including Enrolled and Registered Nurses, Diversional Therapists and Support Workers.

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

- A constructive meeting has taken place between the Buller Mayor, the Board's Chair and Michael Frampton. This meeting canvassed a range of issues including the facility and leadership. A further update will be provided at the Board meeting.

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

- The model of care document for Primary and Community Services has been signed off by the Alliance Leadership Team (ALT) and consultation has commenced with DHB staff, the wider health team and consumer representatives.
- The Greymouth Medical Centre/Rural Academic General Practice merger proposal for change is now under consultation, with feedback due to close on 9 June 2017. The process of merging the registers has also commenced and work is on track to complete the merge on 3 July. This plan includes increasing accessibility for our community through extended hours.
- Work on outpatient transition to primary and community in the IFHC has commenced, with a project lead allocated, the initial meeting held, and the project team agreed.
- The infusion services project is underway with an analysis of demand and locations of service. This will guide how to improve the service and integrate it into the IFHC.
- The District Nursing process mapping workshops are completed and the documents developed are now with the District Nursing team for feedback. This is part of a process to look at increasing the time clinical teams spend with patients and clients rather than on administrative tasks.

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 April 2017 was a deficit of $145k, which was $86k unfavourable to budget. The year to date position is $247 unfavourable.

	Monthly Reporting			Year to Date		
	Actual $'000	Budget $'000	Variance $'000	Actual $'000	Budget $'000	Variance $'000
Governance Arm	0	0	0	0	0	0
Funder Arm	852	212	641	5,433	2,044	3,389
Provider Arm	(997)	(271)	(726)	(6,051)	(2,414)	(3,637)
Consolidated Result	(145)	(59)	(86)	(617)	(370)	(247)

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

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.
- 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	●

- Planning has commenced to review WCDHB designated work areas aligned to the Health and Safety at Work Act 2015. The roles and responsibilities work will inform "worker" engagement and participation, number and training requirements for Health and Safety Representatives and clarification of escalation points within a division. It will also inform a new workflow for workplace incidents that, in turn, will inform a recommendation to amend the South Island electronic incident form in Safety 1st.
- Tiers 3 and 4 of the policy and procedure framework (including contractor management) have been drafted and will go to the Health and Safety Governance Group for feedback. As part of the People Lifecycle Review the Wellbeing and Staying Safe "create" workshop structure and plan has been confirmed. The outcome of these workshops will be a future state event pathway map, which will be subsequently confirmed with the organisation.
- The Occupational Health and Injury Management Services review scope has been approved. The project plan will leverage off and build on the People Lifecycle Review which is currently underway. This has meant the future state engagement and design phase will not be started until Quarter 3 2017 [July – Sept].

People and Capability Services

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

- The consult phase commenced during April. Seventy-five hours of conversation with over

300 people across both the WCDHB and CDHB was completed during the consult phase.

- A further 23 workshops are being held during the create phase [across both WCDHB and CDHB]. This phase combines the "consult" feedback with the industry standard process maps, to create future state processes that reflect the needs of WCDHB.
- To date, 11 create workshops have been completed across the recruitment and employee administration workstreams.

People and Capability Operations

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

- The architecture of the policy framework has been confirmed. At the very centre of our framework are three foundational policies:
    - **1. Doing the Right Thing:** Our Code of Conduct
      This describes the standards of behaviour and performance that we expect from our people. It reflects our organisational values, what we care most about and the way we do things around here.
    - **2. Being and Staying Well:** Our Wellbeing Policy
      To deliver the very best care our people need to be and stay well. This policy is about our commitment to a positive and healthy working environment in which all our people can thrive.
    - **3. Valuing Everyone:** Our Equality, Diversity and Inclusion Policy
      Continuing to Make It Better means that we need to continue working in new and innovative ways. This policy is about supporting and growing a culture of perspectives, experience and skills that is diverse, inclusive and reflective of our organisational vision and values.
- These foundational policies inform six core operational people policies – recruitment and induction; care and respect for others; safety at work; health at work; leadership, success and development; and disciplinary – as well as a range of procedures, guidelines and tools.
- The design of our policy framework requires significant engagement with our people. Due to extensive engagement already underway with other initiatives such as the People Lifecycle Review, and winter pressures, the timing of this initiative has been revised. It is likely to commence in Quarter 3 [August – October 2017].

Organisational Development [OD]

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

- The National Implementation Group, sponsored by the Workforce Strategy Group and GMs HR, has developed a high-level implementation and engagement plan to achieve the agreed national outcomes.
- The core membership of the national implementation group, which includes a WCDHB lead, met at a national forum on 1 June 2017. The outcome of the forum will be national alignment in terms of shared implementation principles.
- Local planning for the implementation of the national approach has commenced. This will be

informed by each DHB's individual context.

C: Effective Clinical Information Systems

- **eReferrals** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for 3 services, Plastics, Gynaecology and General Surgery on 18 May. The remaining services will be enabled over the next 12 months.
- **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 will lower the cost. The revised business case is nearly completed, however due to capital constraints the eMedicines project has been deferred for 17/18. The business case will be completed and will sit on hold until funding becomes available.
- **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. Fifteen DHB staff have now had the patient portal enabled with a slow ramp up of numbers expected over the next couple of months.
- **Staff Wifi and Patient Wifi:** Staff wifi and Patient wifi are now fully deployed within Grey Base Hospital clinical areas. The dementia unit is yet to be completed while some new equipment is on order. Patient wifi is planned to be extended to Greymouth Medical as a proof of concept within the next 2 months.
- **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. The supplier has now allocated technical resource to undertake this work. Timeframes are still being determined to implement.
- **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 in the new facility. The RFP has closed and evaluations are currently underway.
- **IT Infrastructure update:**
  - WCDHB has released a request for proposal (RFP) for its Wide Area Network (WAN). This is a joint RFP with CDHB to leverage greater buying power. The eventual outcome will provide WCDHB with a more robust network at a lower price point.
  - WCDHB has focused on security patching of servers with the recent cyber security risks. All servers are patched against the exploit used by the recent cyber security threat, with ongoing patching on target to maintain a high compliance against these types of threats.

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

Media interest

- New health facilities in Grey and Buller
- Sexual health services
- Grey general practice merger
- Board committees
- Mental health services
- Home Based Support Services
- Coast leadership changes

Media releases were issued on

- Patient wifi available at Grey Base
- Increase in missed appointments concerns DHB
- DHB laundry services to change

Video releases were issued on

- Latest update from Grey Base site
- Preventing falls tai chi flash mob in Westport

External engagement

- Public meetings:
  - CARE Greymouth (volunteer group involving older people)

Social media posts

- Facilities update
- The Parenting Place commentary on Netflix series "13 Reasons Why"
- International Midwives Day
- International Nurses Day
- Nancy Fahey retirement
- Patients missing appointments – let us know why

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

Key Achievements/Issues of Note

- **Smokefree May:** CPH staff as part of the West Coast Tobacco Free Coalition have been raising awareness of Smokefree May and World Smokefree Day with a variety of activities including media articles and promotion at The Warehouse and Salvation Army in Greymouth, and on the main street of Westport. These promotions have included letting people know about the range of Stop Smoking services available on the West Coast.
- **Alcohol:** Three West Coast CPH staff members attended the National Alcohol Public Health Workshop in Auckland in mid-May. This meeting covered both regulatory issues and health promotion. Topics included an update on the Ministerial Review on Alcohol Advertising and Sponsorship, using social media to address social supply of alcohol, and alcohol harm reduction projects in sports clubs. The meeting also discussed a recent decision by the Alcohol Regulatory and Licensing Authority (ARLA) in the matter of a

Dannevirke supermarket single area. The ARLA decision has the effect of potentially undermining the work done to reduce exposure to alcohol in supermarkets, including recent High Court and Court of Appeal judgements. Whether or not this decision will be appealed will be known by the time of the June Board meeting.

- **Food Security:** CPH hosted a workshop on Food Security in Greymouth on 26 April. Attendees included 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 was to start to build a picture of what food insecurity looks like on the West Coast, find out what activities are already taking place to address this, as well as highlighting any gaps and potential future actions. We are now pulling together the discussions and findings from the workshop and have begun working with the CPH Information Team to compile a report on the workshop findings to help inform action.
- **Kaumatua Flu Vaccination Clinic:** CPH, working alongside Westland Medical Centre, WCDHB and Poutini Waiora, facilitated a flu vaccination clinic for kaumatua at Arahura marae in April. Twelve kaumatua received their vaccinations, as well as learning more information about vaccinations available for all whanau members, including their mokopuna.
- **Le Va Community Suicide Prevention Workshop:** The Le Va Flo Talanoa workshop was held in Runanga on 16 May. Sixteen people attended to learn about suicide prevention with a strong community action focus. This was work which developed from the Runanga leaflet that was produced last year with the Runanga Action Group, and the follow-up to the Regent Theatre event in September with Eroni Clarke and Quintin Pongia. Positive discussion and learning took place and we will continue to work with the Runanga community as required.
- **Submissions on Council Annual Plans:** Over the last month CPH have made submissions regarding the Grey District Council and Buller District Council draft 2017/18 Annual Plans (Westland District Council did not consult this time around). Our submissions covered a range of issues including smokefree outdoor spaces, water quality and other environmental issues. We are now working on a submission for the West Coast Regional Council (WCRC), which is due at the end of June. Amongst other things, the WCRC is proposing a new organisational structure and staffing for Civil Defence and Emergency Management which will enhance capacity to plan for and respond to emergencies on the West Coast.

Report prepared by: Philip Wheble, Interim General Manager, Grey/Westland

Approved for release by: Michael Frampton, General Manager, People & Capability

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	100%	99%	99%	100%	95%	✓	The West Coast continues to achieve the ED health target, with 99.6% of patients admitted, discharged or transferred from ED within 6 hours during quarter three.
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,942	480	991	1,441	1,906	✓	This quarter, West Coast DHB provided 1,441 elective surgical discharges, delivering 105.5% of planned discharges.
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	80%	63%	76%	83%	85%	✗	Performance increased this quarter to 83.3% 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 challenging with this result reflecting only four non-compliant patients. Audits into patient pathways have taken place with no capacity issues identified.
Increased Immunisation Eight-month-olds fully immunised	78%	76%	80%	91%	95%	✗	During quarter three, 91.4% of all eight-month-olds were fully immunised with just one child missed. Coverage by ethnicity was achieved for all groups, with 100% of Maori and Asian children vaccinated and 96.4% of NZE children. Opt-off (5) and declines (1) increased slightly this quarter to a combined 7.4%. This continues to make meeting the target impossible. We are pleased 99% of our consenting population were immunised.
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[2]	79%	84%	91%	92%	90%	✓	West Coast health practitioners have reported giving 4,888 smokers cessation advice in the 18 months ending March 2017. This represents 92% of smokers against the 90% target. The DHB is pleased to have exceeded the target this quarter not only for total population but also for Maori and High Needs
Raising Healthy Kids Percent of obese children identified at B4SC offered a referral for clinical assessment and	New	40%	0%	17%	95%	✗	This quarter, six children were identified as obese with two referred. Of the two referrals, one declined and one was not acknowledged. This is counted as 1/6 children referred—17%. While this is disappointing, technical issues are contributing to this with three of

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

Target	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Target	Current Status	Progress
healthy lifestyle interventions							those four missed children having had an incorrect BMI calculation. Key staff have met and investigated this result, identifying challenges in accessing the correct BMI at the B4 School Check (B4SC) due to limited database access from poor internet connectivity at clinic sites. This issue is being discussed at a national level and the DHB continues to work to find an off-line digital solution. Meanwhile, a hard copy chart is in use and B4SC staff are encouraged to offer referrals to children close to the 98th centile.

CLINICAL LEADERS UPDATE

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

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

SOURCE: **Clinical Leaders**

DATE: **23 June 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

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

3. SUMMARY

WORKFORCE

Nursing & Midwifery

With the Nurse Practitioner and Registered Nurse prescribing workforce development underway, a comprehensive governance and clinical support framework has been further developed. Alongside the governance group for supporting and enabling safe prescribing, a peer review group has been established. Both of these groups have a clinical focus and are designed to ensure ongoing professional development, reflective practice and review of clinical decision-making. These groups include the Nurse Practitioner, a Rural Hospital Medical doctor, a Nurse Educator, the Director of Nursing and nurses on both pathways.

