

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



BOARD MEETING

**Friday 27 September 2019
at 1.00pm**

**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*)
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*)
Brittany Jenkins (*Director of Nursing*)
Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)
Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)
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 27 September 2019 commencing at 1.00pm

KARAKIA**1.00pm****ADMINISTRATION**

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 9 August 2019
3. Carried Forward/Action List Items *(There are no carried forward items)*

REPORTS FOR DECISION**1.05pm**

- | | | | |
|----|---|--|-----------------|
| 4. | Proposed Schedule of Meetings 2020 | Jenny Black
<i>Chair</i> | 1.05pm – 1.10pm |
| 5. | Environmentally Sustainable Health Care: Position Statement | Gail McLauchlan
<i>Team Leader, Community & Public Health</i> | 1.10pm – 1.20pm |

REPORTS FOR NOTING**1.20pm**

- | | | | |
|----|----------------------------------|--|-----------------|
| 6. | Chair's Update – Verbal Update | Jenny Black
<i>Chair</i> | 1.20pm – 1.25pm |
| 7. | Chief Executive's Update | Philip Wheble
<i>General Manager, West Coast</i> | 1.25pm – 1.40pm |
| 8. | Finance Report | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 1.40pm – 1.50pm |
| 9. | Resolution to Exclude the Public | <i>Board Secretary</i> | 1.50pm |

INFORMATION ITEMS

- National Performance Dashboard – Quarter 4
- 2019 Meeting Dates

ESTIMATED FINISH TIME**1.50pm****NEXT MEETING:** Friday 1 November 2019

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



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Jenny Black Chair	<ul style="list-style-type: none"> Chair, Nelson Marlborough District Health Board Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee. Chair, South Island Alliance Board The South Island Alliance enables the regions five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently. Chair, National DHB Chairs Elected position from the National DHB Chairs. West Coast Partnership Group This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital & Health Centre and a health facility at Buller. Health Promotion Agency (HPA) – Member The Health Promotion Agency is an evidence-based health promotion organisation, influencing all sectors that contribute to health and wellbeing. Their key role is to lead and support health promotion initiatives to: promote health and wellbeing and encourage healthy lifestyles; prevent disease, illness and injury; enable environments that support health, wellbeing and healthy lifestyles; and reduce personal, social and economic harm. 	Y N N N	Perceived Perceived Perceived Perceived
Chris Auchinvole	<ul style="list-style-type: none"> Director Auchinvole & Associates Ltd Trustee, Westland Wilderness Trust Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand Daughter-in-law employed by Otago DHB 	N N N N	

Kevin Brown	<ul style="list-style-type: none"> • West Coast Electric Power Trust - Trustee The West Coast Electric Power Trust was formed in 1992 as a consequence of the passing of the Energy Companies Act 1992. The six Trustees hold the shares of Westpower Ltd and the associated companies on behalf of the electricity consumers of the West Coast. • Diabetes West Coast - Patron and Member • West Coast Juvenile Diabetes Association - Trustee Diabetes West Coast provides services for people with diabetes. • Greymouth Lions Club – Member • Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • West Coast Rugby League - Hon Vice President West Coast Rugby League is a sporting organisation 	N N N N N	Perceived Perceived
Helen Gillespie	<ul style="list-style-type: none"> • Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. • Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team • Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people • Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. 	N N N	
Michelle Lomax	<ul style="list-style-type: none"> • Daughter is a recipient of WCDHB Scholarship • Daughter is part of the Rural Medicine Emerging Programme in Greymouth • Community Law Canterbury - Part-time Advisor on Disability Issues • People's Choice Candidate for Christchurch Central Ward Community Board • Pharmacy Council – lay member 	N N N N N	
Chris Mackenzie Deputy Chair	<ul style="list-style-type: none"> • Development West Coast – Chief Executive Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the 	N	

Nigel Ogilvie	<ul style="list-style-type: none"> • Westland Medical Centre - Managing Director • Thornton Bruce Investments Ltd - Shareholder/Director • Hokitika Seaview Ltd - Shareholder • Tasman View Ltd - Shareholder, • White Ribbon Ambassador for New Zealand • Sister is employed by Waikato DHB • West Coast PHO - Board Member • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Wife is Board Member West Coast PHO 	Y N N N N N Y Y Y	Actual Perceived Actual Perceived
Elinor Stratford	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation The West Coast PHO Clinical Governance Committee (CGC) act as an advisory committee to its Board. The CGC's role is to assist the Board with any clinical aspects that relate to its business. • Active West Coast – Committee Member Active West Coast (AWC) is a network of agencies and groups committed to improving the health of West Coasters through the promotion of healthy lifestyles such as physical activity, nutrition, smokefree, youth and older person's health. • West Coast Sub-branch - Canterbury Neonatal Trust – Chairperson • Canterbury Neonatal Trust – Trustee The primary focus of The Neonatal Trust (Canterbury) is to support families who are going through or have been through a neonatal journey. • Arthritis New Zealand, Southern Regional Liaison Group – Member Arthritis New Zealand aims to improve the life of every person affected by arthritis. They are a national not-for-profit organisation focused on raising awareness, advocating for those with arthritis and providing advice and support. • Accessible West Coast Coalition Group – Member A group that works together to improve access to all aspects of the community. • Kowhai Project Committee - Chair The Kowhai Project, is a community project and is raising money to provide an inner courtyard for staff, patients and visitors including plantings for the entry and the parking areas at the new Te Nikau, Grey Hospital and Health Centre • MS - Parkinsons New Zealand – West Coast Committee Member 	N N N N N N	Perceived Perceived Perceived Perceived Perceived Perceived

	MS Parkinsons provides education, information and help people make informed decisions about living with Parkinson's.	N	Perceived
Francois Tumahai	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. • Poutini Environmental – Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. • Arahura Holdings Limited – Chief Executive • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • Poutini Waiora Board – Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • West Coast Development Holdings Limited – Director • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director 	N N N N Y N N N N N N N	Actual

	<ul style="list-style-type: none"> • Westland District Council – Councillor • Tatau Pounamu – Committee Member 	N Y	Perceived
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MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 9 August 2019 commencing at 12.45pm

BOARD MEMBERS

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

APOLOGIES

An apology was received and accepted from: Helen Gillespie.

EXECUTIVE SUPPORT

David Meates (Chief Executive) Philip Wheble (General Manager, West Coast); Norma Campbell (Director of Midwifery); Pradu Dayaram (Medical Director, Facilities); Brittany Jenkins (Director of Nursing); Maureen Love (People & Capability); Terezka Trotter (People & Capability); Karalyn van Deursen (Executive Director, Communications); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

APOLOGIES

Gary Coghlan (General Manager Maori Health); Michael Frampton (Chief People Officer); Dr Cameron Lacey (Medical Director); and Dr Jacqui Lunday-Johnston (Executive Director of Allied Health); Stella Ward (Chief Digital Officer).

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 (17/19)

(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 28 June 2018 be confirmed as a true and correct record”.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. AUDIT NEW ZEALAND FRAUD RISK ASSESSMENT

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

There was no discussion on the paper.

Resolution (18/19)

(Moved: Michelle Lomax seconded: Nigel Ogilvie – 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.

5. CHAIR'S UPDATE

The Chair advised that she had attended the recent State Services Commission workshop where they talked about the new State Services Act. She also advised that she had attended the national Chair's & Chief Executive's meeting which had similar messaging to the last meeting. Following this there had been a workshop on alcohol and nutrition.

The update was noted.

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive advised that he is going on annual leave at the end of next week until the end of September. Mr Meates asked Philip Wheble, General Manager, West Coast, to present this report which was taken as read.

Mr Wheble highlighted that a number of different parts of the report refer to workforce. There is some work being undertaken around engaging with schools earlier than is currently taking place. He added that management are also looking at Allied Health and Medical workforces and trying to progress the Rural Generalist Roles within the NZ Medical structure and looking at how a system can be developed to support this model.

Mr Wheble also spoke regarding progressing to the locally based teams and bringing teams together who have previously worked separately, particularly with the new facilities coming on line.

Mr Meates commented that the West Coast is going through what will be the largest repositioning of the health system. He added that this is still very challenging due to the uncertainty around times and dates and it is likely to be 2020 before the physical commissioning is completed.

In regard to Buller he commented that this continues with the Preliminary Design which is close to being signed off and that feedback from the Community is very positive. He added that mock ups are underway for staff and it is expected that the Community will be involved in this in the coming months.

In regard to Mental Health Mr Meates commented that we still have the final piece of master planning around mental health to deal with which involves a range of choices and options.

Discussion took place regarding the possibility of extracting the DHB from Primary Care Services.

Discussion also took place regarding the work undertaken around achieving Maori equity and the Operational Leadership Group decision to prioritise Maori health equity at a management level.

The Chief Executive's update was noted.

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the finance report which showed that the consolidated West Coast District Health Board financial result for the month of June 2019 was a deficit of \$614k, which was \$274k unfavourable to annual plan. The year to date net deficit of \$6.359m is \$272k unfavourable to annual plan due largely to the impairment of the FPIM/NOS asset of \$283k as advised by NZ Health Partnerships Limited.

