West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 11 May 2018
at 1.00pm

St John
Water Walk Road
Greymouth

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

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

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

Jenny Black (Chair)
Chris Mackenzie (Deputy Chair)
Chris Auchinvole
Kevin Brown
Helen Gillespie
Michelle Lomax
Edie 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 *(Chief People Officer))*
Carolyn Gullery *(Executive Director, Planning, Funding & Decision Support)*
Dr Cameron Lacey *(Medical Director, Medical Council, Legislative Compliance and National Representation)*
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes)*
Karalyn van Deursen (*Executive Director, Communications)*
Stella Ward *(Chief Digital Officer)*
Philip Wheble (*General Manager, West Coast)*
Justine White (*Executive Director, Finance & Corporate Services)*
Kay Jenkins (*Board Secretary)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 1 May 2018 commencing at 1.00pm

KARAKIA			***1.00pm***
ADMINISTRATION			***1.05pm***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *23 March 2018*		
3.	**Carried Forward/Action List Items**		
REPORTS FOR DECISION			***1.10pm***
4.	**Annual Accounts Delegation**	Philip Wheble *General Manager, West Coast*	*1.10pm – 1.20pm*
REPORTS FOR NOTING			***1.20pm***
5.	**Deputy Chair's Update (Verbal Update)**	Chris Mackenzie *Deputy Chair*	*1.20pm – 1.25pm*
6.	**Chief Executive's Update**	David Meates *Chief Executive*	*1.25pm – 1.40pm*
7.	**Clinical Leader's Update**	Karen Bousfield *Director of Nursing* Cameron Lacey *Medical Director* Pradu Dayaram *Medical Director*	*1.40pm – 1.50pm*
8.	**Finance Report**	Philip Wheble *General Manager, West Coast*	*1.50pm – 2.00pm*
9.	**Wellbeing Health & Safety Update**	David Meates *Chief Executive*	*2.00pm – 2.10pm*
10.	**Resolution to Exclude the Public**	*Board Secretary*	*2.10pm*

INFORMATION ITEMS

- 2018 Meeting Dates

ESTIMATED FINISH TIME **2.10pm**

NEXT MEETING: Friday 29 June 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 Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time so that we may work together in the spirit of oneness on behalf of the people of the West Coast.

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

Disclosure of Interests	
Jenny Black **Chair**	• Chair, Nelson Marlborough District Health Board • Life Member of Diabetes NZ • Chair, South Island Alliance Board • Chair, National DHB Chairs
Chris Auchinvole	• Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Trustee, Moana Holdings Heritage Trust • Justice of the Peace • Daughter-in-law employed by Otago DHB
Kevin Brown	• Trustee, West Coast Electric Power Trust • Wife works part time at CAMHS • Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association • President Greymouth Riverside Lions Club • Justice of the Peace • Hon Vice President West Coast Rugby League
Helen Gillespie	• 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	• Daughter is a recipient of WCDHB Scholarship
Chris Mackenzie	• Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust – Trustee • Christchurch Mayors External Advisory Group - Member
Edie Moke	• South Canterbury DHB – Appointed Board Member • Nga Taonga Sound & Vision - Board Member (elected) Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.
Peter Neame	• White Wreath Action Against Suicide – Board Member and Research Officer • Author and Publisher of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.
Nigel Ogilvie	• Chairman, Life Education Trust • Managing Director, Westland Medical Centre • Shareholder/Director, Thornton Bruce Investments Ltd • Shareholder, Hokitika Seaview Ltd

Nigel Ogilvie Cont'd	• 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 • Board Member West Coast PHO • Wife is Board Member West Coast PHO
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President, New Zealand Federation of Disability Information Centres • Member, West Coast Coalition Group • Chair, Kowhai Project Committee
Francois Tumahai	• Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 23 March 2018 commencing at 1.00pm

BOARD MEMBERS

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

APOLOGIES

Apologies were received and accepted from Chris Auchinvole and Edie Moke.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Chief People Officer); Cameron Lacey (Medical Director); Melissa Macfarlane (Team Leader, Planning & Funding); Stella Ward (Executive Director, Allied Health); Philip Wheble (General Manager, West Coast); Justine White (General Manager, Finance & Corporate Services); and Kay Jenkins (Minutes).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no 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 (3/18)
(Moved Michelle Lomax/seconded Nigel Ogilvie – carried

"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 23 March 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

A request was made for Buller Older Persons Health Consultation to be added to the carried forward items to enable a review of the recommendations to be undertaken.

The carried forward items were noted.

DRAFT

4. WEST COAST DHB PUBLIC HEALTH PLAN

Kerry Marshall**,** Community & Public Health, presented the West Coast DHB Pubic Health Plan to the Board.

The Board noted that this plan is based on a new template which was developed in 2017 by the South Island Public Health Services and agreed by the Ministry of Health. The majority of outcomes in the Plan are shared across the South Island Public Health Services, with the priorities and some outcomes tailored to the West Coast DHB.

It was also noted that the Plan has two functions:

- as a companion document to the West Coast DHB Annual Plan 2018-19, as the West Coast DHB Public Health Annual Plan; and
- as the basis of the Community & Public Health contract with the Ministry of Health.

A query was made regarding measures for the plan and it was noted that the six monthly report to the Ministry of Health contains the details of this.

Resolution (4/18)
(Moved: Helen Gillespie/seconded: Elinor Stratford - carried)

That the Board:

i. endorse the draft West Coast DHB Public Health Annual Plan, 2018-19 subject to the Letter of Expectations and planning advice.

5. CHAIR'S UPDATE

The Chair, Jenny Black, provided the Board with an update from the National Chair's & CEO's meeting held recently in Wellington. She spoke on the following items discussed at the meeting:

- Workforce issues;
- Closing the gap between high and low wages;
- New Pharmacy contract;
- Primary Health Care – part of the Labour manifesto which is complex piece of work;
- The Chair of the Mental Health Review Team, Ron Paterson, addressed the meeting and spoke about the opportunities and challenges of the review. Mr Paterson advised the meeting that it was their intention to meet with every DHB and also consumers.
- Karen Poutasi from the Ministerial Advisory Group also addressed the meeting. The Minister has asked the Group to advise him on lifting the Ministry's performance and leadership, strengthening relationships across the sector, and helping to deliver the Government's strategic direction for health which is all critical to improving the quality of health services.

The Chair also advised that at the mini AGM of New Zealand Health Partnerships the Board membership was rolled over until the AGM in September.

The Chair's update was noted

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read.

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Mr Meates provided updates as follows:

- He re-emphasised just how far the transalpine service has come over the last couple of years with new opportunities emerging;
- The new Patient Information Systems which are on their way to being implemented across the South Island;
- The rollout of MAX which is underpinned by the people strategy which will see some quite major changes over the next 12 months.
- The confirmation of a public meeting in Buller will be announced shortly.

Discussion took place regarding a completion for the new Grey facility and it was noted that this is not yet finalised.

A query was made regarding facilities in Haast and it was noted that St John have moved into a new facility there and we are commencing some very early discussions with them. Clarification is still required around what is required and it will also be necessary to consult with the Community.

Discussion took place regarding some resignations in Buller and the challenges around providing a sustainable service that is not dependant on individuals.

A query was made regarding the ability of rest homes to decline service and it was noted that Aged Care Facilities are able to decline services to individuals as care may be beyond

The update was noted.

7. CLINICAL LEADERS UPDATE

Dr Cameron Lacey, Medical Director presented this report which was taken as read. Dr Lacey provided an overview of the suicide prevention structure and activity and commented that Suicide prevention is the domain of all the West Coast community and the DHB has a key role to play in co-ordinating and assisting the activity.

Dr Lacey also commented that there had been a couple of omissions in the report from the membership of the Governance Group which should also include representatives from Planning & Funding and Tatau Pounamu. He added that a recent development is the progression of a suicide prevention coordinator role which will connect Regionally and Nationally.

Discussion took place regarding suicide statistics and it was noted that these are unofficial statistics which are released by the Coronor's Office and sometimes include people in the care of other DHBs.

Dr Lacey commented that it is important to note that the messaging in this area is incredibly important and that it is done with sensitivity so as not to "normalise" the situation.

Discussion took place regarding the target of zero in this area and it was recognised that there is some debate nationally around this.

A request was made for regular reporting on suicide statistics.

The update was noted.

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8. FINANCE REPORT

Justine White, General Manager, Finance, presented this report which was taken as read. The report noted that the consolidated West Coast District Health Board financial result for the month of February 2018 was a surplus of $360k, which was $82k unfavourable to budget. The year to date position of a net deficit of $1.252m is $92k unfavourable to budget.

Ms White commented that the result for the month was pleasing but was not as positive as expected, particularly with it being a short month. The Board noted that the financial position is being managed very carefully.

Discussion took place regarding personnel costs and it was noted that the Dunsford closure will affect this result.

It was noted that there was no notable impact from the recent storms.

The financial report was noted.

9. WELLBEING HEALTH & SAFETY UPDATE

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

Mr Frampton commented that sick leave appears to be trending up with 57- 58% of injuries due to musculo-skeletal strains.

Discussion took place regarding pay equity and it was noted that it is difficult to assess this due to uncertainty around comparators. It was noted that for the last 12 months that the West Coast has the largest gender pay gap of all DHBs however work is underway to understand this better.

The update was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (5/18)
(Moved Helen Gillespie/seconded Michelle Lomax – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5 & 6 and the information items contained in the report.

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 9 February 2018	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)

DRAFT

		Protect the privacy of natural persons.	S9(2)(a)
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.	People Strategy Update	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.	Annual Planning Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Grey Hospital Realignment Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

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

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

The Public Excluded section of the meeting commenced at 2.45am and concluded at 3.40pm

_____ _____

Jenny Black, Chair Date

DRAFT

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

WEST COAST DISTRICT BOARD – BOARD MEETING
CARRIED FORWARD/ACTION ITEMS AS AT 11 May 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	8 December 2017	Mental Health	An update of the Mental Health Review	Provided at Today's Advisory Committee Meeting
2.	23 March 2018	Buller Older Persons Health Consultation	Update on recommendations	Under Action

ANNUAL ACCOUNTS DELEGATIONS

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

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

SOURCE: **Finance**

DATE: **11 May 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to endorse a recommendation from the Quality, Finance, Audit and Risk Committee in respect to a delegation to approve the final audited accounts for the 2017/18 financial year on the Board's behalf, if required, if the timing of these does not fit with Board or Committee meetings.

2. RECOMMENDATION

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

i. authorises either the Quality, Finance, Audit and Risk Committee Chair and the Board Chair or, if one of these should not be available, one of these two and a Board member to approve the final audited accounts for 2017/18 on the Board's behalf if required, should the timetable not fit with a Board or Committee meeting; and

ii. notes that if this delegated authority is exercised the final accounts will be circulated to Committee and Board members; and

iii. notes that the West Coast DHB Chair, Chief Executive and General Manager Finance and Corporate Services will sign the letter of representation required in respect to the 2017/18 Crown Financial Information System accounts which are required at the Ministry of Health in early August.

3. SUMMARY

The audited Crown Financial Information System (CFIS) accounts for the 2017/18 financial year are due with the Ministry of Health in early August to meet the Crown's financial reporting timetable. It should be noted that the West Coast DHB Board's August meeting is on 10 August.

The CFIS accounts for the 2017/18 financial year will be signed on behalf of the Board by the West Coast DHB Chair, Chief Executive and General Manager Finance and Corporate Services and their letter of representation will accompany the accounts. Any change to the 'bottom line' result as reported to this Committee will be discussed with the Chair of the Quality, Finance, Audit and Risk Committee and/or the West Coast DHB Chair; with Committee members to be updated via email of any change.

The audit process is expected to be finished by early October 2018 with the final full audited accounts expected to be completed by the end of October 2018. In the event that the timing of the completion of these does not fit Board meetings it is recommended the Board be asked to delegate approval of the final 2017/18 audited accounts as per the recommendations contained in this report.

Report approved for release by: Justine White, Executive Director
Finance & Corporate Services.

CHIEF EXECUTIVE'S UPDATE

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

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

SOURCE: **Chief Executive**

DATE: **11 May 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

Its format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

A: West Coast Health Alliance

Alliance Leadership Team (ALT) Activity

At the last meeting in March the ALT:

- Received a presentation detailing the fantastic work being done by Norma Campbell and her team in the Maternity, Midwifery, and transalpine services space and look forward to hearing about the progression of this work.
- Received an update from Cameron Lacey and recognised the importance and breadth of the Mental Health Project. They look forward to future updates as this piece of work progresses.
- Noted the opportunities for the West Coast arising from the Pharmacy action plan.
- Noted the establishment of a Smokefree Public Places policy by the Grey District Council.
- Endorsed the terms of reference for the Hub project. The Hub represents a single, integrated rural health service centre for the West Coast. Its role is to support the IFHS with information and resource to best meet the local needs of their communities.