Health Workforce New Zealand (HWNZ) funds post-entry training for the development of a workforce that is able to provide the care that is required to a community. HWNZ has recently proposed a change to the way funding is allocated, with a suggested move to an investment approach with contestable funding. The Clinical Leaders provided feedback to the proposal, with a focus on ensuring the dissemination of HWNZ funding reflects cross sector workforce training requirements, and implements a fair and equitable decision-making process that is transparent. Our feedback also highlighted important rural considerations.

Allied Health

Allied Health are preparing to undertake a programme of workforce analysis and development to ensure we are best placed to respond to the Primary and Community Model of Care, which is currently under consultation. This programme of work will explore clinical and kaiāwhina staff activity, reviewing opportunities and barriers to staff working to the top of their scope, and partnering effectively with other disciplines.

The Calderdale Framework implementation continues with training now being delivered with our kaiāwhina workforce to develop their competence in a range of Clinical Task Instructions (CTI's).

Medical

The Joint Consulation Committee was held on 5 May 2017 and attended by SMO's, Association of Salaried Medical Specialists (ASMS) and West Coast DHB Executive Management Team representatives. Items discussed included the West Coast Leadership and Management decision document, national ASMS SMO workforce intentions survey, ASMS burnout survey, HWNZ proposed funding model for vocational training. In the afternoon session the SMO engagement workshop was well attended and focussed on developing a medical workforce strategy for future staffing. Presentations on the facilities developments and overview of the Rural Hospital Medicine specialist programme preceded group discussion.

QUALITY & SAFETY

Nursing & Midwifery

The Nurse Manager Community and Primary Services has been working with local aged residential care facilities to formalise an out of hours process to enable clinical and general advisory support to these facilities. The process includes a pathway for access to the Duty Nurse Manager, so that nursing advice and support can be given when required. It also includes a communication pathway for advice from the emergency department medical team, out of hours. It is anticipated this will enable residents to remain in their home while receiving care, and reduce unnecessary presentations to the emergency department. The plan also includes an escalation plan to the Duty Manager for support for more urgent or serious situations, such as advice for managing civil emergencies. This will further enhance the collaborative approach and support to our partnering aged residential care facilities.

A workshop was recently held to demonstrate the e-meds platform. This electronic tool is designed for inpatient areas and replaces paper based medication charts. The system has demonstrated quality and patient safety benefits including legibility of prescription, and a flag system for when medication doses are due or have been missed. It is currently being utilised within Canterbury Hospital services.

Allied Health

The Calderdale Framework also offers us opportunities to enhance quality and safety through standardisation of practice; this has been a significant feature of the most recent workshop for Calderdale Framework Facilitators of which the DHB has three. Pathways will be developed to support staff through the analysis and articulation of processes which would benefit from standardisation. These, along with all other Calderdale Framework CTI's and learning tools are now available within the HealthLearn application.

A workshop has been developed to examine the scope and reach of Clinical Social Work within the health setting. This workshop brings together DHB staff, NGO and statutory Social Work partners and funders to understand the current context, the proposed Primary and Community Model of Care, the Future State for Mental Health services and how services can be delivered in meaningful ways that reach people who need them throughout the district.

Medical

Hospital HealthPathways is about to be released to use within the DHB. Until recently the "Blue Book" was used to offer guidance for management of medical conditions within hospital services, however this was discontinued in December 2016 in favour of Hospital HealthPathways. At this point the pathways are Canterbury DHB based and will be flagged as such, however within a year we expect to be able to localise them to provide clear guidance to our clinicians about local adaptations to practice. This may include areas such as which service admits a particular group of patients, which will be different to Canterbury DHB practice, or alterations based on local drug availability etc. Until we are able to progress this second stage of work, Hospital HealthPathways will still provide valuable evidence based guidelines for management of many medical conditions for our clinicians and help to ensure that

patients are provided with the best care available for their condition. Training sessions for medical, nursing and allied practitioners are being provided in association with the release.

The new eTriage system has been released for use in General Surgery, Gynaecology and Plastic Surgery. This enables clinicians to triage new referrals from primary care within an entirely electronic system ensuring that referrals are monitored and maintained at every step of the process. A referral is commenced in primary care and arrives electronically into the booking system. This is then triaged for urgency by a secondary services clinician and the patient is then booked for their appointment. Previously this has been a paper based system with a risk of misplacement of referrals and significant paper handling required at a number of points. It has been difficult for staff to identify what point a referral has reached previously but with the new system, referrals are continually tracked, cannot be misplaced and staff can easily view where the referral process has reached. We intend to extend the services using eTriage once the current services are up and running successfully.

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

FINANCE REPORT

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

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

SOURCE: **General Manager, Finance & Corporate Services**

DATE: **23 June 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 30 April 2017.

3. DISCUSSION

Overview of April 2017 Financial Result

The consolidated West Coast District Health Board financial result for the month of April 2017 was a deficit of $145k, which was $86k unfavourable to budget. The year to date position is $247 unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,635	7,004	(369)	×	68,864	69,960	(1,096)	×
Governance & Administration	69	69	(0)	×	689	770	(81)	×
Funder	4,781	5,014	(233)	×	49,563	50,140	(577)	×
	11,485	12,087	(602)	×	119,116	120,870	(1,754)	×
EXPENSES								
Provider								
Personnel	5,754	5,244	(510)	×	53,510	52,297	(1,213)	×
Outsourced Services	0	2	2	√	(9)	26	35	√
Clinical Supplies	651	698	47	√	6,965	6,550	(415)	×
Infrastructure	1,049	815	(234)	×	10,471	8,341	(2,130)	×
	7,454	6,759	(695)	×	70,937	67,214	(3,723)	×
Governance & Administration	69	69	0	√	689	770	81	√
Funder	3,929	4,802	873	√	44,130	48,096	3,966	√
Total Operating Expenditure	11,452	11,630	178	√	115,756	116,080	324	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	33	457	(424)	×	3,360	4,790	(1,430)	×
Interest, Depreciation & Capital Charge	178	516	338	√	3,978	5,160	1,182	√
Net surplus/(deficit)	(145)	(59)	(86)	×	(617)	(370)	(247)	×

4. APPENDICES

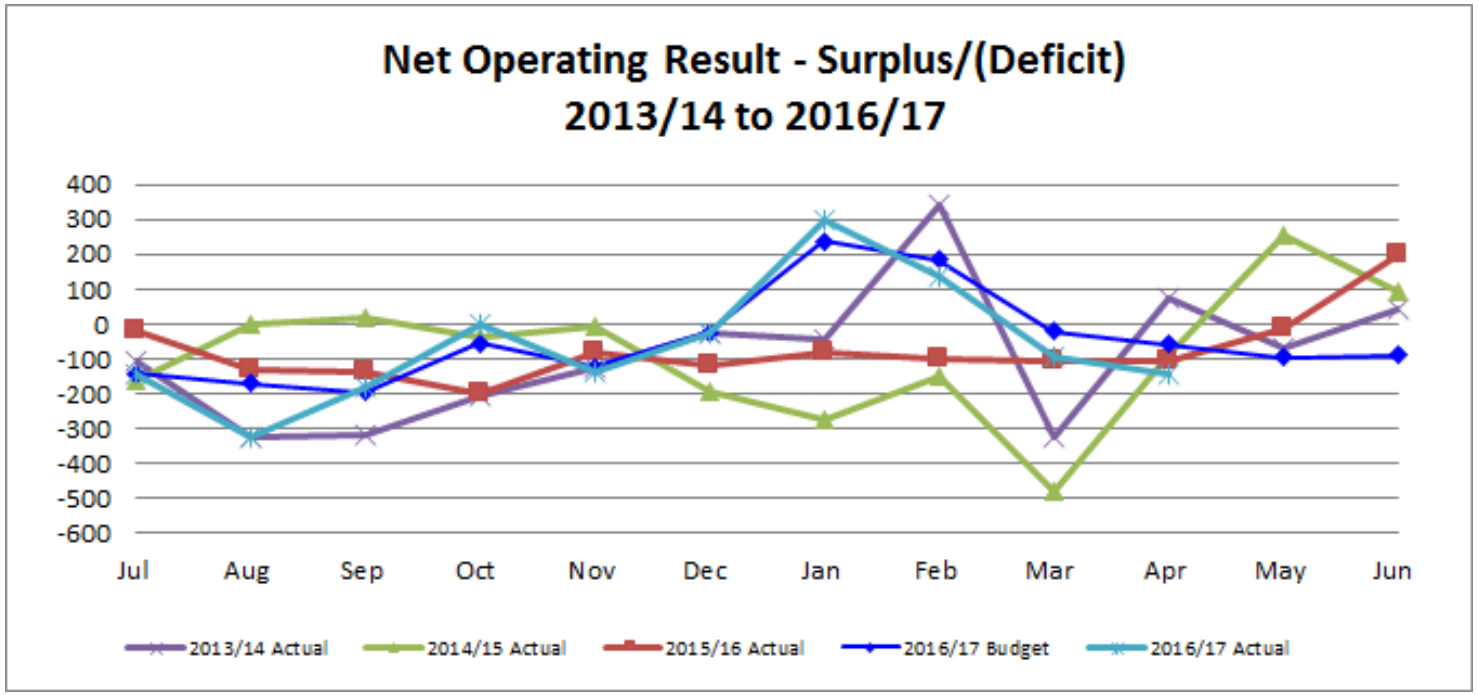
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – APRIL 2017

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(145)	(59)	(86)	148% ✕	(617)	(370)	(247)	67% ✕

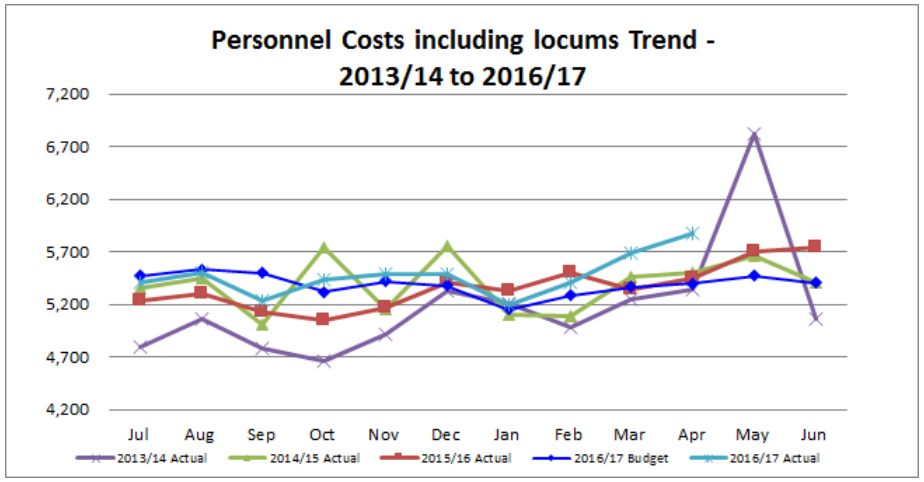


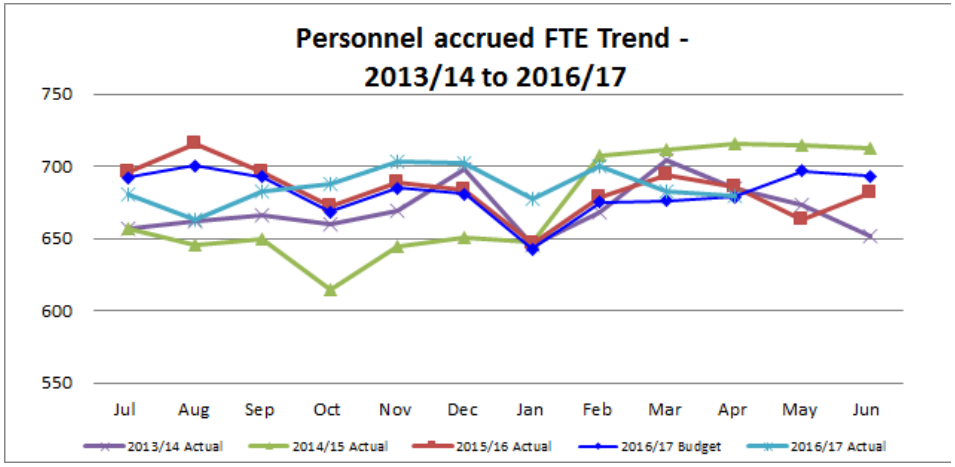
We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016. At this stage we are forecasting a year end result of $850k deficit which is a deterioration to budget, this reflects the remainder of the year largely on plan, but an inability to improve from that plan to offset the year to date variance.

