

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



BOARD MEETING

**Friday 28 September 2018
at 1.15pm**

**St John
Water Walk Road
Greymouth**

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

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

Jenny Black (Chair)
Chris Mackenzie (Deputy Chair)
Chris Auchinvole
Kevin Brown
Helen Gillespie
Michelle Lomax
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*)

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 28 September 2018 commencing at 1.15pm

KARAKIA**1.15pm****ADMINISTRATION**

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 10 August 2018
3. Carried Forward/Action List Items

PRESENTATION**1.20pm**

- | | | | |
|----|---|--|-----------------|
| 4. | Clinical Leader's Update:
Mental Health & Suicide Prevention | Cameron Lacey
<i>Medical Director</i>
Claire Robertson
<i>West Coast Suicide Prevention Coordinator</i> | 1.20pm – 1.40pm |
|----|---|--|-----------------|

REPORTS FOR DECISION**1.40pm**

- | | | | |
|----|---------------------------------|--|-----------------|
| 5. | Bank Account Delegations | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 1.40pm – 1.45pm |
|----|---------------------------------|--|-----------------|

REPORTS FOR NOTING**1.45pm**

- | | | | |
|----|---|--|-----------------|
| 6. | Chair's Update | Jenny Black
<i>Chair</i> | 1.45pm – 1.50pm |
| 7. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.50pm – 2.05pm |
| 8. | Finance Report | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 2.05pm – 2.15pm |
| 9. | Resolution to Exclude the Public | <i>Board Secretary</i> | 2.15pm |

INFORMATION ITEMS

- Health Target Dashboard Q4 2018
- 2018 Meeting Dates

ESTIMATED FINISH TIME**2.15pm****NEXT MEETING:** Friday 2 November 2018

KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo
nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamaea tae noa
atu ki Awarua.

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Disclosure of Interests	
Jenny Black Chair	<ul style="list-style-type: none"> Chair, Nelson Marlborough District Health Board Life Member of Diabetes NZ Chair, South Island Alliance Board Chair, National DHB Chairs
Chris Auchinvole	<ul style="list-style-type: none"> Director Auchinvole & Associates Ltd Trustee, Westland Wilderness Trust Trustee, Moana Holdings Heritage Trust Justice of the Peace Daughter-in-law employed by Otago DHB
Kevin Brown	<ul style="list-style-type: none"> Trustee, West Coast Electric Power Trust Wife works part time at CAMHS Patron and Member of West Coast Diabetes Trustee, West Coast Juvenile Diabetes Association President Greymouth Riverside Lions Club Justice of the Peace Hon Vice President West Coast Rugby League
Helen Gillespie	<ul style="list-style-type: none"> Employee, DOC – Healthy Nature, Healthy People Project Coordinator Husband works for New Zealand Police Member - Accessible West Coast Coalition Group Member - Kowhai Project Committee
Michelle Lomax	<ul style="list-style-type: none"> Daughter is a recipient of WCDHB Scholarship
Chris Mackenzie	<ul style="list-style-type: none"> Development West Coast – Chief Executive Horizontal Infrastructure Governance Group – Chair Mainline Steam Trust – Trustee Christchurch Mayors External Advisory Group - Member
Edie Moke	<ul style="list-style-type: none"> South Canterbury DHB – Appointed Board Member Nga Taonga Sound & Vision - Board Member (elected) 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	<ul style="list-style-type: none"> White Wreath Action Against Suicide – Board Member and Research Officer Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.
Nigel Ogilvie	<ul style="list-style-type: none"> Managing Director, Westland Medical Centre Shareholder/Director, Thornton Bruce Investments Ltd Shareholder, Hokitika Seaview Ltd Shareholder, Tasman View Ltd

Nigel Ogilvie Cont'd	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President, New Zealand Federation of Disability Information Centres • Member, West Coast Coalition Group • Chair, Kowhai Project Committee • MS - Parkinsons New Zealand – West Coast Committee Member
Francois Tumahai	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 29 June 2018 commencing at 1.00pm

BOARD MEMBERS

Jenny Black (Chair); Chris Mackenzie (Deputy Chair); Chris Auchinvole; Helen Gillespie; Michelle Lomax; Edie Moke; Peter Neame; and Elinor Stratford..

APOLOGIES

Apologies were received and accepted from Nigel Ogilvie; Kevin Brown & Francois Tumahai.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing); Gary Coghlan (General Manager, Maori Health); Pradu Dayaram (Medical Director); Cameron Lacey ((Medical Director); Kathy O'Neill (Team Leader, Planning & Funding); Philip Wheble (General Manager, West Coast); Karalyn van Deursen (Executive Director, Communications); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no changes to the interest register.

Declarations of Interest for Items on Today's Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (13/18)

(Moved Chris Mackenzie/seconded Edie Moke – carried)

“That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 29 June 2018 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. DEFICIT SUPPORT & EQUITY DRAWDOWN

Justine White, Executive Director, Finance & Corporate Services presented this paper which was taken as read. She advised that this is a standard process.

A query was made regarding the request to the Ministry for the drawdown for the 2017 year and it was noted that there is never any guarantee of receipt as per the framework attached to the paper as Appendix 1.

Discussion took place regarding the timing issue around cashflow which is required for the new facilities.

Resolution (14/18)

(Moved: Chris Mackenzie/seconded: Helen Gillespie - carried)

That the Board:

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

- i. approves an equity draw down up to the value of the West Coast DHB deficit at year end for 2018.

5. AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT

Justine White, Executive Director, Finance & Corporate Services, presented this paper which had been recommended by the Quality, finance, Audit & Risk Committee.

Discussion took place regarding the process around the assessment and it was noted that Audit New Zealand also have discussions with the Board Chair & Chair of QFARC around this.

Resolution (15/18)

(Moved: Edie Moke/seconded: Elinor Stratford - carried)

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

- i. notes the Client Fraud Questionnaire completed by management at the request of Audit New Zealand; and
- ii. approves submission of the Client Fraud Questionnaire to Audit New Zealand.

6. CHAIR'S UPDATE

The Chair, Jenny Black, advised that there will be Planning Workshop on the morning of 28 September.

Ms Black acknowledged that huge effort from management and volunteers around the recent industrial action.

The Chair's update was noted

7. CHIEF EXECUTIVE'S UPDATE

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

Mr Meates commented that nurses have now agreed to the DHBs pay offer. He added that this however is just the beginning of the cycle and there will be flow on effects for other settlements.

He advised that he had attended a National Chief Executives meeting yesterday and that Health Targets were specifically raised by the Minister and Director General. He added that it was made clear that these targets are still considered important and even though they will not be published in the same way as previously, DHBs are expected to perform in these areas.

In regard to facilities Mr Meates advised that there is still some uncertainty around the completion date for the Grey Hospital project.

A query was made regarding dementia beds and it was noted that the DHB is looking at opportunities to increase capacity around this and discussions are being held with various Aged Residential Care providers.

A query was also made regarding back-up power supply and the Chief Executive advised that every health provider should test their back-up systems 2 – 3 times per year. It was noted that the hospital generator cuts in if power is lost.

The update was noted.

8. CLINICAL LEADERS UPDATE

Karen Bousfield, Director of Nursing, presented this report which was taken as read.

It was noted that the South Island Workforce Development Hub is hosting a workshop on the rural health workforce on 21 August. The purpose of the day is to look at issues, vulnerabilities and gaps, and to showcase initiatives underway or in development.

It was also noted that the Canterbury and West Coast District Health Boards have partnered to implement a Pressure Injury Prevention Community of Practice Project. This is one of five nationally funded pilot ACC projects. The purpose of the project is to reduce the incidence of pressure injuries, improve their management and ultimately improve pressure injury outcomes for patients.

The update was noted.

9. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the finance report. The report showed that the consolidated West Coast District Health Board financial result for the month of June 2018 was a deficit of \$212k, which was \$154k favourable to budget and that the draft full year position of a net deficit of \$2.949m was \$908k unfavourable to budget. Ms White advised that there have been a couple of minor adjustments with the \$2.949m adjusted to \$2.930m. It was noted that the main drivers around this were industrial settlements and Dunsford.