B: Build Primary and Community Capacity and Capability

Primary

- **Integrated Health Services - Northern Region**
  - The implementation of the new leadership structure in the Northern Region to support our Model of Care is now well on its way. The Clinical Nurse Manager and two Associate Clinical Nurse Manager positions for the Westport Integrated Health Service have been successfully filled and the Clinical Nurse Manager Reefton Integrated Health Service has been confirmed. Interviews for the Manager Integrated Health Services Northern Region and the Administration Manager will start soon with the expectation these positions will be filled in the coming months.
  - The Reefton workstream that includes community members, the health team and council have developed a "Healthy Reefton" plan focusing in the coming year on under 5's. This will be a combined focus with the health team working with the Early Learning Centre, Reefton Area School, Community & Public Health and Council initiatives to promote healthy eating, active lifestyles and teeth hygiene.
- **South Westland Area Practice**
  - Work continues in relation to the Cornerstone audit to address areas for improvement.
  - The DHB is in discussion with St John around the opportunity to co-share the St John building in Haast. This is currently at the early stages around determining feasibility but the team sees some positive advantages to co-sharing of the facility. The current facility is not fit for purpose and did not meet the requirements of the Cornerstone audit.
  - The Patient Portal is now in the testing phase in South Westland and once up and running will provide another avenue for our South Westland communities to interact with their health system.
- **Greymouth Medical Centre**
  - Recruitment of permanent GPs remains a challenge however a permanent GP is due to start early September 2018.
  - It is exciting that we now have a newly qualified Nurse Practitioner (our second one this year) that will be working across primary and secondary services.
  - The use of the new Patient Portal continues to grow with small increase in the number of patients using it.
  - There has been a reasonable uptake of patients requesting Flu and Zostavax vaccines which is one way where health teams and the community can proactively work to improve health and prevent health issues.

Community

- **Public Health/B4School/Vision Hearing**
  - *Public Health Nursing* - The year is well underway. The PHNs are currently working with their allocated schools to get the HPV service consent forms returned so planning with the coordinator can begin dependant on the numbers. International Oral Health Day did not get past without a brush-in being held in the Hokitika area with most schools and ECEs taking part under the initiative of the PHN in that area who provided information as needed. It is hoped this may be a more Coast-wide initiative next year to get the message out there for improving oral health. Those PHN staff due for vaccinator training updates have completed these recently. This

allows for ability to assist with flu vaccination clinics across the area. HEADDSSS have commenced in some schools and others are ready to start next term.

- *B4School Service* - The team involved in this service delivery are working well together and achieving good outcomes. However, there are still challenges to meet the target by the end of the financial year. There is continued focus to improve the service and gain better results.

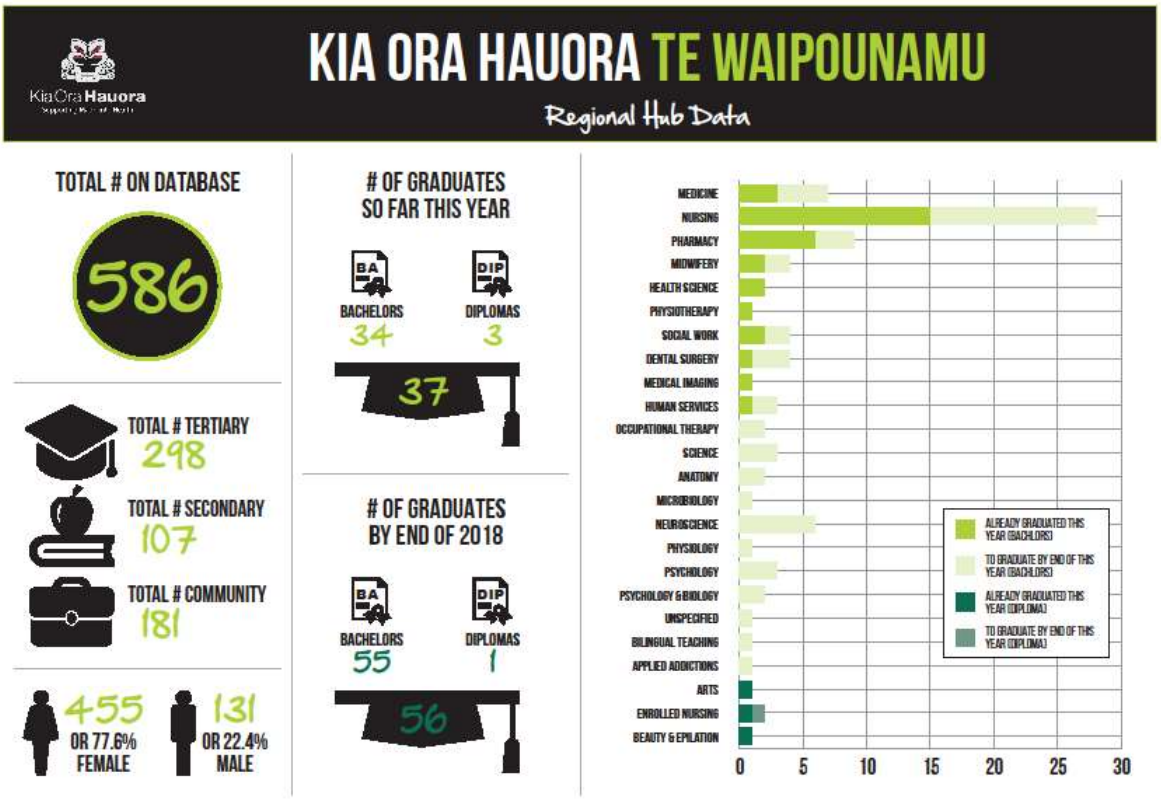
- **District Nursing**
  - There is ongoing work to create greater visibility within the system around the community nursing activities and resource requirements. One tool that will assist in this is Trendcare. This is a tool already in use within our inpatient units across the Coast to help understand demand and staff needs and we are looking at this to do the same for our Community teams. The Trendcare rollout to Community will be approximately September 2018.
  - With the appointment of the dual HBSS and DN RN role in Hokitika, the new appointee will embed into the HBSS role before moving into the DN role. This may be 6-8 weeks. We are currently advertising a similar role for Buller.
- **Clinical Nurse Specialists**
  - The CNS Diabetes in Greymouth is currently undertaking her Prescribing Practicum through Auckland University with the supervision of one of our local physicians. Later in the year she will present her documents to Nursing Council for approval to be a Registered Nurse Prescriber.
  - A recent initiative in the Grey CNS group has been to review with ISG how data is entered in an effort to show the true level of patient contact. This will also show where and when any administration support may be needed.
- **Dental Service**
  - As a result of the weather events experienced in School Term 1 some re-rostering has been necessary to help catch up and avoid developing a large number of arrears.
  - The Term 2 roster has been developed collaboratively to ensure availability of mobiles, a car and good coverage of each area. This should also assist in reducing arrears.
- **Home Based Support Services (HBSS)**
  - HBSS have recently filled the nurse position in Hokitika while there is still a vacancy in Westport.
  - Following the successful interviews of seven casual support workers, HBSS has completed a three-day orientation for those new employees. New staff were introduced to a range of HBSS processes and trained on various skillsets that they will need when meeting clients. These new employees will play a significant part in future-proofing the service.

C: Implement the Maori Health Plan

- **Takarangi Cultural Competency – West Coast:** A second Wananga was held at Arahura Marae on 1 and 2 March. There were 21 participants including Nurse Managers, Nurses, Mental Health workers and Social Workers. The feedback has been extremely positive.
- **Maori Health Workforce – HEAT Tool Training:** A request was made from the People and Capability team at Canterbury DHB to provide some training around inequalities and Maori workforce. Subsequently a session has been delivered to the People and Capability team in Canterbury that has provided them with information around

inequities within the Health workforce and opportunities to increase Maori participation in the Health and Disability Workforce. There is a follow up session planned and will focus on the delivery of the HEAT tool to recruitment processes with the aim of identifying strategies to improve access to employment opportunities for Maori. A session is planned with the West Coast PHO to begin delivering some education around inequities for Maori and the use of the HEAT tool.

- **Hauora Maori Training Fund 2018 – Health Workforce New Zealand:** The West Coast DHB contract for Hauora Maori funding has been approved by the Ministry for the 2018 training year. We have already had four successful applicants to the fund with another applicant applying to study in the second semester. Two applicants will be undertaking the Diploma in Hauora Maori, one will be beginning a Bachelor in Social Work and another is exploring papers in health promotion. Additionally a programme of cultural support and supervision for Nurses is being developed to support them as they undertake further study.
- **Kia ora Hauora Rangatahi Placement – Educators Breakfast:** The West Coast DHB hosted Kia ora Hauora at a breakfast on 10 April. The intention was to engage with the health and education sector to promote the programme and to encourage schools to build a formal relationship with Kia ora Hauora that will identify pathways for Rangatahi into careers in the health sector, the Rangatahi Placement Programme being one of these.
- The infographic below shows the level of data that the Kia ora Hauora Programme is capturing and some of the benefit to date. We also know that 75% of Rangatahi who attend the Rangatahi placements with DHBs go on to study in health and we are now beginning to see new grads coming to work at the West Coast DHB who attended our first West Coast DHB Rangatahi Placement.



- **Te Ara Mate Pukupuku Ki Te Waipounamu – Improving the Cancer Pathway for Maori – 10/11 May 2018:** Dr Melissa Cragg will be on the West Coast on 10 and 11 May to provide a further update on this piece of work at education sessions planned at the

DHB. We encourage you to come and learn about the findings from the project that was undertaken across the South Island and to participate in an interactive workshop that will have a direct relevance on day to day practice with whanau.

- **South Island Maori Workforce Development Hub (SIMWDH) - Hui Tuesday 17th April**: A hui was held in Christchurch to begin to identify strategies that will accelerate the goal of increasing the Maori Health Workforce to reflect at least the proportion of the Maori population.

  A draft action plan has been developed; actions below reflecting the work that will be undertaken and monitored by the SIMWDH:
  - Collect good robust ethnicity data
  - Establish a regional Māori recruitment kit
  - Link workforce targets into Regional Services Plan and Annual Plan
  - Fund work outlined by Jo Baxter: Aims: To grow the Māori workforce to at least reflect the population.
  - Require strategies that:
    - Increase Māori pathways into and through health training – all areas
    - Ensure positive transitions for Māori from training and into the health workforce
    - Ensure DHBs and other employers of the workforce ensure they are accessible, responsive and attractive places for the emerging Māori workforce to work in
    - High quality information and data to benchmark and monitor impact of strategies
  - Mandatory cultural competency training
  - Ensure that all DHBs establish a Māori workforce forum
  - Commitment from Executive across South Island to undertake cultural competency.
  - Retention of Māori staff
  - Education for line Managers
  - Identifying mentors, supervision that will sit in place around this workforce

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- All repairs to damage done by cyclone Fehi on DHB facilities are complete. All damage from the tree which was blown over on a house bordering Grey Hospital will be covered by the house owners insurance.
- The weakened wall/fence around the Kahurangi building has been assessed by Opus Consultants and a solution for strengthening proposed. The cost of engaging a contractor was estimated at $26k but the work will now be done in house by the Facilities department at an estimated cost of $8k for materials.
- The Business case for the Grey Hospital Pedestrian Bridge has been submitted and is awaiting sign off before the tender is awarded.
- The Greymouth incinerator was out of action for a week while the front end refractory was replaced. Health Care waste usually incinerated was removed off site by Interwaste Ltd as per WCDHB Waste Management Policy.
- The Historic and Protected tree next to Corporate building at Grey Hospital was

damaged by recent storms and had emergency trimming performed by a contractor who found significant damage. The Grey District Council requires Resource Consent for certain types of maintenance and significant trimming of protected trees. The Consent application must be accompanied by a report from a registered arborist on the health, damage and requirements needed to protect the tree as well as minimise or eliminate any hazards and this has been commissioned.

- All WCDHB Building Warrants of Fitness are current and electrical testing is on a rolling annual cycle.

