

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



BOARD MEETING

Friday 8 December 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*)

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 8 December 2017 commencing at 1.00pm

KARAKIA

ADMINISTRATION

1.00pm

Apologies

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

REPORTS FOR NOTING

1.05pm

- | | | |
|---|---|-----------------|
| 4. Clinical Leader's Update | Karen Bousfield
<i>Director of Nursing</i>
Mr Pradu Dayaram
<i>Medical Director, Facilities Development</i>
Stella Ward
<i>Executive Director of Allied Health</i> | 1.05pm – 1.10pm |
| 5. Chair's Update
(Verbal Update) | Jenny Black
<i>Chair</i> | 1.10pm – 1.15pm |
| 6. Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.15pm – 1.30pm |
| 7. Finance Report | Justine White
<i>General Manager, Finance</i> | 1.30pm – 1.40pm |
| 8. Wellbeing Health & Safety Update | Michael Frampton
<i>General Manager, People & Capability</i> | 1.40pm – 1.50pm |
| 9. Reports from Committee Meetings | | |
| - CPH&DSAC
23 November 2017 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 1.50pm – 1.55pm |
| - Hospital Advisory Committee
23 November 2017 | Michelle Lomax
<i>Chair, Hospital Advisory Committee</i> | 1.55pm – 2.00pm |
| 10. Resolution to Exclude the Public | Board Secretariat | 2.00pm |

INFORMATION ITEMS

- 2018 Meeting Schedule

ESTIMATED FINISH TIME

2.00pm

NEXT MEETING: Friday 9 February 2018

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 Karamaea 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"> 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 3 November 2017 commencing at 1.30pm

BOARD MEMBERS

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

APOLOGIES

There were no apologies

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing); Gary Coghlan (General Manager, Maori Health); Mr Pradu Dayaram (Medical Director, Facilities Development); Philip Wheble (General Manager, West Coast); Justine White (General Manager, Finance & Corporate Services); and Kay Jenkins (Minutes).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (35/17)

(Moved Helen Gillespie/seconded Chris Mackenzie – carried

“That the minutes of the Meeting of the West Coast District Health Board held at the Regional Council, on Friday 29 September 2017 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

St John – Philip Wheble, General Manager, West Coast, advised that ongoing negotiations are taking place with St John and the current agreement has been extended through until February 2018 while these continue.

The carried forward items were noted.

4. 2018 BOARD AND COMMITTEE DATES

Discussion took place regarding the frequency of meetings and the content of papers and it was agreed that this would be discussed further in a workshop in the new year.

Resolution (36/17)

(Moved Helen Gillespie/seconded Kevin Brown – carried)

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.

5. FRAUD CONTROL POLICY

Justine White, General Manager, Finance & Corporate Services, presented this paper which was recommended to the Board for approval by the Quality, Finance, Audit & Risk Committee. The Board noted that the changes were minor and were around providing more clarity.

Resolution (37/17)

(Moved Nigel Ogilvie/seconded Elinor Stratford – carried)

That the Board, as recommended by the Quality, Finance, Audit and Risk Committee:

- i. approves the Fraud Control Policy.

6. CHAIR'S UPDATE

The Chair acknowledged the change of Government and indicated it would be Business as Usual unless there was other advice received.

The Board agreed that the Chair write to Dr David Clarke and invite him to Greymouth advising that the Board looked forward to working with him for the benefit of the people of the West Coast.

7. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read. He made the following comments:

- The conversations around meeting content had been useful. He added that the challenge was to get the West Coast to a sustainable position and solidify the relationships with Canterbury where appropriate and also reach the most effective way of governing this.
- The West Coast is the only truly Rural DHB in the country and is at the cutting edge in this area with the West Coast being the national leader around telehealth which continues to save time and money for patients.
- The Grey hospital in itself is a very important symbolic place and the West Coast is going through the most change it has ever been through. Planning for migration to the new facility mid next year is well underway. The capability and capacity being built into the West Coast is also very important in the partnership with Canterbury.
- The significance of Westport is also very important and whilst we have had some challenges here the re-connection with staff and the community is positive although there is still a way to go in this area.

Discussion took place regarding the need for more specialists on the West Coast than are actually

based here and Mr Meates commented that the West Coast is right at the forefront of re-inventing the General Rural Specialist and reshaping this.

The Chair advised that she had met with Brendon Marshall from Rural Hospital Medicine, and she believed it would be appropriate for him to present to the Board in the new year.

Discussion took place regarding the Buller facilities and also regarding the cost of depreciation and capital charge.

A query was made in regard to DNAs and the Board noted that these statistics are analysed in detail to try to determine how these numbers can be reduced.

The update was noted.

8. CLINICAL LEADERS UPDATE

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

Ms Bousfield drew the Boards attention to the work undertaken by Primary Health nurses around oral health where 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. The Board noted that this collaboration has been occurring in Greymouth with success, for a number of months.

Ms Bousfield also highlighted the work taking place in the Emergency Department where they are rolling out the utilisation of Standing Orders published on Health Pathways. 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.

The update was noted.

9. 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 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 the reallocation of finances tried to reflect the actual expenditure from the last financial year. She added 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 regard to the pharmaceuticals budget it was noted that whilst this has been built up from last year there may still be a shortfall. It was also noted that there had been a re-allocation between Personnel and Locum costs however these offset each other.

The financial report was noted.

10. WELLBEING HEALTH & SAFETY UPDATE

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

Discussion took place regarding being an “accredited ACC employer” and it was noted that the West Coast DHB does not have this status currently however it is reviewed on a regular basis.

The update was noted.

11. REPORTS FROM COMMITTEE MEETINGS

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

Elinor Stratford, Chair CPH&DSAC, provided an update from the Committee meeting held on 26 October 2017. She highlighted in particular: the State of the Sector report; the Drinking Water presentation; and the West Coast Accessibility Coalition.

b. Hospital Advisory Committee Meeting

Michelle Lomax, Chair HAC, provided an update from the Committee meeting held on 26 October 2017. She highlighted: the work taking place around discharges; DNAs; and the 24/7 ambulance cover in Westport.

c. Tatau Pounamu Advisory Group

Francois Tumahai provided an update from the Tatau Pounamu meeting held on 26 October 2017. He highlighted: a new representative – Anne Ginty; a process is underway for a replacement member and the DHB representative position.

The updates were noted.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (38/17)

(Moved Edie Moke/seconded Chris Mackenzie – 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 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)
4.	Grey Hospital Campus Realignment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
5.	Report from Committee Meeting – QFARC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

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

The Public Excluded section of the meeting commenced at 12noon and concluded at 1.00pm

Jenny Black, Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 8 DECEMBER 2017

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	3 November 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	December 2017
Rural Generalist Project Update	Early 2018

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 8 December 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

The National Endoscopy Quality Improvement Programme (NEQIP) became fully functional in January 2017. This work is to ensure the ongoing quality of endoscopy services across New Zealand, and has a particular focus on the National Bowel Screening Programme (NBSP). On the West Coast, we have been engaged in the NEQIP from April 2017, and will be participating in the NBSP from 2019. As part of our service re-design, we appointed an Endoscopy Nurse Co-ordinator, who has been in place for seven months. This role focusses on working closely with the Central Booking Unit (CBU) to manage waiting lists, and is the key contact person for patients, ensuring they are fully informed and supported through their care episode. Patient feedback is positive and the Did Not Attend (DNA) rates for this service have dropped over the last six months. At the beginning of November, the Cancer Nurse Coordinator, the Endoscopy Nurse Coordinator and the Manager of CBU, were invited to speak at the Ministry of Health (MOH) National Forum on Improving Quality of Care in cancer and electives. This was to focus on our improvement in patient flow through the system and our achievement in regularly meeting the MOH targets.

The perioperative nursing team have developed a new comprehensive intraoperative nursing clinical record. This new document replaces several individual documents, and is currently being trialled by the team. This quality initiative will improve documentation standards and provide a clear, easy to follow clinical record.

A planning meeting was recently held to look at developing an interprofessional workshop series on best practice for palliative care. This initiative will bring together all members of the team, from across aged residential care, home based care, allied health, nursing and medicine to work through interactive scenario based training. Topics will include how to best manage end of life care and the concept of compassionate communities.

WORKFORCE

Work continues in the development of the flexible nursing workforce across the acute setting in Grey Base Hospital. Nurses are moving comfortably across the medical and surgical areas, with strong

leadership from the Associate Clinical Nurse Managers, and with the recent appointment of the new Clinical Nurse Manager for the inpatient ward, this team will be further strengthened. There has also been progress in developing paediatric skills across the hospital nursing workforce, supported by the Paediatric Nurse Consultant. Nurses who have not previously worked within a paediatric service are now confidently providing assistance when required. The feedback from teams is positive and nurse leaders comment on a shift in culture with a noticeable “good will” being described. Nurses are enjoying the opportunity to develop broad skills for their work now and with a view to new ways of working in the new facility.

The scope and functioning of the Resident Medical Officer (RMO) workforce has been extended in order to deliver a work roster that is consistent with Resident Doctors’ Association Multi-Employer Collective Agreement (RDA MECA). This provides an opportunity to strengthen RMO work experience and align it with future model of care delivery, by increasing time spent in primary care. The Rural Hospital Medicine (RHM) project continues to identify options for more effective use of RHM specialists, particularly to support acute hospital medicine delivery. In the interim we have locum cover planned to assist covering medical inpatient service and diabetes outpatients once Dr Holt departs.

This year’s studentship recipients were awarded on Monday 13 November. The four studentship recipients are studying physiotherapy, nursing, midwifery and psychology/Maori/Pacific Island Indigenous studies. Each has been allocated a project to work on over the studentship period and at the conclusion they will present the outcomes and achievements of their work. The studentship and scholarship programme remains an important part of our workforce development, succession planning and growing our own local people into health careers.

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

CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 8 December 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 November the ALT:

- Reviewed the final draft of the Community Health Model of Care. This was endorsed in principle and final recommendations were made for strengthening the message about integrating the community health work style into the hospital environment.

B: Build Primary and Community Capacity and Capability

Primary

- **Reefton Health**
 - Locum GP coverage continues to be consistent through to mid 2018 with many GPs choosing to return.
 - There are currently 12 patients in the aged care facility (hospital level, residential and palliative).
 - Work continues towards making services more integrated.
- **South Westland Area Practice**
 - Cornerstone audit was completed for the clinics in early December.
 - The tourist numbers are steadily growing as we move into the summer season, so this increases nursing workloads.
- **Greymouth Medical Centre**
 - 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.
 - Work is underway towards the Cornerstone audit of Moana.
 - Two of the Practice Nurses have recently completed the Triage course. This is in preparation for the Urgent Care Service.
 - Practice Nurses assisted at a Spirometry clinic with Poutini Waiora.
 - All Practice Nurses have completed the Introduction to Standing Orders.
 - A recent meeting was held with PHO staff regarding the new arthritis programme for patients.

Community

- **Public Health/B4School/Vision Hearing**
 - *Public Health Nursing* – Focus on safe sleep in each of the main areas as national day for this promotion and awareness is 1 December. There has been some gifting of 5 Wahakura (baby sleeping pods) across the region. These will be gifted by registering on the day of awareness (name in a draw) in each of the main areas. This is a joint effort working with Poutini Waiora and other services. Hokitika are having a stall in the supermarket car park.

A recent customer survey has been sent out to the early childhood centres across the main towns and surrounding area. Poutini Waiora manager and staff attended the recent PHN regional meeting so we can work more collaboratively to deliver Well Child Tamariki Ora services to families across the region. This was a very positive meeting and opportunity to build relationships for the best outcomes for families.
 - *B4School Service* – doing really well with High Deprivation already at 47% and only 4 months into the year. This is great progress as we hit the long holiday period when there are no clinics due to holiday time.
- **District Nursing**
 - Community nursing ACC is doing well. Our ACC Revenue Officer is driving this and providing a lot of training at the regional monthly meeting and also as required at the individual clinic level. The data and revenue has improved recently so the consistent presence with the teams has been worthwhile.
- **Home Based Support Services (HBSS)**
 - HBSS now has an entry in 'Where To From Here', a nationwide publication targeting the elderly and describing relevant available processes.
 - Sixteen new support workers have now completed the new, full day orientation process and have moved to phase two – buddying and mentoring.

