West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 11 August 2017
Commencing with a Powhiri at 10am
(Please assemble at the main gate at 9.45am)

Arahura Marae
1 Old Christchurch Road
ARAHURA

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)*
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 (*General Manager, West Coast)*
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 Arahura Marae, 1 Old Christchurch Road, Arahura, Hokitika
on Friday 11 August 2017 commencing at 10am

WELCOME, POWHIRI & MORNING TEA			***10.00am***
ADMINISTRATION			***11.30am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *23 June 2017*		
3.	**Carried Forward/Action List Items** *(there are no carried forward items)*		
REPORTS FOR NOTING			***11.35am***
4.	**Chair's Update (Verbal Update)**	Jenny Black *Chairperson*	*11.35am – 11.40am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*11.40am – 12noon*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing* Stella Ward *Executive Director, Allied Health* Cameron Lacey *Medical Director* Mr Pradu Dayaram *Medical Director, Facilities Development*	*12noon – 12.10pm*
7.	**Finance Report**	Justine White *General Manager, Finance*	*12.10pm – 12.20pm*
8.	**Wellbeing Health & Safety Update**	Michael Frampton *General Manager, People & Capability*	*12.20pm – 12.30pm*
9.	**Mental Health Update - Presentation**	Cameron Lacey *Medical Director*	*12.30pm – 12.45pm*
10.	**Reports form Committee Meetings**		
	- CPH&DSAC *27 July 2017*	Elinor Stratford *Chair, CPH&DSA Committee*	*12.45pm – 12.50pm*
	- Hospital Advisory Committee *27 July 2017*	Michelle Lomax *Chair, Hospital Advisory Committee*	*12.50pm – 12.55pm*
	- Tatau Pounamu Advisory Group *20 July 2017 – Verbal Update*	Francois Tumahai *Tatau Pounamu Advisory Group*	*12.55pm – 1.00pm*
11.	**Resolution to Exclude the Public**	*Board Secretary*	*1.00pm*
ESTIMATED FINISH TIME			**1.00pm**
NEXT MEETING: Friday 29 September 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 • Husband works for New Zealand Police
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 • Christchurch Mayors External Advisory Group - Member
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 • White Ribbon Ambassador for New Zealand • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Sister is employed by Waikato DHB
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 at the Regional Council, Main Road, Greymouth
on Friday 23 June 2017 commencing at 1.15pm

BOARD MEMBERS

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

APOLOGIES

There were an apology from David Meates, Chief Executive.

EXECUTIVE SUPPORT

Michael Frampton (General Manager, People & Capability); Karen Bousfield (Director of Nursing); Mr Pradu Dayaram ((Medical Director Facilities Development); Kathleen Gavigan (General Manager, Buller); Melissa Macfarlane (Team Leader, Planning & Funding); Lee Harris (Communications Manager); Justine White (General Manager, Finance); Jenni Stephenson (Project Manager, Planning & Funding); Philip Wheble (Interim General Manager, Grey Westland); and Kay Jenkins (Minutes).

Francois Tumahai led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Nigel Ogilvie asked that "White Ribbon Ambassador for New Zealand" be added to his interests.
Helen Gillespie asked that "Husband works for NZ Police" be added to her interests.

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 (29/17)
(Moved Chris Mackenzie/seconded Nigel Ogilvie – carried

"That the minutes of the Meeting of the West Coast District Health Board held in the Board Room, corporate Office, Grey Hospital, 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

The Chair advised that she has commenced visits to areas of the West Coast having been to Karamea and Reefton since the last Board meeting. She commented that it is a real pleasure to meet the people who deliver our health services.

The Chair's verbal update be noted.

5. CHIEF EXECUTIVE'S UPDATE

Michael Frampton, General Manager, People & Capability presented this report which was taken as read.

Mr Frampton advised that work has proceeded in bringing together the GP Practices in preparation for working in the new facility. He also bought to the attention of the Board the strong acknowledgement from HRPG at this morning's meeting of the change process undertaken around the new facilities.

In regard to the facilities project, Mr Frampton advised that there are still some delays which are being worked through, however the middle part of next year is still the completion date.

Work is also taking place in relation to bringing together a patient portal, whereby the DHB has been going through a procurement process for the implementation of a patient portal for patients accessing primary care facilities. This 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.

Discussion took place regarding the provision of wi-fi in the new facility.

In regard to the mental health transformation process, work is still continuing and there will be a further update on this at the next meeting.

The update was noted.

6. CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing, presented this update which was taken as read. The update provided a snapshot of activities taking place across the health system. Ms Bousfield mentioned in particular the Nurse Practitioner and Registered Nurse prescribing workforce development which is underway and provided an overview of this.

Also highlighted was the information regarding the Health Workforce New Zealand proposed change to the way funding is allocated, with a suggested move to an investment approach with contestable funding. The Board noted that the Clinical Leaders have provided feedback to this 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. This feedback also highlighted important rural considerations.

The Clinical Leader's Update was noted.

7. FINANCE REPORT

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

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

The Board noted that April is showing the same pressures as the rest of the year and the forecast has been reviewed to reflect this.

It was noted that the month of May landed largely on track with a slightly unfavourable variance to budget.

The financial results for the period ended 30 April 2017 were noted.

8. WELLBEING HEALTH & SAFETY UPDATE

Michael Frampton, General Manager, People & Capability, presented this report which was taken as read.

The Board noted that the key work continuing in this space is around transitioning.

Discussion took place regarding the dashboards provided with particular emphasis on ACC.

The Wellbeing, Health & Safety update was noted.

9. MAORI HEALTH UPDATE

Karen Bousfield, Director of Nursing, provided this update in the absence of Gary Coghlan, General Manager, Maori Health. Particular mention was made in regard to the continuing trend down of children caries free at 5 years of age.

The Board noted a targeted focus within the DHB 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 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.

The Maori Health Update was noted.

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 an update of the meeting held on 8 June 2017.

b. Hospital Advisory Committee Meeting
Michelle Lomax, Chair, Hospital Advisory Committee, provided an update of the meeting held on 8 June 2017.

c. Tatau Pounamu Advisory Group Meeting

Francois Tumahai provided an update of the meeting held on 18 May 2017. Mr Tumahai highlighted in particular the fantastic work undertaken around dual signage.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (30/17)

(Moved Edie Moke/seconded Helen Gillespie – 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 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).	S9(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's & Chair's Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(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.	Buller IFHC Site Selection	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9	Report from Committees	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)

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

There being no further business the public open section of the meeting closed at 2.10pm

The Public Excluded section of the meeting commenced at 2.15pm and concluded at 3.45pm.

_____ _____

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: **11 August 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.

Health care at home / Māori Health	**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:
  - Acknowledged and were pleased with the good progress of the change work in Mental Health.
  - Recognised the good work being carried out by ISG and the financial constraints that requires prioritisation of work leading to delays to implement some initiatives.
  - Agreed to and endorsed the 17/18 Workstream workplans, the 17/18 Annual Plan and the 17/18 System Level Measures Improvement Plan.
  - Were pleased to note the positive progress across all workstreams against the 16/17 plans.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
  - Locum GP coverage continues to be consistent through to early 2018.
  - There are currently 9 patients in the aged care facility (hospital level, residential and palliative).
- **South Westland Area Practice**
  - Cornerstone accreditation has been scheduled for October. The Practice is awaiting confirmation of which week it will be.
  - Three of our Rural Nurse Specialists (Whataroa, Franz and Fox) are undertaking further post graduate study this semester.
- **Greymouth Medical Centre (GMC)/Rural Academic General Practice (RAGP)**
  - The combination of these two practices has been running since the beginning of July. This has benefits for patients in terms of longer hours of operation and shorter wait times. The average wait time for appointments has been reduced to two days. Most staff appear to enjoy working in the new way even though there are a few minor process issues to iron out.
  - Staff from the Practice went to Granger House to give the staff influenza vaccinations.
  - Post graduate study continues for the next semester for two of our Practice Nurses.
  - The new Enrolled Nurse in the practice area is working out very well. She replaced a retiring Practice Nurse who left earlier this year.

Community

- **Public Health/B4School/Vision Hearing**
  - School holidays slow the service in the clinical field but this also allows time to plan for the next term school visits and topics for education to teachers and pupils. It is now time to review progress on HEADSS for the High School year 9 and 10.
  - *B4School* – end of financial year targets have greatly improved and 90% was achieved across the service. This equated to only two 4 year olds short of meeting the target. This is the result of quality improvements and reviewing processes to achieve high quality service.
  - *Vision Hearing* – another module of training has been completed by our new technician to a high level according to her assessor. All clinical work is being kept up to date.
- **District Nursing**
  - The team continues with provision of quality care to the community. Demand of particular services, i.e. IV therapy services, fluctuate along with the management and administration of medication via inserted lines. Palliative services have had a high demand across the region.
  - Doppler services are being provided as required. The equipment purchased last year has contributed to efficiency in this area.
  - Group meetings between HBSS, Allied Health and the Grey District Nursing team have been set up to enhance communication to improve patient outcomes and provide better efficiency between services.
  - Distribution of equipment across the teams has improved patient care and delivery of services.

- **Home Based Support Services (HBSS)**
  - Good communication and robust protocols between Access and Coasters has improved services across the Coast for clients.
  - The first of the Registered Nurse visits to Nurse Maude has been completed (FIRST/CREST information exchange) and a reciprocal visit is in the planning stage.
  - A Referral Timeliness Assessment has been conducted and, as a result, some changes have been made to the process to ensure referrals are actioned within the appropriate timeframe.
- **Clinical Nurse Specialists (CNS) Buller & Greymouth**
  - There is a project underway to look at how the role of the CNS fits into the Integrated Family Health Service. We also want to describe where and how nurses expand their practice by assisting with some medical tasks. The generic role of a CNS will be outlined and this will sit alongside specifics of individual roles, i.e. Diabetes, Palliative, Cardiac, etc.
  - There is already evidence to show that community based CNSs reduce the pressure on inpatient beds as the philosophy of the CNS role is to keep people with chronic conditions as well as possible in their own homes.
- **Immunisations:** We are coming to the end of the DHB influenza programme and as at the middle of July, 617 people have been vaccinated which includes 142 who are non-staff, i.e. partners and families and contractors. This is slightly down on last year, but there are still a few stragglers coming in. This figure does not include people who have chronic conditions and accessed free vaccinations at GP services.

C: Implement the Maori Health Plan

- **Takarangi Cultural Competency programme:** The inaugural Hui to introduce the Takarangi Cultural Competency framework to the West Coast was held on the 27/28 July at Te Tauraka Waka a Maui Marae at Bruce Bay. It was facilitated by Moe Milne and Wayne Blissett, both well respected educators particularly regarding Hauora Maori. It was well attended with 28 people from a mix of organisations including Poutini Waiora, Te Runaka o Makaawhio, Te Runaka o Ngatiwaewae, West Coast DHB, West Coast PHO and Community and Public Health. For many participants it was their first Marae experience and that added an extra element of authenticity for them to begin their journey towards improving their cultural responsiveness to Maori. The next phase will be to develop systems and processes that will embed the framework and support those original students as they work their way through the core competencies and build their portfolios. We will now undertake a process of review and evaluation with those managers and clinicians who attended to gain their feedback on what support they see as necessary to progress to the next phase. We will begin planning for the second cohort to take place within the next few months. This will likely take place in November and will be in either Hokitika or Greymouth.
- **Te Ara Mate Pukupuku Ki Te Waipounamu – Improving the Cancer Pathway for Maori:** the report has been finalised and key deliverables identified as follows:
  - Enhance the Cultural Competency of the health sector workforce
  - Improve relationships and communication throughout the pathway
  - Improve the current referral system
  - 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
  - Develop the cancer health literacy of whanau and support service in the WCDHB

- An initial meeting has taken place with the Nelson Marlborough Maori Nurse Educator – Lorraine Staunton. Lorraine has been recruited to the role primarily to work with the Nelson Marlborough DHB however a component of the Faster Cancer Treatment contracted outcomes is to ensure that learnings and improvements are shared across the South Island DHB's which allows her to come to the West Coast to support our implementation plan. The meeting took place with the WCDHB Cancer Nurse Coordinator, Maori Health team and the West Coast PHO Clinical Nurse Manager and resulted in specifying key areas where Lorraine's expertise could assist us with our actions within the implementation plan. The identified priorities are largely around the following areas:
    - Building health literacy amongst whanau and clinicians
    - Facilitating pathways for kaimahi to become trained facilitators in Kia ora Ai e Te Iwi
    - To develop 'train the trainer' approaches with the aim of increasing knowledge and understanding of ways of increasing awareness for Maori about cancer signs and symptoms and to learn more about the risk factors, treatments and prevention of cancer with the Poutini Waiora team.
    - To develop health literacy resources and presentations and work with whanau to tell their stories
    - To develop a system that will ensure an iwi Maori cultural lens is used throughout all this
- **Tipu Ora:** The Tipu Ora – Level 4 Certificate in Hauora Maori graduation was held in Greymouth on 13 July, attended by Dame Tariana Turia who is an ambassador for the training organisation. Sixteen students graduated with their Level 4 qualification with the option to go on and complete the Level 6 Diploma. The partnership between the DHB and Tipu ora was an extremely successful one with planning underway to hold more Hauora Maori courses on the West Coast in 2018. This complements other Maori health workforce development initiatives such as Kia ora Hauora, Treaty of Waitangi training, Tikanga Best Practice and the Takarangi Cultural Competency framework and is a targeted drive to improve responsiveness to Maori and therefore improve Maori Health outcomes.
- **Annual Plan:** With the approval of the 17/18 Annual Plan fast approaching and with the disestablishment of Maori Health Plans we are committed to developing a framework that will ensure robust accountability processes are established to measure equity actions from the Annual Plan, Workstream workplans and the System Level Improvement Framework. The Maori Health team are currently exploring the Te Ara Whakawaiora – Accelerating Maori Health Gains as a tool that ensures responsibilities for performance is shared.