B: Partnership Group Update

- The $77.8M Greymouth facility commenced construction in May 2016 and is now close to approaching the two year mark.
- As reported in the media, Clayton Cosgrove has recently been appointed to the Chair of the West Coast Partnership Group, with the previous chair, Cathy Cooney remaining a member of the Partnership Group.
- The community will see the look of the building taking shape now with the window frames and glass largely installed and the exterior cladding tiles having commenced installation.
- Significant internal progress is being made with room partitioning and gib lining installation. In-ceiling and in-wall service installation continues.
- The boiler house continues to take shape with the installation of the tilt slab panels and the roof structure installed and the boiler has also arrived on site.
- Additionally, other large plant equipment such as chillers are arriving on site ready for installation.
- 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.
- With over 100 personnel on site daily traffic can be busy so please take care driving in this area and again staff and visitors are reminded to please follow all traffic management and parking closures which will be well sign posted.

Buller

- On 5 April a community meeting was held in Westport in regards to the proposed Buller Health Facility. The meeting was attended by approximately 460 local residents.
- Following this meeting large format draft plans for the proposed Buller Health Facility were made available for viewing in the reception of Buller Hospital and in MP Damien O'Connor's offices in Palmerston St. A display was also set up in the public library.
- While the cut-off date for comments was 20 April to enable the DHB to start collating feedback, the DHB will be happy to receive public submissions throughout the design process. The email address to send comments to is: newfacilities@wcdhb.health.nz.
- Please also check the West Coast Facebook page and the West Coast DHB website for regular updates on this project.

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- Recruitment in ED remains challenging; this has been heightened with the resignation of the CNM, Lynley McInroe. Lynley had been with the DHB for 42 years and we wish her well with her new adventures. Chrysantha Pereira will be acting into this role while recruitment takes place.
- Work has been done on safe staffing levels throughout the mental health services; recruitment continues in this area.
- NZNO negotiations continue and preparation has started for contingency planning for the impending strike.
- The WCDHB has successfully grown our second Nurse Practitioner. Congratulations to Jennie Bell who will be working in the acute zone and primary care.
- Trial devices are being utilised in secondary services for the rollout of Patient Trak and the EWS (Early Warning Score).

Medical

- Recruitment remains challenging in some specialties – Anaesthetic recruitment is healthy and we are now fully staffed; both General Surgery and General Medicine remain challenging although we have stable locum cover and some offers out at present. We have had some interest in our General Surgery vacancy from international medical graduates but this pathway remains challenging.
- We have commenced discussions around a transalpine General Physician model.
- The RMO workforce is fully recruited for most of 2018 even with the additional resource required for RDA MECA schedule 10 changes – bargaining for the RDA MECA commenced in late February. The annual recruitment cycle has commenced and we have reasonable interest for 2019 from RMOs.
- The Rural Generalist Medical Workforce project has been presented at HWNZ and soon at DHB Shared Services. We are looking at the details of operationalising this in the coming months.

Allied Health

- Allied Health Clinical Leads continue to work with our finance and business analyst colleagues to better understand our activity, from the data that we record for the Ministry of Health. By strengthening our understanding of referral patterns, patient profiles and pressure points we hope to better utilise the resources available.
- A number of areas have undergone review over the last four months including Audiology services, and the administrative components of clinical care. These reviews will provide an external analysis of how we are working, and offer opportunities to consider as we move towards the new Grey facility.
- Physiotherapy services continue to be constrained with the department at 40% staffed, having received the resignation of a senior therapist since the last report. As more ACC contracts are taken up by national providers, who do not have local workforce, the DHB may have difficulty retaining staff.
- Work is progressing to further utilise Allied Health Assistants across the hospital, community and mental health settings. Conversations are commencing with Careerforce to

explore flexibility within their training structure to better equip the rural workforce.

- Recruitment is also ongoing for Radiology, Psychology and Occupational Therapy across Hospital Services, Mental Health and Primary & Community teams.
- Consultation is continuing to ensure all options for Radiology provision at the Buller campus have been considered.
- Front line staff recruitment challenges continue impacting on the ability of Allied Health managers and leaders to focus on the non-clinical tasks of their roles such as budgets, change processes and workforce development.

Mental Health

- **Operational Excellence**
  - A senior CAMHS team member attended a workshop in Wellington on the CAPA model, which is the Choice and Partnership Approach used widely in the UK and other countries. Consideration is being given to its suitability for service here. CAPA is a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity management. CAPA brings together: the active involvement of clients; demand and capacity ideas/lean thinking; a new approach to clinical skills and job planning. Services can then: do the right things (have a clear working goal with the service user); with the right people (use clinicians with the appropriate clinical skills); at the right time (without any external or internal waits).
  - A new Pukenga Tiaki has commenced in Buller, bringing the Maori Mental Health Service back to full staffing. Currently they are undergoing induction to service and area.
  - CAMHS have or are in the process of recruiting the following staff to their team: 1 Registered Nurse, 1 Psychiatrist, and 2 Psychologists – all of who bring a wealth of knowledge, expertise and experience. In addition, a new manager is in position there. Currently a relocation of CAMHS service is underway and they will move to the main hospital site. The initial planning stage has been completed and any remedial work required to facilitate the move has begun.
  - The Rata AOD service continues to receive high numbers of referrals leading to excess demand on the existing team members. There is a plan underway to relieve the pressure by utilising under-used appropriately trained staff from another service.
  - Currently recruitment processes are underway for Registered Nurses for CAMHS, IPU and for the casual pool. Interviews are happening this week and it is hoped there is further good news to report next month.
  - Significant improvement has occurred around our data recording through the Mental Health Solution that means that the teams a getting more visibility of demand, increases transparency within the service and the issues that need addressing. This allows the teams to respond quickly to improve services for our clients and support them appropriately.
  - Rata AOD attendance at regional workshops and forums continues to ensure we are service ready for SACAT (Substance Addiction Compulsory Assessment and Treatment) Act.
- **Future Services Project**
  - Work continues on the design of our future mental health services on the Coast. Recent workshops around locality based services, CAMHS and AOD have added to feedback from the community and crisis response workshops.
  - Work is now underway to discuss those services not already covered including a

Maori Mental Health review that is in the planning stages as well as the inpatient unit. This will finalise the planning and development phase of the Future Services Project and we are starting to move into the implementation phase.

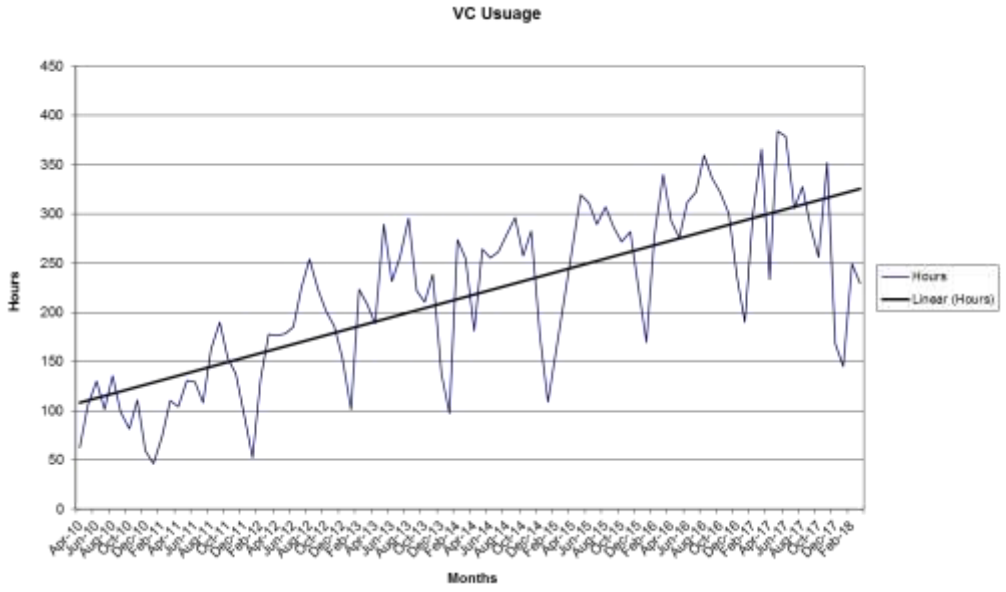
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

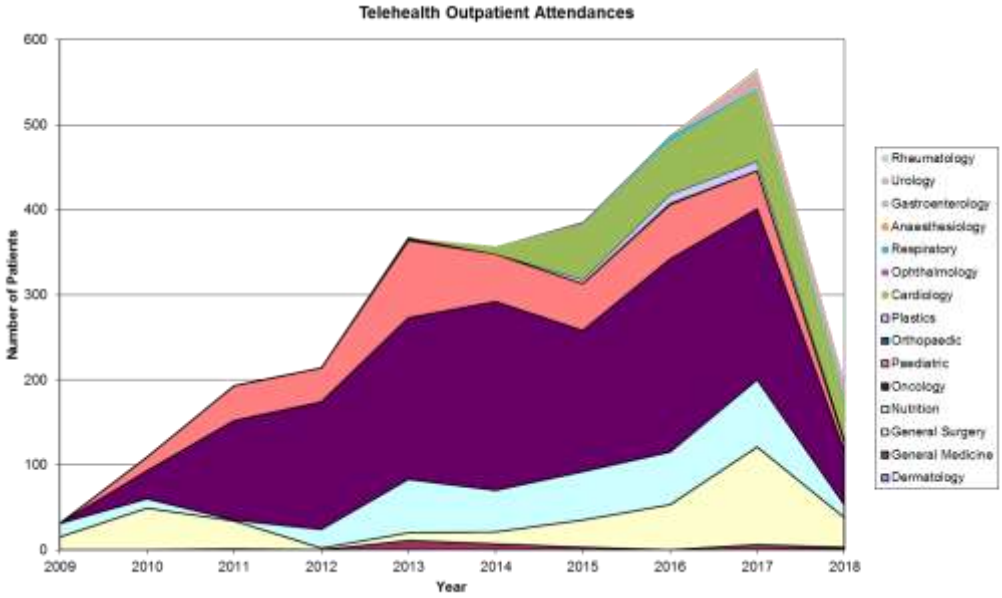
A: Improve Transport Options for Patient Transfers

- 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.
  - The Buller Red Cross contract to provide a community health shuttle transport service between Westport and Grey Base Hospital has been extended through to August 2020.
- The Ministry of Health's review of the National Travel Assistance (NTA) policy is continuing with a detailed option analysis and recommendation report currently being undertaken. This will cover eligibility issues, scope of service, governance, administration of the policy, information technology and funding. This is to be reviewed at the next meeting of the national NTA Review Leadership Group, due to be held on 24 May. Group discussion has been concentrated on the need to re-focus the NTA scheme to better match patient needs and achieve equity; particularly for Māori, Pacific people and those living in remote rural areas as well as an improvement to the consistency of approach across the country. The Ministry plan to have their final report and recommendations prepared by the end of June 2018. Final decisions about adoption and implementation of any proposed changes put forward will be made by the Minister of Health.

B: Champion the Expanded use of Telemedicine Technology

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





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

- Three West Coast Aged Residential Care (ARC) facilities, one each in Westport, Greymouth and Hokitika, have accepted an overarching palliative care in ARC agreement. This signals commitment to upskilling staff to be more capable of caring for people at the end of their life, and able to support family and whānau through this period.
- The potential impacts of pay equity continue to be a concern for some of our ARC facilities, particularly the smaller ones. We continue to monitor the situation at a national level.
- The Ministry of Health is holding a series of workshops in May on the future direction of models of care for the home and community support sector. West Coast DHB has a representative attending the South Island workshop. We look forward to sharing and learning with our South Island and Ministry colleagues.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of March 2018 was a deficit of $887k, which was $672k unfavourable to budget. The year to date position of a net deficit of $2.139m is $764k unfavourable to budget.