Discussion took place regarding possible to capital charges and it was noted that this does not mean that capital charges will be dropped but rather that the revenue will be adjusted to match this. It is not a \$ for \$ offset and is likely only to be on new capital.

The finance report was noted.

8. RESOLUTION TO EXCLUDE THE PUBLIC (Resolution 19/19)

(Moved Edie Moke/seconded Elinor Stratford – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7,8, 9, 10, 11 & 12 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 28 June 2019	For the reasons set out in the previous Board agenda.	
2.	Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	NZHPL Statement of Performance Expectations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	FPIM Impairment Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Provision of Food Services	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

6.	Capital Planning	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
7.	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)
8.	Clinical Leaders Emerging Issues	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)
9.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	Holidays Act – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
11.	People Report	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)
12.	Report from Committee	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

INFORMATION ITEMS

- 2019 Meeting Dates

There being no further business the public open section of the meeting closed at 2.00pm. The Public Excluded section of the meeting commenced at 2.00pm and concluded at 3.45pm.

Jenny Black, Chair

Date

PROPOSED MEETING SCHEDULE - 2020



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretariat

DATE: 27 September 2019

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

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2020 calendar year as required by the NZ Health and Public Disability Act 2000.

In terms of standing orders it is necessary for the incoming Board at its first meeting in December 2019, to formally adopt the schedule of meetings for 2020. A draft schedule has, however, been submitted at this stage to allow for planning to commence for the 2020 year.

2. RECOMMENDATION

That the Board:

- i. confirms support for the proposed schedule of meetings for 2020 (refer Appendix 1 attached);
- ii. notes that in terms of the West Coast Standing Orders (Clause 1.6.4) a formal resolution will be required from the incoming Board in December 2019 to adopt a meeting schedule for 2020; and
- iii. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The dates for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information and also the timing of Canterbury DHB and other significant national meetings. The suggested meeting dates for 2020 are based on the amended cycle of meetings as adopted by the Board for 2019.

Background

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

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

The suggested meeting dates for 2020 contained in Appendix 1 are based on the current cycle of meetings with the Advisory Committee meetings before the Board meetings on Friday's and quarterly QFARC meetings.

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

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

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

4. APPENDICES

Appendix 1:

Proposed Schedule of Meetings - 2020

Report prepared by:

Kay Jenkins, Board Secretariat

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2020

DRAFT

DATE	MEETING	TIME	VENUE
Friday 14 February 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 14 February 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 12 March 2020	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 27 March 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 27 March 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 8 May 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 8 May 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 11 June 2020	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 26 June 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 26 June 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 7 August 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 7 August 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 10 September 2020	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 25 September 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 25 September 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 30 October 2020	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 30 October 2020	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 26 November 2020	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 11 December 2020	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth

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

ENVIRONMENTALLY SUSTAINABLE HEALTH CARE: POSITION STATEMENT



TO: Chair and Members
West Coast District Health Board

SOURCE: Community & Public Health

DATE: 27 September 2019

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

The South Island Public Health Partnership has created a Sustainability Position Statement. This Position Statement is being presented to each South Island Board for approval.

2. RECOMMENDATION

That Board as recommended by the West Coast Advisory Committee:

- i. supports the direction of travel of the attached Sustainability Position Statement, noting that the DHB will work towards achieving an environmentally sustainable health system; and
- ii. notes that before fully committing to the programme some clarity is required around costs, funding and resourcing.

3. SUMMARY

The purpose of this position statement is to describe the commitment of the West Coast District Health Board to achieving an environmentally sustainable health system and the actions needed to accomplish this. This position statement builds on the South Island District Health Boards' current environmental sustainability commitments and actions and sets out our approach to managing environmental impacts, reporting on our sustainability performance, and delivering environmentally sustainable patient-centred health care services – to 2050.

4. DISCUSSION

The position statement and accompanying actions enable South Island District Health Boards to work both collaboratively and independently to ensure an appropriate focus and response to sustainability.

5. APPENDICES

Appendix 1: Environmentally Sustainable Health Care Position Statement
(This document was attached to this morning's Advisory Committee papers)

Report prepared by: South Island Public Health Partnership

Report approved for release by: Evon Currie, General Manager, Community & Public Health

CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 27 September 2019

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: Reinvalidate the West Coast Health Alliance

These key messages include examples of the Alliance leveraging our integration with Canterbury and the rest of the South Island to progress local development in areas of need. At their last meeting in August the Alliance Leadership Team (ALT):

- Were very pleased to welcome Kevin Hague into the position of Alliance Chair and thanked Dr Cheryl Brunton for her time acting in this role.
- Approved the workplans presented by the workstreams with the exception of the Mental Health workstream who will be invited to present a revised plan to the next ALT meeting.
- Reviewed the workstreams' Highlights and Opportunities report and have included this to be shared with the West Coast Advisory Committee

B: Build Primary and Community Capacity and Capability

Primary

■ Integrated Health Services - Northern Region

- The decanting of services to Outpatients and Dunsford ward is underway. A Business Impact Analysis is in progress with the Buller team and WCDHB Emergency Planner to support both the decanting process but also supporting longer term preparations for significant events. Formal conversations with the respective services are scheduled with guidance from People & Capability to how best prepare and support staff through the process of relocation.
- Planning and recruiting for short and long term FTE requirements across the medical, nursing and administrative teams remains the priority for the Northern region. A current challenge in this rural environment is a lack of senior nursing staff. Medical cover continues to be challenging and there are regular planning discussions across the DHB towards an improved coordinated recruitment process. Workforce design to develop skill sets that maximise the potential scopes of the nursing workforce are occurring across the DHB. One RNS has elected to pursue a Nurse Practitioner role in the Northern region 2020 and there is a second RNS seriously considering this career path.
- Achieving the MOH Health Targets and optimising health outcomes for our patients remains a priority and the review of our processes continues.

■ Greymouth Medical Centre (GMC)

- A new RNS for Lake Brunner has been offered the position and has accepted.
- GMC continues to manage the pressure of high demand for both planned and unplanned appointments with the permanent doctors and nurses, along with locum GPs.
- Meetings continue in preparation for the new facility. A recent visit to the new facility has given the opportunity to commence discussion amongst staff regarding planning for the move.

Community

■ Vision Hearing

- This service is flowing well with the newly appointed technician now enrolled with Careerforce and working through to complete the official training.
- The caseload is almost up to date and planning with schools well underway for service delivery to year 7 children through the schools across the district.
- There appears to be an increase in referrals via parents and teachers and has been easily accommodated.

■ B4Schools

- This service is delivering very positive results as the result of quality improvement. For this time of the year the numbers are ahead of where we need to be to meet target at the end of the financial year. Clinic days scheduled have been cancelled as there are not enough 4 year olds available in some cases.
- We are on target for High Deprivation as well so it's been a great effort by the team.

■ Public Health

- PHNs have recently completed the update of Family Violence training at their monthly meeting.

■ District Nursing

- The DN team is well supported by the senior nursing teams. NETP for Greymouth

was not available for the September intake so has been carried over to February 2020 when Hokitika will also take a NETP. Ara students have been with the teams for placement and this is always good to pass on skill, knowledge and experience.

- Recently the regional meeting had the local community police attend to give tips and tricks for safety while delivering services in the community. This was a very valuable session and everyone took something positive from this in ways to be safe out there.
- One Grey DN has been released to relieve in South Westland while RNS staff are short in this area.

▪ **Dental Service**

- TITANIUM is functioning well in the fixed clinics at Hokitika and Westport South after some initial glitches. There have been connectivity issues in the mobile units which are being worked on by ISG staff and expected to be resolved soon.
- Training on the use of the scanners has been progressively rolled out by the Clinical Director for Dental. Each therapist has a scanner that is moved from fixed clinic to theatre to mobile and vice versa. This means we only need three scanners rather than six.

▪ **Home and Community Support Services**

- Home and Community Support Services has recruited a very good nurse assessor for the Greymouth area in the past month. We are also recruiting for a coordinator in Buller and continue to recruit casual support workers (seven new employees currently preparing for an orientation).
- HCSS has had a routine audit of its services and, while there have been some improvements identified, the auditors were impressed with the service and in particular the commitment to training and development of our support workers.

C: Hauora Maori Update

- **Operational Leadership Group (OLG) – Equity:** The OLG has committed to focusing on equity. The team will discuss progress against specific areas monthly to ensure that there is a regular targeted focus on achieving equity outcomes at a management level. Areas of focus will include but are not limited to; ensuring all business plans, strategies and models of care are using the equity lens, workforce development including cultural competency, increased Maori participation in workforce, equity reporting and identifying barriers to achieving equity actions within the annual plan early and working at the system level to mitigate the issues.
- **Kia ora Hauora Rangatahi Placement/Exposure Day:** The West Coast DHB has completed a very successful Kia ora Hauora Rangatahi Placement Programme following the Kia ora Hauora Rangatahi Exposure Day pilot. The Exposure day was a collaboration between Kia ora Hauora, West Coast DHB and Greymouth High School to engage with Year 10 Rangatahi to provide a snapshot of the opportunities and career pathways within the DHB. The one day Exposure Day for year 9/10 provided interactive sessions with our nursing department, physiotherapy, emergency department and discussions with some of our clinical doctors. We completed our annual Rangatahi placement at the beginning of August and the calibre of students this year was impressive.
- **Takarangi Cultural Competency:** Participants from the 2018/19 placement have been re-engaged as we prepare for a visit from Moe Milne in November. The intent is to sign off another 4-5 portfolios with our Takarangi cohorts and she will provide cultural supervision and cultural competency training for mental health.

