

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



BOARD MEETING

Friday 29 September 2017

**St John
Water Walk Road
Greymouth**

**ALL INFORMATION CONTAINED IN THESE MEETING
PAPERS IS SUBJECT TO CHANGE**

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*)
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*)

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 29 September 2017 commencing at 1.00pm

KARAKIA	1.30pm
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ADMINISTRATION	1.35pm
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Apologies

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

REPORTS FOR NOTING	1.40pm
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|-----|--|--|-----------------|
| 4. | Chair's Update (Verbal Update) | Jenny Black
<i>Chairperson</i> | 1.40pm – 1.45pm |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.45pm – 2.00pm |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing</i>
Stella Ward
<i>Executive Director, Allied Health</i>
Dr Cameron Lacey
<i>Medical Director</i>
Mr Pradu Dayaram
<i>Medical Director, Facilities Development</i> | 2.00pm – 2.10pm |
| 7. | Finance Report | Justine White
<i>General Manager, Finance</i> | 2.10pm – 2.20pm |
| 8. | Wellbeing Health & Safety Update (Verbal Update) | Michael Frampton
<i>General Manager, People & Capability</i> | 2.20pm – 2.30pm |
| 9. | Health Target Q4 Report | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 2.30pm – 2.40pm |
| 10. | Maori Health Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 2.40pm – 2.50pm |
| 11. | Resolution to Exclude the Public | <i>Board Secretary</i> | 2.50pm |

INFORMATION ITEMS

- 2017 Meeting Schedule

ESTIMATED FINISH TIME	2.50pm
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NEXT MEETING: Friday 3 November 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



Disclosure of Interest	
Jenny Black Chair	<ul style="list-style-type: none"> Chair, Nelson Marlborough District Health Board Life Member of Diabetes NZ Chair, South Island Alliance Board Chair, National DHB Chairs
Chris Auchinvole	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Peer Support Counsellor, Mum 4 Mum Employee, DOC – Healthy Nature, Healthy People Project Coordinator Husband works for New Zealand Police
Michelle Lomax	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Development West Coast – Chief Executive Horizontal Infrastructure Governance Group – Chair Mainline Steam Trust – Trustee Christchurch Mayors External Advisory Group - Member
Edie Moke	<ul style="list-style-type: none"> South Canterbury DHB – Appointed Board Member Nga Taonga Sound & Vision - Board Member (elected) <p>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.</p>
Peter Neame	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at Arahura Marae, 1 Old Christchurch Road, Arahura
on Friday 11 August 2017 commencing at 10.45am

Board members were welcomed onto the Marae and a Powhiri followed together with morning tea.

The meeting commenced at 10.45am.

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 no apologies.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Gary Coghlan (General Manager, Maori Health); Mr Pradu Dayaram ((Medical Director, Facilities Development); Kathleen Gavigan (General Manager, Buller); Lee Harris (Communications Manager); Cameron Lacey (Medical Director) Mark Newsome (Director, Capability Development); Karalyn van Deursen (Strategic Communications Manager); Stella Ward (Executive Director of Allied Health); Philip Wheble (General Manager, West Coast); Justine White (General Manager, Finance & Corporate Services); and Kay Jenkins (Minutes).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no changes to the Interest Register.

Declarations of Interest for Items on Today's Agenda

There were no declarations of interest for items on today's agenda

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (31/17)

(Moved Elinor Stratford/seconded Edie Moke – carried

“That the minutes of the Meeting of the West Coast District Health Board held at the Regional Council, on Friday 23 June 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 thanked Ngati Wai Wai for hosting the Board on the Marae, saying that to be welcomed onto the Marae and greeted in the beautiful Wharenui, was a very special occasion and one that set the scene for our hui.

5. CHIEF EXECUTIVE'S UPDATE

Mr Meates thanked for the flowers and condolences received on the passing of his mother.

He also acknowledged that this would be the last Board meeting for Kathleen Gavigan, General Manager, Buller and he thanked her for her contribution to the West Coast Health System.

Mr Meates acknowledged the appointment of Philip Wheble as General Manager West Coast and the Board noted that this is part of a great commitment to build capability on the West Coast.

He also thanked Gary Coghlan for his input into today and for his ongoing commitment to the Community & West Coast.

The Chief Executive took his report as read and commented regarding the ongoing journey as we gear up for the new facilities in Greymouth. He reminded the Board of the substantive and major changes taking place and also the exciting work emerging in Mental Health. He added that getting the foundations right for long term solutions to ensure that services are sustainable and will stand the test of time is a priority.

He commented that it is pleasing to see the continued progress around the Grey facility.

Discussion took place regarding cultural competency for the Board and it was noted that this could take place by way of a workshop at a Board meeting.

Discussion took place around the following:

- Faster Cancer Treatment;
- The article in the newspaper stating the DHB deficit is \$2;
- The public meeting held in Westport;
- Bone density imaging;
- The pleasing results around the West Coast Stop Smoking Service;
- St John Services – an update will be provided at a future meeting around this;
- The Maori Workforce Plan and discussion required around this in terms of Board planning. The Chief Executive commented that People & Capability are currently working with the Executive Management Team on the West Coast to produce a people strategy and this will come back to the Board in due course.

The update was noted.

6. CLINICAL LEADERS UPDATE

The Clinical Leaders Update was taken as read. The Chair asked that the Board's congratulations be passed to the Nursing Workforce Group for the work being undertaken in this area.

The 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 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 the earlier forecast of \$850k.

Ms White advised that Finance is still in the process of going through the year end results and it is not expected that there will be any surprises.

The Board noted that in regard to the 2017/18 Annual Plan due to a funding calculation error which caused a late change in the Population Based Funding Formula allocation a revision has needed to be made to accommodate a funding reduction of \$780k.

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

The Board noted that the combined impact of these changes are:

Previously 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 2016/17 financial year result to the projected 2017/18 result was detailed by way of a waterfall graph which was included in the papers.

Discussion took place regarding delayed capital spend and it confirmed that some of this has moved to the next financial year.

The Board noted that one of the big challenges will be the transition from the old hospital to the new one.

A query was made regarding whether the overrun costs in the 2016/17 financial year could be identified and it was agreed that this would be provided at the next meeting.

It was agreed that a workshop around financials would take place as part of the 2 November 2017 Board meeting.

The financial report was noted.

8. WELLBEING HEALTH & SAFETY UPDATE

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

It was noted that discussion had taken place at the Hospital Advisory Committee meeting around compliance to ESPI2 and the pressure on staff around this.

The Chief Executive commented that we need to be careful that we do not get distracted by things that we cannot control and it is important that we get our culture and engagement right and doing all we can in this area.

The update was noted.

9. MENTAL HEALTH UPDATE - PRESENTATION

Dr Cameron Lacey, Medical Director, provided the Board with a presentation which gave an update on mental health.

Mr Lacey commented that a lot has taken place in this space.

He spoke regarding: the review outcomes achieved or underway and linking these outcomes to areas of work.

The overarching principles for this are:

- Ensure that in all things we do we are responsive to the needs of our community and minimise wait times for our services; and
- Ensure work undertaken adopts the whanau ora approach and in partnership with manawhenua, Poutini Waioira, PHO and NGOs.

Mr Lacey took the Board through the work streams:: Operational Excellence; Older Persons & Kahurangi; Allied Health Integration & Mental Health Service transformation Project and provided a view of services going forward including service transformation in the following areas:: Model of Care; Crisis Reponse; CMH/AOD and Impatient CAMHS & Maori Mental Health.

The Board noted the recent consultation process undertaken across the DHB with good discussions taking place and challenges raised which are needing to be worked through.

The Chair thanked Dr Lacey for his presentation and for the work undertaken by him and his team.

10. REPORTS FROM COMMITTEE MEETINGS

a. Community & Public Health & Disability Support Advisory Committee Meeting

Elinor Stratford, Chair CPH&DSAC, provided an update from the Committee meeting held on 27 July 2017. She highlighted in particular: submissions around the West Coast Regional Council's Draft Annual Plan; the publication "Nourishing Futures with Better Kai"; B4 School checks which are on target; Healthy West Coast and Oral Health; and the Disability Respite paper.

b. Hospital Advisory Committee Meeting

Michelle Lomax, Chair HAC, provided an update from the Committee meeting held on 27 July 2017. She highlighted: the work taking place around DNAs; Ending PJ Paralysis; the discussions around Buller facilities; physiotherapy recruitment and alternatives and the ESPI2 Health Target discussions.

c. Tatau Pounamu Advisory Group

Francois Tumahai provided an update from the Tatau Pounamu meeting held on 20 July 2017. He advised the Board that Susan Wallace now has the role of Chair of this Advisory Group. He highlighted that discussions took place regarding dual signage and cultural aspects and art work for the new Grey facility.

The Committee updates were noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (32/17)

(Moved Kevin Brown/seconded Edie Moke – 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 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”;

There being no further business the public open section of the meeting closed at 12.30pm

The Public Excluded section of the meeting commenced at 12.30pm and concluded at 3.10pm with a 30 minute break for lunch.

Jenny Black, Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 29 SEPTEMBER 2017

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	11 August 2017	Cost Over-runs	Information to be provided regarding the reason for the cost over-runs in the 2016/17 financial year	To be provided at Board meeting today.
2.	11 August 2017	St John	An update to be provided on the position around St John.	South Island solution being developed.
3	11 August 2017	People Strategy	The re-shaping of the People Strategy to be presented to the Board.	Early 2018

UPCOMING PRESENTATIONS/WORKSHOPS

TOPIC	STATUS
Finance	October 2017
Cultural Training Information	December 2017

CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 29 September 2017

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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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.



A: Reinvigorate the West Coast Health Alliance

Alliance Leadership Team (ALT) Activity

At the last meeting in August the ALT:

- Recognised the good work being carried out by the Takarangi Cultural Competency Training and gave full support to its continuation. The ALT is committed to weaving the three elements of management support, peer support and cultural support into the workstreams.
- Recognised the ASG Lessons Learnt Report as being a powerful document that highlights both the 2016-17 successes as well as those areas where further action is needed.
- Expressed commitment to increase engagement with the Consumer Council and the wider community, recognising that this is needed to ensure better feedback from our local populations. The ALT is determined to improve overall engagement and communication.

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 12 patients in the aged care facility (hospital level, residential and palliative).
 - The Patient Portal is up and running at the practice.
- **South Westland Area Practice**
 - Cornerstone audit will occur in the second week of October.
 - We will be commencing a review of our HML service to look at any improvements to the service and gain feedback from the community and our staff about the service. The system is not popular with some patients and staff.
 - The Patient Portal is about to go live.
- **Greymouth Medical Centre (GMC)/Rural Academic General Practice (RAGP)**
 - The combined practice staff are gradually getting accustomed to the new way of working. The extended hours and unplanned care area has been popular.
 - The Patient Portal is up and running at the practice. Enrolments for this are steadily increasing.

Community

- **Public Health/B4School/Vision Hearing**
 - *Public Health Nursing* – Youth assessment at Grey High School is almost completed with 84 students assessed out of a total of 112 for 2017. The other areas have a good percentage of the consenting students' assessments completed also. Outreach B4School checks continue to be supported by the PHNs across the DHB. PHNs in two areas have continued to step up their attendances at the facilities in their areas to ensure Early Childhood Services are receiving the support they need across their curriculum. This is showing improvement in the supporting of family issues and raising awareness through well health promotion.
 - *B4School Service* – It was great to receive positive feedback from the Ministry of Health to acknowledge the progress and results achieved in quarter 4 showing substantial improvements in Raising Healthy Kids. Staff are working on their skills to ensure child obesity issues are addressed sensitively but with the view to improving outcomes. We look forward to the electronic calculator to improve accuracy.
 - *Vision Hearing Service* – The back log has now completely cleared. This shows efficiency in this area and the technician appointed just 12 months ago has achieved high outcomes. Amanda Radcliffe, our VHT, is now fully qualified and managing this role excellently.
- **District Nursing:** District Nursing services are supporting the newly set up infusion service and are currently part of an eight week trial. Two District Nurses have been trained in cannulation and infusion management.
- **Home Based Support Services (HBSS)**
 - Sixteen applicants for casual Support Worker positions Coastwide have been received, the applicants interviewed and the employment process begun. All applicants are of a high standard. A three day orientation process is being planned which will introduce the new staff members to the DHB and the HBSS structures and give them a robust understanding of the expectations of the service.
 - Two current vacancies (an RN and an administrator) are also in process. Work is in

progress around service improvements with an important part of our HBSS workforce, our Support Workers, to ensure we provide the best possible service to our clients.

- **Clinical Nurse Specialists (CNS) Buller & Greymouth**

- We are currently looking at our CNS services to identify how we can best utilise this valuable resource. We have undertaken an assessment of activities that includes a Time In Motion study to identify where we could focus on improvements and opportunities to release more time for clinical work.
- In late September, replacement positions will be advertised. The first is for a Palliative CNS as the incumbent is moving to the CDHB.

