

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



BOARD MEETING

Friday 3 November 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*)
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 3 November 2017 commencing at 10.15am

KARAKIA	10.15am
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ADMINISTRATION	10.20am
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Apologies

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

REPORTS FOR DECISION	10.25am
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|----|--------------------------------|--|-------------------|
| 4. | 2018 Board and Committee Dates | Jenny Black
<i>Chairperson</i> | 10.25am – 10.30am |
| 5. | Fraud Control Policy | Justine White
<i>General Manager, Finance</i> | 10.30am – 10.40am |

REPORTS FOR NOTING	10.40am
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| 6. | Chair's Update (Verbal Update) | Jenny Black
<i>Chairperson</i> | 10.40am – 10.45am |
| 7. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.45am – 11.00am |
| 8. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing</i>
Mr Pradu Dayaram
<i>Medical Director, Facilities Development</i> | 11.00am – 11.10am |
| 9. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.10am – 11.20am |
| 10. | Wellbeing Health & Safety Update | Michael Frampton
<i>General Manager, People & Capability</i> | 11.20am – 11.30am |
| 11. | Reports form Committee Meetings
(Late Papers due to timing of Meetings) | | |
| - | CPH&DSAC
26 October 2017 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 11.30am – 11.35am |
| - | Hospital Advisory Committee
26 October 2017 | Michelle Lomax
<i>Chair, Hospital Advisory Committee</i> | 11.35am – 11.40am |
| - | Tatau Pounamu Advisory Group
26 October 2017 – Verbal Update | Francois Tumahai
<i>Tatau Pounamu Advisory Group</i> | 11.40am – 11.45am |
| 12. | Resolution to Exclude the Public | <i>Board Secretary</i> | 11.45am |

ESTIMATED FINISH TIME	11.45am
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NEXT MEETING: Friday 8 December 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 Member - Accessible West Coast Coalition Group Member - Kowhai Project Committee
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 Daughter is a recipient of WCDHB Scholarship
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 • Member, West Coast Coalition Group • Chair, Kowhai Project Committee
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 Waioara 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 St John, Water Walk Road, Greymouth
on Friday 29 September 2017 commencing at 1.30pm

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from Michelle Lomax

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing); Gary Coghlan (General Manager, Maori Health); Michael Frampton (General Manager, People & Capability); Lee Harris (Communications Manager); Cameron Lacey (Medical Director); Melissa Macfarlane (Team Leader, Planning & Funding); 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**

Elinor Stratford and Helen Gillespie advised that “Accessible West Coast Coalition Group” and “Kowhai Project Committee”

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 (33/17)**

(Moved Chris Mackenzie/seconded Chris Auchinvole – carried

“That the minutes of the Meeting of the West Coast District Health Board held at the Regional Council, on Friday 11 August 2017 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR’S UPDATE

The Chair congratulated staff on the improvement in the Raising Health Kids Health Target, lifting from 17% to 81%.

She also thanked staff for their hard work over the Winter and for additional hours worked to deal with increased volumes.

5. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read. He highlighted the following points:

- Governance Assurance – All WCDHB Buildings have a current Warrant of Fitness;
- Health Targets – progress against Health Targets has been really positive with 3 out of 6 being achieved. In regard to immunisation, the reason for this is well known. The Raising Healthy Kids Target saw a 64% increase on the previous quarter and whilst the Faster Cancer Treatment performance decreased it is important to note that small numbers are very challenging with this result reflecting 4 non-compliant patients.
- The re-engagement process in Buller commenced yesterday with meetings with staff, the Buller Action Group and the Westport News to ensure that everyone has the same information. We will be continuing with active engagement.

The update was noted.

6. CLINICAL LEADERS UPDATE

Karen Bousfield presented the Clinical Leaders Update which was taken as read.

Ms Bousfield advised that quite a bit of activity has been taking place across the DHB. In the Quality & Safety space the Health Quality and Safety Commission facilitated a Clinical Leadership workshop in Westport on 6 September which was designed to engage clinicians in understanding what clinical leadership is and to explore the qualities that are important for clinical leaders.

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. Next steps include exploring opportunities for joint governance and extending alliance relationships.

Stella Ward, Executive Director of Allied Health, spoke regarding the ongoing shortages in physiotherapists and the Board noted that this has now 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 and the education providers around this.

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 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. Ms White advised that this is largely on track to where expected.

A query was made regarding the revenue stream and the Board noted that management continue to

look at this area and at this stage are comfortable that this is a phasing issue. It was also noted that the budget in this area is significantly down from last financial year.

A query was also made regarding treatment related costs and it was noted that this is dependent on what type of patients come to the hospital for treatment so is demand driven.

Ms White tabled a waterfall graph which showed the 2016/17 key movements from plan to actual expenditure.

The financial report was noted.

8. WELLBEING HEALTH & SAFETY UPDATE

Michael Frampton, General Manager, People & Capability, provided a verbal update on Wellbeing Health & Safety. He advised that work on key priorities continues and a new mechanism and escalation process for employee related incidents has been introduced across the South Island.

He also advised that the Health & Safety Systems Review response continues.

The update was noted.

9. HEALTH TARGET REPORT – QUARTER 4

Melissa Macfarlane, Team Leader, Planning & Funding, presented the Health Target Report. This had already been discussed in the Chief Executive's Update.

The Health Target Report was noted.

10. MAORI HEALTH UPDATE

Gary Coghlan, General Manager, Maori Health, provided this update which was taken as read.

Discussion took place regarding breast screening for Pacific women and it was noted that whilst this is low it is anticipated that this will be picked up as we monitor through the year.

The Maori Health Update was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (34/17)

(Moved Elinor Stratford/seconded Helen Gillespie – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 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”;

There being no further business the public open section of the meeting closed at 2.25pm

The Public Excluded section of the meeting commenced at 2.30pm and concluded at 3.25pm

Jenny Black, Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 3 NOVEMBER 2017

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	11 August 2017	St John	An update to be provided on the position around St John.	South Island solution being developed.
2	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
Cultural Training Information	December 2017
Mental Health Update	Early 2018

PROPOSED MEETING SCHEDULE - 2018



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 3 November 2017

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

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2018 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board:

- i. Confirms support for the proposed schedule of meetings for 2018 (refer Appendix 1 attached); and
- ii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The date for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information for the Quality, Finance, Audit and Risk Committee (QFARC) and the Hospital Advisory Committee (HAC) in particular and also the timing of Canterbury DHB meetings. The suggested meeting dates for 2018 are based on the current cycle of meetings as adopted by the Board for 2017.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.2), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2018 contained in Appendix 1 are based on the current cycle of meetings with Committee meetings on Thursday's and Board meetings on Friday's.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of

the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

4. APPENDICES

Appendix 1: Proposed Schedule of Meetings - 2018

Report prepared by: Kay Jenkins, Board Secretariat

1. Policy Statement

The West Coast District Health Board (WCDHB) will ensure that it has effective processes for the prevention, detection and management of fraud and for fair dealing in matters pertaining to fraud, including allegations of fraud.

2. Purpose

- 2.1 To ensure that management is aware of its responsibilities for identifying exposures to fraudulent activities and for establishing controls and procedures for preventing such fraudulent activity and/or detecting such fraudulent activity when it occurs.
- 2.2 To provide guidance to employees as to action which should be taken where they suspect any fraudulent activity.
- 2.3 To provide a clear statement to staff forbidding any illegal activity, including fraud for the benefit of the WCDHB.
- 2.4 To provide clear guidance as to responsibilities for conducting investigations into fraudulent activities.
- 2.5 To provide assurances that any and all suspected fraudulent activity will be fully investigated.
- 2.6 To provide adequate protection and guidance as to appropriate action to employees in circumstances where they are/could be victimised as a consequence of reporting, investigating or being a witness to, fraudulent activities.
- 2.7 To provide a suitable environment for employees to report matters that they suspect may concern corrupt conduct, criminal conduct, criminal involvement or serious improper conduct.
- 2.8 To encourage the prosecution of individuals involved in corrupt conduct, criminal conduct, criminal involvement or other illegal activities.

3. Application

This Policy applies to all WCDHB Board Members and Staff Members.

Fraud Control Policy		Page 1 of 6
Document Owner: General Manager - Finance		
WCDHB-Fin#8, Version 8, Reviewed October 2017		Master Copy is Electronic
http://coastweb/intranet/docstore/policies/policy_n_procedure/finance/Fraud-Control-Policy.pdf		

4. Responsibilities

For the purpose of this Policy, the

The **West Coast District Health Board** shall:

- ensure that WCDHB has a clear and effective system for the prevention,
- detection and management of fraud.

The **Chief Executive** (CE) shall:

- accept ultimate responsibility for the prevention and detection of fraud and will be responsible for ensuring that appropriate and effective internal control systems are in place.

All **WCDHB Executive and Operational Managers** shall:

- take responsibility for the prevention and detection of fraud and for the carriage of this Policy.

5. Definitions

For the purpose of this Policy:

Fraud means an intentional dishonest act or omission done with the purpose of deceiving. It includes any deliberate omissions or material misstatements arising from or relating to the misappropriation of assets or any deliberate omissions or misstatements arising from or relating to fraudulent financial reporting;

Theft means to dishonestly, and without claim or right, take or deal with any property with intent to deprive any owner permanently of the property or interest in it; and

Corruption is the abuse of entrusted power for private gain (such as soliciting or receiving gifts or other gratuities to perform an official duty or omit to perform an official duty).

6. Policy Principles

- 6.1 All Executive Managers must take responsibility for the prevention and detection of fraud and for the carriage of this Policy. Similarly, Operational Managers and all staff must share in that responsibility.

- 6.2 It is the responsibility of all Executive Managers to ensure that there are mechanisms in place within their area of control to:
- i. assess the risk of fraud;
 - ii. promote employee awareness of ethical principles subscribed to by the WCDHB;
 - iii. educate employees about fraud prevention and detection; and
 - iv. facilitate the reporting, investigation, documentation and eventual prosecution of suspected fraudulent activities.
- 6.3 Executive Managers will be supported by relevant services offered by the Finance Department and Risk and Quality Manager. Although activities may be undertaken by others within their area of control, it is each Executive Manager's responsibility to actively support and encourage those activities and to be sure that they extend to his or her area of organisational responsibility. For this purpose they should incorporate into their annual planning processes, fraud management strategies covering risk assessment, awareness programs and training.
- 6.4 All WCDHB employees have the responsibility to report suspected fraud. Any WCDHB employee who suspects fraudulent activity must immediately notify their Manager or those responsible for investigations. In situations where the Manager is suspected of involvement in the fraudulent activity, the matter should be notified to the next highest level of supervision/management or to the persons nominated in the WCDHB's Protected Disclosure Policy.
- 6.5 Operational Managers are required to ensure that they:
- i. Display a positive, appropriate attitude towards compliance with laws, rules and regulations;
 - ii. Are reasonably aware of indicators/symptoms of fraudulent or other wrongful acts (eg. by participation in relevant staff training programs and/or consideration of relevant literature) and respond to those indicators as appropriate;
 - iii. Establish and maintain proper internal controls to provide for the security and accountability of WCDHB resources and prevent/reduce the opportunity for fraud, such as:
 - segregation of duties,
 - suitable recruitment procedures,
 - internal checking,
 - security (including physical and computer security),
 - documentation of procedures,
 - approvals with delegated authority,
 - budget control,
 - regular review of management reports,
 - reconciliations,
 - consideration of risk, and
 - quality assurance;

- iv. Are aware of the risks and exposures inherent in their area of responsibility;
- v. Respond to all allegations or indications of fraudulent or wrongful acts in a responsible manner; and
- vi. Encourage the reporting of, investigation of, documentation of and eventual prosecution of any occurrences of suspected of fraud within the WCDHB.

6.6 The WCDHB Internal Auditor is responsible for:

- i. assisting Executive Management and Operational Managers in strengthening internal controls;
- ii. serving as the official contact for reporting fraudulent activity;
- iii. the conducting of necessary initial reviews; and
- iv. communicating incidents, findings and recommendations for action to the Quality, Finance, Audit and Risk Committee and relevant Executive Managers and Operational Managers;

6.7 The provisions of this Policy do not deny an individual from taking action under the terms of the industrial provisions prevailing at the time.

6.8 This Policy provides for strategies aimed at preventing, detecting and dealing fairly with matters pertaining to fraud which integrate the activity of management and staff at all levels across the diversity of operations and activities of the WCDHB.

6.9 Executive Managers and Operational Managers must create an environment and culture in which employees believe that dishonest acts will not be tolerated, and will be fully investigated where they are suspected. To this end, they must:

- i. participate in in-house training programs covering fraud, fraud detection and fraud prevention, which are to be developed and run by the Finance Department/Internal Auditor;
- ii. ensure that employees understand that the internal controls are designed and intended to prevent and detect fraud;
- iii. encourage employees to report suspected fraud directly to those responsible for investigation without fear of disclosure or retribution; and
- iv. as far as is practicable, require vendors and contractors to agree in writing as a part of the contract process, to abide by the relevant WCDHB Policies and Procedures, and thereby avoid any conflict of interest.

6.10 All complaints of suspected fraudulent behaviour will be thoroughly and carefully investigated, whilst also providing for the protection of those individuals making the complaint and natural justice to those individuals being the subject of such complaint.

6.11 The WCDHB will make every effort to collect appropriate and sufficient evidence to support prosecution.

6.12 Members of the investigation team will have the authority to examine, copy and/or remove all or any portion of the contents of files, desks, cabinets, computers and

other storage facilities on WCDHB controlled premises without prior knowledge or consent of any individual who may use or have custody of any such WCDHB items or facilities when it is within the scope of their investigation.

- 6.13 The WCDHB, where possible and practicable, will pursue the collection of any funds lost through fraud.
- 6.14 The WCDHB Recruitment Policy and practice underpins fraud prevention. All staff and Operational Managers in particular, must support People and Capability recruitment strategies aimed at fraud prevention, which include:
- i. applicants to provide a Police Clearance, where required in relation to the inherent requirements of the position and as guided by People and Capability;
 - ii. contacting previous employers and referees; and
 - iii. verifying transcripts, qualifications, publications and other certification or documentation.
- 6.15 Fraud prevention and detection issues will be included in other relevant staff development and induction activities.
- 6.16 No employment reference is to be provided for any employee who resigns or is dismissed for proven or admitted fraudulent activity.
- 6.17 There is also an option for members of the public or employees to report fraud or any other activities you're concerned about in the health system anonymously through the Health Integrity Line free phone number 0800 424 888.