- **Workforce Development:** We are working with Canterbury DHB in the development of a Maori and Pacific Island workforce plan. The scope of this work is to provide advice that develops the number and capacity of Maori and Pacific Island people working in both DHBs. The vision is to build a workforce that mirrors the communities we all serve and a workforce where all feel they are included in and valued by. The whakatauki for this mahi is

He waka eke noa – A canoe which we are all in with no exception

- The idea is to promote and actively grow our Maori and Pacific workforce using an equity lens approach. The membership includes Allied Health, Nursing, and Medical Workforce specialists with strong representation from the Maori and Pacifica workforce.
- **Hapu Wananga:** Recently a small roopu travelled to Christchurch hosted by Te Puawaitanga to gather ideas for a Kaupapa Maori Hapu Wananga programme to be developed and delivered by Poutini Waiora. Te Puawaitanga have been very open with sharing their programme and resources with us and have offered continued support as we move closer towards developing hapu Wananga for our whanau on Te Tai Poutini. Our local programme will be funded through SUDI funding; this will allow more flexibility to deliver a Kaupapa Maori and holistic programme.
- **Cancer Strategy:** The Right Honourable Prime Minister Jacinda Ardern and Honourable Minister of Health Dr David Clark released the 'New Zealand Cancer Action Plan 2019–2029' on 1 September. The Government has a strong focus on achieving equity of outcomes and contributing to wellness for all; particularly Māori and Pacific peoples.
 - **Outcome 1: New Zealanders have a system that delivers consistent and modern cancer care – Te huanga 1: He pūnaha atawhai.** New Zealanders should expect to receive high-quality cancer care services now and in the future. To make our health and care systems future-proof, we need an approach that involves strong governance, accountability and stewardship. To continue to lift our performance in cancer care, we need to ensure we have strong national leadership, a skilled and sustainable workforce and the right information to make the best decisions possible.
 - **Outcome 2: New Zealanders experience equitable cancer outcomes – Te huanga 2: He taurite ngā huanga.** Following a cancer diagnosis, all New Zealanders should experience the best treatment and care, regardless of where they live, whether rural or urban, or who they are. This is critical to ensure we achieve equitable cancer outcomes for all our people. We will develop service models that better support Māori and Pacific peoples to improve their outcomes. We will partner with different population groups and support our workforce to carry out culturally responsive care, and enable an equal chance of success. Essential to this is increasing the number of Māori and Pacific people in the cancer health workforce, as well as developing cultural safety across the wider workforce.
 - **Outcome 3: New Zealanders have fewer cancers – Te huanga 3: He iti iho te mate pukupuku.** Prevention of cancer could be the biggest contributor to improving overall cancer outcomes, as well as achieving equity.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
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A: Facilities Maintenance Report

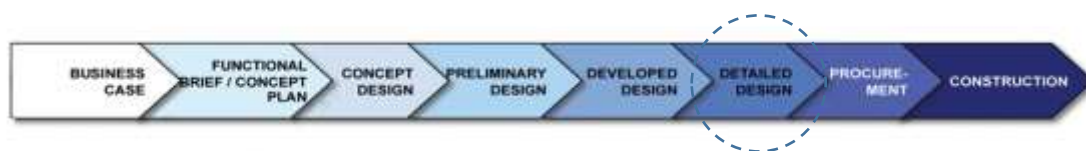
- Building Warrant of Fitness is complete for Moana Clinic.
- The new Painter/Handyman has joined our team and is currently based at Reefton Hospital working on the building interior.
- Te Nikau Grey Base Hospital site training for our trades staff is ongoing with Fletchers FCC and their contractors.
- Number one coal boiler in Grey Base is undergoing its annual survey and we have applied for an exemption for number two.
- The Walkway Bridge has finally been signed off by Grey District Council.

B: New Facilities Redevelopment Update



Grey

- A handover date for the Te Nikau Grey Hospital and Health Centre is still to be confirmed, although reviews of the Fletcher construction programme estimate a potential date in late 2019.
- As reported in the media, a diesel spill originating from a tank which feeds the boiler is currently being investigated by Fletcher. The incident happened when a day tank, which feeds the diesel boiler, was being filled from the main tank. The fuel was contained within the Grey District Council Cowper Street wastewater pumping station. There is no indication at this point that diesel escaped into water systems or the open environment and Fletcher continues to work closely with the West Coast DHB, the West Coast Regional Council and the Grey District Council in this regard.
- Progress continues to be made on site and the consultant defecting of rooms has commenced. The West Coast DHB facilities redevelopment team continue to work with the project consultants and Fletcher in planning for the functional reviews of clinical areas and the witnessing of elements such as commissioning of medical gases, theatre ventilation and operations of plant equipment.
- The new Phillips X-ray machine procured by the DHB has been installed in the new facility which represents another project milestone.
- The exterior building works are progressing with the completion of asphalt, concrete walkways, paths and ramps. The final landscaping and planting are also close to completion.
- The Transitional Care Units build is taking shape with the internal framing now complete and window installation commenced.
- Although a handover date is currently unknown, the DHB are continuing to progress robust plans for the move of the existing hospital. Orientation and training plans are being finalised and the Fire Evacuation Plan is complete.
- The Cowper Street administration building is also progressing as planned and completion is expected in November. The kerbing and parking lot preparation is underway and the internal lining of the building has commenced.



- The Buller Health Centre project design development has progressed now into the detailed design phase and the architects and engineers are working to complete the plans. The final plans will be costed and a report submitted to the West Coast DHB Board.
- Decant planning has begun for health services currently located in buildings required to be demolished to commence construction works for the facility redevelopment. The decant of services is for a period of two years until the new Buller Health Centre is complete.
- Enabling works to facilitate the decant of services are expected to commence in early October.
- There will be robust communications developed for all staff and the community clearly articulating any changes to locations of health services within the existing facility and how to access services.
- A virtual walk through of the facility, updated plans and facility related information is planned for a community display in late October.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Nursing

- Overall hospital services occupancy has decreased by 5%. Our day unit however has increased by 3%. To note, from December through to August this year on average our occupancy has increased by approximately 6%.
- On a positive note, nursing has seen a further decrease in sick leave of 19%. Orientation hours have increased this month to 1125. This is an indication that we have been successful with our recruitment. Most vacant areas within the DHB are now fully recruited to with the exception of Maternity.
- One-on-one hours have doubled this month from 340 to 660 hours.
- The day Duty Nurse Manager position has had positive feedback from not only front line staff but also our outlying areas as the DNM goes to each area and introduces themselves and talks about how their position can help.
- We have had a daily operations meeting that brings together all services across the Coast to discuss daily issues and demand for services. This has been well received and now, a month since the introduction, it is timely for a review in two weeks' time to look at any improvements.
- The Nurse Director Operations was invited to the high school to talk to year 12 and 13 students regarding health and the opportunities within the services. Nine students have been matched up with managers from all disciplines. They will meet with each manager to discuss their future in health.

Medical

- Rural Generalist consultants are doctors with specialist skills and general skills which allow them to work flexibly across the health system. This flexibility is essential for

sustainable rural healthcare. This year, we are intending to recruit six more of these doctors (to add to the eight we already employ). During the last month, we have confirmed the start date for the Rural Generalist we interviewed in August and have received one further application. We have also recruited a part time Anaesthetist and are looking forward to him starting early October but have had to re-advertise the two full-time anaesthetic vacancies as there were no suitable applicants last round.

- The job descriptions for Resident Medical Officers have been updated to support the model of care in the new facility from the start of 2020.

Allied Health, Scientific & Technical

- **Facilities Preparation (Greymouth)**

- Our administrators have been undertaking a programme of readiness for the new facility, amalgamating their activities and services into one 'front of house' in the current Allied Health Therapies Department. This has included ensuring all visitors and patients are greeted, referrals and appointment bookings are managed in a consistent way and patient contact via phone, email or face to face is prioritised.
- As reported in previous months, delays in the new build process are creating risk within our radiology service, as a number of imaging technologies reach their end of life. This means that the technology may become less reliable, equipment may no longer be able to be repaired, parts may no longer be available and the levels of radiation emitted may become too high for staff or patient safety. These factors are being monitored regularly and this risk has been elevated on the risk register.

- **Facilities Preparation (Westport)**

- The Allied Health team in Westport continue to be engaged in the design process for the future building, as does our Greymouth based Radiology Team Leader.

- **Organisational Change Process**

- The development of position descriptions and advertisements are underway for the first of the Allied Health, Scientific and Technical leadership roles resulting from the Decision Document 'The Time is Now for Better West Coast Health'.