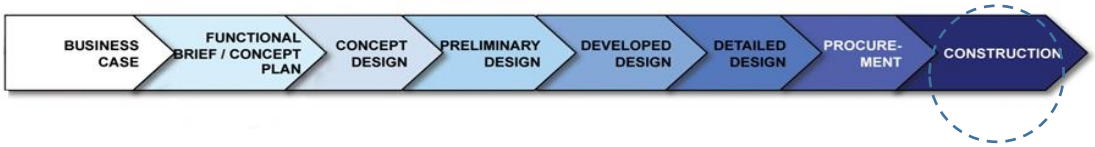
Settings	**DELIVERING MODERN FIT FOR PURPOSE FACILITIES**

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.
- Facilities involvement in the Lake Brunner Rural Clinic is almost complete with the opening to be held on 26 August.
- 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. Allied Health staff reported a smell of gas and the leak was detected and repaired. Liquid Nitrogen was successfully moved from the inappropriate location in the Lab to the Bulk Liquid vessel room, a safer, more appropriate area.
- **Building Compliance/Building Warrant of Fitness (BWOF):** BWOFs are up to date for all West Coast facilities. Electrical compliance testing is on a 12 month schedule.

B: Partnership Group Update



- Construction of the Greymouth facility redevelopment is progressing with a significant percentage of the secondary steel now complete, the façade timber framing commenced, wall framing underway and a first fix of services.
- Monthly construction programmes are being issued by Fletcher Construction Company Ltd. (FCCL). This provides ongoing opportunities to review methodologies and the construction sequencing and provides the WCDHB with a regular gauge of how the project is progressing which assists with the DHB's planning for the move to the new facility.
- The new boiler house building excavation work has commenced which is another significant project milestone.
- 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 well underway and technical information relating to the procurement of equipment continues to be incorporated into the construction documentation as the information becomes available.
- Communications regarding changes to any staff and patient parking will increase over the coming months as FCCL will be needing to trench across the existing hospital main car park to install in-ground services.
- The DHB regularly posts facility related updates on the WCDHB's social media channels such as Facebook and Twitter. In addition videos are regularly uploaded to the DHB's website.

Buller

- As reported in the media, the Buller Integrated Family Health Centre [IFHC] *Concept Plan* was released by the Ministry of Health to the Westport News. The DHB was unaware this was to be released to the media and subsequently this has put the WCDHB on the

back foot. The DHB was unable to release the Concept Plan prior as it was not the property of the DHB to release. The DHB has apologised to all staff, as there is a commitment to sharing information with staff in the first instance.

- Note the Buller IFHC *Concept Plan* represents only the first stage of the design process and looks at what services need to be in the facility and where these need to be located in respect to functional adjacencies. During the next phase of design, *Preliminary Design*, clinicians and support staff will be reengaged to work with the design team to refine the design.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- Staffing within hospital services remains stable. The new Clinical Nurse Manager (CNM) roles have been appointed to in preparation for the new facility. We are presently advertising and interviewing for the Associate CNMs.
- A quality initiative for falls has been rolled out throughout the DHB. This has seen the introduction of a self-adhesive post falls sticker to alert staff of recent falls in the home or in the hospital.
- Brian Dolan from CDHB will be visiting at the end of the month to see how 'End PJ Paralysis' is going in the wards. It is really pleasing to see not only patients that are up and about are dressed but also those who are resting on beds. Brian will also be leading the second part of the productive leader workshop which was well attended last time he was here.
- Education sessions continue with staff on the IDEAL concept, with the latest being the medical staff. This saw a lot of interest and interaction from the Doctors.

Medical

- We have an anaesthetist starting soon and a general surgeon visiting in the next month. There is continued interest in our Rural Generalist role.
- The contract for a transalpine anaesthetist position is being finalised.
- RMO annual recruitment is progressing with the first round of offers out this week. We have had strong interest from UK doctors but little interest from domestic applicants. Work around implementing the RDA MECA continues.

Allied Health

- Speech Language Therapy are exploring ways to extend their LSVT (Lee Silverman Voice Treatment) service, for patients with Parkinson's related voice issues, into the homes of those who live too far from Grey Base to travel each week for therapy. The developers of the LSVT programme now offer software that can be loaded onto laptops for patients to practice at home or in a rural clinic. It is hoped that we can use this software and Telehealth to reduce the access disparities for our rural patients.
- Physiotherapy continues to experience workload pressures with the recent departure of three staff to head to the Northern hemisphere. Recruitment, which has been a challenge for the WCDHB for some time, is now developing into a national issue, particularly with experienced staff. This is being highlighted to the various Ministries who support immigration for highly skilled workforces, and voluntary bonding schemes.

- A recruitment campaign is currently being developed to bring WCDHB Allied Health positions to the attention of great candidates; we hope to catch the attention of people who may not have considered the West Coast previously, by showcasing some of the opportunities being created through our integrated services such as Older Persons Rehabilitation.
- Capturing the stories of some of our new graduate staff who are preparing to head off on their OEs is part of our recruitment campaign currently, and will also provide a backdrop for work with high schools and tertiary providers to capture the attention of students.
- Other Allied Health disciplines are also engaging with the Ministry of Health consultation for their voluntary bonding scheme, with a number of staff working with their registering bodies to complete submissions. Creating dialogue with the Ministry about our ongoing challenges to recruit in various therapy services will be supported by data relating to recruitment trends.
- We are well underway with our service workshops, which are part of both the Primary & Community and Mental Health Future State workplans. It is great to see staff being energised by the possibilities they are identifying to work together in different ways. These conversations are creating opportunities for staff to bring their ideas and experiences from other organisations into the development of the ways that Allied Health will deliver services in the future.
- Dietetic and Nutrition service providers across the district are commencing a quality project to scope the current activity across primary, community and secondary services. Working as one team across the various funding streams will allow staff to support and strengthen their practice, as well as aiming to reach more of the people in our communities.
- The Choosing Wisely global campaign being localised by the Council of Medical Colleges, HQSC and Consumer NZ provides useful methodology that will be applied to a quality project to better understand requests for Medical Imaging (radiology). We have already reviewed the current HealthPathways and are gathering data which demonstrates the trends of referrals; relating to time referred, type of image requested and by whom.
- We will be commencing a Bone Density imaging service shortly from Grey Base Hospital, having been given the opportunity to take over a Dexa Scanner from Pacific Radiology Group. Offers have been made to all patients awaiting this testing in Christchurch, to move to the local list, which has already highlighted at least one person who would not have taken up the opportunity for imaging if they had to go to Christchurch to have that done.

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):** Since the last report three individual training days have been delivered to Mental Health and Addictions Service staff, with further dates being organised for September. Feedback from participants has been extremely positive as it is the belief that clinical standards and decision making will be further raised.
    - **Mental Health Incident Review Group (MIRG):** At the most recent meeting, one of the new quality initiatives identified centred on safe medication management, which will include a review of the existing staff medication workbook against that of the health learning training, as well as the unit manager introducing a series of

changes within the IPU. All of which will positively influence working practices, staff knowledge bases and clinical safety for clients.

- **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 majority of Grey CMH have also received training and can now access the system. Training delivery has been modified, in that a more one to one approach is being utilised in conjunction with follow up support sessions as required. Currently a data updating and uploading process is being undertaken, which when completed will enable both ICAMHS and TACT to receive training and go live. The feedback from those trained continues to be positive and it is again noted that clinicians are now reporting less time spent around administrative duties. Currently the target date for completion of the going live process is the end of august 2017. Super users have been identified for each area, and currently a monthly super user support forum is being organised.
- **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 this will be provided in the next report.
- **The Substance Addiction Compulsory Assessment and Treatment (SACAT) Bill**: the recent introduction of this Bill will impact upon the shape and work of AOD services nationwide in the future. To ensure the WCDHB AOD services respond in a timely manner strong representation from the AOD service will be present at the first of a series of workshops to be held across the country next week. More detailed information will be available in the next report.
- **Mental Health E-Learning Resources**: work has commenced on reviewing available mental health e-learning resources and adding to them to produce a definitive resource for all staff to be able to access to progress their learning and knowledge base.
- **Recruitment & Retention**: Two new initiatives have commenced within Mental Health this month. Firstly through the rewriting of job descriptions in conjunction with P&C to reflect the need to have more flexibility in how our workforce is currently utilised. Former practice would see a vacancy advertised for a specific place or team, such as the IPU. Now instead the position descriptions incorporate the ability to work within both the CMH and TACT teams, thereby enabling managers to move staff between teams to meet any shortfalls at any given time. The second initiative is to introduce a member of P&C staff to all interview panels, thereby bringing another level of expertise to the decision making process.

- **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. A proposed model of care

framework has been distributed for consultation amongst services, the consultation period having now closed with a good response rate by staff with many productive suggestions. Currently staff feedback is being considered by the project team.

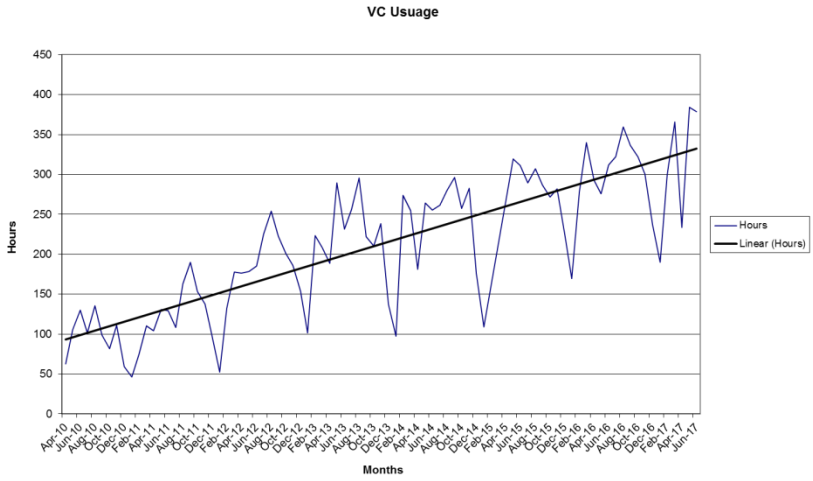
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

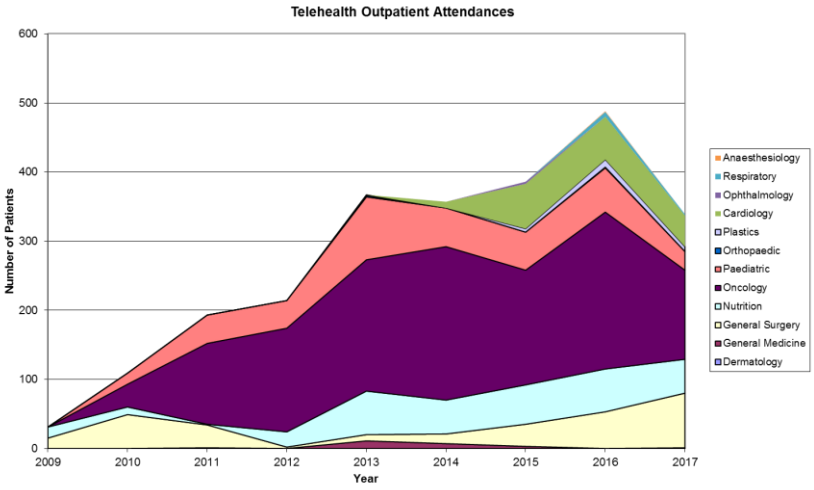
A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- 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)

- 11 students graduated from the South Island Alliance person-centred training programme "Walking In Another's Shoes' (WIAS). Another 6 students graduated from the registered professionals programme this Quarter. During the year, 29 students completed these courses. Anecdotal feedback from graduates includes positive improvements both professionally and personally.