C: Implement the Maori Health Plan

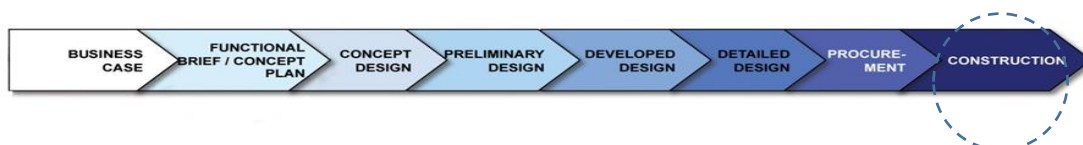
- **Maori Workforce Development:** A regular discussion is occurring between the GM's Maori - Canterbury and West Coast to prioritise and accelerate activity that will aim to increase the Maori Workforce proportional to the Maori population. Tumu Whakarae is committed to this Kaupapa and will advocate at the GM's Human Resources level. The South Island Workforce Development Hub have prioritised Maori Workforce Development within their work plan and a discussion regarding funding to support the proposed research of Dr Jo Baxter Otago University to learn more about the pathway for Maori post graduation and to identify best practice and effective strategies for supporting the emerging Māori workforce. The research would also include an evaluation component.
- **Takarangi Cultural Competency – West Coast:** Work is underway for the second cohort of Takarangi students to undertake the study. This will take place at the end of February beginning of March and will be based on a Marae locally. We will be asking for Registrations of Interest from December for this training. The first cohort of students are working their way through their portfolios and we are seeing some great results and learnings occurring.
- **Te Runaka o Ngai Tahu – Kaiwhakahaere:** Lisa Tumahai has been elected Ngāi Tahu's kaiwhakahaere, or chair, of the South Island iwi – the first wāhine in the role. Tumahai takes on responsibility for \$1.3 billion of tribal assets and advancing the interests of more than 58,000 members of the iwi. She has been acting kaiwhakahaere since the departure of Sir Mark Solomon in December. Before that, she was deputy kaiwhakahaere from 2011 and had been rūnanga representative for Te Rūnanga o Ngāti Waewae on the West Coast since 2001. Lisa previously chaired the Tatau Pounamu Maori Advisory Group as part of the West Coast District Health Board.
- **Tipu Ora – Diploma of Hauora Maori Level 6:** Three students have recently graduated with their Diploma of Hauora Maori Level 6 at Rehua Marae in Christchurch. This has been two years of study and we now have a large pool of Maori Health Workers who have reached the diploma level of competency on the West Coast.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
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A: Facilities Maintenance Report

- The storm on 8 November caused power issues the most significant of which was an outage to the boilerhouse at Grey Base Hospital.
- **Building Compliance/Building Warrant of Fitness (BWOFF):** BWOFFs are up to date for all West Coast facilities with Buller having recently received a new one. Electrical compliance testing is on a 12 month schedule.

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

have also commenced.

- In addition, window installation for the lower ground floor is expected to be completed prior to Christmas.
- Roof installation is largely complete for the north wing and the Integrated Family Health Centre (IFHC) roofing has commenced.
- Internal framing continues to progress with the inpatient ward well underway and the maternity and allied health areas as well as the staff amenities area completed.
- Two flights of pre-cast concrete stairs have been installed in the main facility.
- The lift installation is expected to be completed in November.
- 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 in November 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 in a series of user group sessions on 28 and 29 September and 25 and 26 October.
- The next design round with the architects on site, WCDHB facilities design team and Buller staff is scheduled for 6 and 7 December.
- 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.
- Feedback from Buller clinicians and support staff has been incorporated into the design of the facility from the last round of user group meetings and we are looking forward to sharing the next iteration of the plan with all staff.



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

Hospital Services

Nursing

- **Leadership for nursing:** The Clinical Nurse Managers have commenced regular fortnightly meetings where they discuss and present data from their wards, actions taken to improve quality and articulate positive ways to engage their staff moving from one facility to another whilst embedding the model of care.
- **Discharge planning:** Following an audit of notes in the medical surgical ward, the new Clinical Nurse Manager and Nurse Manager (Operations) identified a gap in documentation following multi-disciplinary team meetings. Whilst the information on discharge planning is captured on these boards, it is not reflected in the notes. The Associate Clinical Nurse Manager of medical has drawn up a template to capture information. This has already seen some positive feedback from medical staff.
- Work continues to integrate and improve the nursing leadership team for the West Coast DHB. Brian Dolan facilitated another productive leader workshop which was very successful. The Nurse Manager (Operations) continues to work with the team in Buller bringing the new Duty Nurse Manager for Buller down to Grey Base Hospital to meet the teams here, build relationships and to see how our system runs. Likewise, an invitation has gone out to the Grey Base team to go to Buller for a few days to improve patient flow between Westport and Greymouth.
- The falls prevention trial in Trendcare has been completed in the medical ward and has now started in the surgical ward. It is envisaged all falls risk will be completed on Trendcare by the end of the year.
- Paediatric services have seen an increase in occupancy over the last month; the variance has been managed well by staff members from other areas of the hospital coming into help.

Medical

- Our anaesthesia service is almost fully recruited.
- Work has commenced on a transalpine General Medical Service and this will progress further in the new year.
- The junior workforce is well recruited for 2018 – interest continues to be strong in our vacancies particularly for RMOs looking for rural experience.

Allied Health

- Recruitment for physiotherapy is progressing with a summer locum now in post for Greymouth Outpatient Services and a new experienced physio joining the team next week. We also look forward to at least one new graduate joining hospital services once their practicing certificates come through in the new year. It is important to note that vacancies in Westport and Hokitika have yet to be filled, which presents ongoing risk.
- CDHB Physiotherapy services at Burwood and Christchurch Hospitals continue to support our Hospital Services, in particular the Orthopaedic Surgeries, with CDHB physios travelling to Greymouth to provide weekend service.
- Recruitment is also ongoing for Pharmacy, Radiology, Social Work, Psychology and Occupational Therapy across Hospital Services, Mental Health and Primary & Community teams.
- Our Radiology service has seen a spike in demand over the last month, which has added pressure to the system at a time when they are also recruiting. It is interesting to note that this spike has been noted for this time of year, over the last few years, and work is being undertaken to better understand what the drivers for this may be.
- Both Medical Radiology Technicians based at the Buller Hospital have tendered their resignations well in advance of their retirement at the end of March 2018. Work is underway with the Buller leadership and medical teams to develop the ongoing delivery model.

- Stella Ward and Jane George will be hosting a strategic planning and leadership development day for Allied Health, Scientific and Technical Leads across the DHB next month. This day will build on the recent Board planning day and aims to identify some clear objectives for this workforce to support the Board's goals.
- We are in the final stages of commissioning a review of our Audiology services in preparation for the upcoming retirement of Garry Chapman, who leads this service.
- Allied Health have identified that some services currently operate a reactive audit process, supported by the Quality Team. A goal has been set to move towards a more proactive planned cycle of audit.

Mental Health Services

- Workshops for the Future Services programme have been delivered in Westport, Greymouth and Hokitika, with a good level of participation from staff, stakeholders and consumers. The project team appreciate the challenges and opportunities identified by participants in these sessions.
- In addition to the Allied Health recruitment underway, Nursing and Psychiatry recruitment activity has also been carried out, with a number of positions available across community and inpatient settings.
- The CAMHS service is undertaking a series of process reviews as they prepare to be the final service area to 'Go Live' on the Mental Health Solution.
- Mental Health Occupational Therapist Rachelle Hunt is developing an activity programme in partnership with her Art & Music Therapy colleagues to be delivered by the IPU team. This was a requirement following our recent certification audit.

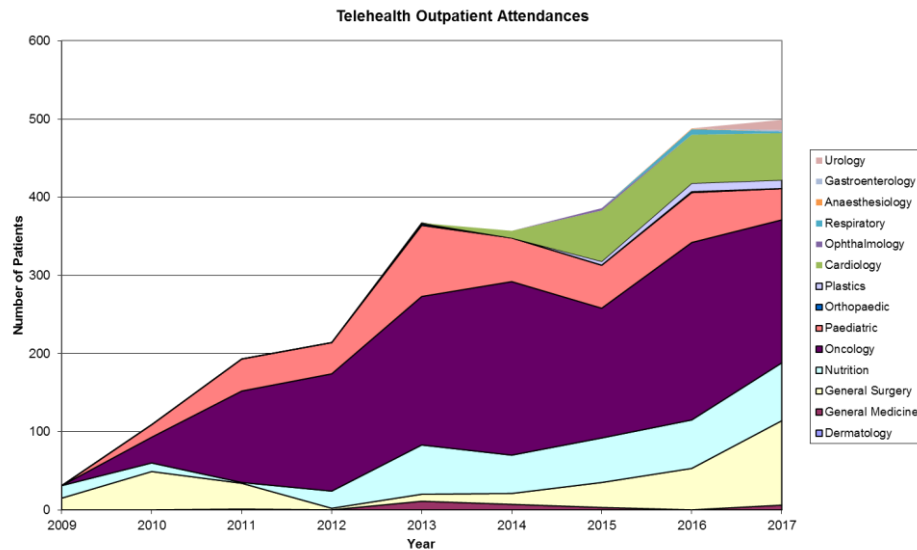
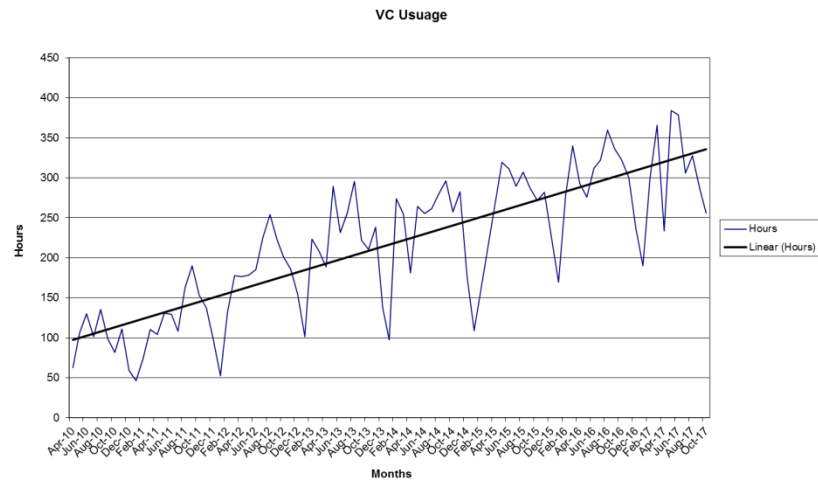
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Planned [Ambulatory] and Unplanned Patient

- The following transport initiatives are now embedded:
 - Non-acute patient transport to Christchurch through ambulance transfer.
 - St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth.
 - In early November, the Buller Red Cross accepted an extension of contract to continue to provide a community health shuttle transport service between Westport and Grey Base Hospital for a further 3-year period.
- The Ministry of Health is reviewing the National Travel Assistance (NTA) policy. A national NTA Policy Leadership Review Group has been established, including a West Coast DHB representative. The first meeting will be on the 23 November 2017. 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.
- Expanded TeleHealth information from planning and funding has been included as part of this report.



Telehealth Highlights

- Work continues with the provider of the successful tender for the telehealth software platform.