- **Setting the Strategic Direction**

- Workshops have been held with a number of the Allied Health, Scientific and Technical workforce and the Executive Director of Allied Health to understand how Allied Health can 'Impact the Outcome' for Coasters. These conversations will underpin the strategy and culture of the workforce activity as we move forward.

- **Service Development**

- Work continues to develop a robust audiology service within the district, that supports our commitment to delivering care as close to home as possible. Challenges include understanding the volumes of activity for the various services that are currently offered and limited regional resource particularly with paediatric audiologists.
- A variety of 'test of change' processes are currently being shaped up to use Allied Health Assistants in new ways within inpatient and community settings, which support our Model of Care and commitment to releasing clinicians to work to the top of scope. This work is supported with the use of the Calderdale Framework for skill sharing and delegation and the Careerforce Levels 3 & 4 training programmes.
- A number of our clinicians are working on quality initiatives currently including improved collaboration for 'non-weight bearing' criteria, aphasia support networks and innovations to reach and support our more remote communities more

sustainably.

- **Workforce**

- Intensive recruitment activity has achieved some great results in the last month with 3 Occupational Therapy roles filled; our Physiotherapy team back to full staffing levels and more Allied Health Assistants joining the teams across the Coast.
- Our newly created Sterile Services Theatre Technician posts (2 x 0.8FTE positions) reached more than 80 applicants and the partnership between the Theatre nursing team and Allied Health to undertake the interviews was very successful.
- We continue to recruit to Social Work, Occupational Therapy, Medical Imaging Technicians (Radiology) and Psychology positions.
- The transalpine Allied Health leaders are also reviewing proposals for new graduate programmes that provide opportunities for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Ready to graduate physiotherapists interested in working in the West Coast and Canterbury DHBs were invited to participate in the annual recruitment centre in Christchurch last week, as we prepare to welcome our next cohort into the new 3 rotation first year programme, which now includes 4 months in the Buller Allied Health team.
- Two members of the AHP team are members on the South Island Career Framework, an action from the last MECA. This framework aims to align the roles, role titles and remuneration bands across the region and is informed by the work being done in the lower North Island.

- **Digital Health**

- Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the South Island regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.
- Workflows are currently being designed to standardise the ways that contemporaneous notes and assessment documents are embedded into the eHR (Health Connect South). This will be designed to be used by all professions and services via a regional consultation process and has been identified as a requirement for Allied Health ahead of our move to the new facilities which will not have capacity for paper files.

Mental Health

- We are starting to fill new dual diagnosis positions. These are new roles for both our AOD service and the DHB as a whole. They will form a key integral part in how mental health and addiction services are delivered on the Coast in times to come. Having experience in both addictions and mental health, they will work across teams to ensure that clients presenting with a dual diagnosis get a more collaborative package of care that meets their needs in both areas. They will support colleagues to ensure joint assessments, treatment planning and care delivery as a whole is provided in an integrated manner between teams. For clients who are unfortunate enough to have such a diagnosis, there will be no wrong door for entry to treatment. Their skills and expertise will over time be linked into community GP practices, acting as information advice and support for the health care staff in the community. This is an exciting time for services; these roles will meet MOH requirements regarding dual diagnosis and as a service we have the genuine potential in time to be the leaders in this area across New Zealand.

- IPU continue their efforts to work towards the aspirational goal of Zero Seclusion by 2020 and have achieved no environmental restraints for the month of August and no seclusion events for 6 weeks. Unit Manager reports the skill mix of staff and more use of health care assistants on shifts have contributed to this success.
- An appointment to the role of Nurse Consultant Mental Health has occurred and the person will be joining the DHB in early October. This role will provide further support to the Mental Health team to develop new ways of working and ensuring we have consistency and high standards across the Coast.
- Nelson Marlborough DHB provided a two day workshop focussed on AOD recently; extremely well attended and with excellent feedback from the 20 participants. Representatives from each mental health team, all of AOD staff and staff from PACT and the Salvation Army attended. This was the first of two workshops they are delivering; the second will be in October as a follow on. Attendees report learning new skills which will enable them to provide better assessment and treatment planning for this difficult and complex client group.
- Work continues across the mental health work streams, led by Monique Gale with no shortage of volunteers within the workforce. Currently the focus is around TACT service and the shape of future on-call and out-of-hours services in conjunction with Home Care Medical. This is progressing well.



A: Improve Transport Options for Patient Transfers

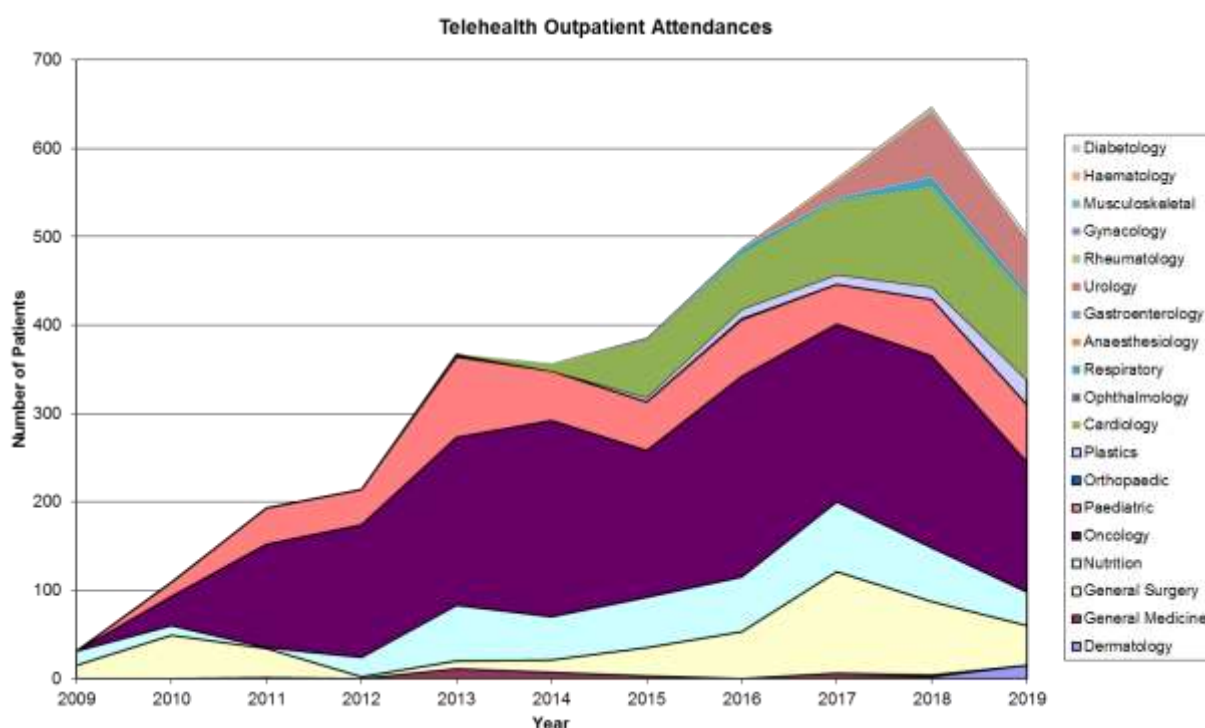
The following transport initiatives are in place to support the safe transfer of patients:

- St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth.
- Non-acute patient transport to Christchurch through ambulance transfer.
- Buller Red Cross contract, to provide a subsidised community health shuttle transport service between Westport and Grey Base Hospital, through to August 2020.
- **National Travel Assistance (NTA) Scheme Review 2018:** The Ministry of Health released the final report on this review in February 2019 and are currently looking at the implementation of the first set of recommendations from the review (Phase I), that will make immediate improvements to the way the current scheme works.
- Implementation of Phase 2 actions has been signalled in the recently released **New Zealand Cancer Action Plan 2019 – 2029**, as an important part of supporting better access to services, improving outcomes and enhancing survivorship; which is a critical issue for many people from the West Coast who have to travel across the Coast and to tertiary level care centres, to receive cancer services.
- Analysis of costs involved for the implementation of the Phase 2 recommendations continues to be modelled. This is likely to result in increased costs and recommendations will require approval from the Minister of Health.

B: Champion the Expanded use of Telemedicine Technology

- West Coast DHB 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

- Advance care planning is the process of thinking about, discussing, and writing down your wishes about the type of medical care and treatment you want to receive in the future and in particular, towards the end of your life or when you can't make your own decisions.
- Guidance and links to Advance Care Plans (ACPs) are now accessible through Health Pathways, and a number of community groups across the Coast are being visited to promote the use and uptake of the Advance Care Plans. Education is ongoing, with staff being encouraged to complete the online level one training.
- Multiple sessions on Te Ara Whakapiri (*Principles and guidance for the last days of life*) have been held on Palliative Care Study Days and in sessions at Aged Residential Care (ARC) facilities. These guidelines outline the essential components and considerations required to promote quality care at the end of people's lives and alongside the Advance Care Plan work are supporting improved quality of care on the Coast.
- The West Coast Dementia Stakeholders Group is scheduled to meet in mid-September with the aim of co-ordinating and improving dementia services for the West Coast community and ensuring connectivity with the dementia initiatives being promoted and supported through the regional Health of Older Persons Workstream.
- West Coast Community Strength and Balance class providers have had the opportunity to attend a workshop in Christchurch, facilitated by Sport Canterbury, highlighting good practice and what is working well. This was well received so further training is currently being organised on the West Coast to continue the engagement with providers and enhance the classes, helping to prevent falls and fractures in our community.