7. Legislative Requirements

New Zealand Public Health and Disability Act (2000)

Public Finance Act (1989)

Protected Disclosure Act (2000)

8. Related Procedures

WCDHB Delegation of Authority Policy.

WCDHB Recruitment Procedure.

WCDHB Internal Audit Procedure.

WCDHB Code of Conduct.

WCDHB Staff Discipline, Suspension and Dismissal Procedure.

WCDHB Conflict of Interest Policy.

Fraud Control Policy	Page 5 of 6
Document Owner: General Manager - Finance	
WCDHB-Fin#8, Version 8, Reviewed October 2017	Master Copy is Electronic
http://coastweb/intranet/docstore/policies/policy_n_procedure/finance/Fraud-Control-Policy.pdf	



9. Reference Documents

No reference documents are associated with this Procedure.

Revision History	Version:	8
	Developed By:	Chief Financial Manager
	Authorised By:	Board
	Date Authorised:	May 2002
	Date Last Reviewed:	October 2017
	Date Of Next Review:	October 2020

CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 3 November 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 September the ALT:

- Was pleased to learn about the intention to change the way that People & Capability supports the West Coast Health System to both recruit new staff and support retention and leadership development.
- Was pleased to represent the Alliance at the West Coast DHB board planning day. Achievements, challenges and priorities from an Alliance point of view were put forward for consideration as part of discussion.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
 - Locum GP coverage continues to be consistent through to mid-2018 with many GP's choosing to return.
 - There are currently 13 patients in the aged care facility (hospital level, residential and palliative).
 - Reefton Hospital has been assisting with some short term placement during periods of high occupancy within Greymouth Hospital and whilst Greymouth Aged Residential Care Facility beds have been in short supply.
- **South Westland Area Practice**
 - Cornerstone audit will occur in the week beginning 20 November.
 - An updated pamphlet regarding South Westland Area Practice services has been designed and is currently getting printed.
- **Greymouth Medical Centre (GMC)/Rural Academic General Practice (RAGP)**
 - The Spring Practice Newsletter has been produced for dispersing to patients. This has information that is believed to be useful for patients including hours of operation of the combined practice.
 - Work is underway towards the Cornerstone audit of Moana in November.

Community

- **Public Health/B4School/Vision Hearing**
 - Public Health nurses are working to complete youth assessments in the high schools. The majority are completed now as the end of the year looms and before the schools get busy with their end of year activities.
 - The Buller Public Health nurses are almost ready to start working with the parents/caregivers on oral health with the mobile bus service. This is due to commence at the next visit of the mobile bus in April 2018.
 - The B4School coordinator and Public Health Nursing team are working hard to maintain average numbers of 4 year olds to clinic to ensure we monitor numbers throughout the year and reduce the rush as the new calendar year starts.
- **District Nursing**
 - There is training in Advanced Care Planning being offered in November and there are DNs attending this. This is the beginning of the DN team's involvement in the process of developing the skills to have the sensitive conversations as patients are supported to make plans for their health journey. These conversations will be customised depending on the situation, e.g. inoperable cancer diagnoses will differ from someone learning to live with a chronic condition such as diabetes. The purpose of this planning is to help the person work through feelings and values in the most respectful and appropriate way so that if the time comes when the individual is incapacitated and is unable to make healthcare decisions, there will be a record of what would be important to that person. The long term plan across the national spectrum is to have young, fit, well people making these plans for the future to give direction as to their own wishes.

C: Implement the Maori Health Plan

- **Tumu Whakarae:** The GMs Māori group met in Christchurch on 5 and 6 October. This hui had a strong focus on cultural training programmes and Māori workforce

development. Tumu Whakarae members belong to a number of very important health working groups and committees so there is always feedback regarding this work to the wider GMS Māori group. Innovation and creativity and examples of best practice are also important to Tumu Whakarae so there is always an opportunity for examples of these to be presented at the Tumu Whakarae hui. This month presentations came from Wānganui DHB regarding their cultural awareness programme.

- **Hauora Māori Workforce:** We have met with the Associate Dean Māori Otago School of Medicine to discuss positive strategies for increasing the recruitment, support and retention of Māori staff in DHBs, particularly new health practitioners (e.g. graduates from nursing, medical, physiotherapy and other health professional programmes). The West Coast DHB faces challenges in the recruitment of Māori staff and so are discussing more broadly, with experts in this area, what might be some approaches to strengthening pathways for Māori, out of the institutions and into the DHB. Relevant points included what are the challenges, opportunities and barriers for Māori entering the DHB workforce, alongside what are the challenges and opportunities for DHBs.
- **Te Wiki O Te Reo – Maori Language Week 11-17 October:** There was a positive turnout to our weekly scheduled sessions which ranged from daily waiata and lunchtime presentations. Stories of the region by Paul Madgwick, a local historian with a huge knowledge of the history of Te Tai o Poutini, basic mihi mihi was taught to our staff, and regular opening and closing of sessions with karakia.
- **Tipu Ora National Certificate/Diploma Hauora Maori:** Final graduation for 2017 is at Rehua Marae in Christchurch on 9 November. This includes staff from Poutini Waiora and Community Public Health who have completed their Diploma in Hauora Maori through the Health Workforce New Zealand funding. It is really positive to see participants graduating especially at a Diploma level. Tipu Ora will also be holding roadshows around the West Coast in November to promote next years Hauora Maori programme.
- **Takarangi Cultural Competency:** It is now three months since the first Takarangi roopu headed down to Bruce Bay to undertake the Takarangi Cultural Competency Wananga. Participants have been encouraged to complete the first five competencies of the framework by December and we are now in a process of where possible providing peer and cultural support to ensure that this occurs. We are planning a second Wananga in February next year.

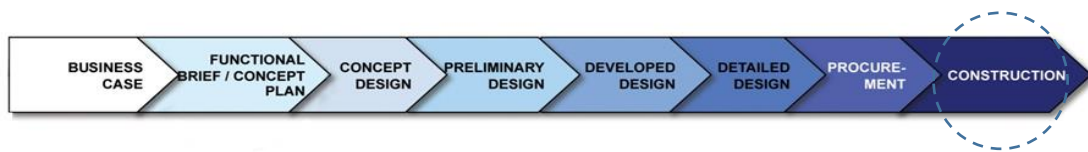
	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
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A: Facilities Maintenance Report

- Installation of Generator at Haast Clinic has been completed with Operational Procedures in progress.
- Legionella testing at Greymouth, Buller and Reefton hospitals found the domestic hot water to be clear of bacteria.
- Building Consent for the proposed pedestrian bridge has been applied for in parallel with a Grant application to Kiwi Rail. The Procurement team are working with Opus to produce tender documents for sign off.
- **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.
- Extra testing of reservoir water was conducted during Buller town supply restrictions. No

bacteria or heavy metals were found and is drinking water quality.

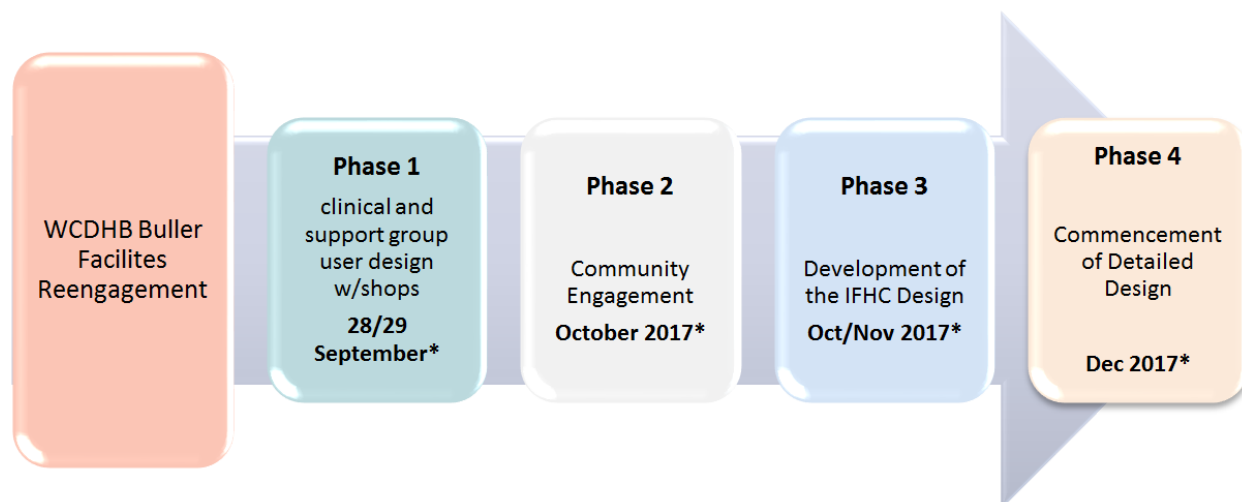
B: Partnership Group Update



- Good progress continues to be maintained on site with all major structural steel and the façade secondary steel now completed. All major concrete pours are also completed for the main building including the ambulance bay. Concrete pours for the new boiler house will commence in late October.
- Roof installation is largely complete for the north wing and the Integrated Family Centre (IFHC) roofing has commenced.
- Internal framing continues to progress, with the maternity and allied health areas completed.
- Pre-cast concrete stairs are being installed and should be completed by the end of October.
- The momentum in progress on site corresponds with an increase in the number of personnel on site. Approximately 105-120 personnel are on site now daily.
- Monthly construction programmes are being issued by Fletcher Construction Company Ltd. (FCCL). This provides ongoing opportunities to review methodologies and the construction sequencing and provides the WCDHB with a regular gauge of how the project is progressing which assists with the DHB's planning for the move to the new facility. Facility practical completion is expected in mid 2018.
- Trenching to install services campus wide will commence at the end of October and continue through until the end of January. Staff and visitors have been advised to please follow all traffic management and parking closures which will be well sign posted and leave sufficient time to arrive at work.

Buller

- Buller clinicians and staff re-engaged with the design team 28 and 29 September.
- The facility redevelopment team wish to thank the staff who participated in the design team meetings. The level of engagement was high and feedback very constructive and positive.
- The next round of user group sessions is scheduled for the 25th and 26th of October with the Architects on site.
- We are confident that there will be some significant changes in the next iteration as the design progresses and feedback is incorporated from the last round of user group meetings.
- Below is the 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

A: Hospital Services including Secondary Mental Health Services

Nursing

- **Leadership for nursing:** The Clinical Nurse Manager position for the in-patient ward has now been filled. Randy Gopalla will be arriving from Mauritius on 2 November. Randy comes with a wealth of experience in management and nursing. Team building meetings are arranged for the middle of November in conjunction with Buller to ensure a positive cohesive team working collaboratively through to the move into the new facility.
- **Discharge planning:** Patient stories have now been completed. Two of these will be selected for the training package on line. Once the training package is complete it will go onto HealthLearn. Presentations will then start with staff in Buller.
- Nurse Managers are working closely with the Buller team to improve patient flow between Westport and Grey. There has also been significant improvement with the movement of patients between Christchurch and Grey with the nurse managers using CDHB reports to proactively plan for patients returning from Christchurch.
- Work continues on hand hygiene and falls prevention with a trial in the medical ward of a Trendcare-based assessment tool. So far feedback has been positive from staff.
- Occupancy within hospital services has increased overall this month; however, sick leave for nursing has continued to decrease.
- **DNA:** DNA rates overall have continued to drop slightly since the spike in July following the re-launch of the project. DNA rates for Maori patients have seen a small decrease this month by 0.2% down to 13.8%.

Medical

- A new anaesthetist has commenced, the transalpine anaesthetist has commenced and we have had strong interest in a part-time anaesthetic position.
- Work has commenced on a transalpine General Medical Service.
- The junior workforce is well recruited and looks to be in a good position for the first half of 2018.

Allied Health

- The Occupational Therapy service is hosting an Art Therapy Intern from this month. While there is one Art Therapist, working as an AOD Counsellor in our CAMHS service, this is the

first time we have supported an intern to work within our Hospital and Community Services.

- Allied Health Therapy Services farewelled the OT Technician Kevin McGready this month, as he headed off to enjoy a well earned retirement. Recruitment is underway to extend the Allied Health Assistant workforce, so that the technician skills can be incorporated into that workforce, thus providing better service coverage across the district and reducing the reliance on one sole practitioner.
- The Greymouth and Westport services are currently hosting Social Work students from Ara in Canterbury for their 60 day placements. Hosting students is a great way for us to showcase what it is like to work on the West Coast, and we hope to welcome students from other Allied Health professions in 2018.
- Associate Director Jane George was admitted as a Fellow into the Australasian College of Health Services Managers this month after successfully completing her viva, following a year of study. Jane is the first West Coast DHB employee on record to have achieved this, and one of the first Allied Health qualified Health Service Executives to be admitted as a Fellow.
- Physiotherapy services continue to be at significant risk due to staffing levels. Recruitment continues, as do conversations across the South Island relating to the challenges in securing staff. The ongoing support from Canterbury DHB for both weekday and weekend cover is greatly appreciated.
- Low applicant numbers are also affecting our ability to appoint to the new Community Rehab Service OT and Physio roles, for both OT and Physio team leader roles for Buller and for Psychologists for both our adult and our child and youth mental health services. Recruitment is also under way for pharmacy, radiology and AOD counselling.

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. More staff have completed the Dynamic Appraisal of Situational Aggression (DASA) training, resulting in staff being able to identify and manage risk more effectively day to day given its emphasis on risk assessment, formulation and management planning which provides a formalised structure to assist in both minimising and managing risk. SCM (Structured Clinical Management) is currently being delivered by Mindsight Therapists, and is designed to specifically 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. Currently a core group of staff who have completed DBT (Dialectical Behaviour Therapy) training, again primarily used in the treatment of those with borderline personality disorder, are working in conjunction with Dr Andrew Gin to introduce this new exciting service to the range of services offered to clients on the West Coast.
 - **Mental Health e-Learning Resources:** Work around the mental health e-learning resources, whilst in its infancy, continues to grow. A number of initiatives have been identified as being appropriate for transferring to eLearning format, and will do so in due course.
 - **Recruitment and Retention:** Recruitment has begun utilising new position

descriptions that enable those recruited to flex across all the main areas within mental health.

