West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

30 SEPTEMBER 2011

AGENDA
AND
MEETING PAPERS

All information contained in these committee papers is subject to change

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREY BASE HOSPITAL BETWEEN 9.00 AM AND 10.45 AM ON FRIDAY 30 SEPTEMBER 2011

1 Welcome / Introductions / Apologies

2 Agenda

3 Karakia

3 Disclosure of Interest

4 Minutes of the Meeting held Thursday 18 August 2011

5 Matters Arising / Actions and Responsibilities

6 Committee Chairs Report

7 Correspondence

8 Organisational leadership Report

9 ***General Business:***
Items to be reported back to Board

10 Information Papers

NEXT MEETING – Thursday, 17 November 2011 at 9am

KARAKIA

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

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

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR Elinor Stratford (Board Member)	• Manager, Disability Resource Service West Coast • Clinical Governance Committee, West Coast Primary Health Organisation • Committee member, Active West Coast • Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • Executive Committee Member, New Zealand Federation of Disability Information Centres. • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Board's Representative on Tatau Pounamu
DEPUTY CHAIR Kevin Brown (Board Member)	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Barbara Holland	• Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests) • Member - Public Health Association of New Zealand • Member - Well Women's Centre • Member - National Screening Advisory Committee
Cheryl Brunton	• Medical Officer of Health for West Coast - employed by Community and Public Health - Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Strategy Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation
John Ayling	• Chair of West Coast Primary Health Organisation • Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board • Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector). • To be announced
John Vaile (Board Member)	• Director, Vaile Hardware Limited
Lynnette Beirne	• President West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Committee • Partner in Chez Beirne (provider of catering and home stay services for

Member	Disclosure of Interest
	the West Coast District Health Board and West Coast Primary Health Organisation) • Contract for the Café and Catering at Tai Pountini
Marie Mahuika-Forsyth	• Seconded to Community and Public Health • Promoter for Healthy Eating Healthy Action (20 hours per week) • Executive Member of Makaawhio • Member of Tatau Pounamu • Part-time employee of Supporting families – Non Government Organisation
Mary Molloy (Board Member)	• Director - Molloy Farms South Westland Ltd • Trustee - L.B. & M.E Molloy Family Trust • Trustee - West Coast Community Trust • Spokes woman - Farmers Against Ten Eighty • Executive member - Wildlands Biodiversity Management Group Incorporated • Deputy Chair of West Coast Community Trust
Patricia Nolan	• Member - Brain Injury Association • Member - Hokitika CCS Disability Action
Robyn Moore	• Family member is the Clinical Nurse Manager of Accident and Emergency

DRAFT MINUTES OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 18 AUGUST 2011 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH, COMMENCING AT 9.05 AM

PRESENT

Elinor Stratford, Chair
Kevin Brown, Deputy Chair
John Ayling
Peter Ballantyne, (ex officio)
Robyn Moore
Marie Mahuika-Forsyth
Patricia Nolan (9:05)
Mary Molloy (9:10)

IN ATTENDANCE

Wayne Turp, General Manager Planning and Funding
Bryan Jamieson, Community Liaison Officer
Dr Carol Atmore, Chief Medical Advisor
Yolandé Oelofse (minute secretary)
Gary Coghlan, General Manager Maori Health (9:20)

APOLOGIES

Dr Cheryl Brunton
Barbara Holland
Paul McCormack, Board's Chair (ex officio)
Presentation on WCDHB Child Health Plan: Shona McLeod
Colin Weeks, Chief Financial Manager

1. APOLOGIES, WELCOME, KARAKIA

The Chair welcomed everyone to the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) combined meeting and asked a Committee member to lead the Committee in the Karakia.

An apology was received on behalf of Barbara Holland, Dr Cheryl Brunton and Dr Paul McCormack.

Moved: Robyn Moore **Seconded: Marie Mahuika-Forsyth**

Motion:
"THAT the apologies be noted"

Carried.

2. STANDING ORDERS

The Chair waived standing orders noting reinstatement if required.

3. DISCLOSURES OF INTEREST

Lynette Beirne	Contract for the Café and Catering at Tai Pountini
Mary Molloy	Add Deputy Chair of West Coast Community Trust and to delete Member – Breast Screening Aotearo Advisory Committee

4. MINUTES OF THE PREVIOUS COMBINED COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 14 JULY 2011

Moved: Kevin Brown **Seconded: Patricia Nolan**

Item 7.2	Correspondence: John Ayling raised concerns about the following matters –
Item 7.5	iv) risk of withdrawing the services should read, risk of withdrawing the cervical screening community clinic services.
	provide for in that service should read, provided for the needs of 30-disabled women within that service.
	viii) Panouma should read Pounamu
Item 9.1	Praise for work done by the Primary around workforce solutions and quality and patient safety measures.

Moved: Patricia Nolan **Seconded: Marie Mahuika-Forsyth**

MOTION:
"THAT the Minutes of the Combined Community and Public Health and Disability Support Advisory Committee meeting held 14 July 2011 with amendments as noted be accepted as a true and accurate record"

Carried.

6. MATTERS ARISING

Item 1	Report received and recommendation to be considered at the next meeting.
Item 2	Carried over to September Meeting and to invite Portfolio Manager of Health of Older People to speak to this report
Items 3-5	Completed to be removed.
Item 6	Completed to be removed.
Item 7	Early development of making advance directives is currently been addressed. Item to be referred to the Clinical Governance Committee
Item 8	To remove.

7. GENERAL BUSINESS

7.1 Chairs Report to Committee

The Chairs report was taken as read.

To note that a Committee member was disappointed that the Primary Health Organisation (PHO) were not invited to the opening of Franz Josef.

The General Manager Planning and Funding gave a brief outline of the Alliance Workshop. Information of the Alliance Leadership Team is available on the West Coast District Health Board website.

Action: To email further information to the Committee.

Moved: Kevin Brown **Seconded: John Ayling**

Motion:
"THAT the Committee receives the Chair's report"

Carried.

7.2 Correspondence

Correspondence was received regarding Sign Language Interpreters – are there enough in NZ? Nationally we have a problem with sign interpreters and we have only two trilingual sign interpreters in New Zealand. The Committee recognises that there is a shortage of sign language interpreters and that the cost aspect of hiring them is very expensive. The Chair will reply to the correspondence received from the CPHAC and DSAC Chair of NMDHB.

Moved: Mary Molloy **Seconded: Robyn Moore**

Motion:
"THAT the Committee receives the Correspondence"

Carried.

7.3 Revised Work Plan

Reports – It was requested that in future the general information and reports should be added "for reference/information only" so it does not dominate the Agenda. It will then only be necessary to provide exception reports or alert the Committee to potential risks. The Committee is happy that CPHAC and DSAC have a representative for clinical leadership in attendance. For future purposes it was decided that a detailed clinical leadership report be submitted quarterly. If information should arise outside the quarterly reporting period, the Committee will receive the necessary report on an exceptional basis.

Moved: Peter Ballantyne **Seconded: Elinor Stratford**

Motion:
"THAT the Committee receives the Work Plan"

Carried.

7.4 Other Reports:

i) Clinical Leaders Report

The Clinical Leaders Report was taken as read.

As per Item 1 from Matters of Arising a discussion took place around the progress on "what is driving the deficit in Primary Practice". Three areas are addressed: namely, Issues around the DHB management and it's support structure, Finance issue such as lost revenue and HR issues such as staff costs, recruitment and retentions. Solution: Business improvements within DHB own practices – need to be viable to go into Integrated Family Health Centres (IFHC); whole of system IFHC (being addressed in Buller); Effective practice management – CDHB have offered support (and) to enable more direct accountability at service level.

Moved: Paul Ayling **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Clinical Leaders report"

Carried.

ii) Quarterly West Coast Primary Health Organisation Report

The Quarterly West Coast Primary Health Organisation Report was taken as read.

To note that Cardiac disease rates have improved. The Committee noted an improvement in target figures. Areas of concern that targets for cardiovascular would not be reached, due to concentration on numbers and not the quality of service.

A concern was raised to receptionist triaging patients and whether Patient privacy is (appropriate) maintained. The PHO said that staff work according to guidelines and that appropriate care is a reminder.

Section 6: Maori youth at risk were not being referred and therefore have not been involved in this program.

Green prescription –Maori women make use of alternative groups other than the gym. A new program will commence in September and run for 10 weeks, which may be utilised by this group.

Action: Well child plan: further feedback to be provided to Committee around the relationship with Plunket and DHB at the September Meeting.

Moved: Marie Mahuika-Forsyth **Seconded: Robyn Moore**

Motion:
"THAT the Committee receives the Quarterly West Coast Primary Health Organisation report"

Carried.

iii) Quality and Risk Report

The Quality and Risk Report was taken as read.

The Audit and Risk Committee provides details on the risk and complaints received. For future reporting, this item is to be moved into the Information papers.

Moved: Patricia Nolan **Seconded: Robyn Moore**

Motion:
"THAT the Committee receives the Quality and Risk report"

Carried.

iv) Human Resources Report (HR)

The HR Report was taken as read. To review report with; trends, turnover rates, age profile, absenteeism, occupational groups and workforce be received.

For future reporting, this item is to be moved into the Information papers.

Action: To review report structure and requirement of report.

Moved: Elinor Stratford **Seconded: Patricia Nolan**

Motion:
"THAT the Committee receives the Human Resource report"

Carried.

v) Finance

The Chief Financial Manager's report was taken as read. An apology was received as Colin Weeks, the Chief Financial Manager was not able to speak to this report. The

General Manager Planning and Funding spoke to this report as the Chief Financial Officer was not available.

A question was asked regarding the HEHA funding of unspent funds was asked around the deadline, and if there is an opportunity for this to go out to the community. Further information will be provided at the meeting in September.