The finance report was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution 16/18)

(Moved Michelle Lomax seconded Edie Moke – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5 & 6 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act) in

respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 11 May 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). Protect the privacy of natural persons.	9(2)(j) 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.	Buller Facilities Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	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)
6.	NZHPL – Reappointment of Independent Directors	Protect the privacy of natural persons	S9(2)(a)

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

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

The Public Excluded section of the meeting commenced at 1.55pm and concluded at 3.40pm

Jenny Black, Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 28 SEPTEMBER 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	29 June 2018	Mental Health Update	Including Suicide Prevention	On Today's Agenda
2.	10 August 2018	Presentation re Digital Systems	It was determined that it would be useful for the Board to receive a presentation on Digital Systems on the West Coast.	Early 2019

BANK ACCOUNT DELEGATIONS



TO: Chair and Members
West Coast District Health Board

SOURCE: Finance

DATE: 28 September 2018

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

West Coast DHB is required to have our banking delegations related to making changes to the structure of bank accounts approved by a resolution from the West Coast DHB Board.

2. RECOMMENDATION

That the West Coast DHB Board:

- i. approves delegations to authorise any changes to the structure of bank accounts for all bank accounts in the name of West Coast District Health Board. This delegation also covers any linked accounts including General Practice bank accounts.

Any changes to the structure of the accounts, including setting up new accounts, closing accounts, adding or removing signatories requires two signatories,

West Coast DHB positions with authority to approve changes are any two from the list below:

- Board Chair
- Quality, Finance, Audit and Risk Committee Chair
- Chief Executive
- Executive Director Finance and Corporate Services
- Finance Manager

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

CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 28 September 2018

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

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.



A: West Coast Health Alliance

Alliance Leadership Team (ALT) Activity

- The ALT noted the update from People and Capability and highlighted the need for a West Coast specific recruitment and retention strategy which takes into account the unique circumstances of the West Coast Health System.
- The ALT highlighted the excellent Transalpine Disability Strategy Update. ALT asks the Board to consider the extension of the Canterbury Disability Steering Group to include West Coast membership and the audit of the new West Coast healthcare facilities from an accessibility lens, undertaken by consumers, before the completion of the buildings.
- The ALT reviewed the Oral Health Steering Group draft work plan and asked for further work to be done around a transalpine focus and addressing equity.
- The ALT brings to the Board's attention resumption of the Mental Health Workstream.
- The ALT notes the quarter 4 report against the System Level Measure Framework Improvement Plan and was discouraged by the missed milestone measures. However, the plan represents dedicated work done by Primary Care Teams and ALT noted that the

quarter 4 results are not an accurate reflection of the work undertaken throughout the rest of the year.

B: Build Primary and Community Capacity and Capability

Primary

■ Integrated Health Services - Northern Region

- Several nursing staff are now flexing between primary and secondary services, with the most flexibility occurring with Enrolled Nurses. The Registered Nurses from Foote Ward are now working in District Nursing and at Buller Medical Centre. Some flexing is also about to occur between the Clinical Nurse Specialist team.
- The Buller Medical Centre phone nurse is now based in the Buller Medical administration area. This improves patient flow and decreases duplication of resources. This is in response to patient input/request. There are some issues with noise and set-up that still need addressing.

■ South Westland Area Practice

- Options are being reviewed for the new facility in Haast with the last estimates (plumbing) due to be received before information is forwarded to EMT.
- Maternity services in South Westland have been reviewed and a collaborative service including 2 midwives, Dr Brendan Marshall and the South Westland RNS team has been planned. Upskilling of RNSs to do antenatal clinics and postnatal checks was provided by the Maternity Educator on 13 September.
- Staff are currently reviewing Pharmacy needs. This is a West Coast-wide RNS Service review. The South Westland team leader will work in partnership with Pharmacy to ensure patient needs are met.
- Safe and Effective Clinical Outcomes (SECO) training was provided by the PHO.
- Satellite phones have been provided to all RNS clinics on the West Coast and some have also received emergency locator beacons.

■ Greymouth Medical Centre

- Cornerstone has been finalised for Moana and we are waiting on the annual review outcome for Greymouth Medical Centre.
- A new long term GP has started at GMC and we have had some great locums filling the gaps and supporting the team through July, August and September.
- Staff sickness has presented issues for covering the unplanned service at times, with no replacements available for the GP. Nursing staff have managed well through these times with support of the team on the floor.

Community

■ Public Health/B4School/Vision Hearing

- *Public Health Nursing* - Five Public Health Nurses attended the Well Child Tamariki Ora Symposium in Christchurch on 16 August; this was very worthwhile. They have all put in reports and have had a great learning/networking experience. PHNs continue to attend the Paediatric Oral Health GA days and this is proving to be very valuable.
- *B4School Service* - Clinics are being scheduled more frequently to enable greater numbers to be done before Christmas to prevent the rush of clinics that usually happens in the new year. We are currently reviewing the hire costs of all venues for the clinics, using DHB facilities if appropriate, in an attempt to reduce costs where possible.

- **District Nursing**

- Trendcare rostering is now rolled out across the team and is proving to be very valuable.
- The Greymouth DN team is reviewing the “Meet and Greet” service; we are planning to review our documentation around that initiative to improve discharge planning.
- The NETP programme has been very successful in Hokitika. The nurse has become a valuable team member there.

- **Clinical Nurse Specialists**

- Work is underway to increase support for the Rheumatology and Infusion services to better manage the workload. The added bonus is the role will also encompass Irritable Bowel Diseases. Some of these patients will be managed by medications that require intravenous or subcutaneous infusions.
- Our Grey-based Diabetes Nurse Specialist has completed the requirements for Nurse Prescribing and is about to apply for her prescribing rights through the Nursing Council. This nurse has had good support and collaboration with our SMOs and the General Practice. She will work under the supervision of one of our medical specialists.

- **Dental Service**

- All three therapists and assistants are working to capacity. The Hokitika pair are at Paroa then Ross, then Kokatahi schools. Greymouth will be at Gloriavale until the end of the term. The Buller pair are covering Westport South and then Reefton until the end of the term.

- **Home Based Support Services**

- HBSS has successfully begun the FIRST service in Buller with three clients now undergoing the process. This is a consequence of dedicated work by HBSS nurse assessors in Buller and the enthusiasm that the recently employed staff members have brought to the role.

C: Implement the Maori Health Plan

Hauora Maori Update

- **Kia ora Hauora – West Coast DHB Rangatahi Placement** - The West Coast DHB in collaboration with Mokokwhiti Consulting held a successful Kia ora Hauora Rangatahi placement visit from the 8-10 August. This years Hui was opened with a Powhiri at Arahura Marae which provided a setting of importance and manaaki to all the students, organisers and presenters. We had 7 students participating in this years programme, 5 from Grey High and 2 from Westland High School. A closer relationship was formed with school principals to ensure that the students who attended were those who were best suited to the opportunity. The provider and department leads throughout the DHB and West Coast organisations were once again instrumental to the success of this programme. The Rangatahi visited Poutini Waioara, Westland Medical Centre, St Johns, Community Public Health, Primary Health Organisation as well as the Emergency Department, Nursing, Occupational Therapy, Maternity Services and Theatre. As a result of this placement, Kia ora Hauora will be working with a student who is very interested in medicine to arrange for him to shadow a doctor in the Emergency Department. The feedback from students regarding the value and relevancy of sessions has been really positive and these students will continue to receive any support they need to take up study and career opportunities that will support a career in the

health sector.