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

- Successes have been noted in working collaboratively with the West Coast breastfeeding interest group and other stakeholders in this space. Midwives are now providing a monthly update to Buller based GPs as part of the peer review meeting. Poutini Waiora clients can choose to attend either of two weekly breastfeeding groups which meet at Kynnersley Home. There are currently 6 women involved in the breastfeeding programme.
- Elderly patients with polypharmacy needs are being assessed by Buller Medical Centre in order to support LTC management in this group.

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

- Consultation on the Primary & Community model of care document has been completed. Collation of the responses is now underway.
- The Greymouth Medical Centre/Rural Academic General Practice merger took place on 3 July as planned. This has increased accessibility for our community through extended hours.
- The development of an electronic centralised roster for the medical staff across DHB primary care and hospital services is completed and a trial of the new system is now being prepared.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of June

2017 was a deficit of $34k, which was $55k favourable to budget. The year to date position of a net deficit of $800k is $246 unfavourable to budget, however is $50k favourable to our earlier forecast of $850k.

	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	180	205	(24)	6,035	2,462	3,573
Provider Arm	(214)	(294)	80	(6,835)	(3,017)	(3,819)
Consolidated Result	(34)	(89)	55	(800)	(555)	(246)

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: Q3	●

- In relation to enhancing our Health and Safety system, the health and safety policy framework is about to be released for consultation, with the alignment, review, migration of documentation underway.
- Detailed work in terms of contractor management will commence shortly. A process is being developed to confirm designated work areas and the roles and responsibilities within these. This work will inform the ways in which 'workers' (employee, contractor, student, visitor) will be engaged and participate in health and safety. This includes, but is not limited to, Health and Safety Representatives and Health and Safety Committee structures. Designated work areas and roles and responsibilities will also inform the risk register and incident management procedures. Health and Safety processes were mapped as part of the People Lifecycle Review, including Contractor Management, and will be confirmed by the end of July 2017.
- 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	●

- In addition to the seventy-five hours of conversation with over 300 people during the consult phase, there were 18 days of "create" workshops with over 100 people from across the organisation and within People and Capability.
- The create workshops designed 100+ processes, which cover 15 metres of wall space. They also identified over 1,000 requirements – business requirements, HRIS requirements, policy impacts and change impacts. These requirements are across four workstreams – recruitment, employee administration, wellbeing and staying safe, and talent management.
- Implementation planning is now underway.

People and Capability Operations

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

- 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	●

- Two implementation planning workshops have been held with operational and clinical leadership based on the national implementation principles. The outcomes of these workshops are a high-level plan and success factors identified through to 2020.

C: Effective Clinical Information Systems

- **eReferrals:** Stage 3, eTriage has gone live for 3 services, plastics, gynaecology and general surgery on 18 May. Early planning is now underway to bring on 3 more services, paediatrics, dermatology and respiratory.
- **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 Reefton, South Westland and Buller Medical has now occurred. A number of DHB staff are now accessing the system within Greymouth Medical Centre. A wider role out to the public for Greymouth Medical should occur by end of August.
- **Staff Wifi and Patient Wifi:** Staff wifi and patient wifi are now fully deployed within Grey Base Hospital clinical areas. The dementia unit is now also completed. Patient wifi is planned to be extended to Greymouth Medical as a proof of concept within the next 1-2 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 is now being implemented with the aim of being in place by the end of August.
- **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. Vendor presentations are booked for mid August with a short listed set of suppliers.
- **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. Responses have been evaluated and the preferred provider will be selected before the next report is due.
    - A Disaster Recovery strategy has nearly been completed with final feedback and endorsement sort from clinical teams. This strategy will inform and allow the update and refinement of a Disaster Recovery Plan (DRP).

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

Media interest

- New health facilities in Grey and Buller
- Grey general practices merge
- GP shortages
- PRIME (Primary Response in Medical Emergencies) services/ambulance availability
- Aged residential care pressures
- Ministry of Health budget error
- DHB finances
- Orthopaedic surgery
- New emergency planner
- Bowel surgery
- Coast leadership changes

Media releases were issued on

- Grey general practices merge
- Young Hokitika nurse acknowledged as emerging leader

Video releases were issued on

- Jessie Gibbens District Nurse based in Hokitika wins Health Quality and Safety Commission Emerging Leader Award
- Working for the DHB: Amelia Barclay physiotherapist talks about coming to Greymouth for her first graduate role, and staying for two and a half years
- Grey General Practices merge

External engagement

- Public meetings:
  - Buller Grey Power (travel & transport)
  - Tipu Ora graduation – photos/captions

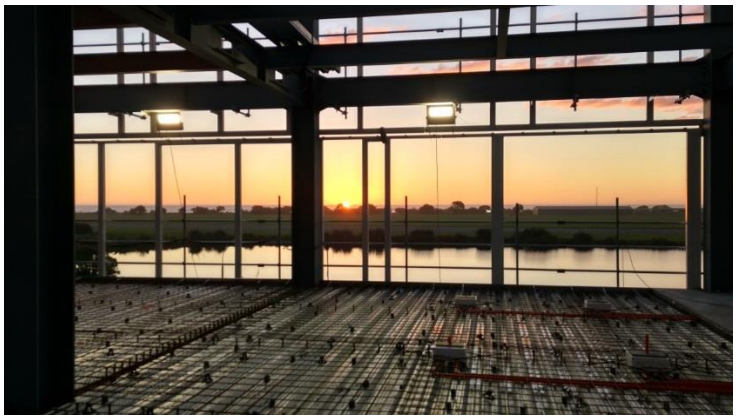
Social media posts

- Facilities updates – general; boilerhouse
- Grey general practices merge
- Influenza dangers
- GP fees
- Greymouth Parent/Children Extravaganza presence
- Jessie Gibbens winning HQSC Emerging Leader Award
- Phoenix Lodge donates teddy bears for Foote Ward
- Tipu Ora graduation

Facilities Communications Update

West Coast Health
BUILDING A STRONGER FUTURE

- **Collateral**
  - Updated content for Grey Base monitor screen to promote facilities
  - Finalising third neighbour/staff newsletter for August
  - Preparing to film next site update with Fletchers



Sunset view towards the Tasman Sea, from the new Grey health facilities

- **Facilities updates**
  - Posted on the West Coast District Health Board social media channels Facebook and Twitter; include video story of GP merger; building progress images; boilerhouse photo/story.
- **Internal communications**
  - DHB Staff Forum 6 July, topics covered: Campus realignment, migration, façade materials, campus connections
  - Queries from staff around publication of Buller IFHC concept plan in Westport News. Concept plan subsequently sent around staff.
- **Facilities media releases/responses**
  - Re merger of two DHB general practices (Rural Academic General Practice and Grey Medical Centre) in anticipation of operating in the new Integrated Family Health Centre; hosting Grey Star on boilerhouse site as foundation preparations begin (for photo/caption); and redirecting media queries, where appropriate, to

Ministry of Health

Fletcher Project Engineer Sam O'Donnell at the site of the new Grey boilerhouse.

- **External communications**
  - Preparing content for update presentation at Greymouth Rotary in August

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

Key Achievements/Issues of Note

- **Oranga Hā – Tai Poutini (Stop Smoking Service):** The Ministry of Health recently released national results from quarter 3 (January – March 2017) for the new Stop Smoking Services. For the West Coast service, Oranga Hā – Tai Poutini, this was the first quarter that the service was fully staffed with three x 0.6 full time equivalent practitioners. Oranga Hā had some pleasing results for this quarter including; 6.2% of people who smoke enrolled in the service (target 5%) for this quarter, 35% enrolled were Māori, 41% were quit 4-weeks after their target quit date, with a quit rate of 57% for Māori (target 50%). These targets are challenging to achieve and the service will be continuing to work hard and explore new strategies to maintain this level of performance.
- **Smokefree – Little Lungs:** Staff from Community and Public Health and the West Coast Primary Health Organisation have recently begun a roll out of the Little Lungs – Pūkahukahu Iti programme to West Coast early childhood centres. The aim of the project is to reduce the health effects of second hand smoke on children's developing lungs. A workshop was held recently with staff from the Active Explorers Shakespeare Street, Active Explorers Nelson Street and Learning Adventures Cobden (formerly Scenicland Preschools). The programme provides early childhood centres with resources and support to help them support parents and whānau and encourage them not to smoke around their children.
- **Drinking Water:** West Coast District Councils are currently compiling their drinking water compliance monitoring results for the 2016/17 year in preparation for the Ministry of Health's Annual Drinking Water Survey. Our Drinking Water Assessor is busy examining this data and will prepare compliance reports for each Council in August.
- **Submissions:** Following on from submissions regarding the Grey and Buller District Councils' draft 2017/18 Annual Plans, we have recently submitted on the West Coast Regional Council's Draft Annual Plan indicating our strong support for the proposed

new structure for Civil Defence and Emergency Management. In February, Community and Public Health staff coordinated a Healthy West Coast submission on the Draft New Zealand Energy Efficiency and Conservation Strategy 2017-2022. Amongst other things, the submission strongly recommended that the Warm Up New Zealand: Heat Smart Programme be reinstated for home owners (as well as landlords) to ensure that the New Zealand housing stock is continually improved, as the draft strategy did not include actions to support home owners. Following this consultation, the Energy Minister has announced that Warm Up New Zealand will once again be extended to low income home owners as well as landlords. This is particularly significant for the West Coast where we have relatively high rates of home ownership, compared to other regions.

- **New West Coast Team Members:** We are very pleased to advise that Freedom Preston has been appointed to a one year position as our Community and Public Health West Coast Team Leader covering Claire Robertson's maternity leave. Freedom has a background in public health and has also worked for the Mental Health Foundation. She will join us on 2 August. We have also appointed Carina Schill as an additional 0.8 full time equivalent nutrition health promoter on a two year contract. She will start work later in August. Her appointment will increase our capacity in community nutrition and our ability to support the Ministry's Raising Healthy Kids target, along with other nutrition priorities for the West Coast.

Report prepared by: Philip Wheble, General Manager, West Coast

Approved for release by: David Meates, Chief Executive

CLINICAL LEADERS UPDATE

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

SOURCE: **Clinical Leaders**

DATE: **11 August 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

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

3. SUMMARY

WORKFORCE

Nursing & Midwifery

A Canterbury based HealthLearn expert has recently provided some teaching and support to Clinical Nurse Managers, Nurse Managers, Learning and Development and the staff at the Rural Learning Centre. HealthLearn is an IT platform that provides online learning and education to clinical staff, including mandatory training as well as profession specific clinical education. There will be a process developed to increase the interprofessional utilisation of HealthLearn and to ensure staff are maintaining their own training records.

Following a recent site visit from the Safe Staffing Healthy Workplaces National Acuity Consultant, the Nurse Manager Clinical Services and TrendCare Coordinator are planning the full introduction of TrendCare into Buller and Reefton. This will ensure we have the acuity tool in all of our facilities to enable safe staffing as well as providing relevant data for planning. It will also provide 'Hospital at a Glance' information daily for managers, across the facilities, so activity is visible and variance is managed with staffing moved appropriately to where they are required. Overall feedback from the Consultant was very positive and a quality improvement plan has been developed to assist in our full utilisation of the tool.

Allied Health

Conversations with Allied Health staff within the contact of the Primary and Community Model of Care and Specialist Mental Health Future State consultations are creating opportunities for staff to bring their ideas and experiences from other organisations into the development of the ways that Allied Health will deliver services in the future.

Following the update of the Supervision Policy, the Allied Health Workforce have now been surveyed to understand the activity and need relating to professional and clinical supervision. Analysis of these surveys will be undertaken by the Supervision Coordinators, to better understand the training and support needs of our clinical and kāiawhina staff. Work will also be undertaken with the HealthLearn team to develop content relating to Supervision, as well as space within each staff member's training record section for supervision contracts and records.