C: Implement the Maori Health Plan

- **Te Wiki o Te Reo Maori: Nga mihi whakawhetai ki a koutou nga rangatira I roto I te wiki o te reo Maori.** This year's Te Wiki o Te Reo has coincided with the September Intake of the new graduate Nurse Entry to Practice (NETP) Programme. This all-day hui, the main kaupapa to welcome incoming new graduate nurses while simultaneously celebrating outgoing grads, has, in recent years, addressed these nurses with a mihi whakatau. This September, they received an added welcome from the WCDHB waiata group, who sang waiata to them. This added a special element to the day and helped to reinforce important connections for new and existing staff. At the time of writing this report the activities arranged to celebrate Te wiki o Te Reo have been well attended by members of Community Public Health, the West Coast PHO and the DHB.
- **Improving the Cancer Pathway for Maori:** A draft implementation plan has been developed and the key aspects to this include enabling enhanced relationship and communications throughout the pathway for Maori cancer patients. Improving the current referral system is a key priority. There should be a greater focus 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 resources for Whānau and support services in WCDHB. Also building the capacity of staff to be culturally competent is an ongoing goal.
- **Cultural Competencies:** We continue to work to enhance the Cultural Competency of the health sector workforce within the West Coast DHB area; this is also a priority for the South Island Health and Disability Workforce Hub. This year the focus has been on the delivery of training programmes such as Takarangi Cultural Competencies and the Tipu Ora Hauora certificate and diploma programme.
- Following the successful delivery of the Takarangi Cultural Competencies Hui at Te Tauraka Waka a Maui Marae in Bruce Bay, the feedback received has been extremely positive. Participants identified it as an excellent learning and networking event and each is currently involved in working towards completing their professional portfolio for this. A survey sent out to participants has shown that they found the framework extremely relevant to their roles and that it was explained clearly and was very engaging.
- **Facilities:** Recently members of the facilities team and the GM Maori Health met with carvers based at Arahura Marae and the Chair of Te Runanga Ngati Wae Wae to discuss how to incorporate Maori taonga in the new hospital. This is an important conversation and is progressing well. There is a good sense of collaboration. The carvers will be visiting the hospital site with members of the facilities team on 13 September.
- **e-Learning Orientation:** Currently we are working with the Maori health team from Canterbury DHB and Learning and Development to develop an e-learning orientation package for new staff coming into both organisations.

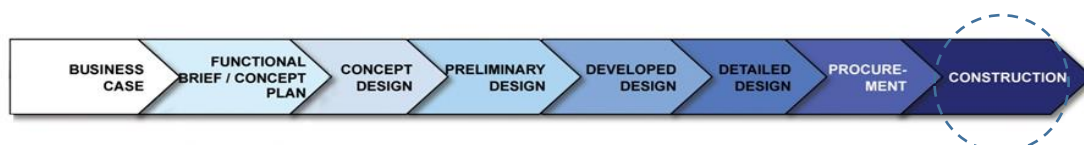
- **Maori Health Needs Assessor:** We had a number of applicants come forward for the role of Maori Health Clinical Assessor; this role will now be full time. The position will be part of the CCCN and will have strong links to the Maori health team and to Poutini Waioara, the Maori health provider.
- **Maori Mental Health:** Presently the General Manager for Maori Health, the Manager of Maori Mental Health Services and the Mental Health Operations Manager are working together for the promotion of cultural assessment. To this end a series of talks are being given to all individual services by the Manager for Maori Mental Health Services, to promote cultural assessment and clarify the criteria for entry. In addition they are also planning a half day training workshop to be delivered to all service managers across mental health.
- **Te Ara Whakawaioara:** This is a method of accelerating Maori health performance. We are in the early stages of working with Planning and Funding Canterbury DHB to see how to best use this model. The principle focus will be on Maori Health disparities.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
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A: Facilities Maintenance Report

- Two new emergency generators mounted on trailers will be installed and commissioned at Haast and Fox Glacier clinics next week.
- Facilities involvement in the Lake Brunner Rural Clinic is complete and the building has been commissioned and handed over to the WCDHB.
- Number 2 coal boiler at Reefton hospital has had repairs done to the refractory.
- The work to replace the pedestrian bridge has been slowed down by a requirement from Kiwirail for a new Deed of Grant.
- 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.
- **Building Compliance/Building Warrant of Fitness (BWOFF):** BWOFFs are up to date for all West Coast facilities. Electrical compliance testing is on a 12 month schedule.
- A fire panel from Medical Administration was reused to replace the damaged one in Grey Hospital reception to minimise spending without compromising safety in light of the opening of the new development.
- Due to the reduced water in the town reservoirs in Buller there has been concern about the operation of the sprinkler system in the hospital. The possibility of providing emergency water supply in tanks connected to the system is being investigated.

B: Partnership Group Update

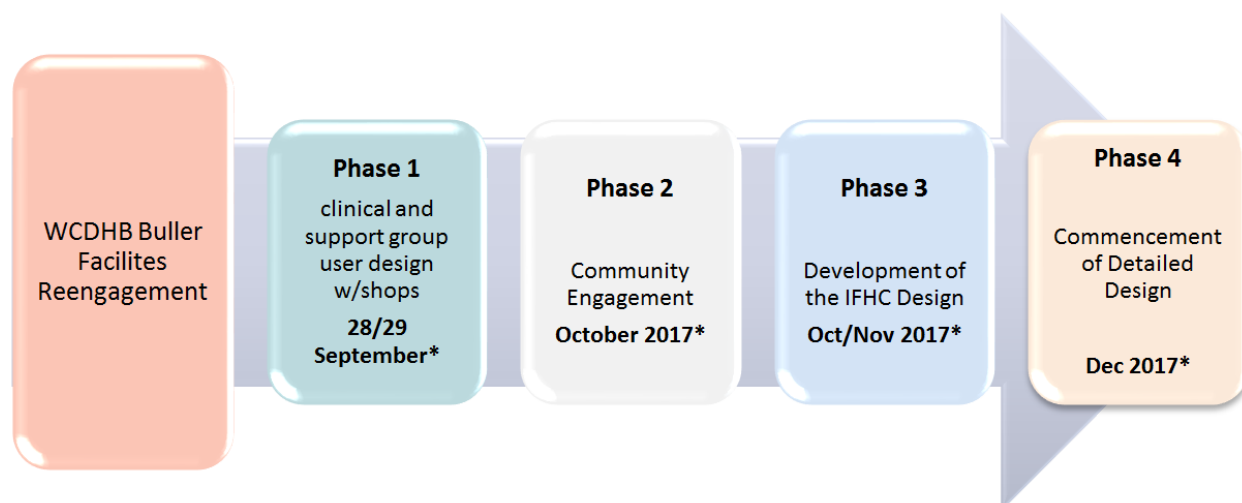


- Good progress continues to be maintained on site with the façade secondary steel now completed on the main building and the Integrated Family Health Centre (IFHC) structure close to completion as well as the ambulance bay structure. In addition, the link to the main building from the IFHC excavation has commenced.
- The new boiler house building excavation and installation of temporary services is progressing.

- The momentum in progress on site corresponds with an increase in the number of personnel on site with 80-90 per day.
- 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 DHBs planning for the move to the new facility.
- Procurement of the equipment required by the project continues and is on track with timing and alignment with the FCCL construction programme. The WCDHBs 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.

Buller

- The DHB recognises that for a variety of reasons engagement with Buller staff ceased some 18 months ago. Subsequently, re-engagement of Buller clinicians and staff along with the Buller community has become increasingly urgent due to a mix and range of issues in regard to the proposed Buller facility.
- Below is a phased plan for re-engagement developed by the DHB and agreed by the Hospital Redevelopment Partnership Group. The desired outcomes are:
 - Re-engagement of staff into the project to contribute to the development of a design that meets both clinical and project requirements.
 - Re-engagement of the Buller community, providing and presenting sufficient information on how the West Coast DHB intends to deliver health services on the West Coast, and in particular, the Buller region and how the Buller IFHC will contribute to enabling this.



	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES
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A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- **Leadership for nursing:** The Clinical Nurse Manager position for the inpatient ward has now been filled. The successful applicant will be joining the team on 6 November. All Associate CNM positions are in place. Team building sessions have been arranged from early October

ensuring staff filling these positions have the tools they need but also are working as a cohesive team that share the same values and are working toward the DHBs vision for the future.

- **Discharge planning:** Ngaere Dawson has finished her patient stories. It is hoped that these stories can be utilised for staff training of IDEAL.
- **End PJ Paralysis:** Staff continue to do well with this concept. Most patients who are able to get up and dressed are doing so within the wards now. Brian Dolan visited the wards recently from Christchurch and noticed a positive change. He intends to revisit again shortly encouraging staff to be proactive and come up with innovative ideas to improve the patient experience.
- **Infusion Service:** The Nurse Manager Clinical Services visited the Nurse Maude infusion service in Christchurch to see how it was set up and run. It was an informative trip showing how the integration between infusion services and CNS can work in a very productive way to improve patient outcomes and cut down visits.
- **DNA:** Since the re-launch of the DNA project, there has been a slight decrease in DNAs for Pacific Island and European ethnic groups. Unfortunately, there is still some work needed for Maori patients who have seen a slight increase of 2%. We continue to work on this by calling patients to see if there are other ways of improving our services.

Medical

- A new anaesthetist has commenced, and a general surgeon will be offered a formal visit as part of the recruitment process.
- The contract for a transalpine anaesthetist position has been finalised and commences at the end of October.
- We have had an amazing effort around our annual recruitment for junior doctors and we are fully recruited for Q1 and Q2. RNZCGP have placed 2 GP college trainees at Grey Medical Centre. Work around implementing the RDA MECA continues.

Allied Health

- Staff shortages in Physiotherapy have now reached a critical level. CDHB are providing support sending Burwood based physiotherapists over to undertake weekend duties, and we have one physio from Burwood who has committed to a six week block, delivering outpatient services from Grey Base Hospital.
- Recruitment continues for the new Community Rehabilitation Team, which will be based in CCCN and initially work with Greymouth residents.
- There is now a range of short videos showcasing Allied Health staff that are being used as part of our recruitment campaigns. These videos give great insight into working and living on the Coast, and feature a range of front-line and leadership staff from a number of professions and cultural backgrounds.
- The recent Ministry of Health NZ Health Strategy Review Workshop in Christchurch was a great opportunity to showcase the ways that the WCDHB Allied Health teams are undertaking activity that supports the health strategy. This includes our Diversional Therapy programme which is now in Westport and Greymouth, the 'one team' dietetic and nutrition service that we are delivering in partnership with the PHO and the integration of the previously siloed Social Work services.
- Speech Language Therapy have procured software that will enable them to deliver the Lee Silverman Voice Treatment Service (LSVT) into patients own homes. While it is still being set up and trialled, the therapists are excited about the potential to work with people who have not been able to access the service which was until now only delivered in Greymouth.
- It is great to see the Bone Density (DEXA) scanner in place in its new location at Grey Base Hospital, across the main corridor from Radiology. We look forward to providing the Board

with detail on cost and time savings for patients in coming months.

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:**

- **Professional Development:** Currently there is a focus to support and provide professional development opportunities for all the frontline staff within Mental Health and Addictions services. The Mental Health Leadership Team are working closely with the CDHB leadership team to utilise a transalpine approach to training opportunities. Currently the emphasis is on DASA, to enable staff to identify and manage risk more effectively day to day. This is specific risk assessment, formulation and management planning which provides a formalised structure to assist in both minimising and managing risk. In addition, SCM (Structured Clinical Management) will be delivered by Mindsight Therapists, designed specifically to work with people with borderline personality disorder. This particular approach provides a stepped care approach matching treatment to need for a client group that are seriously at risk of self-harm and suicide. In addition, a number of key staff have completed DBT (Dialectical Behaviour Therapy) training, again primarily used in the treatment of those with borderline personality disorder, though it can and will be used in other disorders when appropriate.
- **Mental Health IT System Go-live:** The Mental Health services work towards the transition from a primarily paper based system to an electronic one is continuing. Since the last report, all of Grey CMH have received training and can now access the system. Similarly all the TACT team now have access, as do all the Social Workers that work within mental health. It is anticipated that the next team to go live will be CAMHS.
- **The Substance Addiction Compulsory Assessment and Treatment (SACAT) Bill:** Rata AOD service provided strong representation at the initial workshops around this and key individuals within the team have been identified to take lead roles to meet the needs of SACAT.
- **Mental Health e-Learning Resources:** Work around the mental health e-learning resources is ongoing at this time. It is to be acknowledged that it is in its infancy; time will be needed to build up the content and access to the data base. It is envisaged that this will be ongoing, given that clinical evidence bases for treatment and practice constantly evolve.
- **Recruitment and Retention:** Recruitment has begun utilising new position descriptions that enable those recruited to flex across all the main areas within mental health. This will enable more flexibility in how staff are utilised across the workforce and reduce pressures in hot spot areas. Grey CMH have reached full staffing now and if a recent interview for a vacancy in TACT is successful they too will be at full staffing levels. Westport CMH are re-advertising their RN position due to no suitable applicants.
- **NGO Collaboration:** Hokitika CMH have developed a monthly meeting with all the NGO organisations in their area which is leading to far better collaborative working and more fluid and efficient patient journeys. They have held four meetings to date and all feedback is extremely positive in nature. The way they have developed this will be taken as a model to use in other areas.
- **PHO Collaboration:** The Operations Manager met with the PHO recently to look at improving the collaborative working that is already taking place. Areas of good practice were identified and a small number of problematic areas likewise. The Operations Manager will be working closely with team managers to ensure the small problems

identified are addressed. In addition, agreement was made that Mental Health would contribute towards the manning of the stall the PHO use at AgFest, thereby working collaboratively but also promoting the individual services the DHB provides.