- **Maori Health Workforce** - The GM Maori Health was invited to the recent SI Alliance Operational Group meeting to provide clarity and context to Te Herenga Hauora's (South Island GM's Maori) Position Statement on DHB Maori Workforce. The following feedback was received:
 - The aim of the Position Statement is to set strong, clear, direct expectations and measures to which DHBs commit to achieve increases in the Maori Health workforce
 - Noted there are mechanisms currently used to attract Maori into health system roles e.g. Kia Ora Hauora, but more needs to be done, and more people and groups need to be involved. to achieve a comprehensive sustained pipeline.
 - Noted the Position Statement needs to be discussed and agreed within each DHB, and then operational plans developed to implement
 - Agreed a workshop would be useful to agree a consistent SI methodology to capture ethnicity data, and operationalize the position statement. This may include leadership from Te Herenga Hauora, SI WDH and GMs HR. This group will be interested in progress.
- **Maori Workforce Development - West Coast and Canterbury DHB** - We have been working with People and Capability and more specifically with the Recruitment team to support the development of strategies for Canterbury and West Coast DHB aimed at achieving a comprehensive and co-ordinated approach to Māori health workforce development. Gary Coghlan was invited to facilitate a session for the recruitment team in Canterbury that would look at the application of the Health Equity Assessment Tool (HEAT) to recruitment processes. The first session was provided in May 2018 at the Canterbury DHB and largely focused on providing context to the team about the cause of inequities, understanding health inequalities – structural bias, colonisation, equality vs equity and structural, system level, organisational and individual factors that influence Maori choosing or being successful in achieving a career in health. We also studied national and local data that showed proportionality of workforce and how that translated into FTE and ethnicity population growth data. The HEAT tool was then introduced in the second session and the team begun the process of identifying interventions and enablers that aim to grow the Maori workforce. The People and Capability team really rose to the challenge and we look forward to the ongoing work with the team. Achieving equity in health workforce representation should remain both a political and ethical priority.
- **Te Herenga Hauora** - Te Herenga Hauora met on September 11 in Christchurch. The GM of the South Island Alliance, Mark Leggett was invited to discuss how best to ensure a comprehensive approach to equity was taken to inform the SI Regional Services plan and how Te Herenga Hauora can support a planning day for SI Alliance on 8 October. The focus was on ensuring that equity activity is well planned and supported with a focus on operationalising equity actions and ensuring robust accountability and reporting is in place. The GM's Maori see that this is the first step in forming an ongoing relationship with this group and shows a real commitment to developing a stronger approach to achieving Maori health equity across the system.



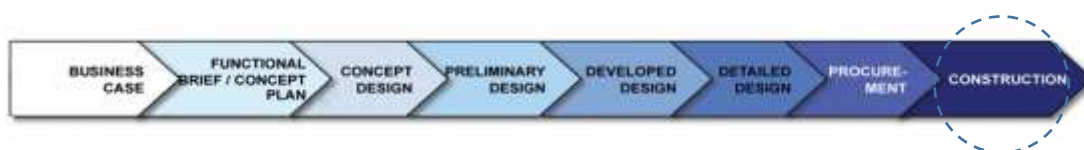
DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- The repairs to the weakened wall/fence around the Kahurangi building are now complete.

- The Grey Hospital Pedestrian Bridge is being built off site and has had its final welding certification. It is now getting sandblasted prior to coating while the abutments on site are installed.
- Signage has been installed on building fire exits around Grey Base Hospital to tighten up on after hour security due to theft of milk and meals.
- The Moana Community Medical Centre has received its first annual Building Warrant of Fitness.
- A review of Buller waste management is underway with the aim of making cost savings.
- Discussions have begun with Support Services on adapting the old garage area at Grey hospital to be a permanent laundry area.

B: Partnership Group Update



Grey

- The external cladding on the building is taking shape and is progressing well with Nu-Wall and tile installation continuing.
- The IFHC is one of the more advanced areas of the facility with the majority of the internal walls having been painted as well as doors and ceilings installed. The maternity area and the general ward are also very well progressed with vinyl having been laid and walls painted. Additionally, the ensuite fixtures have been installed.
- The framing and preparation of internal walls in the radiology and pharmacy areas have progressed and services are starting to be installed.
- There has been significant work on site to install electrical and mechanical services and this is most evident in the operating theatres with the complexity of the installation.
- DHB procurement of furniture, fixtures and equipment is very well advanced and remains on track. All high risk items have been purchased and are in storage waiting installation. The fixtures are also in storage waiting installation and the final furniture selections for the facility have been completed.
- Migration commissioning strategy work continues with all parties to progress interface planning with existing services, such as the generator at the time of the move. Robust plans are being developed for the move. This work is inextricably linked with the migration planning for the move from the existing hospital to the new facility and migration planning meetings with all services will recommence in October and will continue until the move is complete.
- With increasing personnel on site daily, traffic can be busy, so please take care driving in the area. Staff and visitors are also reminded to please follow all traffic management and parking closures on the hospital campus, which will be well sign posted.
- A recent video tour of the facility has been uploaded onto the West Coast DHB website and Facebook page. This video clearly shows construction progress to date.

Buller

- 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

- Culture and Communication - Hospital services in general are working well with teams in the community and other areas of the DHB. They support each other when the hospital is at full capacity and hospital staff are also helping when able in District Nursing, Mental Health and the Emergency Department. Communication between teams has improved which in turn is benefitting patients. IDEAL and health literacy presentations will be starting up again next month with Pauline Ansley and Julie Lucas presenting to all teams and departments to ensure staff on the floor can attend. There are a number of staff talking with other staff and working on Takarangi competencies throughout hospital services.
- Enabling Workforce - Sustainability is the focus for a number of our small services on the West Coast. CCU have continued to struggle with Ventilator call and a solution to this has been put forward. Our Resuscitation Coordinator is going to arrange an update for those nurses who attended the last training. An invitation has gone out to the team in Christchurch around telemedicine scenario education sessions using the ventilator. Another initiative is to pick out those NETP staff members who show the ability to critically think and start stepping them up whilst they have support to learn the coordinator role of the ward. This is a safe environment to do so, and allows those who show ability to step up into a more responsible role.
- Clinical - Hospital services have been at full capacity a number of times through August. Staff from the multi-disciplinary teams have worked well together to enable better patient flow and safe discharge of patients in a timely manner. CNMs are working on expected discharge dates especially in the medical ward and relaying them to the patients and their significant other. They are also working on dress code and professionalism as a quality initiative.

Medical

- Recruitment remains a focus for both General Surgery and General Medicine. We have had some interest in our RHM positions and a number of people return as seniors in the next 6-12 months.
- The RMO recruitment is looking exceptionally positive for 2019 with a number of new RMOs joining the team in the coming months. We have been lucky enough to be near fully staffed for the next year, as well two of our long term RMOs have been accepted into GP training and this will occur locally.

Allied Health

- The WCDHB Healthy Food and Beverages policy is being developed under the leadership of our dietitians, who have consulted with the various workforce groups across the district.
- New graduate physiotherapy recruitment is underway in partnership with CDHB. Our assessment centre day identified 5 new graduates who wished to be considered for the 2 new graduate vacancies on the Coast. Consideration will be given to whether we can safely support and supervise a third new graduate, given ongoing shortages in the physiotherapy service.
- Recruitment is also ongoing for Radiology, Psychology and Occupational Therapy across Hospital Services, Mental Health and Primary & Community teams.

- We have welcomed new team members to our Occupational Therapy and Diversional Therapy services, as well as students to Pharmacy, Social Work and Physiotherapy since our last report to the Board.
- Our recruitment team supported a number of South Island Allied Health staff and leaders to attend the recent Services for Rural and Remote Allied Health (SARRAH) conference in Australia, where we had a booth inviting delegates to consider relocating to the South Island. This booth was very popular, and has provided a number of opportunities for us to further explore partnering with rural education providers to host Allied Health students, and collaborations with SARRAH to better support our Aotearoa New Zealand rural and remote practitioners.
- The Buller radiology service is settling into the new model of care, with ongoing training and support being provided for those nurses wishing to extend their scope to provide imaging out of hours.
- Service details are being articulated with our CDHB Allied Health colleagues as we continue in our work to develop a RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.
- The WCDHB and CDHB Clinical Leads from each of the therapy professions (Physiotherapy, Occupational Therapy, Social Work, Speech Language Therapy and Dietetics) have completed the first phase of drafting up a proposed model for each profession to support new graduates to rotate throughout the various practice settings in both DHBs. The CDHB and WCDHB DAHs will now work through their proposals with a view to commence a transalpine rotational programme in 2020.