Moved: Elinor Stratford **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Chief Financial Manager's report"

Carried

vi) Better Sooner More Convenient Primary Care (BSMC) – ALT (Alliance Leadership Team)

The BSMC - ALT's report and taken as read.

BSMC needs better integrated into Annual plan. The General Manager Planning and Funding stated that he felt that this was adequately covered.

A question was raised as to what was spent in the last financial year. Have we improved access and do the processes need to get more traction. Yes it was agreed that the access has not improved and processes need more traction. Model of care has not been implemented which will resolve current issues.

Is the ALT priority the BSMC business plan or the DHB Annual Plan? The General Manager Planning and Funding assured that BSMC team ensured that the Annual Plan is reflected in the BSMC Business plan and thought that the deliverables were in the Annual Plan. The BSMC Business plan are due for review, patient waiting times has not improved, promised around Buller is on track, model of care is not yet applied.

Moved: Peter Ballantyne **Seconded: Patricia Nolan**

Motion:
"THAT the Committee receives the BSMC report"

Carried

vii) Health Target Report

The Health Target Report was taken as read.

Moved: Elinor Stratford **Seconded: Peter Ballantyne**

Motion:
"THAT the Committee receives the Health Target report"

Carried.

viii) The General Manager Planning and Funding Report to Committee

The General Manager Planning and Funding's Report was taken as read.

DHB is positively addressing current issues around Granger House.

Moved: Kevin Brown **Seconded: Marie Mahuika-Forsyth**

Motion:
"THAT the Committee receives the General Manager Planning and Funding's report"

Carried.

ix) The Community and Public Health Report to Committee

The Community and Public Health Report was taken as read.

Moved: Elinor Stratford **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the Community and Public Health report"

Carried.

x) The IFHC (Westport Integrated Family Health Centre Community Engagement) Report to Committee

The IFHC Report was taken as read.

A second round of community engagement will take place in the third week in September.

Moved: Elinor Stratford **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the IFHC report"

Carried.

8. **West Coast District Health Board Child Health Plan**

The General Manager Planning and Funding received questions from the Committee regarding the Child Health Plan.

Positive feedback and objectives have been monitored by the Child and Youth Health Committee, this Committee meets every month.

It was noted that there is a concern over the Child Oral Health stats. The General Manager of Planning and Funding reassured the Committee that there is an improvement in the stats and suggested that the Portfolio manager of the Child and Youth Committee be invited to present at the next meeting.

Action: To invite the Child and Youth Chair to present at the September Meeting.

Moved: Elinor Stratford **Seconded: Kevin Brown**

Motion:
"THAT the Committee receives the West Coast District Health Board Child Health Plan"

Carried.

9. <u>OTHER BUSINESS</u>

Chair requested from Committee items to be referred to the Board

Items to refer to the Board:

1. Aspect relevant to ground work in various areas and confidence moving forward and resolve in outcomes. And communicate that to the public. Press relations media communication have improved. to recognise the media comment has improved.
2. To note that a Committee member was disappointed that the PHO were not invited to the opening of Franz Josef Health Clinic.

Meeting closed at 10:50am

9.1 NEXT MEETING

The next meeting will be held on Friday, 30 September at 9am in the Boardroom, Corporate Office, West Coast District Health Board, Greymouth

MATTERS ARISING FROM THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 18 AUGUST 2011 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH, COMMENCING AT 9.00 AM

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
1	14 April 2011	Tor Wainwright as the portfolio manager for disabilities will prepare a briefing paper on the West Coast's and the national position with disability services	Tor Wainwright		General Business 7.1
2	14 July 2011	Quality and Risk Report: How do practitioners know that advance directives are in place, to seek further clarity. Early Development of making advance directives is currently been addressed. Item to be referred to the Clinical Governance Committee	Chief Medical Advisor		General Business 7.5 item vi

Report received and recommendation to be considered at the next meeting.

COMMITTEE CHAIRS REPORT

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Elinor Stratford, Chair**

DATE: **15 September 2011**

MATTERS REFERRED TO BOARD FROM CPHAC/DSAC

The Board offered an apology for not inviting the PHO to the opening of the Franz Josef Health Clinic – it was an unintentional oversight.

ITEMS OF INTEREST FROM THE BOARD MEETING

Verbal Report

Author: **Elinor Stratford, Chair, September 2011**

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE CORRESPONDENCE AUGUST/SEPTEMBER 2011

OUTWARD AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
26 August 2011	Chair CPHAC and DSAC	NMDHB	Sign Language Interpreters		

RECOMMENDATION

That the inward correspondence is received.

West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office *Telephone 03 769-7400*

High Street, Greymouth 7840 *Fax 03 769-7791*

26th August 2011

Gerald Hope
CPHAC/DSAC Chair
Nelson Marlborough DHB
Private Bag 18
Nelson

Dear Gerald

RE: SIGN LANGUAGE INTERPRETERS

At the meeting held on the 18th August the question was asked as to how our DHB deals with provision of Sign interpretation. We have no registered qualified sign interpreters in our community that we are aware of. It is accepted that if people wanted to attend a meeting this is not available here but they would be able to read the minutes and agenda on line and retrospectively.

I am aware that this is also a problem for the Nelson Marlborough area having recently participated in the Ministry of Health forums in Nelson and Blenheim where we brought in Sign interpreters from Christchurch. Your closest interpreters are most probably from the Wellington area. As you will be aware it is a costly exercise to employ their services. There may, of course, be people in your district with basic sign language. There is a problem nationally in providing this service.

I am sure you will also be aware of the slianz.org.nz site where you can download the directory of qualified members and the specialist areas in which they work such as medical, Maori, Law etc. There are only two tri-lingual interpreters in NZ. Sign Language Interpretation is a 4 year degree course. I am unsure as to how we could encourage more people into this. Maybe it needs discussion at a Government level as it is NZ's third language.

Yours sincerely

Elinor Stratford MNZM
CPHAC/DSAC Chair
West Coast DHB

DISTRICT HEALTH BOARD LEADERSHIP REPORT

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **September 2011**

CLINICAL LEADERSHIP OVERVIEW

ACHIEVING EFFECTIVE CLINICAL LEADERSHIP

Report of Progress against Annual Plan 2011-12
(progress reported in italics)

OBJECTIVE	**ACTION**	**EVIDENCE**
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*
Strong clinical governance in the planning and delivery of services across the West Coast DHB	Develop an integrated whole of system clinical governance framework for the West Coast. ▪ *A stock take of existing clinical governance groups functionality and whole system integration opportunities has been undertaken and will be considered at the next health system- wide clinical governance workshop* ▪ *Further workshop planned for 29th September with expanded involvement of clinical staff*	A documented clinical governance framework for the West Coast Health system will be in place by December 2011. Staff survey results indicate improved participation in decision making; clinical leadership and clinical quality initiatives.
Provision of clinical leadership across nursing, allied health and medical staff	Strengthen senior clinical contribution into the West Coast DHB and Advisory committees. ▪ Strengthen clinical inputs into the planning of future services provision across the West Coast Health system *Doctors, nurses and allied health staff are involved in workshops being held to develop the model of care for Buller integrated family health centre model of care and Grey Hospital and Grey District integrated family health service* ▪ *Canterbury Clinical leaders and Managers are involved in model of care development. This model of care incorporates Medical, Allied and Nursing workforce.*	*Regular attendance and reporting from Clinical Leaders group to Board and* Advisory Committee meetings. Future health service models of care are developed by the doctors, nurses and allied health professionals who provide the service.

Increased professional development opportunities for clinical staff to increase staff retention	Develop the West Coast as a Rural Learning Centre. ▪ *Academic Director chair of the Southern Regional Training Hub and Clinical Leaders on the steering group* ▪ *A meeting of the Southern Regional Training Hub was held on September 7th to develop the regional Post Graduate education action plan. A verbal update is available from the Acting DONM if requested.* ▪ *The Rural Learning Centre stage one redevelopment is complete; phase two will follow after the current RMIP 5th year students leave in November.* Facilitate increased opportunities for the professional development of clinical staff. ▪ *Very successful weekend conference held by West Coast PHO in August at Punakaiki for West Coast General Practitioners and Rural Nurses* Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention. ▪ *Recruitment and Retention strategy being developed and implemented by CDHB HR team in conjunction with West Coast clinicians. September will see the allocation for 2012 PG Nursing HWNZ funding. The University of Otago Road Show was held the 30th August in Greymouth and Westport, 31st in Reefton to advertise and recruit students. We currently have 30 PG nurses being funded and intend this focussed development of the nursing workforce to continue in order to support the development of the West Coast Model of Care.* ▪ *September will also see the HWNZ allocation of Nursing Entry to Practice positions for the West Coast. Recruitment will commence early September and is to be done in collaboration with CDHB.* ▪ *Focused effort on General Practice recruitment, in conjunction with CDHB HR staff. Some permanent appointments being made*	Rural learning centre meets its work plan. Number of professional development workshops/ sessions provided. Increased staff retention. Workforce plan developed that will outline actions to retain and attract clinical staff and report against these – reduced staff turnover and reduced time to recruit into vacancies.

Quality improvement and safe patient care	Lead activities to promote and maintain clinical quality and safety, including supporting the development of the Xcelr8 Alumni. ▪ *Local staff attending Chch based courses and further Xcelr8 course being planned locally for November* Monitor clinical and professional standards and ensure actions from audits are completed. ▪ *Health & Disability Sector Standards Certification Audit Progress Report and Corrective Action Plan submitted to Ministry of Health on time and being monitored* ▪ *Clinical credentialing for senior doctors to be aligned with CDHB process, and annual appraisal process to be strengthened* Develop a Quality Team for the West Coast Health System. ▪ *Implementation plan for the Quality review is being finalised.* ▪ *The roll out of the Incident reporting system for Grey Hospital to Community Buller and Reefton is currently being developed*	Quarterly meetings of Xcelr8 alumni. 95% of audit actions completed. Reduced mortality as measured by standardised mortality ratio. Quality team established by September 2011.