Many of the Allied Health disciplines are considering the Ministry of Health consultation for their voluntary bonding scheme, with a number of staff working with their registering bodies to complete submissions. Creating dialogue with the Ministry about our ongoing challenges to recruit in various therapy services will be supported by data relating to recruitment trends.

QUALITY & SAFETY

Nursing & Midwifery

The focus on improved documentation continues with ongoing auditing, feedback and updating of forms and patient resources. The Clinical Quality Improvement Team (CQIT) monitors and approves all documentation prior to implementation. Recent examples include a newly developed perioperative nursing document. This document will facilitate comprehensive nursing documentation of the patient journey from before surgery, during surgery and into the recovery period. This will improve the quality of documentation providing relevant information, and is formatted in a user-friendly way. Some recent examples of patient information approved by CQIT include a palliative care brochure and a Flexible Integrated Rehabilitation Support Team (FIRST) brochure. These will also be presented to the Consumer Council for final approval.

Plans are underway to roll out the Health Quality and Safety Commission (HQSC) Deteriorating Patient Programme. We have already reviewed current processes in place that form part of their programme, including updating the Early Warning Score escalation plan. This plan is the localised response to a clinical emergency or a recognised deteriorating patient. The Director of Nursing is the Executive Sponsor for this programme.

Allied Health

Dietetic and Nutrition service providers across the district are commencing a quality project to scope the current activity across primary, community and secondary services. Working as one team across the various funding streams will allow staff to support and strengthen their practice, as well as aiming to reach more of the people in our communities.

The Choosing Wisely global campaign being localised by the Council of Medical Colleges, HQSC and Consumer NZ provides useful methodology that will be applied to a Quality project to better understand requests for Medical Imaging (Radiology). We have already reviewed the current HealthPathways and are gathering data which demonstrates the trends of referrals; relating to time referred, type of image requested and by whom.

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: **11 August 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 June 2017.

3. DISCUSSION

Overview of June 2017 Financial Result

The consolidated West Coast District Health Board financial result for the month of June 2017 was a deficit of $34k, which was $55k favourable to budget. The year to date position of a net deficit of $800k is $246 unfavourable to budget, however is $50k favourable to our earlier forecast of $850k.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,964	6,980	(16)	×	82,750	83,949	(1,199)	×
Governance & Administration	69	68	1	√	826	907	(81)	×
Funder	4,696	5,005	(309)	×	59,195	60,159	(964)	×
	11,729	12,053	(324)	×	142,771	145,015	(2,244)	×
EXPENSES								
Provider								
Personnel	5,250	5,254	4	√	64,325	62,874	(1,451)	×
Outsourced Services	9	2	(7)	×	82	30	(52)	×
Clinical Supplies	570	647	77	√	8,399	7,858	(541)	×
Infrastructure	1,002	843	(159)	×	12,322	9,999	(2,323)	×
	6,831	6,746	(85)	×	85,129	80,761	(4,368)	×
Governance & Administration	69	68	(1)	×	826	907	81	√
Funder	4,516	4,800	284	√	53,161	57,697	4,536	√
Total Operating Expenditure	11,416	11,614	198	√	139,116	139,365	249	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	313	439	(127)	×	3,655	5,650	(1,995)	×
Interest, Depreciation & Capital Charge	347	528	181	√	4,455	6,204	1,749	√
Net surplus/(deficit)	(34)	(89)	55	√	(800)	(554)	(246)	×

Annual Plan 17/18

Due to a funding calculation error, which caused a late change in Population Based Funding Formula (PBFF) allocation, a revision has needed to be made to the annual plan for 2017/18 (which was previously sitting at a deficit of $571k) to accommodate a funding reduction of $780k.

In addition to the revenue change, we have further estimated the financial impacts of the continued operation of the Dunsford Ward Aged Care beds in Westport, on the coming financial year, and also incorporated this additional cost into the financial forecasts.

The current Dunsford Ward runs at a net cost to the WCDHB of approximately $65k per month, the planned transition to utilisation of private ARC facilities, augmented by a lower admission rate (as enabled by the enhanced home based support model) has not yet been fully brought to life. The flow-on impact of these delays is that the DHB will need to continue to have these ARC facilities open for a prolonged period of time. The financial assumptions related to this change that have needed to be incorporated into the annual plan going forward include the ongoing net loss of $65k per month, but for a duration of 6 months, which will allow time for the requisite home based support model impacts to have been realised. These additional operating costs plus the associated redundancy costs have been added to the overall expenditure of the WCDHB in the 17/18 year, this has essentially accelerated the deficit by a further $690k. It needs to be noted that the inclusion of 6 months means that we will need to work closely with the operational teams to ensure that the net cost of continued operations is optimised, in order to meet the financial targets for the year, if Dunsford Ward remains open past December 2017.

The combined impact of these changes are:

Previous calculated operating result /(deficit)	($571)
Funding adjustment	($780)
Dunsford Ward adjustment	($690)
Amended operating result/ (deficit)	($2,041)

A full reconciliation of the movement from the 16/17 result to the projected 17/18 result can be seen in Appendix 5.

4. APPENDICES

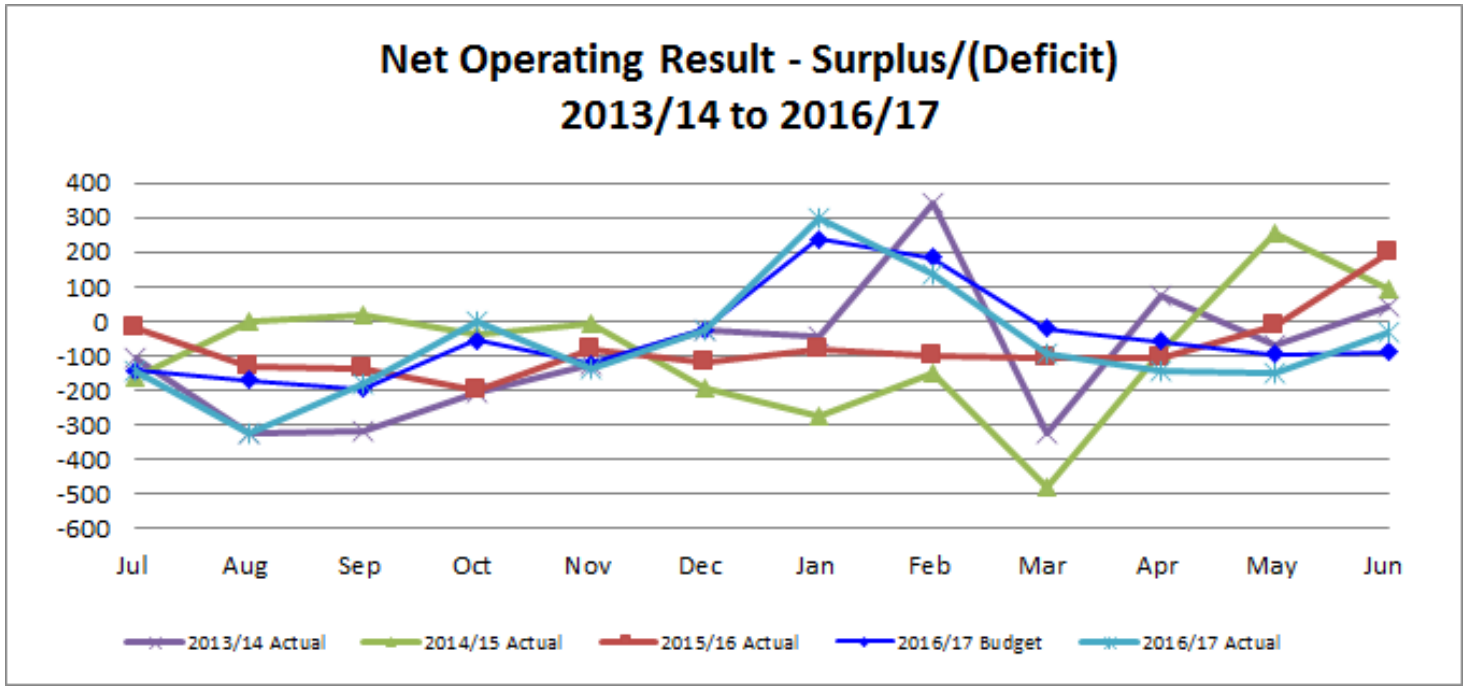
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow
Appendix 5	Waterfall graph actual 16/17 to annual plan 17/18

Report prepared by: Justine White, General Manager Finance

APPENDIX 1: FINANCIAL RESULT

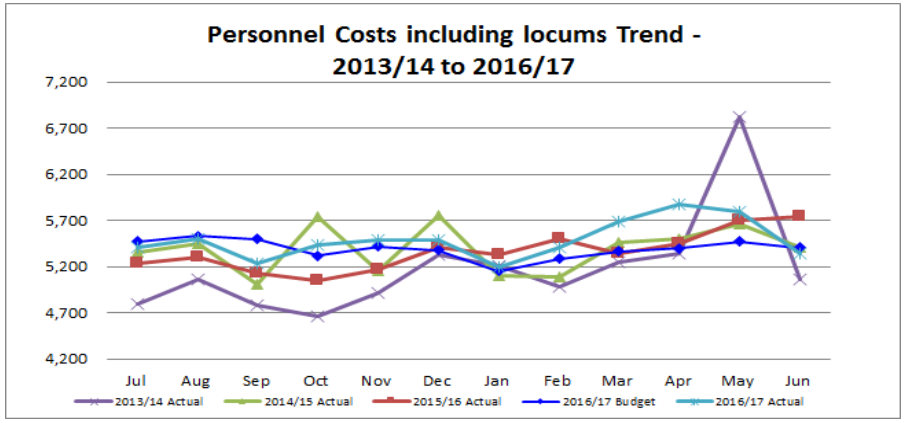
FINANCIAL PERFORMANCE OVERVIEW – JUNE 2017

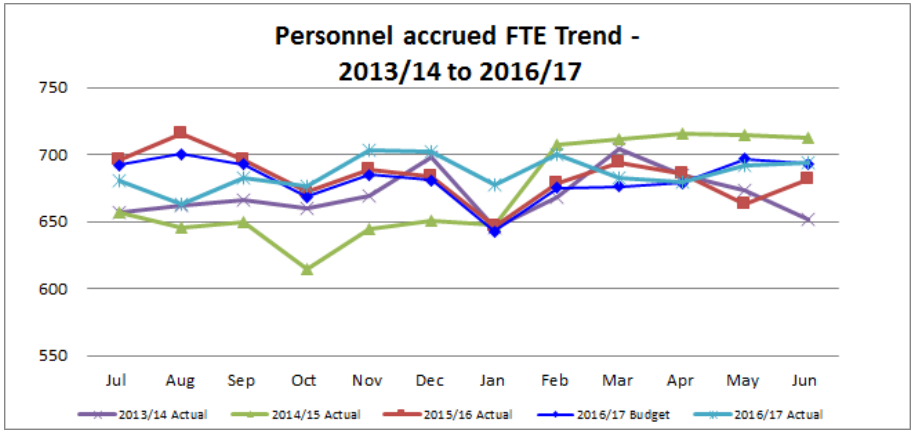
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Surplus/(Deficit)	(34)	(89)	55	-62% ✓	(800)	(554)	(246)	44%	✗



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, in April we had forecast a deterioration to budget , with an estimated a year end result of $850k deficit, this reflected the remainder of the year largely on plan, but an inability to substantially improve from that plan to offset the year to date variance. The unaudited year end result is a deficit of $800k, which although a deterioration on budget of $254k, is slightly better than had been forecast.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