	Monthly Reporting			Year to Date		
	Actual $'000	Budget $'000	Variance $'000	Actual $'000	Budget $'000	Variance $'000
Governance Arm	0	0	0	432	1	431
Funder Arm	384	383	1	2,727	3,680	(953)
Provider Arm	(1,271)	(598)	(673)	(5,298)	(5,056)	(242)
Consolidated Result	(887)	(215)	(672)	(2,139)	(1,375)	(764)

B: Effective Clinical Information Systems

- **eReferrals:** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for 7 services including Plastics, Gynaecology, General Surgery, General Medicine, Diabetes, Nutrition and Podiatry. Planning is now underway to bring on 3 new services.
- **New Facility Work:** A procurement process involving a Request for Proposal (RFP) for a telephony system for the new facility has been completed. The new system has been implemented in Reefton, Hokitika, Greymouth and Buller campuses, with roll out across the West Coast over next 2-3 months. The contract for a move to telephony over internet (SIP) has been approved and implementation is underway and should be in place for some phone extensions by next reporting period.
- **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 expansion at a more sustainable price point. A business case and feasibility paper has been completed and approved. Implementation planning is underway. Timeframes for this implementation are challenging due to equipment becoming end of life at the end of June 2018.
- **IT Infrastructure update:** WCDHB has undergone a request for proposal (RFP) for its Wide Area Network (WAN). This is a joint RFP with CDHB to leverage greater buying power. The result once implemented will provide a large financial saving to WCDHB, with increases in bandwidth and improved resiliency across most sites. The Greymouth site has now been implemented, with plans in place to implement remaining sites over next 2-3 months. This also links to the role out of the new Telephony system.
- **ISG Disaster Recovery Plan (DRP):** The ISG 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 strategy was approved along with the Telephony, and WAN business cases. The next phase of development is the creation of a DRP, now that the DR strategy has defined the scope of the DRP. Work on this is progressing but has been delayed with competing demands. Support via some other team members has been obtained and is assisting progression. A revised target completion date is end of May.
- **Patient Trak:** The electronic nursing observation tool, Patient Trak, widely deployed within the CDHB is now also being deployed into WCDHB. Implementation is underway with training occurring and device selection in progress. Competing demands have delayed the progress on this project, however device selection is to be finalised by 27 April with trials within the wards being meet positively by nursing staff using the system.

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

Media interest

- Whooping cough statistics
- Smoking rates on the Coast
- Buller X-ray services
- CAMHS investigation
- Seven Sharp filming with BHAG in Buller
- Facilities and health services in Buller
- Grey Hospital delays
- New phone system being installed throughout West Coast DHB

- Patient story re a baby transferred to Greymouth and Christchurch for care

Public Engagement

- A public meeting was held in Buller to discuss facilities and share the latest concept plan with the community. The NBS theatre was full to capacity and the West Coast DHB live-streamed the meeting on Facebook. Since the meeting the three videos of the meeting have been viewed more than 2000 times. They can be viewed at WCDHB Careers - https://www.facebook.com/WestCoastDHB/
- At the meeting the public were invited to provide their feedback on the site of the new facility and the current concept floor plan.
- Over a two week period feedback received included 1179 signed copies of the same letter and 41 personally written submissions. A summary of the feedback is being prepared and will be shared with the community.
- A full page advertisement showing the plan and where people could get more information was placed in the *Westport News* on Tuesday 17 April advising process for feedback and where large-format plans could be viewed, and where people could get an A3 print-out of the plans.
- Large size plans were put on display at *Buller Health* in the reception area. Post-it-notes are available for people to write on to provide feedback, or they can email newfacilities@wcdhb.health.nz
- At *Buller Health* reception there are A3 size printed copies of the plans available for people to take away.
- A copy of the presentation from the public meeting on 5 April is available on the *West Coast DHB website* home page www.westcoastdhb.org.nz along with copies of other key documents referenced during the meeting.
- The floor plans are also available for people to view or collect from *Damien O'Connor's office* in the main street of Westport.

Social media posts

- Buller public meeting
- Feedback on planned new facilities for Buller

Publications

- CE Update February/March was issued – with the April/May edition in production.

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **Visitor promotes physical activity and healthy communities:** Dr Rod Tolley is a geographer, sustainable transport researcher and conference director of Walk 21, a global organisation which works to support the development of 'walkable communities' as a means to achieving healthy and vibrant communities. CPH worked with the three district councils, WestREAP, Development West Coast and others to bring Rod to the Coast, ten years after his first visit, to work with councils, run 'walkshops' and make presentations to promote walkability. All of his presentations and walkshops in Westport, Greymouth and Hokitika were well attended and his ideas have been discussed in local media, and in at least one community action group meeting in Hokitika. CPH is asking each of the councils to consider becoming a signatory to the Walk 21 www.walk21.com

- **Building healthy public policy:** CPH has made a submission to the Grey District Council's Long Term Plan. Our submission included comments on improving water supplies, planning for climate change and a request that Council consider becoming a signatory to the Walk 21 Charter. CPH also led Active West Coast's submission on the Plan and focused on promoting physical activity opportunities, offering assistance to implement Council's new Smokefree Public Places Policy and promoting youth development.
- **Nutrition:** Our nutrition health promoters are due to start a pilot project with a local school working towards it becoming water and milk only. This is important to improve oral health and nutrition outcomes. The project will involve working collaboratively with teachers, students and the wider community and aims to link water with health, well-being and the environment. We will be evaluating this pilot with a view to extending it to more schools on the Coast later in the year.
- **Alcohol licensing:** CPH staff worked with Police and the Westland District Licensing Inspector to monitor alcohol at the Hokitika Wildfoods Festival, and also at licensed premises in Hokitika over the Festival weekend. A controlled purchase operation took place at the Festival and on and off-licence premises in the town. We are very pleased to report that there were no sales of alcohol to our underage volunteers at the Festival or elsewhere and that the Festival this year was a great event with very few alcohol-related problems.
- **Smoke-free enforcement:** CPH staff carried out compliance visits to tobacco retailers across the West Coast in March and early April. This was followed by a controlled purchase operation on 17-19 April where 43 retailers were visited. Unfortunately three of the retailers sold to our underage volunteer, despite the recent visits to remind them of their responsibilities.
- **Child-focused school partnership meetings pilot in Westport:** In response to growing concern about poor communication between professionals and issues with cohesion of services for at risk children, CPH's Health Promoting Schools Facilitator and a senior Social Worker in School have facilitated a pilot of fortnightly school partnership meetings between the principal, public health nurse, social worker in schools and resource teacher of learning and behaviour at Westport North and Westport South primary schools (with support from the Ministry of Education and Oranga Tamariki). These meetings are designed to help identify lead workers and develop plans for at risk tamariki/rangatahi and their whānau. Feedback received from participants after the first term pilot was positive and these meeting have been unanimously supported to continue.

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

Approved for release by: David Meates, Chief Executive

Health Target progress

Quarterly & progress data

Target	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	100%	99%	99%	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 two. *Q3 Preliminary - The DHB is on track to achieve this target in Q3.*
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,441	1,979	458	995	1,905	✓	This quarter, West Coast DHB provided 995 elective surgical discharges, delivering 105.2% of planned discharges. *Q3 Preliminary - The West Coast DHB continues to be on track with the health target with preliminary data for February 32 discharges ahead of year-to-date target. The cumulative year-to-date delivery is 1,262 elective surgical discharges, 102.3% of planned discharges.*
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	83%	56%	69%	80%	90%	✗	Performance against the health target continued to increase this quarter to 80% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. This is the second quarter under the new target and definition. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. *Q3 Preliminary - Early data suggests performance is similar to Q3.*
Increased Immunisation Eight-month-olds fully immunised	91%	80%	82%	83%	95%	✗	This quarter 83% of all eight-month-olds were fully immunised against the 90% target—a 1% increase on the previous quarter. Strong results were achieved for NZE and Asian tamariki while only 83% of Māori tamariki were vaccinated. Opt-off (10) and declines (1) accounted for 11 or 12.6% this quarter and continue to make meeting this target impossible *Q3 Preliminary – Data for Q3 indicates that the DHB has just missed the 95% health target. Five children were missed.*
Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit[2]	92%	91%	94%	91%	90%	✓	West Coast health practitioners have reported giving 4,623 smokers cessation advice in the 18 months ending December 2017. This represents 90.6% of smokers against the 90% target. The DHB has exceeded the target this quarter not only for total population but also for Māori and High Needs *Q3 Preliminary – The West Coast DHB continues to meet this health target with preliminary data for Q3 reflecting 90% of smokers receiving cessation advice*
Raising Healthy Kids Percent of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle interventions	17%	81%	90%	95%	95%	✓	Performance continues to improve, meeting target for the first time with 95% of children identified as obese at their before school check offered a referral for healthy lifestyle intervention. *Q3 Preliminary – 100% of children identified as obese at their Before School Check (B4SC) were offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions for Q3.*

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

CLINICAL LEADERS UPDATE

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

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

SOURCE: **Clinical Leaders**

DATE: **11 May 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

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

3. SUMMARY

Health Workforce New Zealand hosted the International Health Workforce Collaborative Conference in Queenstown last week. The delegates were tasked with solving four problems, tabled by senior policy and academic representatives of the United Kingdom, the United States of America, Australia and Canada. These problems, enabling the health and disability workforce to provide consumer directed care; identifying resources, structures and policies to improve rural home care; improving integration of social and medical home care services; and developing technologies to keep vulnerable populations connected hold real resonance for all the participating nations.

The West Coast DHB was well represented at the conference. They joined with delegates from Australia, Canada, the UK, US, Oman and South Korea to workshop internationally applicable solutions to the presenting problems. Delegates were challenged to consider concepts of Population and Systems centred care, Complexity, Plasticity and Qualitative Data in key notes from Dr Tom Aretz (US), Dr Murray Horn (NZ), Professor Lesleyanne Hawthorne (Aus), Ass.Professor Erin Fraher (US) and Emmanuel Jo (NZ).

Associate Director of Nursing for Workforce Development Brittany Jenkins, Associate Director of Allied Health Jane George, and Senior Medical Officer Dr Brendan Marshall were supported by Board Chair Jenny Black, Executive Director of Allied Health Stella Ward and People & Capability Chief Michael Frampton, in presenting their review of training strategy, policy, and pathways for rural nursing, medical, and allied health professionals (please see attached poster – Appendix 1). The trio won the 'People's Choice' award for their poster content and design as voted by fellow delegates, many of whom are global health workforce leaders.

The work undertaken by Brendan, Brittany and Jane is part of a wider body of work initiated by the Clinical Leaders to raise the need for a national workforce strategy for rural health practitioners, that is developed utilising the concepts of interprofessional practice and education. Further academic, and strategic representation is planned over the coming months, including discussions with Health Workforce New Zealand.

Additionally, staff across the district; both for DHB and partnering organisations will be surveyed in the next month to gain a baseline of their understanding of the meaning of Interprofessional, in order to develop a comprehensive programme of education. This will support our ongoing work to further strenghten the model of care activity ahead of the move to the new Greymouth Acute facility.

4. CONCLUSION

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

5. APPENDICES

Appendix 1: Rural Health Workforce Training Poster

Report prepared by: Clinical Leaders:
Karyn Bousfield, Director of Nursing
Vicki Robertson, Medical Director
Cameron Lacey, Medical Director
Stella Ward, Executive Director of Allied Health

Rural health workforce training in New Zealand: Help *and* hindrance to sustainability and high quality care?

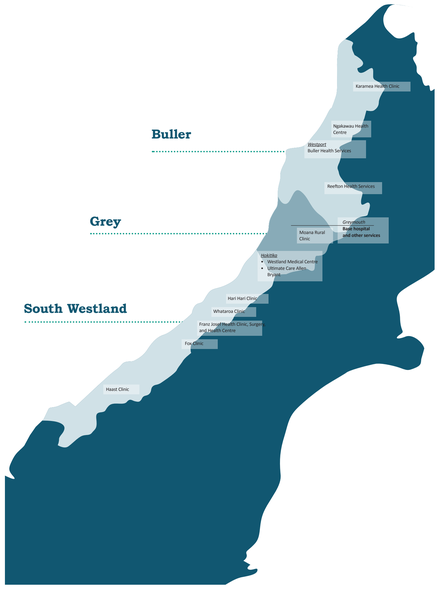
Early findings from an interprofessional critical review

Aim/Objectives

To critically review progress and potential regarding pre and post-entry training for the West Coast rural allied, medical, and nursing health workforce in terms of contributions to workforce sustainability and high quality care.

Background

Worldwide, healthcare access for people living rurally is associated with multiple challenges that often lead to inequity. Also reported is the vulnerability of these communities and their care workforce, which is scarce and challenging to attract and retain. Increasing the number of health professionals trained to serve rural and remote populations is therefore an international imperative requiring multi-sector partnership. This is increasingly critical as the population and health workforce ages, escalating competition for health resources globally.



The West Coast of the South Island in New Zealand boasts the most rural and remote health district nationally (see region in graphic above). The West Coast District Health Board (DHB) is the major provider arm for the region's health services and has been working to develop a sustainable workforce poised to provide fit-for-purpose care within an innovative, integrated care model. Despite local strategies, initiatives, and investment, a number of external factors continue to disrupt the ultimate goal of training a sustainable workforce capable of delivering high quality rural care.