Revenue from ACC and Patient related sources is significantly lower than both budget and prior year's levels – we are continuing to examine the causes of this reduction.

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

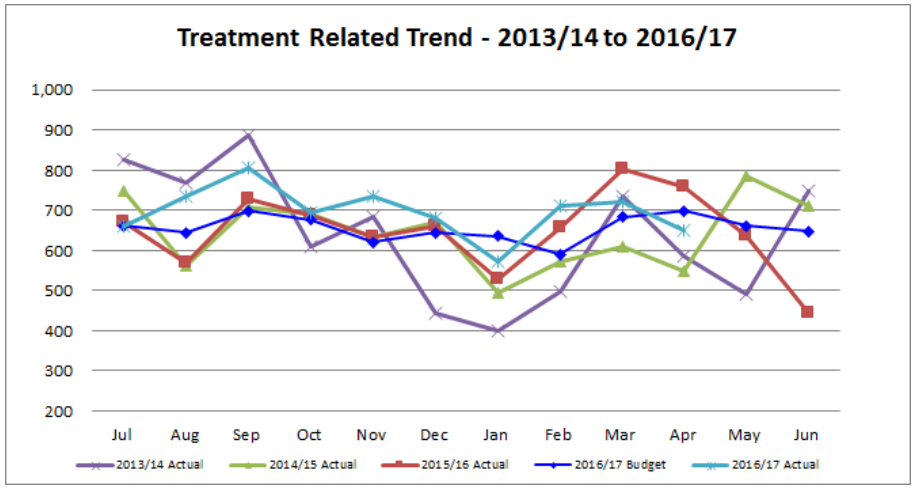


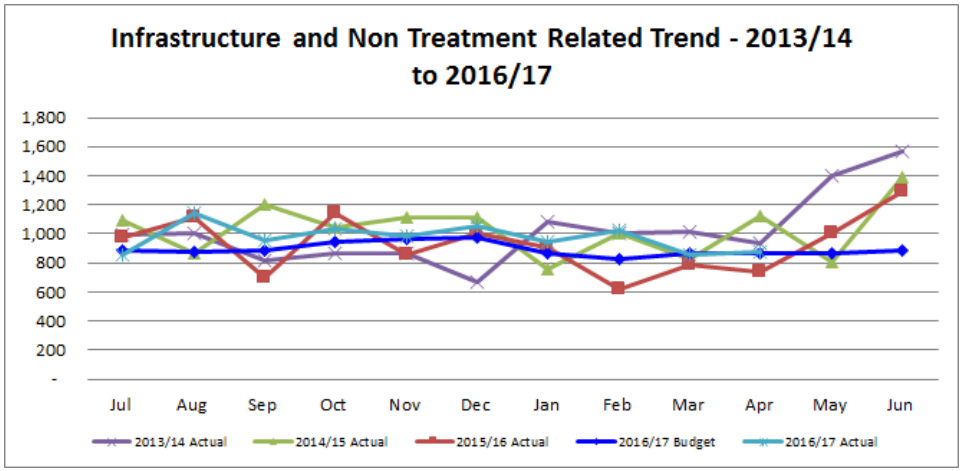


KEY RISKS AND ISSUES: Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by turnover, and planned leave in the smaller services, this requires reliance on short term placements, which are more expensive than permanent staff.

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

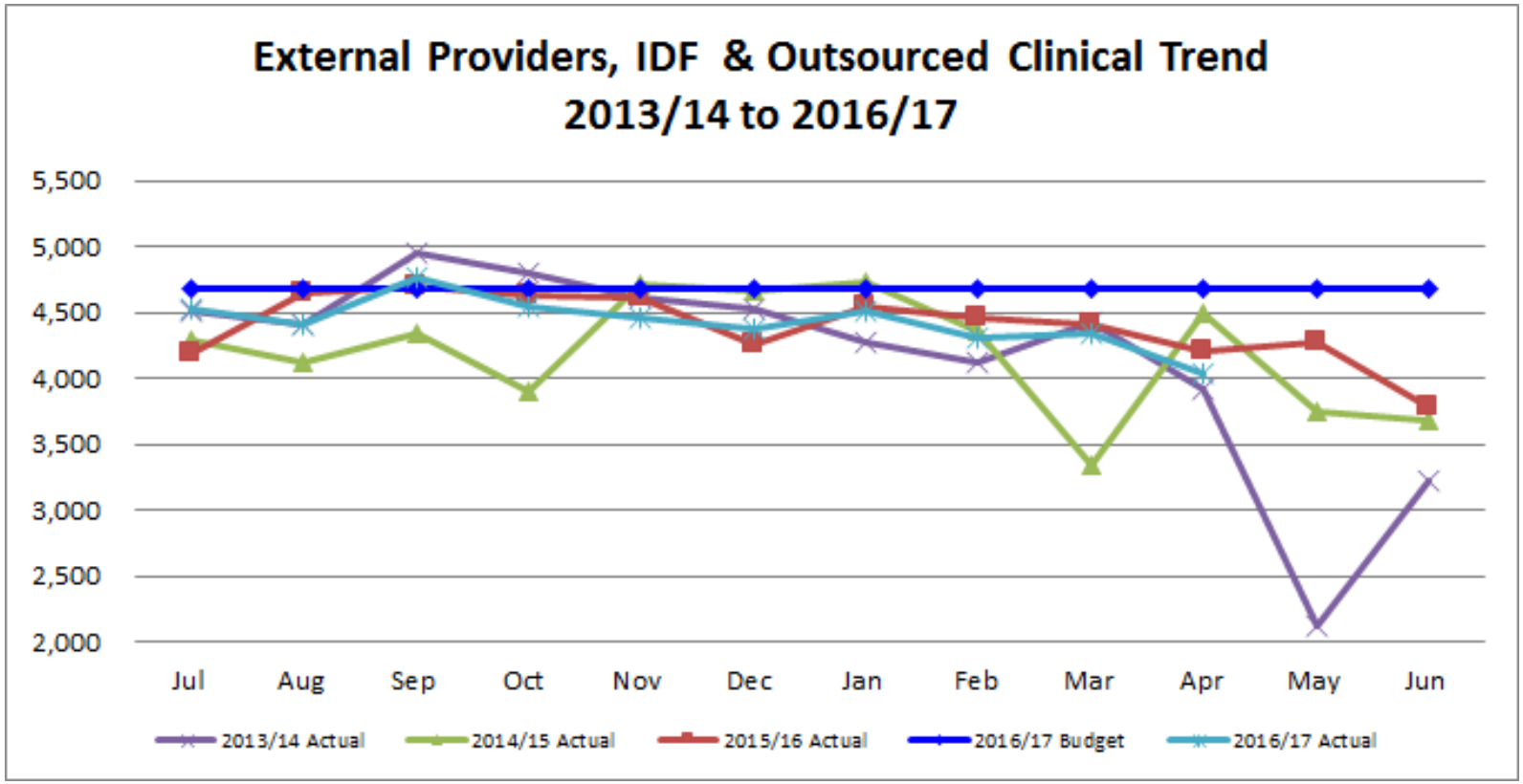




KEY RISKS AND ISSUES: High costs treatment particularly in oncology and rheumatology medicines is causing significant concern on costs in this category.

Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

EXTERNAL PROVIDER COSTS

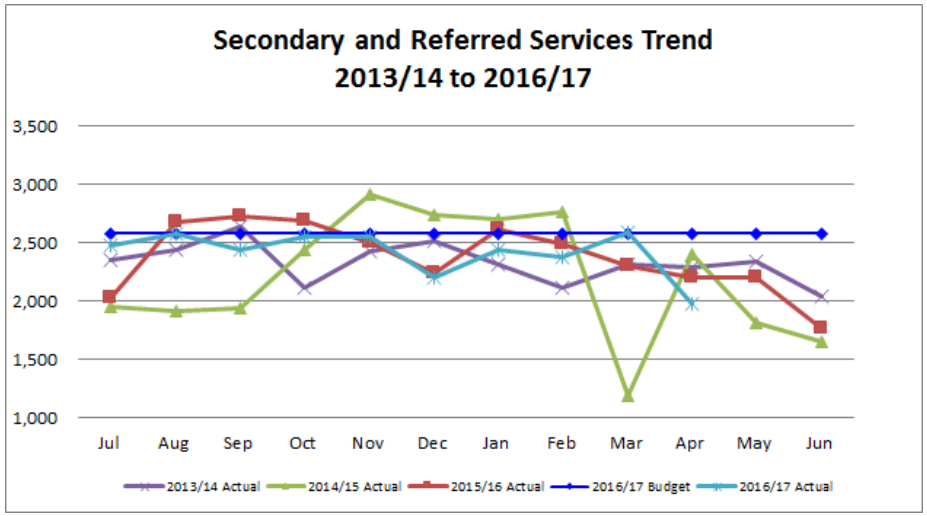


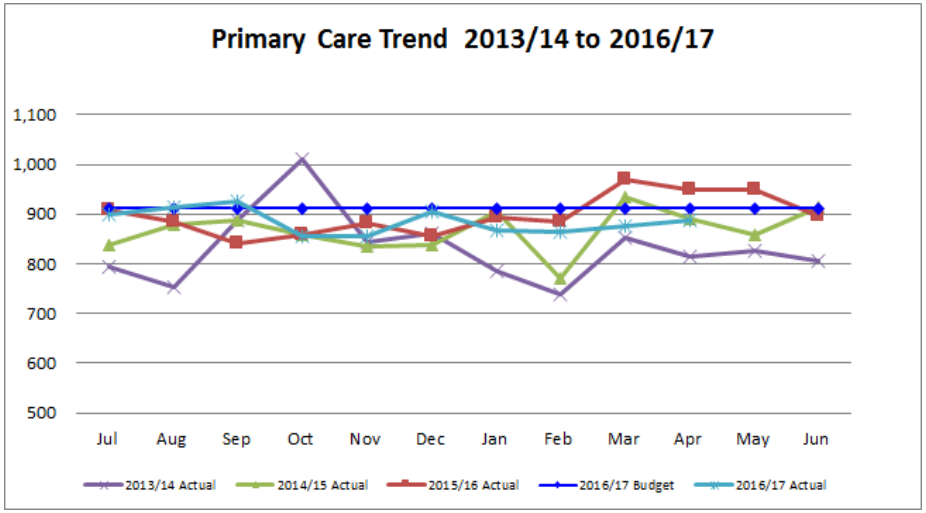
KEY RISKS AND ISSUES: Capacity constraints within the system require continued monitoring of trends and demand for services.