- **NGO Collaboration:** Hokitika Community Mental Health continue their monthly meeting with all the NGO organisations in their area and collaborative working is becoming the norm for the patient journey.
- **PHO Collaboration:** Collaborative working processes between CAMHS and the PHO have been reviewed, new ways of working introduced and consequently a more timely and appropriate response to referrals considered mild to moderate put in place. The PHO have seen an increase in referrals as a consequence and are to date pleased with the way the partnership is working.

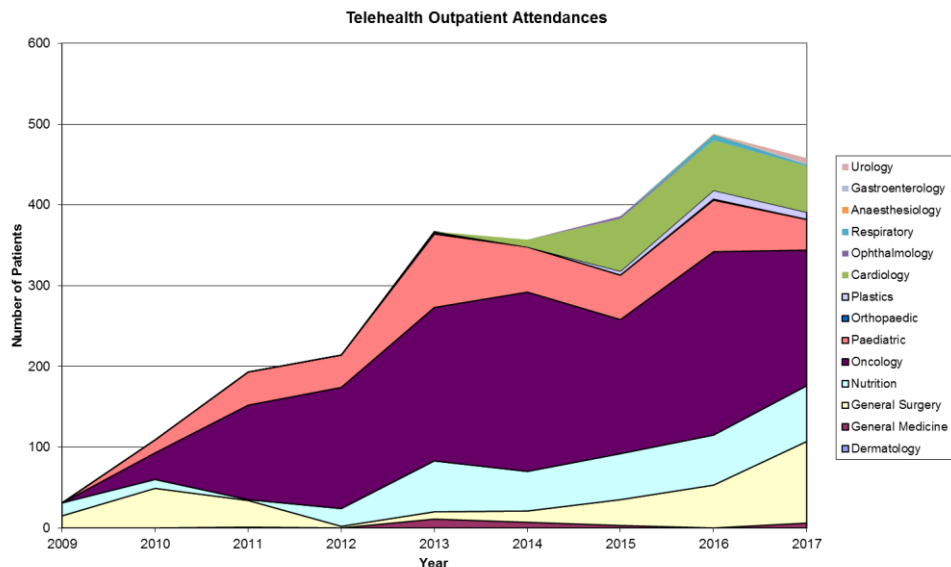
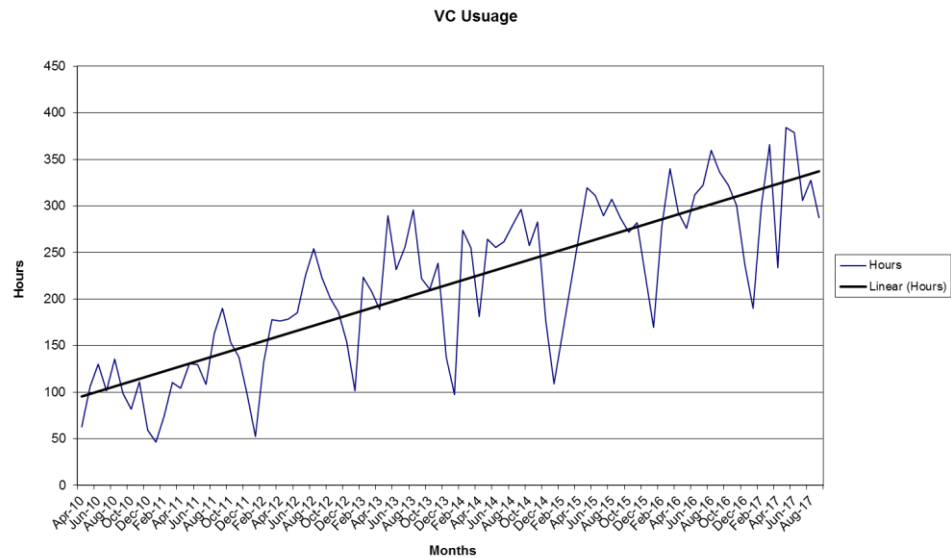
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- 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. The West Coast DHB is currently working on the extension of the contract for this service for a further 3-year period.
- The Ministry of Health is undertaking a review of the National Travel Assistance (NTA) policy to assess whether the Scheme is still effective and what improvements could be made to it. The first step in the review consultation process will be commencing with National Travel Coordinators on 18th October 2018. This is to be followed by the establishment of a national NTA Leadership Group in late November 2018, which will be the central point of ideas, discussion and options development for the review process. The current NTA policy came into effect from 1 January 2006.

B: Champion the Expanded use of Telemedicine Technology

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



Telehealth Highlights:

- Collaborative work is continuing on transalpine documentation development.
- Work has been completed on the following documents and is awaiting roll out in both DHBs:
 - guidelines for use;
 - patient consent form;
 - patient information leaflet.
- A provisional award has been made to the successful tender for a telehealth software platform. Contract is provisional subject to successful testing.

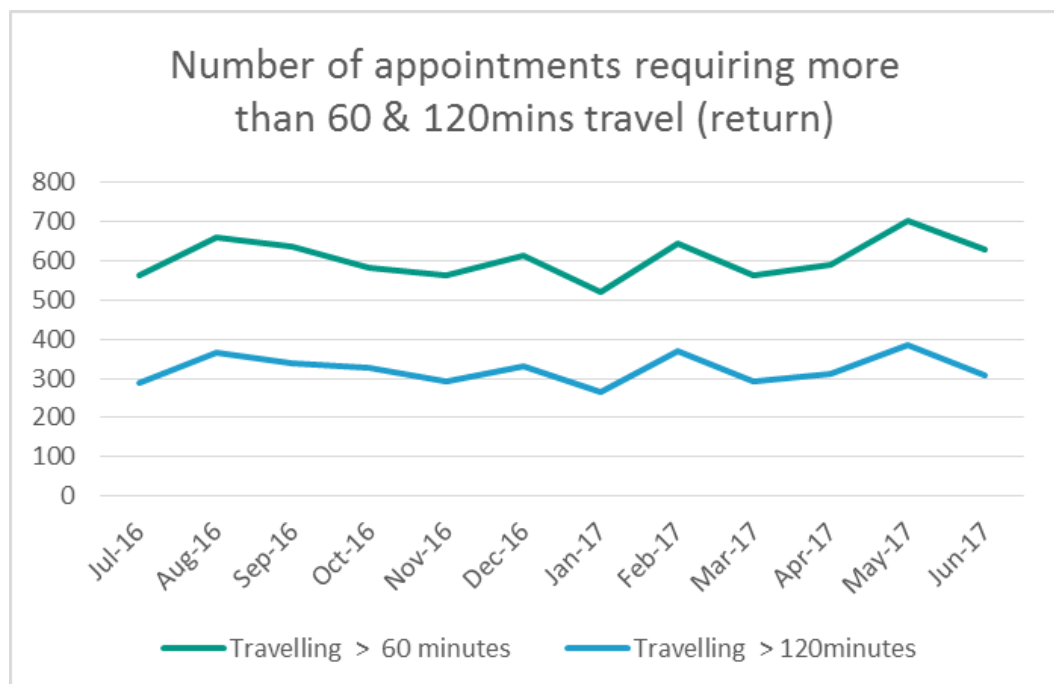
Telehealth Achievements:

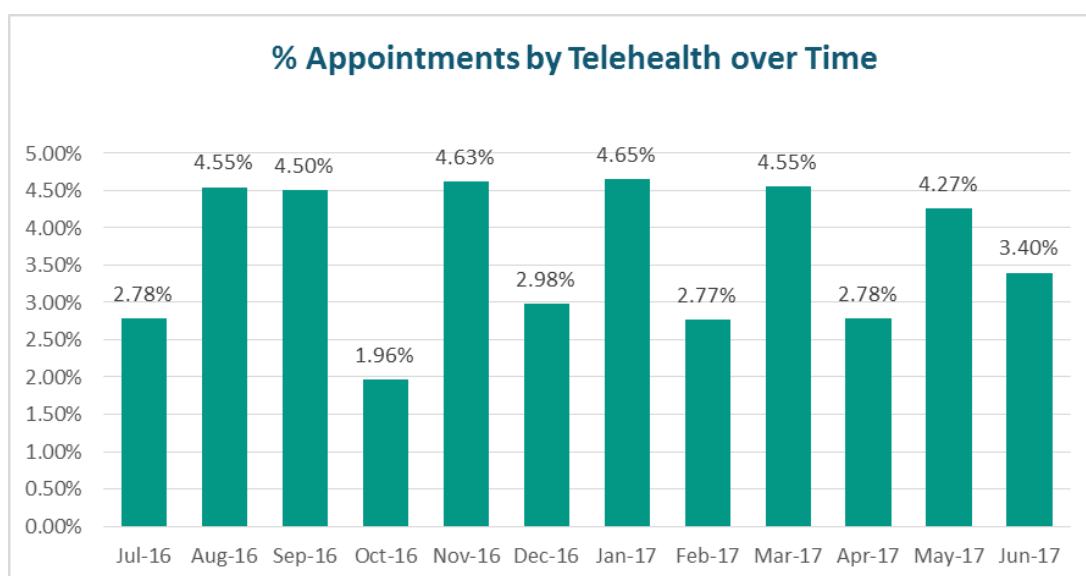
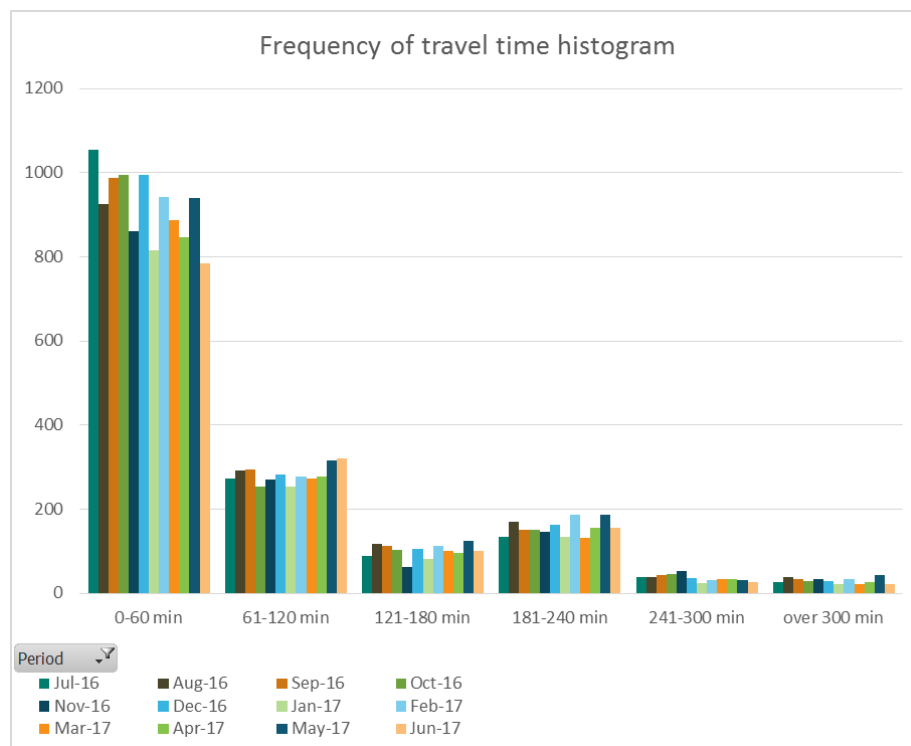
- Telehealth activity reporting can now provide more detailed data to supplement longer running measurements:
 - 665 appointments were offered by video conference in the 2016/17 financial year.
 - There are new specialties utilising telehealth which include: anaesthesiology; orthopaedic surgery; and paediatric oncology
 - Cardiology; general surgery; nutrition services; oncology and nurse-led oncology; paediatric medicine; plastic surgery and respiratory medicine continue to use video conferencing to reach their patients.
 - We are in the planning stages of commencing delivery of appointments via video

conference with more specialties.

- During the 16/17 year, there were 247 oncology appointments attended via telehealth, 157 general surgery appointments, 86 cardiology appointments and 84 appointments for nutrition services.
- Over the year, the use of video conferencing for patient consultations has saved patients travelling 14,165km across the West Coast, saving over 220 hours of patient time.
- There is room for improvement as WCDHB still has 1 in 5 appointments that require patients to travel < 2 hours return.
- 796 appointments required patients to travel <4 hours return to attend a specialist appointment; with 359 appointments over the year requiring < 5 hours travel.

This data does not include travel that patients have to do to attend specialist appointments in Christchurch.





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Implement the Complex Clinical Care Network (CCCN)

- A stocktake on services, community groups, and activities available to older people has been sent to stakeholders and responses are being received. This is part of the Health of Older People Service Review Project which is focusing on how services should be structured, how care will be provided to our communities, and where gaps exist within services.
- The Aged Residential Care (ARC) Forum was well attended and attendees were enthusiastic about the HealthLearn portal being made available to ARC staff as well as other groups within the health sector.



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 September 2017 was a deficit of \$99k, which was \$1k unfavourable to budget. The year to date position of a net deficit of \$693k 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	314	430	(115)	1,139	697	442
Provider Arm	(413)	(528)	115	(1,832)	(1,406)	(426)
Consolidated Result	(99)	(98)	(1)	(693)	(708)	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 is reflected as a single programme of work below.

Key initiatives	Due	Status
Our People Foundations	2018: Q1	●
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	●
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 is on developing the three people foundations – doing the right thing, being and staying well, and valuing everyone.
- A working group has been established and planning is underway. This includes planning the approach; setting up communication and engagement, including gathering stories from people across the organisation; and planning how we use social media to support this work. The timeframe for completing this work has been rebased to Q1 2018 (January – March 2018).
- Develop and deploy leadership and talent framework:** The development of an approach to deploying the leadership and talent framework has commenced. This proposed approach will be prototyped with EMT in the first instance.
- 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) has been finalised. It contains 34 detailed future state processes, and outlines change impacts, business requirements, and information system requirements. Work continues with respect to updating the policy and procedure framework, making this information more easily accessible and ensuring the document management policy and

procedure is adhered to.