Telehealth Achievements

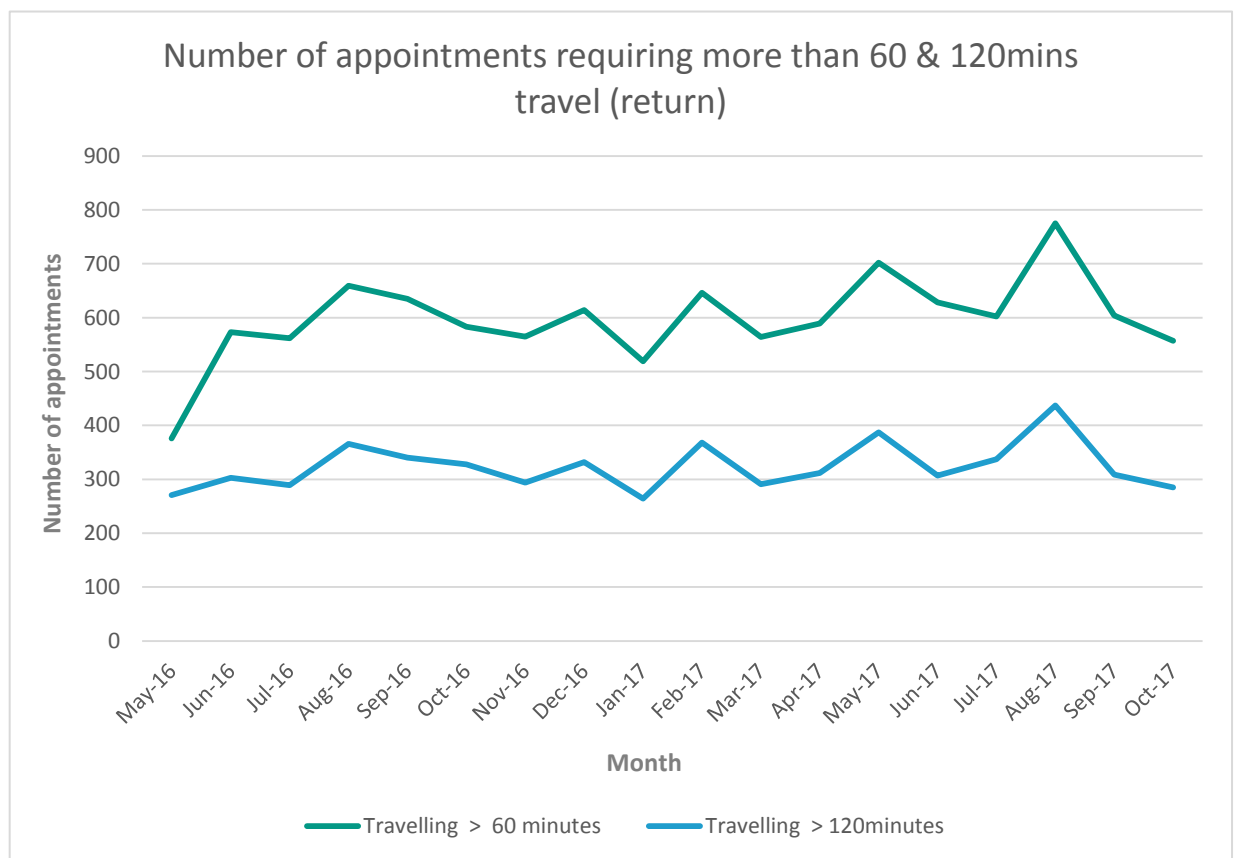
- Telehealth activity reporting can now provide more detailed data to supplement longer running measurements:
 - The percentage of appointments delivered by telehealth has ranged from 1.96% to 4.65% in the last 18 months, with at least 4% of appointments delivered by this mode in one third of the months.
 - There has been an average of 3.4% appointments attended via video conference in the last 18 months, which represents 935 individual appointments.
 - The specialties that have utilised telehealth for patient consults now include:
 - anaesthesiology
 - cardiology
 - general medicine
 - general surgery
 - nutrition services
 - oncology and nurse-led oncology
 - orthopaedic surgery
 - paediatric medicine
 - paediatric oncology
 - paediatric surgery

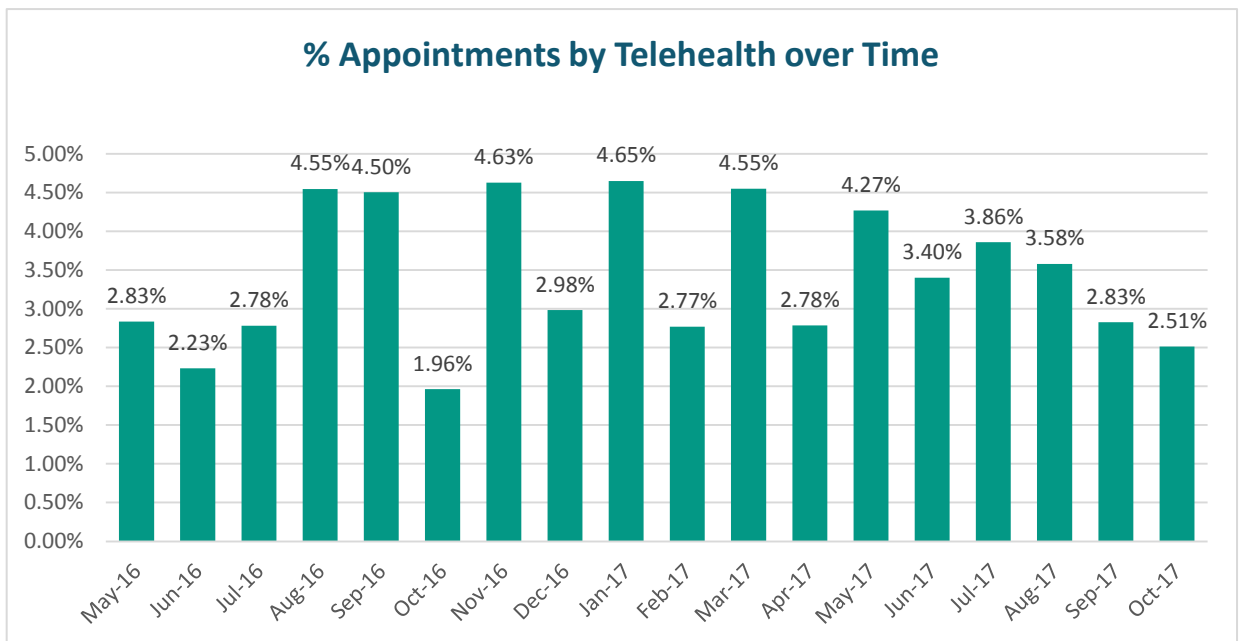
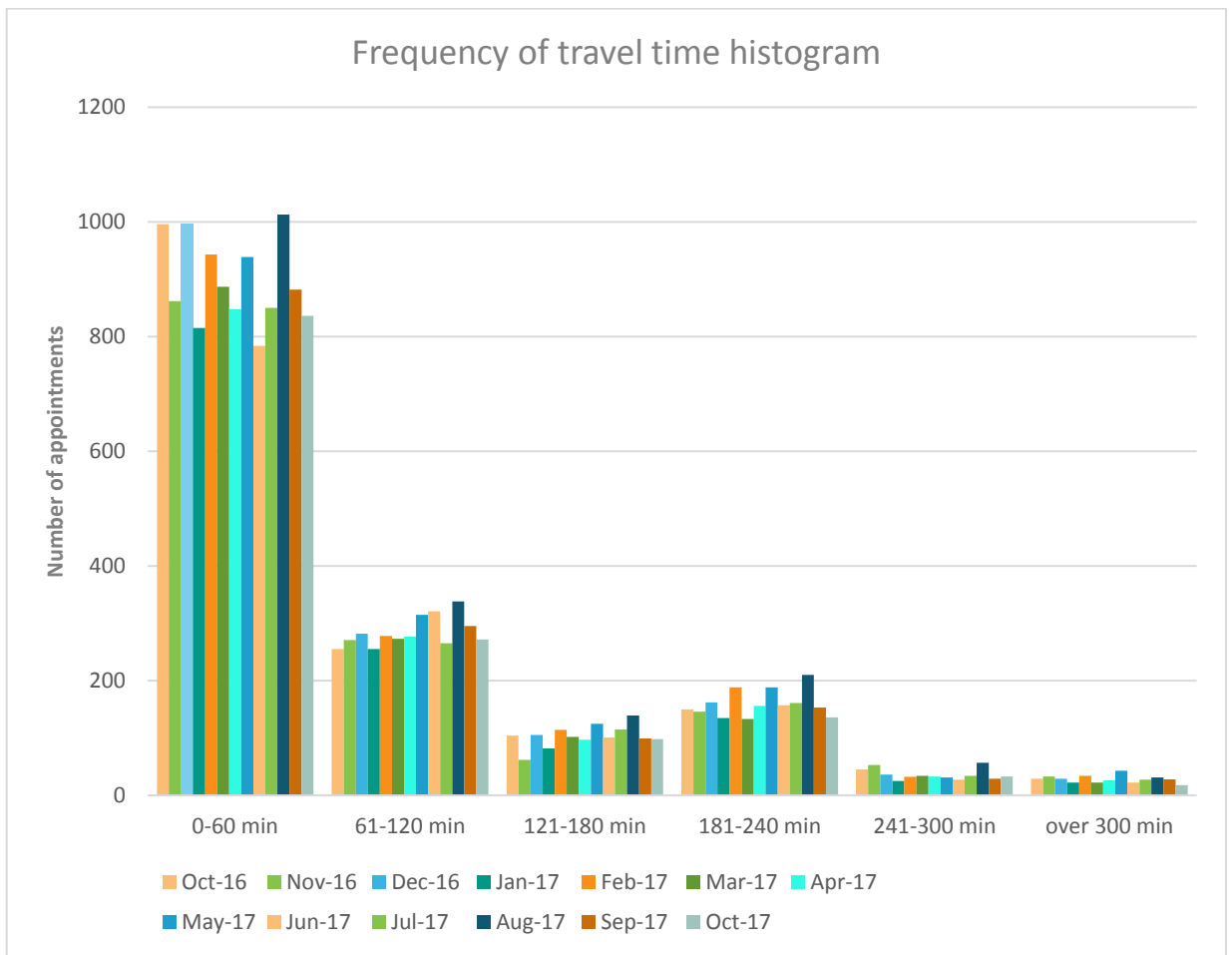
- plastic surgery
 - respiratory medicine
 - urology
 - gastroenterology
- In the last quarter, four more specialties have implemented pilot programmes in telehealth: general medicine, paediatric surgery, urology and gastroenterology.
 - The highest users of video conferencing for patient consults continue to be cardiology, general surgery and nutrition services.
 - Since May 2016, the use of video conferencing for patient consultations has saved patients travelling approximately 20,500km across the West Coast, which is almost the same as a return journey to Shanghai.
 - During the same period, the use of telehealth has saved over 300 hours of patient travel time, which is approximately 12 and a half days.

Telehealth Improvement Areas

- Over the last 18 months, it has still been necessary for patients to travel >2 hours return for 1 in 5 appointments.
- On average, 1 in 10 appointments requires a return journey of 3-4 hours, which, since May 2016 equates to over 2,750 appointments.

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







INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

- The Palliative Care team presented to the Aged Residential Care Forum on Te Ara Whakapiri: principles and guidance on the last days of life. This covers the best practice components and considerations required to promote quality care at the end of life. It also provides a support toolkit with a set of checklists, flowcharts, tools and patient resources.
- The bone density scanner is installed and operational. A specialist visited the West Coast and facilitated several education sessions covering use of the scanner for osteoporosis. These were well attended by clinicians, including primary practice.

 	BUILDING CAPACITY TO TRANSFORM THE SYSTEM
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A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of October 2017 was a deficit of \$301k, which was \$31k unfavourable to budget. The year to date position of a net deficit of \$995k is \$18k unfavourable to budget.

	Monthly Reporting			Year to Date		
	Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000
Governance Arm	1	0	(1)	0	1	1
Funder Arm	480	397	84	1,619	927	692
Provider Arm	(782)	(667)	(115)	(2,614)	(1,905)	(709)
Consolidated Result	(301)	(270)	(31)	(995)	(977)	(18)

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.

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

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	

Our People Foundations

- The focus is on developing the three people foundations – doing the right thing, being and staying well, and valuing everyone.
- A draft approach has been developed, which includes encouraging people to think and talk about how we work and sharing our stories through a range of channels; in consultation with staff and professional bodies, strengthening and developing policies and processes, including our Code of Conduct, which will make our accountability clear; rolling out education and training so people can learn about these policies and how to apply the behaviours.
- The timeframe for completing this work is 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 been agreed. This approach will be prototyped with EMT in the first instance.

Enhance our Health and Safety system

- 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 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 four of this initiative is complete. This included analysis of survey data; confirmation of outcomes for the staff interviews; key stakeholder interviews on options and choices for a future service in response to what has been discovered; and presentation of themes to the Steering Group for feedback and guidance.
- This next phase includes thematic analysis of the literature, information and data gathered over the course of the project; analysis of information and data to formulate recommendations related to the literature with respect to options and choices for the future state of the Occupational Health Service; a draft report to Steering Group for feedback and guidance; and a final report for Executive Co-Sponsors for endorsement.

Transforming HR / Service Portal

- Work continues to configure the Service Portal, which remains on track to launch in mid-December. Noting, new People and Capability services and information will be continuously released throughout 2018.
- The Service Portal will be available on a range of platforms and devices, including IOS and Android.
- A number of services have been configured, including 11 types of leave requests, change roster patterns, update contact details, and ask People and Capability a question.