Methods

A critical review of peer-reviewed articles, reports, and informal publications identified a number of factors that may 'help' and 'hinder' the progress and potential of rural health workforce training. A systematic search sought full text literature published in English between the years 2000 to 2018 from the EBSCOHost Research Database using the key words: "rural health policy", "rural health workforce", "rural health workforce strategy", "rural health workforce training" AND: Australia OR New Zealand;, "undergraduate curricula", "post-entry training", AND rural OR allied OR medicine OR nursing. Thirty-one articles met inclusion criteria. Additional information was obtained by examining the websites of: Health Workforce Australia, Health Workforce New Zealand, Ministry of Health, New Zealand Medical Association, Nursing Council of New Zealand, and Royal College of General Practitioners. This secondary search yielded 19 publications that met inclusion criteria.

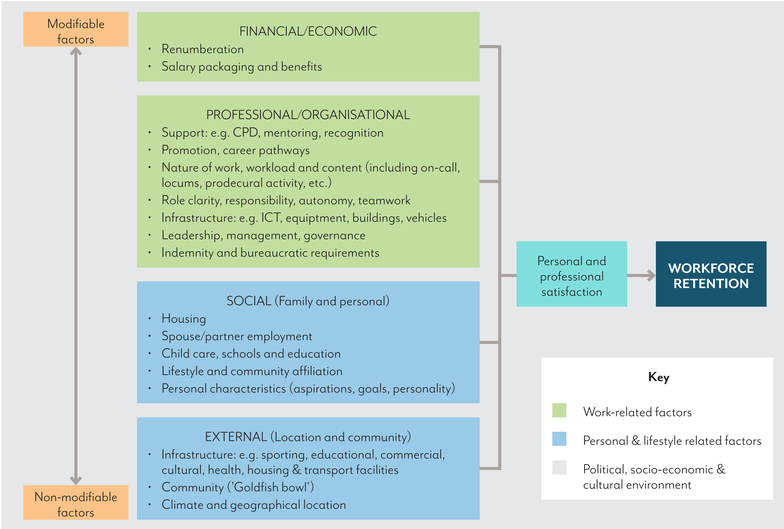


Figure 1: Factors affecting retention

Literature summary

Academic and media content varied according to professional group. Articles relating to the medical workforce provided a fair scope and depth, with a dearth of literature originating from Australia. Nursing literature is limited, with few New Zealand publications and the majority of existing works focusing on post-entry training. Across the various Allied Health, Scientific and Technical workforce very little has been published, particularly in the New Zealand context.

Emerging Results

Emerging themes demonstrate key 'help' and 'hindrance' factors related to rural health workforce training. While each theme is presented as distinct, it is recognised that they are interrelated.

1. Leadership & Strategy

While rural health workforce features in the foundational New Zealand Health Strategy, there is currently no national strategy providing whole of system guidance for how to grow, develop, and sustain this workforce.

2. Collaboration

Despite Ministry of Health reports and publications acknowledging that rural workforce development requires input from multiple stakeholders, as well as a variety of positive examples of collaborative initiatives that have benefited rural care, a number of decisions regarding pre and post-entry training of the rural workforce continues to be fragmented.

3. Investment

While there are a number of nationally funded and regionally supported post-entry training programmes that apply to the rural workforce, access to this funding is inequitable and not informed by evidence-based need. There also appears to be a lack of nationally driven investment in early pipeline initiatives, pre-entry training, and factors affecting retention (see Figure 1 above).

Impact on care

- Risk that a suitably trained, sustainable, interprofessional workforce will not be available to provide access to high quality care for rural New Zealanders.
- Lack of a sustainable pipeline will stymie effective succession planning and continuity of high quality care for a population that already faces poorer health outcomes when compared to New Zealanders living in urban centres.

Emerging recommendations

That a national, interprofessional, cross-sector group be established to lead rural health workforce strategy and policy development, including setting measureable targets, and mechanisms that reward implementation, while promoting:

- Impetus for improved collaboration among all partners who make a contribution to rural health workforce development
- Appropriate investment across all professional groups that aligns with evidence based need

Emerging policy implications

If training initiatives are to generate meaningful and sustainable outcomes for rural communities and their care workforce, national health strategy, policy, and associated prioritisation must ensure commitment from all partners, including ministries, tertiary providers, and health boards. This will require appropriate rural representation as part of a collaborative, multi-sectorial structure that is clear and understood by all stakeholders.

Emerging conclusions

While progress has been made with regard to pre and post-entry training programmes for New Zealand's rural health workforce, a number of 'hindrances' to continue to progress. Despite mentions that the rural health workforce is a priority, fragmented leadership and strategy is hindering outcomes while disabling true collaboration and investment between all workforce partners. A collaborative and comprehensive work plan with clear leadership is required to ensure sustainability of this fragile workforce and equal outcomes for people living in New Zealand's most rural and remote regions.

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

@wcdhbcareers
@nzjeg43
#17thIHWC

FINANCE REPORT

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

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

SOURCE: **Executive Director, Finance & Corporate Services**

DATE: **11 May 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board.

2. RECOMMENDATION

That the Board:

i. notes the financial results for the period ended 31 March 2018.

3. DISCUSSION

Overview of March 2018 Financial Result

The consolidated West Coast District Health Board financial result for the month of March 2018 was a deficit of $887k, which was $672k unfavourable to budget. The year to date position of a net deficit of $2.139m is $764k unfavourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,216	6,994	222	√	64,796	63,153	1,643	√
Governance & Administration	77	69	8	√	1,088	621	467	√
Funder	5,201	5,278	(77)	X	46,011	47,501	(1,490)	X
	12,494	12,341	153	√	111,895	111,275	620	√
EXPENSES								
Provider								
Personnel	6,259	5,439	(820)	X	50,017	48,679	(1,338)	X
Outsourced Services	13	12	(1)	X	97	106	9	√
Clinical Supplies	796	698	(98)	X	6,874	6,246	(628)	X
Infrastructure	1,048	1,036	(12)	X	9,664	9,513	(151)	X
	8,116	7,185	(931)	X	66,652	64,544	(2,108)	X
Governance & Administration	77	69	(8)	X	656	620	(36)	X
Funder	4,817	4,895	78	√	43,284	43,820	536	√
Total Operating Expenditure	13,010	12,149	(861)	X	110,592	108,984	(1,608)	X
Surplus / (Deficit) before Interest, Depn & Cap Charge	(516)	192	(708)	X	1,303	2,291	(988)	X
Interest, Depreciation & Capital Charge	371	407	36	√	3,442	3,666	224	√
Net surplus/(deficit)	(887)	(215)	(672)	X	(2,139)	(1,375)	(764)	X

4. APPENDICES

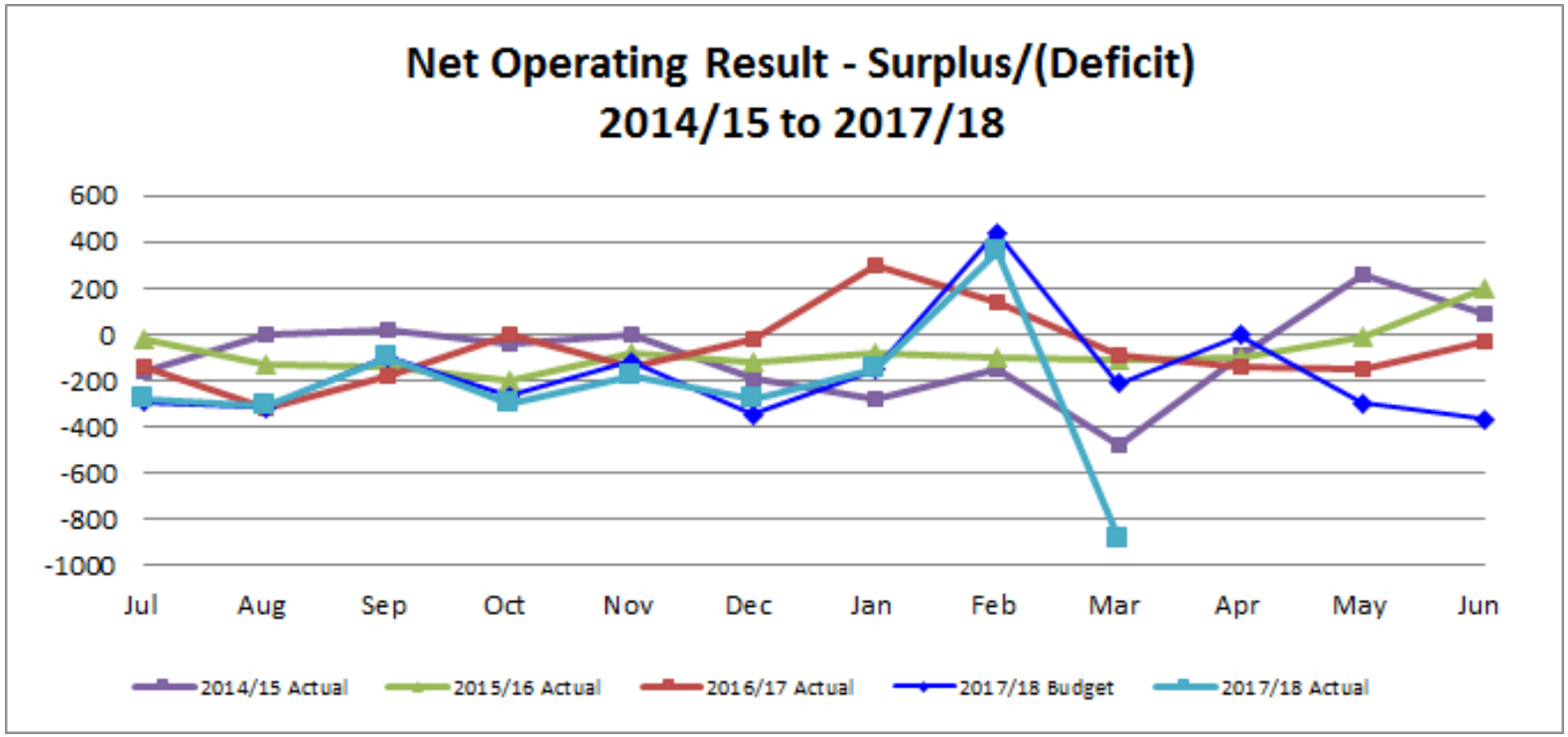
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

Report prepared by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

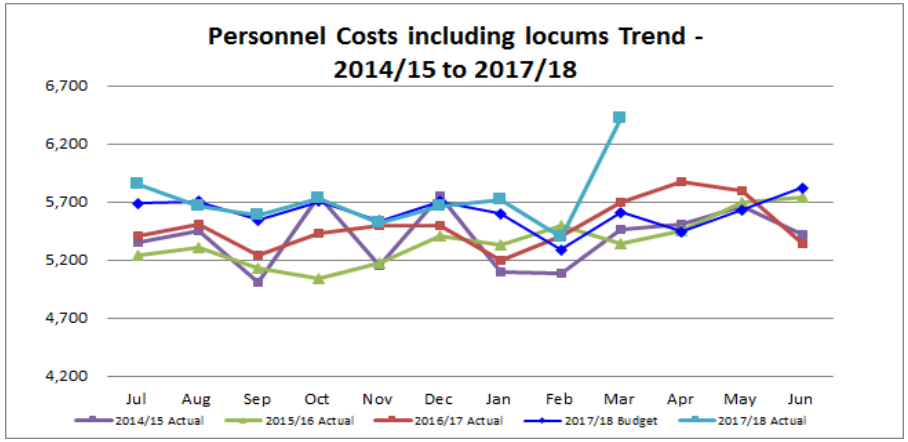
FINANCIAL PERFORMANCE OVERVIEW – MARCH 2018

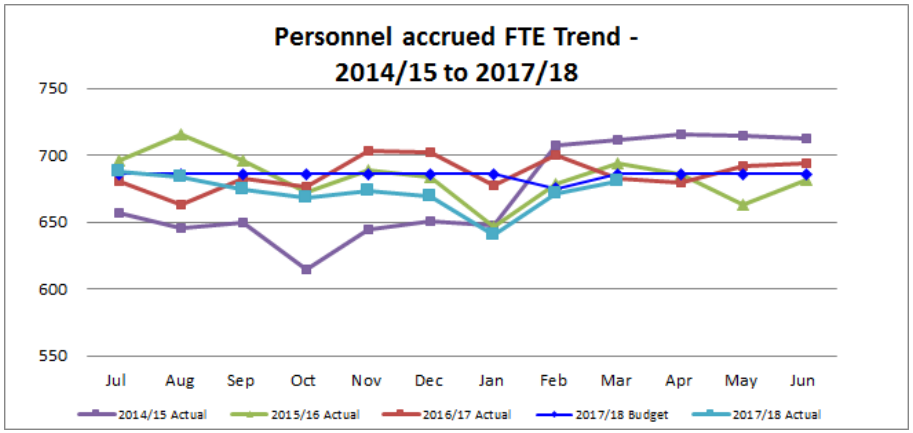
	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Surplus/(Deficit)	(887)	(215)	(672)	313%	✕	(2,139)	(1,375)	(764)	56%	✕