- Work continues to with respect to agreeing an updated South Island Employee (worker) Participation Agreement. This agreement outlines the formal structure and processes to ensure effective worker participation and engagement in terms of health and safety matters.
- **Enhance Occupational Health and Injury Management Services:** Phase three of this initiative is complete. This includes the completion of a workforce survey; initial analysis of the survey data; and the presentation of key themes to the Steering Group for feedback and guidance. This next phase includes completing secondary level analysis of the survey data and conducting a series of in-depth interviews to further explore the high level themes from the survey.
- **Transforming HR | Service Portal:** The procurement process and design phase for the service portal has been completed. The programme is taking an agile approach, which means work is coordinated in two week “sprints” (focused activities). The first sprint was the design and discovery phase; sprint two is the development of a service catalogue and ten knowledge articles to be loaded into the portal – this work is underway. The service portal remains on track 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. Further discussions have occurred which have modified the next 3 services to come on board. Further planning is underway but not much progress is likely this side of Christmas.
- **Staff Wifi and Patient Wifi:** Staff wifi and Patient wifi are now fully deployed within Grey Base Hospital clinical areas. Patient wifi has been extended to Greymouth Medical.
- **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 been completed with the lead provider. Contracts are in the process of being finalised. Recruitment for a fixed term Facilities ISG programme manager has commenced. This position will provide support to the ISG team in delivering ICT components into the new facility.
- **Telehealth RFQ:** A Telehealth Request for Quotation (RFQ) was submitted in July, closing in August. The capabilities this will introduce to WCDHB will allow increased mobility and capability at a more sustainable price point. Testing of the new solution is underway and draft contracts being reviewed.
- **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, waiting upon the final pricing from providers. 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 attended by the WCDHB CIO

in preparation for redrafting the DRP. The workshop validated the approach taken to-date in the preparation of the strategy, followed by the DRP.

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

Media interest

- New Buller IFHC
- New Grey facilities
- Buller Health phone outage
- Ministry annual funding
- International Dietitian's Day
- Patient portals

Media releases were issued on:

- Physiotherapy shortages mean changes to services

Video releases were issued on:

- New Grey health facilities construction update
- Working for the DHB: Richa Singh and Sanjiv Kumar

Social media posts

- Flu immunisation still available
- DHB staff tour new Grey health facilities
- Mental Health Awareness Week
- Multiple birth group sets up in Hokitika
- Before School Checks visits
- Buller Health phone lines down
- Community & Public Health infant feeding advice
- Meet the Before School Checks team
- International Dietitian's Day (September 19)
- Buller water conservation
- Public meetings



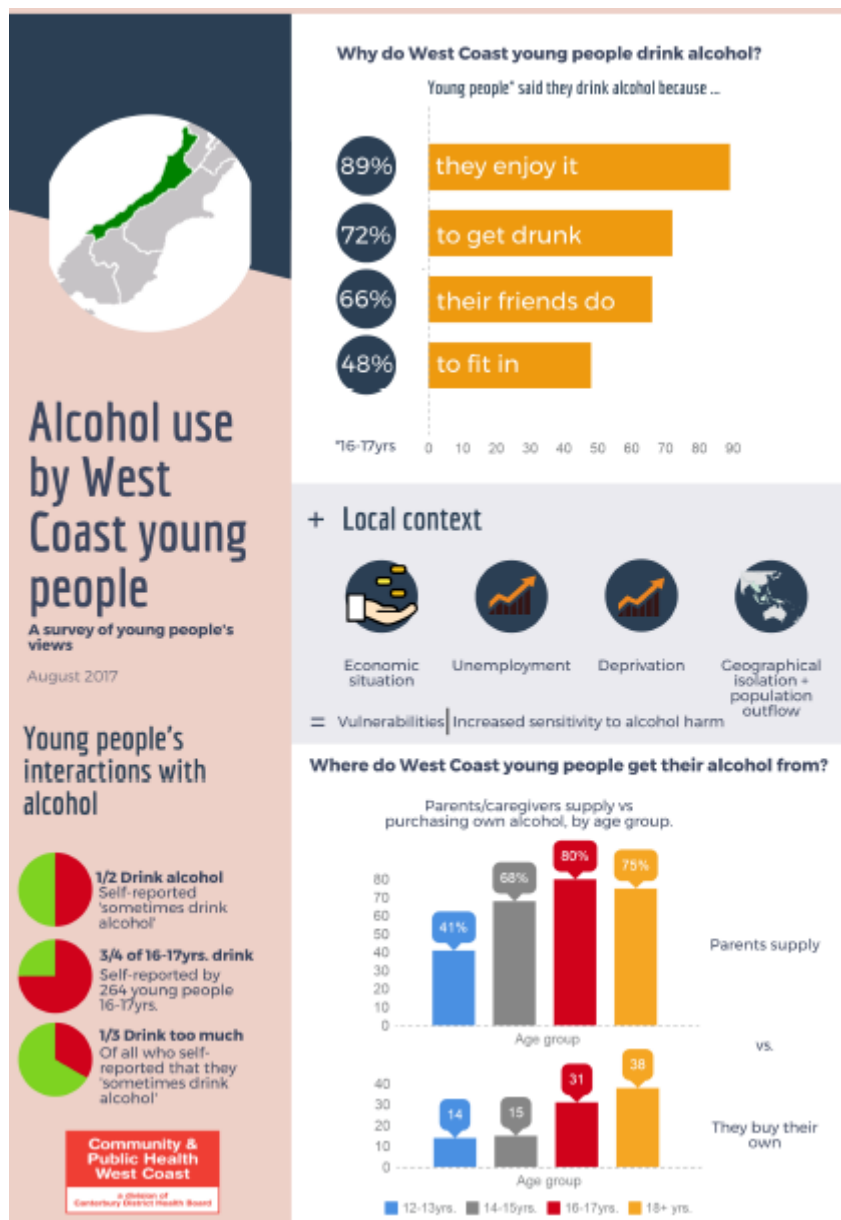
PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **Drinking Water:** The last two months have been particularly busy with drinking water issues. In addition to the annual drinking water survey in August, CPH staff have also been responding to two major drinking water incidents on the Coast. The water supply for the Ross township was affected by a major landslip in the catchment after heavy rain at the end of August and residents have been asked to conserve water. One of the two water intakes was affected by the slip and this has resulted in problems with the treatment plant's filters. CPH has been involved in the response to this incident, liaising with the Westland District Council, Westroads and the Ministry of Health. The Ross treatment plant was built with the help of a Ministry of Health capital assistance grant.
- In early September, consumers on the Westport/Carters Beach water supply were placed on 'Essential Use' water restrictions due to the reduction in water levels in the reservoirs serving the townships. The reservoir levels had fallen since the collapse of the main tunnel feeding

water to them and the alternative water sources had a more limited capacity. CPH staff have been working since then as part of the emergency response to this incident. Our role has included the provision of emergency public health advice, working with WCDHB on contingency planning, issuing emergency registration to water carriers, supporting and liaising with Buller District Council staff, and monitoring and reporting on the situation to the Ministry of Health. Water levels in the reservoirs have recovered and restrictions have been eased but a long term solution to the problem is unlikely to be in place for at least 6-12 months. Throughout the incident, water quality has been maintained and a boil water notice has not been necessary.

- **Oranga Hā Tai Poutini (Stop Smoking Service):** CPH is delighted to report that Trish Hunt, one of the cessation workers with Oranga Hā, has completed her NZQA qualification in Health and Wellbeing Support. The Ministry of Health now requires smoking cessation workers to hold this qualification. The two other Oranga Hā cessation workers are also close to completing the coursework required for this qualification. Oranga Hā and other smoking cessation services on the West Coast are seeing a high number of referrals resulting in programme enrolments. West Coast now has 8.9% of the target population enrolled making it a national leader among Ministry of Health funded services for the last quarter.
- **West Coast Accessibility Coalition:** CPH contributed to the organisation of the West Coast Accessibility Coalition workshop held on 28 September facilitated by Kathy O'Neill. The 15 participants from across the Coast used the NZ Disability Strategy to workshop potential areas of focus for the West Coast Coalition.
- **Nutrition:** CPH's nutrition team completed delivery of an Appetite for Life in Greymouth with ten participants. Our new Nutrition Health Promoter has delivered a presentation in Ross, extending the team's reach, including the promotion of evidence based nutrition and Appetite for Life. Ten Early Childhood Centres in Hokitika and Greymouth have been visited this month, supporting the hosting of Heart Foundation staff to encourage achievement of Healthy Heart Awards. All ten have either achieved a Healthy Heart Award or are working towards one.
- **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' has been presented to students and staff at seven secondary and area schools on the West Coast. Initial discussions about possible next steps have begun. Some of the ideas from students and school staff have included: developing resources that can be accessed online by teachers, students and others about alcohol and its impact on the developing brain; senior students working with younger students in health classes; students creating a song, rap or drama about alcohol-related issues; schools reviewing their alcohol policies, and much more. Given that senior students are working towards final exams between now and the end of the year, this work will start in Term 1 of 2018. An infographic with the key findings of the survey is attached for information.








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: 3 November 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 Board as a regular update.

2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders' Update.

3. SUMMARY

QUALITY & SAFETY

Following the Clinical Leadership workshop that was facilitated by the Health Quality and Safety Commission (HQSC) on 6 September, in Westport, a series of webinars have been offered to the attendees to continue to deepen their knowledge and skills. As we continue to work through the change processes occurring across the system, these additional training resources give staff additional ways to focus on how they can contribute to effective and sustainable change.

Having met with service providers from across the district to discuss the aims and opportunities for supporting children and their families across the district, the Director of Nursing and Associate Director of Allied Health are engaging with key leaders within these provider organisations to understand how joint governance, opportunities for integration and alliancing may be tested, with an aim to have a programme underway by March 2018.

The Maternity Quality & Safety Annual Report was recently submitted to the Ministry of Health. The feedback has been very positive with compliments about the format, quality of information, presentation and data.

Public Health Nurses are working collaboratively with the surgical bus in Buller to promote oral health. On the days the surgical bus holds paediatric dental surgery, the Public Health Nurses attend to provide education and support to families around healthy diets and oral health practices and healthy families. This collaboration has been occurring in Greymouth with success, for a number of months.

WORKFORCE

Physiotherapy shortages continue to impact on our ability to provide the full range of services in all parts of the district. Ongoing support from Canterbury District Health Board, who have been providing staff for week day and weekend activity is greatly appreciated, and recruitment is ongoing.

The Emergency Department is rolling out the utilisation of Standing Orders published on Health Pathways. Nurses are completing the HealthLearn packages and are being supported by the medical team and Nurse Practitioner. This will improve patient flow and support faster access to care (medications) for patients presenting to the department. Training is also underway to support the

introduction of thrombolysis to commence in the Emergency Department, to ensure fast access to treatment for patients presenting with myocardial infarction (heart attacks). Previously this intervention commenced once the patient was admitted to the Critical Care Unit.

Every second year there is a Midwifery Forum held at varying venues across New Zealand. This year it was held in Christchurch. The forum is a platform for midwives undertaking academic pathways, and research is presented to support evidence based practice. This forum is attended by midwives from across the country and is an opportunity to showcase the West Coast as an exciting place to practice and live. As we are still looking for a Midwife Manager, the Acting Midwife Manager used this as a recruitment opportunity for this vacant role.

District Nursing teams are undertaking training for Advanced Care Planning, with one nurse from each team completing the training. This will further support the engagement and conversations with our consumers around the importance of using this tool for self led decisions around future care.

We have engaged with Canterbury District Health Board Physicians to consider options for supporting the delivery of local inpatient medical services for after the retirement of one of our local Physicians.

We have developed a proposal to increase the number of junior doctors to be consistent with the latest Resident Doctors Association (RDA) contract. This also offers an opportunity to move towards a more general rural health training experience.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by:

Clinical Leaders:

Karyn Bousfield, Director of Nursing

Cameron Lacey, Medical Director

Vicki Robertson, Medical Director

Stella Ward, Executive Director of Allied Health

FINANCE REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Finance & Corporate Services

DATE: 3 November 2017

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board, a more detailed report is presented and received by the Quality, Finance, Audit and Risk Committee (QFARC) prior to this report being prepared.

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 30 September 2017.

3. DISCUSSION

Overview of September 2017 Financial Result

The consolidated West Coast District Health Board financial result for the month of September 2017 was a deficit of \$99k, which was \$1k unfavourable to budget. The year to date position of a net deficit of \$693k is \$15k favourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,299	7,021	278	✓	21,561	21,112	449	✓
Governance & Administration	86	69	17	✓	224	207	17	✓
Funder	5,150	5,282	(131)	✗	15,435	15,819	(384)	✗
	12,536	12,372	164	✓	37,220	37,138	82	✓
EXPENSES								
Provider								
Personnel	5,327	5,373	46	✓	16,488	16,426	(62)	✗
Outsourced Services	23	12	(11)	✗	52	35	(17)	✗
Clinical Supplies	761	699	(62)	✗	2,206	2,103	(103)	✗
Infrastructure	1,242	1,059	(183)	✗	3,462	2,733	(729)	✗
	7,352	7,142	(209)	✗	22,208	21,297	(911)	✗
Governance & Administration	86	69	(18)	✗	224	206	(18)	✗
Funder	4,837	4,852	15	✓	14,296	15,121	825	✓
Total Operating Expenditure	12,274	12,063	(212)	✗	36,728	36,624	(104)	✗
Surplus / (Deficit) before Interest, Depn & Cap Charge	261	309	(48)	✗	492	514	(22)	✗
Interest, Depreciation & Capital Charge	360	407	47	✓	1,185	1,222	37	✓
Net surplus/(deficit)	(99)	(98)	(1)	✗	(693)	(708)	15	✓