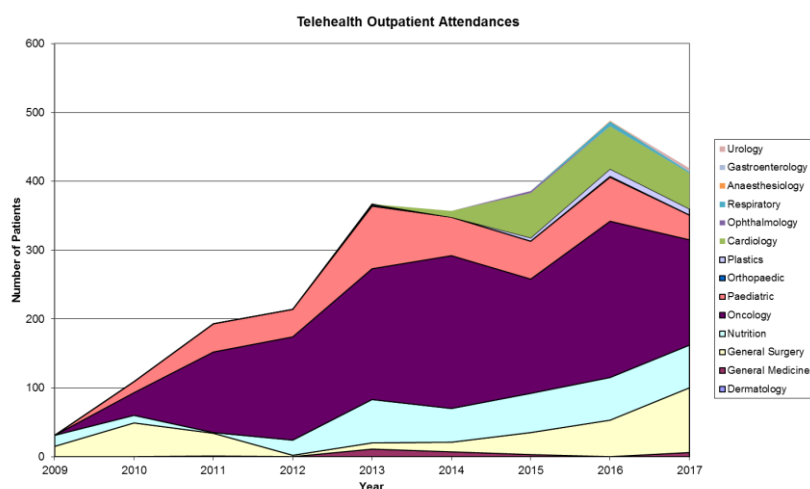
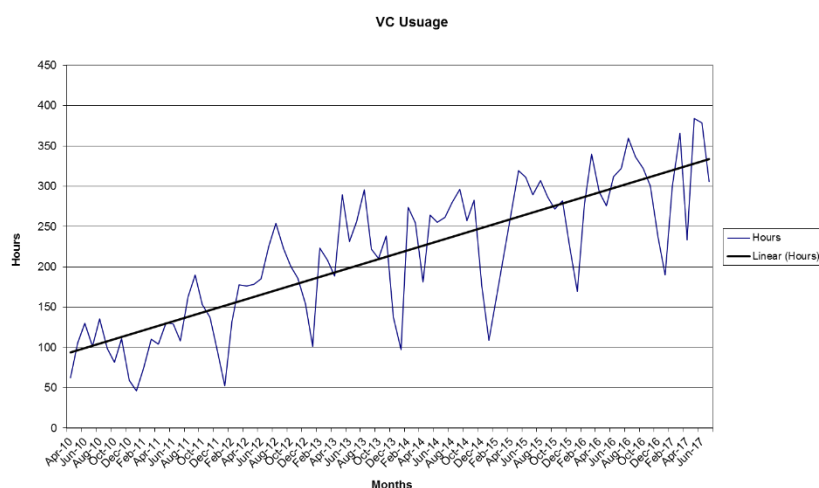
DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

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

- The following transport initiatives are now embedded:
 - Non-acute patient transport to Christchurch through ambulance transfer.
 - The St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth.
 - The Buller Red Cross community health shuttle transport service between Westport and Grey Base Hospital.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network (CCCN)

- Management of Community Dementia services has successfully transitioned from Mental Health to the Complex Clinical Care Network.
- A preliminary audit of patients with fractured Neck of Femur (NOF) has been completed by the Geriatrician. This Geriatrician continues to provide the functions of a Fracture Liaison Service.



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 August 2017 was a deficit of \$313k, which was \$4k favourable to budget. The year to date position of a net deficit of \$594k is \$15k favourable to budget.

	Monthly Reporting			Year to Date		
	Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000
Governance Arm	0	0	0	0	1	1
Funder Arm	360	387	(26)	825	435	390
Provider Arm	(673)	(704)	31	(1,419)	(1,045)	(375)
Consolidated Result	(313)	(317)	4	(594)	(609)	15

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 work programme continues to be refined and is reflected as a single programme of work below.

Key initiatives	Due	Status
Design a policy framework and renew People and Capability policies	2017: Q2	●
Develop and deploy leadership and talent framework	2017: Q4	●
Enhance our Health and Safety system	2017: Q4	●
Enhance Occupational Health and Injury Management Services	2017: Q4	●
Redesign the employee lifecycle	2017: Q2	●
Transforming HR Service Portal	2017: Q4	●

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

- Design a policy framework and renew People and Capability policies**
 - The focus of this initiative is now on the three people foundations within Our People Strategy, rather than a policy framework and policies. As such, this will be renamed Our People Foundations. Planning is underway and the timeframe will be rebased accordingly.

- **Develop and deploy leadership and talent framework**
 - This initiative continues to focus on developing the 18 month plan to deliver our commitment to grow widely distributed clinical and operational leadership.
- **Enhance our Health and Safety system**
 - The revised Wellbeing and Staying Safe Process Workbook (which will function to detail all the wellbeing health and safety processes across the organisation) is being reviewed by Audit and Legal prior to being finalised. It contains 34 detailed future state processes, and outlines change impacts, business requirements, and information system requirements.
 - A new South Island-wide incident reporting form went live as scheduled on 1 September 2017.
- **Enhance Occupational Health and Injury Management Services**
 - Phase two of this initiative is complete. This includes a summary of international and national best practice principles for workforce health and wellbeing; and an overview of the health and wellbeing needs for our people.
- **Redesign the Employee Lifecycle**
 - This initiative is now complete and moves into the implementation phase via the Transforming HR initiative (below).
- **Transforming HR | Service Portal**
 - Phase 1 of Transforming HR is the implementation of a service portal. This responds directly to some of the key themes from the Redesign the Employee Lifecycle initiative, including: high administrative load as a result of current processes; person dependent, not process dependent; not clear who to contact for what; no notification process back to the customer; difficult to find information; little or no systematic prioritisation process.
 - The service portal will improve service delivery in three key ways:
 - Optimising the experience for users requesting services from People and Capability. This includes a single point of access for all People and Capability information and transactions.
 - Automating repetitive tasks so they are not person dependent. Users will also be able to track the status of their requests.
 - Improving workflow management, which will enable systematic prioritisation of work. Thus resulting in more efficient service delivery for the organisation.
 - The design phase of this initiative is due to commence following the procurement process, which is scheduled to be completed in September 2017.
 - The service portal is scheduled to launch in mid-December.

C: Effective Clinical Information Systems

- **eReferrals Stage 3** – electronic triage: eReferrals Stage 3, eTriage has gone live for 3 services, Plastics, Gynaecology and General Surgery on 18 May. 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. The patient portal has now gone live for public access in Greymouth and Reefton.
- **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 within the next month.

- **Joining West Coast DHB and Canterbury DHB domains:** The West Coast DHB and Canterbury DHB domains have been joined. A major technical achievement has occurred with this project. WCDHB staff can now access the CDHB intranet and vice versa. Staff from either DHB can access file shares which permissions have been granted to. WCDHB staff can also access the CDHB SharePoint site. This allows much greater knowledge sharing, collaboration and transferring of information between the DHBs. This work has also allowed rapid resolution of several complex outstanding issues, including the deployment of a Coaguchek Point of Care device into Karamea and implementation of two new laboratory analysers in Greymouth.
- **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 procurement process involving a Request for Proposal (RFP) for a telephony system for the new facility has been completed, with a preferred provider chosen. Detailed scoping has commenced with a contract being drafted. The business case for the proposal is nearly finalised, subject to final costings and scope being confirmed.
- **Telehealth RFQ:** A Telehealth Request for Quotation (RFQ) was submitted in July, closing in August with the outcome soon to be determined. The capabilities this will introduce to WCDHB will allow increased mobility and capability at a more sustainable price point.
- **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 has been selected. Contracts are being drafted, with the net outcome a large financial saving to WCDHB, with massive increases in bandwidth across most sites, and improved resiliency at all sites. The Disaster Recovery strategy has seen considerable development and expansion with more details included and a wider scope to encompass telephony, backup recovery and infrastructure as a service, as all of these components interrelate. This is still a work in progress but is nearly completed, with the aim of an October completion. This strategy will inform and allow the update and refinement of a Disaster Recovery Plan (DRP). A disaster recovery training event in early November has been booked by the WCDHB CIO in preparation for redrafting the DRP.

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

Media interest

- Buller aged residential care facilities
- Buller water contingency plans
- New Buller IFHC
- Buller Health maintenance
- Buller palliative care
- Buller Health seismic engineering status
- New Grey facilities
- Provisional suicide figures
- Grey aged residential care facilities
- New DEXA bone density scanner installed at Grey Base
- New Moana clinic opens
- Physiotherapy services vacancies and current recruitment campaign
- Coast phone services

- Oral health initiatives

Media releases were issued on

- Mental health initiatives put together on calendar to mark World Suicide Day
- Community dementia services shifts to CCCN
- Slight delays with Grey Medical Centre phones
- New West Coast DHB General Manager appointed

Video releases were issued on

- West Coast DHB gets a DEXA scanner
- Public Health Nurses set up preschool and school clinics
- Working for the DHB: Occupational Therapist Claire Berthelson
- New Grey facilities construction update
- Working for the DHB: Pharmacy Team Leader Mohamed Osman

External engagement

- Public meetings:
 - Greymouth Rotary

Social media posts

- Reefton rest home games
- Breastfeeding awareness
- Facilities updates
- New West Coast DHB General Manager appointed
- Slight delays with Grey Medical Centre phones
- 2017 Countdown Kids Hospital Appeal launched
- NZNO negotiations marked by Buller staff dressing in purple
- FAST stroke awareness promotions
- Kowhai Project fundraiser for landscaping around our new health facilities in Greymouth
- Stop Smoking West Coast – personal story
- Immunisation awareness
- Community dementia service shifting to CCCN
- Oral health promotion
- New DEXA scanner
- Training for emergencies
- HQSC Developing Clinical Leadership workshop
- Mental health initiatives calendar
- New mobile/broadband coverage good for Coast
- Te Wiki o te Reo Maori



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **Westport Restricted Water Supply:** Consumers on the Westport/Carters Beach water supply have been placed on 'Essential Use' water restrictions due to the reduced water in the reservoirs serving the townships. Reduced quantity of water is a public health issue even when, as in this case, water quality is not currently a problem. The public health priorities for water use are water for drinking, food preparation, hygiene and sanitation.

- Community and Public Health are working actively with the Buller District Council (BDC) to address the current water supply issues, including facilitating approval of temporary water carriers. We have set up an Incident Management Team and are liaising with the Ministry of Health and WCDHB and providing regular situation reports to them and BDC. The issue is unlikely to be resolved in the short term and BDC is working towards a more permanent solution.
- **Hauora Explorer – Wellbeing Expo:** The inaugural ‘Hauora Explorer’ Expo was held on 7 August at Greymouth High School. The event featured community organisations that support the wellbeing of our young people. Students visited the 17 stalls, which all promoted ways to enhance the four dimensions of hauora/wellbeing, using Te Whare Tapa Whā model of health. Students completed challenges and activities connected to their mental and emotional, physical, social and spiritual wellbeing. CPH staff attended the event and promoted positive wellbeing, healthy food options and smokefree lifestyles. The Hauora Explorer event was an initiative from community network partnerships set up this year between Greymouth High School’s pastoral team and the community agencies that support young people.
- **Oranga Hā – Tai Poutini (Stop Smoking Service):** The Oranga Hā team reports that for the last quarter 93% of those referred (n=107) enrolled in the cessation programme, with more than half of those attempting to quit and 45% achieving that at four-weeks. This success in quitting is largely the result of cessation workers’ effective engagement with clients, including targeting their supporting whānau members. Another Oranga Hā initiative has also begun with Greymouth’s The Warehouse, where management is committed to creating a smoke free work place by 1 January 2018. In the lead up to this, an incentive programme for customers and staff began on 2 September. West Coasters who signed up to stop smoking at The Warehouse that day will go into the draw to win a BBQ donated by The Warehouse. This initiative is being followed closely by The Warehouse’s national headquarters to see if something similar can be rolled out nationally.
- **Teenagers, Alcohol and the Amazing Brain:** The report ‘Alcohol use by West Coast young people – a survey of young people’s and adult’s views’ is ready for release. The report is based on surveys completed by 920 young people aged 12-18 years and 66 adults who work with young people. CPH staff will visit secondary and area schools and alternative education to present the findings of the report. It is hoped that the report will inform future planning by schools and that young people will be supported to make use of the report’s findings in their studies and school projects. The report should also be useful to a wide range of community groups and agencies working to reduce alcohol-related harm in West Coast communities.
- **Nutrition:** This month, CPH welcomed a new nutrition health promoter, Carina Schill, to our team. Amongst other things, Carina will be working to support the WCDHB to achieve the Ministry’s Healthy Kids target.