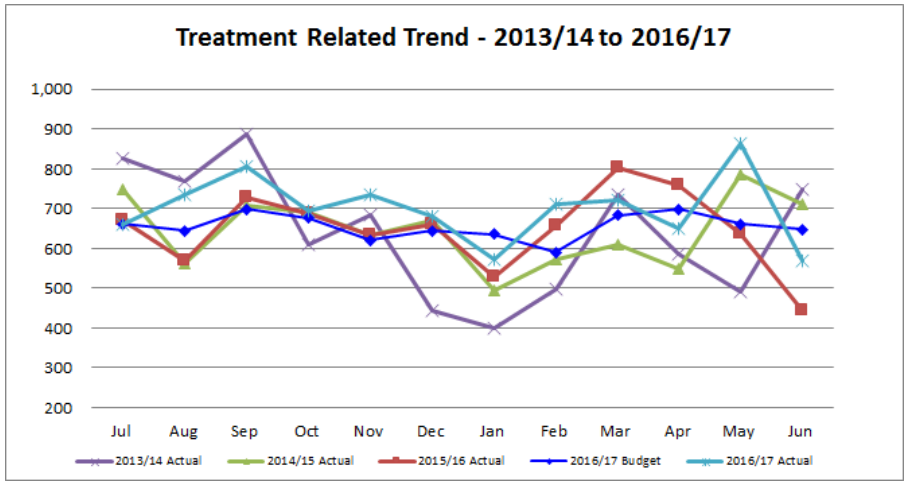


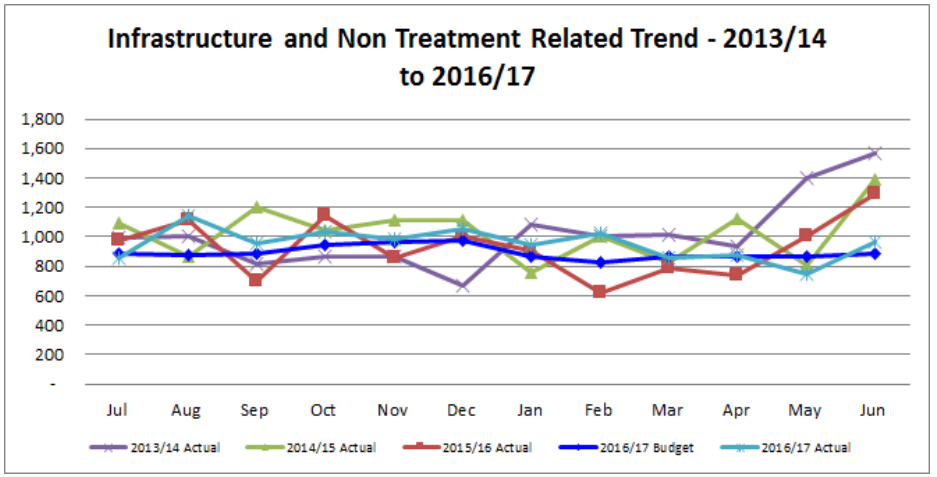


KEY RISKS AND ISSUES: Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by continued turnover, and planned leave in the smaller services, this requires reliance on short term placements, which are more expensive than permanent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

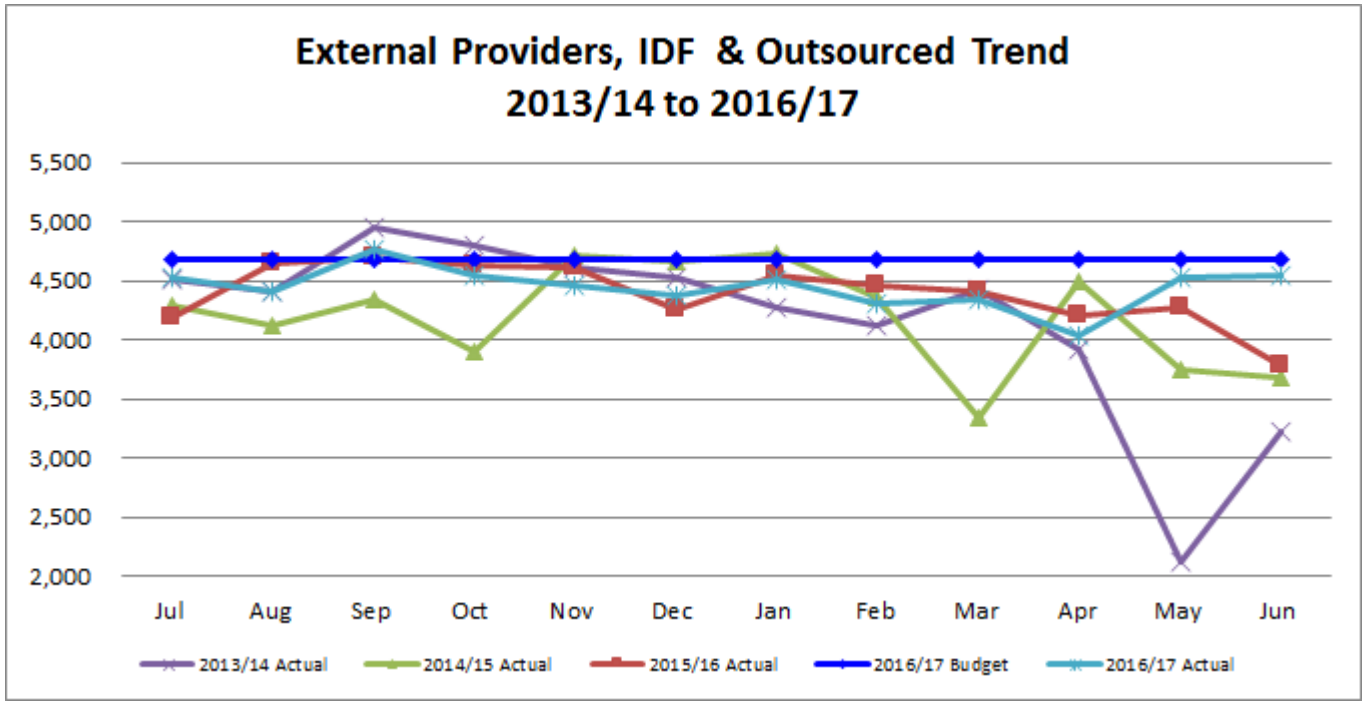




KEY RISKS AND ISSUES: High costs treatment particularly in oncology and rheumatology medicines is causing significant concern on costs in this category, we are continuing to ensure that we have adequately estimated these costs ongoing.

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

EXTERNAL PROVIDER COSTS



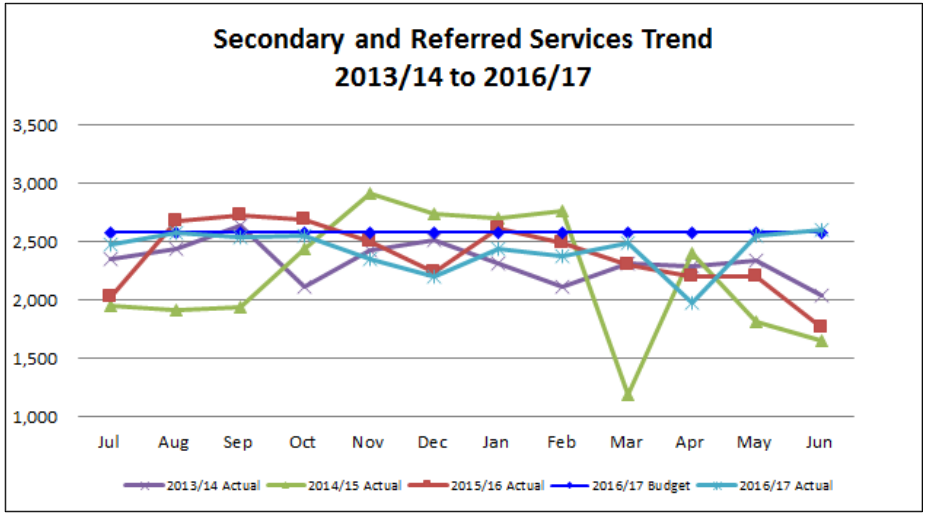
KEY RISKS AND ISSUES: Capacity constraints within the system require continued monitoring of trends and demand for services.