Mental Health

Operational Excellence

- Finalisation to utilise an external child psychologist to undertake all psychometric testing of those children identified as requiring it is near completion. The work will be done on a contract basis by a highly experienced, local person with this element of the service being delivered in a central location in the Greymouth town centre. Her addition to the service will complement the work of the existing psychologist.
- The recruitment campaign for CAMHS continues, looking at a number of options to address our vacancies.
- A new Consultant Psychiatrist has joined the mental health service recently. She has taken up a full time permanent position predominantly covering the work in IPU and the TACT team which will provide stability and consistency of medical resource for clients and staff alike. She brings with her a wealth of skills, knowledge and experience that will support mental health services.
- The Buller Community Mental Health team has still to recruit to their RN vacancy; coverage continues to be provided by either secondment or casual staffing.
- The Maori Mental Health review remains ongoing. The consultation phase is completed and currently the outcomes are being collated to provide a range of options for consideration.
- The commencement of a new Mental Health Nurse Practitioner is on target and set to commence on 1 October 2018. Further details of how her role will be developed and focussed on will be provided in the next report.
- The CAMHS relocation has been a major focus and the move has now taken place with the team in the main mental health office area of the hospital. Credit is given to all involved in

the move that ensured there were no major hiccups along the way. There was no direct effect on service delivery during the move and there should be no discernible difference for consumers of the service other than a change of location which all current consumers and referrers have been advised of.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Patient Transfers

The following transport initiatives are 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.
- Extension of the Buller Red Cross contract, to provide a community health shuttle transport service between Westport and Grey Base Hospital, through to August 2020.

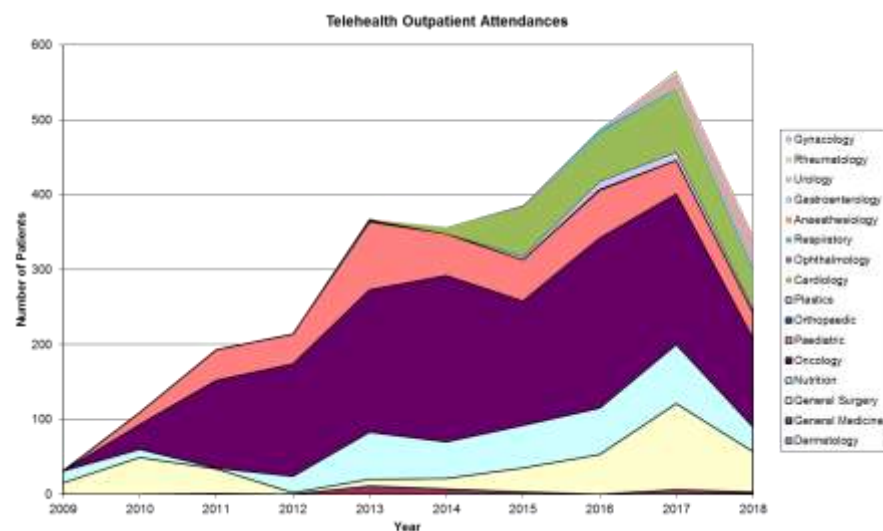
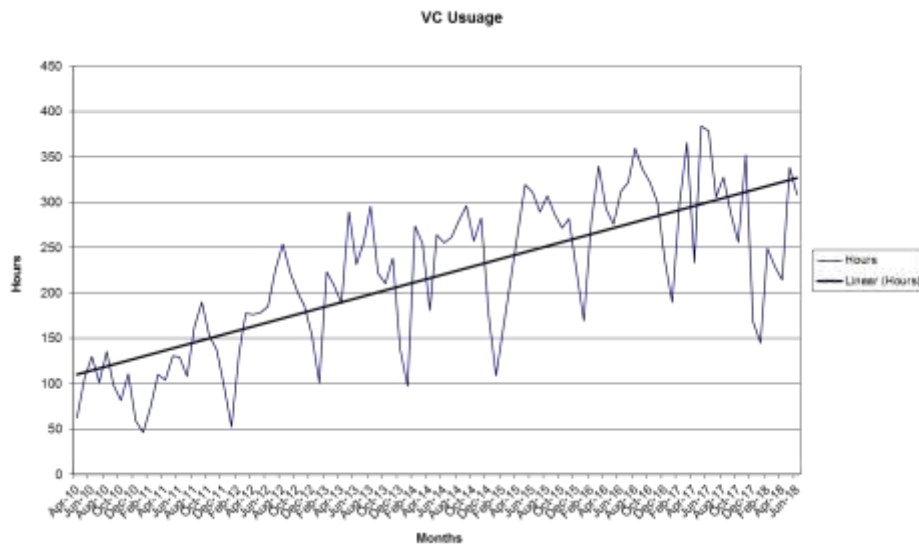
The Ministry of Health's National Travel Assistance (NTA) Governance Group have signalled a further delay to providing a recommendations report to the Minister of Health. Having examined the data thus far, further data modelling is necessary to fully understand the impact of changing the NTA eligibility criteria or process and upon investing in the NTA Scheme at this point. Having good data is critical to understanding its effectiveness, estimating un-met need and future demand. It is also critical for costing and targeting potential investment. The Ministry have therefore decided to divide their report recommendations into two groups:

- Group One: those recommendations that are about improving how the current Scheme works - that are ready to be progressed. Examples of these include redesigning the process for registration, claiming and payment to ensure it is more consistent and patient friendly; and as mentioned, improving data and reporting so that the effectiveness of the Scheme can be understood as changes follow.
- Group Two: those recommendations that are about changing the eligibility criteria and process, and about investing in the Scheme - these will be recommended as requiring further work before being progressed. As a potential candidate for investment, NTA data needs to be robust to enable the Ministry to properly cost funding options first, in order to provide appropriate advice to the Minister.

Dividing the recommendations will not change the intent of the Report. Findings discussed in the review process will still be included. However, a hold up to the recommendations report to improve the data collections will significantly delay the Minister receiving the information on Group One work that we have done to date. Ministry do not want to hold up the entire NTA review report on this basis. 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

- The West Coast has capacity across all levels of Aged Residential Care for the first time in a number of years, enabling West Coast residents' options in terms of residential care entry.
- The early supported discharge service has commenced in Westport with plans to expand to Greymouth. This service aims to support those recently discharged from hospital or to prevent a Hospital admission. The Complex Clinical Care Network lead this service with support worker provision from home based support



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of August 2018 was a deficit of \$318k, which was \$1k favourable to budget. The year to date position of a net deficit of \$557k is \$75k favourable to budget.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(156)	(154)	(2)	(277)	(307)	30
Funder Arm	397	474	(77)	827	953	(126)
Provider Arm	(559)	(639)	80	(1,107)	(1,278)	171
Consolidated Result	(318)	(319)	1	(557)	(632)	75

B: Effective Clinical Information Systems

- **eReferrals:** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for nine services including Plastics, Gynaecology, General Surgery, General Medicine, Diabetes, Nutrition, Podiatry, Cardiology and Neurology. Dermatology is the next service which is being planned to bring on board late August/September.
- **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. The contract for a move to telephony over internet (SIP) has been approved and implementation is underway. Planning is underway for a move to SIP for Grey Base hospital on 9 August, with Buller the following week. Fibre-optic and copper services are being laid into the new facility currently. Design for the new Audio Visual solution for 7 meeting rooms in the new facility has been completed with a business case to be prepared in the next month.
- **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 is underway with software being installed and hardware being configured. Progress is continuing and timeframes are still challenging, but extensions to end of life deadlines have been achieved.
- **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. 17 sites have now been moved across to 2-Degrees with 6 sites remaining. All remaining sites are due to be completed within the next month.
- **ISG Disaster Recovery Plan (DRP):** The ISG Disaster Recovery strategy was completed in late 2017. The next phase of development is the creation of a DRP, now that the DR strategy has defined the scope of the DRP. CDHB is currently reviewing their DRP which WCDHB keep aligned with.
- **Patient Trak:** The electronic nursing observation tool, Patient Trak, widely deployed within the CDHB, is now also being deployed into WCDHB. Lessons learned from the CDHB implementation have been applied to the West Coast implementation. This has resulted in a change in scope with a final list of equipment recently approved by the project sponsor. Ordering of equipment is currently underway.
- **eSign off for Radiology:** The project for enabling electronic sign off of results for radiology has kicked off. Weekly project reporting is established with background information gathering still underway. Statements of work have been received from the supplier and are being reviewed before being signed off.