Report prepared by:

Philip Wheble, General Manager West Coast DHB

Approved for release by:

David Meates, Chief Executive

DELIVERING HEALTH TARGETS AND SERVICE DEVELOPMENT PRIORITIES

Target		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours <i>(Greymouth Emergency Department only)</i>	99%	99%	100%	99%	95%	✓	The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter four.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	480	991	1,441	1,979	1,906	✓	This quarter, the West Coast DHB provided 1,979 elective surgical discharges, delivering 103.8% of planned discharges and meeting the year-end target.
	Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	63%	76%	83%	56%	85%	✗	Performance decreased this quarter to 56% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are challenging with this result reflecting only four non-compliant patients. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, and diagnostically challenging.
	Increased Immunisation Eight-month-olds fully immunised	76%	80%	91%	80%	95%	✗	During quarter four 80% of all eight-month-olds were fully immunised. Opt-off and declines doubled this quarter to a combined 15% (12 children). This continues to make meeting the target impossible. We are pleased that 94% of our consenting population were immunised this quarter, with just four children missed.
	Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months <i>(Results may vary due to coding processes. Reflects result as at time of reporting to MoH).</i>	84%	91%	92%	91%	90%	✓	West Coast health practitioners have reported giving 4,743 smokers cessation advice in the 15 months ending June 2017. This represents 91% of smokers against the 90% target. The DHB is pleased to have exceeded the target this quarter not only for total population but also for Māori and High Needs. A number of practices have shown significant improvements and have been supported by the Smokefree Services Coordinator and PHO Clinical Manager.
	Raising Healthy Kids Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle	40%	0%	17%	81%	95%	✗	This quarter, 16 children were identified as obese with three referred, two acknowledged, and 11 declined. This represents 81% coverage: a huge 64% increase on the previous quarter. We are pleased to have had a significant increase in our identification and referral of obese children but recognise that the large number of declines needs to be addressed. This is something the DHB is working on in conjunction with the PHO who have committed to supporting this target with their Dietician.

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 29 September 2017

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report is provided to the West Coast District Health Board as a regular update.

2. RECOMMENDATION

That the Board:

- notes the Clinical Leaders' Update.

3. SUMMARY

QUALITY & SAFETY

Clinical Leaders have been working with staff from across the health workforce reviewing the focus and Terms of Reference for the Clinical Board. We are close to completion of this work which will also review the reporting lines and clinical governance structures across the DHB to ensure that these are aligned with our aim of providing excellent rural health services. The intent is to ensure quality governance across the local health sector as well as national quality initiatives, while aligning up to the work of the West Coast Alliance.

A Clinical Leadership workshop was facilitated by the Health Quality and Safety Commission (HQSC) on 6 September, in Westport. The programme was designed to engage clinicians in understanding what clinical leadership is, and to explore the qualities that are important for clinical leaders. The focus was also on leading change within a complex system and ensuring quality and safety for those we provide care to. We are very grateful to the HQSC for enabling the programme to be run here on the West Coast which meant that more of our staff were able to attend the training than would be possible if it was held elsewhere.

The Governance Group for the HQSC Deteriorating Patient Programme is currently developing the local response and formal roll out of the New Zealand Early Warning Score (EWS). This programme will ensure a national approach and consistency for clinicians. Locally we have had an EWS in place for many years, as we were an early adopter of this initiative. There will be a comprehensive training programme for all staff to move to the new format and to refocus the local response.

We have undertaken a month long trial of utilising TrendCare for documenting falls risk assessments. This trial has been successful and demonstrates improved assessment and care planning in relation to falls in the inpatient areas.

Service providers from across the district were hosted by Nursing and Allied Health Clinical Leadership to discuss the aims and opportunities for supporting children and their families across the district. The day presented the opportunity for DHB clinical staff to workshop with non-government organisations (NGOs), Education and regional services on ways we can all contribute to better outcomes for the

young people of the district. Next steps include exploring opportunities for joint governance and extending alliance relationships.

WORKFORCE

The first West Coast Registered Nurse prescriber has been endorsed by the Nursing Council of New Zealand. This nurse works as a Cardiac Clinical Nurse Specialist. Her endorsement to prescribe will mean better access to more timely care for patients with long term cardiac conditions. We have a further seven nurses on the pathway.

The mid-year new graduate nurses from last year have successfully graduated from their first year of practice, with two new beginning practitioners commencing their new graduate programme. All of the graduates have decided to take ongoing positions here on the West Coast.

The ongoing shortages in physiotherapists at the West Coast DHB has become a national issue, with critical shortages being experienced by a number of DHBs. Allied Health Clinical Leaders are working with Health Workforce New Zealand (HWNZ) and the education providers to gain a better understanding of why this shortage exists and how we can disrupt it, and maintain adequate staffing levels into the future.

We are close to completion of a formal written process describing how handover of care between doctors occurs within the Grey Base Hospital. There are many points at which care is handed from one doctor to another during a patient's journey. This is an area of concern with respect to supervision of junior doctors as well as to provision of the best care to each patient. Previously this has not been documented so this will enable us to be completely clear especially with locum staff, about our local expectations. As part of this process we are planning to use a shared electronic document based on the nursing handover tool used in Canterbury DHB as the document currently used by the RMOs is not trackable or shared with senior medical staff.

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

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance & Corporate Services

DATE: 29 September 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.

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 31 August 2017.

3. DISCUSSION

Overview of August 2017 Financial Result

The consolidated West Coast District Health Board financial result for the month of August 2017 was a deficit of \$313k, which was \$4k favourable to budget. The year to date position of a net deficit of \$594k is \$15k favourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,123	7,049	74	✓	14,262	14,091	171	✓
Governance & Administration	69	69	0	✓	138	138	0	✓
Funder	5,128	5,276	(148)	✗	10,284	10,537	(252)	✗
	12,320	12,394	(73)	✗	24,684	24,766	(82)	✗
EXPENSES								
Provider								
Personnel	5,453	5,535	82	✓	11,161	11,052	(109)	✗
Outsourced Services	14	12	(2)	✗	30	24	(6)	✗
Clinical Supplies	757	702	(55)	✗	1,445	1,404	(41)	✗
Infrastructure	1,159	1,096	(63)	✗	2,220	1,842	(378)	✗
	7,384	7,345	(38)	✗	14,857	14,323	(534)	✗
Governance & Administration	69	69	(0)	✗	138	137	(1)	✗
Funder	4,768	4,889	121	✓	9,459	10,101	642	✓
Total Operating Expenditure	12,221	12,303	82	✓	24,454	24,561	107	✓
Surplus / (Deficit) before Interest, Depn & Cap Charge	100	91	9	✓	231	205	25	✓
Interest, Depreciation & Capital Charge	413	407	(6)	✗	825	815	(10)	✗
Net surplus/(deficit)	(313)	(317)	4	✓	(594)	(609)	15	✓

4. APPENDICES

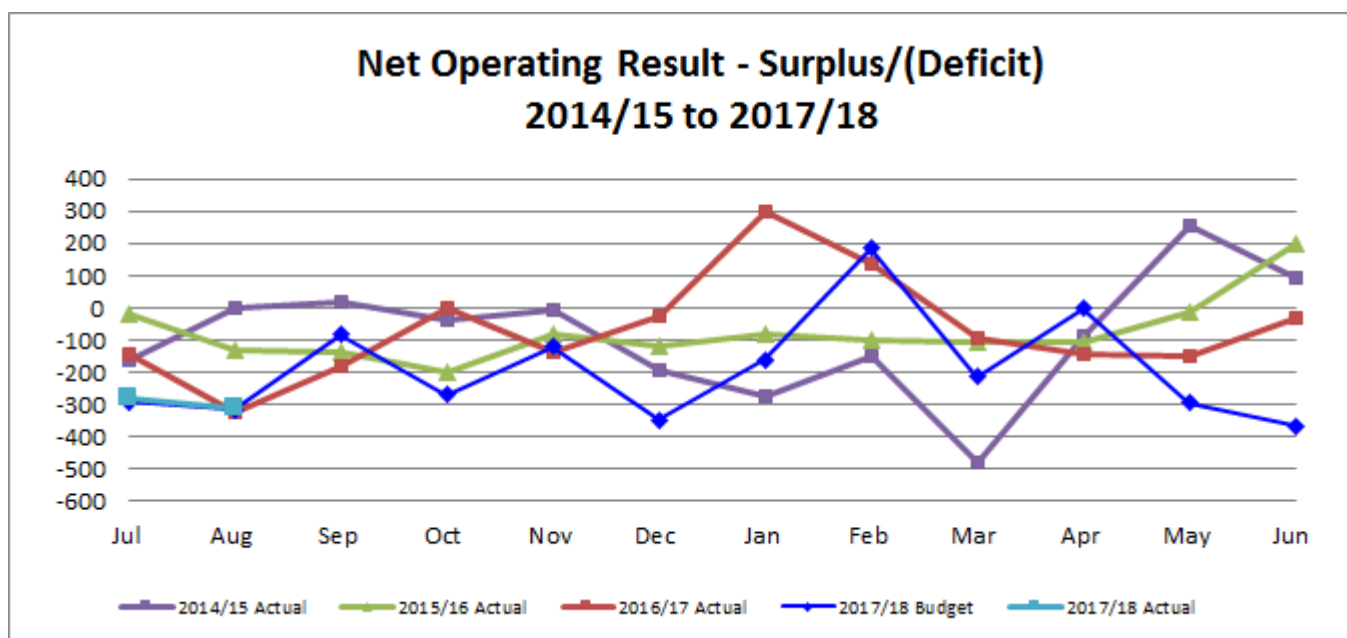
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

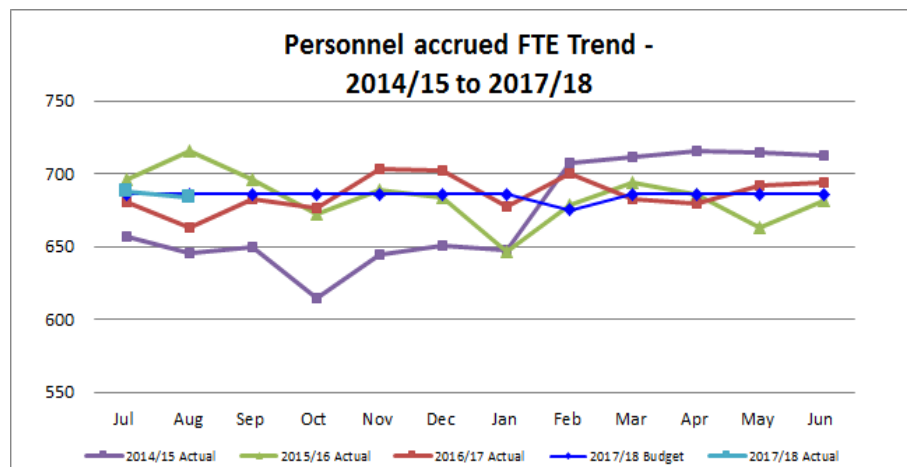
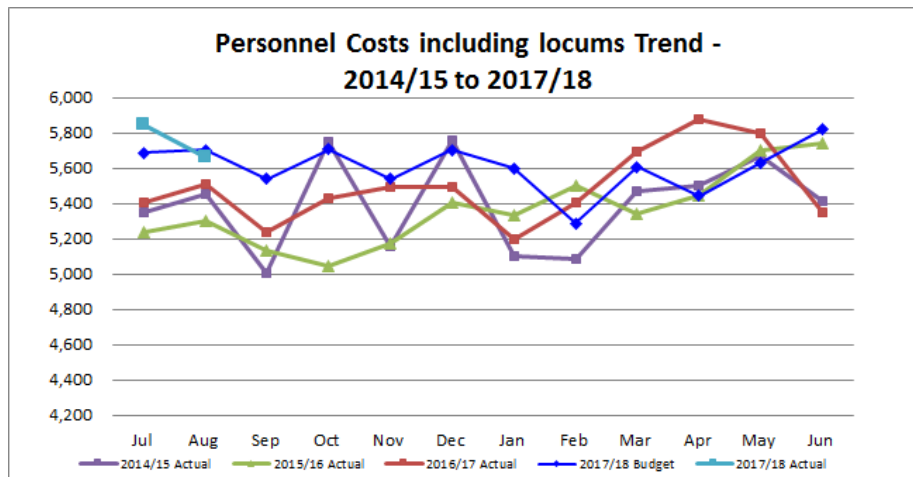
FINANCIAL PERFORMANCE OVERVIEW – AUGUST 2017

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(313)	(317)	4	-1% ✓	(594)	(609)	15	-2% ✓



We have submitted an Annual Plan with a planned deficit of \$2.041m, which reflects the financial results anticipated in the facilities business case, after known adjustments.