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

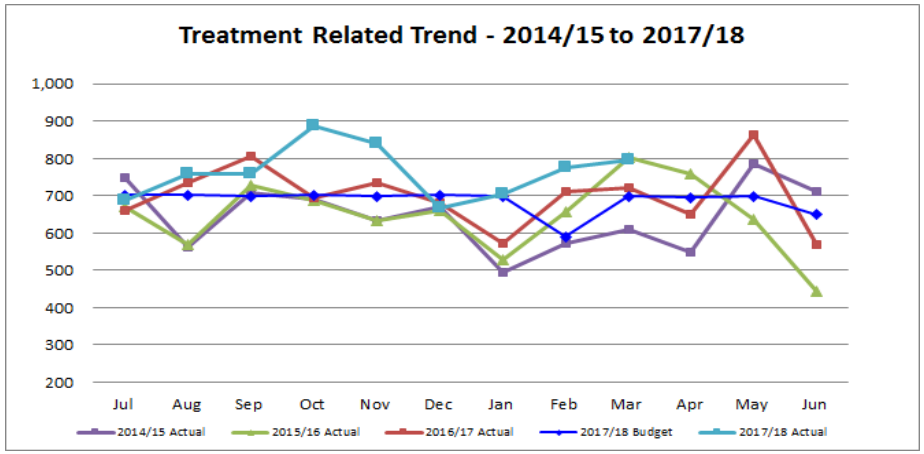


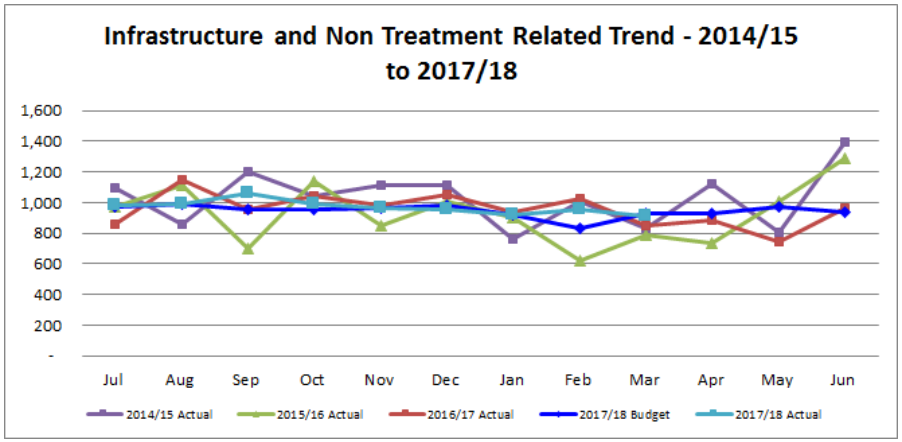


KEY RISKS AND ISSUES: Although better use of stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff.

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 continue to monitor intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

TREATMENT & NON TREATMENT RELATED COSTS

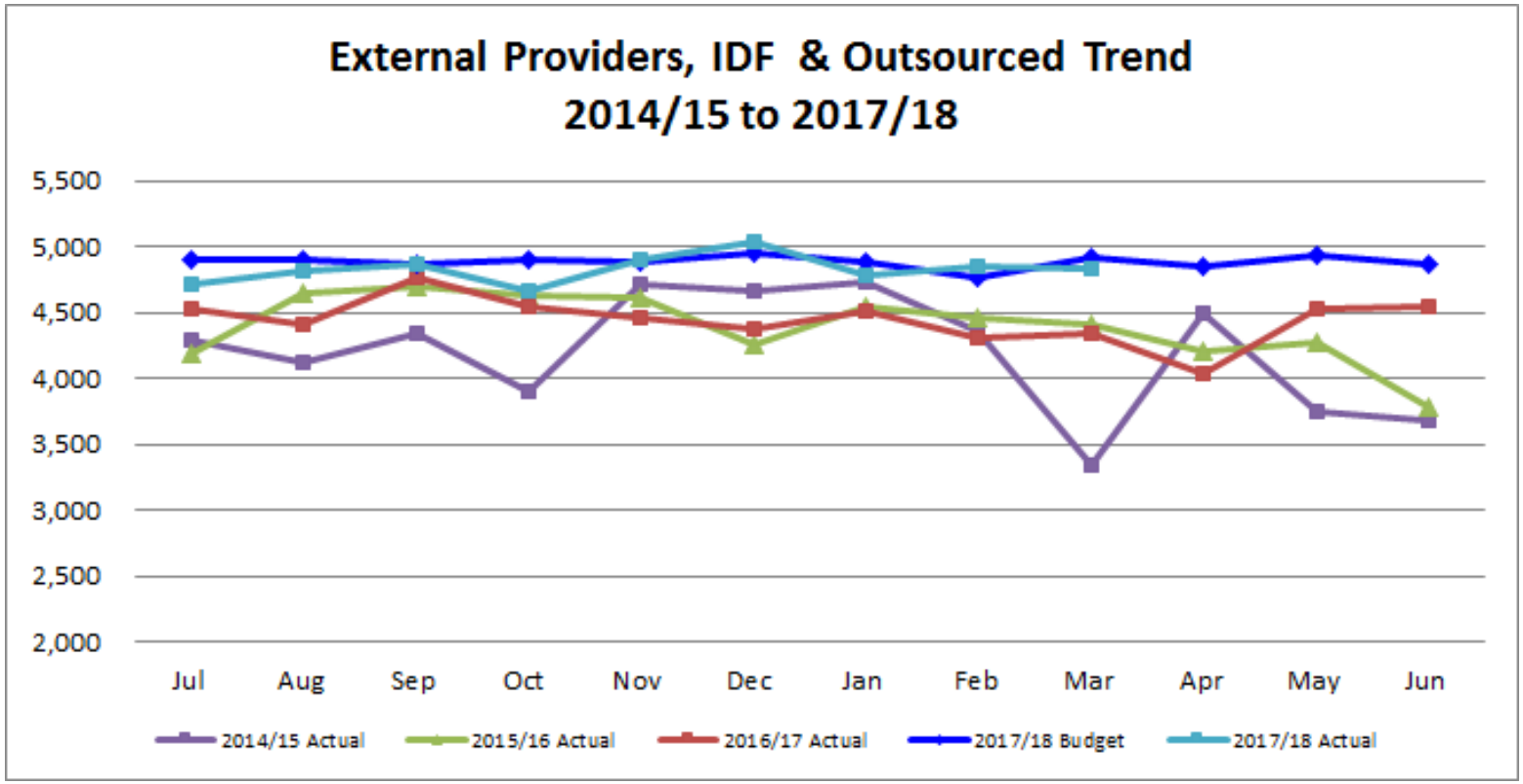




KEY RISKS AND ISSUES: High cost treatment particularly in oncology and rheumatology medicines continue to cause significant concern.

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

EXTERNAL PROVIDER COSTS

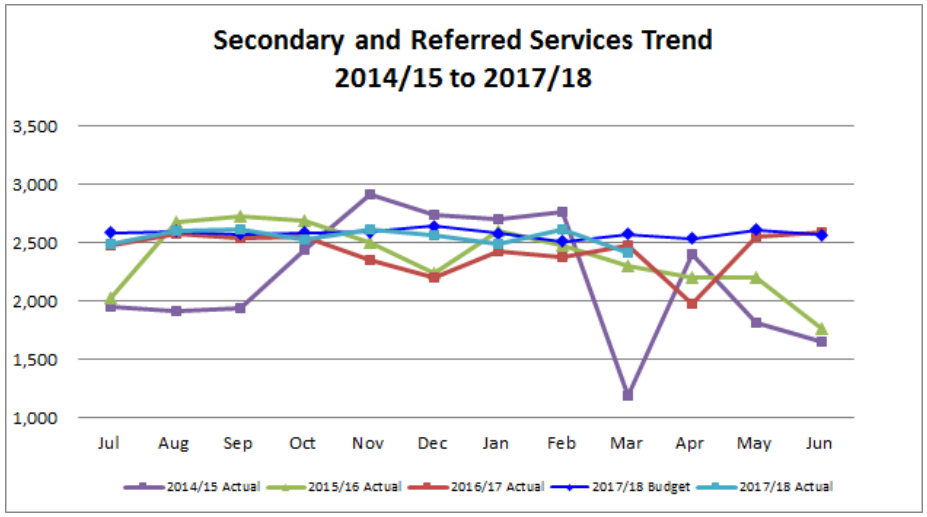


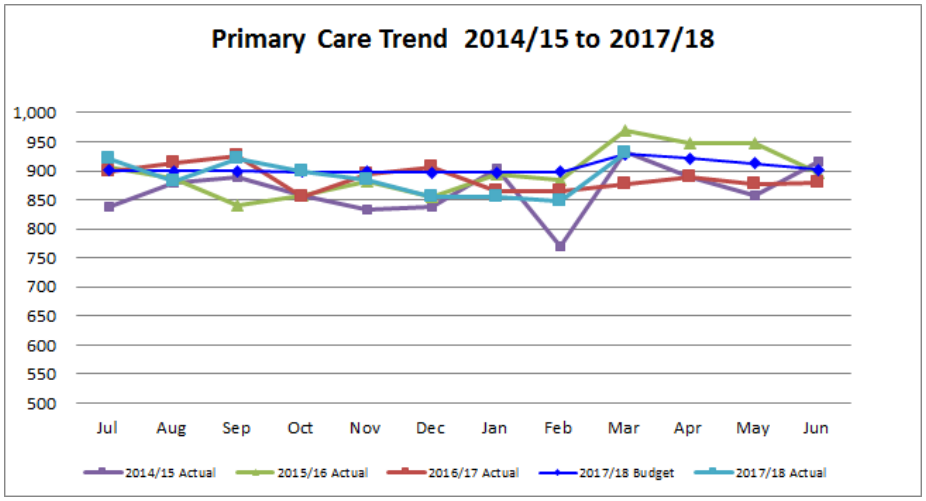
KEY RISKS AND ISSUES: Capacity constraints within the system require continued monitoring of trends and demand for services.

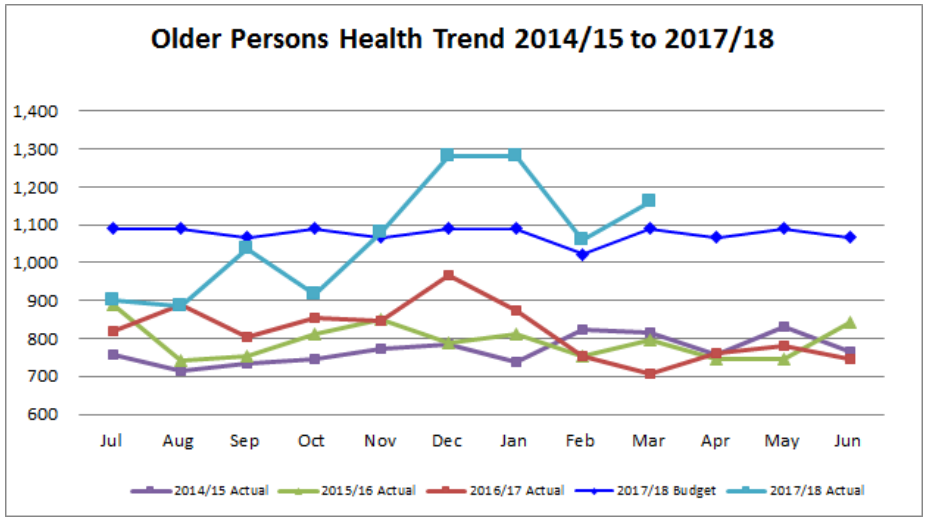
PLANNING AND FUNDING DIVISION
Month Ended March 2018