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 2019 was a deficit of \$0.588m, which was \$0.123m favourable to annual plan. The year to date net deficit of \$1.305m is \$0.147m favourable to annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(150)	(142)	(8)	(318)	(287)	(31)
Funder Arm	433	196	237	631	407	224
Provider Arm	(871)	(765)	(106)	(1,618)	(1,572)	(46)
Consolidated Result	(588)	(711)	123	(1,305)	(1,452)	147

B: Effective Clinical Information Systems

- eReferrals:** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for 20 services including: Paediatric Medicine, Cardiology, Dermatology, Diabetes, ENT Otorhinolaryngology, Gastroenterology, General Medicine, General Surgery, Gynaecology, Nephrology, Neurology, Neurosurgery, Physiotherapy, Plastics, Nutrition, Podiatry, Orthopaedics – Sarcoma, Orthopaedics – Musculoskeletal, Orthopaedics – Paediatrics, Rheumatology, Physiotherapy, with Urology being the newest service to go live. Planning is underway for Mental Health to move into stage 2 eReferrals initially, and then stage 3 by end of this year.
- New Facility Work:** As part of commissioning we have been working with suppliers to commission and test various networking equipment. Detailed planning for the core network switch move is also underway and planning is occurring for the Cowper Street and Buller Campuses. The new local servers are now fully commissioned and the new Citrix/Xenapp build is progressing.
- Community system:** A Request for Proposal is shortly going out to market for a replacement to the Medtech32 system used within General Practice on the West Coast. The intent is to procure a solution that meets both General Practice needs and the needs of the integrated health centres in Greymouth and Buller.
- Telehealth Replacement:** The new Telehealth system has been deployed to 12 units and we are close to completing phase 1 of this project. The onsite gateway has now been commissioned and early indications show this has resolved most of the intermittent visual quality issues. We are starting to look at the phase 2 business case.
- Titanium:** A capex request was approved to implement the Titanium dental software into West Coast DHB for both hospital based dental treatment and into three community clinics and three mobile sites. Equipment ordering has been completed, devices have been installed into the mobile units and staff have been trained in digital scanners. Deployment into the fixed sites has also been completed and our focus will shift to theatre deployment and tidying up some remaining issues.
- ePharmacy:** A capex request to replace the legacy pharmacy management system has been approved. The project will take approximately nine months to implement and will result in

WCDHB moving onto the regional ePharmacy solution, hosted by Canterbury DHB alongside Nelson Marlborough DHB. Data configuration is underway, test data extracts have been completed and recruitment of pharmacy locum cover is underway to assist with configuration and provide backfill. A second set of training has also been completed.

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

Communications and Engagement

- West Coast DHB 2019 Studentship communications including preparation of application form, information sheet and advertisement. Advertisement was placed in the West Coast Messenger (04/09/2019 and 11/09/2019) and information was posted on West Coast DHB website, Facebook, Twitter and LinkedIn.
- Preparation of communications material about asbestos at Buller Health and the planned move as part of the new Buller Health facilities development.

Media

- During July/August we sent two media releases and responded to several media enquiries about a recent outbreak of illness at Westport North School.
- ***Some of the other topics of media interest included:***
 - Aged Residential Care on the Coast
 - Wait times to see a psychologist on the Coast
 - Number of flu cases on the Coast
 - Mock-up of the new Buller Health facility
 - Haast clinic re-development and re-location
 - Number of DHB staff who have received flu vaccination this winter
 - Buller Medical Centre staffing numbers and wait times for a doctor's appointments
 - Coca Cola Amatil contract
 - West Coast suicide statistics
- ***Media releases included:***
 - Recent outbreak of illness at Westport North School
 - Test results show cause of illness linked to an influenza outbreak
 - Traces of asbestos found in Westport Health facilities
- ***Social media posts:***
 - Cystic Fibrosis (CF) Awareness Week (12 August – 18 August 2019)
 - West Coast DHB 2019 Studentship Programme
 - Various posts (Facebook, Twitter and LinkedIn) promoting current West Coast DHB vacancies.

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES
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Key Achievements/Issues of Note

- **Health Promoting Schools – Heritage Apple Project:** Michael Reynolds from the Food Resiliency Network in Canterbury contacted our Health Promoting Schools (HPS) facilitator earlier this year offering 55 heritage apple trees to West Coast schools. This gift came with the kaupapa that these trees would contribute to, or form the beginning of a

community orchard in schools. Twenty-five West Coast schools from Granity to Haast elected to take part in this project. From 28 August through to 6 September Michael and the HPS Facilitator travelled many kilometres delivering the trees, supporting the planting (for which the schools were well prepared), and having conversations with school students, staff and their communities. As a flow on project, there is a challenge for students to become ‘fruit tree detectives’ this summer identifying heritage trees within their communities. The schools have also chosen to keep in touch on a digital platform sharing diaries of their trees, their gardens and orchards.

- **Healthy Public Policy:** Since our last report, CPH has compiled and made submissions on behalf of Active West Coast on:
 - Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Bill (also supported submission from West Coast Tobacco Free Coalition)
 - Road to Zero: Consultation on the 2020-2030 Road Safety Strategy
 - Westland District Council’s proposal for Redevelopment of Lazar Park
 - Advertising Standards Authority’s consultation on the standards for Advertising and Promotion of Alcohol
- **Nutrition:** CPH continues to facilitate the Food Security steering group which met for the third time last month. At the most recent meeting, were extremely fortunate to have Michael Reynolds from the Food Resiliency Network, Christchurch attend and share his inspiring messages. CPH has worked alongside Poutini Waiora to support whānau with nutrition and lifestyle, offering two separate nutrition courses in July and August – one for adults and one for rangatahi. CPH met with IDEA house, Westport, and provided guidance on their menu for six residents with intellectual disabilities. Our nutrition health promoter spoke about Food and Mood at a workshop called “Shining Light on the Dark” on World Suicide Prevention Day. This incorporated the 5 Ways to Wellbeing, easy food tips, and information about nutrition services.
- **Alcohol:** An alcohol controlled purchase operation conducted by Police with CPH support at on and off-licence premises in Westport and Mokihinui on 24 August was successful in that no sales of alcohol were made to the underage volunteers.
- **Smokefree:** CPH staff have met with the new Wildfoods Festival organising committee for the 2020 event and planning is underway. A smoke and vape free policy was implemented at Wildfoods 2019 and we are pleased this policy will remain in place for the 2020 event. CPH is working with the organising committee to increase awareness of the policy through advertising material and better signage placement.
- **Oranga Hā/Smoking Cessation:** In addition to the existing Smokefree pregnancy incentive programme, there is now a new expanded programme for whānau after the baby is born. If parents can stay smokefree for 4 months after their baby is born they receive \$50 New World vouchers each month. This new incentive is proving to be very successful in helping whānau maintain a smokefree environment for their babies.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

Approved for release by:

David Meates, Chief Executive

West Coast DHB national performance measures report

Quarter 4 2018/19: April - June 2019



What are the national performance measures?

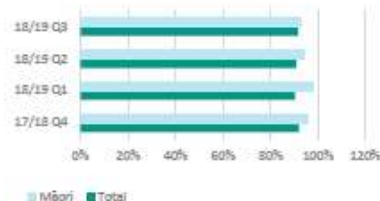
This report presents current performance against the national performance measures formerly referred to as national health targets.

These measures reflect Canterbury's performance in areas of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place until the new high-level measures set is released. We will continue to present performance across these priority areas. Three of the measures focus on patient access and three focus on prevention.



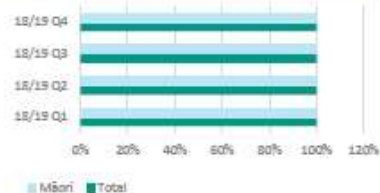
Supplementary indicators

Better help for smokers to quit: secondary smoking



This measure reflects patients in our hospitals, identified as smokers, being offered advice and help to quit smoking.

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. Results are provided for

Shorter stays in ED

98%

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



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

98% of all Māori patients were admitted, discharged or transferred from ED within 6 hours during the same quarter.

Improved access to elective surgery

101%

Patients receiving planned surgery Year-end target: 1,916



The West Coast DHB has provided 1,940 elective surgical discharges at the end of quarter four, achieving the year-end target.