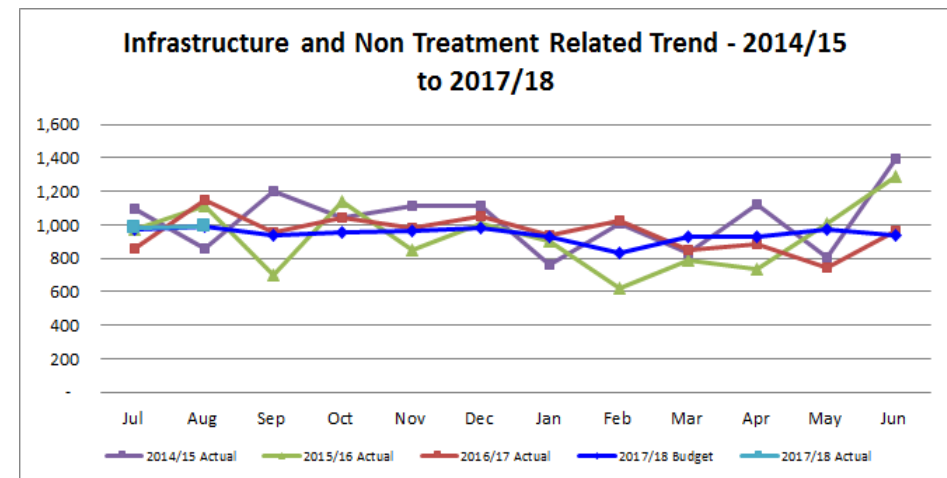
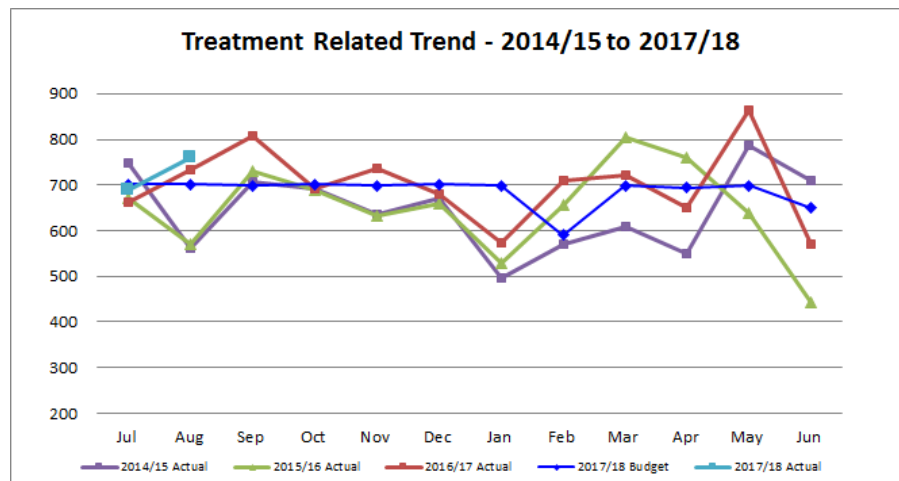
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



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.

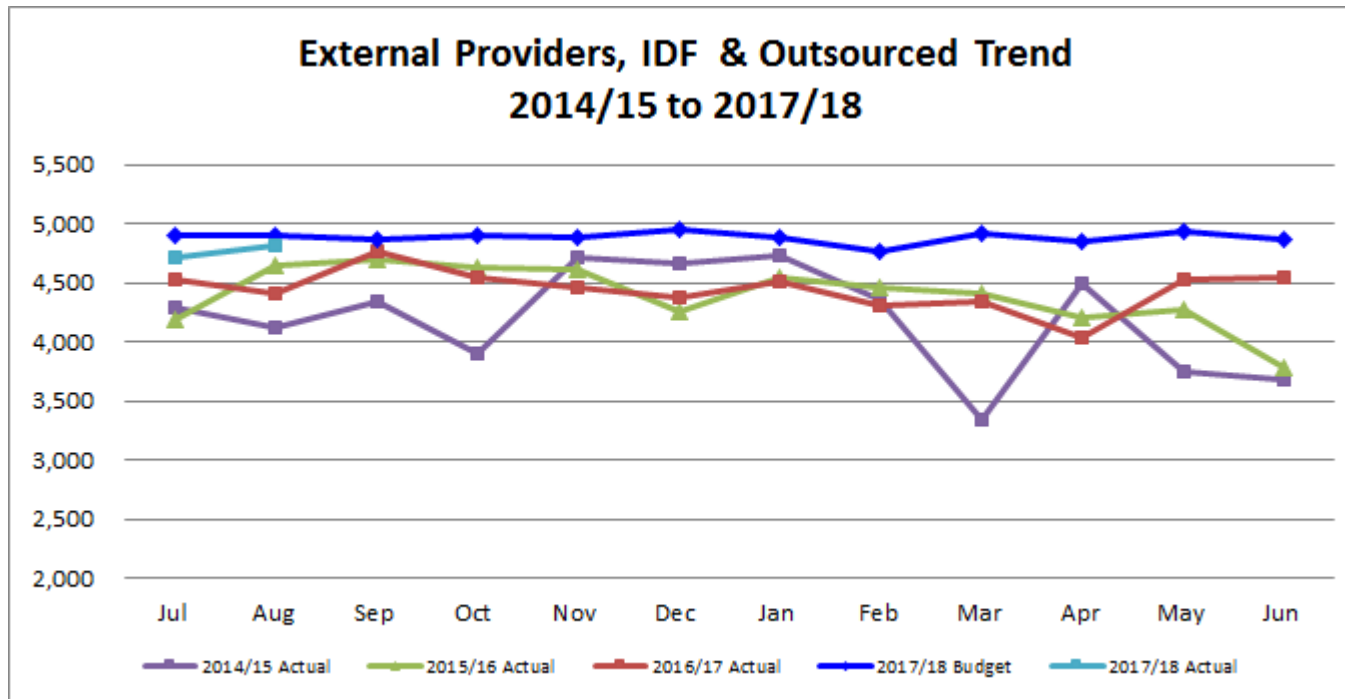
TREATMENT & NON TREATMENT RELATED COSTS



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.

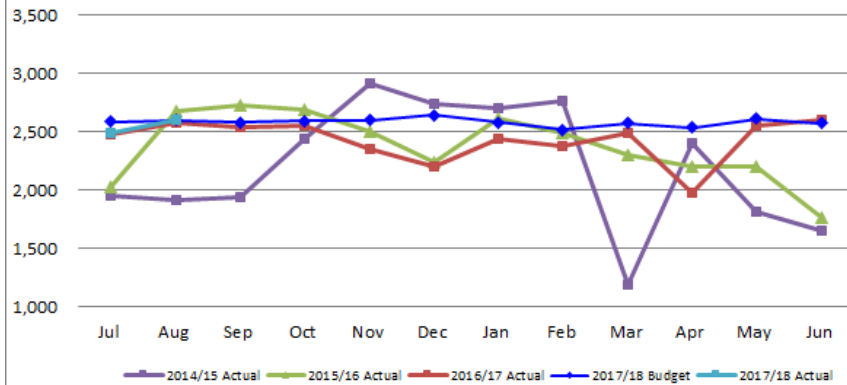
PLANNING AND FUNDING DIVISION

Month Ended August 2017

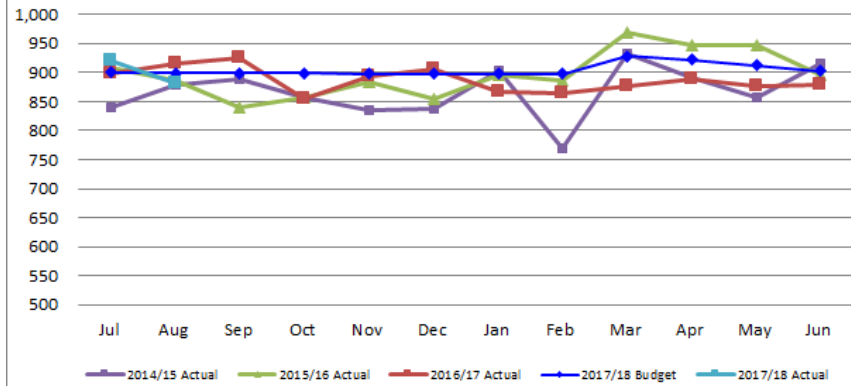
Current Month					SERVICES	Year to Date				2017/18 Annual Budget	
Actual	Budget	Variance		Actual		Budget	Variance				
\$000	\$000	\$000	%	\$000		\$000	\$000	%			
Primary Care											
41	29	-12	-43%	✗	Dental-school and adolescent	71	57	-14	-24%	✗	344
20	22	2	9%	✓	Maternity	45	43	-2	-5%	✗	259
1	1	0	21%	✓	Pregnancy & Parent	4	3	-1	-50%	✗	15
0	0	0		✓	Sexual Health	0	0	0		✓	0
4	5	1	21%	✓	General Medical Subsidy	8	9	2	17%	✓	55
511	526	15	3%	✓	Primary Practice Capitation	1,062	1,052	-9	-1%	✗	6,314
98	98	0	0%	✓	Primary Health Care Strategy	196	196	0	0%	✓	1,177
87	88	1	1%	✓	Rural Bonus	175	176	2	1%	✓	1,059
4	4	0	-3%	✗	Child and Youth	10	8	-2	-21%	✗	50
-6	6	11	202%	✓	Immunisation	8	12	4	32%	✓	126
5	5	0	2%	✓	Maori Service Development	9	10	0	2%	✓	57
52	52	0	1%	✓	Whanua Ora Services	104	105	1	1%	✓	629
5	14	9	67%	✓	Palliative Care	5	28	22	81%	✓	167
9	8	-1	-9%	✗	Community Based Allied Health	10	17	7	40%	✓	101
16	14	-2	-15%	✗	Chronic Disease	29	28	-1	-3%	✗	170
36	28	-8	-29%	✗	Minor Expenses	66	55	-10	-19%	✗	330
882	900	17	2%	✓		1,802	1,800	-3	0%	✗	10,853
Referred Services											
21	28	7	26%	✓	Laboratory	49	56	7	12%	✓	338
580	636	57	9%	✓	Pharmaceuticals	1,171	1,261	90	7%	✓	7,446
601	665	64	10%	✓		1,220	1,317	97	8%	✓	7,784
Secondary Care											
225	174	-51	-29%	✗	Inpatients	361	348	-13	-4%	✗	2,088
139	155	16	10%	✓	Radiolgy services	286	309	23	7%	✓	1,854
133	105	-28	-27%	✗	Travel & Accommodation	222	211	-12	-6%	✗	1,265
1,501	1,499	-2	0%	✗	IDF Payments Personal Health	3,002	2,997	-5	0%	✗	17,984
1,998	1,933	-65	-3%	✗		3,872	3,865	-7	0%	✗	23,191
3,481	3,497	16	0%	✓	Primary & Secondary Care Total	6,894	6,982	88	1%	✓	41,828
Public Health											
18	13	-5	-39%	✗	Nutrition & Physical Activity	36	26	-10	-39%	✗	155
11	11	0	1%	✓	Tobacco control	22	22	0	1%	✓	135
29	24	-5	-20%	✗	Public Health Total	58	48	-10	-20%	✗	289
Mental Health											
7	7	0	1%	✓	Dual Diagnosis A&D	14	14	0	1%	✓	86
0	0	0		✓	Eating Disorders	0	0	0		✓	0
20	20	0	1%	✓	Child & Youth Mental Health Services	40	40	0	1%	✓	242
6	8	2	21%	✓	Mental Health Work force	12	15	3	21%	✓	91
37	61	24	39%	✓	Day Activity & Rehab	75	123	48	39%	✓	736
11	11	0	-2%	✗	Advocacy Consumer	22	22	0	-2%	✗	129
103	82	-21	-26%	✗	Other Home Based Residential Support	206	163	-42	-26%	✗	981
11	11	0	1%	✓	Advocacy Family	22	22	0	1%	✓	133
10	16	6	39%	✓	Community Residential Beds	20	32	12	39%	✓	192
67	67	0	0%	✓	IDF Payments Mental Health	133	133	0	0%	✓	798
272	282	11	4%	✓		543	565	22	4%	✓	3,389
Older Persons Health											
0	0	0		✓	Needs Assessment	0	0	0		✓	0
128	151	23	15%	✓	Home Based Support	259	301	42	14%	✓	1,807
8	6	-2	-34%	✗	Caregiver Support	11	12	0	3%	✓	71
241	273	32	12%	✓	Residential Care-Rest Homes	470	546	76	14%	✓	3,277
25	8	-17	#####	✗	Residential Care-Community	35	16	-18	#####	✗	97
407	482	75	16%	✓	Residential Care-Hospital	866	964	98	10%	✓	5,786
14	10	-4	-38%	✗	Day programmes	23	20	-2	-12%	✗	122
15	12	-3	-26%	✗	Respite Care	27	25	-2	-10%	✗	148
0	1	1	100%	✓	Community Health	0	3	3	100%	✓	15
1	1	0	-1%	✗	Minor Disability Support Expenditure	3	3	0	-6%	✗	15
123	131	8	6%	✓	IDF Payments-DSS	246	263	17	6%	✓	1,576
963	1,076	111	10%	✓		1,940	2,152	212	10%	✓	12,913
1,234	1,359	122	9%	✓	Mental Health & OPH Total	2,483	2,717	234	9%	✓	16,302
4,744	4,879	135	3%	✓	TOTAL EXPENDITURE	9,436	9,748	312	3%	✓	58,419