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

Media interest

Media interest covered a range of topics during August.

- Countdown Kids Appeal
- The Buller Health X-Ray service
- Numbers of patients transferred from Buller to Grey Hospital each month
- Waiting times to see a GP
- Lack of recruitment of physios in Hokitika over the past year
- Bed occupancy at Buller Health
- The provision of orthopaedic services for ACC cases at Grey Base hospital
- Percentage of staff vaccinated for whooping cough
- Proposed administration block on Cowper Street
- Progress of the new Buller Health Facility
- Decision document for Buller X-Ray
- Changes to the West Coast DHB phone system

CEO Update

The update was distributed on 8 August 2018 and work on the next issue is underway.

<http://coastweb/intranet/news/newsletters/CE-Update/default.asp>

Staffing

The new West Coast based Senior Communications Advisor started her role on 13 August 2018. She has spent the last few weeks meeting with staff and stakeholders, and while based in Greymouth, will spend one day a week working in Buller.

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES
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Key Achievements/Issues of Note

- **Nutrition** - CPH's nutrition health promoter and Health Promoting Schools facilitator have been delivering the Water and Milk Only Schools programme at Runanga School as part of a wider nutrition project with their senior students. Since the beginning of the project, the students have taken part in a weekly session with experiments and educational activities related to water from a nutritional, environmental and cultural perspective. Additionally, Runanga School took part in the Food for Thought programme, which is delivered by the Heart Foundation with CPH's assistance. This involved two classroom nutrition sessions with the Heart Foundation Nutritionist and CPH's nutrition health promoter, followed by a practical label reading session at the local supermarket.
- August was a busy month for professional development on the West Coast. CPH's nutrition health promoter provided nutrition education, resources and support to West Coast Plunket nurses and Lead Maternity Carers. CPH also worked alongside the Heart Foundation and Sport Canterbury to run a professional development evening for early childhood teachers. Seventeen teachers from Reefton, Greymouth and Hokitika attended the session, which covered sleep hygiene, active play for under 5's and fussy eating as key topics.
- Nutrition Bites are continuing to be produced and disseminated weekly. These consist of a key nutrition message and a low-cost, seasonal recipe. They are sent out to community

newsletters, schools and healthcare professionals to include in newsletters, emails, intranet publications, in clinics and on social media.

- CPH nutrition health promoters have also been working with a Men's group called 'Safe Men, Safe Families' to deliver cooking and nutrition sessions. These sessions are held once every four weeks and it is envisaged there will be between four and six sessions in total. One of the highlights so far is introducing the group to canned beans and lentils, and participants' surprise at their taste, versatility and cost.
- **Healthy Public Policy** - CPH assisted the Westland District Council to undertake a Social Impact Assessment workshop to inform the review of their Gaming Venue and TAB Venue Policy. A summary of the SIA report will go to Council, along with a recommendation for the Council to consider. CPH staff attended the Social Investment Agencies hui held at Shantytown. This was an opportunity to discuss how agencies and communities can be supported to improve wellbeing and how data should/could be gathered and shared to assist with this.
- **Environment** - CPH's health protection staff have been busy with work related to aerial 1080 drops in South Westland, including responding to Official Information Act requests and questions from local residents. In response to high levels of community concern about possible 1080 exposure, the Medical Officer of Health provided local health practitioners with written guidance on the assessment, management and notification of 1080 poisoning. There have been no reported cases of suspected 1080 poisoning to date. CPH staff and a Ministry of Health contractor also carried out field audits of the aerial 1080 operations last month. We also investigated an alleged breach of the public health permission for one operation and have concluded that no breach occurred. The initial rounds of testing of public water supplies immediately after the 1080 drops have found no detectable 1080. A further round of testing after the occurrence of 100mm of rainfall is taking place currently.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

Approved for release by:

David Meates, Chief Executive

West Coast DHB health target report

Quarter 4 2017/18: April - June 2018



What are the health targets?

The health targets are a set of national performance measures specifically designed to improve performance of the health sector in areas that reflect significant public and government priorities. They provide a focus for action. Three of the six health targets focus on patient access, and three focus on prevention. Health targets are reviewed annually to ensure they align with health priorities and targets are set nationally for all DHBs.

DHBs report progress to the Ministry quarterly, who in turn publish the targets online and in newspapers via a national league table.



Shorter stays in ED

98%



Patients admitted, discharged or transferred ED within six hours. Target: 90%



The West Coast continues to achieve the ED health target, with 98% of patients admitted, discharged or transferred from ED within 6 hours during quarter four.

Improved access to elective surgery

103%



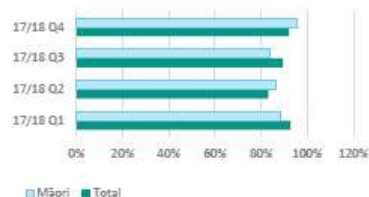
Patients receiving planned surgery. Year-end target: 1,905



The West Coast DHB finished the year having provided 1,962 elective surgical discharges, delivering 104% of planned discharges for 2017/18.

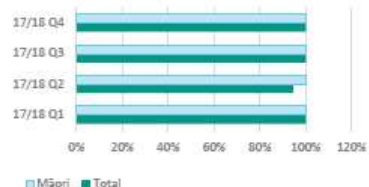
Supplementary indicators

Better help for smokers to quit: secondary smoking



This was previously the health target: better help for smokers to quit in public hospitals

Better help for smokers to quit: maternity smoking



The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental, the results are provided

Faster cancer treatment

80%



Patients getting their first cancer treatment within 62 days. Target: 90%



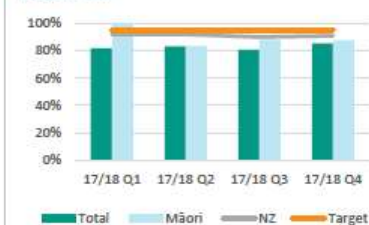
This quarter 80% of patients received treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation

85%



Eight-month-olds fully immunised. Target: 95%



Two children were missed this quarter and 98% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter. Strong results were achieved for Asian (100%) tamariki.

Better help for smokers to quit

88%



Patients in the community who smoke are offered help to quit. Target: 90%



The DHB is disappointed to have not met the target this quarter. At an individual practice level, three of the seven practices have achieved the target with a fourth achieving 89%, missing the target by just two patients. The DHB notes the positive trend in the proportion of smokers who are recorded as having accessed cessation support.

Raising healthy kids

100%



Children with obesity referred for support. Target: 95%



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 quarter four.

FINANCE REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: Executive Director, Finance & Corporate Services

DATE: 28 September 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 notes the financial results for the period ended 31 August 2018.

3. DISCUSSION

Overview of August 2018 Financial Result

The consolidated West Coast District Health Board financial result for the month of August 2018 was a deficit of \$318k, which was \$1k favourable to budget. The year to date position of a net deficit of \$557k is \$75k favourable to budget.