FINANCE REPORT

Financial Overview for the period ending 31 August 2011

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,253	6,185	68	√	12,522	12,472	50	√
Governance & Administration	217	212	5	√	425	424	1	√
Funds & Internal Eliminations	4,280	4,284	(4)	×	8,655	8,568	87	√
	10,750	10,681	69	√	21,602	21,465	137	√
EXPENSES								
Provider								
Personnel	4,378	4,396	18	√	8,504	8,784	280	√
Outsourced Services	984	999	15	√	2,373	2,082	(291)	×
Clinical Supplies	725	586	(139)	×	1,336	1,180	(156)	×
Infrastructure	982	952	(30)	×	1,956	1,867	(89)	×
	7,069	6,932	(137)	×	14,169	13,913	(256)	×
Governance & Administration	206	212	6	√	404	425	21	√
Funds & Internal Eliminations	3,692	3,885	193	√	7,386	7,691	305	√
Total Operating Expenditure	10,967	11,030	63	√	21,959	22,029	70	√
Deficit before Interest, Depn & Cap Charge	217	349	132	√	357	564	207	√
Interest, Depreciation & Capital Charge	547	551	4	√	1,060	1,102	42	√
Net deficit	**764**	**899**	**135**	√	**1,417**	**1,666**	**249**	√

ORIGIN OF REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters to the committee.

CONSOLIDATED RESULTS

The consolidated result for the month of August 2011 is a deficit of $764k, which is $135k better than budget ($899k deficit).
The consolidated result for the year to date is a deficit of $1,417k, which is $249k better than budget ($1,666k deficit).

RESULTS FOR EACH ARM

Year to Date to August 2011

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(2,707)	(2,541)	(166)	Unfavourable
Funder Arm surplus / (deficit)	1,269	875	394	Favourable
Governance Arm surplus / (deficit)	21	0	21	Favourable
Consolidated result surplus / (deficit)	**(1,417)**	**(1,666)**	**249**	**Favourable**

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 August 2011

Aug-11						Year to Date					2011/12	2010/11	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget	Actual Result	Change (actual 10/11 to budget 11/12)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
36	41	5	11%	√	Laboratory	67	81	14	17%	√	486	511	5%
651	764	113	15%	√	Pharmaceuticals	1,443	1,527	84	6%	√	8,473	7,705	-10%
687	**805**	**118**	**15%**	√		**1,510**	**1,608**	**98**	**6%**	√	8,959	8,216	-9%
					Secondary Care								
5	20	15	74%	√	Inpatients	5	39	34	87%	√	237	38	-523%
79	150	71	47%	√	Travel & Accommodation	207	232	25	11%	√	1,391	1,189	-17%
1,285	1,285	0	0%	√	IDF Payments Personal Health	2,570	2,569	-1	0%	√	15,414	15,606	1%
1,369	**1,455**	**86**	**6%**	√		**2,782**	**2,840**	**58**	**2%**	√	17,042	16,833	-1%
					Primary Care								
42	50	8	16%	√	Dental-school and adolescent	84	91	7	8%	√	467	399	-17%
0	2	2	100%	√	Maternity	0	4	4	100%	√	26	0	
0	1	1	100%	√	Pregnancy & Parent	0	1	1	100%	√	8	0	
0	3	3	100%	√	Sexual Health	0	6	6	100%	√	33	13	-152%
5	0	-5	-1150%	×	General Medical Subsidy	4	1	-3	-400%	×	5	76	94%
521	523	2	0%	√	Primary Practice Capitation	1,042	1,046	4	0%	√	6,275	6,135	-2%
10	7	-3	-45%	×	Primary Health Care Strategy	13	14	1	6%	√	83	251	67%
77	77	0	0%	√	Rural Bonus	154	155	1	0%	√	928	970	4%
13	13	0	3%	√	Child and Youth	26	27	1	3%	√	162	162	0%
13	8	-5	-63%	×	Immunisation	21	16	-5	-31%	×	96	154	38%
14	14	0	4%	√	Maori Service Development	27	27	0	0%	√	162	165	2%
18	31	13	42%	√	Whanua Ora Services	36	62	26	42%	√	373	215	-74%
2	13	11	85%	√	Palliative Care	8	26	18	69%	√	157	110	-43%
14	16	2	13%	√	Chronic Disease	15	31	16	52%	√	286	3	-9440%
4	11	7	64%	√	Minor Expenses	22	22	0	2%	√	134	206	35%
733	**769**	**36**	**5%**	√		**1,452**	**1,529**	**77**	**5%**	√	9,195	8,859	-4%
					Mental Health								
0	1	1	100%	√	Eating Disorders	0	2	2	100%	√	12	23	48%
50	50	0	0%	√	Community MH	94	100	6	6%	√	601	538	-12%
1	1	0	0%	√	Mental Health Work force	2	1	-1	0%	√	8	15	44%
48	47	-1	-1%	×	Day Activity & Rehab	95	95	0	0%	√	569	518	-10%
10	10	0	2%	√	Advocacy Consumer	20	20	0	0%	√	122	120	-2%
6	5	-1	-13%	×	Advocacy Family	12	11	-1	-13%	×	64	71	10%
0	5	5	100%	√	Minor Expenses	0	10	10	100%	√	61	0	
117	118	1	1%	√	Community Residential Beds	224	235	11	5%	√	1,411	1,261	-12%
66	66	0	0%	√	IDF Payments Mental Health	132	133	1	0%	√	796	813	2%
298	**303**	**5**	**2%**	√		**579**	**607**	**28**	**5%**	√	3,644	3,359	-8%
					Public Health								
101	29	-72	-251%	×	Nutrition & Physical Activity	125	57	-68	-119%	×	342	328	-4%
68	7	-61	-886%	×	Public Health Infrastructure	75	14	-61	-443%	×	83	82	-1%
0	0	0		√	Social Environments	0	0	0		√	0	-15	100%
5	6	1	11%	√	Tobacco control	5	11	6	55%	×	68	58	-17%
174	**42**	**-132**	**-314%**	√		**205**	**82**	**-123**	**-150%**	×	493	453	-9%
					Older Persons Health								
9	52	43	83%	√	Home Based Support	-11	105	116	110%	√	595	708	16%
8	10	2	16%	√	Caregiver Support	19	19	0	0%	√	114	130	12%
281	174	-107	-61%	×	Residential Care-Rest Homes	492	348	-144	-41%	×	2,030	2,344	13%
-1	0	1		√	Residential Care Loans	-18	0	18		√	0	-113	100%
2	10	8	80%	√	Residential Care-Community	7	20	13	66%	√	122	48	-155%
257	395	138	35%	√	Residential Care-Hospital	625	791	166	21%	√	4,622	3,949	-17%
0	5	5	100%	√	Ageing in place	0	11	11	100%	√	65	12	-440%
7	7	0	1%	√	Environmental Support Mobility	14	14	0	1%	√	85	28	-204%
15	6	-9	-142%	×	Day programmes	26	12	-14	-110%	×	74	75	1%
12	12	0	0%	√	Respite Care	22	24	2	8%	√	143	118	-21%
108	108	0	0%	√	IDF Payments-DSS	216	217	1	0%	√	1,300	1,060	-23%
698	**779**	**81**	**10%**	√		**1,392**	**1,561**	**169**	**11%**	√	9,151	8,359	-9%
3,959	**4,153**	**194**	**5%**	√		**7,920**	**8,228**	**308**	**4%**	√	**48,483**	**46,079**	**-5%**

please note that payments made to WCDHB via Healthpac are excluded from the above figures

WHOLE OF HEALTH SYSTEM

PLANNING AND FUNDING – FINANCIAL

The District Health Board's result for services funded with external providers (including Inter-District Flows) for the month of August 2011 was an under spend of $194k (3%) and year to date under spend of $308k (4%).

Commentary on year to date variances

Referred Services
Community pharmaceuticals are $84k less than budget. This includes $56k paid to Pharmac towards the Discretionary Pharmaceutical Fund for 2011/12.

Secondary Care
Secondary Care services are $58k better than budget, with travel and accommodation paid under the National Travel Assistance scheme being $25k better than budget.
The expenses shown under Secondary Care are demand driven and the Inter-District Flows (IDFs) reflected for the month are based on the budgeted monthly IDFs and will be adjusted once confirmation of the actual IDFs is received.

Primary Care
Whanau Ora service costs are $26k less than budget, with Maori health services under review. Discretionary costs (chronic conditions and palliative care) are under budget (depends on actual need).

Mental Health
Community residential beds are under budget, with two beds funded on a discretionary basis and the remainder block funded.

Public Health
Expenditure varies throughout the year depending on when grants are dispersed and contracts begin. Included in the payments to date are upfront payments to the West Coast PHO for contracts which will cover the duration of the year. This has resulted in a timing difference between the actual payments and budgeted payments.

Older Persons Health
Overall expenditure (residential and non residential) is under budget for the month. These costs are mainly demand driven.

PLANNING AND FUNDING OVERVIEW

Public Health

<u>Pertussis/ Whooping Cough Epidemic</u>

The West Coast is currently experiencing a pertussis epidemic with more than 50 confirmed cases of pertussis on the West Coast, predominantly in the Westland Region. Notifications of the disease continue and the geographic area affected by the outbreak has increased.

A vaccination programme to try to being the epidemic under control is currently being planned.

Home Insulation

The West Coast DHB is working through a joint venture with The Insulation Company, Greenstuf and the Energy Efficiency and Conservation Authority (EECA) to insulate five hundred West Coast homes for free.

The DHB's will indentify those people in the community that are most at risk due to living in households that have poor home insulation and will be focussing on those with respiratory illness, and other long term conditions. The insulation program is planned to start in October 2011.