Faster cancer treatment

73%

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



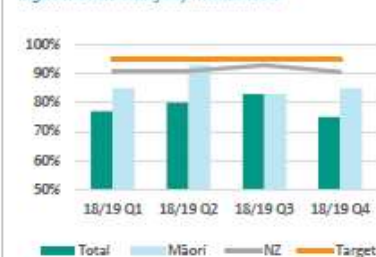
This quarter 73% of patients received treatment on time. Small numbers are challenging with this result reflecting only five patients who were not seen within the 62 day period.

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

75%

Eight-month-olds fully immunised



Overall, 75% of all eligible eight-month-olds were fully immunised this quarter.

Small numbers are challenging with this result reflecting only four consenting children who were missed this quarter.

Stronger results were achieved for Māori (85%) and Asian children (100%).

Better help for smokers to quit

95%

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



West Coast health practitioners have reported giving 4,874 smokers cessation advice in the 15 months ending June 2019. This represents 95% of smokers against the 90% target.

96% of Māori and 95% of our Pacific populations were given brief advice to quit smoking.

Raising healthy kids

100%

Children with obesity referred for support Target: 95%



During quarter four 166 checks were completed and 14 children were identified as obese and offered a referral.

This result reflects 100% of children exceeding the national average (97%) and target.

FINANCE REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: Executive Director, Finance & Corporate Services

DATE: 27 September 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the financial results for the period ended 31 August 2019; and
- ii. notes that the comparatives are against the July 2019 draft annual plan submission of a \$7.215m deficit, a further submission of the annual plan will be in made in September 2019, this is likely to have a reduced deficit.

3. DISCUSSION

Overview of August 2019 Financial Result

The consolidated West Coast District Health Board financial result for the month of August 2019 was a deficit of \$0.588m, which was \$0.123m favourable to current annual plan. The year to date net deficit of \$1.305m is \$0.147m favourable to the current annual plan.

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,479	12,411	68	0.5%	24,930	24,834	96	0.4%	148,886
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	166	169	(3)	(1.8%)	333	340	(7)	(2.1%)	2,029
Patient Related Revenue	707	657	50	7.6%	1,357	1,314	43	3.3%	7,746
Other Revenue	37	84	(47)	(56.0%)	67	168	(101)	(60.1%)	952
Total Operating Revenue	13,389	13,321	68	0.5%	26,687	26,656	31	0.1%	159,613
Operating Expenditure									
Personnel costs	6,412	6,239	(173)	(2.8%)	12,573	12,503	(70)	(0.6%)	73,556
Outsourced Services	0	0	0	0.0%	2	0	(2)	0.0%	0
Treatment Related Costs	701	700	(1)	(0.1%)	1,414	1,411	(3)	(0.2%)	8,265
External Providers	3,600	3,632	32	0.9%	7,120	7,260	140	1.9%	43,566
Inter District Flows Expense	1,785	1,900	115	6.1%	3,812	3,799	(13)	(0.3%)	22,827
Outsourced Services - non clinical	109	112	3	2.7%	217	224	7	3.1%	1,333
Infrastructure and Non treatment related costs	1,097	1,071	(26)	(2.4%)	2,199	2,156	(43)	(2.0%)	12,393
Total Operating Expenditure	13,704	13,654	(50)	(0.4%)	27,337	27,353	16	0.1%	161,940
Result before Interest, Depn & Cap Charge	(315)	(333)	18	(5.5%)	(650)	(697)	(47)	6.8%	(2,327)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	276	261	(15)	(5.7%)	541	522	(19)	(3.6%)	3,400
Capital Charge Expenditure	(3)	117	120	102.6%	114	234	120	51.3%	1,488
Total Interest, Depreciation & Capital Charge	273	378	105	27.8%	655	756	101	13.4%	4,888
Net Surplus/(deficit)	(588)	(711)	123	17.3%	(1,305)	(1,452)	147	10.1%	(7,215)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(588)	(711)	123	17.3%	(1,305)	(1,452)	147	10.1%	(7,215)

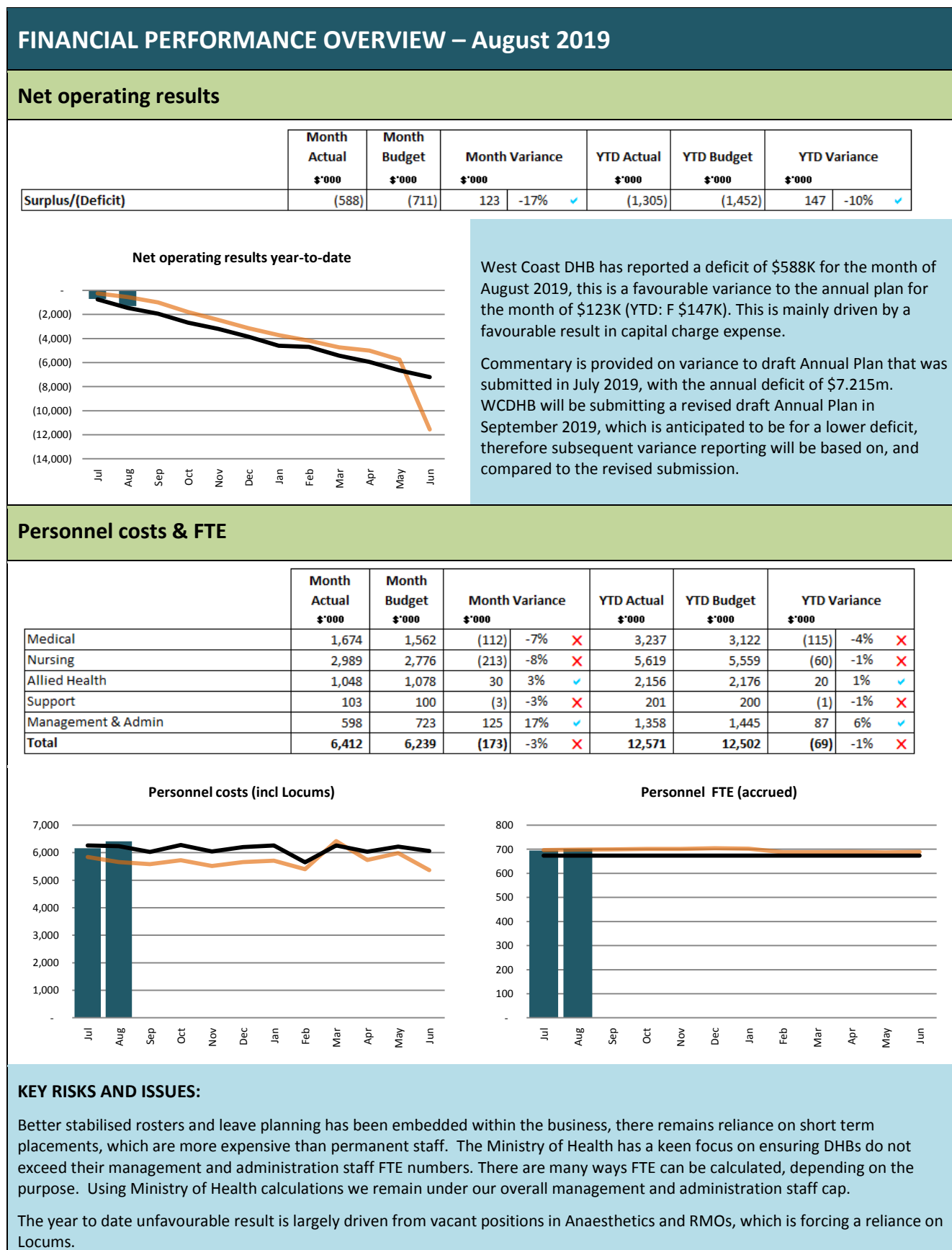
4. APPENDICES

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: Diane Pizzato, Finance & Business Manager

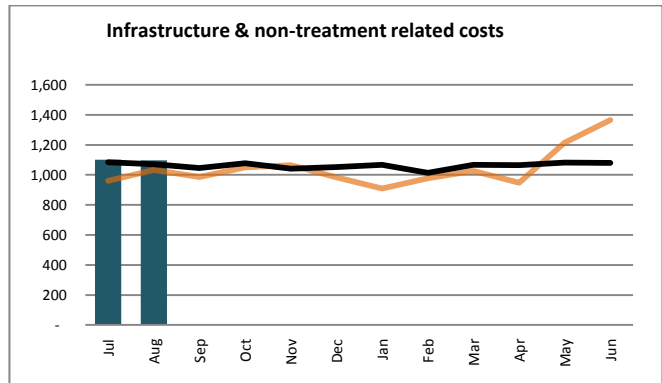
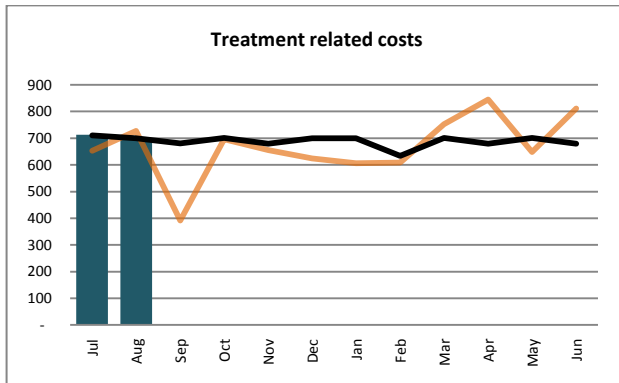
Report approved by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT



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	701	700	(1)	0%	✗	1,414	1,411	(3)	0%	✗
Non Treatment related costs	993	990	(3)	0%	✗	1,977	1,964	(13)	-1%	✗



KEY RISKS AND ISSUES:

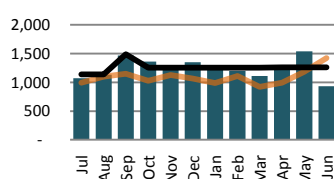
Treatment related costs – Blood consumable intragam (replacement of antibodies) is our main issue in **Treatment related costs**. We currently have a small volume of patients receiving this product, which is driving an overspend on bloods of \$16K per month – this is likely to continue for at least 6 months. Air transfers and high cost medication remain a risk to the DHB – a small increase in volume can drive large overspends.