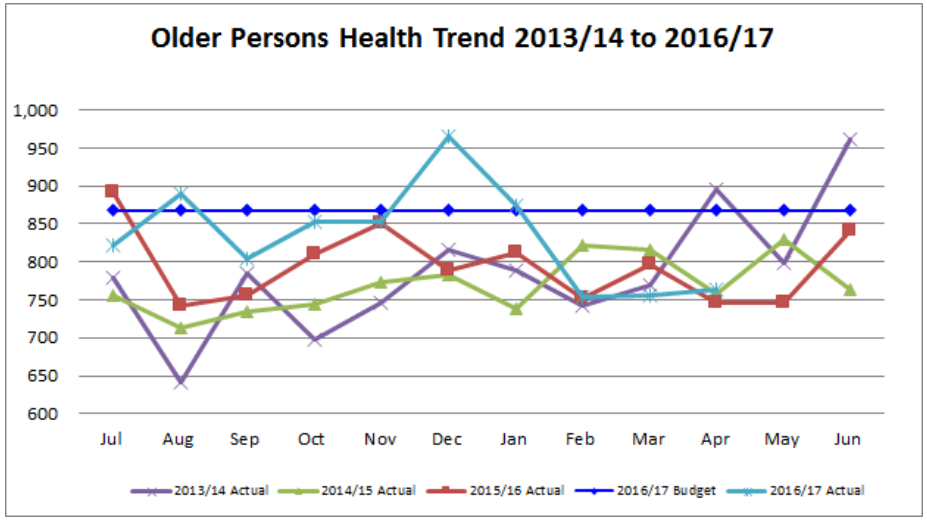
PLANNING AND FUNDING DIVISION
Month Ended April 2017

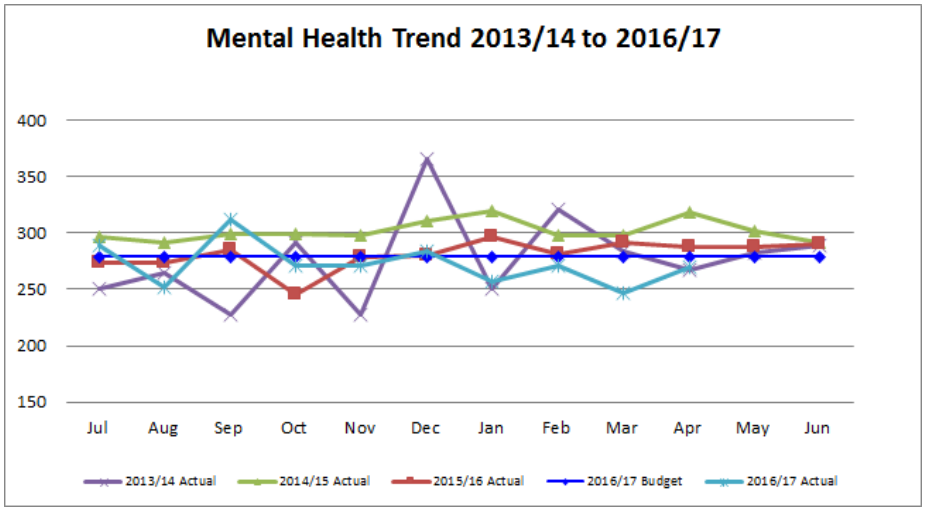
Current Month Actual $000	Budget $000	Variance $000	%		SERVICES	Year to Date Actual $000	Budget $000	Variance $000	%		2016/17 Annual Budget $000
					Primary Care						
33	28	-5	-16%	✗	Dental-school and adolescent	291	283	-8	-3%	✗	340
18	21	4	17%	✓	Maternity	196	213	17	8%	✓	256
1	1	0	20%	✓	Pregnancy & Parent	12	12	1	6%	✓	15
0	0	0		✓	Sexual Health	0	0	0		✓	0
2	4	2	49%	✓	General Medical Subsidy	19	42	22	54%	✓	50
513	522	9	2%	✓	Primary Practice Capitation	5,228	5,223	-5	0%	✗	6,267
91	91	0	0%	✓	Primary Health Care Strategy	910	911	1	0%	✓	1,093
87	87	0	0%	✓	Rural Bonus	874	874	0	0%	✓	1,049
6	4	-2	-48%	✗	Child and Youth	51	42	-9	-22%	✗	50
21	10	-11	-102%	✗	Immunisation	72	104	32	30%	✓	125
5	5	0	1%	✓	Maori Service Development	47	47	0	0%	✓	57
52	45	-7	-15%	✗	Whanau Ora Services	520	452	-68	-15%	✗	543
12	14	2	16%	✓	Palliative Care	150	138	-13	-9%	✗	165
0	6	6	100%	✓	Community Based Allied Health	51	63	13	20%	✓	76
23	10	-13	-124%	✗	Chronic Disease	118	104	-13	-13%	✗	125
24	61	37	60%	✓	Minor Expenses	352	609	257	42%	✓	731
888	**912**	**24**	**3%**	✓		**8,891**	**9,119**	**227**	**2%**	✓	**10,942**
					Referred Services						
26	26	1	2%	✓	Laboratory	261	261	0	0%	✓	313
579	666	87	13%	✓	Pharmaceuticals	5,771	6,659	888	13%	✓	7,991
605	**692**	**87**	**13%**	✓		**6,032**	**6,920**	**888**	**13%**	✓	**8,304**
					Secondary Care						
131	223	92	41%	✓	Inpatients	1,620	2,232	612	27%	✓	2,678
190	126	-64	-51%	✗	Radiolgy services	1,518	1,258	-260	-21%	✗	1,510
63	114	51	45%	✓	Travel & Accommodation	960	1,135	176	15%	✓	1,362
985	1,425	440	31%	✓	IDF Payments Personal Health	13,739	14,254	516	4%	✓	17,105
1,369	**1,888**	**519**	**27%**	✓		**17,836**	**18,879**	**1,043**	**6%**	✓	**22,655**
2,862	**3,492**	**630**	**18%**	✓	**Primary & Secondary Care Total**	**32,759**	**34,918**	**2,159**	**6%**	✓	**41,902**
					Public Health						
22	23	2	8%	✓	Nutrition & Physical Activity	163	233	70	30%	✓	279
12	11	0	-4%	✗	Tobacco control	118	111	-7	-6%	✗	133
33	**34**	**1**	**4%**	✓	**Public Health Total**	**281**	**344**	**63**	**18%**	✓	**412**
					Mental Health						
7	7	0	0%	✓	Dual Diagnosis A&D	71	71	0	0%	✓	85
	0	0		✓	Inpatients	11	0	-11		✗	0
20	20	0	0%	✓	Child & Youth Mental Health Services	200	200	0	0%	✓	240
5	8	2	33%	✓	Mental Health Work force	124	75	-49	-66%	✗	90
37	61	23	39%	✓	Day Activity & Rehab	437	608	170	28%	✓	729
11	11	0	0%	✗	Advocacy Consumer	107	107	0	0%	✓	128
103	81	-22	-27%	✗	Other Home Based Residential Support	963	808	-155	-19%	✗	970
11	11	0	0%	✓	Advocacy Family	110	110	0	0%	✓	132
10	16	6	38%	✓	Community Residential Beds	73	158	85	54%	✓	190
66	66	0	-1%	✗	IDF Payments Mental Health	657	656	-1	0%	✗	787
270	**279**	**9**	**3%**	✓		**2,754**	**2,792**	**39**	**1%**	✓	**3,351**
					Older Persons Health						
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
85	84	-1	-1%	✗	Home Based Support	953	843	-110	-13%	✗	1,012
11	6	-5	-82%	✗	Caregiver Support	63	58	-5	-9%	✗	70
209	242	32	13%	✓	Residential Care-Rest Homes	2,106	2,417	310	13%	✓	2,900
9	9	0	2%	✓	Residential Care-Community	91	92	1	1%	✓	110
328	404	76	19%	✓	Residential Care-Hospital	3,830	4,042	213	5%	✓	4,851
12	10	-2	-15%	✗	Day programmes	121	100	-21	-21%	✗	121
4	11	7	65%	✓	Respite Care	80	110	30	27%	✓	132
1	1	0	0%	✓	Community Health	13	13	0	0%	✓	15
4	1	-3	-218%	✗	Minor Disability Support Expenditure	28	13	-15	-112%	✗	16
99	99	0	0%	✓	IDF Payments-DSS	992	993	1	0%	✓	1,192
763	**868**	**104**	**12%**	✓		**8,277**	**8,683**	**406**	**5%**	✓	**10,419**
1,032	**1,147**	**113**	**10%**	✓	**Mental Health & OPH Total**	**11,031**	**11,475**	**444**	**4%**	✓	**13,770**
3,928	**4,674**	**746**	**16%**	✓	**TOTAL EXPENDITURE**	**44,071**	**46,737**	**2,666**	**6%**	✓	**56,084**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	26,237	12,098	14,139	117%	✓	12,341
Cash	11,113	13,982	(2,868)	-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 30 April 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	11,078	11,594	(516)	(4.5%)	114,836	115,940	(1,104)	(1.0%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	70	(68)	(97.1%)	84	76
Inter District Flows Revenue	139	139	(0)	(0.2%)	1,382	1,390	(8)	(0.6%)	1,744	1,487
Patient Related Revenue	206	248	(42)	(16.8%)	2,218	2,480	(262)	(10.6%)	2,962	2,873
Other Revenue	63	99	(36)	(36.5%)	678	990	(312)	(31.5%)	1,112	984
Total Operating Revenue	11,485	12,087	(602)	(5.0%)	119,116	120,870	(1,754)	(1.5%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,876	5,394	(482)	(8.9%)	54,743	53,794	(949)	(1.8%)	64,670	64,396
Outsourced Services	0	2	2	80.7%	(9)	25	34	135.9%	30	30
Treatment Related Costs	651	698	47	6.7%	6,967	6,550	(417)	(6.4%)	7,858	7,781
External Providers	2,878	3,085	207	6.7%	29,718	30,850	1,132	3.7%	37,000	36,269
Inter District Flows Expense	1,051	1,589	538	33.9%	14,411	15,890	1,479	9.3%	19,084	16,380
Outsourced Services - non clinical	115	0	(115)	0.0%	189	0	(189)	0.0%	0	0
Infrastructure and Non treatment related costs	881	862	(19)	(2.2%)	9,737	8,971	(766)	(8.5%)	10,723	11,129
Total Operating Expenditure	11,452	11,630	178	1.5%	115,756	116,080	324	0.3%	139,365	135,985
Result before Interest, Depn & Cap Charge	33	457	(424)	(92.7%)	3,360	4,790	1,430	29.8%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	0	54	54	100.0%	343	540	197	36.5%	648	651
Depreciation	148	380	232	61.0%	2,991	3,800	809	21.3%	4,572	4,572
Capital Charge Expenditure	30	82	52	62.9%	643	820	177	21.5%	984	978
Total Interest, Depreciation & Capital Charge	178	516	338	65.4%	3,978	5,160	1,182	22.9%	6,204	6,201
Net Surplus/(deficit)	(145)	(59)	(86)	(147.2%)	(617)	(370)	(247)	(66.8%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(145)	(59)	(86)	(147.2%)	(617)	(370)	(247)	(66.8%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 April 2017

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,548	23,698	(150)	(0.6%)	25,444
Intangible assets	696	312	384	123.1%	681
Work in Progress	2,698	1,981	717	36.2%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	27,510	26,558	952	3.6%	28,106
Current assets					
Cash and cash equivalents	11,113	13,982	(2,868)	(20.5%)	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	1,017	986	31	3.2%	986
Debtors and other receivables	5,969	5,046	923	18.3%	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	18,174	20,088	(1,914)	(9.5%)	18,851
Total assets	45,683	46,646	(963)	(2.1%)	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	10,945	10,945	100.0%	10,945
Employee entitlements and benefits	2,966	2,629	(337)	(12.8%)	2,629
Total non-current liabilities	2,966	13,574	10,608	78.1%	13,574
Current liabilities					
Interest-bearing loans and borrowings	0	3,500	3,500	100.0%	3,500
Creditors and other payables	7,190	8,161	971	11.9%	8,161
Employee entitlements and benefits	9,290	9,313	23	0.2%	9,313
Total current liabilities	16,480	20,974	4,494	21.4%	20,974
Total liabilities	19,447	34,548	15,101	43.7%	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)	(82,853)	(82,527)	326	0.4%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	26,237	12,098	(14,139)	(116.9%)	12,409
Total equity and liabilities	45,683	46,646	(962)	(2.1%)	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 30 April 2017

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	11,246	12,042	(796)	(6.6%)	120,194	120,500	(306)	(0.3%)
Cash paid to employees	(5,465)	(5,366)	(99)	(1.9%)	(54,639)	(53,794)	(846)	(1.6%)
Cash paid to suppliers	(1,086)	(1,547)	460	29.8%	(18,970)	(15,546)	(3,424)	(22.0%)
Cash paid to external providers	(2,572)	(3,085)	513	16.6%	(28,561)	(30,850)	2,289	7.4%
Cash paid to other District Health Boards	(1,357)	(1,589)	232	14.6%	(15,719)	(15,890)	171	1.1%
Cash generated from operations	766	455	310	68.1%	2,305	4,420	(2,115)	(47.9%)
Interest paid	0	(54)	54	100.0%	(343)	(540)	197	36.5%
Capital charge paid	(30)	(82)	52	62.9%	(643)	(820)	177	21.5%
Net cash flows from operating activities	735	319	416	130.1%	1,318	3,060	(1,742)	(56.9%)
Cash flows from investing activities								
Interest received	30	40	(10)	(26.0%)	339	370	(31)	(8.2%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(689)	(208)	(481)	(231.1%)	(2,395)	(2,080)	(315)	15.1%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(659)	(168)	(491)	292.3%	(2,055)	(1,710)	(345)	(20.2%)
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	76	151	(75)	(49.7%)	(737)	2,228	(2,965)	(133.1%)
Cash and cash equivalents at beginning of period	11,037	13,830	(2,793)	(20.2%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	11,113	13,982	(2,868)	(20.5%)	11,113	14,095	(2,982)	(21.2%)

WELLBEING HEALTH AND SAFETY UPDATE

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

TO: **Chair and Members**
Quality, Finance, Audit & Risk Committee

SOURCE: **People and Capability**

DATE: **23 June 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 Board, as recommended by the Quality, Finance, Audit & Risk 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 planned for both Buller and Grey Hospital sites. We are working with Westpac to provide onsite financial advice to DHB staff. Our communication plan and collateral has been reviewed to promote and encourage participation in all the opportunities that are on offer.