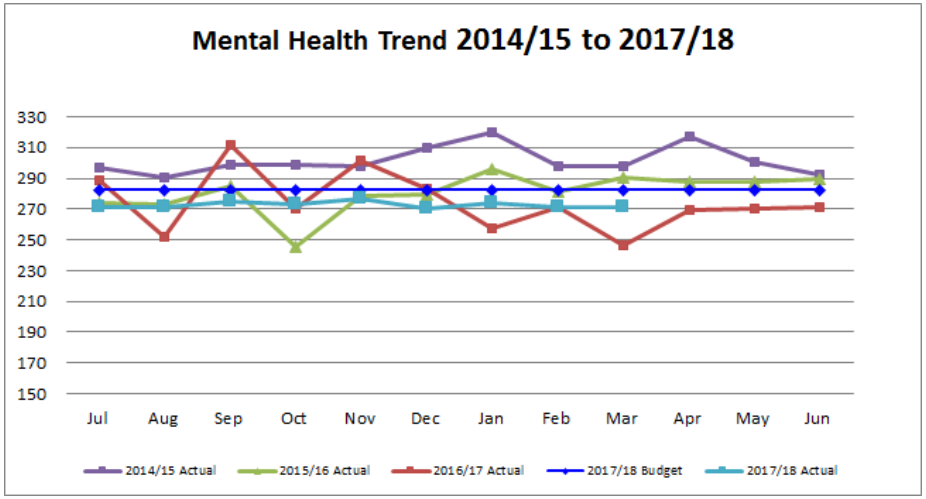
Current Month Actual $000	Budget $000	Variance $000	%		SERVICES	Year to Date Actual $000	Budget $000	Variance $000	%		2017/18 Annual Budget $000
					Primary Care						
30	29	-2	-6%	✗	Dental-school and adolescent	209	258	49	19%	✓	344
20	22	2	9%	✓	Maternity	190	194	4	2%	✓	259
1	1	0	21%	✓	Pregnancy & Parent	11	11	1	5%	✓	15
0	0	0		✓	Sexual Health	0	0	0		✓	0
2	5	3	64%	✓	General Medical Subsidy	29	41	12	29%	✓	55
520	526	6	1%	✓	Primary Practice Capitation	4,771	4,736	-36	-1%	✗	6,314
98	98	0	0%	✓	Primary Health Care Strategy	882	882	0	0%	✓	1,177
87	88	1	1%	✓	Rural Bonus	787	794	7	1%	✓	1,059
4	4	0	-3%	✗	Child and Youth	44	38	-6	-15%	✗	50
51	35	-16	-47%	✗	Immunisation	105	71	-34	-48%	✗	126
5	5	0	2%	✓	Maori Service Development	42	43	1	2%	✓	57
52	52	0	1%	✓	Whanau Ora Services	469	472	3	1%	✓	629
20	14	-6	-45%	✗	Palliative Care	20	125	105	84%	✓	167
4	8	5	55%	✓	Community Based Allied Health	76	76	0	0%	✓	101
7	14	7	49%	✓	Chronic Disease	102	128	26	20%	✓	170
30	28	-2	-9%	✗	Minor Expenses	260	248	-12	-5%	✗	330
931	**928**	**-2**	**0%**	✗		**7,996**	**8,116**	**120**	**1%**	✓	**10,853**
					Referred Services						
26	28	2	7%	✓	Laboratory	226	254	28	11%	✓	338
507	614	107	17%	✓	Pharmaceuticals	5,384	5,610	227	4%	✓	7,446
533	**642**	**109**	**17%**	✓		**5,610**	**5,864**	**254**	**5%**	✓	**7,784**
					Secondary Care						
141	174	33	19%	✓	Inpatients	1,590	1,566	-24	-2%	✗	2,088
149	155	5	3%	✓	Radiolgy services	1,318	1,391	72	5%	✓	1,854
98	105	8	7%	✓	Travel & Accommodation	955	948	-7	-1%	✗	1,265
1,499	1,499	0	0%	✗	IDF Payments Personal Health	13,468	13,488	20	0%	✓	17,984
1,887	**1,933**	**45**	**2%**	✓		**17,332**	**17,393**	**61**	**0%**	✓	**23,191**
3,351	**3,503**	**152**	**4%**	✓	**Primary & Secondary Care Total**	**30,938**	**31,373**	**435**	**1%**	✓	**41,828**
					Public Health						
29	13	-16	-127%	✗	Nutrition & Physical Activity	183	116	-67	-58%	✗	155
11	11	0	1%	✓	Tobacco control	100	101	1	1%	✓	135
40	**24**	**-16**	**-67%**	✗	**Public Health Total**	**283**	**217**	**-66**	**-30%**	✗	**289**
					Mental Health						
7	7	0	1%	✓	Dual Diagnosis A&D	64	64	1	1%	✓	86
0	0	0		✓	Inpatients	0	0	0		✓	0
20	20	0	1%	✓	Child & Youth Mental Health Services	180	182	2	1%	✓	242
6	8	2	21%	✓	Mental Health Work force	59	68	9	14%	✓	91
37	61	24	39%	✓	Day Activity & Rehab	336	552	216	39%	✓	736
11	11	0	-2%	✗	Advocacy Consumer	98	97	-1	-1%	✗	129
103	82	-21	-26%	✗	Other Home Based Residential Support	926	736	-191	-26%	✗	981
11	11	0	1%	✓	Advocacy Family	99	100	1	1%	✓	133
10	16	6	39%	✓	Community Residential Beds	94	144	50	34%	✓	192
67	67	0	0%	✓	IDF Payments Mental Health	599	599	0	0%	✓	798
272	**282**	**11**	**4%**	✓		**2,455**	**2,542**	**87**	**3%**	✓	**3,389**
					Older Persons Health						
0	0	0		a	Needs Assessment	0	0	0		a	0
172	151	-21	-14%	✗	Home Based Support	1512	1356	-157	-12%	✗	1,807
2	6	4	65%	✓	Caregiver Support	36	53	17	32%	✓	71
203	273	70	26%	✓	Residential Care-Rest Homes	1,984	2,458	473	19%	✓	3,277
14	8	-6	-72%	✗	Residential Care-Community	129	73	-56	-78%	✗	97
633	482	-151	-31%	✗	Residential Care-Hospital	4,539	4,339	-199	-5%	✗	5,786
10	10	0	2%	✓	Day programmes	87	91	4	4%	✓	122
0	12	12	97%	✓	Respite Care	108	111	2	2%	✓	148
2	1	-1	-80%	✗	Community Health	57	12	-45	-391%	✗	15
0	1	1	100%	✓	Minor Disability Support Expenditure	42	11	-30	-266%	✗	15
123	131	8	6%	✓	IDF Payments-DSS	1,107	1,182	75	6%	✓	1,576
1,159	**1,076**	**-85**	**-8%**	✗		**9,602**	**9,685**	**83**	**1%**	✓	**12,913**
1,431	**1,359**	**-74**	**-5%**	✗	**Mental Health & OPH Total**	**12,057**	**12,227**	**170**	**1%**	✓	**16,302**
4,822	**4,886**	**63**	**1%**	✓	**TOTAL EXPENDITURE**	**43,278**	**43,817**	**539**	**1%**	✓	**58,419**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	22,966	25,165	(2,199)	-9%	✗	104,272
Cash	11,370	10,625	745	7%	✓	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 March 2018

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	11,671	11,554	117	1.0%	104,031	104,044	(13)	(0.0%)	138,695	137,591
Inter DHB Revenue	1	0	1	0.0%	13	0	13	0.0%	1	2
Inter District Flows Revenue	142	142	0	0.0%	1,282	1,278	4	0.3%	1,706	1,661
Patient Related Revenue	588	576	12	2.1%	5,460	5,326	133	2.5%	7,017	2,666
Other Revenue	93	69	24	34.4%	1,108	626	482	77.0%	834	851
Total Operating Revenue	12,495	12,341	154	1.2%	111,894	111,274	620	0.6%	148,252	142,771
Operating Expenditure										
Personnel costs	6,421	5,607	(815)	(14.5%)	51,536	50,177	(1,359)	(2.7%)	67,073	65,887
Outsourced Services	0	0	(0)	0.0%	2	0	(2)	0.0%	0	(9)
Treatment Related Costs	796	698	(98)	(14.1%)	6,875	6,246	(629)	(10.1%)	8,288	8,402
External Providers	3,190	3,211	20	0.6%	29,153	28,629	(524)	(1.8%)	38,162	35,843
Inter District Flows Expense	1,627	1,685	58	3.4%	14,131	15,192	1,061	7.0%	20,258	17,317
Outsourced Services - non clinical	20	18	(2)	(11.9%)	174	160	(15)	(9.2%)	214	229
Infrastructure and Non treatment related costs	913	931	18	1.9%	8,720	8,580	(140)	(1.6%)	11,412	11,446
Total Operating Expenditure	12,968	12,149	(819)	(6.7%)	110,591	108,983	(1,608)	(1.5%)	145,406	139,116
Result before Interest, Depn & Cap Charge	(473)	192	(665)	(345.7%)	1,303	2,291	988	43.1%	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	254	283	29	10.2%	2,362	2,550	188	7.4%	3,400	3,373
Capital Charge Expenditure	160	124	(36)	(28.7%)	1,080	1,116	36	3.2%	1,488	739
Total Interest, Depreciation & Capital Charge	414	407	(7)	(1.7%)	3,442	3,666	224	6.1%	4,888	4,455
Net Surplus/(deficit)	(887)	(215)	(672)	(312.6%)	(2,139)	(1,375)	(764)	(55.6%)	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(887)	(215)	(672)	(312.6%)	(2,139)	(1,375)	(764)	(55.6%)	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

in thousands of New Zealand dollars

31 March 2018

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	21,930	22,875	(946)	(4.1%)	23,623
Intangible assets	440	389	51	13.1%	636
Work in Progress	4,491	3,194	1,297	40.6%	3,194
Other investments	567	567	0	0.0%	0
Total non-current assets	27,427	27,025	402	1.5%	27,453
Current assets					
Cash and cash equivalents	11,370	10,625	745	7.0%	10,811
Patient and restricted funds	56	74	(18)	(24.5%)	72
Inventories	1,055	1,007	48	4.8%	1,060
Debtors and other receivables	4,102	5,122	(1,020)	(19.9%)	4,992
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	16,583	16,828	(245)	(1.5%)	16,935
Total assets	44,010	43,853	157	0.4%	44,387
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,915	2,703	(211)	(7.8%)	2,779
Other	70	70	(0)	(0.0%)	70
Total non-current liabilities	2,984	2,773	(211)	(7.6%)	2,848
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	8,648	6,350	(2,297)	(36.2%)	6,875
Employee entitlements and benefits	9,413	9,564	152	1.6%	9,557
Total current liabilities	18,060	15,915	(2,146)	(13.5%)	16,431
Total liabilities	21,045	18,688	(2,357)	(12.6%)	19,280
Equity					
Crown equity	86,062	87,493	1,431	1.6%	86,062
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(85,178)	(84,410)	768	0.9%	(83,036)
Trust funds	0	0	0	0.0%	0
Total equity	22,966	25,165	2,199	8.7%	25,108
Total equity and liabilities	44,010	43,853	158	0.4%	44,387

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 March 2018

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date			
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance
Cash flows from operating activities									
Cash receipts from Ministry of Health, patients and other revenue	12,517	12,320	198	1.6%	11,356	112,500	110,876	1,624	1.5%
Cash paid to employees	(5,938)	(6,137)	199	3.2%	(5,777)	(51,393)	(51,197)	(196)	(0.4%)
Cash paid to suppliers	(3,035)	(1,772)	(1,263)	(71.2%)	(938)	(15,710)	(14,808)	(903)	(6.1%)
Cash paid to external providers	(1,634)	(3,180)	1,546	48.6%	(2,679)	(26,511)	(28,621)	2,110	7.4%
Cash paid to other District Health Boards	(3,183)	(1,688)	(1,495)	(88.5%)	(1,388)	(15,633)	(15,193)	(440)	(2.9%)
Cash generated from operations	(1,273)	(458)	(815)	177.9%	574	3,252	1,057	2,195	207.8%
Interest paid	0	0	0	0.0%	(57)	0	0	0	0.0%
Capital charge paid	0	(124)	124	100.0%	(68)	(687)	(1,116)	429	38.4%
Net cash flows from operating activities	(1,273)	(582)	(691)	118.7%	449	2,565	(59)	2,624	(4422.3%)
Cash flows from investing activities									
Interest received	33	35	(2)	(6.6%)	41	328	315	13	4.3%
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0	0.0%
Acquisition of property, plant and equipment	(211)	(208)	(3)	(1.5%)	(29)	(2,335)	(1,872)	(463)	24.7%
Acquisition of intangible assets		0	0		0		0	0	
Net cash flows from investing activities	(178)	(173)	(5)	3.1%	12	(2,006)	(1,557)	(449)	(28.9%)
Cash flows from financing activities									
Proceeds from equity injections	0	0	0	0.0%	0	0	1,432	(1,432)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0	0.0%
Cash generated from equity transactions	0	0	0	0.0%	0	0	1,432	(1,432)	100.0%
Borrowings raised					0				
Repayment of borrowings	0	0	0	0.0%	0	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%		0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0	0.0%
Net increase in cash and cash equivalents	(1,451)	(755)	(696)	92.2%	461	559	(186)	745	(399.8%)
Cash and cash equivalents at beginning of period	12,821	11,380	1,441	12.7%	8,733	10,811	10,811	(0)	(0.0%)
Cash and cash equivalents at end of year	11,370	10,625	745	7.0%	9,194	11,370	10,625	745	7.0%

WELLBEING HEALTH AND SAFETY UPDATE

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

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

SOURCE: **People and Capability**

DATE: **11 May 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report provides an update on employee wellbeing, health and safety activities including a high level dashboard.