Maori Health

Progress on aligning Maori health service provision to primary practices and involvement within Integrated Family Health Centres has been made, with an agreement on future direction of contracts between Rata Te Awhina Trust and the West Coast District Health Board being reached.

Planning for the establishment of a Kaiawhina and a Maori nurse position in the Buller has begun and are expected to be in place by 1 December 2011.

Maori Health Provider – Rata Te Awhina Trust

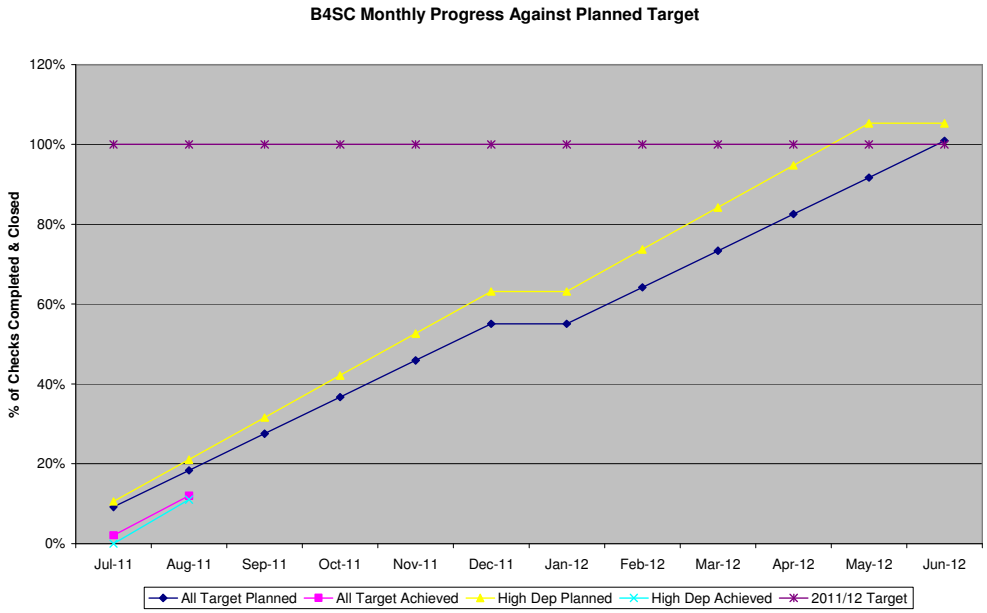
The Maori Health Provider has restructured its governance to include representation from both of the local Runanga on the Board; this has resulted in some robust planning within the organisation and as part of this we are working closely with the governance and management to assist in aligning health service delivery to better meet the Maori objectives identified within the Better, Sooner More Convenient Business case. To date job descriptions have been developed for the Kaupapa Maori Nurse positions and the Kaiawhina positions, these will form the basis for the development of a new service delivery contract with the organisation. We are aiming for the completion of the contracting process by the end of October and recruitment of these positions finalised by 01 December 2011.

Before School Check (B4SC)

At the end of August 2011, 12% of the 2011/12 target for the total eligible population completed their B4SC. This is 10% more than for the previous month (July 2011, 2%) but 6% less than for the planned target for August 2011.

On the other hand, 11% of 4-5 year old children in the high deprivation population completed their B4SC in August from 0% in July 2011.

There is a likelihood of the programme not achieving the 25% planned target for the quarter one of 2011/12 given that we are 17% through the year in days by the end of August. Due to seasonal aspects such as timing of school holidays the DHB performance throughout the year will not always match the percentage of year covered in the reporting. Therefore, if the progress shown in August is maintained and improved, the B4SC will be able to achieve its 2011/12 target.



Increased Immunisation: 95% of 2 year olds are fully immunised

The immunisation coverage for the month of August 2011 is 79% for ALL 2 year olds - 9% less than the previous month.

The coverage rate for Maori for the month of August has also dropped by 33%. This equates to one (1) child declining or opting off immunisation out of the three (3) eligible Maori children in August 2011.

Further analysis show that, for the first two months of 2011/12, the DHB immunisation coverage is 99% for all 2 year olds that have not declined or opted off the NIR – only 1 child whose parent(s) have not declined or opted off immunisation has not been fully immunized in July 2011.

The decline rate however, is at 16.7% and work to decrease the decline rate and improve immunisation coverage continues to be a focus in primary care and the Outreach Immunisation Service.

West Coast Monthly Immunisation Coverage – June –August 2011

	June 2011	July 2011	August 2011
Fully Immunised – Total (Number)	87% (39/45)	88% (43/49)	79% (33/42)
Fully immunised - Maori	100% (5/5)	100% (10/10)	67% (2/3)
Opt Off (Number)	2.2% (1)	4.1% (2)	4.8% (2)
Declined (Number)	11.1% (5)	6.1% (3)	16.7% (7)
Not fully Immunised (Number)	0.0% (0)	2.0% (1)	0.0% (0)

Smoking Cessation

The percentage of all hospitalised smokers given advice and help to quit in August 2011 is 78% - 6% more than the previous month (see table below). The percentage achieved in August reverses

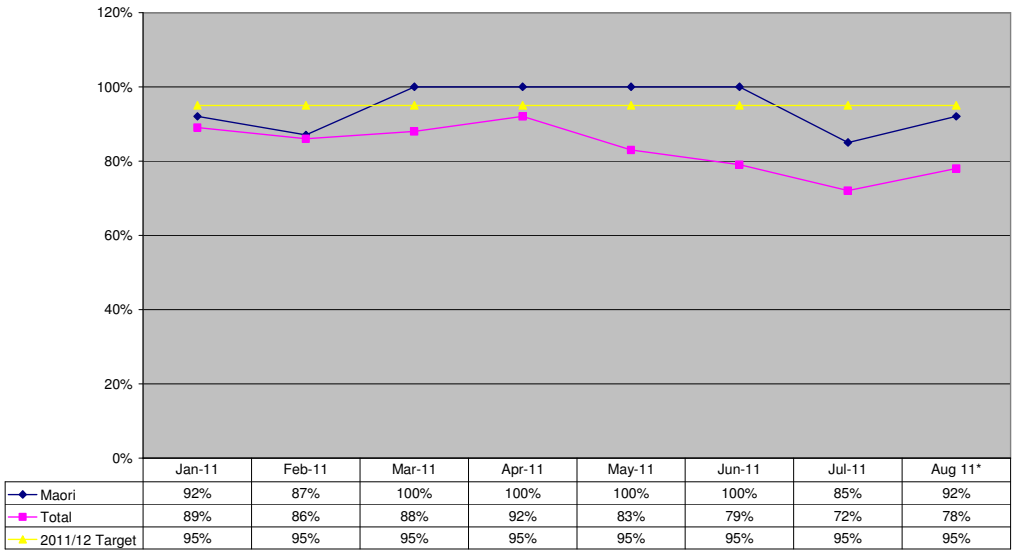
the trend of decrease seen since April 2011. However, the increase for the month of August will not be enough for the DHB to reach the 95% target for quarter one even if a 100% is achieved for the month of September.

Nevertheless, it is hoped that this improvement will be maintained with the new inclusion of a Smoking Cessation Counselor who commenced work on the 19th of July 2011 and the recent recruitment of a 0.2 FTE HEHA/Smokefree Service Development Manager (commenced 13 September 2011) who will provide planning and leadership for the programme. A 0.8 FTE Smoking Cessation Coordinator will commence before the end of October 2011. These roles will continue to provide training, support and leadership for the programme to ensure that the ABC is embedded within the systems and processes so that the DHB would be able to achieve the 95% target for 2011/12.

Percentage of hospitalised smokers given advice and help to quit – August 2011*

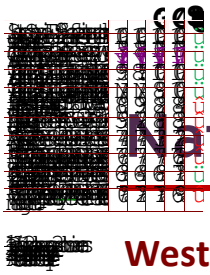
	Smokers	Given advice and help to quit	% Given advice and help to quit *	July 2011	Change
Maori	13	12	**92%**	85%	+7%
Other	60	45	**75%**	69%	+6%
Total	74	58	**78%**	72%	+6%

**Data as of 13/09/11 and may not include some smoking cessation data for August 2011 that are yet to be completely coded and entered by clinical coders.*



	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug 11*
Maori	92%	87%	100%	100%	100%	100%	85%	92%
Total	89%	86%	88%	92%	83%	79%	72%	78%
2011/12 Target	95%	95%	95%	95%	95%	95%	95%	95%

**Data as of 13/09/11 and may not include some smoking cessation data for August 2011 that are yet to be completely coded and entered by clinical coders.*



National Health Targets

West Coast DHB

Quarter 4 2010/11 Performance Summary

Target	[redacted]

FEEDBACK FROM THE DIRECTOR-GENERAL OF HEALTH - 2010/2011 QUARTER FOUR PUBLISHED HEALTH TARGET RESULTS FOR ALL DHBs:

Overall results

Nationally the quarter four year-end 2010/11 health target results show excellent performance improvement across most of the health target areas. Three of the national health targets have been met: Improved access to elective surgery, Shorter waits for cancer treatment and Increased immunisation. The results for each target are summarised below.

The national **Improved access to elective surgery** target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 discharges (four percent) more than planned

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment in the **Shorter waits for cancer treatment** health target

The national **Increased immunisation** health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population.

National performance against the **Shorter stays in Emergency Departments** target increased to 92 percent this quarter compared with 89 percent in quarter three 2010/11 and 80 percent in quarter one 2009/10.

In quarter four 85 percent of smokers were offered help and advice to quit in the **Better help for smokers to quit target**. This compares with 74 percent in quarter three 2010/11.

The national composite performance in the **Better diabetes and cardiovascular services** health target for the year was 72 percent, down from 73.1 percent in quarter three 2010/11.