4. **APPENDICES**

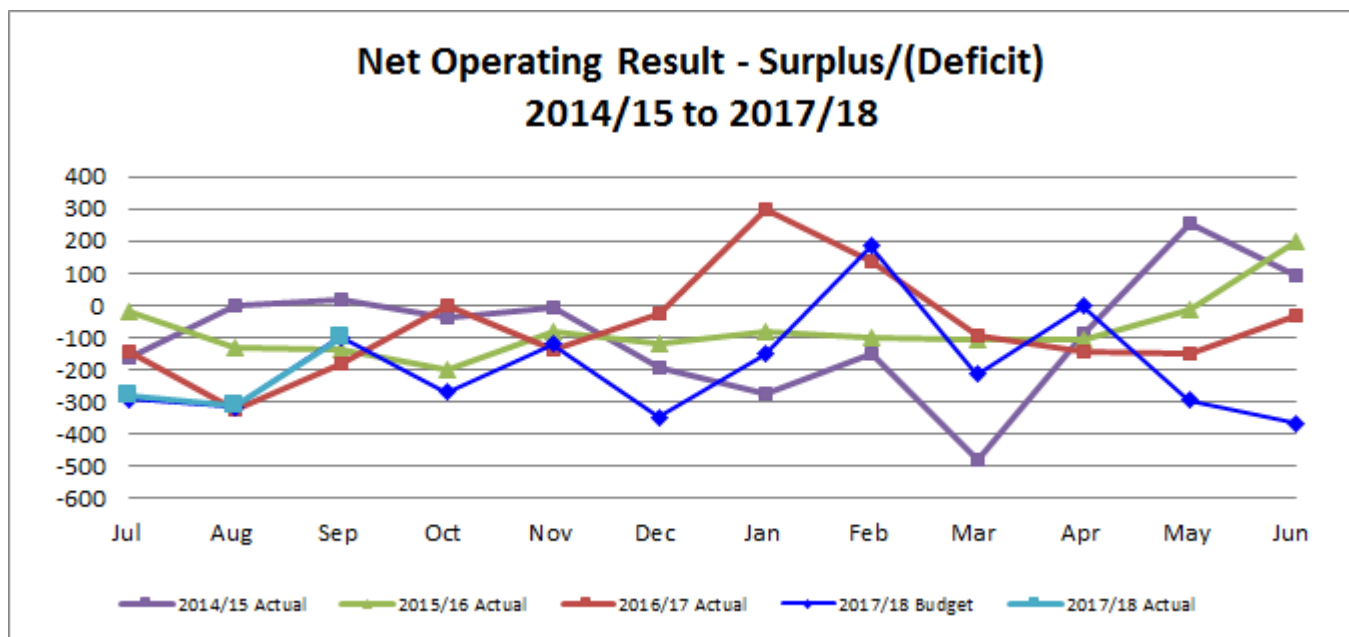
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

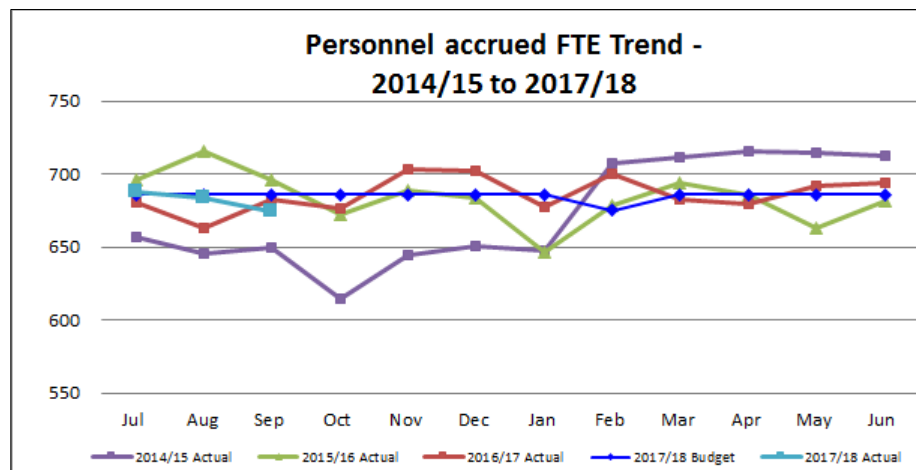
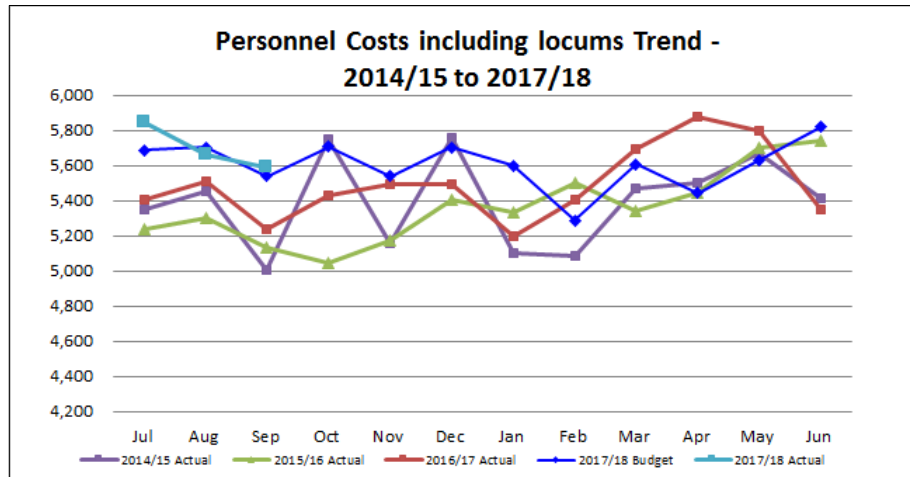
FINANCIAL PERFORMANCE OVERVIEW – SEPTEMBER 2017

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(99)	(98)	(1)	1%	✗	(693)	(708)	15	-2%	✓



We have submitted an Annual Plan with a planned deficit of \$2,041k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016, the actual funding provided for the 2017/18 year, and the anticipated delays in regard to plans for ARC/Dunsford Ward in Buller.

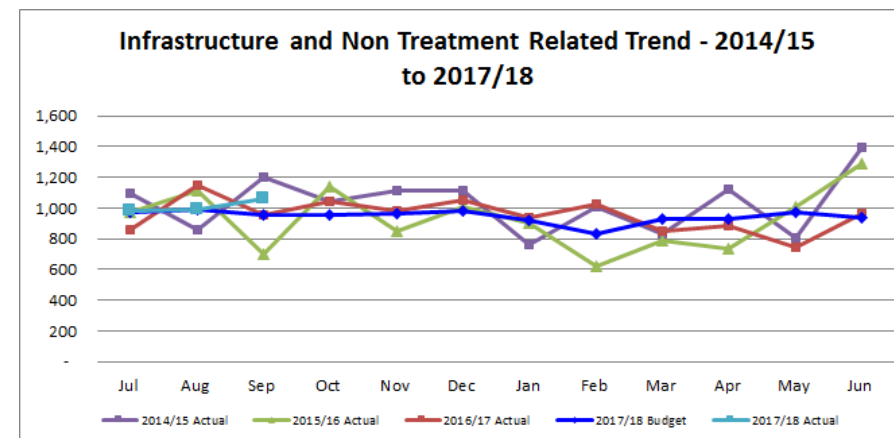
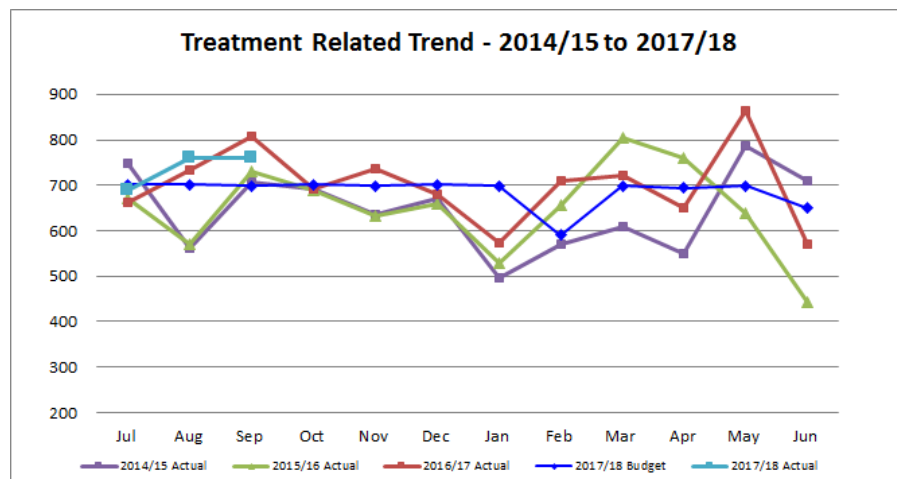
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



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.

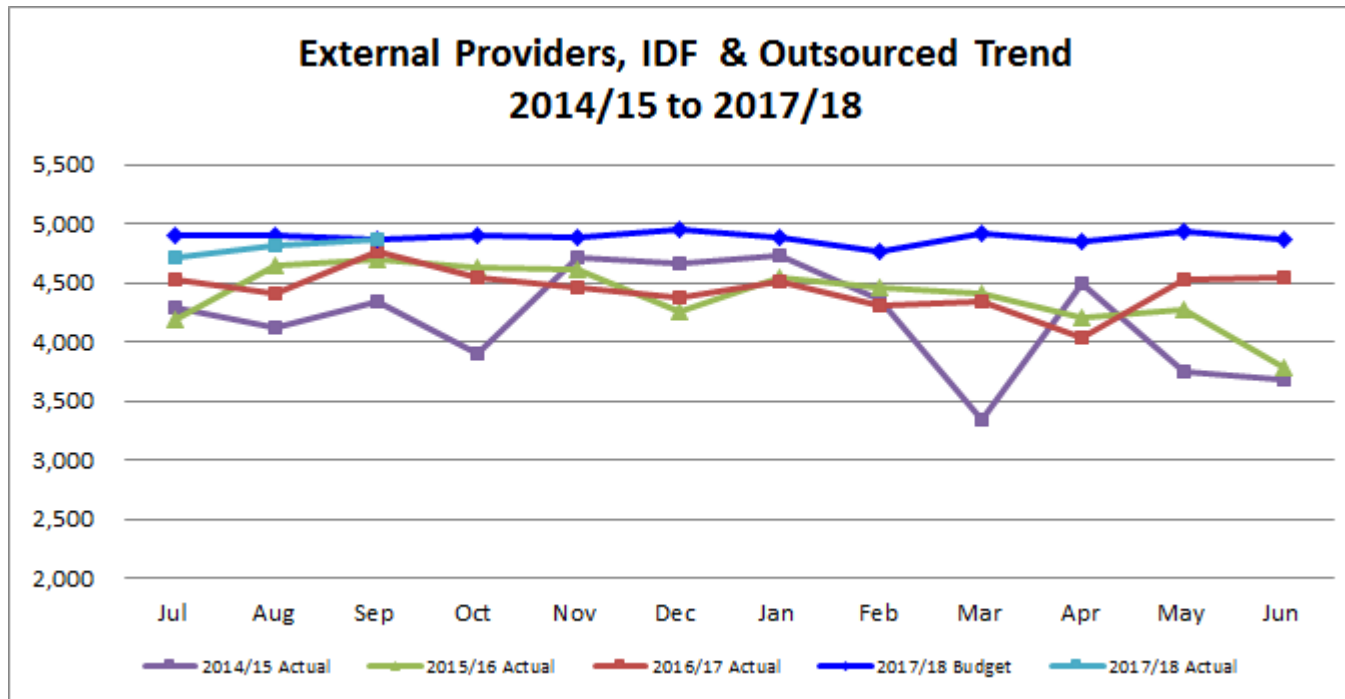
TREATMENT & NON TREATMENT RELATED COSTS



KEY RISKS AND ISSUES: High costs treatment particularly in oncology and rheumatology medicines has caused significant concern on costs in this category, we are continuing to review to define areas for cost reductions.

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

EXTERNAL PROVIDER COSTS



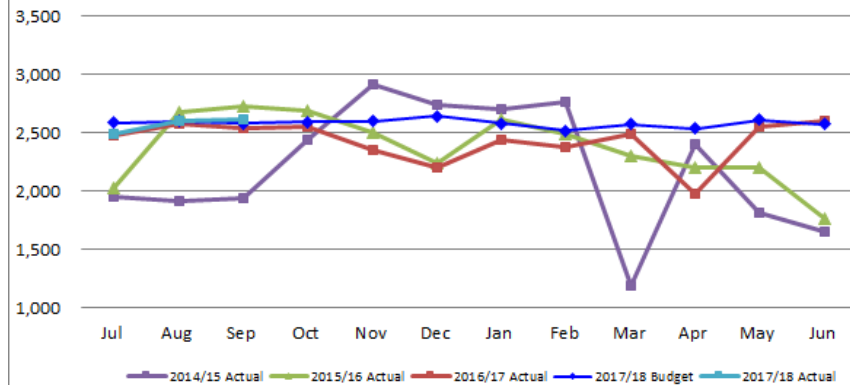
KEY RISKS AND ISSUES: Capacity constraints within the system require continued monitoring of trends and demand for services.