Health and Safety:
The transitioning from Hazard Registers to Risk Registers continues. Once Risk Registers have been reviewed and confirmed they are published on the Intranet. Work has started on reviewing the Wellbeing, Health and Safety policies and procedures as part of the People and Capability Policy and Procedure framework.

Occupational Health:
388 influenza vaccines have been administered to staff, their partners and contractors. The WCDHB influenza campaign has had very significant support from the immunisation team on the West Coast. Clinics are widespread, and advertising continues to be carried out within the DHB.

Health and Safety Systems Review
Planning has commenced to review WCDHB designated work areas aligned to the Health and Safety at Work Act 2015, with the roles and responsibilities work informing "worker" engagement and participation, number and training requirements for Health and Safety Representatives and clarification of escalation points within a division. The roles and responsibility work will also inform a new workflow for workplace incidents that in turn will inform a recommendation to amend the South Island electronic incident form in Safety 1st. Tiers 3 and 4 of the policy and procedure framework (including contractor management) have been drafted and will go to the Health and Safety Governance Group for feedback. As part of the People Lifecycle Review the Wellbeing and Staying Safe "create" workshop structure and plan has been confirmed. The

outcome of these workshops will be a future state event pathway map, which will be subsequently confirmed with the organisation.

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	

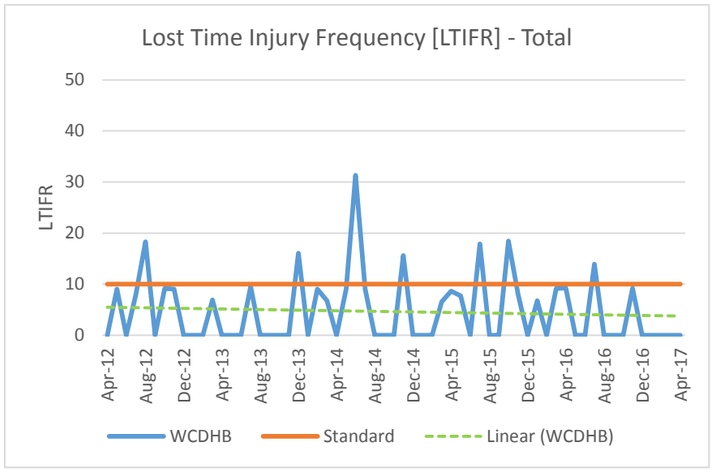
4. APPENDICES

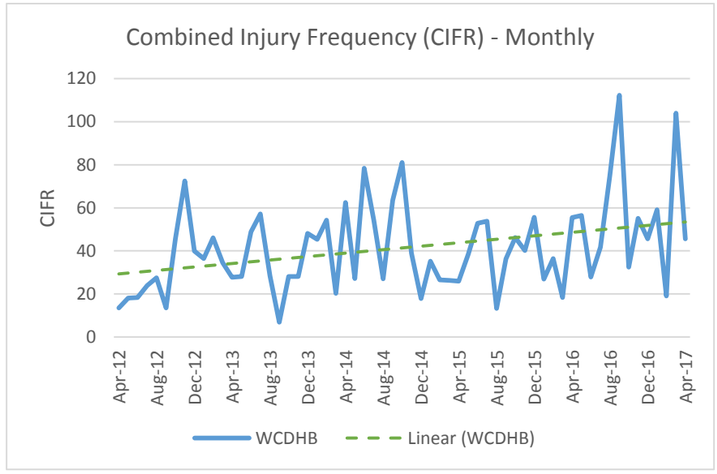
Appendix 1: Wellbeing, Health and Safety Dashboard

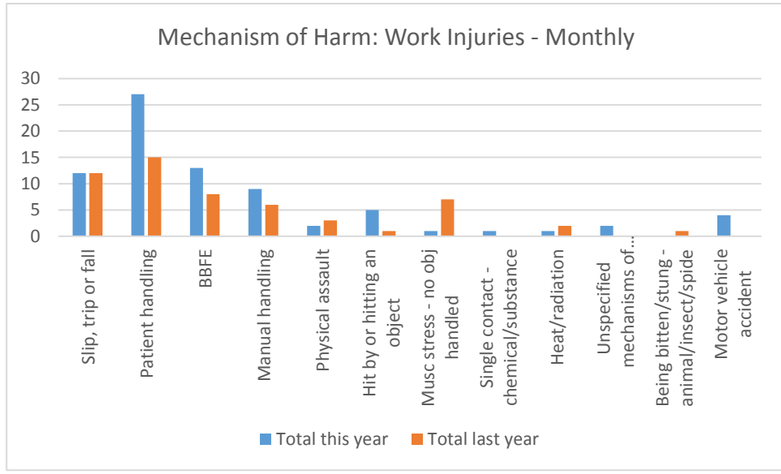
Report prepared by: Mark Lewis, Manager, Wellbeing Health

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

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





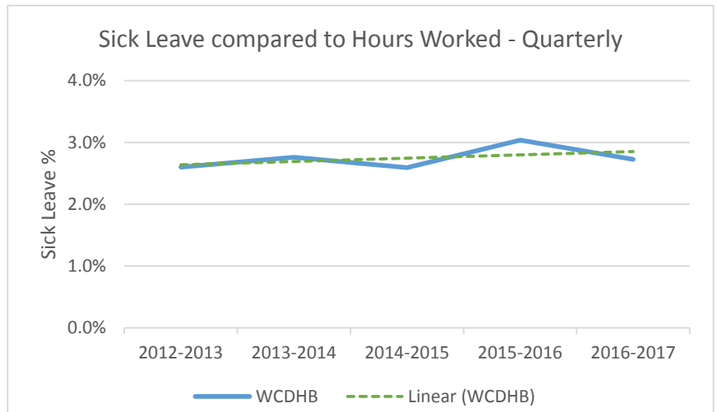


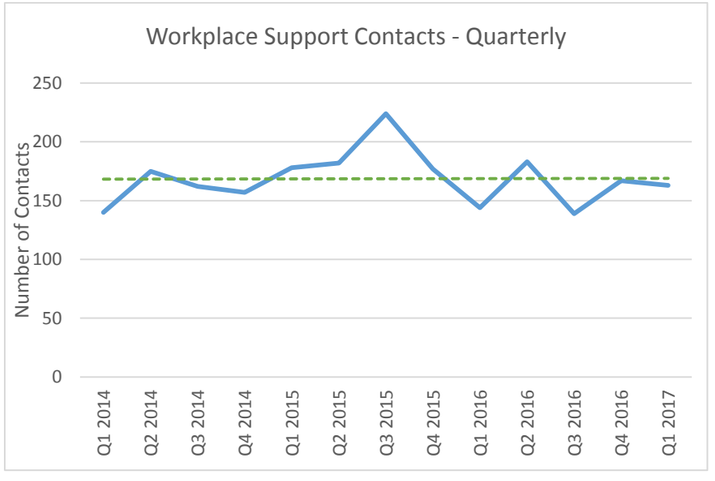
Worksafe Notifiable Events - Monthly

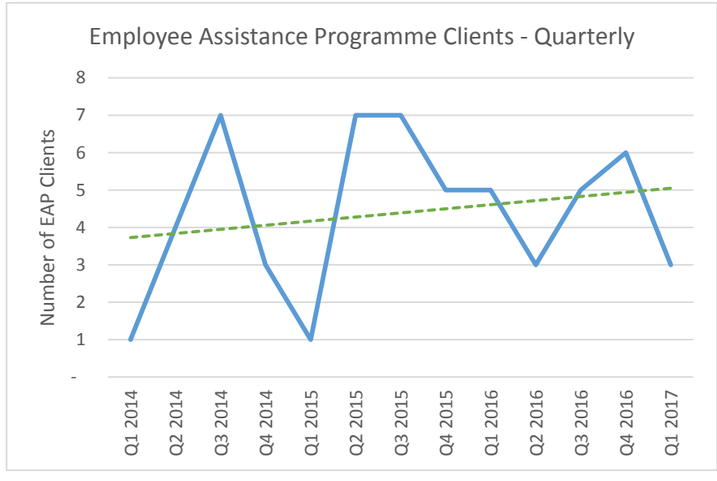
Event	Feb-17	Mar-17	Apr-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Duty Holder Review	Feb-17	Mar-17	Apr-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Please note: The above are raw scores.







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

Lost Time Injury Frequency [monthly]

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

Comment:
The lost time injury frequency rate continues to decline and remains below the health industry standard.

Focus:
Reviewing risk registers across the DHB in conjunction with staff and management.

Combined Injury Frequency [monthly]

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

Comment:
The combined injury frequency trend has increased over the last year due to spike in claims in September 16 and March 17.

Focus:
In Safety Advisors identifying and assessing workplace risks and effectiveness of controls in place in conjunction with Health and Safety Representatives.

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; patient handling and slips, trips, and falls..

Focus:
Work continues to capture injury mechanism of harm trends to ensure targeted prevetion programmes such as safe handling have appropriate data to assess.

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

Focus:
People and Capability will monitor the situation and work with management to identify trends.

Workplace Support [quarterly]

Description:
Number of contacts in relation to organisational headcount.

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

Focus:
Confidential counselling services, and current contracts in place, will be reviewed every 6 months to ensure staff have access to the required services

Employee Assistance Programme [quarterly]

Description:
Number of clients in relation to organisational headcount.

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

Focus:
Confidential counselling services, and current contracts in place, will be reviewed every 6 months to ensure staff have access to the required services

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

MAORI HEALTH PLAN UPDATE

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

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

SOURCE: **General Manager, Maori Health**

DATE: **23 June 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

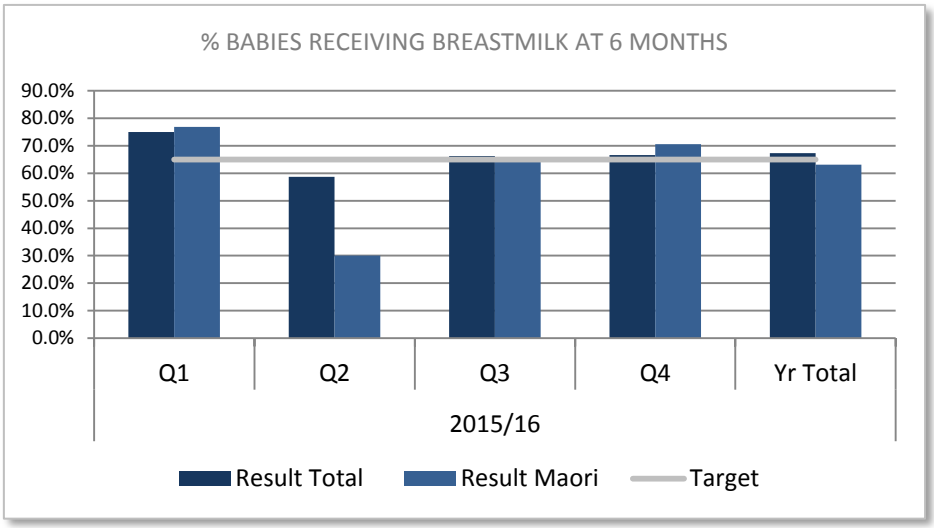
This report is provided to Community & Public Health & Disability Support Advisory Committee as a regular update.