	Monthly Reporting				Year to Date				Full Year 17/18
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Total Operating Revenue	12,734	13,020	(286)	(2.2%)	25,450	26,044	(594)	(2.3%)	153,225
Operating Expenditure									
Personnel costs	5,763	5,868	105	1.8%	11,552	11,716	164	1.4%	70,140
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	727	777	50	6.5%	1,380	1,554	174	11.2%	9,152
External Providers	3,155	3,279	124	3.8%	6,275	6,557	281	4.3%	39,125
Inter District Flows Expense	1,868	1,871	2	0.1%	3,745	3,741	(4)	(0.1%)	22,455
Outsourced Services - non clinical	110	111	1	1.1%	220	222	2	0.9%	1,334
Infrastructure and Non treatment related costs	1,032	963	(69)	(7.2%)	1,992	1,946	(46)	(2.4%)	12,587
Total Operating Expenditure	12,656	12,869	213	1.7%	25,166	25,736	570	2.2%	154,793
Result before Interest, Depn & Cap Charge	78	151	(73)	(48.2%)	284	308	24	7.7%	(1,568)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	271	342	71	20.7%	591	683	92	13.5%	3,400
Capital Charge Expenditure	125	129	4	3.1%	250	258	8	3.1%	1,488
Total Interest, Depreciation & Capital Charge	396	471	75	15.9%	841	941	100	10.6%	4,888
Net Surplus/(deficit)	(318)	(319)	1	0.3%	(557)	(632)	75	11.9%	(6,456)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(318)	(319)	1	0.3%	(557)	(632)	75	11.9%	(6,456)

in thousands of New Zealand dollars

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

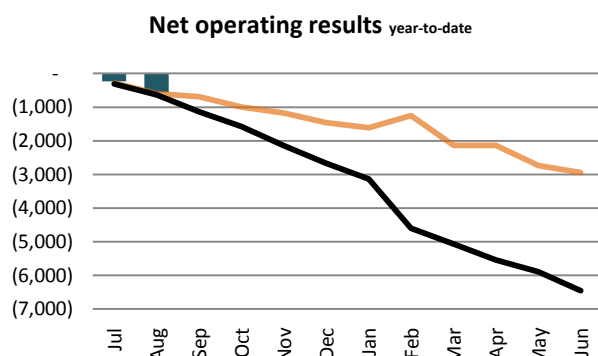
Report prepared by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – AUGUST 2018

Net operating results

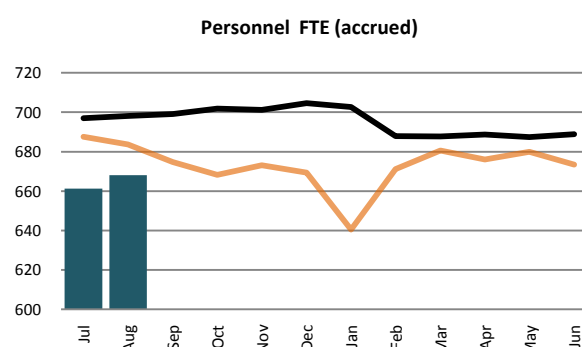
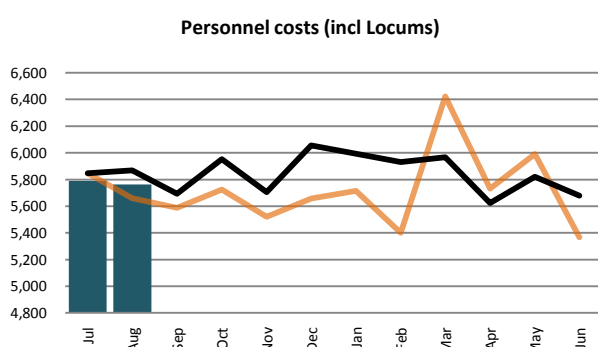
	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(318)	(319)	1	0%	(557)	(632)	75	-12%



Over the last few financial years West Coast DHB has been in the process of implementing our new model of care in readiness for our new Grey Health Hospital/IFHC. Full implementation needs to be co-ordinated with the completion of the new facility. New ways of working need to be embedded before we move into the new facility. Our draft plan has been submitted based on the building being completed in the first quarter of 2019; delays in the rebuild not only increase the cost of the build (influencing out-years capital charge and depreciation costs), but will impact operational expenditure where we have either factored savings; or periods costs of embedding new models of care in our old facility in our draft plan. These efficiencies are at risk as the facilities delays continue, and will impact detrimentally on our planned financial results.

Personnel costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,541	1,531	(10)	-1%	3,091	3,061	(30)	-1%
Nursing	2,514	2,586	72	3%	5,076	5,168	92	2%
Allied Health	924	987	63	6%	1,883	1,968	85	4%
Support	99	98	(1)	-1%	194	196	2	1%
Management & Admin	685	666	(19)	-3%	1,308	1,322	14	1%
Total	5,763	5,868	105	2%	11,552	11,716	164	1%

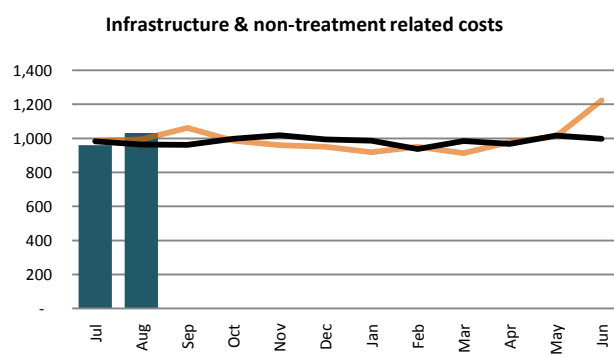
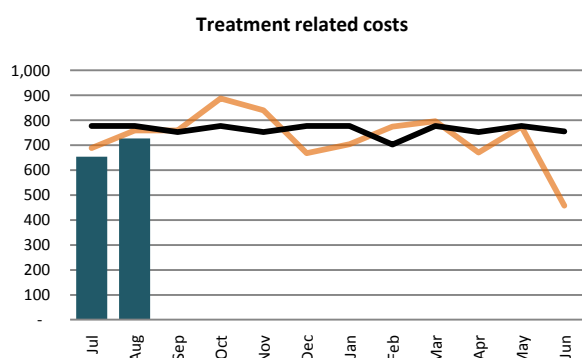


KEY RISKS AND ISSUES:

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 and non-treatment related costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Treatment related costs	727	777	50	6%	✓	1,380	1,554	174	11%	✓
Non Treatment related costs	993	990	(3)	0%	✗	1,977	1,964	(13)	-1%	✗

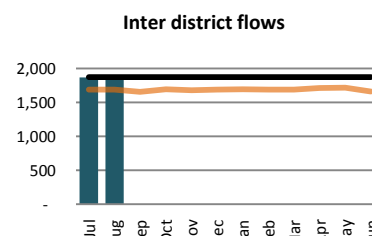
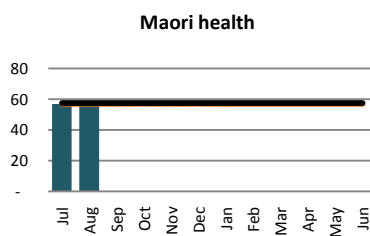
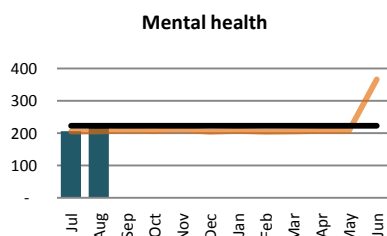
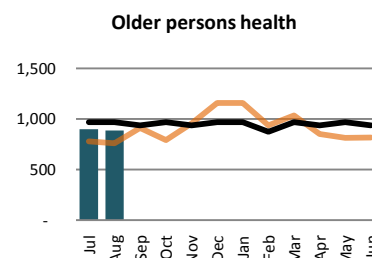
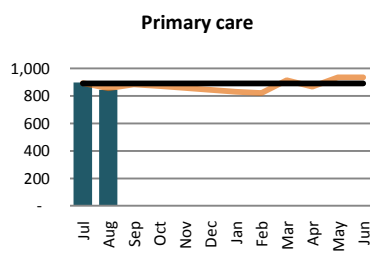
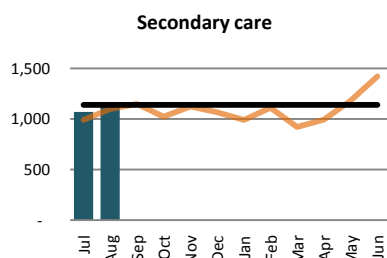


KEY RISKS AND ISSUES:

Expenditure has reported a YTD favourable variance of \$174K. This is driven by lower dispensing volumes in High cost pharmaceuticals, PCTs and lower volume of air-transfers over the last 2 months. We do not expect this to continue for the remainder of the year as timing influences this category significantly. Overall we are continuing to monitor to ensure overspend is limited where possible.