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 has modified the next 3 services to on-board. Further planning is underway but not much progress is likely to occur this side of Christmas.
- **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. The new ISG facilities programme manager is on board and is already providing value in assisting with commissioning schedule reviews and business case development. Work on ICT components for the new facility has increased massively with many detailed discussions occurring to finalise various components such as nurse call, security, building management system, telephony, computer network and audio visual.

- **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 has been completed with some issues remaining. Further discussions are underway on how to address these.
- **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 has now been completed. The intention is to have both business cases submitted into sign off before 22 December.

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

Media interest

- New Buller and Grey facilities:
 - Progress on Grey facilities
 - Buller IFHC staff and community engagement
 - Buller IFHC size /capabilities/capacity
 - Costs of paying back a public private partnership
- Reefton Integrated Family Health Centre – about what has been integrated
- Longer hours at Greymouth Medical Centre
- Effects of Grey swimming pool closure on physio
- Ministry annual funding

Video releases were issued on:

- New Grey health facility – staff walkaround

Social media posts

- Kawatiri health hui
- Studentships at the DHB
- Before School Checks visits
- World Diabetes Day
- International Pathology Day
- World Prem Baby Day

Publications

- CE Update October
- Finalising production of Focus on People: Quality Accounts
- Drafting next Facilities Update newsletter








Key Achievements/Issues of Note

- **Drinking Water:** Westport's water supply situation is now stable with reservoir capacity above 95%. Work on a replacement pipeline between the reservoirs and the treatment plant has begun and this pipeline will replace the "bandaged" concrete pipes. The Buller District Council has also agreed to the installation of 500m of piping through the collapsed water tunnel in order that the original water source can be reinstated. Until this is done, the supply remains vulnerable. Throughout the incident, water quality has been maintained and a boil water notice has not been necessary. Community and Public Health's health protection staff continue to actively monitor the situation and liaise with Council and the Ministry of Health.
- **Communicable Diseases:** Our health protection staff have had a busy month following up cases of notifiable disease. Spring usually brings an increase in the number of cases of enteric diseases, such as campylobacteriosis, cryptosporidiosis and giardiasis and many of these are attributable to animal contact, such as calving. We have also dealt with a confirmed case of meningococcal disease and two suspect cases. Our response to these cases is an urgent one as we identify and provide antibiotics to people who have been in close contact with the case to help prevent further transmission.
- **Oranga Hā:** Our smoking cessation workers aim to increase referrals of Māori pregnant women and new mothers to improve the likelihood of children being born into smoke free homes. They have engaged with Family Start and are assisting with the drafting of a Stop Smoking Policy for their Board. Family Start has also committed to every whānau engaging with their services being offered smoking cessation support. This is having an immediate effect with increasing referrals to Oranga Hā.
- **Community Nutrition:** Our nutrition health promoters visited ten Early Childhood Centres in Greymouth and Westland, with nine of these centres signed up for, or in the process of, achieving their Healthy Heart Award. This is a great achievement and shows strong commitment from the centres and their staff to enhance the wellbeing of tamariki and their whānau. We have also delivered another Appetite for Life course in Greymouth with ten participants in attendance. All participants were highly engaged and committed to attending each session. One of our nutrition health promoters, Jade Winter, presented a paper on the development of the 'Nourishing Futures with Better Kai' resource at the Public Health Association's national conference in Christchurch which resulted in wide positive media coverage of this local initiative.
- **West Coast Accessibility Coalition:** Our staff helped organise and contributed to the recent Accessibility West Coast Coalition workshop. The workshop focussed on areas to be included in the development of a Strategy and Action Plan.
- **Alcohol Licensing:** At this time of the year preparations are being made for all of the annual horse racing events on the West Coast. These events have usually held special licences to serve alcohol. Prior to the submission of licence applications, our Alcohol Licensing Officer teamed up with the West Coast Police Prevention Manager and local District Licensing Inspectors to discuss the safe and responsible supply of alcohol at the events with the racing committees. The racing clubs' response to this initiative by the licensing agencies has been positive and we hope it will contribute to reduced alcohol related harm at the events.

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: General Manager, Finance & Corporate Services

DATE: 8 December 2017

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of October 2017 Financial Result

The consolidated West Coast District Health Board financial result for the month of October 2017 was a deficit of \$301k, which was \$31k unfavourable to budget. The year to date position of a net deficit of \$995k is \$18k unfavourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,165	7,048	117	✓	28,727	28,160	567	✓
Governance & Administration	69	69	0	✓	293	276	17	✓
Funder	5,129	5,278	(149)	✗	20,563	21,096	(533)	✗
	12,363	12,395	(32)	✗	49,583	49,532	51	✓
EXPENSES								
Provider								
Personnel	5,572	5,541	(31)	✗	22,060	21,966	(94)	✗
Outsourced Services	7	12	5	✓	60	47	(13)	✗
Clinical Supplies	887	702	(185)	✗	3,093	2,805	(288)	✗
Infrastructure	1,078	1,053	(25)	✗	4,540	3,619	(921)	✗
	7,544	7,308	(236)	✗	29,753	28,437	(1,316)	✗
Governance & Administration	68	69	1	✓	293	275	(18)	✗
Funder	4,649	4,881	232	✓	18,944	20,168	1,224	✓
Total Operating Expenditure	12,261	12,258	(3)	✗	48,990	48,880	(110)	✗
Surplus / (Deficit) before Interest, Depn & Cap Charge	102	137	(35)	✗	593	652	(59)	✗
Interest, Depreciation & Capital Charge	403	407	4	✓	1,588	1,629	41	✓
Net surplus/(deficit)	(301)	(270)	(31)	✗	(995)	(977)	(18)	✗

4. APPENDICES

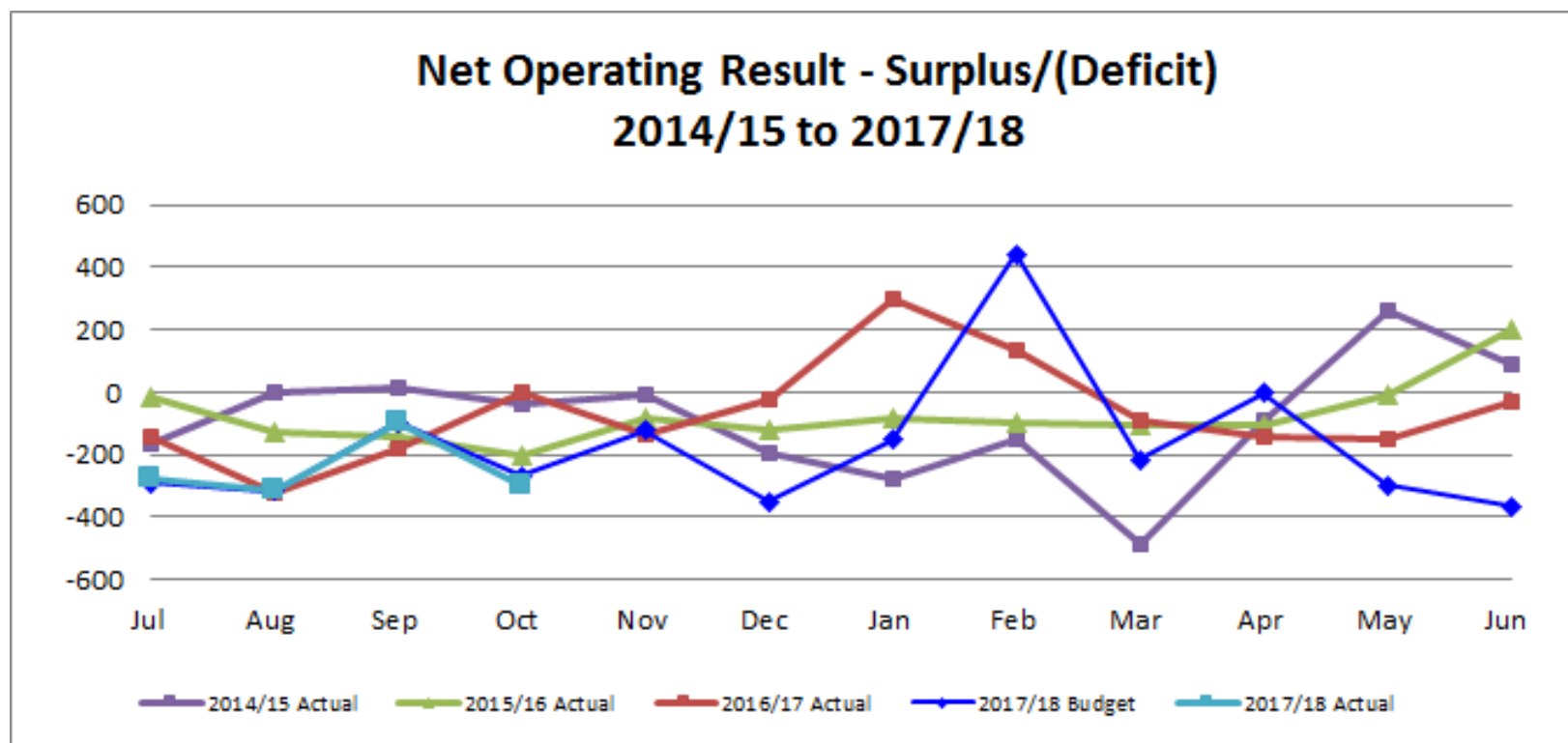
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

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

APPENDIX 1: FINANCIAL RESULT

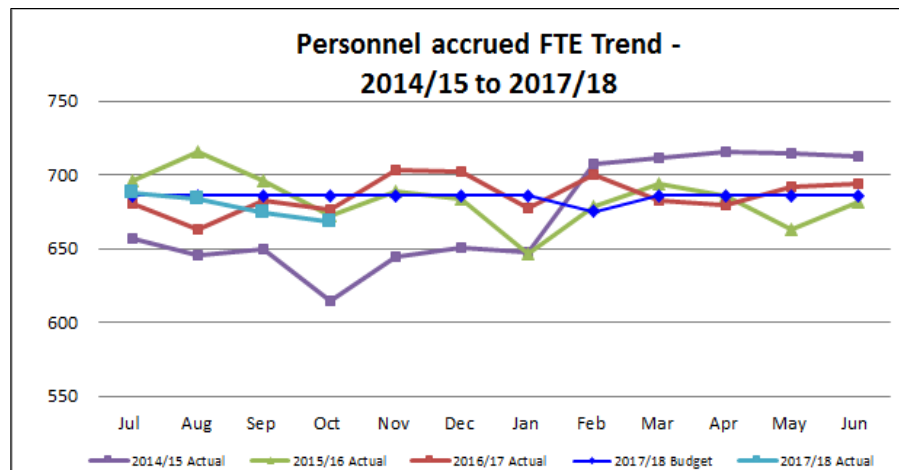
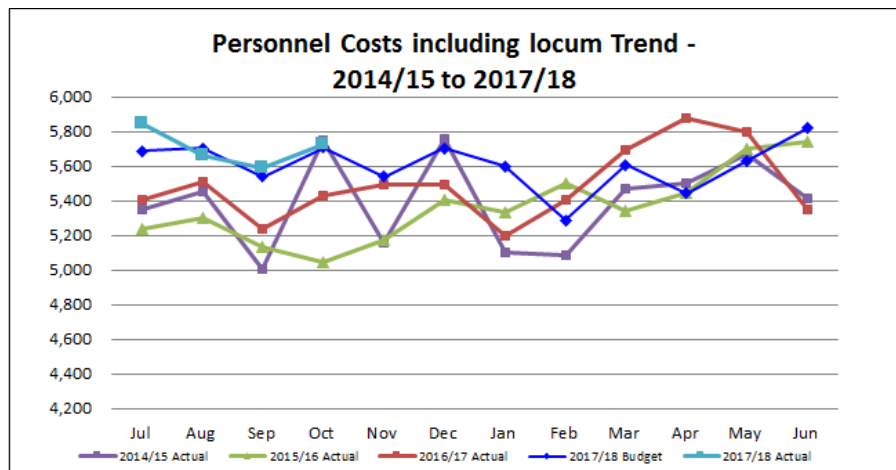
FINANCIAL PERFORMANCE OVERVIEW – OCTOBER 2017

	Month Actual \$'000	Month Budget \$'000	Month Variance		YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	(301)	(270)	(31)	11% ✗	(995)	(977)	(18)	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.