Overall we are continuing to monitor to ensure overspend in **non-treatment related costs** is limited where possible. We continue to see increased facility costs due to the delay in the Grey rebuild.

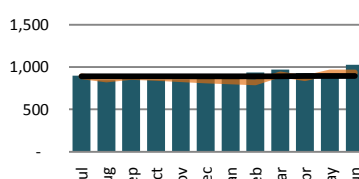
External provider & inter district flows costs

	Month Actual \$'000	Month Budget \$'000	Month Variance			YTD Actual \$'000	YTD Budget \$'000	YTD Variance		
			\$'000					\$'000		
Secondary Care	1,340	1,308	(32)	-2%	✗	2,667	2,612	(55)	-2%	✗
Primary Care	946	974	28	3%	✓	1,895	1,955	60	3%	✓
Older Person's Health	953	1,007	54	5%	✓	1,882	2,002	120	6%	✓
Mental Health	303	284	(19)	-7%	✗	561	571	10	2%	✓
Maori Health	58	59	1	2%	✓	115	120	5	4%	✓
IDF	1,785	1,900	115	6%	✓	3,812	3,799	(13)	0%	✗
Outsourced Clinical	109	112	3	3%	✓	219	224	5	2%	✓
Total	5,494	5,644	150	3%	✓	11,151	11,283	132	1%	✓

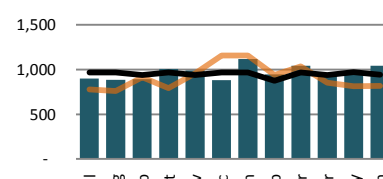
Secondary care



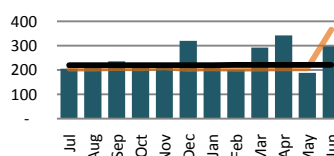
Primary care



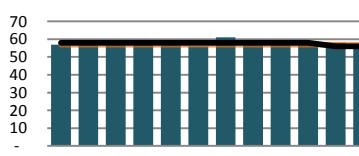
Older persons health



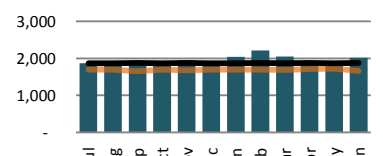
Mental health



Maori health



Inter district flows



KEY RISKS AND ISSUES:

There are currently no major variances to budget. Demand in our Age-related care beds is under forecast, but demand is likely to pick up later in the financial year.

Financial position & capex

	YTD Actual \$'000	YTD Budget \$'000	YTD Variance			Annual Budget \$'000
			\$'000			
Equity	12,637	17,979	(5,342)	-30%	✗	109,222
Cash	4,042	7,045	(3,003)	-43%	✗	6,779
Capex	1,456	1,038	(418)	-40%	✗	4,064

KEY RISKS AND ISSUES:

WCDHB Cash position continues to deteriorate- this is due to both committed expenditure on the Grey Facility FFE now starting to come through. Historically we have flagged with the Board and MOH, that our cash position has been over inflated due to the delay in the rebuild. We have also funded to date the Buller Project spend from our own cash reserves and are planning to make a drawdown of the \$20m in the next month.

Equity is showing an unfavourable result of \$5.2m. This is due to the Holidays Act compliance provision posted last financial year. Our next submission of the Annual plan will reflect that in our Statement of Financial Position.

■ 2019/20 YTD Actual ■ 2018/19 YTD Actual — 2019/20 YTD Budget

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

Statement of comprehensive revenue and expense

For period ending 30 June 2019
in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,168	11,973	195	1.6%	144,585	143,217	1,368	1.0%	143,217
Inter DHB Revenue	0	0	0	0.0%	25	0	25	0.0%	0
Inter District Flows Revenue	145	144	1	0.7%	1,827	1,736	91	5.2%	1,735
Patient Related Revenue	555	546	9	1.6%	7,249	6,860	389	5.7%	6,860
Other Revenue	119	59	60	101.7%	928	739	189	25.6%	740
Total Operating Revenue	12,987	12,722	265	2.1%	154,614	152,552	2,062	1.4%	152,552
Operating Expenditure									
Personnel costs	10,763	5,597	(5,166)	(92.3%)	74,952	69,124	(5,828)	(8.4%)	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	811	635	(176)	(27.7%)	8,018	7,750	(268)	(3.5%)	7,750
External Providers	3,356	3,375	19	0.6%	41,121	40,523	(598)	(1.5%)	40,523
Inter District Flows Expense	2,018	1,873	(145)	(7.7%)	23,397	22,455	(942)	(4.2%)	22,455
Outsourced Services - non clinical	121	111	(10)	(9.0%)	1,362	1,334	(28)	(2.1%)	1,334
Infrastructure and Non treatment related costs	1,365	998	(367)	(36.8%)	12,517	11,820	(697)	(5.9%)	12,566
Total Operating Expenditure	18,434	12,589	(5,845)	(46.4%)	161,368	153,006	(8,362)	(5.5%)	153,751
Result before Interest, Depn & Cap Charge	(5,447)	133	(5,580)	(4195.5%)	(6,754)	(454)	6,300	(1387.7%)	(1,199)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	250	344	94	27.3%	3,390	4,110	720	17.5%	3,400
Capital Charge Expenditure	109	129	20	15.5%	1,407	1,524	117	7.7%	1,488
Total Interest, Depreciation & Capital Charge	359	473	114	24.1%	4,797	5,634	837	14.9%	4,888
Net Surplus/(deficit)	(5,806)	(340)	(5,466)	(1607.6%)	(11,551)	(6,087)	(5,464)	(89.8%)	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(5,806)	(340)	(5,466)	(1607.6%)	(11,551)	(6,087)	(5,464)	(89.8%)	(6,087)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

30 June 2019

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	22,699	101,777	(79,078)	(77.7%)	25,341
Intangible assets	376	399	(23)	(5.8%)	446
Work in Progress	8,364	3,772	4,592	121.7%	4,796
Other investments	320	604	(284)	(47.0%)	519
Total non-current assets	31,759	106,552	(74,793)	(70.2%)	31,102
Current assets					
Cash and cash equivalents	6,362	10,665	(4,303)	(40.3%)	11,724
Patient and restricted funds	56	54	2	3.7%	54
Inventories	1,077	1,058	19	1.8%	1,058
Debtors and other receivables	3,931	3,726	205	5.5%	3,725
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	11,426	15,503	(4,077)	(26.3%)	16,561
Total assets	43,185	122,055	(78,870)	(64.6%)	47,663
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,399	2,443	44	1.8%	2,443
Other	62	71	9	12.7%	71
Total non-current liabilities	2,461	2,514	53	2.1%	2,514
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	9,327	8,503	(824)	(9.7%)	8,503
Employee entitlements and benefits	17,307	10,735	(6,572)	(61.2%)	10,939
Total current liabilities	26,634	19,238	(7,396)	(38.4%)	19,442
Total liabilities	29,095	21,752	(7,343)	(33.8%)	21,956
Equity					
Crown equity	85,926	85,926	0	0.0%	85,994
Other reserves	25,098	25,681	583	2.3%	25,681
Retained earnings/(losses)	(96,935)	(92,054)	4,881	5.3%	(85,968)
Trust funds	0	0	0	0.0%	0
Total equity	14,090	19,553	5,464	27.9%	25,707
Total equity and liabilities	43,185	41,305	1,879	4.5%	47,663