External provider & inter district flows costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
External Provider, IDF Costs & Outsourced Clinical	4,809	4,907	98	2%	✓	9,522	9,803	281	3%	✓



KEY RISKS AND ISSUES:

YTD Provider payments are showing a favourable result to draft plan of \$280K, with community pharmaceuticals and ARC facilities driving this. Both of these may turn around depending on new investment by Pharmac and a change in occupancy in ARC. Capacity constraints within the system require continued monitoring of trends and demand for services.

Financial position

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	25,151	25,056	95	0%	✓	99,913
Cash	11,000	10,569	431	4%	✓	6,463

KEY RISKS AND ISSUES:

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild. Our available cash is reflecting the artificial inflation due to the delayed capex spend due to the delay in the Grey rebuild and Nursing MECA settlement.

APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE

For period ending

31 August 2018

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 17/18
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	11,969	12,217	(248)	(2.0%)	23,935	24,437	(502)	(2.1%)	143,889
Inter DHB Revenue	1	0	1	0.0%	1	0	1	0.0%	0
Inter District Flows Revenue	145	147	(2)	(1.6%)	290	296	(6)	(2.1%)	1,735
Patient Related Revenue	533	595	(62)	(10.4%)	1,113	1,190	(77)	(6.5%)	6,860
Other Revenue	86	61	25	40.3%	111	122	(11)	(8.7%)	741
Total Operating Revenue	12,734	13,020	(286)	(2.2%)	25,450	26,044	(594)	(2.3%)	153,225
Operating Expenditure									
Personnel costs	5,763	5,868	105	1.8%	11,552	11,716	164	1.4%	70,140
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	727	777	50	6.5%	1,380	1,554	174	11.2%	9,152
External Providers	3,155	3,279	124	3.8%	6,275	6,557	281	4.3%	39,125
Inter District Flows Expense	1,868	1,871	2	0.1%	3,745	3,741	(4)	(0.1%)	22,455
Outsourced Services - non clinical	110	111	1	1.1%	220	222	2	0.9%	1,334
Infrastructure and Non treatment related costs	1,032	963	(69)	(7.2%)	1,992	1,946	(46)	(2.4%)	12,587
Total Operating Expenditure	12,656	12,869	213	1.7%	25,166	25,736	570	2.2%	154,793
Result before Interest, Depn & Cap Charge	78	151	(73)	(48.2%)	284	308	24	7.7%	(1,568)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	271	342	71	20.7%	591	683	92	13.5%	3,400
Capital Charge Expenditure	125	129	4	3.1%	250	258	8	3.1%	1,488
Total Interest, Depreciation & Capital Charge	396	471	75	15.9%	841	941	100	10.6%	4,888
Net Surplus/(deficit)	(318)	(319)	1	0.3%	(557)	(632)	75	11.9%	(6,456)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(318)	(319)	1	0.3%	(557)	(632)	75	11.9%	(6,456)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 August 2018
in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	24,803	25,804	(1,001)	(3.9%)	25,341
Intangible assets	599	504	95	18.8%	446
Work in Progress	4,958	4,796	162	3.4%	4,796
Other investments	519	519	(0)	(0.0%)	519
Total non-current assets	30,879	31,623	(744)	(2.4%)	31,102
Current assets					
Cash and cash equivalents	11,000	10,569	431	4.1%	11,724
Patient and restricted funds	54	54	(0)	(0.4%)	54
Inventories	1,045	1,200	(155)	(12.9%)	1,058
Debtors and other receivables	4,856	3,643	1,213	33.3%	3,725
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	16,955	15,466	1,489	9.6%	16,561
Total assets	47,834	47,089	745	1.6%	47,663
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,491	2,446	(45)	(1.8%)	2,443
Other	71	71	(0)	(0.2%)	71
Total non-current liabilities	2,562	2,517	(45)	(1.8%)	2,514
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	8,869	8,957	88	1.0%	8,503
Employee entitlements and benefits	11,252	10,559	(693)	(6.6%)	10,939
Total current liabilities	20,121	19,517	(604)	(3.1%)	19,442
Total liabilities	22,683	22,034	(649)	(2.9%)	21,956
Equity					
Crown equity	85,994	85,993	(1)	(0.0%)	85,994
Other reserves	25,681	25,680	(1)	(0.0%)	25,681
Retained earnings/(losses)	(86,524)	(86,618)	(94)	(0.1%)	(85,968)
Trust funds	0	0	0	0.0%	0
Total equity	25,151	25,056	(95)	(0.4%)	25,707
Total equity and liabilities	47,834	47,089	745	1.6%	47,663

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

31 August 2018

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	12,704	12,990	(286)	(2.2%)	25,606	25,983	(377)	(1.5%)
Cash paid to employees	(5,673)	(5,868)	195	3.3%	(10,700)	(11,717)	1,017	8.7%
Cash paid to suppliers	(2,429)	(1,852)	(576)	(31.1%)	(4,838)	(3,721)	(1,117)	(30.0%)
Cash paid to external providers	(3,147)	(3,279)	132	4.0%	(6,275)	(6,557)	281	4.3%
Cash paid to other District Health Boards	(2,239)	(1,871)	(368)	(19.7%)	(4,202)	(3,741)	(461)	(12.3%)
<i>Cash generated from operations</i>	(783)	120	(903)	(753.8%)	(410)	247	(657)	(265.7%)
Interest paid	0	(0)	0	100.0%	0	(0)	0	100.0%
Capital charge paid	0	(129)	129	100.0%	0	(258)	258	100.0%
Net cash flows from operating activities	(783)	(9)	(774)	8347.9%	(410)	(11)	(399)	3675.4%
Cash flows from investing activities								
Interest received	51	31	20	66.8%	56	61	(5)	(8.4%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(50)	(608)	557	91.7%	(177)	(1,203)	1,026	(85.3%)
Acquisition of intangible assets	(195)	0	(195)	0.0%	(194)	0	(194)	
Net cash flows from investing activities	(194)	(577)	383	(66.3%)	(315)	(1,142)	827	72.4%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	0	0	0	0.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	0	0	0.0%	0	0	0	0.0%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	(978)	(586)	(391)	66.8%	(724)	(1,155)	430	(37.3%)
Cash and cash equivalents at beginning of period	11,978	11,155	822	7.4%	11,724	11,724	0	0.0%
Cash and cash equivalents at end of period	11,000	10,569	431	4.1%	11,000	10,569	430	4.1%

RESOLUTION TO EXCLUDE THE PUBLIC



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretary

DATE: 28 September 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, 8 & 9 and the information items contained in the report.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 10 August 2018	For the reasons set out in the previous Board agenda.	
2.	Contract for Services	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)
3.	Campus Realignment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	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)
5.	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)
6.	Annual Plan Update - Verbal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

7.	People 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)
8.	Capital Planning	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
9.	Health & Safety Risk Management	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

West Coast DHB health target report

Quarter 4 2017/18: April - June 2018



What are the health targets?