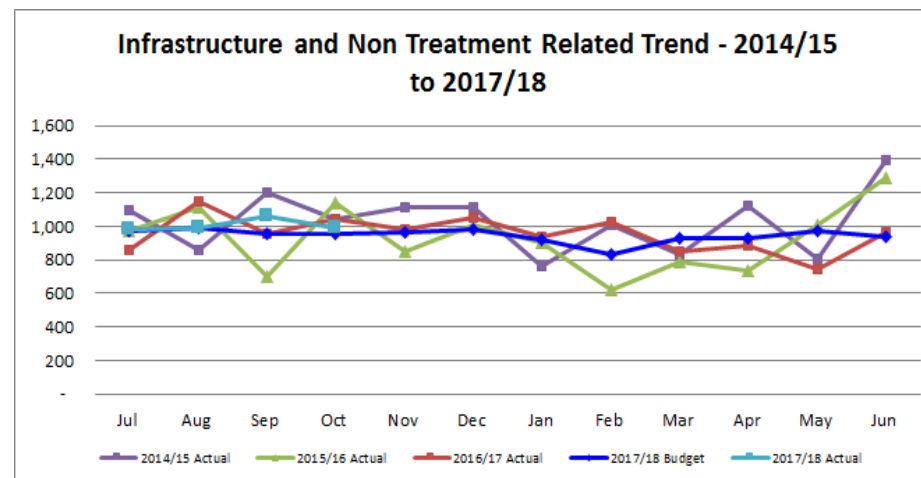
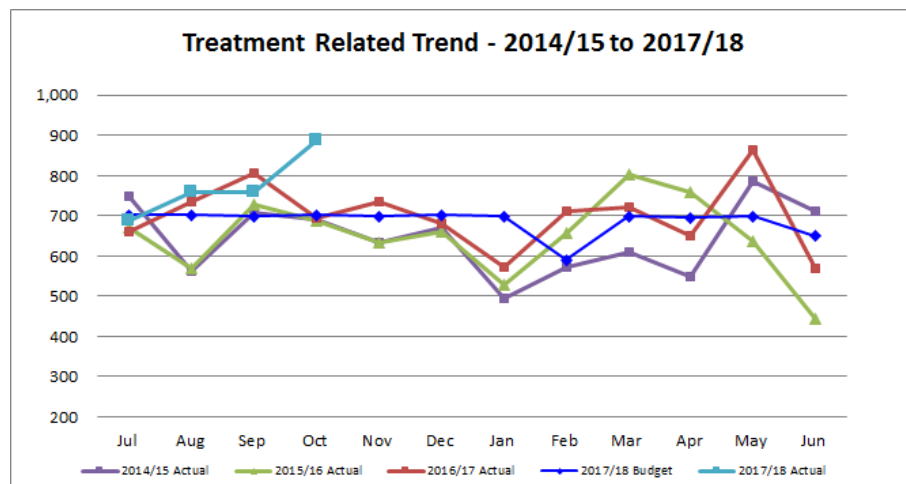
PERSONNEL COSTS/PERSONNEL ACCRUED FTE



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.

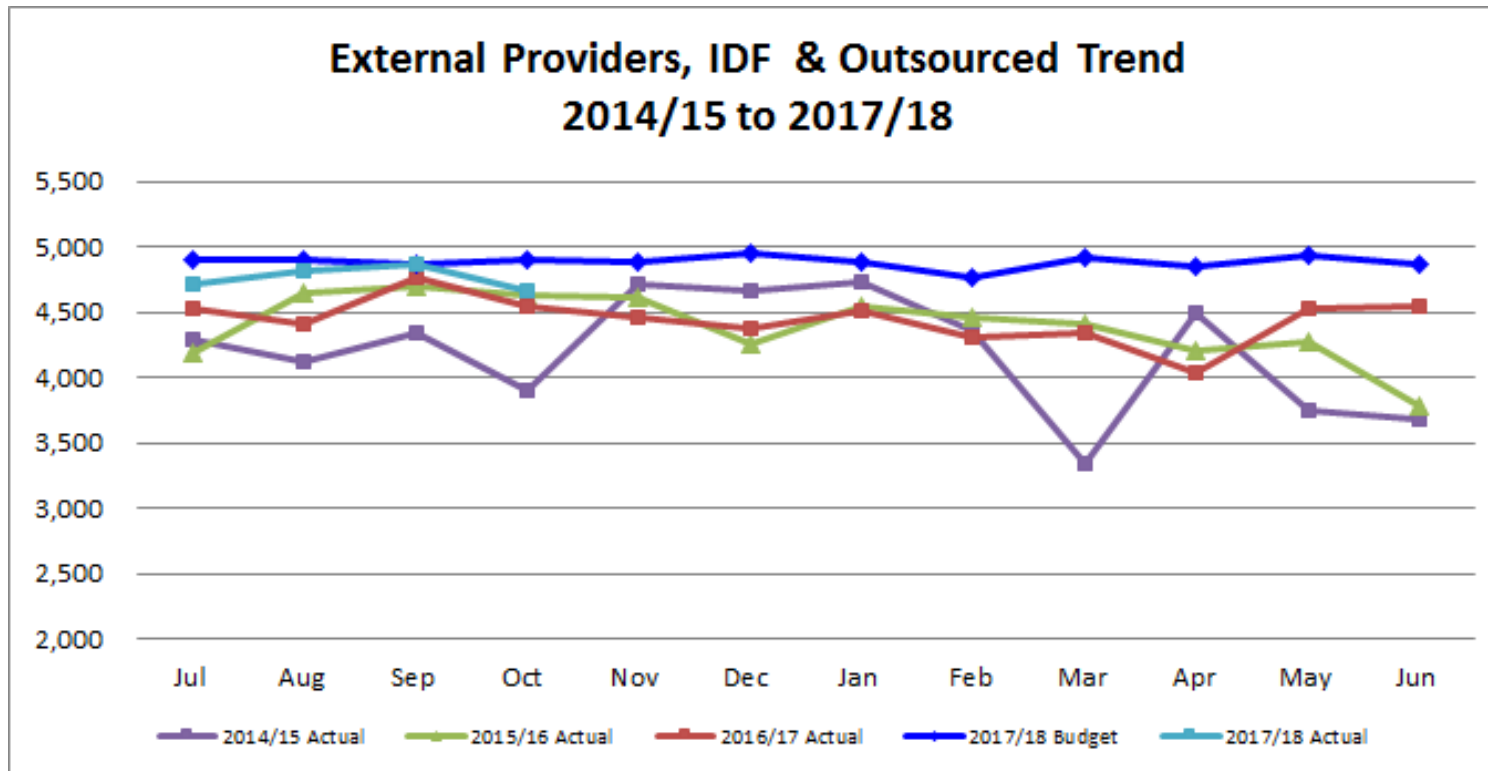
TREATMENT & NON TREATMENT RELATED COSTS



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



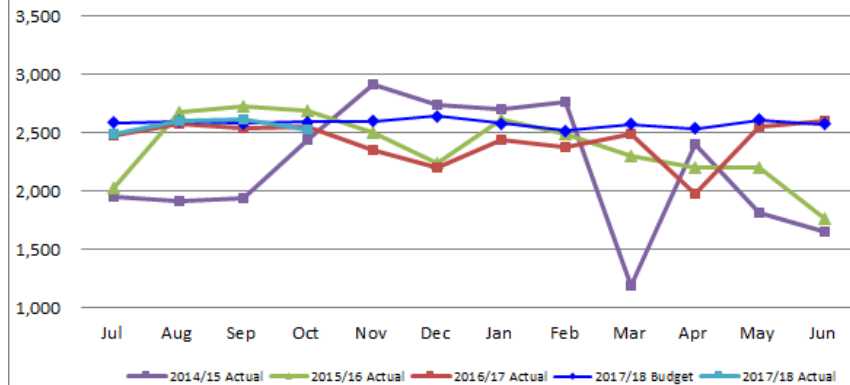
KEY RISKS AND ISSUES: Capacity constraints within the system require continued monitoring of trends and demand for services.

PLANNING AND FUNDING DIVISION
Month Ended October 2017

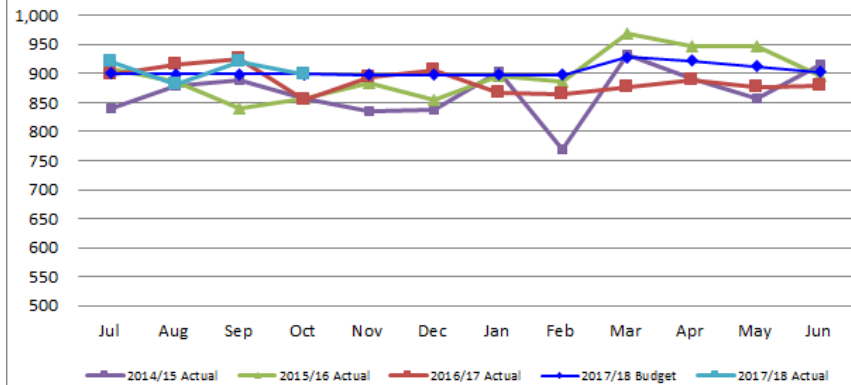
Current Month					Year to Date					2017/18
Actual	Budget	Variance			SERVICES					Annual Budget
\$000	\$000	\$000	%			\$000	\$000	\$000	%	\$000
					Primary Care					
20	29	9	30%	✓	Dental-school and adolescent	117	115	-3	-2%	344
19	22	2	11%	✓	Maternity	84	86	2	3%	259
1	1	0	21%	✓	Pregnancy & Parent	6	5	-1	-15%	15
0	0	0		✓	Sexual Health	0	0	0		0
5	5	-1	-14%	✗	General Medical Subsidy	16	18	2	13%	55
528	526	-2	0%	✗	Primary Practice Capitation	2,155	2,105	-50	-2%	6,314
98	98	0	0%	✓	Primary Health Care Strategy	392	392	0	0%	1,177
87	88	1	1%	✓	Rural Bonus	350	353	3	1%	1,059
6	4	-2	-40%	✗	Child and Youth	20	17	-4	-21%	50
30	5	-25	-517%	✗	Immunisation	42	22	-20	-92%	126
5	5	0	1%	✓	Maori Service Development	19	19	0	2%	57
52	52	0	1%	✓	Whanua Ora Services	208	210	1	1%	629
-14	14	28	198%	✓	Palliative Care	-8	56	64	115%	167
14	8	-6	-70%	✗	Community Based Allied Health	51	34	-17	-52%	101
7	14	7	52%	✓	Chronic Disease	49	57	8	14%	170
40	28	-13	-46%	✗	Minor Expenses	120	110	-10	-9%	330
899	899	0	0%	✗		3,621	3,597	-24	-1%	10,853
					Referred Services					
24	28	4	13%	✓	Laboratory	98	113	14	13%	338
575	629	54	9%	✓	Pharmaceuticals	2,408	2,507	99	4%	7,446
600	657	58	9%	✓		2,507	2,620	113	5%	7,784
					Secondary Care					
131	174	43	24%	✓	Inpatients	712	696	-16	-2%	2,088
146	155	9	6%	✓	Radiology services	573	618	45	7%	1,854
147	105	-41	-39%	✗	Travel & Accommodation	469	422	-48	-11%	1,265
1,506	1,499	-7	0%	✗	IDF Payments Personal Health	5,973	5,995	21	0%	17,984
1,930	1,933	2	0%	✓		7,728	7,730	2	0%	23,191
3,429	3,489	60	2%	✓	Primary & Secondary Care Total	13,856	13,948	91	1%	41,828
					Public Health					
18	13	-5	-39%	✗	Nutrition & Physical Activity	63	52	-11	-22%	155
11	11	0	1%	✓	Tobacco control	44	45	0	1%	135
29	24	-5	-20%	✗	Public Health Total	107	96	-11	-11%	289
					Mental Health					
7	7	0	1%	✓	Dual Diagnosis A&D	28	29	0	1%	86
0	0	0		✓	Eating Disorders	0	0	0		0
20	20	0	1%	✓	Child & Youth Mental Health Services	80	81	1	1%	242
13	8	-6	-76%	✗	Mental Health Work force	32	30	-1	-5%	91
37	61	24	39%	✓	Day Activity & Rehab	149	245	96	39%	736
11	11	0	-2%	✗	Advocacy Consumer	44	43	-1	-1%	129
103	82	-21	-26%	✗	Other Home Based Residential Support	412	327	-85	-26%	981
11	11	0	1%	✓	Advocacy Family	44	44	0	1%	133
4	16	12	77%	✓	Community Residential Beds	36	64	28	43%	192
67	67	0	0%	✓	IDF Payments Mental Health	266	266	0	0%	798
273	282	9	3%	✓		1,091	1,130	38	3%	3,389
					Older Persons Health					
0	0	0		a	Needs Assessment	0	0	0		0
125	151	25	17%	✓	Home Based Support	584	602	18	3%	1,807
5	6	1	16%	✓	Caregiver Support	20	24	4	16%	71
183	273	90	33%	✓	Residential Care-Rest Homes	872	1,092	220	20%	3,277
13	8	-5	-63%	✗	Residential Care-Community	61	32	-29	-90%	97
427	482	55	11%	✓	Residential Care-Hospital	1,647	1,929	282	15%	5,786
16	10	-6	-62%	✗	Day programmes	50	41	-9	-23%	122
16	12	-4	-29%	✗	Respite Care	44	49	5	10%	148
5	1	-4	-281%	✗	Community Health	31	5	-26	-498%	15
2	1	-1	-66%	✗	Minor Disability Support Expenditure	13	5	-8	-150%	15
123	131	8	6%	✓	IDF Payments-DSS	492	525	33	6%	1,576
916	1,076	158	15%	✓		3,814	4,304	490	11%	12,913
1,189	1,359	168	12%	✓	Mental Health & OPH Total	4,905	5,434	529	10%	16,302
1,312	1,358	45	3%	✓	Mental Health & OPH Total	3,795	4,075	281	7%	16,302
4,647	4,871	225	5%	✓	TOTAL EXPENDITURE	18,869	19,478	609	3%	58,419