PLANNING AND FUNDING DIVISION
Month Ended September 2017

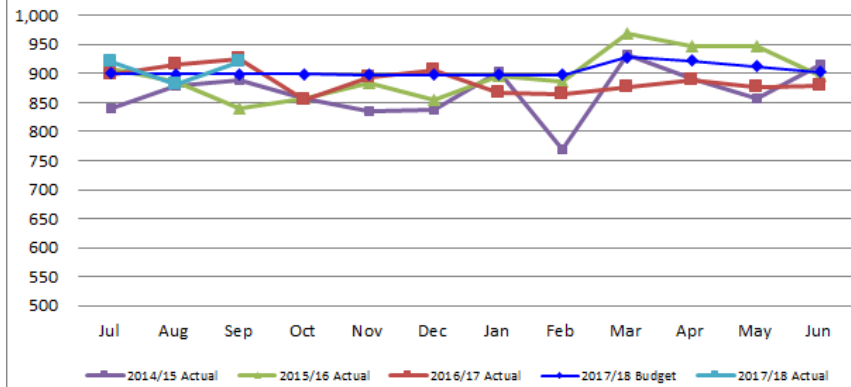
Actual \$000	Current Month		Variance \$000	%		Year to Date		Variance \$000	%		2017/18 Annual Budget \$000
	Actual \$000	Budget \$000				Actual \$000	Budget \$000				
					SERVICES						
					EXPENDITURE						
					Primary Care						
26	29	2	9%	✓	Dental-school and adolescent	97	86	-12	-13%	✗	344
20	22	2	9%	✓	Maternity	65	65	0	0%	✗	259
1	1	0	21%	✓	Pregnancy & Parent	5	4	-1	-27%	✗	15
0	0	0		✓	Sexual Health	0	0	0		✓	0
3	5	1	33%	✓	General Medical Subsidy	11	14	3	23%	✓	55
565	526	-39	-7%	✗	Primary Practice Capitation	1,627	1,579	-48	-3%	✗	6,314
98	98	0	0%	✓	Primary Health Care Strategy	294	294	0	0%	✓	1,177
88	88	0	0%	✓	Rural Bonus	263	265	2	1%	✓	1,059
4	4	0	-3%	✗	Child and Youth	15	13	-2	-15%	✗	50
4	5	1	21%	✓	Immunisation	12	17	5	29%	✓	126
5	5	0	2%	✓	Maori Service Development	14	14	0	2%	✓	57
52	52	0	1%	✓	Whanua Ora Services	156	157	1	1%	✓	629
0	14	14	100%	✓	Palliative Care	5	42	36	87%	✓	167
27	8	-18	-217%	✗	Community Based Allied Health	37	25	-12	-46%	✗	101
13	14	1	8%	✓	Chronic Disease	42	43	0	1%	✓	170
14	28	13	47%	✓	Minor Expenses	80	83	3	3%	✓	330
920	899	-21	-2%	✗		2,722	2,699	-24	-1%	✗	10,853
					Referred Services						
25	28	4	13%	✓	Laboratory	74	85	11	13%	✓	338
662	617	-46	-7%	✗	Pharmaceuticals	1,833	1,878	45	2%	✓	7,446
687	645	-42	-7%	✗		1,907	1,962	55	3%	✓	7,784
					Secondary Care						
220	174	-46	-26%	✗	Inpatients	581	522	-59	-11%	✗	2,088
141	155	13	9%	✓	Radiology services	427	464	36	8%	✓	1,854
100	105	5	5%	✓	Travel & Accommodation	323	316	-6	-2%	✗	1,265
1465	1,499	34	2%	✓	IDF Payments Personal Health	4,467	4,496	29	1%	✓	17,984
1,926	1,933	6	0%	✓		5,798	5,798	0	0%	✗	23,191
3,533	3,476	-57	-2%	✗	Primary & Secondary Care Total	10,428	10,459	31	0%	✓	41,828
					Public Health						
9	13	4	30%	✓	Nutrition & Physical Activity	45	39	-6	-16%	✗	155
11	11	0	1%	✓	Tobacco control	33	34	0	1%	✓	135
20	24	4	16%	✓	Public Health Total	78	72	-6	-8%	✗	289
					Mental Health						
7	7	0	1%	✓	Dual Diagnosis A&D	21	21	0	1%	✓	86
0	0	0		✓	Eating Disorders	0	0	0		✓	0
20	20	0	1%	✓	Child & Youth Mental Health Services	60	61	1	1%	✓	242
6	8	1	16%	✓	Mental Health Work force	18	23	4	19%	✓	91
37	61	24	39%	✓	Day Activity & Rehab	112	184	72	39%	✓	736
11	11	0	1%	✓	Advocacy Consumer	33	32	0	-1%	✗	129
103	82	-21	-26%	✗	Other Home Based Residential Support	309	245	-64	-26%	✗	981
11	11	0	1%	✓	Advocacy Family	33	33	0	1%	✓	133
13	16	3	18%	✓	Community Residential Beds	33	48	15	32%	✓	192
67	67	0	0%	✓	IDF Payments Mental Health	200	200	0	0%	✓	798
275	282	7	3%	✓		818	847	29	3%	✓	3,389
					Older Persons Health						
0	0	0		✓	Needs Assessment	0	0	0		✓	0
225	151	-74	-49%	✗	Home Based Support	491	452	-39	-9%	✗	1,807
3	6	3	45%	✓	Caregiver Support	15	18	3	18%	✓	71
235	273	38	14%	✓	Residential Care-Rest Homes	691	819	128	16%	✓	3,277
14	8	-6	-70%	✗	Residential Care-Community	48	24	-24	#####	✗	97
385	482	97	20%	✓	Residential Care-Hospital	1,247	1,446	199	14%	✓	5,786
11	10	-1	-6%	✗	Day programmes	34	30	-3	-11%	✗	122
2	12	11	87%	✓	Respite Care	29	37	8	22%	✓	148
26	1	-25	-1925%	✗	Community Health	26	4	-23	#####	✗	15
8	1	-7	-536%	✗	Minor Disability Support Expenditure	11	4	-7	#####	✗	15
128	131	3	2%	✓	IDF Payments-DSS	384	394	9	2%	✓	1,576
1,037	1,076	38	3%	✓		2,977	3,228	251	8%	✓	12,913
1,312	1,359	45	3%	✓	Mental Health & OPH Total	3,795	4,075	280	7%	✓	16,302
4,865	4,859	-6	0%	✗	TOTAL EXPENDITURE	14,301	14,606	306	2%	✓	58,419

EXTERNAL PROVIDER COSTS

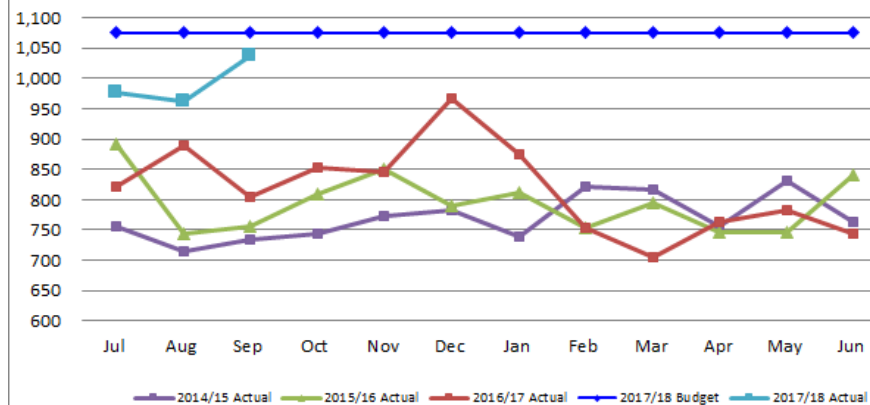
**Secondary and Referred Services Trend
2014/15 to 2017/18**



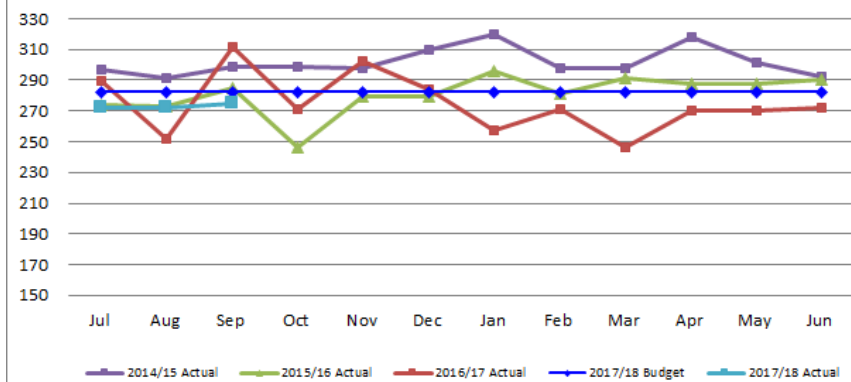
Primary Care Trend 2014/15 to 2017/18



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	24,415	25,833	(1,418)	-5% ✗	104,272
Cash	10,924	10,632	292	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

30 September 2017

in thousands of New Zealand dollars

	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	11,681	11,566	115	1.0%	34,790	34,683	107	0.3%	138,695	137,591
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	1	2
Inter District Flows Revenue	142	142	0	0.1%	427	426	1	0.2%	1,706	1,661
Patient Related Revenue	604	595	9	1.5%	1,771	1,820	(49)	(2.7%)	7,017	2,666
Other Revenue	109	70	40	56.7%	232	209	23	11.1%	834	851
Total Operating Revenue	12,536	12,372	164	1.3%	37,220	37,138	82	0.2%	148,252	142,771
Operating Expenditure										
Personnel costs	5,588	5,540	(48)	(0.9%)	17,096	16,930	(166)	(1.0%)	67,073	65,887
Outsourced Services	0	0	(0)	0.0%	1	0	(1)	0.0%	0	(9)
Treatment Related Costs	759	699	(60)	(8.6%)	2,206	2,103	(103)	(4.9%)	8,288	8,402
External Providers	3,308	3,162	(146)	(4.6%)	9,638	9,559	(79)	(0.8%)	38,162	35,843
Inter District Flows Expense	1,529	1,690	162	9.6%	4,658	5,060	402	7.9%	20,258	17,317
Outsourced Services - non clinical	29	18	(11)	(62.6%)	91	53	(38)	(70.9%)	214	229
Infrastructure and Non treatment related costs	1,061	954	(107)	(11.3%)	3,038	2,918	(121)	(4.1%)	11,412	11,446
Total Operating Expenditure	12,274	12,063	(212)	(1.8%)	36,728	36,624	(104)	(0.3%)	145,406	139,116
Result before Interest, Depn & Cap Charge	261	309	(48)	(15.5%)	492	514	22	4.3%	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	231	283	52	18.3%	798	850	52	6.1%	3,400	3,373
Capital Charge Expenditure	129	124	(5)	(4.0%)	387	372	(15)	(4.0%)	1,488	739
Total Interest, Depreciation & Capital Charge	360	407	47	11.5%	1,185	1,222	37	3.0%	4,888	4,455
Net Surplus/(deficit)	(99)	(98)	(1)	(0.9%)	(693)	(708)	15	2.1%	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(99)	(98)	(1)	(0.9%)	(693)	(708)	15	2.1%	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 September 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
22,434	23,163	(729)	(3.1%)	23,623
531	553	(23)	(4.1%)	636
3,596	3,194	403	12.6%	3,194
567	567	0	0.0%	0
27,128	27,477	(349)	(1.3%)	27,453
10,924	10,632	292	2.7%	10,811
56	74	(18)	(24.1%)	72
1,075	1,007	68	6.7%	1,060
5,643	5,107	536	10.5%	4,992
0	0	0	0.0%	0
17,697	16,820	877	5.2%	16,935
44,825	44,297	529	1.2%	44,387
0	0	0	0.0%	0
2,773	2,703	(70)	(2.6%)	2,779
69	70	1	1.4%	70
2,842	2,773	(69)	(2.5%)	2,848
0	0	0	0.0%	0
7,911	6,127	(1,783)	(29.1%)	6,875
9,659	9,564	(95)	(1.0%)	9,557
17,570	15,692	(1,879)	(12.0%)	16,431
20,412	18,465	(1,947)	(10.5%)	19,280
86,062	87,478	1,416	1.6%	86,062
22,082	22,082	0	0.0%	22,082
(83,729)	(83,727)	2	0.0%	(83,037)
0	0	0	0.0%	0
24,415	25,833	1,418	5.5%	25,107
44,826	44,297	529	1.2%	44,386

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 September 2017

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	12,164	12,320	(156)	(1.3%)	37,139	36,959	180	0.5%
Cash paid to employees	(5,770)	(5,857)	87	1.5%	(17,128)	(17,687)	559	3.2%
Cash paid to suppliers	(1,911)	(1,654)	(257)	(15.5%)	(5,216)	(5,386)	170	3.2%
Cash paid to external providers	(3,370)	(3,180)	(190)	(6.0%)	(9,423)	(9,540)	117	1.2%
Cash paid to other District Health Boards	(1,466)	(1,688)	222	13.1%	(4,873)	(5,064)	192	3.8%
<i>Cash generated from operations</i>	(354)	(60)	(294)	489.0%	499	(719)	1,217	(169.4%)
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	(124)	124	100.0%	0	(372)	372	100.0%
Net cash flows from operating activities	(354)	(184)	(170)	92.3%	499	(1,091)	1,589	(145.7%)
Cash flows from investing activities								
Interest received	29	35	(6)	(17.3%)	88	105	(17)	(15.9%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(123)	(208)	85	40.9%	(474)	(624)	150	(24.1%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(94)	(173)	79	(45.7%)	(386)	(519)	133	25.7%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	0	1,432	(1,432)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	0	0	0.0%	0	1,432	(1,432)	100.0%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	(448)	(357)	(91)	25.4%	113	(178)	291	(163.6%)
Cash and cash equivalents at beginning of period	11,372	10,989	383	3.5%	10,811	10,811	(0)	(0.0%)
Cash and cash equivalents at end of year	10,924	10,632	292	2.7%	10,924	10,633	291	2.7%

WELLBEING HEALTH AND SAFETY UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: People and Capability

DATE: 3 November 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 provides an update on employee wellbeing, health and safety activities including a high level dashboard.

2. RECOMMENDATION

That the Board:

- i. Notes the Wellbeing Health & Safety Update

3. SUMMARY

General

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

Wellbeing:

The Strengths Workshops, available to all WCDHB staff, are being advertised at the moment.

Health and Safety:

An ACC Workshop for managers which had to be postponed is scheduled for October. The Workshop is focussed on giving a basic overview of how ACC works and what goes on once a claim is initially lodged, how workplace injury claims affect the employer, how levies are set, barriers to a successful return to work after an injury, privacy/consent for injured workers and how ACC can work with an employer and medical providers.

Occupational Health:

The Influenza programme has now been completed and final statistics have been sent to the Ministry of Health – 653 influenza vaccines have been administered to staff, their partners and contractors. Numbers are slightly down, to last year. The WCDHB Influenza Campaign has had significant support from the immunisation team on the West Coast. Clinics were widespread, with advertising of various forms continuing to be carried out within the DHB.

Health and Safety Systems Review

We continue to bring to life the recommendations from the external review of health and safety systems. The Canterbury DHB and West Coast DHB Health and Safety System Report (the Report):

- Concluded that WCDHB has all the components required for an effective System. However, there is a need to improve consistency of application and develop internal self-monitoring to provide assurance
- Included 75 recommendations and 26 suggestions, each of which was considered on its merits and within the context of our commitment to the wellbeing and safety of our people

The analysis of the recommendations and suggestions across the sixteen elements contained within the Report identified four domains, and within those domains a number of specific components. The domains defined a framework from which to develop a phased detailed work plan.

Our revised *Wellbeing and Staying Safe Process Workbook* (which will function to detail all the wellbeing health and safety processes across the organisation) has been finalised. The focus for August was preparing to launch the updated workplace incident recording form and workflow. The incident reporting platform is utilised across all five South Island DHB's, with the signoff of the final requirements, updated procedures and training the final steps being achieved before go live took place on 05 September. The aim of the project is to:

- Reduce the time to submit a workplace incident from date of accident by 90% to 1 day
- Reduce the time to complete a workplace incident form by 59% to 7min
- Reduce the time to close a workplace incident form by 55% to 12 days
- Increase the number of overall workplace incidents submitted by 5% to 12499 (for the South Island)
- Decrease the number of workplace incidents submitted that resulted in harm by 5% to 5881 (for the South Island)

Work is continuing with respect to updating the policy and procedure framework, making this information more easily accessible and ensuring the document management policy and procedure is adhered to. We are still to reach agreement with the Unions with respect to an updated South Island Employee (worker) Participation Agreement. This agreement outlines the formal structure and processes to ensure effective worker participation and engagement in terms of health and safety matters. At this point this has not limited the work to pilot a process into Older Person's Health and Rehab, Canterbury Health Laboratories or Ashburton hospital. The pilots are expected to be completed by the end of October.