EXTERNAL PROVIDER COSTS

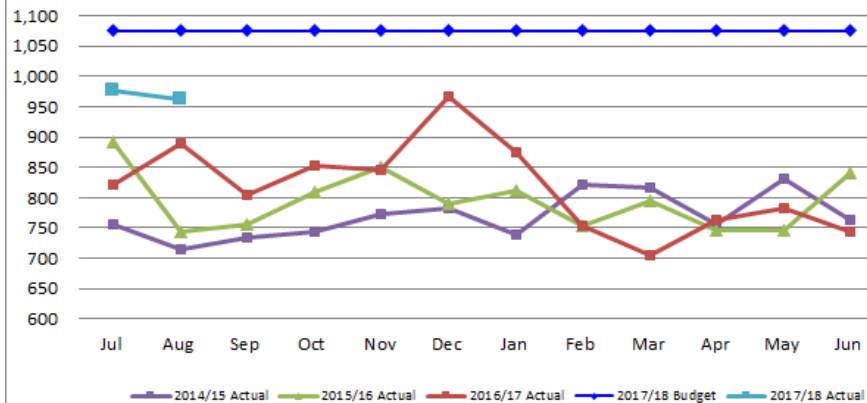
**Secondary and Referred Services Trend
2014/15 to 2017/18**



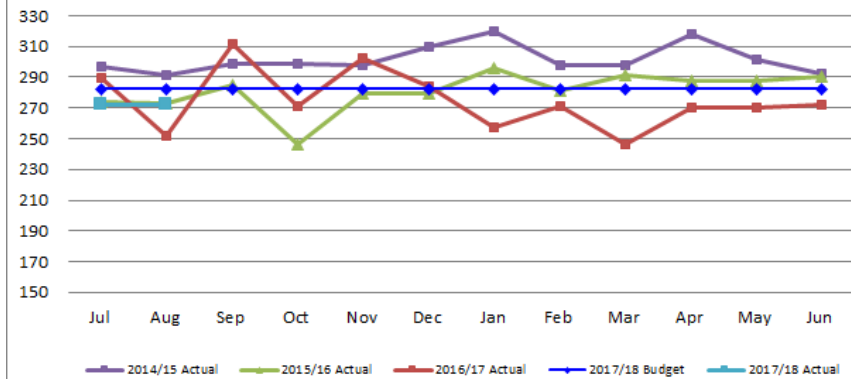
Primary Care Trend 2014/15 to 2017/18



Older Persons Health Trend 2014/15 to 2017/18



Mental Health Trend 2014/15 to 2017/18



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	24,514	25,931	(1,417)	-5% ✗	104,272
Cash	11,372	10,989	383	3% ✓	12,687

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
in thousands of New Zealand dollars

31 August 2017

	Monthly Reporting				Year to Date				Full Year 17/18	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,170	11,569	(399)	(3.4%)	23,109	23,117	(8)	(0.0%)	138,695	137,591
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	1	2
Inter District Flows Revenue	143	142	1	0.7%	285	284	1	0.3%	1,706	1,661
Patient Related Revenue	946	613	334	54.4%	1,167	1,225	(58)	(4.7%)	7,017	2,666
Other Revenue	61	70	(9)	(12.3%)	123	139	(16)	(11.7%)	834	851
Total Operating Revenue	12,320	12,394	(73)	(0.6%)	24,684	24,766	(82)	(0.3%)	148,252	142,771
Operating Expenditure										
Personnel costs	5,660	5,704	44	0.8%	11,508	11,390	(118)	(1.0%)	67,073	65,887
Outsourced Services	1	0	(1)	0.0%	1	0	(1)	0.0%	0	(9)
Treatment Related Costs	759	702	(57)	(8.1%)	1,447	1,404	(43)	(3.0%)	8,288	8,402
External Providers	3,204	3,204	1	0.0%	6,330	6,397	68	1.1%	38,162	35,843
Inter District Flows Expense	1,564	1,685	120	7.1%	3,129	3,370	240	7.1%	20,258	17,317
Outsourced Services - non clinical	40	18	(22)	(126.2%)	62	35	(27)	(75.1%)	214	229
Infrastructure and Non treatment related costs	993	990	(3)	(0.3%)	1,977	1,963	(14)	(0.7%)	11,412	11,446
Total Operating Expenditure	12,221	12,303	82	0.7%	24,454	24,560	106	0.4%	145,406	139,116
Result before Interest, Depn & Cap Charge	100	91	9	10.1%	231	206	(25)	(12.0%)	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	284	283	(1)	(0.2%)	567	567	(0)	(0.1%)	3,400	3,373
Capital Charge Expenditure	129	124	(5)	(4.0%)	258	248	(10)	(4.0%)	1,488	739
Total Interest, Depreciation & Capital Charge	413	407	(6)	(1.4%)	825	815	(10)	(1.2%)	4,888	4,455
Net Surplus/(deficit)	(313)	(317)	4	1.1%	(594)	(609)	15	2.4%	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(313)	(317)	4	1.1%	(594)	(609)	15	2.4%	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 August 2017

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Other

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
22,612	23,210	(599)	(2.6%)	23,623
562	581	(18)	(3.1%)	636
3,495	3,194	302	9.4%	3,194
567	567	0	0.0%	0
27,237	27,552	(315)	(1.1%)	27,453
11,372	10,989	383	3.5%	10,811
57	74	(17)	(23.6%)	72
1,073	1,007	66	6.5%	1,060
5,383	5,123	260	5.1%	4,992
0	0	0	0.0%	0
17,884	17,193	691	4.0%	16,935
45,121	44,745	376	0.8%	44,387
0	0	0	0.0%	0
2,750	2,703	(47)	(1.7%)	2,779
69	70	1	1.4%	70
2,819	2,773	(46)	(1.7%)	2,848
0	0	0	0.0%	0
7,890	6,476	(1,414)	(21.8%)	6,875
9,898	9,564	(334)	(3.5%)	9,557
17,789	16,041	(1,748)	(10.9%)	16,431
20,608	18,814	(1,794)	(9.5%)	19,280
86,062	87,494	1,432	1.6%	86,062
22,082	22,082	0	0.0%	22,082
(83,630)	(83,645)	(15)	(0.0%)	(83,037)
0	0	0	0.0%	0
24,514	25,931	1,417	5.5%	25,107
45,122	44,745	377	0.8%	44,386

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

31 August 2017

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date			
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
12,013	12,320	(307)	(2.5%)	24,975	24,639	336	1.4%
(6,143)	(5,834)	(309)	(5.3%)	(11,359)	(11,830)	471	4.0%
(1,399)	(1,645)	246	15.0%	(3,304)	(3,731)	427	11.4%
(3,129)	(3,180)	52	1.6%	(6,053)	(6,360)	307	4.8%
(1,640)	(1,688)	48	2.9%	(3,406)	(3,376)	(30)	(0.9%)
(298)	(28)	(270)	959.9%	853	(659)	1,511	(229.5%)
0	0	0	0.0%	0	0	0	0.0%
0	(124)	124	100.0%	0	(248)	248	100.0%
(298)	(152)	(146)	95.8%	853	(907)	1,759	(194.0%)
29	35	(6)	(16.1%)	59	70	(11)	(15.2%)
0	0	0	0.0%	0	0	0	0.0%
(172)	(208)	36	17.5%	(351)	(416)	65	(15.6%)
	0	0			0	0	
(142)	(173)	31	(17.8%)	(292)	(346)	54	15.7%
0	0	0	0.0%	0	1,432	(1,432)	100.0%
0	0	0	0.0%	0	0	0	0.0%
0	0	0	0.0%	0	1,432	(1,432)	100.0%
0	0	0	0.0%	0	0	0	0.0%
0	0	0	0.0%	0	0	0	0.0%
0	0	0	0.0%	0	0	0	0.0%
(440)	(325)	(115)	35.4%	561	179	382	212.8%
11,812	11,314	498	4.4%	10,811	10,811	(0)	(0.0%)
11,372	10,989	383	3.5%	11,372	10,990	382	3.5%

TO: Chair and Members
West Coast District Health Board

SOURCE: Planning & Funding

DATE: 29 September 2017

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

The purpose of this report is to present the Committee with the West Coast's progress against the national health targets for Quarter 4 (April-June 2017). The attached report provides an account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 4 health target league table is attached to this report.

2. RECOMMENDATION

That the Committee note the West Coast's performance against the health targets.

3. SUMMARY

In Quarter 4, the West Coast has:

- Achieved the **shorter stays in ED health target**, with 99.4% of people admitted or discharged within six hours. The West Coast continues to maintain consistent performance against this health target and leads the country.
- Achieved the **improved access to elective surgery health target**, with 1,976 elective surgical discharges year-to-date, delivering 103.8% of planned discharges against target.
- Achieved the **better help for smokers to quit health target**, with practitioners giving 4,743 smokers cessation advice in the 15 months ending June 2017. This represents 90.9% of smokers against the 90% target.
- Improved performance against the **raising healthy kids health target**, lifting from 17% to 81% against the 95% target. The DHB continues to work towards this target in conjunction with the West Coast PHO.
- Decreased performance against the **immunisation health target** to 80%. Noting 94% of the consenting population were immunised with only four children missed.
- Not met the **faster cancer treatment health target** with 55.6% against the 85% target. This reflects just four non-compliant patients. A breach analysis will occur and every non-compliant case individually followed up.

4. APPENDICES

Appendix 1: Q4 2016/2017 WC Health Target Report.pdf

Report prepared by: Planning & Funding

Report approved by: Carolyn Gullery, General Manager, Planning & Funding
David Meates, Chief Executive

National Health Targets Performance Summary

Quarter 4 2016/17 (April – June 2017)

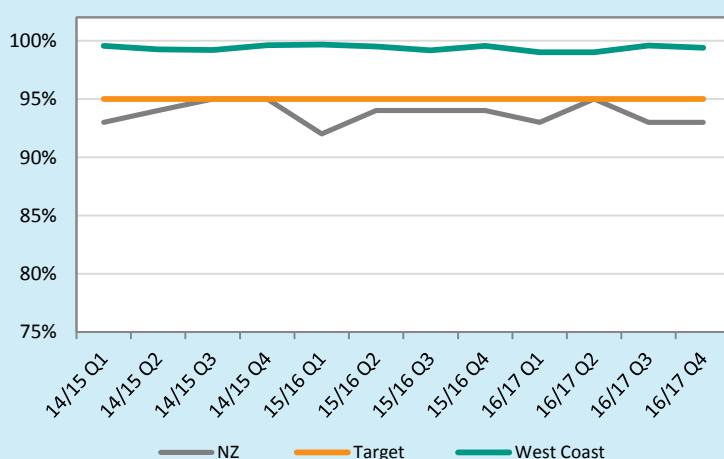
Target Overview

Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99%	99%	100%	99%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery ¹	480 YTD	991 YTD	1,441 YTD	1,979	1,906	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	63%	76%	83%	56%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	76%	80%	91%	80%	95%	✗	3
Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	84%	91%	92%	91%	90%	✓	4
Raising Healthy Kids Percent of obese children identified at B4SC, a referral offered and acknowledged for clinical assessment and healthy lifestyle interventions	40%	0%	17%	81%	95%	✗	4

Shorter Stays in Emergency Departments

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

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



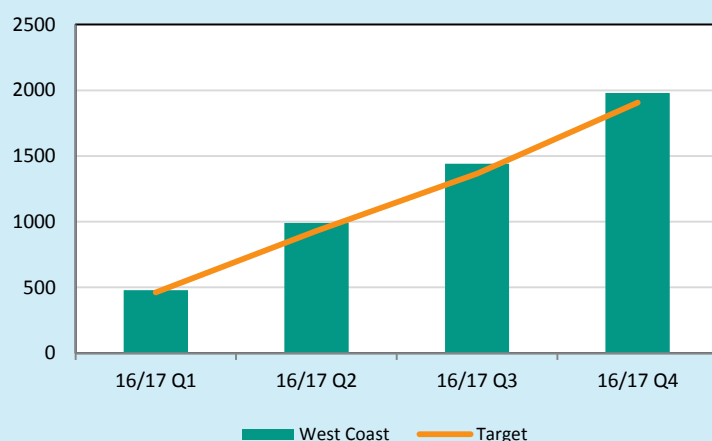
The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter four.