EXTERNAL PROVIDER COSTS

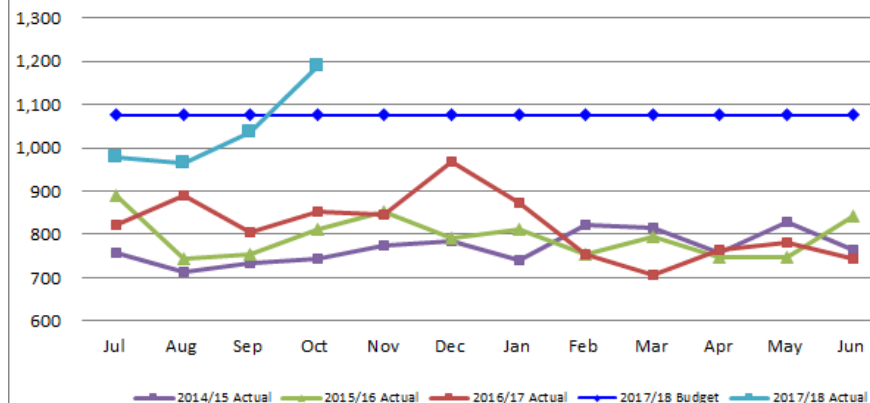
**Secondary and Referred Services Trend
2014/15 to 2017/18**



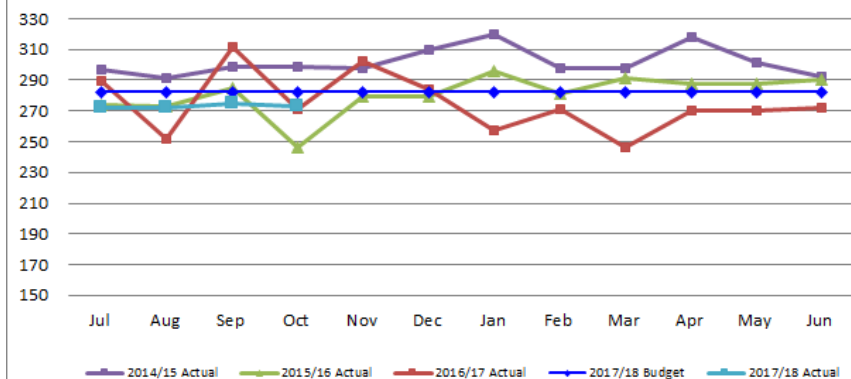
Primary Care Trend 2014/15 to 2017/18



Older Persons Health Trend 2014/15 to 2017/18



Mental Health Trend 2014/15 to 2017/18



FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	24,111	25,562	(1,451)	-6% ✗	104,272
Cash	13,663	10,532	3,131	30% ✓	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

31 October 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	11,545	11,569	(24)	(0.2%)	46,335	46,252	83	0.2%	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	0.0%	569	568	1	0.2%	1,706	1,661
Patient Related Revenue	615	614	1	0.2%	2,386	2,434	(48)	(2.0%)	7,017	2,666
Other Revenue	61	70	(9)	(12.5%)	293	279	14	5.0%	834	851
Total Operating Revenue	12,363	12,395	(32)	(0.3%)	49,583	49,533	50	0.1%	148,252	142,771
Operating Expenditure										
Personnel costs	5,725	5,705	(20)	(0.4%)	22,821	22,635	(186)	(0.8%)	67,073	65,887
Outsourced Services	0	0	(0)	0.0%	1	0	(1)	0.0%	0	(9)
Treatment Related Costs	887	702	(184)	(26.3%)	3,093	2,805	(287)	(10.2%)	8,288	8,402
External Providers	3,078	3,196	118	3.7%	12,716	12,755	39	0.3%	38,162	35,843
Inter District Flows Expense	1,570	1,685	115	6.8%	6,229	6,745	517	7.7%	20,258	17,317
Outsourced Services - non clinical	14	18	4	22.2%	105	71	(34)	(47.6%)	214	229
Infrastructure and Non treatment related costs	987	950	(36)	(3.8%)	4,025	3,869	(156)	(4.0%)	11,412	11,446
Total Operating Expenditure	12,261	12,257	(4)	(0.0%)	48,989	48,881	(108)	(0.2%)	145,406	139,116
Result before Interest, Depn & Cap Charge	102	138	(36)	(26.0%)	594	652	58	9.0%	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	274	283	9	3.3%	1,072	1,133	61	5.4%	3,400	3,373
Capital Charge Expenditure	129	124	(5)	(4.0%)	516	496	(20)	(4.0%)	1,488	739
Total Interest, Depreciation & Capital Charge	403	407	4	1.1%	1,588	1,629	41	2.5%	4,888	4,455
Net Surplus/(deficit)	(301)	(270)	(31)	(11.5%)	(995)	(977)	(18)	(1.8%)	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(301)	(270)	(31)	(11.5%)	(995)	(977)	(18)	(1.8%)	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 October 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
Assets					
Non-current assets					
Property, plant and equipment	22,294	23,115	(821)	(3.6%)	23,623
Intangible assets	519	526	(7)	(1.3%)	636
Work in Progress	3,668	3,194	474	14.8%	3,194
Other investments	567	567	0	0.0%	0
Total non-current assets	27,048	27,401	(354)	(1.3%)	27,453
Current assets					
Cash and cash equivalents	13,663	10,532	3,131	29.7%	10,811
Patient and restricted funds	54	74	(20)	(27.5%)	72
Inventories	1,091	1,007	84	8.3%	1,060
Debtors and other receivables	3,897	5,107	(1,210)	(23.7%)	4,992
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	18,705	16,720	1,985	11.9%	16,935
Total assets	45,752	44,121	1,631	3.7%	44,387
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,799	2,703	(96)	(3.6%)	2,779
Other	69	70	1	1.4%	70
Total non-current liabilities	2,868	2,773	(95)	(3.4%)	2,848
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	8,699	6,222	(2,477)	(39.8%)	6,875
Employee entitlements and benefits	10,074	9,564	(510)	(5.3%)	9,557
Total current liabilities	18,774	15,787	(2,987)	(18.9%)	16,431
Total liabilities	21,642	18,560	(3,083)	(16.6%)	19,280
Equity					
Crown equity	86,062	87,478	1,416	1.6%	86,062
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(84,033)	(83,998)	35	0.0%	(83,037)
Trust funds	0	0	0	0.0%	0
Total equity	24,111	25,562	1,451	5.7%	25,107
Total equity and liabilities	45,753	44,122	1,631	3.7%	44,386

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

31 October 2017

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date			
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
13,884	12,320	1,564	12.7%	51,023	49,278	1,745	3.5%
(5,249)	(5,665)	416	7.3%	(22,378)	(23,352)	974	4.2%
(1,303)	(1,589)	286	18.0%	(6,519)	(6,975)	456	6.5%
(2,222)	(3,180)	958	30.1%	(11,646)	(12,720)	1,075	8.5%
(2,209)	(1,688)	(521)	(30.9%)	(7,082)	(6,753)	(329)	(4.9%)
2,900	197	2,703	1372.7%	3,398	(522)	3,920	(751.2%)
0	0	0	0.0%	0	0	0	0.0%
0	(124)	124	100.0%	0	(496)	496	100.0%
2,900	73	2,827	3877.7%	3,398	(1,018)	4,416	(433.9%)
33	35	(2)	(6.3%)	121	140	(19)	(13.5%)
0	0	0	0.0%	0	0	0	0.0%
(193)	(208)	15	7.1%	(667)	(832)	165	(19.8%)
	0	0			0	0	
(160)	(173)	13	(7.2%)	(546)	(692)	146	21.1%
0	0	0	0.0%	0	1,432	(1,432)	100.0%
0	0	0	0.0%	0	0	0	0.0%
0	0	0	0.0%	0	1,432	(1,432)	100.0%
0	0	0	0.0%	0	0	0	0.0%
0	0	0	0.0%	0	0	0	0.0%
0	0	0	0.0%	0	0	0	0.0%
2,739	(100)	2,839	(2836.5%)	2,852	(278)	3,130	(1126.6%)
10,924	10,632	292	2.7%	10,811	10,811	(0)	(0.0%)
13,663	10,532	3,131	29.7%	13,663	10,533	3,130	29.7%

WELLBEING HEALTH AND SAFETY UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: People and Capability

DATE: 8 December 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 and Safety Update

3. SUMMARY

General

A range of wellbeing, health and safety activities continue to progress. These are as follows:

Wellbeing:

The Strengths Workshops, available to all WCDHB staff, were held in Greymouth and Buller last month with good levels of attendance. Planning is now underway to confirm what will be offered next year.

Health and Safety:

- An ACC workshop for managers was held in October. We will look at holding an additional workshop early next year as it is of value to Line Managers working with employees returning to work
- An introduction to safe manual handling workshop was held in October in conjunction with an ACC Injury Prevention & Management Consultant. Over 60 people attended either in Greymouth or via video conference from Hokitika and Buller. Again, we will look at providing an additional workshop early next year
- Work is underway to develop a Facilities Risk Register for the Buller campus

Occupational Health:

Pre-employment screening and Occupational Health Vaccination Clinics continue.

4. 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 the West Coast DHB 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; and
- included 75 recommendations and 26 suggestions, each of which were 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.

The updated workplace incident recording form and workflow was launched on 5 September 2017 with training provided to all staff and managers. The policy and procedures have been updated in line with the new form and workflow. Wellbeing Health and Safety are working with the Safety 1st System Administrator to align individual scopes to the new workflow.

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 continue to seek 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. The National Bipartite Action Group is now leading this work, with the intent to progress this work through a working group with the right skills, knowledge and experience to define a practical national framework for how DHBs will partner with Unions with respect to worker participation.