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

The following key is applicable to all tables **below**.

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

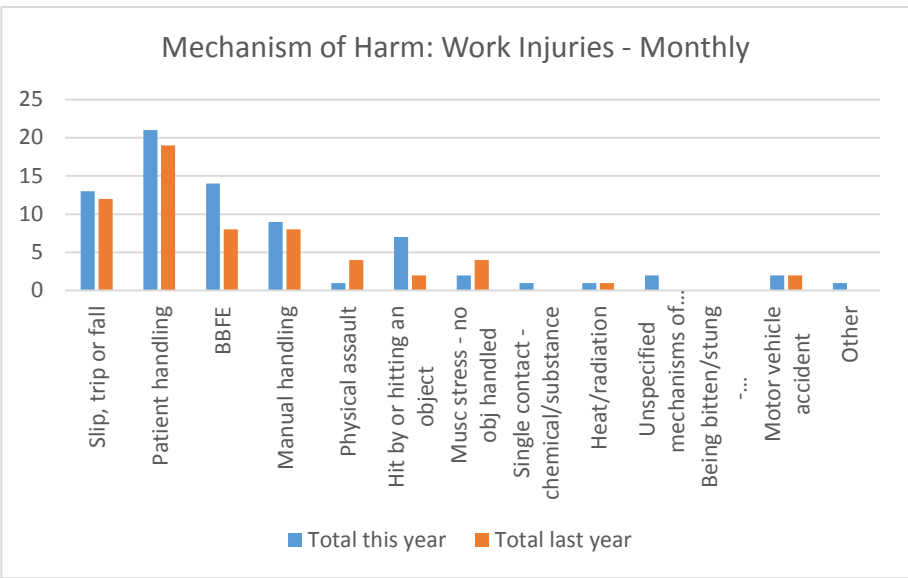
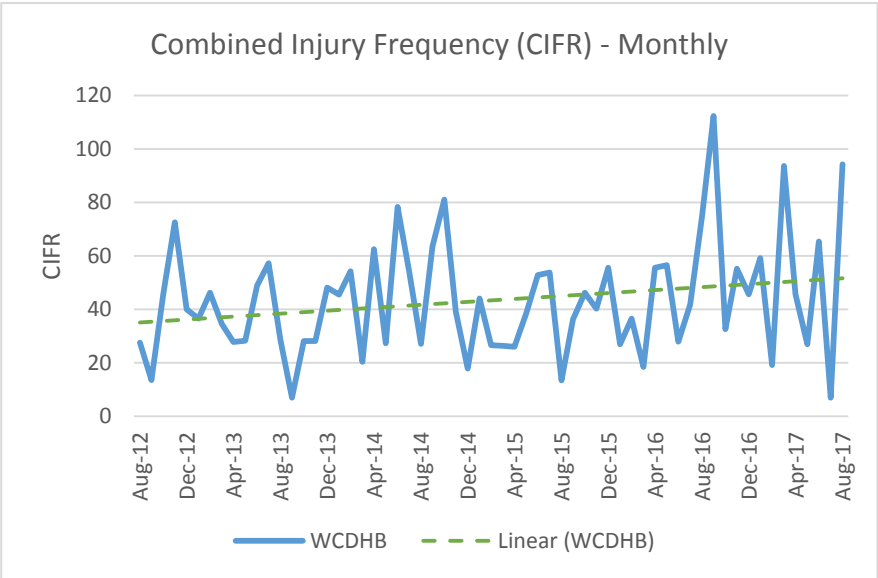
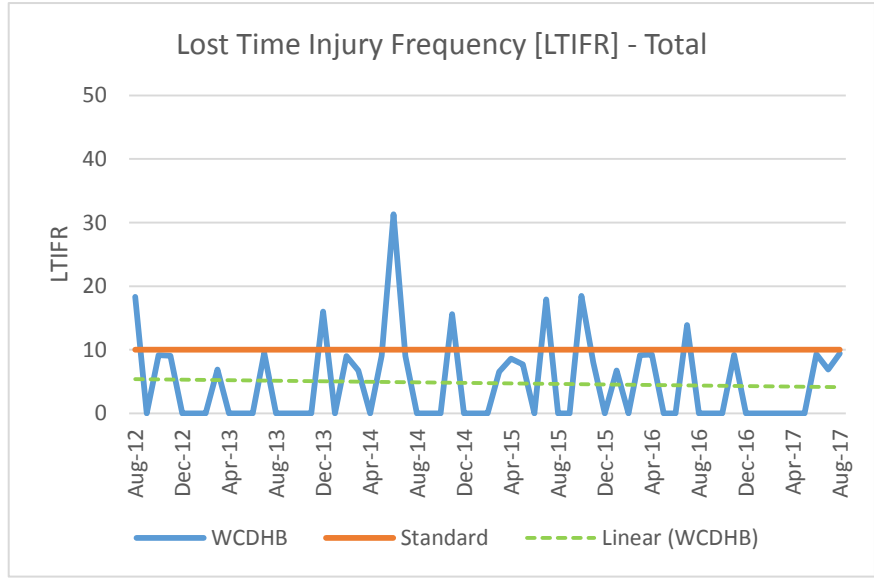
4. **APPENDICES**

Appendix 1: Wellbeing, Health and Safety Dashboard

Report prepared by: Mark Lewis, Manager Wellbeing Health

Report approved by: Michael Frampton, GM People and Capability

Wellbeing, Health and Safety Dashboard: West Coast District Health Board (August 2017)

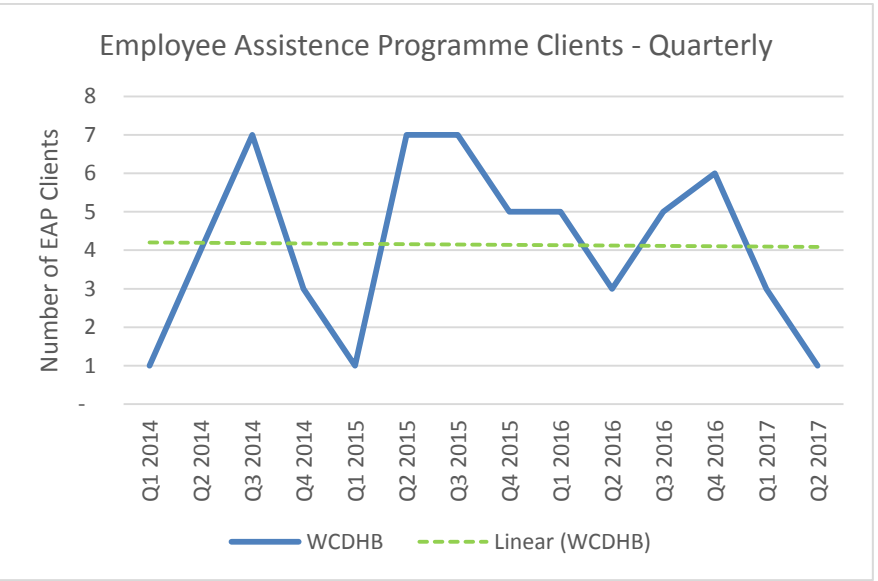
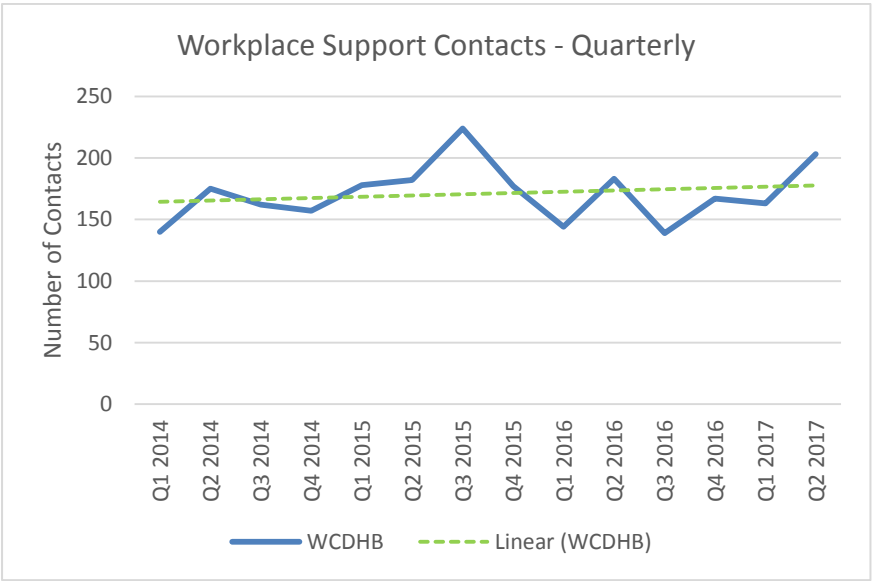
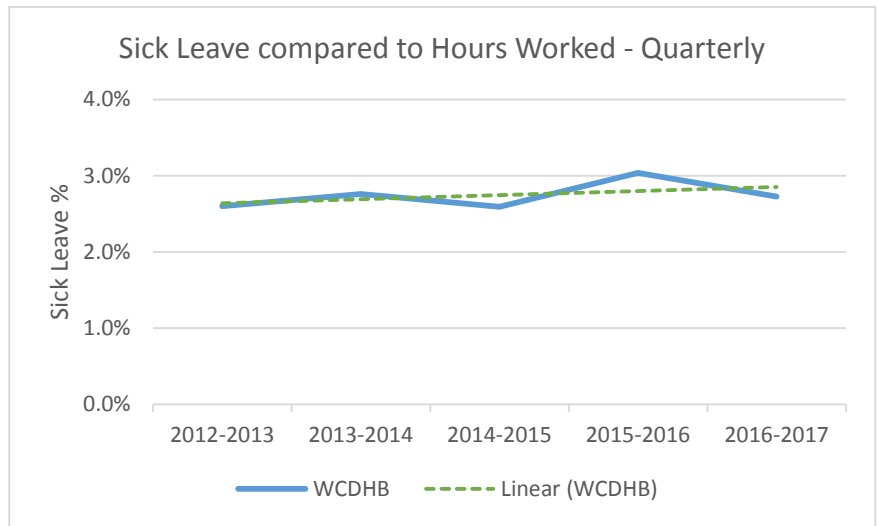


Worksafe Notifiable Events - Monthly

Event	June-17	July-17	August-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Duty Holder Review	June-17	July-17	August-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Please note: The above are raw scores.



Lost Time Injury Frequency [monthly]
Description: Lost time injury frequency rates are based on the number of loss time injuries per million hours worked. The loss time injury frequency is compared to the ACC Healthcare Levy Risk Group Average of 10 [standard].
Comment: Lost time injuries continue to track below the ACC healthcare sector standard. The average over the last five years is trending down slightly, mainly due to no last time injuries reported in the first quarter of 2017.
Focus: People and Capability will continue to support managers with maintaining Risk Registers and completing risk assessments as well as providing proactive education sessions across the WCDHB.

Worksafe Notifiable Events [monthly]
Description: Events reported and confirmed by WorkSafe that meet the legislative definition of notifiable.
Comment: Nothing to report.
Focus: Peopla and Capability will continue to support managers with maintaining Risk Registers and completing risk assessments.

Workplace Support [quarterly]
Description: Number of contacts in relation to organisational headcount.
Comment: Workplae Support contacts is trending slightly up relative to WCDHB headcount.
Focus: People and Capability will continue to monitor the situation over the next quarter and work with Operational Leadership to support our people to stay well and healthy at work.

Combined Injury Frequency [monthly]
Description: Combined injury frequency is a ratio based on the number of all ACC accepted medical treatment claims per million hours worked.
Comment: The total number of ACC injury claims per million hours worked continues to trend up over the five year reporting period. Most claims are for muscular stress or strain as a result of patient handling.
Focus: People and Capability will continue to work with managers and staff to identify hazards associated with work layout, task variability and environmental issues. Education sessions are planned with ACC and HBSS employees during October.

Sick Leave [quarterly]
Description: Sick leave taken compared to hours worked.
Comment: Sick leave taken compared to hours worked is trending up slightly over the last five years after peaking in the middle of 2016.
Focus: People and Capability will continue to monitor the situation over the next quarter and work with Operational Leadership to support our people to stay well and healthy at work.

Employee Assistance Programme [quarterly]
Description: Number of clients in relation to organisational headcount.
Comment: There has been a decrease in the number of Employee Assistance Programme contacts relative to WCDHB headcount over the last quarter. The trend is relatively static, noting that with the low number of our people accessing this service we expect to see quarter by quarter variance.
Focus: People and Capability will continue to monitor the situation over the next quarter and work with Operational Leadership to support our people to stay well and healthy at work.

Mechanism of Harm: Employee Events [rolling 12 months]
Description: Number of Employee Events as reported on Safety1st in the last 12 month period compared to the previous 12 months.
Comment: There continues to be three main mechanisims of harm: physical assault, body stress and strain and slip/trip or fall. ‘Hit by or hitting an object’ is much higher over the last 12 months when compared to the previous 12 months.
Focus: Work continues to capture injury mechanism of harm trends across the DHB to ensure targeted prevention programmes remain relevant.

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 26 OCTOBER 2017



TO: Chair and Members
West Coast District Health Board

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

DATE: 3 November 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 DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 26 October 2017.

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

“With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.”*

The aim of the Committee's advice must be:

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 26 October 2017.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) **DISABILITY ACTION PLAN UPDATE**

Kathy O'Neill, Planning & Funding, provided an update to the Committee around the Disability Action Plan which is a transalpine strategy. Ms O'Neill reiterated the priority actions of the Disability Action Plan and how these are being progressed on the West Coast. She also provided details of upcoming meetings with specific groups around respite care.

The Committee noted that work around employing people with disabilities is taking place through People & Capability.