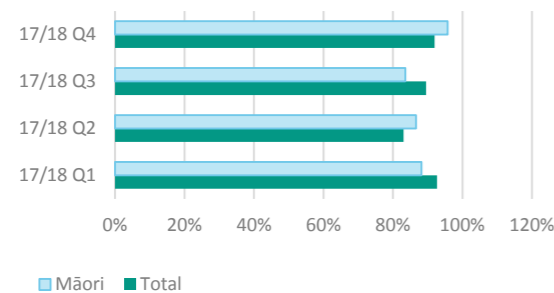
The health targets are a set of national performance measures specifically designed to improve performance of the health sector in areas that reflect significant public and government priorities. They provide a focus for action. Three of the six health targets focus on patient access, and three focus on prevention. Health targets are reviewed annually to ensure they align with health priorities and targets are set nationally for all DHBs.

DHBs report progress to the Ministry quarterly, who in turn publish the targets online and in newspapers via a national league table.



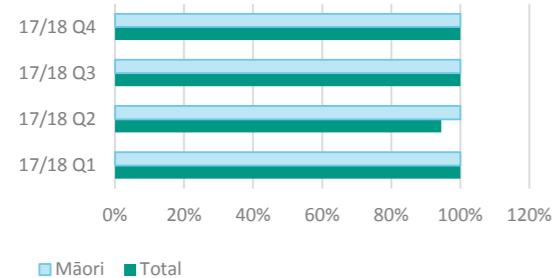
Supplementary indicators

Better help for smokers to quit: secondary smoking



This was previously the health target: better help for smokers to quit in public hospitals

Better help for smokers to quit: maternity smoking



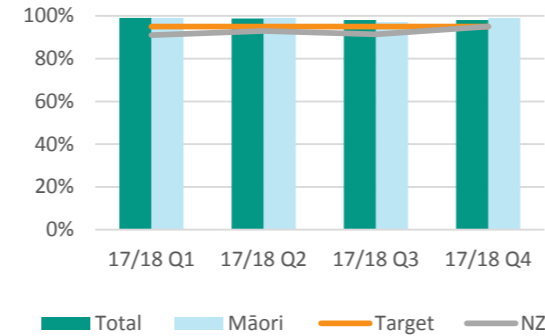
The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental, the results are provided

Shorter stays in ED

98%



Patients admitted, discharged or transferred ED within six hours. Target: 90%



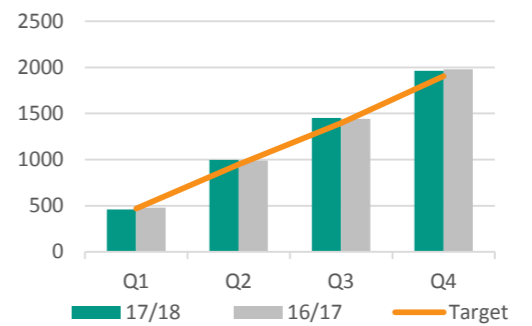
The West Coast continues to achieve the ED health target, with 98% of patients admitted, discharged or transferred from ED within 6 hours during quarter four

Improved access to elective surgery

103%



Patients receiving planned surgery Year-end target: 1,905



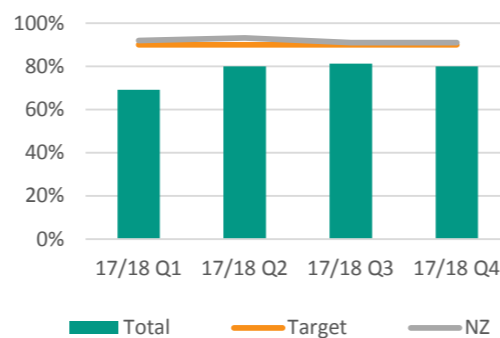
The West Coast DHB finished the year having provided 1,962 elective surgical discharges, delivering 104% of planned discharges for 2017/18.

Faster cancer treatment

80%



Patients getting their first cancer treatment within 62 days. Target: 90%



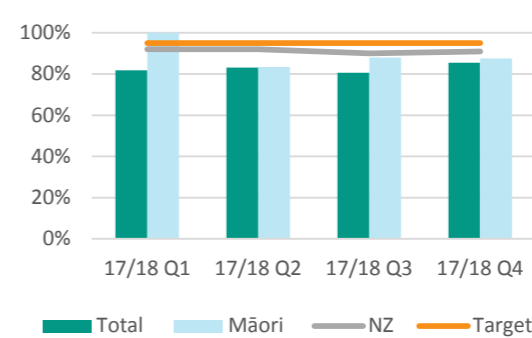
This quarter 80% of patients received treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation

85%



Eight-month-olds fully immunised Target: 95%



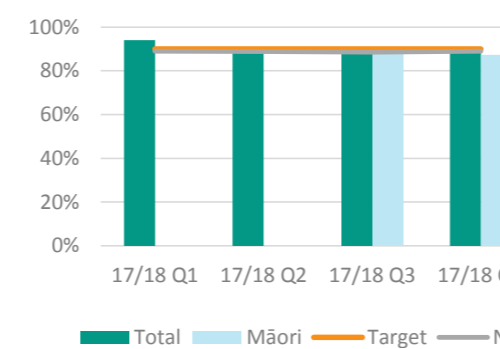
Two children were missed this quarter and 98% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter. Strong results were achieved for Asian (100%) tamariki.

Better help for smokers to quit

88%



Patients in the community who smoke are offered help to quit. Target: 90%



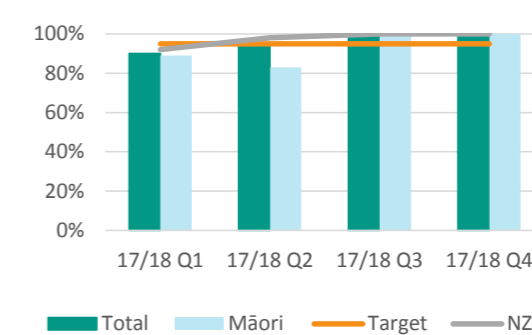
The DHB is disappointed to have not met the target this quarter. At an individual practice level, three of the seven practices have achieved the target with a fourth achieving 89%, missing the target by just two patients. The DHB notes the positive trend in the proportion of smokers who are recorded as having accessed cessation support.

Raising healthy kids

100%



Children with obesity referred for support Target: 95%



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 quarter four.

Measure	Full description	Data source	Reporting period	Notes
Shorter Stays in ED	Patients admitted, discharged or transferred from Christchurch and Ashburton EDs within 6 hours	West Coast DHB data submitted to the Ministry via quarterly reporting.	FY Quarter	
Improved access to elective surgery	Volume of elective surgery delivered, increasing by a national average of 4,000 discharges each year	National Minimum Dataset (NMDS)	Cumulative FYTD quarterly result	Published by the Ministry via quarterly reporting and the monthly via the Elective Services website. This is a cumulative annual target for the full year.
Faster cancer treatment	Patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	West Coast DHB data	Rolling six months to FY quarter end.	Note the target and definition changed from Q1 2017/18, with results prior to this not directly comparable. Patients who choose to delay treatment, or whose treatment is delayed for clinical reasons, are now excluded from the health target count.
Increased immunisation	Eight-month-olds fully immunised	National Immunisation Register (NIR)	FY Quarter	
Better help for smokers to quit	PHO-enrolled population who smoke that have been offered help to quit smoking by a health care practitioner in the last 15 months	Ministry of Health	FY Quarter	
Raising healthy kids	Children identified as obese at their B4SC having had a referral sent and acknowledged for a clinical assessment and healthy lifestyle intervention.	National B4 School Check database	Rolling six months one month in arrears from (FY) quarter end.	Results are based on all referrals that have been both sent and acknowledged .
Supplementary targets				
Maternity smoking	90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking	Ministry of Health	FY Quarter	The Ministry sources this from the national Maternity Data Set. However, the source of this data only represents around 80% of all pregnancies nationally. Therefore the Ministry provides these results for information only and will not publish them online or in newspapers.
Secondary smoking	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking	West Coast DHB		Due to delays in coding, results are often provisional and can change retrospectively.

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 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