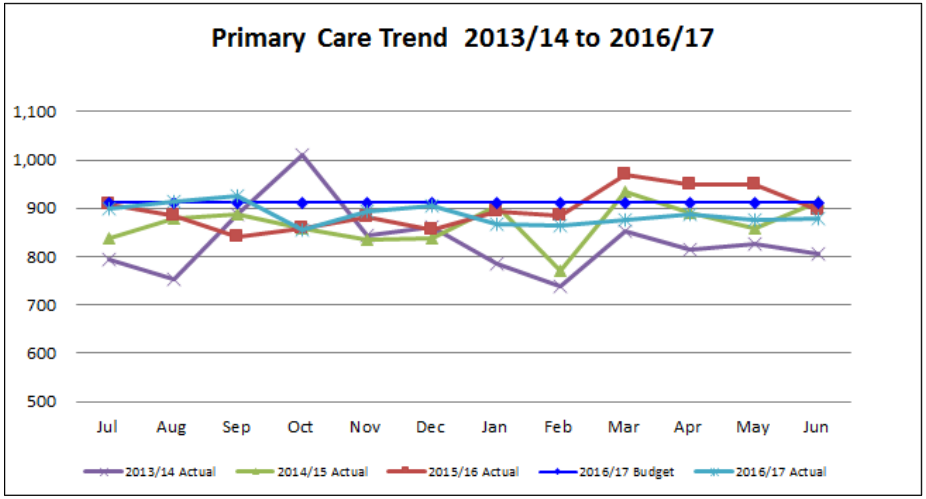
PLANNING AND FUNDING DIVISION

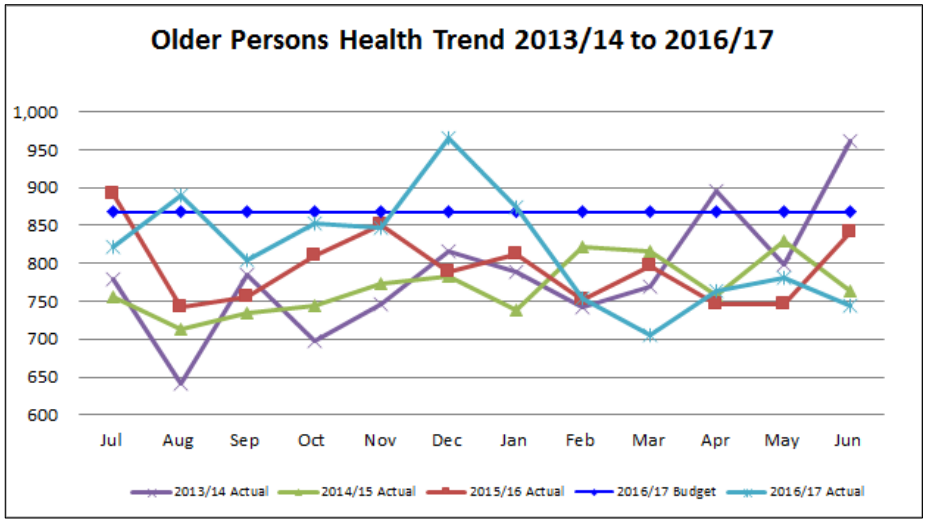
Month Ended June 2017

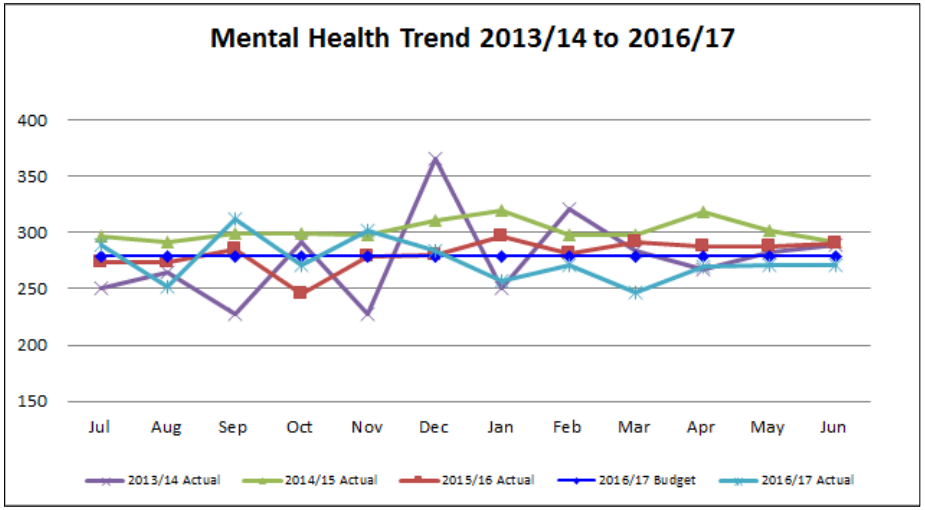
Current Month					SERVICES	Year to Date					2016/17
Actual	Budget	Variance				Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
35	28	-6	-22%	✗	Dental-school and adolescent	358	340	-18	-5%	✗	340
20	21	2	8%	✓	Maternity	236	256	20	8%	✓	256
0	1	1	100%	✓	Pregnancy & Parent	13	15	2	17%	✓	15
0	0	0		✓	Sexual Health	0	0	0		✓	0
2	4	2	53%	✓	General Medical Subsidy	23	50	27	54%	✓	50
496	522	26	5%	✓	Primary Practice Capitation	6,237	6,267	30	0%	✓	6,267
91	91	0	0%	✓	Primary Health Care Strategy	1,092	1,093	1	0%	✓	1,093
87	87	0	0%	✓	Rural Bonus	1,049	1,049	0	0%	✓	1,049
4	4	0	-4%	✗	Child and Youth	59	50	-9	-19%	✗	50
0	10	10	100%	✓	Immunisation	89	125	36	29%	✓	125
5	5	0	0%	✓	Maori Service Development	57	57	0	0%	✓	57
52	45	-7	-15%	✗	Whanau Ora Services	624	543	-82	-15%	✗	543
20	14	-6	-45%	✗	Palliative Care	184	165	-18	-11%	✗	165
0	6	6	100%	✓	Community Based Allied Health	51	76	25	33%	✓	76
29	10	-19	-178%	✗	Chronic Disease	159	125	-33	-27%	✗	125
38	61	23	38%	✓	Minor Expenses	416	731	314	43%	✓	731
879	**912**	**33**	**4%**	✓		**10,647**	**10,942**	**295**	**3%**	✓	**10,942**
					Referred Services						
26	26	0	-1%	✗	Laboratory	315	313	-1	0%	✗	313
687	666	-21	-3%	✗	Pharmaceuticals	7,132	7,991	859	11%	✓	7,991
714	**692**	**-22**	**-3%**	✗		**7,446**	**8,304**	**858**	**11%**	✓	**8,304**
					Secondary Care						
288	223	-65	-29%	✗	Inpatients	2,078	2,678	600	22%	✓	2,678
134	126	-8	-6%	✗	Radiolgy services	1,797	1,510	-287	-19%	✗	1,510
101	114	12	11%	✓	Travel & Accommodation	1,184	1,362	178	13%	✓	1,362
1,359	1,425	66	5%	✓	IDF Payments Personal Health	16,513	17,105	592	3%	✓	17,105
1,883	**1,888**	**5**	**0%**	✓		**21,573**	**22,655**	**1,082**	**5%**	✓	**22,655**
3,475	**3,492**	**16**	**0%**	✓	**Primary & Secondary Care Total**	**39,666**	**41,902**	**2,235**	**5%**	✓	**41,902**
					Public Health						
13	23	10	42%	✓	Nutrition & Physical Activity	193	279	86	31%	✓	279
11	11	0	1%	✓	Tobacco control	140	133	-7	-5%	✗	133
24	**34**	**10**	**29%**	✓	**Public Health Total**	**333**	**412**	**79**	**19%**	✓	**412**
					Mental Health						
7	7	0	0%	✓	Dual Diagnosis A&D	85	85	0	0%	✓	85
0	0	0		✓	Inpatients	12	0	-12		✗	0
20	20	0	0%	✓	Child & Youth Mental Health Services	240	240	0	0%	✓	240
7	8	0	2%	✓	Mental Health Work force	137	90	-47	-52%	✗	90
37	61	23	39%	✓	Day Activity & Rehab	512	729	217	30%	✓	729
11	11	0	1%	✓	Advocacy Consumer	128	128	0	0%	✓	128
103	81	-22	-27%	✗	Other Home Based Residential Support	1,169	970	-199	-20%	✗	970
11	11	0	0%	✓	Advocacy Family	132	132	0	0%	✓	132
10	16	6	38%	✓	Community Residential Beds	93	190	97	51%	✓	190
66	66	0	0%	✓	IDF Payments Mental Health	788	787	-2	0%	✗	787
272	**279**	**8**	**3%**	✓		**3,295**	**3,351**	**55**	**2%**	✓	**3,351**
					Older Persons Health						
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
60	84	25	29%	✓	Home Based Support	1,060	1,012	-48	-5%	✗	1,012
6	6	0	4%	✓	Caregiver Support	76	70	-6	-8%	✗	70
193	242	48	20%	✓	Residential Care-Rest Homes	2,510	2,900	390	13%	✓	2,900
9	9	0	2%	✓	Residential Care-Community	109	110	1	1%	✓	110
353	404	51	13%	✓	Residential Care-Hospital	4,572	4,851	279	6%	✓	4,851
-2	10	12	124%	✓	Day programmes	136	121	-16	-13%	✗	121
21	11	-10	-96%	✗	Respite Care	107	132	25	19%	✓	132
3	1	-1	-100%	✗	Community Health	16	15	-1	-7%	✗	15
3	1	-1	-94%	✗	Minor Disability Support Expenditure	25	16	-10	-60%	✗	16
99	99	0	0%	✗	IDF Payments-DSS	1,191	1,192	1	0%	✓	1,192
744	**868**	**122**	**14%**	✓		**9,803**	**10,419**	**616**	**6%**	✓	**10,419**
1,016	**1,147**	**130**	**11%**	✓	**Mental Health & OPH Total**	**13,098**	**13,770**	**672**	**5%**	✓	**13,770**
4,515	**4,674**	**158**	**3%**	✓	**TOTAL EXPENDITURE**	**53,098**	**56,084**	**2,986**	**5%**	✓	**56,084**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	25,109	12,341	12,768	103%	✓	12,341
Cash	10,811	14,195	(3,384)	-24%	✗	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 June 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	11,308	11,579	(271)	(2.3%)	137,591	139,113	(1,522)	(1.1%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	84	(82)	(97.6%)	84	76
Inter District Flows Revenue	109	131	(22)	(17.0%)	1,661	1,660	1	0.1%	1,744	1,487
Patient Related Revenue	199	234	(35)	(14.9%)	2,666	2,962	(296)	(10.0%)	2,962	2,873
Other Revenue	113	102	11	10.3%	851	1,196	(345)	(28.8%)	1,112	984
Total Operating Revenue	11,729	12,053	(324)	(2.7%)	142,771	145,015	(2,244)	(1.5%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,345	5,404	59	1.1%	65,887	64,670	(1,217)	(1.9%)	64,670	64,396
Outsourced Services	0	0	(0)	0.0%	(9)	6	15	242.1%	30	30
Treatment Related Costs	570	647	77	11.8%	8,402	7,858	(544)	(6.9%)	7,858	7,781
External Providers	3,091	3,065	(26)	(0.8%)	35,843	37,000	1,157	3.1%	37,000	36,269
Inter District Flows Expense	1,425	1,605	180	11.2%	17,317	19,084	1,767	9.3%	19,084	16,380
Outsourced Services - non clinical	21	3	(18)	(613.1%)	229	24	(205)	(852.3%)	0	0
Infrastructure and Non treatment related costs	964	890	(74)	(8.3%)	11,446	10,723	(723)	(6.7%)	10,723	11,129
Total Operating Expenditure	11,416	11,614	198	1.7%	139,116	139,365	249	0.2%	139,365	135,985
Result before Interest, Depn & Cap Charge	313	439	(127)	(28.8%)	3,655	5,650	1,995	35.3%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	0	54	54	100.0%	343	648	305	47.1%	648	651
Depreciation	290	392	102	26.0%	3,373	4,572	1,199	26.2%	4,572	4,572
Capital Charge Expenditure	56	82	26	31.2%	739	984	245	24.9%	984	978
Total Interest, Depreciation & Capital Charge	347	528	181	34.3%	4,455	6,204	1,749	28.2%	6,204	6,201
Net Surplus/(deficit)	(34)	(89)	55	61.8%	(800)	(554)	(246)	(44.4%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(34)	(89)	55	61.8%	(800)	(554)	(246)	(44.4%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 June 2017

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,306	23,292	14	0.1%	25,444
Intangible assets	636	194	442	227.6%	681
Work in Progress	3,194	1,981	1,213	61.2%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	27,703	26,034	1,669	6.4%	28,106
Current assets					
Cash and cash equivalents	10,811	14,195	(3,384)	(23.8%)	11,871
Patient and restricted funds	72	74	(2)	(2.2%)	74
Inventories	1,060	986	74	7.5%	986
Debtors and other receivables	4,685	5,600	(915)	(16.3%)	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	16,628	20,855	(4,227)	(20.3%)	18,851
Total assets	44,331	46,889	(2,558)	(5.5%)	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	10,945	10,945	100.0%	10,945
Employee entitlements and benefits	2,842	2,629	(213)	(8.1%)	2,629
Total non-current liabilities	2,842	13,574	10,732	79.1%	13,574
Current liabilities					
Interest-bearing loans and borrowings	0	3,500	3,500	100.0%	3,500
Creditors and other payables	6,885	8,161	1,276	15.6%	8,161
Employee entitlements and benefits	9,564	9,313	(251)	(2.7%)	9,313
Total current liabilities	16,450	20,974	4,524	21.6%	20,974
Total liabilities	19,292	34,548	15,256	44.2%	34,548
Equity					
Crown equity	86,062	73,029	(13,033)	(17.8%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(83,035)	(82,770)	265	0.3%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	25,109	12,341	(12,768)	(103.5%)	12,409
Total equity and liabilities	44,400	46,889	(2,489)	(5.3%)	46,957

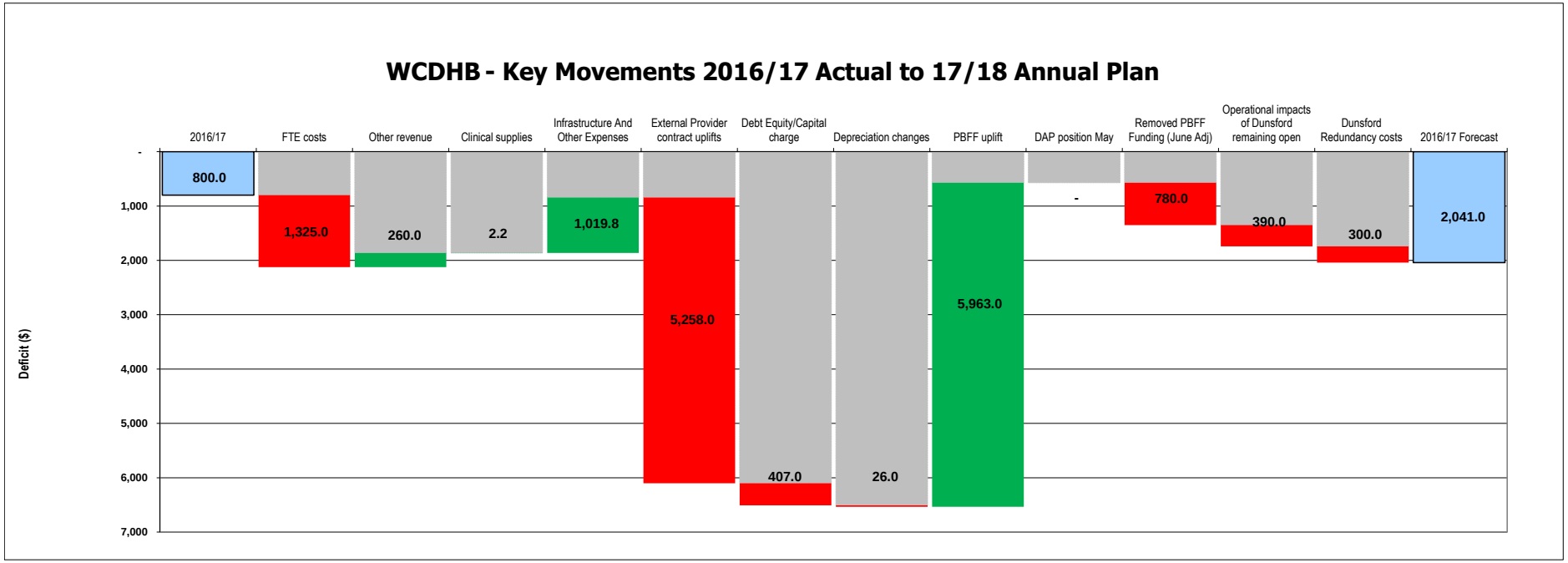
APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 30 June 2017

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	12,519	12,003	516	4.3%	145,546	144,545	1,001	0.7%
Cash paid to employees	(5,291)	(5,404)	112	2.1%	(65,782)	(64,670)	(1,112)	(1.7%)
Cash paid to suppliers	(2,815)	(1,540)	(1,275)	(82.8%)	(23,788)	(18,611)	(5,177)	(27.8%)
Cash paid to external providers	(3,059)	(3,065)	6	0.2%	(34,577)	(37,000)	2,423	6.5%
Cash paid to other District Health Boards	(1,457)	(1,605)	148	9.2%	(18,734)	(19,084)	350	1.8%
Cash generated from operations	(104)	389	(493)	(126.6%)	2,665	5,180	(2,515)	(48.5%)
Interest paid	0	(54)	54	100.0%	(343)	(648)	305	47.1%
Capital charge paid	(56)	(82)	26	31.2%	(739)	(984)	245	24.9%
Net cash flows from operating activities	(160)	253	(414)	(163.2%)	1,583	3,548	(1,965)	(55.4%)
Cash flows from investing activities								
Interest received	38	50	(12)	(23.2%)	408	470	(62)	(13.2%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	330	(212)	542	255.6%	(2,958)	(2,500)	(458)	18.3%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	368	(162)	530	(327.4%)	(2,550)	(2,030)	(520)	(25.6%)
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		(68)	878	(946)	0.0%
Repayment of equity	(4)	(68)	64		(4)	(68)	64	
Cash generated from equity transactions	(4)	(68)	64		(72)	810	(882)	
Borrowings raised								
Repayment of borrowings	0	0	0		0	0	0	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	(4)	0	(4)		(72)	0	(72)	
Net increase in cash and cash equivalents	204	23	181	771.9%	(1,039)	2,328	(3,367)	(144.6%)
Cash and cash equivalents at beginning of period	10,607	14,172	(3,565)	(25.2%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	10,811	14,195	(3,384)	(23.8%)	10,811	14,195	(3,384)	(23.8%)

APPENDIX 5: WATERFALL GRAPH ACTUAL 16/17 TO ANNUAL PLAN 17/18



WELLBEING HEALTH AND SAFETY UPDATE

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

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

SOURCE: **People and Capability**

DATE: **11 August 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:

i. Notes the Wellbeing Health & Safety Update

3. SUMMARY

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

Wellbeing
The Strengths Workshops, rescheduled for October as requested, are currently being promoted. These workshops are open to all of our people.