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

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

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

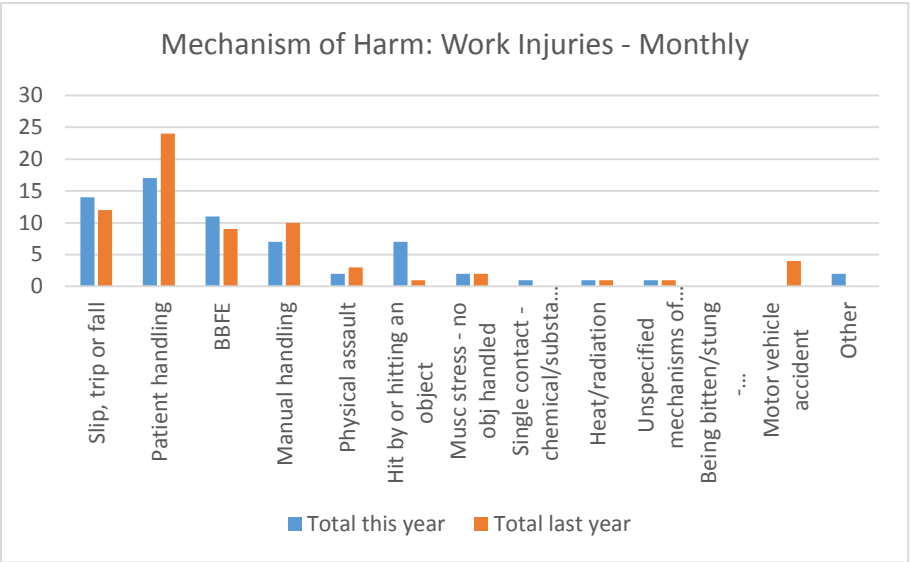
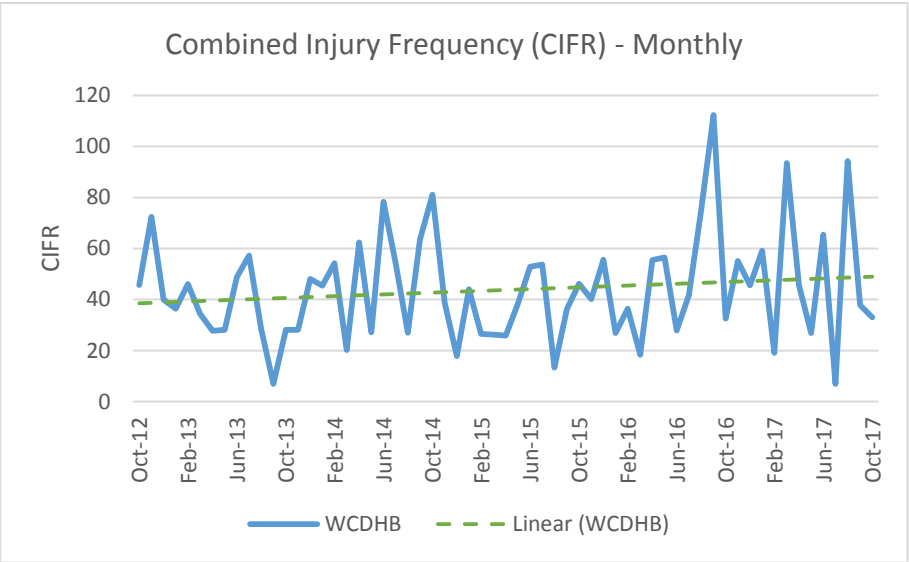
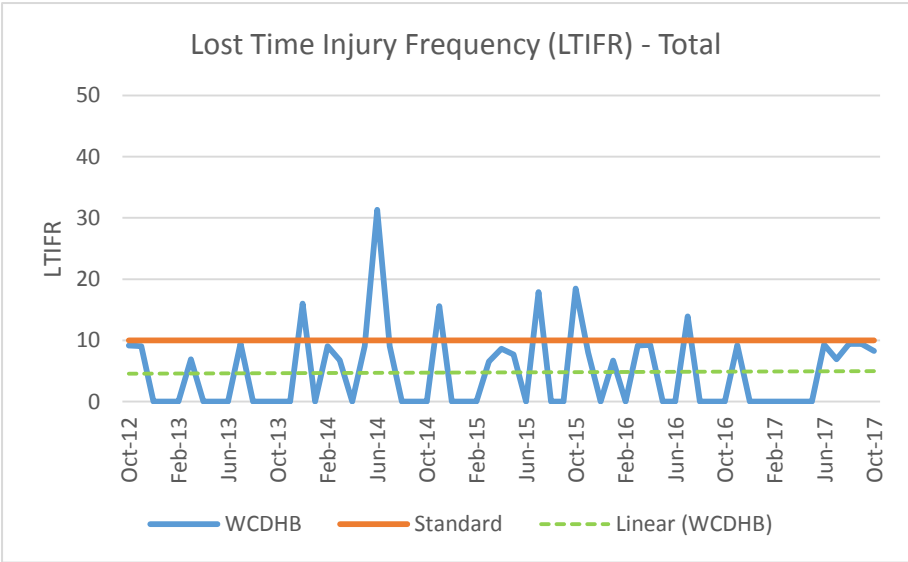
5. **APPENDICES**

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 (October 2017)

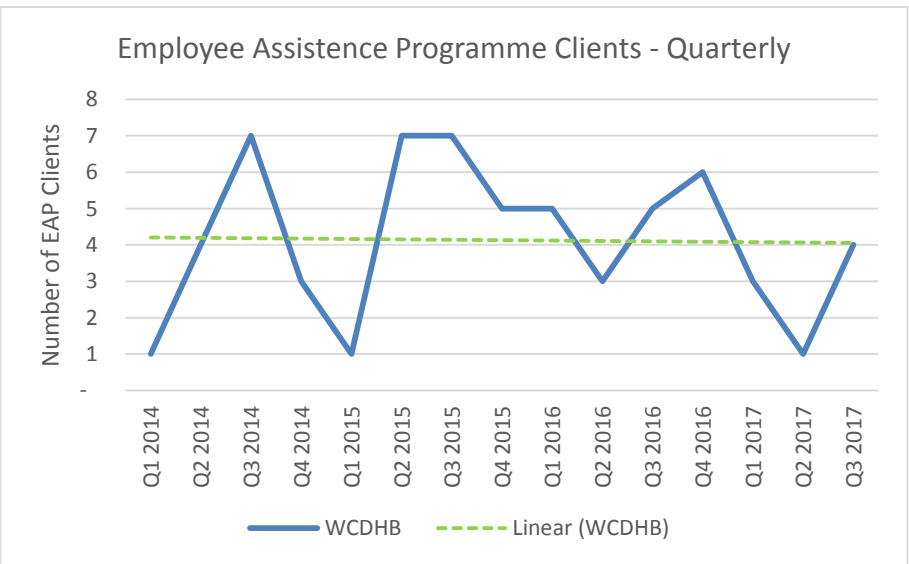
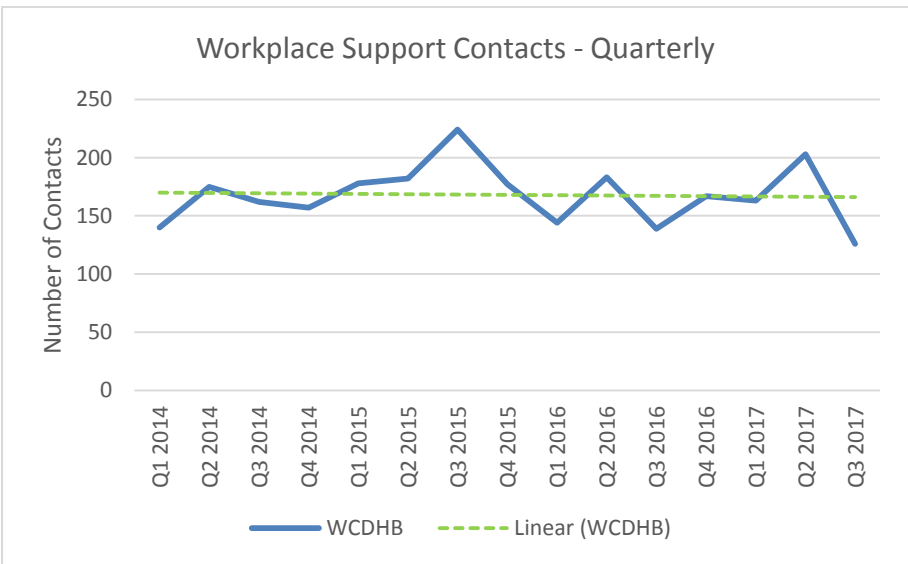
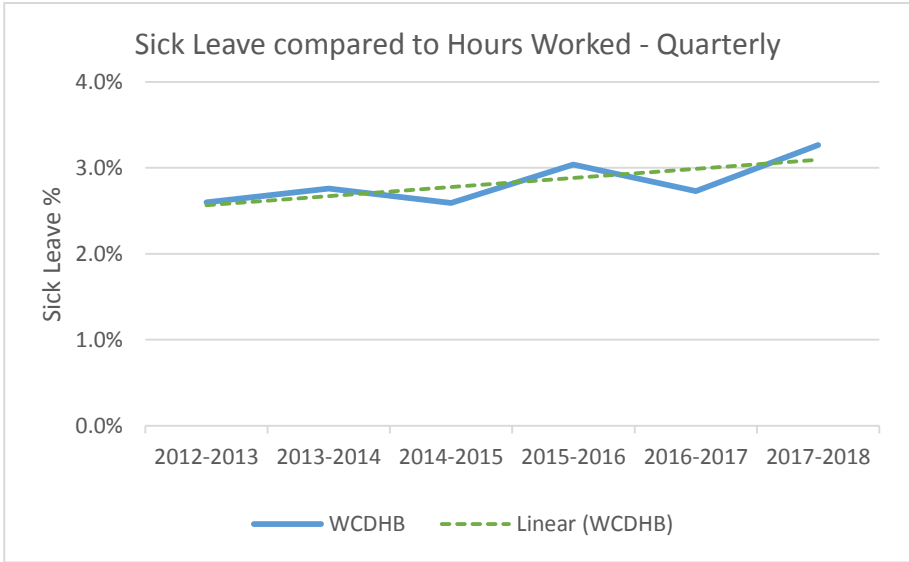


Worksafe Notifiable Events - Monthly

Event	Aug-17	Sep-17	Oct-17
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Duty Holder Review	Aug-17	Sep-17	Oct-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: While we see the lost time injuries per million hours worked over the last four years increasing, the figures remain below the ACC health sector average.
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. Education has been given to a large group of HBSS workers around Introduction to Safe Manual Handling.

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: Total medical treatment claims per million hours worked continues to increase over the five year reporting period. This is attributable to strains and sprains with the predominant mechanism of harm being patient handling.
Focus: People and Capability will continue to work with managers and staff to identify hazards associated with work layout, task variability and environmental issues. Education sessions have been delivered to ACC and HBSS employees during October.

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 mechanisms of harm: physical assault, body stress and strain and slip/trip or fall. There continues to be an increase in physical assaults. BBFE exposures have decreased significantly after a focussed education in this area.
Focus: Work continues to capture injury mechanism of harm trends across the divisions to ensure targeted prevention programmes to remain relevant. Changes to Safety1st reporting for employee events may see an increase in events reported.

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

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, peaking in the last quarter. This is considered to be based on seasonal variation at this point.
Focus: People and Capability will continue to monitor the situation over the next quarter and work with Operational Leadership to support our people to stay well and healthy at work.

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

Employee Assistance Programme [quarterly]
Description: Number of clients in relation to organisational headcount.
Comment: Employee Assistance Programme contacts remains static relative to WCDHB headcount, 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.

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 23 NOVEMBER 2017



TO: Chair and Members
West Coast District Health Board

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

DATE: 8 December 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 23 November 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 – 23 November 2017.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY AND PUBLIC HEALTH UPDATE

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

Early Childhood Centres Improving Healthy Eating

CPH staff visited ten Early Childhood Centres in Greymouth and Westland, with nine of these centres signed up for, or in the process of, achieving their Healthy Heart Award. This is a fantastic achievement and shows great commitment from the centres and their staff to enhance the wellbeing of tamariki and their whānau. The Healthy Heart Award provides guidance and structure to create an environment that promotes healthy eating and physical activity. It has three different levels and works like a bronze, silver, gold system.

CPH's Jade Winter presented a paper on the development of the 'Nourishing Futures with Better Kai' resource at the Public Health Association's national conference in Christchurch which resulted in wide media coverage. CPH staff also presented on making healthy eating easy for whānau at a Community Wellness Day in Ross. The presentation fitted in well with some healthy kai sold at the event and the 10-15 people attending were actively engaged with the presentation.

Appetite for Life

CPH staff delivered an Appetite for Life course in Greymouth with ten participants in attendance. All participants were highly engaged and committed to attending each session. Some of the highlights included participants decreasing their consumption of saturated fat in favour of more healthy fats, placing more emphasis on a healthy breakfast, enjoying treats mindfully, choosing water over soft drink, including more vegetables and choosing wholemeal bread.

West Coast Accessibility Coalition

CPH helped organise and contributed to the recent Accessibility West Coast Coalition workshop. The workshop focussed on areas to be included in the development of a Strategy and Action Plan. The 15 participants from across the Coast used the NZ Disability Strategy to workshop potential areas of focus for the Coalition.

Alcohol Licensing

At this time of the year preparations are being made for all of the annual horse racing events on the West Coast. Traditionally these events have held special licences to serve alcohol. Prior to the submission of licence applications for these events, CPH's Alcohol Licensing Officer teamed up with the West Coast Police Prevention Manager and the local District Licensing Inspectors to discuss the events with the racing committees. These discussions focused on the safe and responsible supply of alcohol at the events and the control of consumption of alcohol to reduce incidents of intoxication. The racing clubs' response to this initiative by the licensing agencies has been positive and we hope it will contribute to reduced alcohol related harm at the events.