2. RECOMMENDATION

That the Board:
i. notes the Wellbeing Health & Safety Update

3. SUMMARY

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

Wellbeing
Work is continuing to confirm the 2018 wellbeing programme for our people based on the outcomes of 2017

Health and Safety:
- ACC accepted claims are increasing, continuing the trend of the past year. People and Capability continue to work with Line Managers to understand the mechanisms of harm and identify education opportunities for employees.
- A quote has been requested from the provider of the Operating Theatre Safe Manual Handling Education, to provide the same education tailored to the Home Based Support Staff.
- People and Capability, through the Wellbeing Health and Safety team, are involved in a Service Level Review into admission of patients into the Acute Inpatient area in Mental Health. Wellbeing, Health and Safety is providing support in identifying safer options for the admission of patients after hours and will be providing specialist health and safety input into the final report.

Occupational Health:
- The 2018 Influenza Campaign for employees commenced on 12 April 2018.
- In response to the Pertussis outbreak nationally clinics have been held across the DHB with a good uptake. They will continue to be offered in conjunction with the Influenza campaign.
- Authorised Vaccinators from throughout the DHB are assisting with the campaign.

Health and Safety Systems Review
We have set the 2018 programme of work to deliver the balance of recommendations from the 2016 external review of our health and safety systems.

We have reviewed and updated our Health and Safety at Work Policy and Hazardous Substances Policy. The new Violence and Aggression and Lone Worker procedures are being developed in consultation with dedicated work groups and will support the operationalisation of the new policy approved in 2017. There has also been progress made with reviewing and updating our Hazardous Substances Management process aligned to the new regulations and updated policy.

We are working to improve and align the current contractor management process, with a focus on the components that specifically apply to health and safety. We are engaging with relevant parts of the organisation to understand current processes and confirming any gaps. The aim is to understand how we can more effectively discharge the Primary Duty of Care within the contractor management process.

These programmes of work, once delivered, will ensure that our people are healthier, and take greater responsibility for their own health, in a work environment that is safe and healthy.

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	Due	Status
Detailed 2018 programme plan developed	Mar 2018	
Domain 1 – Policy and Procedure Framework – implemented	Mar 2018	
Domain 2 – Contractor Management – implemented	Oct 2018	
Domain 3 – Building the System – implemented	Oct 2018	
Domain 4 – Implementing the System – implemented	2019	

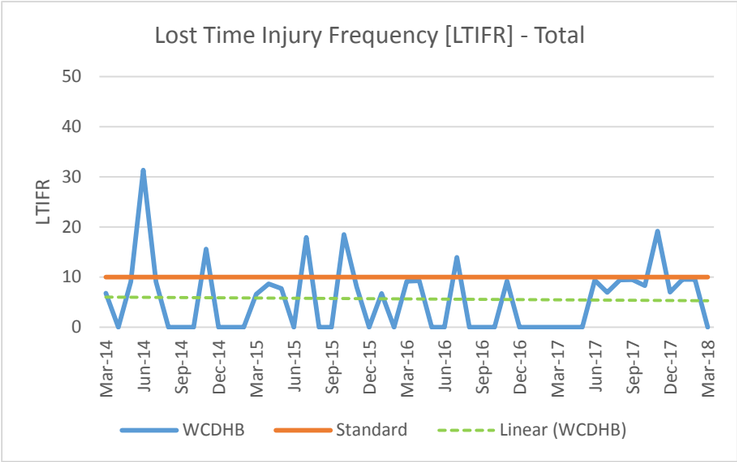
4. APPENDICES

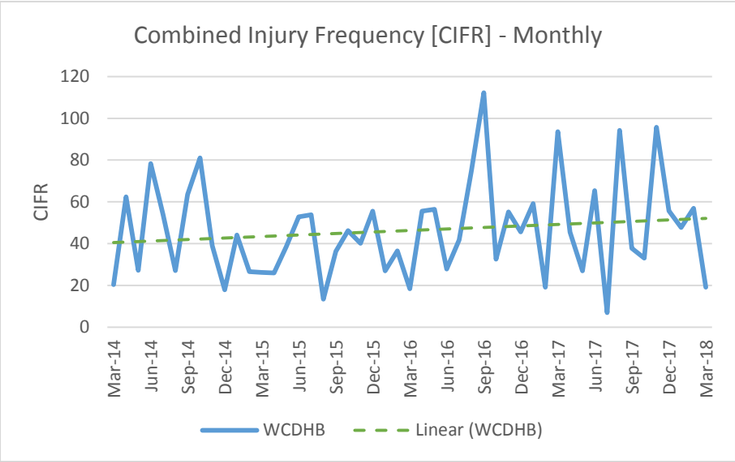
Appendix 1: Wellbeing, Health and Safety Dashboard

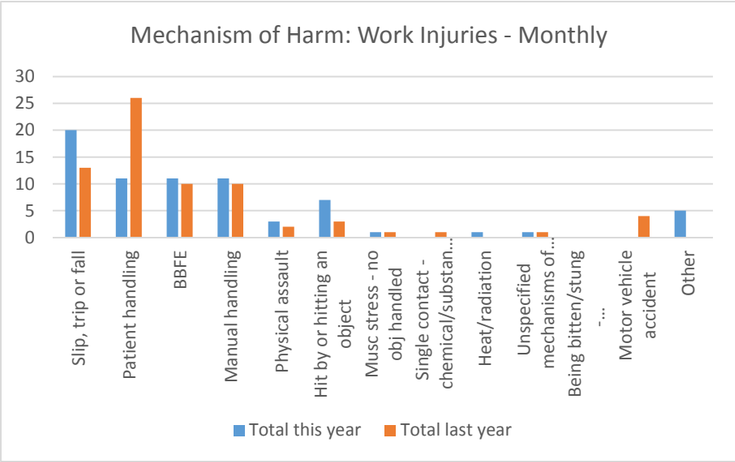
Report prepared by: Mark Lewis, Manager Wellbeing Health

Report approved by: Michael Frampton, Chief People Officer

Wellbeing, Health and Safety Dashboard: West Coast District Health Board [March 2018]





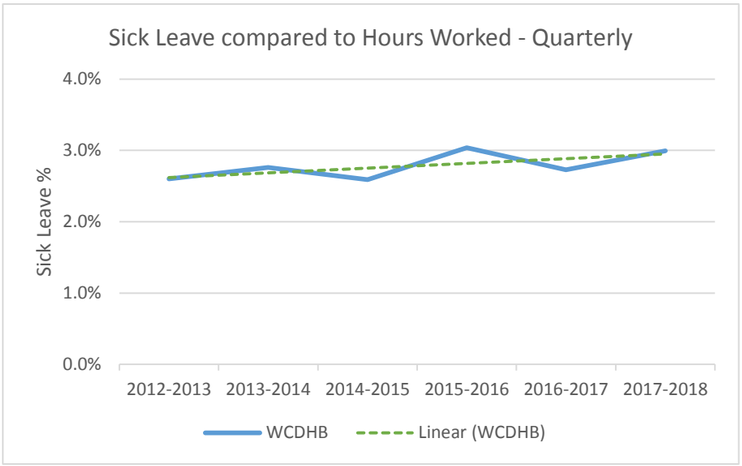


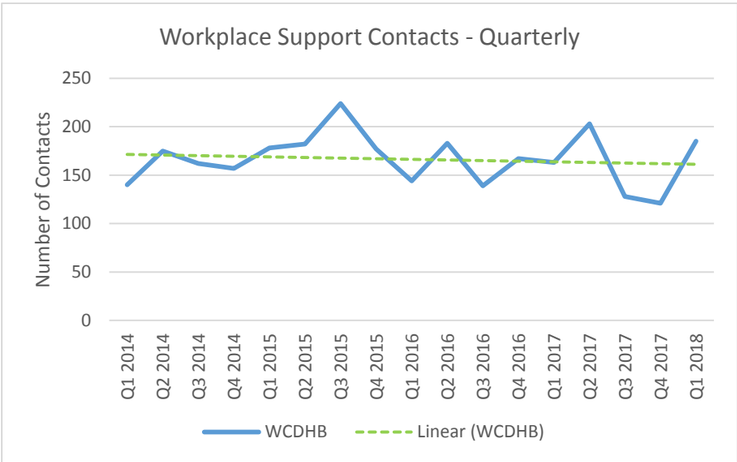
Worksafe Notifiable Events - Monthly

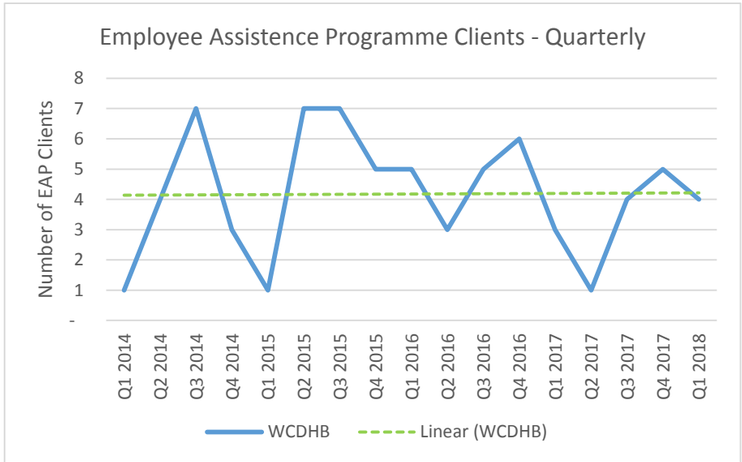
Event	Jan-18	Feb-18	Mar-18
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Duty Holder Review	Jan-18	Feb-18	Mar-18
Death	-	-	-
Notifiable illness or injury	-	-	-
Notifiable incident	-	-	-

Please note: The above are raw scores.







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

Lost Time Injury Frequency (monthly)

Description:

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

Comment:

Lost time injuries per million hours worked over the last four years is static and remain below the ACC health sector average.

Focus:

People and Capability will continue to support managers with maintaining Risk Registers and completing risk assessments. We will also continue to provide proactive education sessions across the WCDHB, as evidenced by the Safe Manual Handling Education delivered to Theatre staff this month.

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 trend up over the five year reporting period. The predominate mechanism of harm is strains and sprains from patient handling.

Focus:

People and Capability will continue to work with managers and staff to identify hazards associated with work layout, task variability and environmental issues. Line Managers of staff working in areas of high reporting are being encouraged to support their staff to complete on-line education around Manual Handling.

Mechanism of Harm: Employee Events (rolling 12 months)

Description:

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

Comment:

There continues to be three main mechanisims of harm: physical assualt, body stress and strain and slip/trip or fall. The total number of injuries for Patient Handling in the last 12mths continues to decrease relative to the previous 12mths. However, slips trips and falls is tracking higher for the last 12mths continues to decrease relative to the previous 12mths.

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:

Workplae Support contacts is trending down relatively static compared to WCDHB headcount over the four year reporting period.

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.

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

RESOLUTION TO EXCLUDE THE PUBLIC

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

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

SOURCE: **Board Secretary**

DATE: **11 May 2018**

Report Status – For: **Decision** ☑ **Noting** ☐ **Information** ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5 & 6 and the information items contained in the report.

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 23 March 2018	For the reasons set out in the previous Board agenda.	
2.	Draft Statement of Intent	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
3.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
4.	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)
5.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
6.	Report from Committee Meeting – QFARC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	S9(2)(j) S9(2)(a)

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

3. SUMMARY

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

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

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

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

Clause 33 of the Act also further provides:

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

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board".

Report Prepared by: Board Secretary

REVISED FEBRUARY 2018

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2018

DATE	MEETING	TIME	VENUE
~~Friday 9 February 2018~~	BOARD MEETING	10.15am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 23 March 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 April 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 May 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 11 May 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 7 June 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 29 June 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 29 June 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 July 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 August 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 August 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 13 September	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 28 September	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 September 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 October 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 2 November 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 2 November 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 6 December 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 14 December 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth

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

REVISED FEBRUARY 2018