2. RECOMMENDATION

That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q3, 2016/17

Tamariki Health and Wellbeing



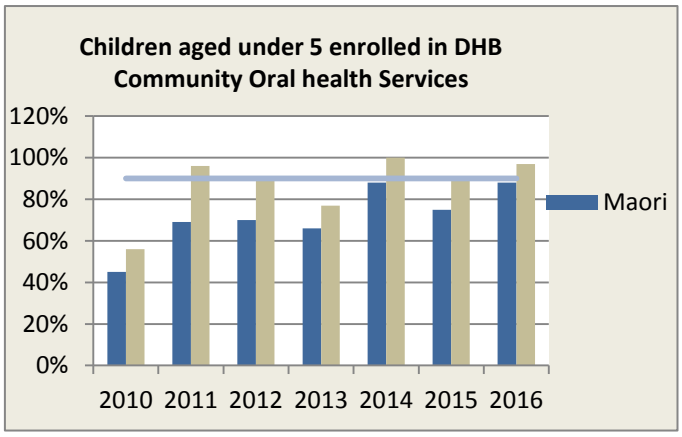
Comments: At year end for 2015/2016 the result for Maori receiving Breastmilk at 6 months was 63.2% at 6 months which is just 2% away from the 65% target. For non- Maori the result was 67.3. Our trendly data shows that from January to June 2016 Maori on the West Coast are leading nationally with 75% Maori babies being exclusively breastfed at 6 weeks, 62.5% at 3 months and 64.7% at the end of 6 months.

The Mama and Pepi service continues to focus on providing breastfeeding support to Maori mums. A pilot pregnancy and parenting course will be run by an LMC, Poutini Waiora - Mama and Pepi kaimahi and Tamariki ora nurse. This provides another avenue to deliver breastfeeding education sessions to pregnant Mums.

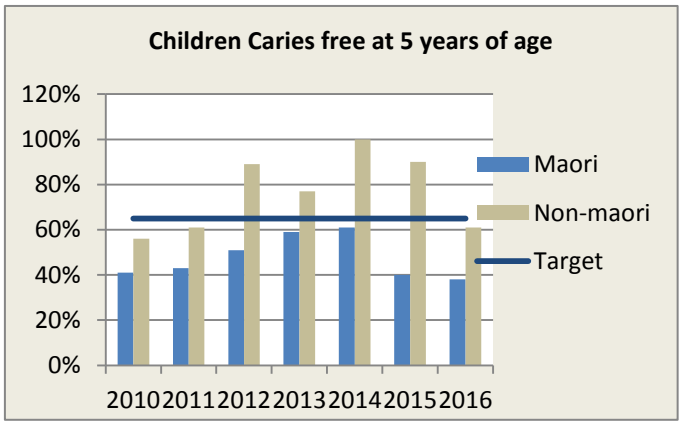
The Mum 4 Mum programme has now been running for 10 years with over 200 Mums trained across the West Coast to provide peer support around breastfeeding.

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

Oral Health



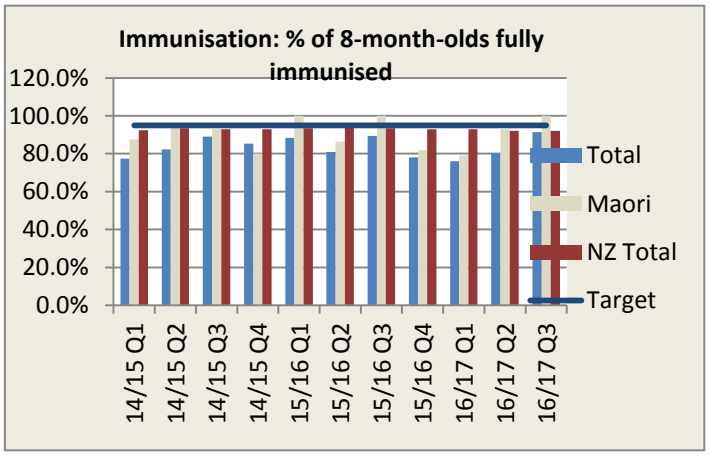
Enrolment rates in the pre-school oral health service continue to rise with 87.1% non-Maori and 75.2% Maori pre-schoolers enrolled at the end of 2016.



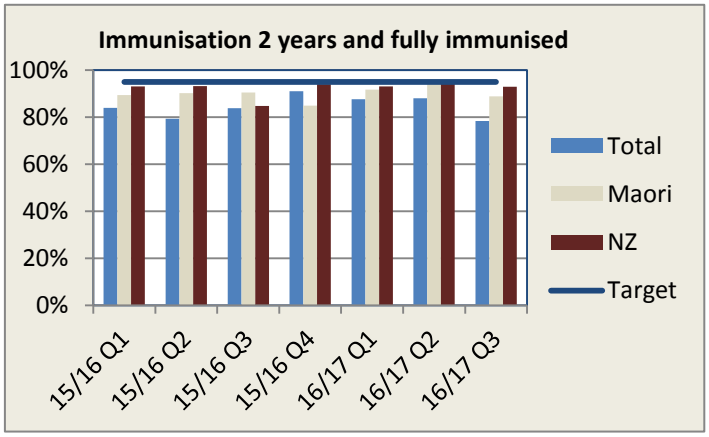
Children Caries free at 5 years of age is continuing to trend down with a 2% drop from 40% in 2015 to 38% in 2015. Non-Maori rates have also dropped significantly from 90% in 2015 to 61% in 2016.

A targeted focus within the WCDHB System level measures framework will see strategies focused on increasing the percentage of pre-school children receiving their annual dental check on time and an all system approach to reducing the rate of dental decay among our Tamariki through targeted intervention with families, health promotion and oral health education provision for all health professionals who come into contact with children from 0-5.

Immunisation



8 Month Immunisation: In Quarter 3 100% of Maori babies were immunised on time (15 out of 15 eligible). 96% of non-Maori babies (53 out of 55 eligible).



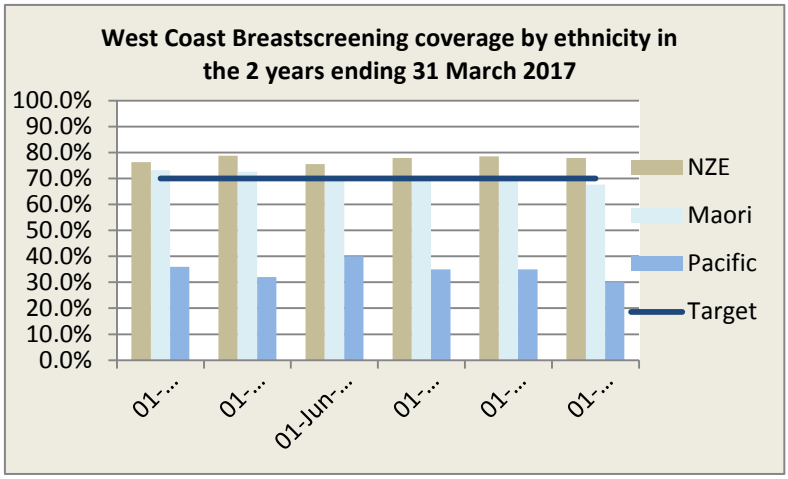
2 Year old Immunisation: In Quarter 3 89% of Maori children were immunised on time (16 out of 18 eligible). 98% of non-Maori children (43 from 44 children eligible).

Cancer

Table 1: BSA coverage (%) in the two years ending 31 March 2017 by ethnicity, women aged 50–69 years, West Coast Coverage

Ethnicity	Population	Women screened in last 2 years	2-year coverage	Additional screens to reach target*
Māori	378	256	67.70%	8
Pacific	20	6	30.00%	8
Other	4,204	3,220	76.60%	
Unspecified		21		
Total	**4,602**	**3,503**	**76.10%**	

**For the total population the number of additional screens is the number required to move from the total population coverage to 70%. This may not be the same as the sum of additional screens required for each ethnic group to reach 70%.*

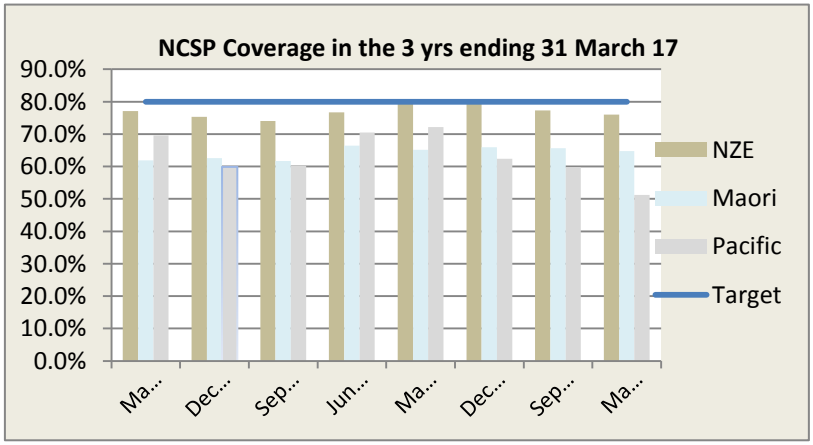


Comments: For the first time in many years we have not managed to reach target for Maori for Breastscreening.

A meeting was held with Breastscreen South Regional Manager and the Pacific and Maori Co-ordinators who work from Christchurch. Links were made at that meeting with Poutini Waiora Nurse and Kaiarataki and this connection has resulted in a more seamless approach to tracking those Maori overdue and linking them back with Breastscreen South.