The online 'Building Resilience' module is in development. The module will be peer reviewed prior to being launched.

Health and Safety
Transitioning workplace Hazard Registers to Risk Registers continues, with provisional registers being reviewed and confirmed in collaboration with line managers and Health and Safety Representatives. It is anticipated this will be completed in July, with the confirmed registers published on the intranet and then updated as required.

Health and Safety policies and procedures have been reviewed and updated. They are now with the Document Controller to finalise the changes, which will be completed in July.

A number of training opportunities are being provided, including presentations from BOC Gas and ACC on workplace injuries. The focus is now on the education needs of Health and Safety Representatives.

Occupational Health:
Six hundred and seventeen (617) influenza vaccines have been administered in total, 472 administered to our people and the remaining provided to their partners and contractors.

The WCDHB Influenza Campaign has had very significant support from the immunisation team on the West Coast. Clinics are widespread, with advertising of various forms continuing to be carried out within the DHB.

Safety 1st – Employee Form

Amendments to the Employee incident recording form has been agreed across the South Island and approved by the Control Group. The goal of the project is to provide more accurate and timely Health and Safety incident data across South Island DHBs to inform improved ways of working that reduce harm to our people. Cycle 1 of system testing complete with 8 defects identified and a number of suggested improvements to the form. Vendor RL Solutions has made the changes to the form and cycle 2 of system testing is underway. Test plan and communications plan complete and signed off and work underway to develop communications material. User Acceptance Testing due to commence Monday 24 July with test scenarios and surveys currently being developed.

Health and Safety Systems Review

The Health and Safety policy framework is about to be released for consultation, with the alignment, review, migration of documentation underway. Detailed work in terms of contractor management will commence shortly. A process is being developed to confirm designated work areas and the roles and responsibilities within these. This work will inform the ways in which 'workers' (employee, contractor, student, visitor) will be engaged and participate in health and safety. This includes, but is not limited, to Health and Safety Representatives and Health and Safety Committee structures. Designated work areas and roles and responsibilities will also inform the risk register and incident management procedures. Health and Safety processes were mapped as part of the People Lifecycle Review, including Contractor Management, and will be confirmed by the end of July 17.

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

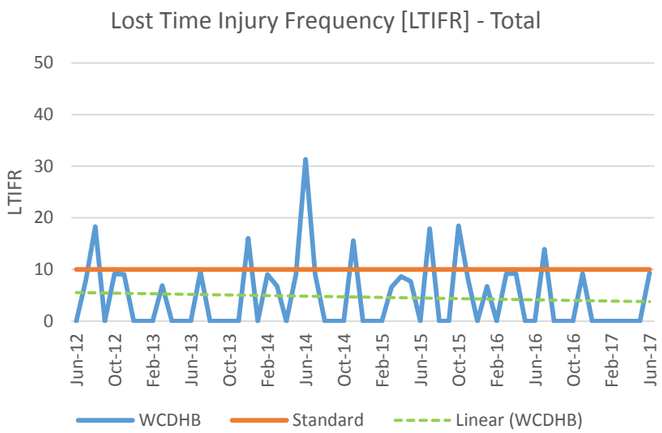
Key Milestones: Health and Safety System Review	Due	Status
Work programme commenced [phase one]	Q4	
Phase 1 continues	Q1	
Work programme commenced [phase two]	Q2	
Phase 2 continues	Q3	

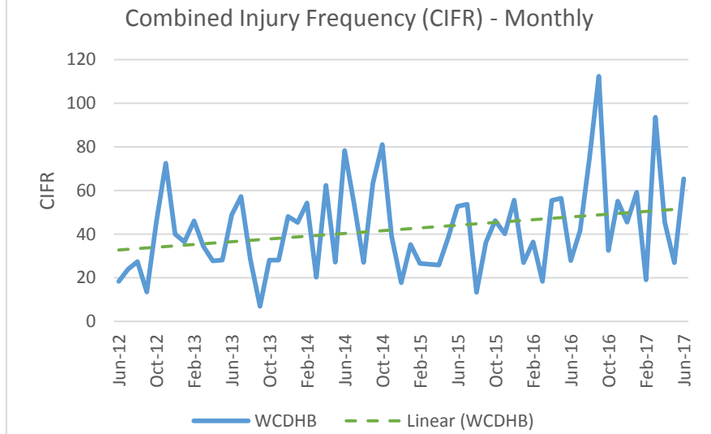
4. APPENDICES

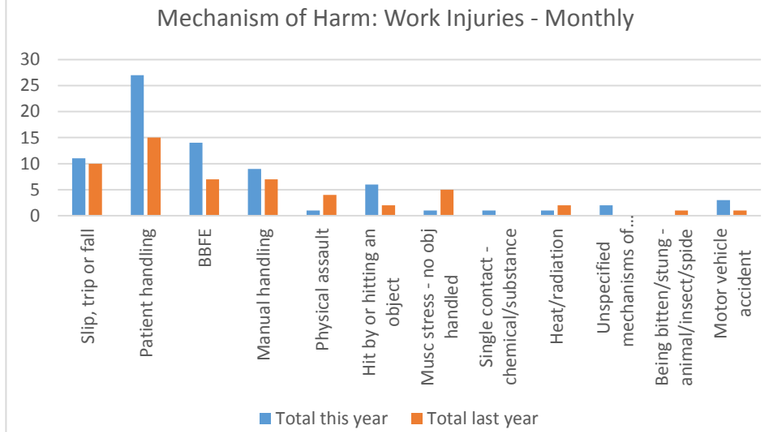
Appendix 1: Wellbeing, Health and Safety Dashboard

Report prepared by: Mark Lewis, Manager Wellbeing Health
Report approved by: Michael Frampton, GM People and Capability

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





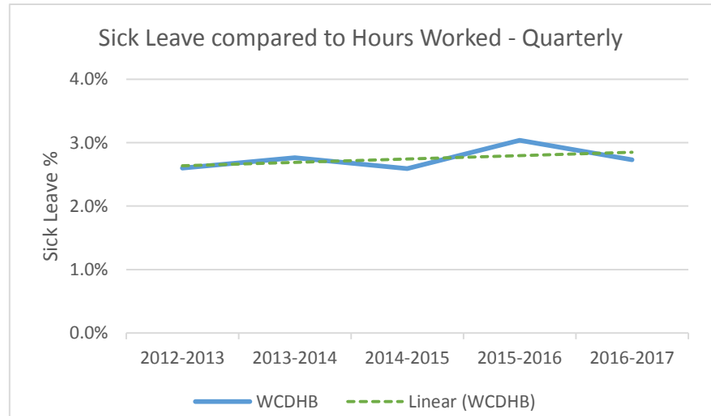


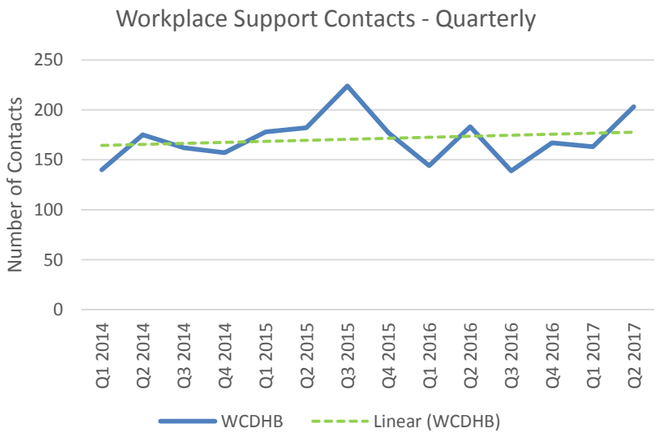
Worksafe Notifiable Events - Monthly

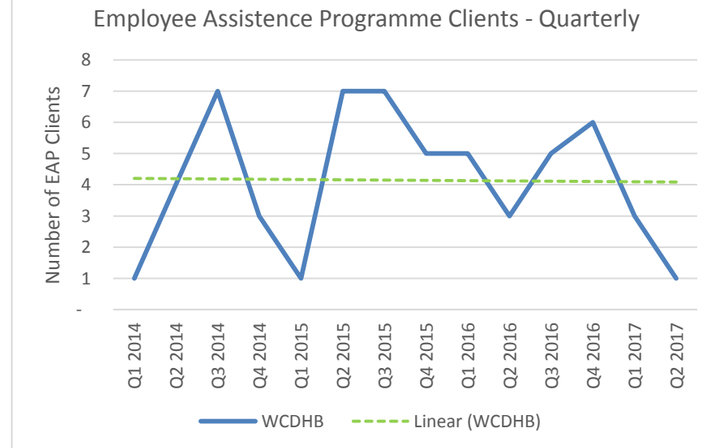
Event	Apr-17	May-17	June-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Duty Holder Review	Apr-17	May-17	June-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Please note: The above are raw scores.







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

Lost Time Injury Frequency [monthly]

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

Comment:
Lost time injuries per million hours worked continues to remain below the ACC health sector average, and is trending slightly down.

Focus:
People and Capability will continue to support managers with maintaining Risk Registers and completing risk assessments as well as providing proactive education sessions across the WCDHB.

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 number of ACC accepted medical treatment claims per million hours worked is increasing. The predominant mechanism of harm is muscoskeletal strain and sprains from patient handling.

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

Mechanism of Harm: Employee Events [rolling 12 months]

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

Comment:
There continues to be three main mechanisims of harm: physical assualt, blood/body fluid exposure and slip/trip or fall.

Focus:
Work continues to capture injury mechanism of harm across the divisions to ensure targeted prevention programmes to remain relevant.

Worksafe Notifiable Events [monthly]

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

Comment:
Nothing to report

Focus:
Peopla and Capability will continue to support managers with maintaining Risk Registers and completing risk assessments.

Sick Leave [quarterly]

Description:
Sick leave taken compared to hours worked.

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

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

Workplace Support [quarterly]

Description:
Number of contacts in relation to organisational headcount.

Comment:
Workplae Support contacts is trending slightly up relative to WCDHB headcount.

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

Employee Assistance Programme [quarterly]

Description:
Number of clients in relation to organisational headcount.

Comment:
There has been a decrease in the number of Employee Assistance Programme contacts relative to WCDHB headcount over the last quarter. The trend is relatively static, noting that with the low number of our people accessing this service we expect to see quarter by quarter variance.

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

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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 27 JULY 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: **11 August 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 27 July 2017.

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

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

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

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

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

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 27 July 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 – Little Lungs
Staff from CPH and the West Coast Primary Health Organisation have recently begun a roll out of the Little Lungs – Pūkahukahu Iti programme to West Coast early childhood centres. Little Lungs is a smokefree initiative to support smokefree homes and cars. A workshop was held recently with twelve staff from the Active Explorers Shakespeare Street, Active Explorers Nelson Street and Learning Adventures Cobden (formerly Scenicland Preschools). Early childhood centres are provided with resources and support to help them have those tricky conversations with parents and whānau to encourage them not to smoke around their children. The aim of the project is to reduce the health effects of second hand smoke on children's developing lungs.