The DHB-owned primary care practice has extended its hours to 8am- 6pm and are now providing an unplanned care facility for those with urgent care needs. This has led to a reduction in triage five presentations at Grey Hospital ED.

Improved Access to Elective Surgery

Target: 1,906 elective surgeries in 2016/17

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

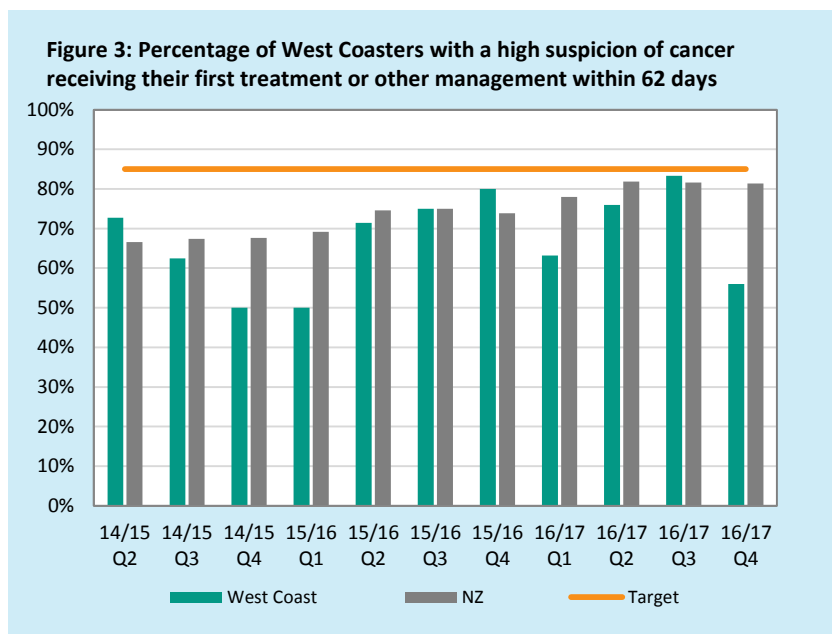


This quarter, the West Coast DHB provided 1,979 elective surgical discharges, delivering 103.8% of planned discharges and meeting the year-end target.

¹ Excludes cardiology and dental procedures. Progress is graphed cumulatively.

Faster Cancer Treatment

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

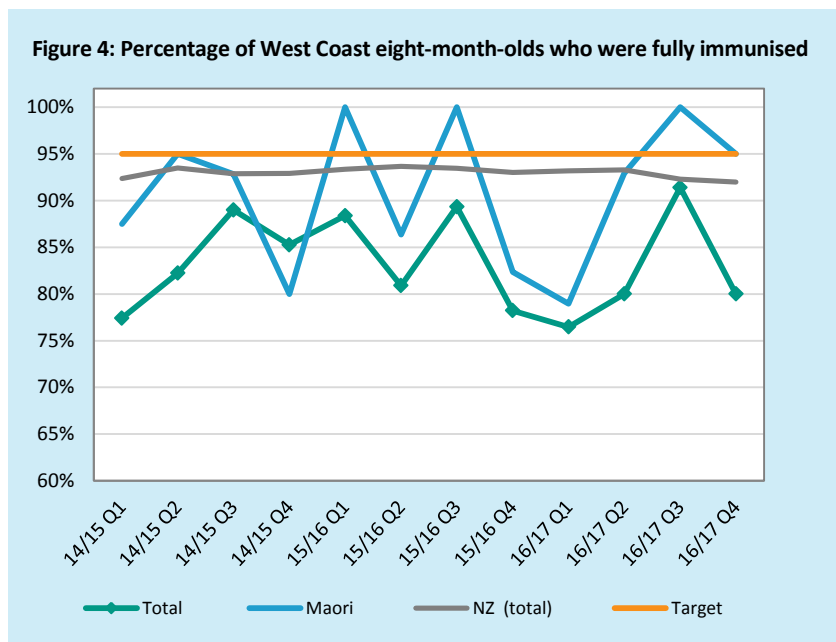


Performance decreased this quarter to 56% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

Small numbers are challenging with this result reflecting only four non-compliant patients. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, and diagnostically challenging.

Increased Immunisation

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



During quarter four 80% of all eight-month-olds were fully immunised.

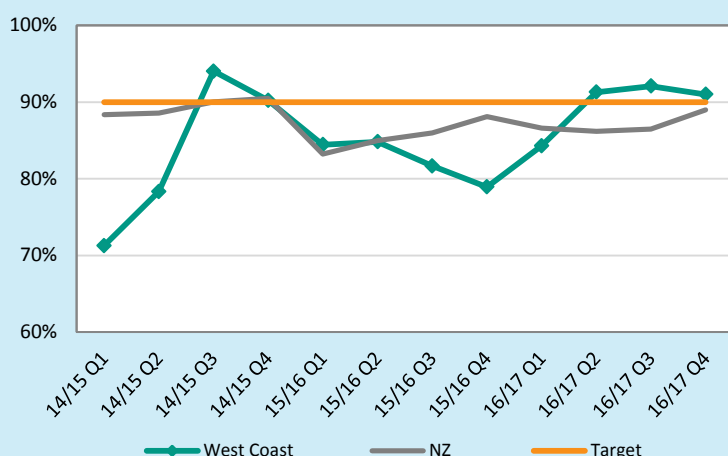
Opt-off and declines doubled this quarter to a combined 15% (12 children). This continues to make meeting the target impossible.

We are pleased that 94% of our consenting population were immunised this quarter, with just four children missed.

Better Help for Smokers to Quit: *Primary*

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

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



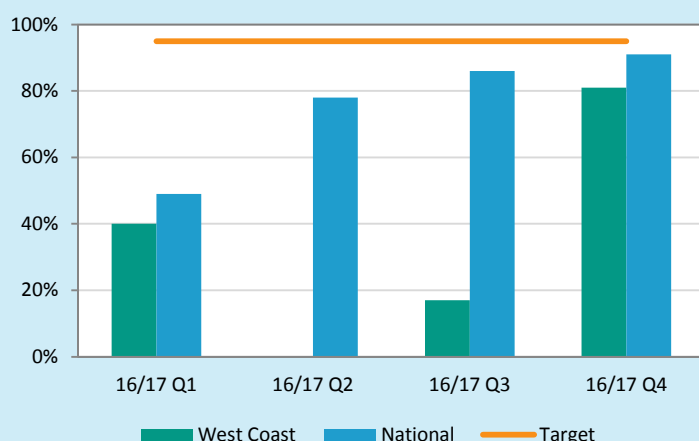
West Coast health practitioners have reported giving 4,743 smokers cessation advice in the 15 months ending June 2017. This represents 91% of smokers against the 90% target.

The DHB is pleased to have exceeded the target this quarter not only for total population but also for Māori and High Needs. A number of practices have shown significant improvements and have been supported by the Smokefree Services Coordinator and PHO Clinical Manager.

Raising Healthy Kids

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

Figure 7: Percentage of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle intervention.²



This quarter, sixteen children were identified as obese with three referred, two acknowledged, and eleven declined. This represents 81% coverage and a huge 64% increase on the previous quarter.

We are pleased to have had a significant increase in our identification and referral of obese children but recognise that the large number of declines needs to be addressed. This is something the DHB is working on in conjunction with the PHO who have committed to supporting this target with their Dietician.

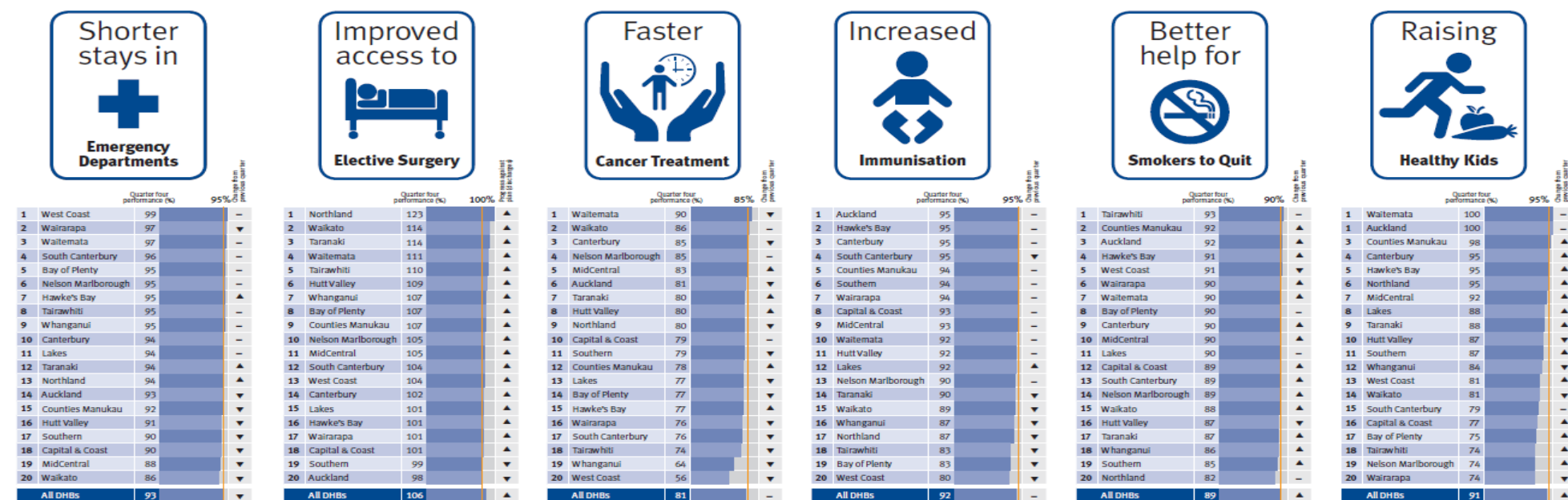
² Results are based on all **acknowledged** referrals for obese children

National Health Targets Performance Table – Quarter 4 2016/17 (April – June 2017)

How is My DHB performing?

2016/17 QUARTER FOUR (APRIL–JUNE 2017) RESULTS

www.health.govt.nz/healthtargets



Shorter stays in Emergency Departments

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

Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 192,237 discharges for the year to date, and have delivered 117,98 more.

Faster cancer treatment

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

Note: From 1 July 2017 the faster cancer treatment target goal will increase to 90 percent. Quarter one 2017/18 results will be against the 90 percent target.

Increased immunisation

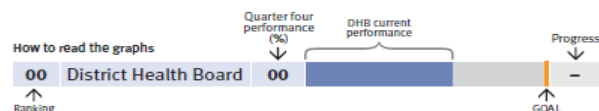
The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between 1 April and 30 June 2017 and who were fully immunised at that stage.

Better help for smokers to quit

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

Raising healthy kids

The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School Checks occurring in the six months between 1 December 2016 to 30 May 2017.