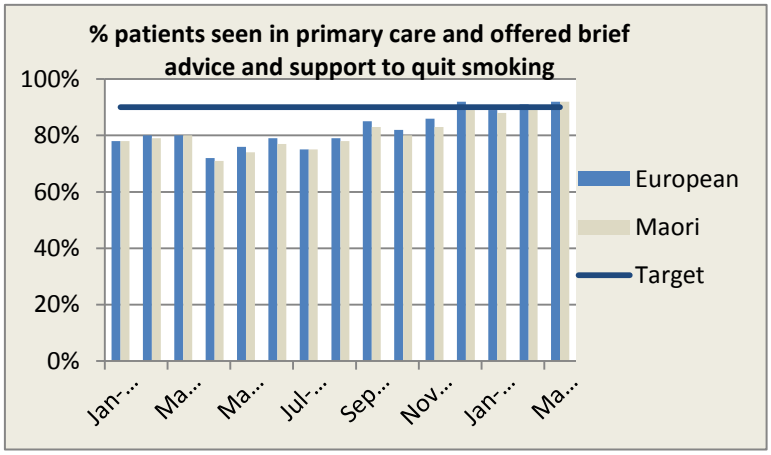
Table 1: NCSP coverage (%) in the three years ending 31 March 2017 by ethnicity, women aged 25–69 years, Total Coverage

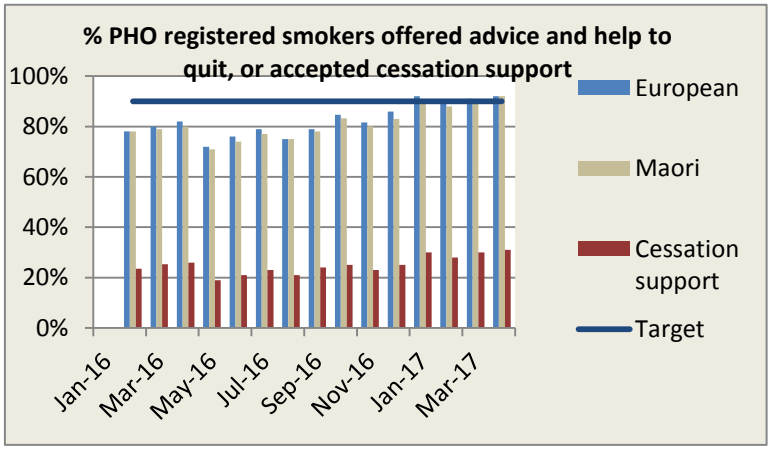
Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach target*
Māori	884	572	64.70%	135
Pacific	86	44	51.20%	24
Asian	372	189	50.80%	108
Other	7,253	5,515	76.00%	287
Total	**8,595**	**6,320**	**73.50%**	**556**

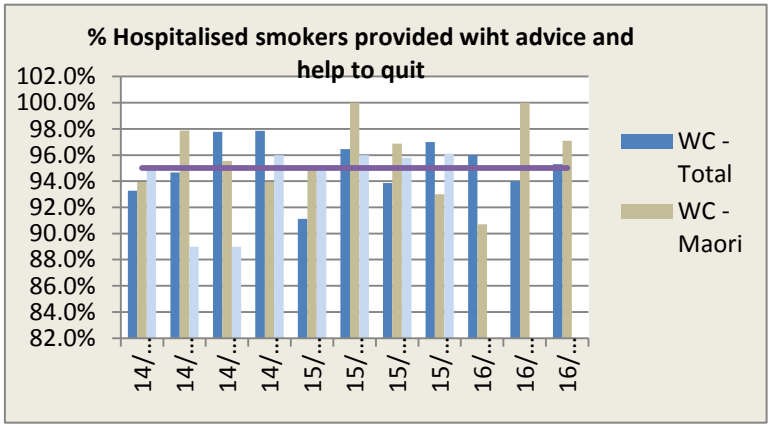


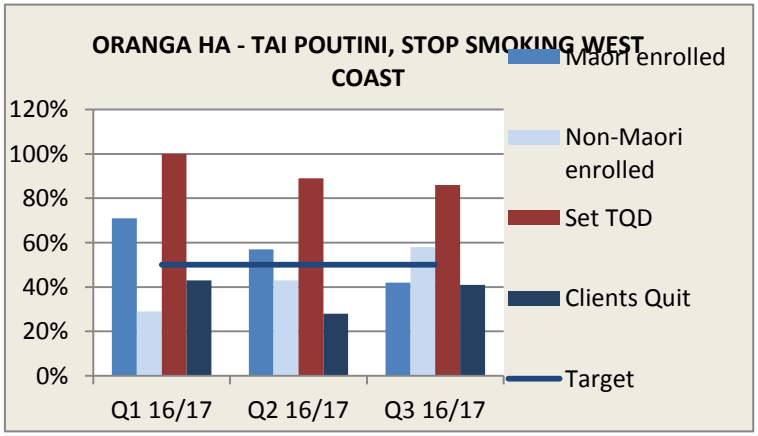
Comments: Q3 results show that there are 135 additional screens required to meet the target for Maori. Cross service interventions are currently being explored to ensure a robust pathway and provision of a range of access routes for women.

Smoking









Coast Quit: In Quarter 3 23 Maori were enrolled in the Coastquit programme compared to 118 Non-maori and 1 Pacific Island enrollment Maori enrollments make up 16% of all enrollments in Quarter 3. 27% of the people phoned for their follow-up were still smokefree in the 3-4 month period since commencing the Coast Quit programme.

Primary Smoking: In Quarter 3 92% of Maori and non-Maori patients were provided with Brief advice with 31% of those taking up the offer of cessation support.

Secondary Smoking: West Coast DHB staff provided 96.3% of hospitalised smokers with smoking cessation advice and support against the 95% target. The rate of advice for Maori was 97.1%.

Oranga Ha: Oranga Ha – Tai Poutini, Stop Smoking West Coast has been delivering since July 2016. The service employs 3 x 0.6 FTE spread across the West Coast. Contractual targets are 278 enrolled with a 50% quit rate at 4 weeks, it is estimated to achieve 278 enrolled the service will need 480 referrals.

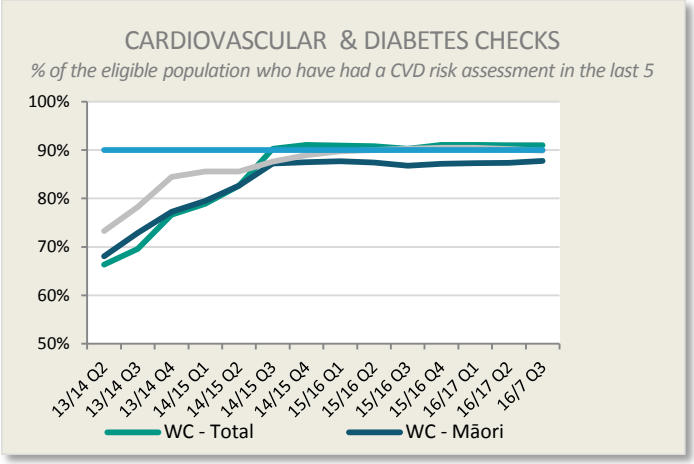
Quarter 3 is the first quarter that has seen the service working with a full FTE and this has been evident in the high number of referrals 117.

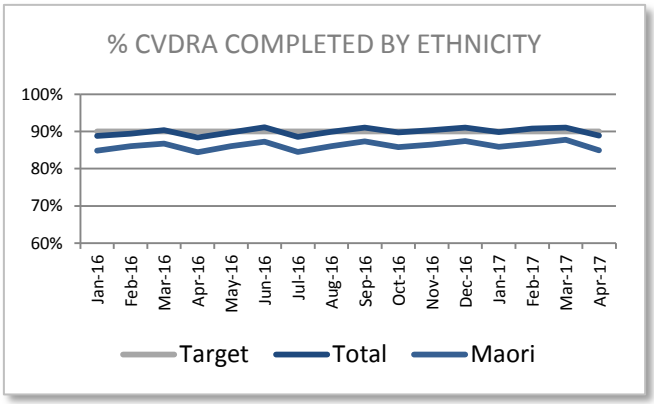
Quarter 1 showed pleasing results with 71% of the 41 referrals being Maori. In Quarter 2 57% of the 69 referrals were Maori with 42% in Quarter 3.

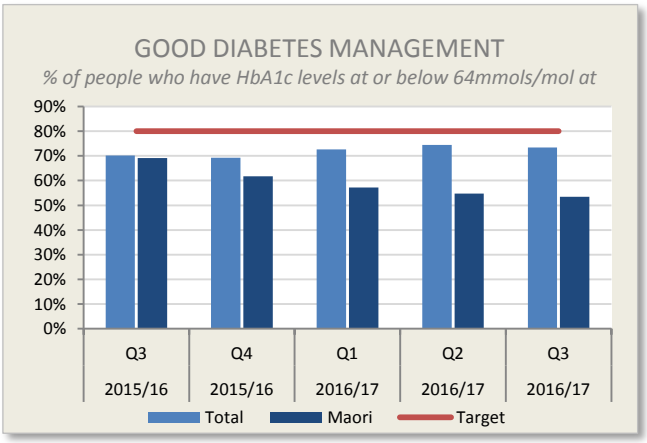
The challenge now is to increase the number of referrals coming from other sources such as primary care, secondary care, LMC, NGO's and other sources. In Quarter 2 and 3 90% of all referrals were self referrals coming from the significant promotional work of the cessation practitioners such as Facebook campaigns.

Initiatives to work more closely alongside the Maori Health Provider and hold clinics from their premises should see stronger relationships that will result in increased referrals from this service. The Buller Practitioner is based in the Poutini Waiora Westport office.

Adult Health







Cardiovascular and Diabetes Checks: West Coast DHB continued to achieve a result of 91% of the eligible enrolled West Coast population having had a cardiovascular and diabetes risk assessment (CVDRA) in the last 5 years as at the end of March 2017 (target: 90%). While continuing to be monitored, this measure ceased to be one of the formal six National Health Targets with effect from 1 July 2016.

A total of 256 cardiovascular risk assessments were conducted this quarter (this doesn't include patients with known diabetes). 38 of those risk assessments were for Maori (14.8%). By comparison Maori make up 10% (1073) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 88% of those eligible Maori have been screened: this includes 85% of eligible males and 91% of eligible females.

The smoking profile for CVRAs completed this quarter for Maori is 66% not smoking compared with other ethnicities screened not smoking 77%.

CVD Annual Reviews: 4.8% of the annual reviews conducted year to date was for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme. 227 annual reviews were completed this quarter, 14 were for Maori (6.2%).

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

269 reviews were conducted this quarter (830 year-to-date) as part of the LTC programme. 8.4% of the annual reviews conducted YTD were for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme.

Report prepared by: Kylie Parkin, Portfolio Manager, Maori Health

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 8 JUNE 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: **8 June 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 8 June 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 – 8 June 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 May
CPH staff, as part of the West Coast Tobacco Free Coalition, have been raising awareness of Smokefree May and World Smokefree Day with a variety of activities including media articles and promotions at The Warehouse and Salvation Army in Greymouth, and on the main street of Westport. These promotions have included letting people know about the range of Stop Smoking services available on the West Coast.

Alcohol
Three West Coast CPH staff members attended the National Alcohol Public Health Workshop in Auckland in mid-May. This meeting covered both regulatory issues and health promotion. Topics included an update on the Ministerial Review on Alcohol Advertising and Sponsorship, using social media to address social supply of alcohol, and alcohol harm reduction projects in sports clubs. The meeting also discussed a recent decision by the Alcohol Regulatory and Licensing Authority (ARLA) in the matter of a Dannevirke supermarket single area. The ARLA decision has the effect of potentially undermining the work done to reduce exposure to alcohol in supermarkets, including recent High Court and Court of Appeal judgements. Whether or not this decision will be appealed is not yet known.

The Committee noted that in Greymouth CPH have worked with the two Supermarkets with positive results and no need for court action.

Food Security
CPH hosted a workshop on Food Security in Greymouth on 26 April. Attendees included 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, with approximately thirty people in attendance. The purpose of the workshop was to start to build a picture of what food insecurity looks like on the West Coast, find out what activities are already taking place to address this, as well as highlighting any gaps and potential future actions. The discussion points and findings from the workshop are now being pulled together and a report is being compiled to assist in informing future actions.

Nutrition
CPH ran six cooking skills and nutrition sessions at Alternative Education, Greymouth. During the six week course it became apparent that the students' cooking skills and knowledge have developed and progressed, requiring a change in complexity of meals to continue their development. Alternative Education continues to be a very valuable setting to work in. The evaluations show that the students really enjoy cooking and are learning new things each session. In the last session, one student said that he really enjoyed learning to make his favourite dishes in different ways.

A resource "Nourishing Futures with better Kai" has been developed and will be provided to members at the next meeting.

Kaumātua Flu Vaccination Clinic
CPH, working alongside Westland Medical Centre, West Coast DHB and Poutini Waiora, facilitated a flu vaccination clinic for kaumātua at Arahura marae in April. Twelve kaumātua received their vaccinations, as well as learning more information about vaccinations available for all whanau members, including their mokopuna.

Health Promoting Schools (HPS)
A Community Partnerships meeting at South Westland Area School (SWAS) is scheduled to take place on 31 May 2017. The school has been working actively on establishing and developing community partnerships over the past year. Those professionals working within the school and/or with students from SWAS have been invited and include Rural Nurse Specialist's, local Police, Resource Teacher, Learning and Behaviour (RTLB), WestREAP youth mentors, West Coast PHO Counsellor, and the HPS facilitator.