Health target results for 2010/11 quarter four compared with quarter three 2010/11 and quarter four 2009/10

Target Area	National goal	Quarter four 2009/10	Quarter three 2010/11	Quarter four 2010/11
Shorter stays in Emergency Departments	95%	86.5%	88.9%	91.6%
Improved access to elective surgery	100%	105.1%	101.5%	103.8%
Shorter waits for cancer treatment[5]	100%	99.3%	98.9%	99.9%
Increased immunisation	90%	87.2%	88.8%	90.4%
Better help for smokers to quit	90%	56.8%	73.7%	84.6%
Better diabetes and cardiovascular services	N/A[6]	69.8%	73.0%	72.0%

[5] In January 2011 the Shorter waits for cancer treatment health target wait time shifted from six weeks to four weeks. The result for quarter four 2009/10 is based on the six week wait time. Quarter three and four 2010/11 results are based on the four week wait time.

[6] Performance against the better diabetes and cardiovascular services health target is an average of three target indicators and there is no overall national goal.

This quarter Canterbury DHB's performance has not been ranked in four of the six health targets (elective surgery, cancer, tobacco and CVD diabetes) in acknowledgement of the impact of the earthquakes on the DHB's year-end results.

The quarter four results represent the year end position for each target based on quarter four reports supplied by DHBs. The electives target is a volume target, and as such is the only target where the assessment is based on a cumulative result from the full year.

Individualised performance-focused letters will be sent to all DHB Chairs, copied to DHB CEOs, from the Minister of Health. The letters will contain specific feedback from Target Champions about each DHB's quarter four health target performance. Target Champions will also be contacting poorer performing DHBs in each target area. DHBs' overall performance has been discussed with the Minister of Health.

The table of DHB performance for publication in newspapers and newsletters has a column to describe the change in performance between quarter three 2010/11 and quarter four 2010/11. Upward and downward triangles indicate where progress has increased or decreased and the dash '-' indicates no change. Changes up to and including one percent have not been displayed in the newspaper table as improvements or decreases in performance. Changes of 1.01 percent or more are displayed as upward or downward facing triangles.

As in previous quarters, detailed data on the quarter four results will be available on the Ministry's website from Wednesday 31 August 2011. This includes an interactive excel spreadsheet where detailed results are available by target area, including by ethnicity for some targets, and / or by DHB.

The purpose of the briefing points from Target Champions is to provide additional background information to support DHBs disseminating the target results to local communities. This information is not developed to be published in full.

Please note the Ministry plan to publish the quarter four results on 31 August. In some of the past quarters, the Minister has released the results a day early.

Health target results

1. Shorter stays in emergency departments

National performance against the target increased to 91.6 percent this quarter. This is an impressive result, particularly in a 'winter quarter', and is the highest national result achieved so far. It compares to a performance of 88.9 percent recorded last quarter (quarter three 2010/11) and an initial performance of 80.1 percent in quarter one of 2009/10.

The number of individual DHBs achieving the target also increased again this quarter to nine, with Auckland DHB achieving 95 percent for the first time. The other DHBs also achieving the target are Canterbury, Counties Manukau, Nelson Marlborough, South Canterbury, Tairawhiti, Taranaki, Wairarapa and West Coast. A further two DHBs, Hawke's Bay and Waitemata, are just short of the target on 94 percent.

Of the 11 DHBs not currently achieving the target, only two – Capital & Coast and Lakes – did not record an improvement in performance this quarter.

Earthquake impact
Canterbury DHB maintained its achievement of the 95 percent target this quarter despite pressure on hospital capacity and bed availability due to the closure of four wards following the February earthquake.

DHB performance
Auckland DHB achieved the 95 percent target for the first time this quarter. The DHB has recorded strong performance improvement over the last two quarters improving from 78 percent in quarter two and 88 percent in quarter three of 2010/11.

Waitemata DHB recorded the biggest improvement in performance this quarter, increasing by 13.9 percent to 94 percent. Overall Waitemata DHB's performance has improved 32.7 percent since the target was introduced and it has gone from being bottom of the DHB performance table with 61 percent, to 11th this quarter.

Capital & Coast DHB's performance deteriorated by a further one percent this quarter, to 74 percent. As a result it remains the poorest performing DHB by a growing margin with the next poorest performing DHB, Southern, improving this quarter to 83 percent.

Lakes was the only other DHB not achieving the target to record a decrease in performance this quarter. It decreased 1.4 percent to 89 percent. This is the first quarter that Lakes DHB's performance has deteriorated and with the performance of other DHBs improving, Lakes has dropped to a ranking of 15th out of the 20 DHBs.

2. Improved access to elective surgery

Quarter four results for the elective surgery target show the national target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 (four percent) more than planned. This includes the additional discharges to support Canterbury DHB's potential shortfall as a result of the earthquakes. This is also an improvement of 6977 discharges over the final results for 2010/11, when 138,376 people received treatment.

Earthquake impact
Canterbury DHB's results show them being 504 discharges (three percent) behind plan. This is considered an excellent result under the circumstances. The DHB has worked hard to ensure elective surgery was maximised in the final quarter of the year. The National Health Board confirmed additional elective surgery in other DHBs to address any shortfall.

DHB performance
Nineteen DHBs have achieved their target, four more than in quarter three. Eight DHBs (Northland, Counties Manukau, Lakes, MidCentral, Taranaki, Whanganui, Wairarapa and West Coast) have an 'outstanding rating' where actual delivery is more than five percent over their planned level.

There has been notable improvement in performance between quarter three and four. Three DHBs who were behind in quarter three are now ahead of plan:

- Capital & Coast improved from 99 percent to 103 percent
- Hutt Valley improved from 99 percent to 102 percent
- Tairawhiti improved from 97 percent to 101 percent.

All DHBs but Canterbury have met their target.

3. Shorter waits for cancer treatment radiotherapy

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment. One Canterbury DHB patient waited three days longer than four weeks as a direct result of the earthquake in Christchurch.

Earthquake impact
The impact of the earthquake continues not only for Canterbury DHB but also for Southern and Capital & Coast DHBs. Southern and Capital & Coast DHBs continue to receive referrals for patients who are domiciled to West Coast, Nelson Marlborough and South Canterbury DHBs and who would normally be treated at Canterbury DHB.

DHB performance
All 20 DHBs are outstanding performers this quarter, with the four week wait health target achieved for almost all patients during quarter four 2010/11. Further, despite the ongoing consequential impacts of the earthquakes, Canterbury DHB achieved 99.53 percent with only one patient waiting three days longer than four week target as a direct result of the earthquake.

The Ministry continues to intensively monitor all Cancer Centre DHBs against the four week health target. Performance monitoring includes weekly assessment of:

- performance against the four week target
- factors influencing treatment delivery capacity
- use of delay code categories.

4. Increased immunisation

The national Increased immunisation health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population. Ethnicity coverage in quarter four was: NZ European 91.3 percent; Māori 87.8 percent; Pacific 94.2 percent and Asian 95.8 percent.

Earthquake impact
Canterbury DHB achieved immunisation coverage of 90 percent in quarter four against their own target of 91 percent for total population. Māori coverage reached 91 percent and Pacific coverage 98 percent.

DHB performance
In quarter four, 13 DHBs achieved or exceeded the immunisation target of 90 percent coverage for total population; Auckland (92 percent), Canterbury (90 percent), Capital & Coast (91 percent), Counties Manukau (90 percent), Hawke's Bay (93 percent), Hutt Valley (91 percent), MidCentral (92 percent), South Canterbury (92 percent), Southern (93 percent), Tairawhiti (90 percent), Waikato (91 percent), Wairarapa (94 percent), Waitemata (92 percent).

- Canterbury, Capital & Coast, Hawke's Bay, Hutt Valley, South Canterbury and Southern DHBs achieved a full year of coverage at or above 90 percent.
- Canterbury did not achieve their own target of 91 percent; nevertheless they continued to provide exceptionally high levels of coverage despite the recurrent earthquakes in the city and consequent severe disruption to services.
- Auckland DHB exceeded their stretch target of 91 percent.
- Counties Manukau achieved the national target and lifted coverage from 87 percent in quarter three to 90 percent coverage in quarter four; the DHB also increased Māori coverage by four percentage points from quarter three.

- Wairarapa DHB increased coverage from 89 percent in quarter one to 94 percent in quarter four for total population; the DHB exceeded its Māori population target of 91 percent, achieving 94 percent coverage.

DHB total population and ethnicity targets
The following DHBs achieved their own total population and ethnicity targets this quarter.

Māori:
Māori immunisation coverage increased from 83 percent in quarter four 2009/10 to 87.8 percent in quarter four 2010/11 against a target of 90 percent.

- Thirteen DHBs achieved or exceeded the Māori population coverage targets; Auckland (89 percent), Bay of Plenty (88 percent), Canterbury (91 percent), Hawke's Bay (93 percent), Hutt Valley (92 percent), Nelson Marlborough (87 percent), South Canterbury (94 percent), Southern (95 percent),Tairawhiti (90 percent), Waikato (90 percent), Wairarapa (94 percent), West Coast (89 percent), Whanganui (89 percent).

Pacific:
Pacific immunisation coverage increased from 89 percent in quarter four 2009/10 to 94.2 percent in quarter four 2010/11 against a target of 90 percent.

- All providers with specific Pacific population coverage targets exceeded their targets Auckland (95 percent), Capital & Coast (92 percent), Canterbury (98 percent), Counties Manukau (92 percent), Hutt Valley (97 percent), Waikato (94 percent), Waitemata (97 percent).

Total population:
Bay of Plenty DHB exceeded their total population target of 85 percent with 87 percent coverage.

5. Better help for smokers to quit

Further progress has been made in quarter four with the national average increasing from 74 percent in quarter three to 85 percent of smokers being offered help and advice to quit nationally in quarter four.

Nine DHBs have achieved or exceeded the 90 percent target in quarter four and 11 DHBs achieved or exceeded 90 percent in the month of June.