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

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

New Zealand Government

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Maori Health

DATE: 29 September 2017

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

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

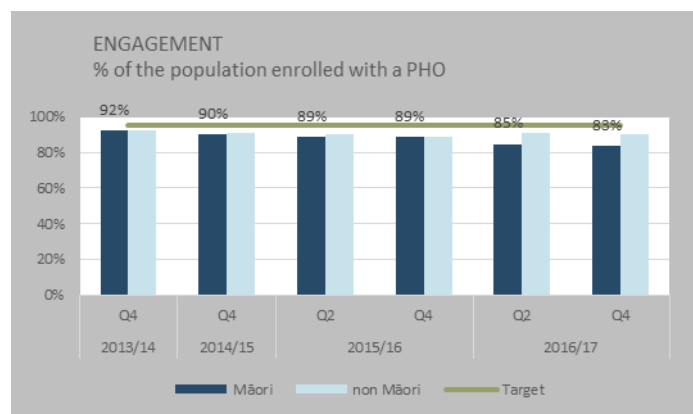
2. RECOMMENDATION

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

3. DISCUSSION

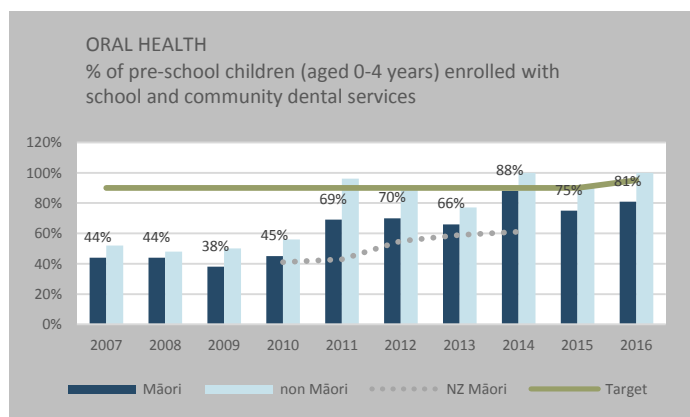
Maori Health Quarterly Report – Q4, 2016/17

Enrolment with a PHO



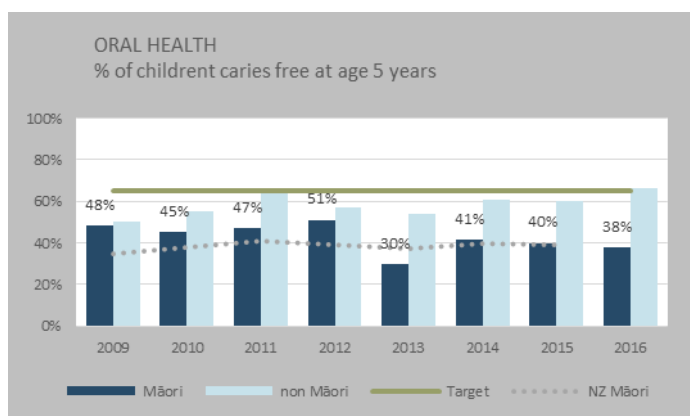
Comments: 3246 Maori are enrolled in the PHO as at the end of June 2017 which is a decrease. Overall enrolment has dropped slightly over the last two years with 3321 Maori enrolled this time last year and 3312 in 2015/16. Comparatively there are 26,240 European and 243 Pacific enrolled in the PHO. It is a similar situation with other ethnicities continuing to decline also.

Oral Health



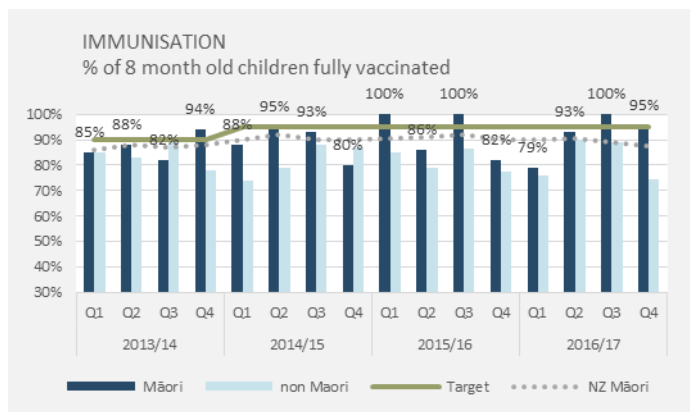
Enrolment rates in the pre-school oral health service continue to rise with 87.1% non-Māori and 75.2% Māori pre-schoolers enrolled at the end of 2016.

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

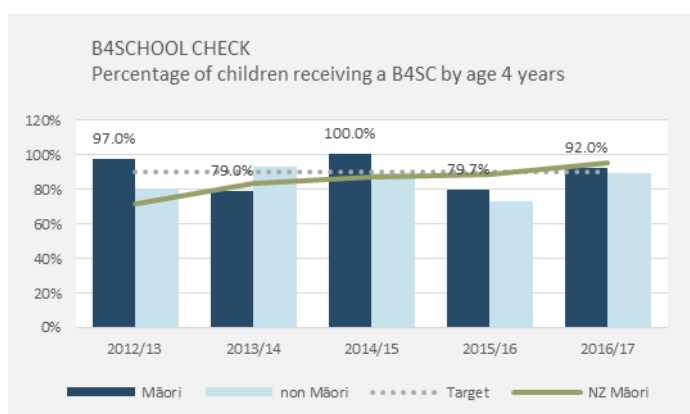


A targeted focus within the WCDHB System level measures framework will see strategies focused on increasing the percentage of pre-school children receiving their annual dental check on time and an all system approach to reducing the rate of dental decay among our Tamariki through targeted intervention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

Immunisation



8 Month Immunisation: In Quarter 4 95% of Māori babies were immunised on time (15 out of 15 eligible). 75% of non-Māori babies



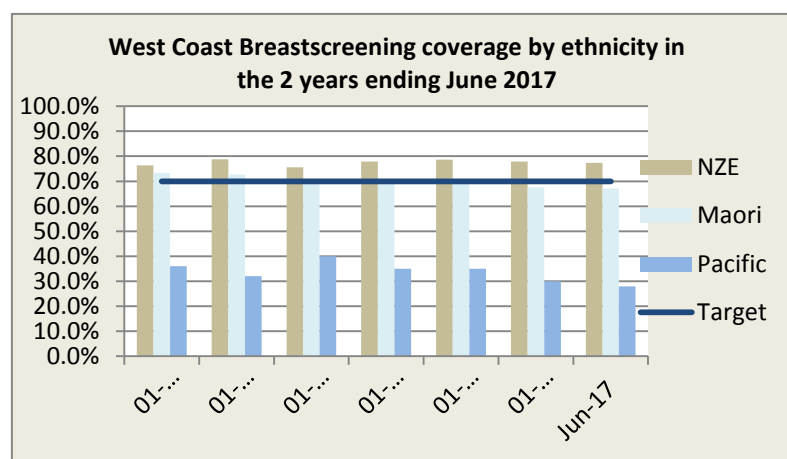
B4 School Check: In Quarter 4 89% of Māori children received their B4 School Check compared to 89% of non-Māori children.

Cancer

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

Ethnicity	Population	Women screened in last 2 years	2-year coverage	Additional screens to reach target*
Māori	380	255	67.10%	11
Pacific	25	7	28.00%	10
Other	4,215	3,262	77.40%	
Unspecified		20		
Total	4,620	3,544	76.70%	

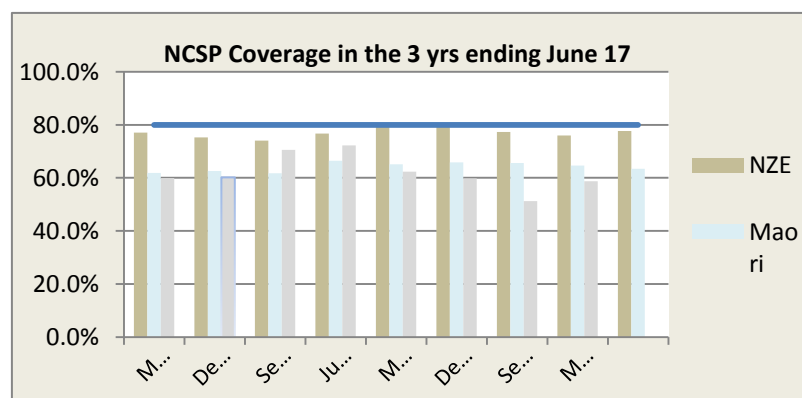
*For the total population the number of additional screens is the number required to move from the total population coverage to 70%. This may not be the same as the sum of additional screens required for each ethnic group to reach 70%.



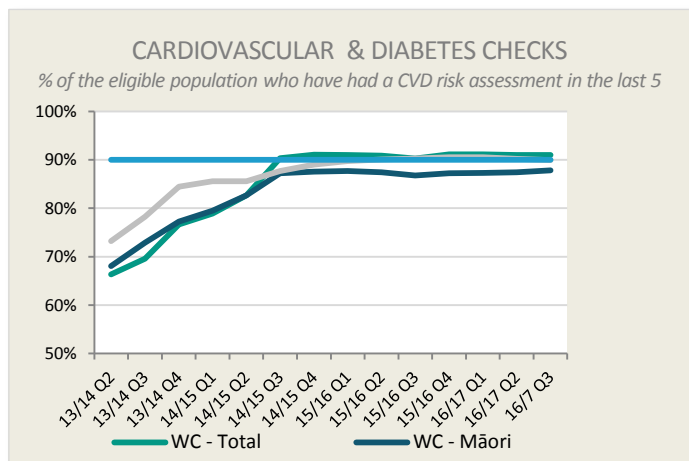
Comments: A meeting was held with Breastscreen South Regional Manager and the Pacific and Maori Co-ordinators who work from Christchurch. Links were made at that meeting with Poutini Waiora Nurse and Kaiaarataki and this connection has resulted in a more seamless approach to tracking those Maori overdue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

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

Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach target*
Māori	887	562	63.40%	147
Pacific	92	54	58.70%	19
Asian	378	191	50.50%	111
Other	7,062	5,489	77.70%	160
Total	8,419	6,296	74.80%	439

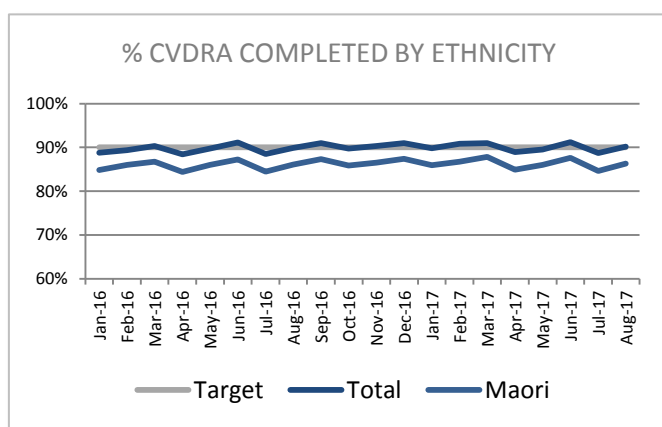


Comments: Q4 results show that there are 147 additional screens required to meet the target for Maori. Cross service interventions are currently being explored to ensure a robust pathway and provision of a range of access routes for women.



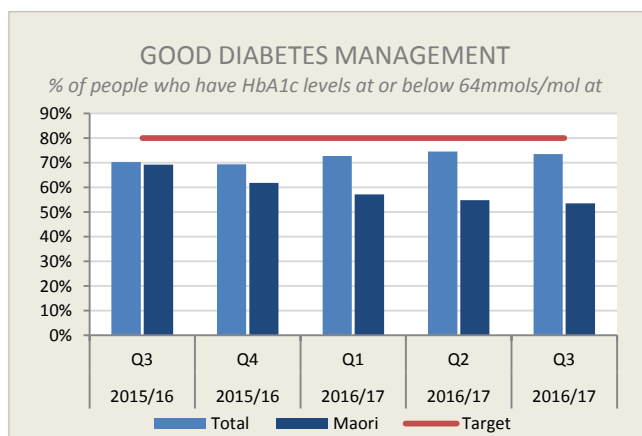
Cardiovascular and Diabetes Checks: West Coast DHB continued to achieve a result of 91% of the eligible enrolled West Coast population having had a cardiovascular and diabetes risk assessment (CVDRA) in the last 5 years as at the end of March 2017 (target: 90%). While continuing to be monitored, this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

A total of 436 cardiovascular risk assessments were conducted this quarter (this doesn't include patients with known diabetes). 42 of those risk assessments were for Maori (9.6%). By comparison Maori make up 10% (1074) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 88% of those eligible Maori have been screened: this includes 85% of eligible males and 90% of eligible females.



The smoking profile for CVRAs completed this quarter for Maori is 57.6% not smoking compared with other ethnicities screened not smoking 77%.

CVD Annual Reviews: 5% of the annual reviews conducted year to date was for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme. 297 annual reviews were completed this quarter, 19 were for Maori (6.4%).



Diabetes Management:

247 reviews were conducted this quarter (1077 year-to-date) as part of the LTC programme. 10% of the annual reviews conducted YTD were for Maori an increase from 6.7% in the last quarter (110 year-to-date). For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme.

RESOLUTION TO EXCLUDE THE PUBLIC



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, 7, 8, 9, 10 & 11 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 11 August 2017	For the reasons set out in the previous Board agenda.	
2.	2017/18 IEA Strategy	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Internal Audit Proposal	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.	National Oracle Solution Change Control Request	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Clinical Leaders Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)

7.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Quarter 4 Reporting Summary	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	Service Performance Audit Summary	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	MECA Negotiations Update – Verbal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
11.	Report on Interim Audit for Year Ended 30 June 2017	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, Water Walk 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, Water Walk 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
Friday 29 September 2017	BOARD	1.30pm	St John, Water Walk 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, Water Walk 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, Water Walk Rd, Greymouth

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