Le Va Community Suicide Prevention Workshop
The Le Va Flo Talanoa workshop was held in Runanga on 16 May. Sixteen people attended to learn about suicide prevention with a strong community action focus. This was work which developed from the Runanga leaflet that was produced last year with the Runanga Action Group, and the follow-up to the Regent Theatre event in September with Eroni Clarke and Quintin Pongia. Positive discussion and learning took place, work will continue with the Runanga community as required.

Submissions on Council Annual Plans
Over the last month CPH has made submissions regarding the Grey District Council and Buller District Council draft 2017/18 Annual Plans (Westland District Council did not consult this time around). Submissions covered a range of issues including smokefree outdoor spaces, water quality and other environmental issues. We are now working on a submission for the West Coast Regional Council (WCRC), which is due at the end of June. Amongst other things, the West Coast Regional Council is proposing a new organisational structure and staffing for Civil Defence and Emergency Management which will enhance capacity to plan for and respond to emergencies on the West Coast.

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 100% of patients admitted, discharged or transferred from Grey Base ED within six hours during quarter three. The West Coast continues to lead the country in performance against this target.
- **Elective Services Health Target:** West Coast DHB has provided 1,441 elective surgical discharges to 31 March; delivering 105% of planned discharges against year-to-date target.
- **ESPI 2 |First Specialist Assessment (FSA):** West Coast DHB is now within tolerance parameters for meeting the maximum 120 days' national wait time target for ESPI 2, with just one orthopaedic patient overdue for FSA as at 31 March 2017. A concerted effort was made in March to get those patients who were overdue seen.
- **ESPI 5 | FSA to Treatment:** West Coast DHB was also within compliance tolerance levels for ESPI 5, with only three patients exceeding the 120-day maximum wait time for surgery as at the end of March 2017 (two orthopaedic patients and one plastic surgery patient).

Key Issues & Associated Remedies

- **Aged Residential Care Services:** Work is ongoing with Aged Residential Care Facility Granger House while the organisation is in receivership. The receiver has made a number of new appointments and West Coast DHB has added clinical oversight to support the safety of the residents.

The work taking place across the Older Persons Health team in relation to Granger House was acknowledged by the Committee.

Discussion took place regarding social isolation in regard to keeping people well in their own homes. The role of CCCN in the coordination of health services was also discussed and working with other organisations as much as possible is also a priority.

The Committee noted that in Buller when Kynnersley was closed the Diversional Therapist was reallocated to the community and she has done a lot of work around social isolation and the integration of people into local activities.

The report was noted.

c) HEALTH TARGETS – QUARTER 3

In Quarter 3, the West Coast has:

- Achieved the shorter stays in ED health target, with 100% of people admitted or discharged within six hours. The West Coast continues to maintain consistent performance against this health target.
- Achieved the improved access to elective surgery health target, with 1,441 elective surgical discharges year-to-date, delivering 105.5% of planned discharges against target.
- Achieved the better help for smokers to quit health target, with practitioners giving 4,888 smokers cessation advice in the 18 months ending March 2017. This represents 92% of smokers against the 90% target.
- Improved performance against the faster cancer treatment health target with results lifting from 76.2% to 83.3% narrowly missing the target. This result reflects only four patients whose treatment was non-compliant with target. Audits into patient pathways have taken place with no capacity issues identified
- Improved performance against the increased immunisation health target, missing only one child during this quarter and reaching all Maori children. West Coast vaccinated 91.4% of the eligible population.
- Performance slightly increased against raising healthy kids health target to 17%. Four children were identified as obese and not referred. This issue has been discussed at a national level and we will be looking to improve database access.

Discussion took place regarding the Raising Healthy Kids target and the confusion around BMI readings. The Committee noted that this has been quite common nationally and there were also issues around declines of referrals.

The update was noted.

d) 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 May the ALT:

- Reviewed the Mental Health project plan and heard about the team leading this work.
- Acknowledged the good work put in to developing the Model of Care document that has been drafted by the Primary & Community project team.
- Noted the report regarding usage of Telehealth on the Coast and the positive impact this is having in terms of patients and the environment.
- Note the planned changes to the eligibility criteria for accessing subsidised (free to patient)

access to Sexual Health services at general practice with the upper age limit being raised to 24 across the Coast from 1st July.

- Were pleased to hear about the progress being made to provide Pregnancy & Parenting Education to hard to reach Māori through a collaborative approach by Plunket, Poutini Waiora and Lead Maternity Carer.

Health of Older Persons

- Work is ongoing with Home-Based Support Services(HBSS) to gather relevant data items to generate monthly reports on time from referral to assessment and number of HBSS clients with a care plan in place.
- 80% of people in Aged Residential Care facilities have had a subsequent interRAI Long Term Care Facility assessment completed within 230 days of the previous assessment. The HOP workstream is encouraged to see this significant improvement from 44% in the previous quarter.

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

- 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)

- Following the presentation "Alcohol & the Amazing Brain" that was delivered to schools and community groups on the Coast, over 70% of the young people who attended have provided feedback regarding their experiences with alcohol; close to 1,000 responses from students in years 9-13. A follow up survey is being sent to adults who attended either the school or community sessions.
- West Coast DHB, PHO and Oranga Hā – Tai Poutini have taken part in the first Regional Tobacco Integration Network meeting. This meeting is aimed at reviewing the approach to Tobacco Control across the South Island. The regional Network is aligned to a National Network. This forms the beginning of phase two of the Tobacco Control Realignment process which begun in 2015. The focus of the work is currently on quality assurance for all training being provided to health professionals in regards to tobacco control and smoking cessation.
- Plunket will be partnering with a local Maori Lead Maternity Carer as well as the Tamariki Ora Nurse and Mama & Pepi Kaimahi from Poutini Waiora to deliver Pregnancy and Parenting Education. It is envisaged that existing relationships will encourage young Maori women in particular to engage in these sessions.
- Community & Public Health hosted a workshop for local stakeholders looking at the Food Security status of our community. A report from the workshop is being compiled and will guide future actions to support our vulnerable families.

Child and Youth

- Recruitment for the realigned Gateway Coordinator role is progressing well and it anticipated that this role will provide improved support for the Gateway programme as well as other initiatives that support vulnerable children and whanau.
- The PHO have raised the age at which young people can access free Sexual Health and Contraception advice via their general practice; from 1 July this will be available to all young people 24 and under.

The report was noted.

e) MAORI HEALTH UPDATE

The Maori Health update is included in todays Board papers.

f) GENERAL BUSINESS

- Philip Wheble, Interim General Manager, Grey/Westland, provided the Committee with an overview of work that is underway to develop options of targeted support and intervention for families where a child is identified as high needs in regard to their oral health. Work is also to take place around making the Oral Health a sustainable service. The Committee noted that some workshops will be held around this and an invitation will be extended to some Committee members to attend.

- The Chair advised that on 29 May the 70th World Health Assembly was held in Geneva. The link to the agenda is shown below for those interested.
  http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_1Rev2-en.pdf?ua=1
  Of particular note was that the Assembly endorsed a global action plan around dementia.

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 8 June 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**
   27 April 2017

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.35am

4.	**Community and Public Health Update**	Derek Benfield *Community and Public Health West Coast Regional Manger*	*9.35am – 9.45am*
5.	**Planning & Funding Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.45am – 9.55am*
6.	**Health Target Q3 Report**	Carolyn Gullery *General Manager, Planning & Funding*	*9.55am – 10.05am*
7.	**Alliance Update**	Carolyn Gullery *General Manager, Planning & Funding*	*10.05am – 10.15am*
8.	**Maori Health Update**	Gary Coghlan *General Manager, Maori Health*	*10.15am – 10.25am*
9.	**General Business**	Elinor Stratford *Chair*	*10.25am – 10.30am*

ESTIMATED FINISH TIME — 10.30am

INFORMATION ITEMS

- **Board Agenda – 12 May 2017**
- **Chair's Report to last Board Meeting**
- **2017 Committee Work Plan (Working Document)**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 27 July 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: **8 June 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 8 June 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 – 8 June 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:

- Rural Generalist Medical Workforce project starting soon;
- Central Booking Unit looking at DNAs; and
- ESPI results improve but there will be ongoing challenges.

Mr Wheble advised that a really good session was held with ASMs and the Senior Medical workforce and that Brendon Marshall will be leading some work around Rural Generalist Medicine Workforce here on the West Coast.

He also advised that work is continuing in the CBU around reducing DNAs.

Mr Wheble reported that the first bowel surgery in 18 months has recently been done in Greymouth, with WCDHB and CDHB staff working together.

In regard to ESPI 2 the Committee noted that the DHB will continue to have challenges in this area, particularly with limited orthopaedic surgeons available and the South Island Alliance is looking at options across the Region. It was noted that this ESPI will go "red" until a solution is found.

In addition the DHB is working with PHOs around communication with GPs to provide clarity and transparency to their patients around referrals. This includes support to GPs around the provision of alternative services.

Discussion took place regarding young graduates and the voluntary bonding scheme and the Committee noted that under this scheme if graduates stay for any length of time they come back later.

Discussion also took place regarding specialists working in the public sector and private sector.

In regard to Outpatient Clinics discussion took place regarding the drop in numbers from 2016 and the Committee noted that whilst these have decreased there are a number of reasons for this and it is probably not a good indicator to focus on.

There was discussion about what reporting is appropriate to accurately assess the outcomes from the patient's perspective. It was suggested the HAC Chair work with Mr Wheble to review the information contained in the HAC papers.

It was also noted that on the West Coast we have the unique situation where we can see the journey from the GP right through the whole system.

Discussion took place regarding looking at some more graphic reporting that will show trends and comparisons.

There was a query about the numbers of patients not being accepted for ESPI 2 appointments, and for surgery. This information will be provided for the next meeting.

A query was made regarding College of Midwives Competency around the number of births and this information will be provided back to the Committee.

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 April 2017 was a deficit of $145k, which was $86k unfavourable to budget. The year to date position is $247k unfavourable.

Ms White advised that we are seeing a deterioration of the financial position which is disappointing and it is unlikely we will be able to recover from this. The Committee noted that the current Annual Plan result is a deficit of $554k with the forecast being an $850k deficit.

Revenue streams are down and it was noted that the DHB operates to minimum staffing levels and although some of the elective work may not be taking place the ability to match staffing to this is not there. Discussion took place regarding the movement of other South Island patients to the West Coast to use spare capacity.

In regard to the decrease in ACC Revenue it was noted that the success of our falls campaign have been a good result for patients however is not so good for the DHB revenue. The Committee also noted that a lot of work has been undertaken around claiming processes to ensure we are claiming everything we can. Discussion took place around this process and Ms White commented that this may be revisited.

Ms White advised that the revenue allocation 2 weeks ago was $1.4m higher than expected and we will be taking the opportunity to look at the cost side of this and only 600k will go right to the bottom line. She also advised that she is not expecting people and pharmaceutical costs to change and if Dunsford stays open longer this will also have an effect.

The report was noted.

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

CASE WEIGHTS AND PRODUCTION PLANNING
The Committee received an overview of Case Weights and Production Planning. The Committee noted that this is a way for the Ministry of Health to recognise the different inputs and costs around patient care and is revised on a regular basis.

The update was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 8 June 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 8 June 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** *27 April 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*	*11.45am – 12.00noon*
7.	**Case Weights & Production Planning**	Peter McIntosh *Planning & Funding*	*12.00noon – 12.10pm*
8.	**General Business**	Michelle Lomax *Chair*	*12.10pm – 12.20pm*
ESTIMATED FINISH TIME			**12.20pm**

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 12 May 2017**
- **2017 HAC Workplan (Working Document)**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING:

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

RESOLUTION TO EXCLUDE THE PUBLIC

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

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

SOURCE: **Board Secretary**

DATE: **23 June 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 12 May 2017	For the reasons set out in the previous Board agenda.	
2.	NZHPL Accountability Documents	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Deficit Support & Equity Drawdown	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Audit Arrangements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Annual Accounts Delegation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	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)

7.	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)
8.	Final Draft Annual Plan Progress	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	1.15pm	West Coast Regional Council
Thursday 27 July 2017	CPHAC & DSAC	9.30am	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	9.30am	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	9.30am	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	9.30am	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.