Over 33,444 hospitalised smokers have been identified in quarter four and 28,303 have received brief advice.

In 2010/11, over 96,000 hospitalised patients have been offered brief advice and help to quit.

Earthquake impact
Canterbury DHB's results have dropped from 77 percent in quarter three to 70 percent in quarter four. The decline in results has been most apparent at Christchurch Hospital which contributes to a large proportion of patient events, and which has had to deal with significant disruption following the earthquake.

DHB performance

- Lakes DHB has achieved 100 percent in quarter four and is the top performing DHB for the quarter.
- Capital & Coast DHB has made significant progress and has achieved the target in quarter four with 97 percent despite being one of the three poorest performing DHBs in quarter three at 66 percent.

- Hawke's Bay, Nelson Marlborough, Northland and Whanganui DHBs have all made significant progress over the quarter and have achieved the target.
- South Canterbury, Wairarapa and Hutt Valley DHBs have all achieved the target again this quarter, and have improved on their quarter three results.
- Taranaki DHB has made significant progress in quarter four, moving from 61 percent in quarter three to 83 percent in quarter four. The 90 percent target was not achieved for the quarter, but Taranaki DHB did achieve 92 percent in the month of June.
- West Coast DHB's results have dropped from 88 percent in quarter three to 83 percent in quarter four.
- Bay of Plenty DHB has made progress this quarter but is one of the two poorest performing DHBs.
- Auckland DHB and Southern DHB have both made progress this quarter but have not achieved the target and are some of the poorest performing DHBs.
- Canterbury DHB's results have dropped from 77 percent to 71 percent in this quarter.

6. Better diabetes and cardiovascular services

National composite performance[7] in the Better diabetes and cardiovascular services health target for the year was 72 percent (down from 73 percent in the first three quarters of 2010/11). Between quarters three and four 2010/11, six DHBs improved their results and 12 DHBs were within 2 percent of their targets.

When comparing quarter one 2010/11 to quarter four 2010/11, eight DHBs have improved, nine DHBs fell by less than three percent, and three DHBs fell by more than five percent (Lakes, Taranaki and West Coast).

Performance in the CVD risk assessment indicator saw eleven DHBs achieving their 2010/11 targets. Twelve DHBs achieved their 2010/11 targets in the diabetes free annual checks indicator, however DHBs had less success with their diabetes management, with only five DHBs achieving their targets.

Earthquake impact
Canterbury DHB performed well in achieving the diabetes management indicator and was just two percent below their free annual checks target by the end of March 2011. Establishing and stabilising the enrolled population remains a major focus post-quake.

DHB performance

CVD risk assessment
Nationally the percentage of the eligible population who have had their CVD risk assessed in the last five years has reached 76 percent, down from 77 percent in quarter three 2010/11, but similar to quarters one (76 percent) and two (76.5 percent) 2010/11.

All DHBs performed reasonably well in the CVD risk assessment target, although none were above 90 percent, the results ranged from 68 to 82 percent against targets of 60 to 81 percent.

MidCentral remains the top performing DHB in this indicator at 82 percent, with Waitemata DHB and Counties Manukau DHB at 80 percent.

Diabetes free annual checks
Based on the number of diabetes free annual checks delivered during 2010/11[8], nationally 66 percent (or 122,089) of people with diabetes received their free annual checks. The result for

[7] 'Composite performance' is an average of performance across the three target indictors: CVD risk assessment, diabetes free annual checks and diabetes management.
[8] This 2010/11 target is reported in arrears, so the year in which services are delivered is 1 April 2010 to 31 March 2011.

quarter three was 69 percent, with quarter one being 70 percent. Twelve DHBs achieved their DHB-specific total targets for 2010/11 while four were within five percent of the target.

For Māori and Pacific, the year end results show 71 percent (or 17,874) of Māori with diabetes received their free annual checks and 78 percent (or 14,312) of Pacific people.

Counties Manukau DHB and Waikato DHB surpassed their locally set targets by about 20 percent. Taranaki DHB continued to rank first for delivery, with Counties Manukau DHB second and Whanganui DHB third.

Diabetes management
Nationally, of those who have received their diabetes free annual check during 2010/11, 74 percent had satisfactory or better diabetes management. This target showed a slight increase with quarter three at 73 percent, and quarter one at 72 percent. However, only five DHBs (Canterbury, Capital & Coast, Counties Manukau, Lakes and Whanganui) achieved their DHB-specific targets for 2010/11, with ten DHBs less than five percent below their targets.

For the diabetes management, Southern DHB was the highest performer with 95 percent of its target achieved, with Whanganui DHB and South Canterbury DHB ranking second and third.

The NZ Guidelines Group has developed an evidence-based clinical guidelines package for primary care on diabetes management. This is being disseminated through their website and the Ministry's Health Improvement and Innovation Resource Centre (HIIRC) website.

New CVD diabetes health target in 2011/12
From 1 July 2011 the new national target for the CVD indicator is 90 percent. This target has been agreed in DHB Annual Plans.

FAQ'S FOR QUARTER FOUR HEALTH TARGET RESULTS

What are the overall quarter four health target results?

Nationally the quarter four year-end 2010/11 health target results show excellent performance improvement across most of the health target areas. Three of the national health targets have been met: Improved access to elective surgery, Shorter waits for cancer treatment and Increased immunisation.

How did each health target perform?

Shorter Stays in Emergency Departments

National performance against the Shorter stays in Emergency Departments target increased to 92 percent this quarter compared with 89 percent in quarter three 2010/11 and 80 percent in quarter one 2009/10.

Improved Access to Elective Surgery

The national Improved access to elective surgery target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 discharges (four percent) more than planned.

Shorter Waits for Cancer Treatment Radiotherapy

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment in the Shorter waits for cancer treatment health target.

Increased Immunisation

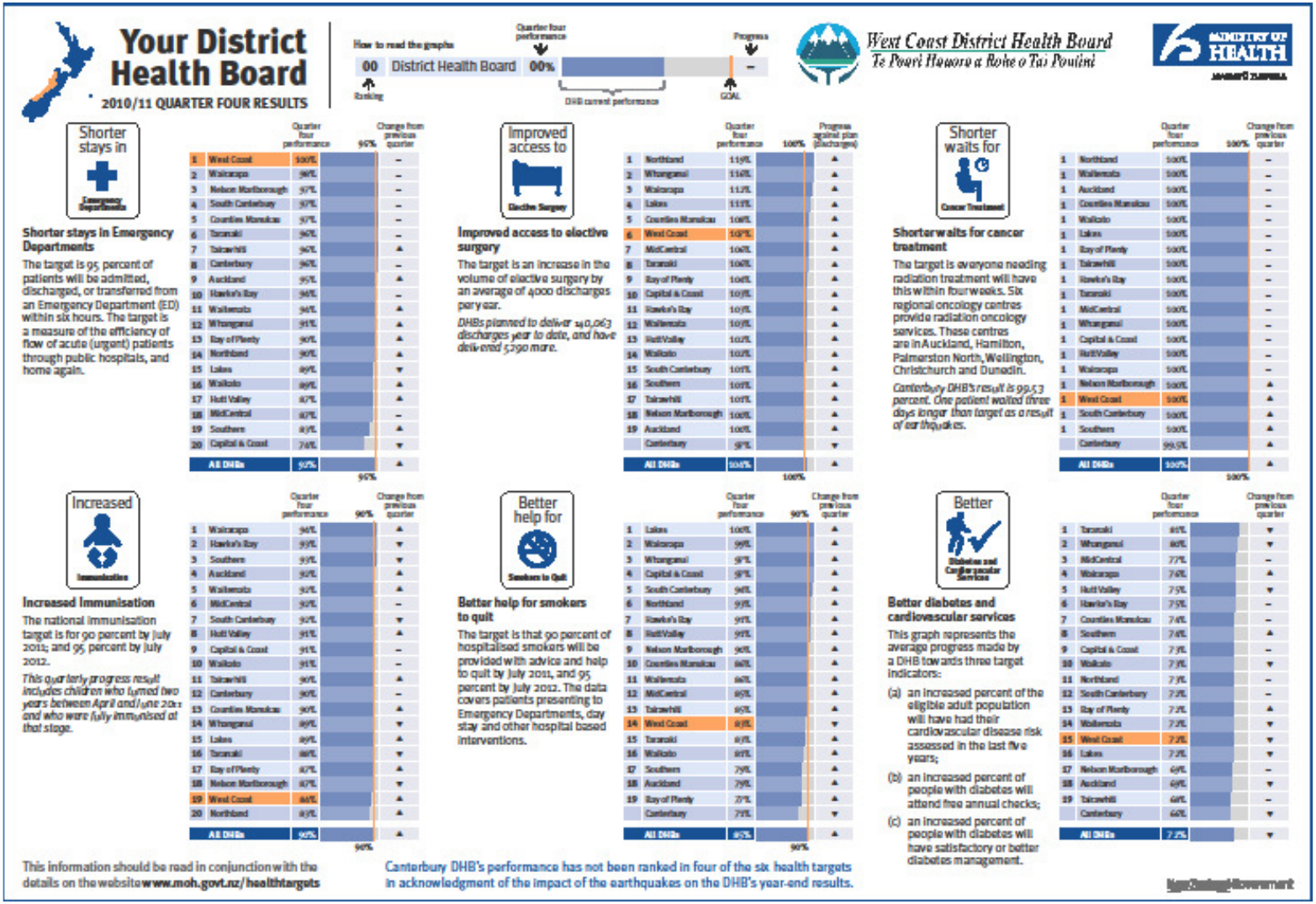
The national Increased immunisation health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population.

Better Help for Smokers to Quit

In quarter four 85 percent of smokers were offered help and advice to quit in the Better help for smokers to quit target. This compares with 74 percent in quarter three 2010/11.