Oranga Hā – Tai Poutini (Stop Smoking Service)
The Ministry of Health recently released national results from quarter 3 (January – March 2017) for the new Stop Smoking Services. For the West Coast service, Oranga Hā – Tai Poutini, this was the first quarter that the service was fully staffed with 3x 0.6FTE practitioners. Oranga Hā had some pleasing results for this quarter including; 6.2% of people who smoke enrolled in the service (target 5%) for this quarter, 35% enrolled were Māori, 41% were quit 4-weeks after their target quit date, with a quit rate of 57% for Māori (target 50%). These targets are challenging to achieve and the service will be continuing to work hard and explore new strategies to maintain this level of performance.

Alcohol Licensing
CPH's Alcohol Licensing Officer (ALO) and the West Coast Police Prevention Manager are having regular discussions with the three District Licensing Inspectors in respect to alcohol licence applications in their respective areas. As the Licence Controller Qualification (LCQ) course at Tai Poutini Polytechnic has now changed from two days in the classroom to one day, the ALO has spoken to the LCQ facilitator and has been allocated time to address students. The ALO has conducted licence premises monitoring visits of Grey District premises with the West Coast Police Prevention Manager and Licensing Inspector and visits of Westland District licensed premises are planned for later this month.

Drinking Water
West Coast District Councils are currently compiling their drinking water compliance monitoring results for the 2016/17 year in preparation for the Ministry of Health's Annual Drinking Water Survey. The CPH Drinking Water Assessor is busy examining this data and will prepare a compliance report for each Council and follow these up late in the year.

New West Coast Team Leader Appointed
Freedom Preston has been appointed to a one year position as the CPH West Coast Team Leader covering Claire Robertson's maternity leave. Freedom will commence on 2nd August.

Pause Breathe Smile Mindfulness Programme
CPH and BullerREAP staff co-facilitated two "Pause Breathe Smile" eight week mindfulness programmes with Year 4-5 and 5-7 classes at Reefton Area School, involving 43 students. In addition, half hour staff sessions were also held weekly to support staff wellbeing and ensure staff could support the skills taught in the programme. Feedback has been positive and CPH will continue to support the school with this mahi. *"Many, many thanks for the work you've been doing with our students and staff. I'm pretty sure you're equipping us with great tools to help out in the hurly burly of living in our village. It is greatly appreciated"* is just one example of the positive feedback that has been received.

Nutrition
CPH staff ran two 'Delicious Nutritious Low Cost Evening Meals' workshops in Greymouth and Hokitika. These were well attended, reaching about 25 people (mostly parents of children under 5).

Working with the Hokitika Public Health Nurse, CPH staff ran a Nutrition Stand targeting oral health and portion sizes at Harper Park Early Childhood Centre.

CPH staff also attended the recent Kowhitirangi Play Day, held at the local hall and run by WestREAP.

CPH advised that they have appointed an additional 0.8FTE nutrition health promoter on a two year contract. She will start work later in August and will increase the capacity in community nutrition and the ability to support the Ministry's Raising Healthy Kids target.

Submissions
Following on from submissions regarding the Grey and Buller District Councils draft 2017/18 Annual Plans, CPH has recently submitted on the West Coast Regional Council's Draft Annual Plan indicating strong support regarding the new structure for Civil Defence and Emergency Management.

In February, CPH staff coordinated the Healthy West Coast submission regarding the *Draft New Zealand Energy Efficiency and Conservation Strategy 2017-2022*. Amongst other recommendations, the submission strongly recommended that the Warm Up New Zealand: Heat Smart Programme be reinstated for home owners (as well as landlords) to ensure that the New Zealand housing stock is continually improved, as the draft strategy did not include actions to support home owners. Following this consultation, the Energy Minister has announced that Warm Up New Zealand will once again be extended to low income home owners as well as landlords. This is particularly significant for the West Coast where we have relatively high home ownership, compared to other regions.

Planning and Reporting
The Ministry of Health has signed off the 2017/18 WCDHB Public Health Plan and CPH's 2016/17 Annual Report has been submitted for Ministry feedback.

Copies of the publication 'Nourishing Futures with Better Kai' were provided to Committee member who were impressed with the document complimenting CPH on the layout and overall quality of the publication. The Committee noted that other DHB's have expressed interest in using the publication in their areas.

The report was noted.

b) PLANNING & FUNDING UPDATE

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

Key Achievements

- **ED Health Target:** Performance continues to be impressive with 99.3% of patients admitted, discharged or transferred from Grey Base ED within six hours in June. The same result was achieved for the 2016/17 financial year. The West Coast continues to lead the country in this target.

- **Elective Services Health Target:** The West Coast DHB has exceeded target, delivering 1,770 elective surgical discharges to 31 May - 103% of planned discharges against the year-to-date target.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** The West Coast DHB remains within compliance tolerance levels for ESPI 5, with only three patients exceeding the 120-day maximum wait time for receiving surgery as at the end of May 2017 (two plastic surgery patients and one gynaecology patient).
- **B4 School Check Coverage:** When including all children that engaged with the B4SC service, the DHB is pleased to have met the year-end 90% B4SC target for 2016/17.
- **Mental Health:** Consultation with key stakeholders and the public on the model of care document and crisis response has begun West Coast wide. Overall, this has been met with a positive response.

Key Issues & Associated Remedies

- **ESPI 2 | First Specialist Assessment (FSA):** For a second month, the West Coast DHB is exceeding the maximum 120 days national wait time target for ESPI 2, with 24 orthopaedic patients overdue for FSA as of 31 May 2017. A recovery plan for orthopaedic services is being developed as part of transalpine arrangements.
- **Aged Residential Care Services:** Nursing staff from Canterbury were deployed at Granger House to help with an outbreak of resident and staff illness. Admissions are still limited to ensure that staff are able to focus on the needs of the current residents.

The Committee noted that there is a recovery plan in place and it is anticipated ESPI 2 will go 'Yellow' in July and will avoid any financial penalty.

Feedback posted on the B4 Schools Facebook page was raised and the Committee noted that it is the B4 Schools Coordinator who administers the Facebook page so the service is aware of all feedback posted, and they also answer any queries.

The report was noted.

c) ALLIANCE UPDATE

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

Alliance Leadership Team (ALT)

At the last meeting in May the ALT:

- Acknowledged and were pleased with the good progress of the change work in Mental Health.
- Recognised the good work being carried out by ISG and noted the inability of some work to progress as a result of financial constraints.
- Noted the delay and impact in the implementation of the Shared Care Plan, currently two years behind schedule.
- Agreed to and endorsed the 17/18 Workstream plans, the 17/18 Annual Plan and the 17/18 System Level Measures Improvement Plan.
- Were pleased to note the positive progress across all workstreams against the 16/17 plans.

Health of Older Persons

- Work has commenced for Home Based Support Services that employ Care and Support Workers to implement the pay equity settlement announced by the Ministry of Health in April. This work has been prioritised by the relevant teams in order to meet with Ministry of Health timelines.

- A regular networking forum has been initiated with the management teams of the Aged Residential Care facilities.
- 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 working towards completion. A master class was provided in Quarter 3 with 12 students attending, including Enrolled and Registered Nurses, Diversional Therapists and Support Workers.

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

- The Primary & Community Model of Care document consultation took place during June with feedback being received and collated by early July.
- The Greymouth Medical Centre/Rural Academic General Practice merger was completed on 3 July as planned.
- A comprehensive Allied Health Integration Project Plan has been developed to guide the work required between now and the end of the year. This has also been added to the primary & community project plan for reference.

Healthy West Coast (HWC)

- Positive progress is being made towards implementing the Tobacco Harm Reduction Pathway tool in community mental health teams. Teams have been briefed on the pathway and the possibility to use it with clients of the service who are keen to reduce their tobacco use.
- The planned Transalpine Oral Health Steering Group led workshop was rescheduled and took place on 18 July. A report will be provided to the Committee in due course

Child and Youth

- The workstream were pleased to note that the MoH has decided to continue funding for regional Well Child Tamariki Ora (WCTO) Quality Improvement managers. This role has supported work across the South Island to improve access to the full compliment of WCTO services and the continuation will see further improvements in this area.

The update was noted.

d) DISABILITY SUPPORT SERVICES RESPITE STRATEGY 2017-2022

The Disability Support Services Respite Strategy 2017 to 2022 was presented by Kathy O'Neill, Team Leader Planning & Funding.

A brief discussion took place regarding the document and the flexibility it offers for those eligible. The Committee noted the improvements made to the provision of respite over the past 10 years.

The Committee also noted the release of a Cabinet Paper, "System Transformation for a New Disability Support System". This looks at different approaches to how services will be provided with moves towards individualised funding. It is proposed that this will be rolled out first at Mid Central DHB commencing in July 2017. The link to this paper has been provided to Board and Committee members.

Discussion took place regarding the transformation of respite care and the issues around fiscal sustainability for respite facilities.

Discussion also took place regarding references to NASC and DIAS when it is not yet clear what these will look like going forward and could have a huge influence on respite funding. It was agreed that a close eye would be kept on this.

The update was noted,

e) GENERAL BUSINESS

The Chair informed the Committee that the next Accessible West Coast Strategic meeting will be held in Westport on Thursday 10 August.

The Committee noted the possibility of a joint meeting with the Hospital Advisory Committee on the next meeting date - Thursday 14 September 2017.

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

AGENDA

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 27 July 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**
   8 June 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.	**Alliance Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.55am – 10.05am*
7.	**Disability Support Services Respite Strategy 2017-2022**	Kathy O'Neill *Team Leader, Planning & Funding*	*10.05am – 10.15am*
8.	**General Business**	Elinor Stratford *Chair*	*10.15am – 10.20am*

ESTIMATED FINISH TIME — 10.20am

INFORMATION ITEMS

- **Board Agenda – 23 June 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 14 September 2017

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 27 JULY 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: **11 August 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 27 July 2017.

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

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

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

2. RECOMMENDATION

That the Board:

i. notes the Hospital Advisory Committee Meeting Update – 27 July 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 July 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.

Hamish Brown, Hospital Operations Manager, presented the report. He highlighted the following most notable features as:

- The Rural Generalist Medical Workforce project will commence in the coming weeks;
- A recruitment campaign is currently being developed to bring West Coast DHB Allied Health positions to the attention of a wider range of candidates. This should be up and running in August; and

- West Coast people awaiting Bone Density Imaging are being offered appointments at Grey Hospital following the purchase of a Dexa scanner.

Discussion took place regarding DNAs and the comment was made that it is pleasing to see the development of the script for staff to ensure that patients are not feeling that they are being targeted when asked the reason for non attendance. The Committee noted that an additional reminder text is being sent to patients at the 14 day point. Mr Brown advised that a report is being pulled together to book six weeks in advance and a mapping process is taking place to compare this against DNA rates and cancellations.

Discussion took place regarding the Ending PJ Paralysis project and it was noted that this is continuing to have a positive outcome.

Discussion also took place regarding facilities in Buller and the Committee noted that a lot of consultation took place with the Community back in 2013 however due to the delay of the project it may seems that the consultation has not continued.

A point was raised in regard to physiotherapy and whether there is an alternative or a back up plan if this treatment is not available. Feedback regarding this will be provided at the next meeting.

The situation regarding ESPI 2 was raised and the Committee noted that it is hoped that the measure will have a "yellow" rating for July which will negate the financial penalty.

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 June 2017 was a deficit of $34k, which was $55k favourable to budget. The year to date position of a net deficit of $800k is $246 unfavourable to budget; however this is $50k favourable to our latest forecast.

The Committee noted that revenue is an area of disappointment and a lot of work has been undertaken to ensure the DHB is claiming everything appropriately. It was recognised that with all the funding being put into prevention this is having a affect on this area.

The report was noted.

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

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 27 July 2017

Report prepared by: Michelle Lomax Chair, Hospital Advisory Committee

AGENDA

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Friday 27 July 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**
   8 June 2017
3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS — 11.10am

4.	**Management Report**	Hamish Brown *Hospital Operations Manager*	*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.	**General Business**	Michelle Lomax *Chair*	*12.00noon – 12.10pm*

ESTIMATED FINISH TIME — 12.10pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 23 June 2017**
- **2017 HAC Workplan (Working Document)**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 14 September 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: **11 August 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 and the information items contained in the report.

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 23 June 2017	For the reasons set out in the previous Board agenda.	
2.	Capital Planning	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	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)
4.	Clinical Leaders – Verbal Update on Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
5.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	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.