The Committee also noted that work is underway on the development of a disability dashboard however this is proving a challenge as data is not collected in a way that enables this to happen. Some key analysts are assisting with this work.

The Committee Chair advised that a "State of the Sector Report" is now available on the "Yes Disability" website. It was noted that the National Disability website is currently being updated and will be renamed FirstPort.

The Update was noted.

b) **COMMUNITY AND PUBLIC HEALTH UPDATE**

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

Drinking Water

The last two months have been particularly busy with drinking water issues. In addition to the annual drinking water survey in August, CPH staff have also been responding to two major drinking water incidents on the Coast.

The water supply for the Ross township was affected by a major landslip in the catchment after heavy rain at the end of August and residents have been asked to conserve water. One of the two water intakes was affected by the slip and this has resulted in problems with the treatment plant's filters. CPH has been involved in the response to this incident, liaising with the Westland District Council, Westroads and the Ministry of Health. The Ross treatment plant was built with the help of a Ministry of Health capital assistance grant.

In early September, *consumers on the Westport/Carters Beach water supply were placed on 'Essential Use' water restrictions due to the reduction in water levels in the reservoirs serving the townships.* The reservoir levels had fallen since the collapse of the main tunnel feeding water to them and the alternative water sources had a more limited capacity. CPH staff have been working since then as part of the emergency response to this incident. Our role has included the provision of emergency public health advice, working with WCDHB on contingency planning, issuing emergency registration to water carriers, supporting and liaising with Buller District Council staff, and monitoring and reporting on the situation to the Ministry of Health. Water levels in the reservoirs have recovered and restrictions have been eased but a long term solution to the problem is unlikely to be in place for at least 6-12 months. Throughout the incident, water quality has been maintained and a boil water notice has not been necessary.

Oranga Hā – Tai Poutini (Stop Smoking Service)

CPH is delighted to report that Trish Hunt, one of the cessation workers with Oranga Hā, has completed her NZQA qualification in Health and Wellbeing Support. The Ministry of Health now requires smoking cessation workers to hold this qualification. The two other Oranga Hā cessation workers are also close to completing the coursework required for this qualification.

Oranga Hā and other smoking cessation services on the West Coast are seeing a high number of referrals resulting in programme enrolments. West Coast now has 8.9% of the target population enrolled making it a national leader among Ministry of Health funded services for the last quarter.

West Coast Accessibility Coalition

CPH contributed to the organisation of the West Coast Accessibility Coalition workshop held on 28th of September facilitated by Kathy O'Neill. The 15 participants from across the Coast used the NZ Disability Strategy to workshop potential areas of focus for the West Coast Coalition.

Nutrition

CPH ran an Early Childhood nutrition workshop in Cobden with the Melody Makers group in conjunction with WestREAP, with twelve mums and their children (aged 2-5 years) in attendance. There were lots of questions about vegetarianism, getting enough iron, fussy eating and milk choice. The team have completed delivery of a full course of Appetite for Life in Greymouth with ten participants. CPH also worked with the Blue Light team and delivered a nutrition presentation to the boot camp participants at Greymouth High School, which saw eight students and their parents attend and was well received. Our new Nutrition Health Promoter has delivered a presentation in Ross, extending the team's reach, including the promotion of evidence based nutrition and Appetite for Life. Ten Early Childhood Centres in Hokitika and Greymouth have been visited this month, supporting the hosting of Heart Foundation staff to encourage achievement of Healthy Heart Awards. All ten have either achieved a Healthy Heart Award or are working towards one.

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' has been presented to all contributing groups of students and staff at seven secondary and area schools on the West Coast. Initial discussions with schools about possible next steps have begun. Some of the ideas from students and school staff have included developing resources that can be accessed online by teachers, students and others about alcohol and its impact on the developing brain; senior students working with younger students in health classes; students creating a song, rap or drama about alcohol-related issues; schools reviewing their alcohol policies, and much more. Given that senior students are working towards final exams between now and the end of the year, this work will start in Term 1 of 2018.

Presentations are also being scheduled with a range of community groups and agencies who support young people and also those working to reduce alcohol-related harm on the West Coast. The summary (including infographic) and full versions of the report are available online on the West Coast DHB and Community and Public Health websites.

The Committee noted that this is a national issue and this is a good start to the work required around this.

Alcohol Licensing

CPH's Alcohol Licensing Officer has joined the Westland District Licensing Inspector and the West Coast Police Prevention Manager in continuing discussions with the Westland Racing Club and Kumara Racing Club regarding the licences for events during January 2018. The focus of the discussions is to fully inform the clubs of their responsibilities in respect of the Sale and Supply of Alcohol Act 2012 and to ensure that events can be successful and enjoyable without any alcohol-related harm.

The implementation of the new combined West Coast Council Alcohol Licence application forms (the same form for Buller, Grey and Westland) has been seamless and the new forms are being welcomed by reporting agencies.

The report was noted.

c) DRINKING WATER SYSTEMS AND PROTECTION PRESENTATION

Cheryl Brunton, Medical Officer of Health, provided a presentation on drinking water systems and protection. The presentation was well received and has been circulated separately to the Board.

d) PLANNING & FUNDING UPDATE

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

Key Achievements

- **ED Health Target:** Performance remains impressive with 99.4% of patients admitted, discharged or transferred from Grey Base ED within six hours in September. A result of 99.0% has been achieved for the 2017/18 financial year to date. The West Coast continues to lead the country in this target.
- **Elective Services Health Target:** The West Coast DHB was 24 discharges ahead of the year-to-date target for elective and arranged surgeries at the end of August 2017.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** The West Coast DHB remains within compliance tolerance levels for ESPI 5, with only one patient (dental case) exceeding the 120-day maximum wait time for receiving surgery as at the end of August 2017. This person has since been provided with their surgery.

Key Issues & Associated Remedies

- **ESPI 2 | First Specialist Assessment (FSA):** There were 14 orthopaedic patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of August. Work is ongoing to schedule additional outpatient clinics to clear the backlog.

In addition the Committee noted the good work undertaken around B4School checks and the Primary Care Smoking target.

The report was noted.

e) ALLIANCE UPDATE

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

Alliance Leadership Team (ALT)

At their meeting in August the ALT:

- Acknowledged the good work being carried out by the Takarangi Cultural Competency Training and fully supports its continuation. The ALT is committed to weaving the three elements of management support, peer support and cultural support into our workstreams.
- Acknowledged the Lessons Learnt Report as being a powerful document that highlights both the 16/17 successes as well as those areas where further action is needed.
- Agreed that engagement with the Consumer Council and the wider community is needed to ensure better feedback from our local populations. The ALT is determined to improve overall engagement and communication.

In September, members of the ALT were pleased to represent the Alliance at the WCDHB Board Planning Day, where the achievements, challenges and priorities from an Alliance point of view were put forward for consideration.

Health of Older Persons

- Progress has been made in collaboration between the Transalpine Palliative Care Leadership Team and the Health of Older People Service Review Project to align objectives. Support will

be provided by the Service Review Project Team to the Leadership Team to enhance resourcing for projects.

- Management of Community Dementia services has been transitioned from Mental Health to the Complex Community Care Network.
- A preliminary audit of patients with fractured NOF has been completed by the Geriatrician. Work continues to provide the functions of a Fracture Liaison Service.
- The Aged Residential Care (ARC) Forum was well attended. Attendees were enthusiastic about the HealthLearn portal being made available to ARC staff as well as other groups within the health sector.

Integrated Family Health Service (IFHS) Workstreams (Primary & Community Project, Buller & Reefton)

- The Model of Care feedback has been distributed. A sub group from the Primary & Community Project Team has met to look at the required changes into the model of care document as a result of the feedback. This updated document is expected to be tabled in late October for endorsement.
- The Urgent Care Proposal for Change consultation closed on 20 September. Feedback has been collated and tabled with the Urgent Care project team for further consideration and discussion of any required changes. Once the feedback summary has been completed it will be tabled for endorsement prior to circulation in October
- Unfortunately the Buller District Council has declined the Buller IFHS workstream submission to its Annual Plan to introduce a Variable Rates Scheme to increase home insulation.

Healthy West Coast (HWC)

- Following full recruitment to the community nutrition and dietitian FTE, the Nutrition and Physical Activity Plan is now under development.
- Following closer collaboration between the nutrition services and the increase in resource, HealthPathways will be updated to reflect the range of support available to the community. The services have established an informal clinician to clinician referral so that West Coast residents receive the correct level of support for their needs.

Child and Youth

- The DHB is has worked alongside the Ministry for Vulnerable Children Oranga Tamariki and the Ministry of Education to review and gather feedback on current arrangements for the coordination of the Gateway service and confirm future arrangements.
- A review of the Youth Health Action Group membership has taken place to ensure this includes appropriate young consumer feedback as well as providers that can support the activity in the workplan.
- There was high engagement in the Child Services Review Hui on 15th September. There was strong will to move forward with a vision for shared governance of the various pieces of work supporting children and vulnerable families across the West Coast

Pharmacy

A meeting was held with a couple of Grey based community pharmacists and the PHO to look at opportunities for community pharmacy to be incorporated in the planning and development for primary & community care, with some of their ideas for initiatives being recognised within the Primary & Community project plan. This has drawn attention to scripting issues that offer an opportunity to undertake some quality improvements with general practice. An initial meeting between the PHO, general practice and pharmacists is planned for October.

The update was noted.

f) GENERAL BUSINESS

The Committee Chair advised that the “Flame of Hope would take place in front of the police station tomorrow in support of special Olympians.

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

AGENDA



COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING To be held in the Board Room, Corporate Office, Greymouth Hospital Thursday 26 October 2017 commencing at 9.30am

ADMINISTRATION

9.30am

Karakia

Apologies

1. Interest Register

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

2. Confirmation of the Minutes of the Previous Meeting

27 July 2017

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.35am

4. Disability Action Plan Update

Kathy O'Neill

9.35am – 9.45am

Verbal Update

Team Leader, Planning & Funding

5. Community and Public Health Update

Gail McLauchlan

9.45am – 9.55am

Community and Public Health

6. Drinking Water Systems and Protection – Presentation

Cheryl Brunton

9.55am – 10.15am

Community and Public Health

7. Planning & Funding Update

Carolyn Gullery

10.15am – 10.25am

General Manager, Planning & Funding

8. Alliance Update

Carolyn Gullery

10.25am – 10.35am

General Manager, Planning & Funding

9. General Business

Elinor Stratford

10.35am – 10.40am

Chair

ESTIMATED FINISH TIME

10.40am

INFORMATION ITEMS

- Board Agenda – 29 September 2017
- Chair's Report to last Board Meeting
- 2017 Committee Work Plan (Working Document)
- West Coast DHB 2017 Meeting Schedule
- Disability Support Services Newsletter – August 2017
- Health Target Report (as provided at Board meeting)
- Maori Health Report (as provided at Board meeting)

NEXT MEETING

Date of Next Meeting: Thursday 23 November 2017

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 26 OCTOBER 2017



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 3 November 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 DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 26 October 2017.

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

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 26 October 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 26 October 2017. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

MANAGEMENT REPORT

This report is intended to:

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

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

- A project is underway to improve timeliness in communicating appointments to our community;
- A new Clinical Nurse Manager is joining our team for the inpatient ward;
- The Rural Generalist Medical Workforce project has progressed and a draft document is being reviewed.

Mr Wheble advised that in regard to transport nurse managers from Greymouth are travelling to Westport and engaging with colleagues and also with St John around how transport can be smoother for patients. The Committee noted that the DHB is also working with St John around organising inter-hospital transport in a more planned way.

Mr Wheble also advised that Nurse Managers from the West Coast are now able to use technology to look at the Christchurch Hospital system to keep up to date with West Coast patient treatment and discharges.

Discussion took place regarding DNAs and the Committee noted that a project has been underway trying to improve communication with members of the community earlier than previously. Discussion also took place regarding the percentage of DNAs from our Maori population and it was noted that there is a particular focus on this area.

A query was made regarding whether any work was taking place around follow up appointments being undertaken in patients own homes or at their GP surgery. It was noted that a new telehealth initiative will be out shortly which will enable telehealth to be used on any device so this will enable further options in this area.

It was noted that there is now 24/7 Emergency Ambulance Service coverage in Westport and a query was made regarding the rest of the Region. The Committee noted that in regard to Emergency Ambulance services we are often in discussion with St John.

The report was noted.

FINANCE REPORT

Justine White, General Manager, Finance, presented this report which showed that the consolidated West Coast District Health Board financial result for the month of September 2017 was a deficit of \$99k, which was \$1k unfavourable to budget. The year to date position of a net deficit of \$693k is \$15k favourable to budget.

Ms White advised that whilst she is comfortable with the current position there is a built in risk in the second half of the year around facilities so there is no cushion for additional expenditure.

In terms of areas of concern the Committee noted these as: high pharmaceuticals and also Personnel and Locum costs however these should offset each other.

Discussion took place regarding prescribing and pharmaceutical costs.

A query was made regarding the Management/Administration cap and Ms White provide the Committee with the background around this.

The report was noted.

CLINICAL LEADERS UPDATE

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

GENERAL BUSINESS

Philip Wheble, General Manager, Greymouth, provided the Committee with an update on the facilities project.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 26 October 2017

Report prepared by: Michelle Lomax Chair, Hospital Advisory Committee

AGENDA



WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth Thursday 26 October 2017 commencing at 11.00 am

ADMINISTRATION

11.00am

Karakia

Apologies

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

REPORTS/PRESENTATIONS

11.10am

- | | | | |
|----|--------------------------------|---|---------------------|
| 4. | Management Report | Philip Wheble
<i>General Manager, West Coast DHB</i> | 11.10am – 11.30am |
| 5. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.30am – 11.45am |
| 6. | Clinical Leaders Update | Karyn Bousfield
<i>Director of Nursing</i> | 11.45am – 12.00noon |
| 7. | General Business | Michelle Lomax
<i>Chair</i> | 12.00noon – 12.10pm |

ESTIMATED FINISH TIME

12.10pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 29 September 2017
- 2017 HAC Workplan (Working Document)
- West Coast DHB 2017 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 23 November 2017

Board Room at Corporate Office, Grey Base Hospital, Greymouth

RESOLUTION TO EXCLUDE THE PUBLIC



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretary

DATE: 3 November 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 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 29 September 2017	For the reasons set out in the previous Board agenda.	
2.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	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)

- 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