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending

30 June 2019

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	13,000	12,694	306	2.4%	155,187	152,192	2,995	2.0%
Cash paid to employees	(5,310)	(5,597)	287	5.1%	(68,123)	(69,328)	1,205	1.7%
Cash paid to suppliers	(2,872)	(1,364)	(1,508)	(110.6%)	(21,745)	(20,145)	(1,600)	(7.9%)
Cash paid to external providers	(1,784)	(3,375)	1,591	47.1%	(38,091)	(40,523)	2,432	6.0%
Cash paid to other District Health Boards	(3,590)	(1,873)	(1,717)	(91.7%)	(26,871)	(22,455)	(4,416)	(19.7%)
Cash generated from operations	(556)	485	(1,041)	(214.6%)	357	(259)	616	(238.0%)
Interest paid	0	(0)	0	100.0%	0	1	(1)	100.0%
Capital charge paid	(656)	(129)	(527)	(408.5%)	(1,407)	(1,524)	117	7.7%
Net cash flows from operating activities	(1,212)	356	(1,568)	(440.5%)	(1,050)	(1,782)	732	(41.1%)
Cash flows from investing activities								
Interest received	21	29	(8)	(27.6%)	330	360	(30)	(8.3%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(1,208)	(237)	(971)	(410.2%)	(4,598)	(5,341)	743	(13.9%)
Acquisition of intangible assets	78	0	78	0.0%	(113)	0	(113)	
Net cash flows from investing activities	(1,110)	(208)	(902)	434.2%	(4,381)	(4,981)	600	12.1%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	0	2,949	(2,949)	100.0%
Repayment of equity	(68)	(68)	0	0.0%	(68)	(68)	0	0.0%
Cash generated from equity transactions	(68)	(68)	0	0.0%	(68)	2,881	(2,949)	102.4%
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	(68)	0	(68)	0.0%	(68)	0	(68)	0.0%
Net increase in cash and cash equivalents	(2,390)	80	(2,470)	(3083.4%)	(5,498)	(3,884)	(1,613)	41.5%
Cash and cash equivalents at beginning of period	8,468	9,942	(1,474)	(14.8%)	11,724	11,727	(3)	(0.0%)
Cash and cash equivalents at end of period	6,078	10,022	(3,944)	(39.4%)	6,226	7,843	(1,616)	(20.6%)

RESOLUTION TO EXCLUDE THE PUBLIC



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretary

DATE: 27 September 2019

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8 & 9 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 August 2019	For the reasons set out in the previous Board agenda.	
2.	Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	NZHPL	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	IEA Remuneration Strategy	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.	Holidays Act Memorandum of Understanding	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	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)

7.	Clinical Leaders Emerging Issues	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)
8.	Quarter 4 Ratings Summary	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	People Report	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)

- 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 national performance measures report

Quarter 4 2018/19: April - June 2019



What are the national performance measures?

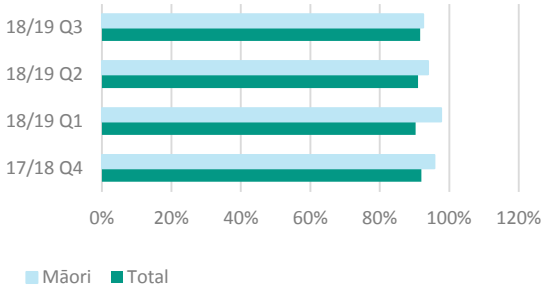
This report presents current performance against the national performance measures formerly referred to as national health targets.

These measures reflect Canterbury's performance in areas of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place until the new high-level measures set is released. We will continue to present performance across these priority areas. Three of the measures focus on patient access and three focus on prevention.



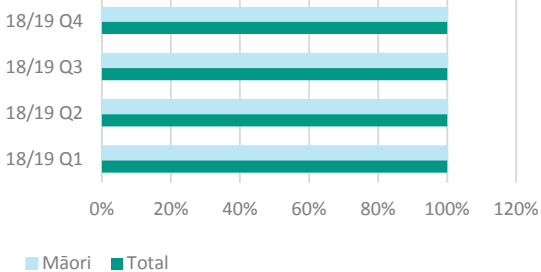
Supplementary indicators

Better help for smokers to quit: secondary smoking



This measures reflects patients in our hospitals, identified as smokers, being offered advice and help to quit smoking.

Better help for smokers to quit: maternity smoking



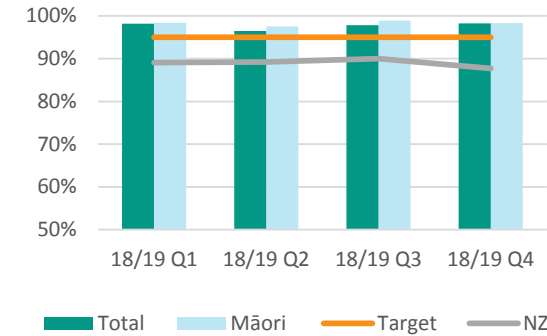
The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental. Results are provided for

Shorter stays in ED

98%



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



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

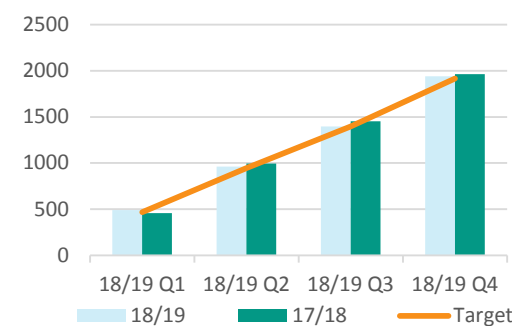
98% of all Maori patients were admitted, discharged or transferred from ED within 6 hours during the same quarter

Improved access to elective surgery

101%



Patients receiving planned surgery Year-end target: 1,916



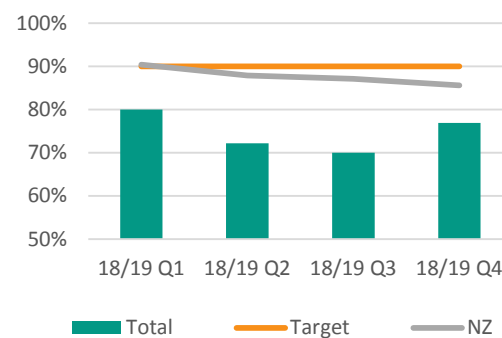
The West Coast DHB has provided 1,940 elective surgical discharges at the end of quarter four, achieving the year-end target.

Faster cancer treatment

73%



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



This quarter 73% of patients received treatment on time. Small numbers are challenging with this result reflecting only five patients who were not seen within the 62 day period.

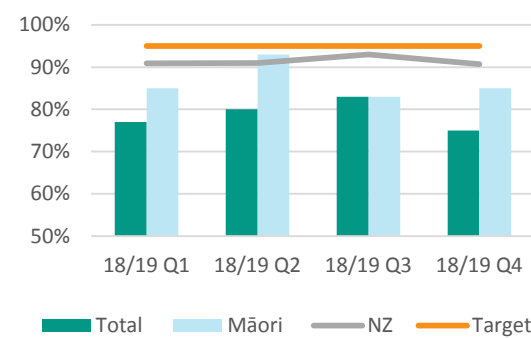
A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation

75%



Eight-month-olds fully immunised



Overall, 75% of all eligible eight-month-olds were fully immunised this quarter.

Small numbers are challenging with this result reflecting only four consenting children who were missed this quarter.

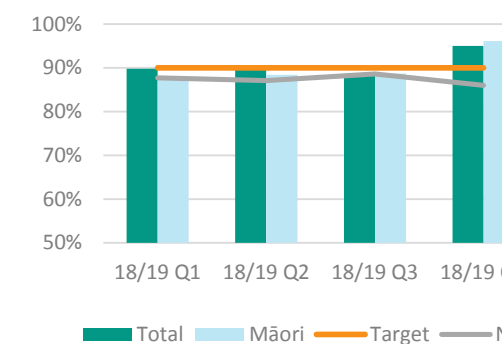
Stronger results were achieved for Maori (85%) and Asian children (100%).

Better help for smokers to quit

95%



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



West Coast health practitioners have reported giving 4,874 smokers cessation advice in the 15 months ending June 2019. This represents 95% of smokers against the 90% target.

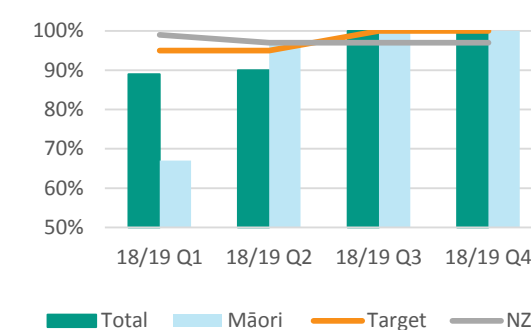
96% of Māori and 95% of our Pacific populations were given brief advice to quit smoking.

Raising healthy kids

100%



Children with obesity referred for support Target: 95%



During quarter four 166 checks were completed and 14 children were identified as obese and offered a referral.

This result reflect 100% of children exceeding the national average (97%) and target.

Measure	Full description	Data source	Reporting period	Notes
Shorter Stays in ED	Patients admitted, discharged or transferred from Grey Base ED	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.

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2019

DATE	MEETING	TIME	VENUE
Thursday 7 February 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 15 February 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 15 February 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	Advisory Committee Meeting	11.30am	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 2 May 2019 (in place of ANZAC Day)	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 May 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 May 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Tuesday 18 June 2019	Special QFARC Teleconference	2.30pm	Boardroom, Corporate Office
Friday 28 June 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 June 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 July 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 9 August 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 9 August 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 24 October 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 1 November 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 1 November 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 28 November 2019	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 13 December 2019	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth

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