Better Diabetes and Cardiovascular Services

The national composite performance in the Better diabetes and cardiovascular services health target for the year was 72 percent, down from 73.1 percent in quarter three 2010/11.


Your District Health Board
2010/11 QUARTER FOUR RESULTS
How to read the graphs
Quarter four performance
Progress
00 District Health Board 00%
Ranking
DHB current performance
GOAL
West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini
MINISTRY OF HEALTH
Shorter stays in Emergency Departments
Shorter stays in Emergency Departments
The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.
Improved access to Elective Surgery
Improved access to elective surgery
The target is an increase in the volume of elective surgery by an average of 4000 discharges per year.
DHBs planned to deliver 140,063 discharges year to date, and have delivered 5790 more.
Shorter waits for Cancer Treatment
Shorter waits for cancer treatment
The target is everyone needing radiation treatment will have this within four weeks. Six regional oncology centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.
Canterbury DHB's result is 99.53 percent. One patient waited three days longer than target as a result of earthquakes.
Increased Immunisation
Increased immunisation
The national immunisation target is for 90 percent by July 2011; and 95 percent by July 2012.
This quarterly progress result includes children who turned two years between April and June 2011 and who were fully immunised at that stage.
Better help for Smokers to Quit
Better help for smokers to quit
The target is that 90 percent of hospitalised smokers will be provided with advice and help to quit by July 2011, and 95 percent by July 2012. The data covers patients presenting to Emergency Departments, day stay and other hospital based interventions.
Better Diabetes and Cardiovascular Services
Better diabetes and cardiovascular services
This graph represents the average progress made by a DHB towards three target indicators:
(a) an increased percent of the eligible adult population will have had their cardiovascular disease risk assessed in the last five years;
(b) an increased percent of people with diabetes will attend free annual checks;
(c) an increased percent of people with diabetes will have satisfactory or better diabetes management.
This information should be read in conjunction with the details on the website www.moh.govt.nz/healthtargets
Canterbury DHB's performance has not been ranked in four of the six health targets in acknowledgment of the impact of the earthquakes on the DHB's year-end results.

RECOMMENDATION

That the District Health Board Leadership Report be received

Author: **General Manager Planning and Funding – September 2011**

GENERAL BUSINESS

TO: **Members, Community and Public Health Advisory and Disability Support Advisory Committees**

FROM: **Chair Community and Public Health Advisory and Disability Support Advisory Committees**

DATE: **September 2011**

ITEMS TO BE REPORTED BACK TO BOARD

Author: **Elinor Stratford, Chair, September 2011**

INFORMATION PAPERS

Community Public Health Advisory Committee and Disability Support Advisory Committee Terms of Appointment

West Coast District Health Board and Advisory Committee Draft Timetable January 2011 to December 2011

Quality and Risk Management Report

Human Resource Report

Workplan

Westport Integrated Family Health Centre Community Engagement Report

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE TERMS OF APPOINTMENT

Member	**Date of Appointment**	**Length of Term**	**Expiry Date**
Elinor Stratford **Deputy Chair** **(West Coast District Health Board member)**	27 January 2011	1 Year	31 December 2011
Kevin Brown **Chair** **(West Coast District Health Board member)**	27 January 2011	1 Year	31 December 2011
Barbara Holland	Co-opted September 2004 Appointed 4 March 2005 (Re-appointed 1 October 2007 and 30 June 2009	3 Years	30 June 2012
Cheryl Brunton	1 February 2005 (Re-appointed 3 November 2006 and 13 June 2008)	Whilst remaining as the Medical Officer of the Health for the West Coast DHB	
John Ayling	24 March 2011	1 Year	31 December 2011
John Vaile **(West Coast District Health Board member)**	27 January 2011	1 Year	31 December 2011

Member	Date of Appointment	Length of Term	Expiry Date
Lynnette Beirne	24 March 2011	1 Year	31 December 2011
Marie Mahuika-Forsyth	20 April 2009	Until advised by Te Runanga o Makaawhio	
Mary Molloy **(West Coast District Health Board member)**	27 January 2011	1 Year	31 December 2011
Robyn Moore	3 June 2011	3 years	3 June 2014
Patricia Nolan	18 July 2005 (Re-appointed 18 July 2006 and 19 July 2008)	3 Years	18 July 2011

WEST COAST DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE DRAFT TIMETABLE
JANUARY 2011 TO DECEMBER 2011

DATE	MEETING	TIME	VENUE
Thursday 27 January 2011	BOARD	10.00 AM	St John lecture rooms
Tuesday 8 February 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 24 March 2011	BOARD	10.00 AM	Westport, Solid Energy Centre
Wednesday 23 March 2011	Tatau Pounamu	10.00 AM	Makaawhio Office, Hokitika
Thursday 14 April 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 4 May 2011	Tatau Pounamu	10.00 AM	St John lecture rooms
Friday 6 May 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 19 May 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	ARF	1.30 PM	Boardroom, Corporate Office
Friday 3 June 2011	BOARD	10.00 AM	St John lecture rooms
Wednesday 15 June 2011	Tatau Pounamu	10.00 AM	Westport Motor Hotel, Westport
Thursday 14 July 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	ARF	1.30 PM	Boardroom, Corporate Office
Friday 29 July 2011	BOARD	8.30 AM	Franz Josef
Thursday 18 August 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 8 & Friday 9 September 2011	Tatau Pounamu	10.00 AM	Te Tauraka Waka a Maui Marae
Thursday 8 September 2011	BOARD WORKSHOP	2.00 PM	Te Tauraka Waka a Maui Marae
Friday 9 September 2011	BOARD	10.00 AM	Te Tauraka Waka a Maui Marae
Friday 30 September 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	HAC	11.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 19 October 2011	Tatau Pounamu	10.00 AM	Arahura Pa
Friday 14 October 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 17 November 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	ARF	1.30 PM	Boardroom, Corporate Office
Monday 28 November 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Friday 2 December 2011	BOARD	10.00 AM	St John lecture rooms

QUALITY AND RISK MANAGEMENT REPORT

TO: **Chair and Members**
Community Public Health Advisory Committee and Disability Support Advisory Committee, West Coast District Health Board

FROM: **Mark Bowen, Quality Assurance & Risk Manager**

DATE: **13 September 2011**

BACKGROUND

As a requirement of the Health and Disability Sector Standards, providers of health and disability services are required to establish, document and maintain a quality and risk management system that reflects continuous quality improvement principles.

OBJECTIVES

Through regular monitoring, audit, and quality improvement activities, the DHB Provider Arm will:

- Monitor a range of quality assurance indicators
- Provide an explanation to any quality assurance indicator exceptions reported
- Be involved in the National Quality Improvement Programme
- Develop quality improvement activities based on the monitored quality assurance indicators

RECOMMENDATIONS

That the Committee note this report for their information.

Author: **Quality Assurance & Risk Manager – 13 September 2011**

PATIENT SATISFACTION SURVEYS

Results of the current quarter's satisfaction survey are not yet available and will be reported at a subsequent meeting. Unfortunately, as we do not have access to national trends at this time, data on this cannot be supplied for comparison.

The current hospital patient satisfaction survey is under review by the Ministry of Health and Health Quality & Safety Commission. The purpose of the *Capturing the Consumer Experience* project is to come up with a recommendation as a replacement for the current Hospital Satisfaction Survey. This recommendation is likely to include a toolkit of methodologies that District Health Boards can choose from to effectively capture consumer feedback. An outcome is likely by the end of this year.

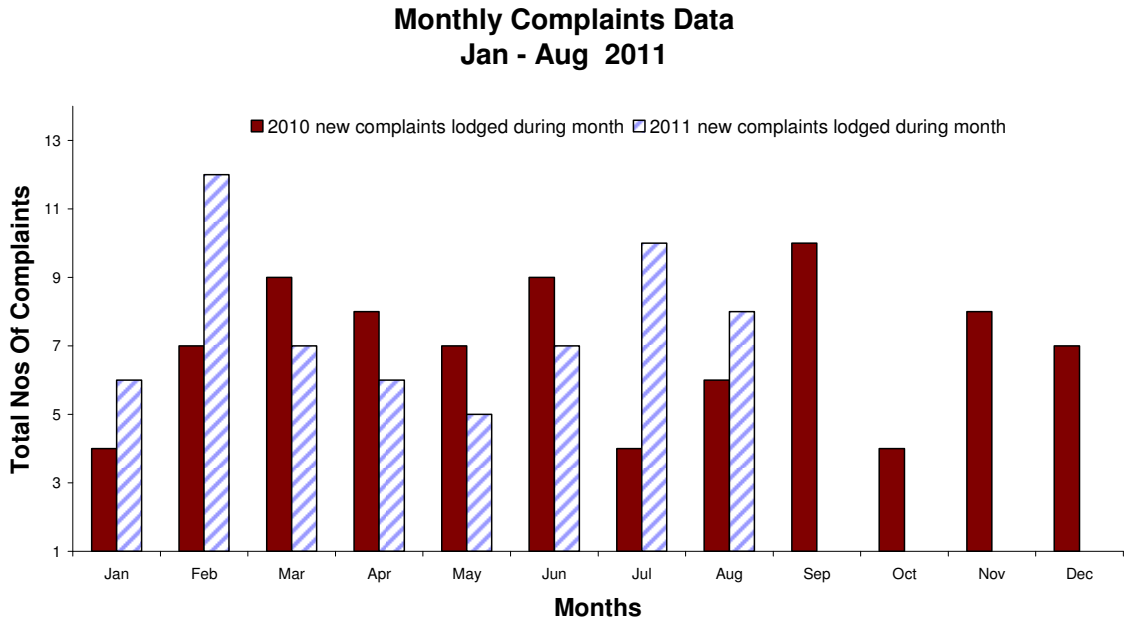
COMPLAINTS SYSTEM

Plan developed by Management has been implemented and complaints process continues to be monitored to ensure adherence to procedure and stated times frames.