Oranga Hā

CPH's smoking cessation workers aim to increase referrals of Māori pregnant women and new mothers to improve the likelihood of children being born into smoke free homes. They have engaged with Family Start and in the first instance are assisting with the drafting of a Stop Smoking Policy for their Board. Family Start has also committed to every whānau engaging with their services being offered smoking cessation support. This is having an immediate effect with increasing referrals to Oranga Hā.

Gambling Harm

CPH has assisted the new gambling harm service provider, the Salvation Army – Oasis, to connect with key local agencies and promote their services. While this service will be run remotely from Christchurch, a number of relationships with agencies on the West Coast have now been established to improve access.

While many people enjoy gambling, for example Lotto, betting on track racing or playing the pokies, gambling can have a negative effect on health and wellbeing. West Coast service providers and community agencies have been introduced to a national Brief Gambling Screening tool to support capture of accurate data from the region and the tool is ready for immediate use among them.

Drinking Water

Westport's water supply situation continues to remain stable with reservoir capacity above 95%. Work on a replacement pipeline between the reservoirs and the treatment plant has begun and this pipeline will replace the "bandaged" concrete pipes. The Buller District Council has also agreed to the installation of 500m of piping through the collapsed water tunnel in order that the original water source can be reinstated. Until this is done, the supply remains vulnerable.

Communicable Diseases

CPH's health protection staff have had a busy month following up cases of notifiable disease. Spring usually brings an increase in the number of cases of enteric diseases, such as campylobacteriosis, cryptosporidiosis and giardiasis and many of these are attributable to animal contact, such as calving. We have also dealt with a confirmed case of meningococcal disease and two suspect cases. Our response to these cases is an urgent one as we identify and provide antibiotics to people who have been in close contact with the case to help prevent further transmission.

The Committee noted that the Buller District Council members have voted in favour of a long term solution to upgrade the water supply for Westport residents which will hopefully be carried out by this time next year. Along with the work needing to be carried out on the Westport water supply the Punakaiki supply which utilises UV light to disinfect still has an on-going problem of cloudiness, leaving it vulnerable to bacteria. A watching brief will be kept on this over the summer months.

b) PLANNING & FUNDING UPDATE

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

Key Achievements

- **ED Health Target:** Performance remains well above target, with a monthly result of 98.7% of patients admitted, discharged or transferred from Grey Base ED within six hours in October. Official health target results are expected shortly, with preliminary results positive.
- **Cardiovascular Risk Assessment Checks:** The West Coast DHB continued to achieve target for this measure, with 91.1% of PHO-enrolled patients having had their cardiovascular risk assessment completed within the last 5 years, as at the end of the September 2017.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** West Coast DHB is within compliance levels, with just two plastic surgery patients waiting more than 120-days from FSA to surgical treatment as at the end of September 2017. Both patients are booked for their surgery with a visiting plastic surgeon in November.

Key Issues & Associated Remedies

- **ESPI 2 | FSA:** There were 47 orthopaedic patients waiting over 120 days for their outpatient FSA at the end of September. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. We are engaging with the Ministry of Health and working on a recovery plan to resolve this issue.

Carolyn Gullery, General Manager, Planning & Funding provided the Committee with an update on some recent meetings she had attended between Primary Care, DHBs, the Ministry of Health and the Minister of Health to look at the direction around Primary Care. Discussions included possible reductions in GP fees, free doctor's appointments for children under 14, and the introduction of a free check for people over 65 on an annual basis.

The Committee noted that for the West Coast capacity to undertake this is an issue and some balancing around workforce would need to take place for the additional activity in Primary Care.

Ms Gullery also provided the Committee with an update around the work taking place around contractual arrangements with Pharmacies.

Discussion took place regarding the changes to align models of care in CAMHS and the Committee noted that this process is to ensure the whole system is integrated and how services can be improved for patients.

Discussion also took place regarding early intervention with the use of neurological testing. The Committee noted that a Paediatric Neurologist is based in Canterbury however there is not currently the capacity in the system to undertake this type of testing. Ms Gullery commented that she believed that there will be a lot more of a focus on mental health through the Social Investment Agency.

An issue was raised regarding the stocking of medication on the West Coast and management will look at this issue which will be added to the carried forward list.

Discussion also took place regarding falls prevention and breast feeding statistics which are provided by Plunket.

A query was made regarding the financials and a breakdown of some line items will be provided for the next meeting.

c) **ALLIANCE UPDATE**

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

Alliance Leadership Team (ALT)

At their meeting in November the ALT:

- Reviewed the final draft of the Community Health Model of Care. This was endorsed in principle and final recommendations were made for strengthening the message about integrating the community health work style into the hospital environment.

Health of Older Persons

- There were 88 active clients in the In-home Falls Prevention (Strength and Balance) programme in Quarter 1.
- The Community Group Strength and Balance programme, in collaboration with ACC, is in the preliminary stages. The Lead Agency has been appointed and will be working to support the implementation of this programme.
- Following completion of the HealthCert audit, Granger House has been recertified for another year. The DHB is working with the facility to allow new admissions.

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

- A review of the merged Greymouth Medical Centre and the new planned /unplanned process has commenced with an initial meeting with the full practice team, and individual feedback forms

completed by the staff. Data is now being gathered to inform the effectiveness of the new process and any areas requiring attention.

- A review of Homecare Medical Limited contracted services in South Westland is now underway. A public meeting was attended in Fox Glacier to commence the process of engaging the community for feedback. This group recommended a survey out to each community from their regular RNS to encourage feedback on both the Virtual Medical Receptionist service and After Hours service. This is a significant piece of work that will feed well into the Hub design and development project when the time comes.

Healthy West Coast (HWC)

- Nutrition support across the community continues to develop with PHO Dietitians looking to provide support for children identified with a high BMI (Body-Mass Index) at their B4School Check.
- Healthy West Coast were please to support West REAP in their application to the Health Promotion Agency Community Partnership Grant. The application to fund 6 “Moving Smart” workshops across the Grey and Westland districts has been successful. These workshops will provide education for Early Childhood Teachers and parents about active play for pre-schoolers in an effort to increase capability in the sector.

Child and Youth

- Preliminary results have been released against the new suite of Well Child Tamariki Ora Quality Improvement Indicators. Initial analysis shows good performance against 5 of the 6 new indicators (5 for Māori), improvement against a further 7 (7 for Māori) and unchanged performance against 1 (3 for Māori) out of a total 18 indicators. The Coast is at or ahead of the national average result for 9 indicators (13 for Māori) including Core contact coverage, breastfeeding at 3 months and screening for Family Violence. Once confirmed data is received analysis will begin focusing on those indicators where performance has dropped or is below the national average.

Pharmacy

- The planned meeting between Olsens Pharmacy and Greymouth Medical Centre (GMC) was held in October resulting in some productive discussions. It was agreed that the pharmacists will attend two of the GMC meetings to enhance communications, and be more involved in the orientation of the RMOs. Registration onto the patient portal was also identified as an area that the pharmacies can assist with. In the mean time they will distribute information about registering.

The update was noted.

d) 2018 DRAFT COMMITTEE WORK PLAN

The Board Chair provided an overview of the Annual Planning session to be held on Thursday 25 January 2018.

She also invited Committee members to provide any suggestions they may have on any improvements that could be made around reporting and how Committees and the Board add value to the organisation.

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 23 November 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**

26 October 2017

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

9.35am

4. **Community and Public Health Update**

Gail McLauchlan
Community and Public Health

9.35am – 9.45am

5. **Consumer Council Presentation**

Lynnette Beirne
Chair, Consumer Council

9.45am – 10.05am

Paul Norton
Quality & Patient Safety Manager

6. **Planning & Funding Update**

Carolyn Gullery
General Manager, Planning & Funding

10.05am – 10.15am

7. **Alliance Update**

Carolyn Gullery
General Manager, Planning & Funding

10.15am – 10.25am

8. **Health Target Report Q1 2017/18 (to be tabled)**

Carolyn Gullery
General Manager, Planning & Funding

10.25am – 10.35am

9. **2018 Draft Committee Work Plan**

Elinor Stratford
Chair

10.35am – 10.45am

10. **General Business**

Elinor Stratford
Chair

10.45am – 10.50am

ESTIMATED FINISH TIME

10.50am

INFORMATION ITEMS

- Board Agenda – 3 November 2017
- Chair's Report to last Board Meeting
- West Coast DHB 2018 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 8 March 2018

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 23 NOVEMBER 2017



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 8 December 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 23 November 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 – 23 November 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 23 November 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 most notable features as:

- A new focus from clinical managers and team leaders in completing the new operations reporting template including identifying and setting KPIs.
- The new Clinical Nurse Manager Inpatients has joined our team and seems to be fitting in well to the culture of the West Coast.

Mr Wheble provided an outline of the new operations reporting template which is now being cascaded through the organisation. This has a focus on:

- Culture, strategy and workforce development;
- Right Care/Right Plane/Right Time; and
- Enabling our Workforce

Discussion took place regarding the amount of time spent by clinicians completing documentation and the importance of decreasing the administrative load on clinical staff.

Discussion also took place regarding ESPI 2 non compliance. The Committee noted that a lot of work is taking place in the service, looking at whether there is a good plan in place around this. No financial penalty has been placed on the DHB to date. For the DHB the issue is around addressing this as quickly as possible and communicating with the Ministry of Health.

A comment was made regarding the improved DNA rate overall but how is the DHB addressing the increase in Maori DNA rates. The Committee noted that there is definitely some work taking place around this in multiple different ways and it was agreed that a presentation would be made to the Committee in the new year regarding this work.

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 October 2017 was a deficit of \$301k, which was \$31k unfavourable to budget. The year to date position of a net deficit of \$995k is \$18k unfavourable to budget.

The Committee noted that the main areas of concern were travel related costs with 23 patient transfers during the month and also clinical supplies which is treatment related. It was also noted the revenue is down however some of this is a timing issue around a Home Based Support Invoice.

Discussion took place regarding co-payments and also payment up front from patients attending GP surgeries.

The report was noted.

CLINICAL LEADERS UPDATE

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

DRAFT 2018 COMMITTEE WORKPLAN

The Board Chair provided an outline of the annual planning session to take place on the morning of Thursday 25 January 2018 and advised that the Board would be looking at how it operates and the current reporting. Members were asked to forward any ideas for improvements to the Chair, Committee Chair or Board Secretary.

GENERAL BUSINESS

Michelle Lomax, Committee Chair, thanked Mr Wheble for his work for the Committee during the year and she also thanked the Committee for their input and wished everyone a happy Festive season.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 23 November 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 23 November 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**
26 October 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 – 11.40am |
| 6. | Clinical Leaders Update | Karyn Bousfield
<i>Director of Nursing</i> | 11.40am – 11.50am |
| 7. | Draft 2018 Committee Work Plan | Michelle Lomax
<i>Chair</i> | 11.50am - 12noon |
| 8. | General Business | Michelle Lomax
<i>Chair</i> | 12noon – 12.05pm |

ESTIMATED FINISH TIME

12.05pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 3 November 2017
- West Coast DHB 2018 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: Thursday 8 March 2018

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: 8 December 2017

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and 33, and the West Coast DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATION

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6 & 7 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 3 November 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)
4.	Workshop Feedback	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Risk Survey	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	2016/17 Final Audit New Zealand Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	NZ Health Partnerships 2017/18 Quarter One Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Report from Committee Meeting – QFARC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

3. **SUMMARY**

The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 provides:

“A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

- (a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”.*

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

“(1) Every resolution to exclude the public from any meeting of a Board must state:

- (a) the general subject of each matter to be considered while the public is excluded; and*
(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and
(c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)
(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board”.

Report Prepared by:

Board Secretary

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2018

DATE	MEETING	TIME	VENUE
Friday 9 February 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 8 March 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 8 March 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 March 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 March 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 26 April 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 26 April 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 April 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 May 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 7 June 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 7 June 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 June 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 June 2018	BOARD	10.15pm	St John, Water Walk Rd, Greymouth
Thursday 26 July 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 26 July 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 July 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 10 August 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 13 September 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 13 September 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 13 September 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 28 September 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 25 October 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 25 October 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 25 October 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 2 November 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 6 December 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 6 December 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 December 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 14 December 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth

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