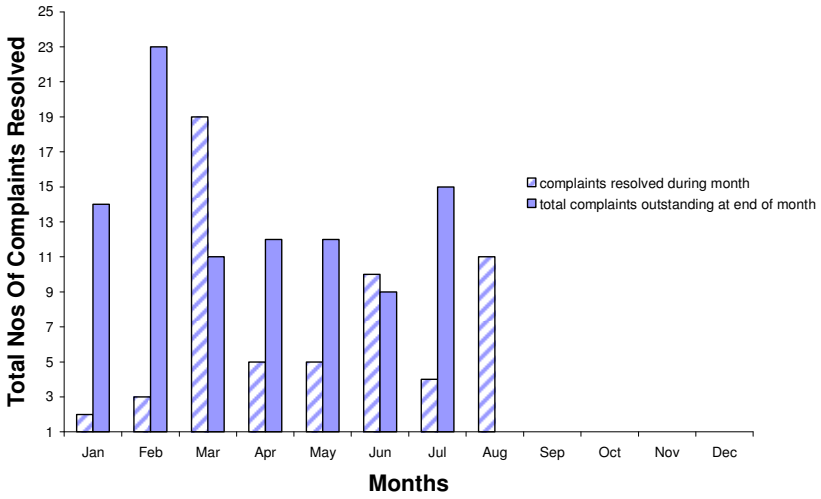
The total number of complaints received between 1 January – 31 August 2011 was 61, compared with 54 complaints received during the same time period in 2010.

For 1 January – 31 August 2011 the average monthly response time for complaints was 26 working days (DHB target is 20 working days), compared with 30 working days for the same time period in 2010.

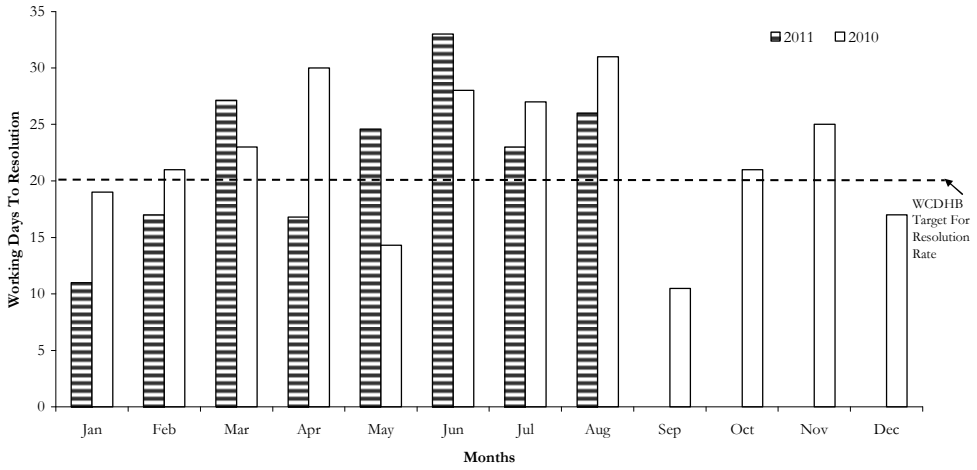
Data on classification as to the number and type of complaints is as follows:



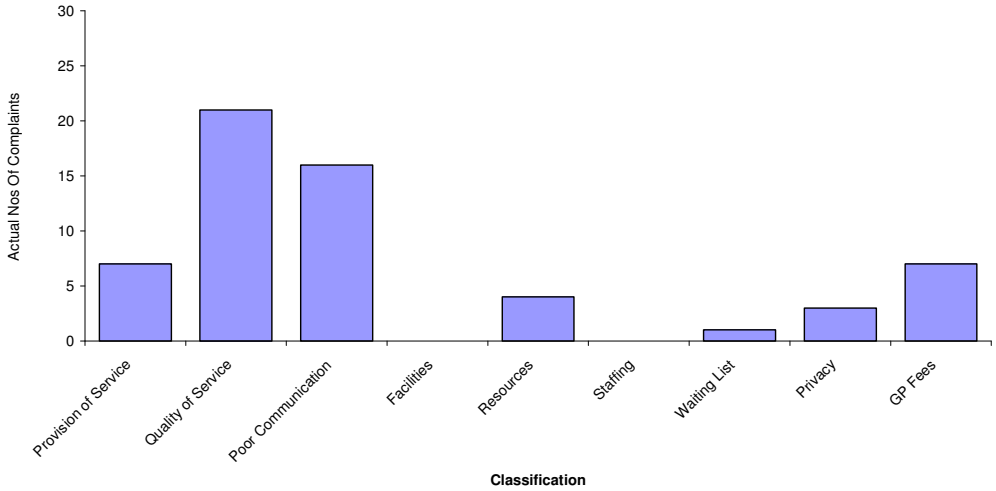
Complaints Resolved/Complaints Outstanding Per Month For Jan - Aug 2011



Average Time To Complaint Resolution (Working Days) Jan - Aug 2011



Classification Of All Complaints For Jan - Aug 2011



SUGGESTION BOXES

Grey Base Hospital operates a suggestion box as another means of receiving feedback from patients, their family/whanau and visitors.

The following is feedback received during July 2011, as well as the actions taken:

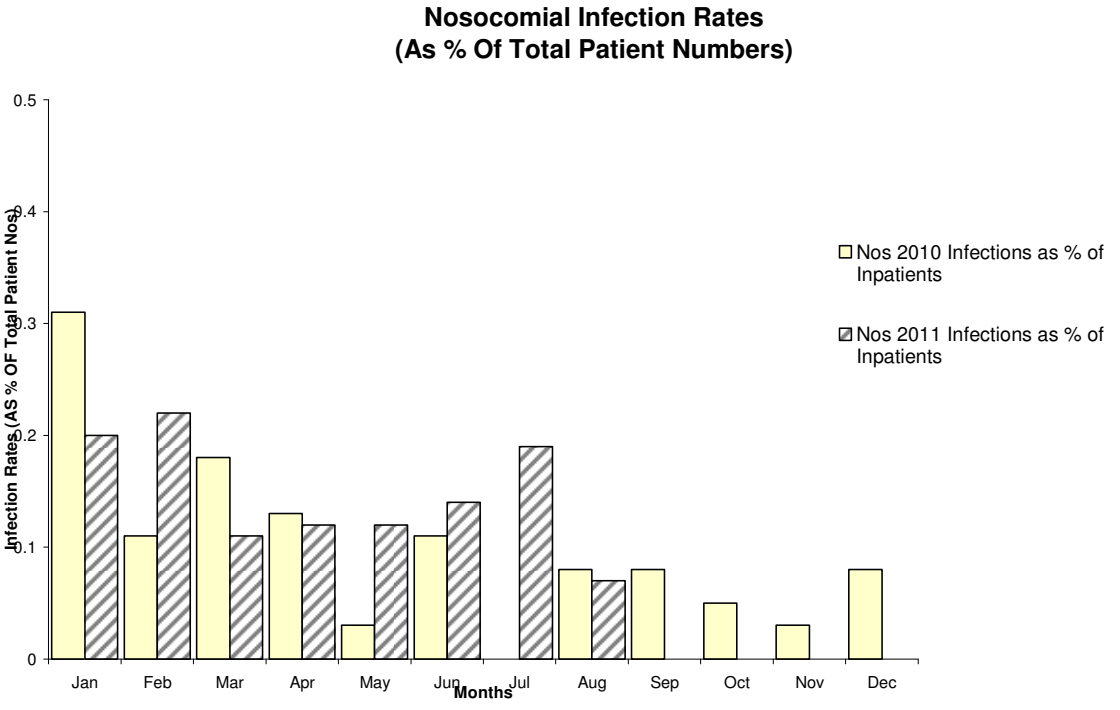
"Thank you to the staff of Hannan Ward – We appreciate their efforts
ACTION – Passed on to Hannan Ward staff

"I wish to thank all the nurses and staff of Greymouth Hospital who I have seen working so hard. Thank you for all you have done for me over the years."
ACTION – Passed on to Hospital staff

INFECTION CONTROL

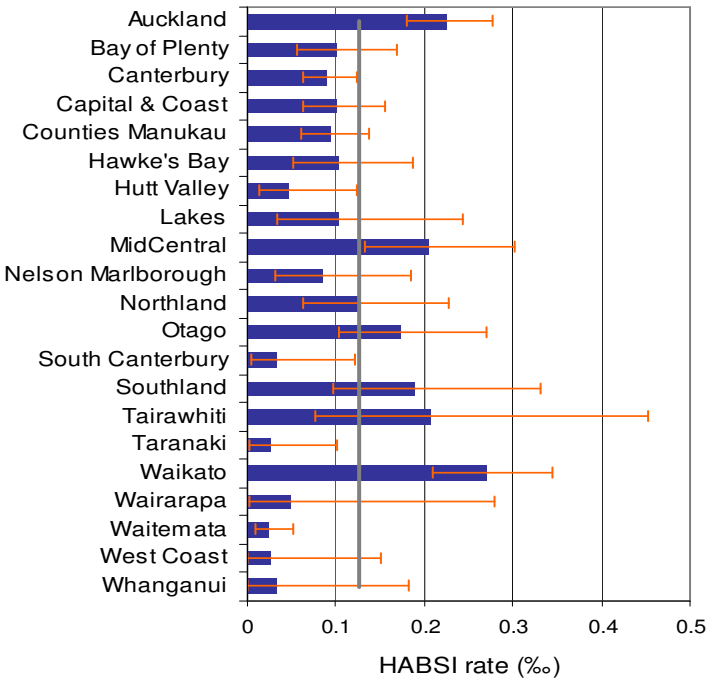
The West Coast District Health Board aims to continue to decrease the level of hospital acquired bloodstream infections.

For the period 1 January 2011 till 31 August 2011 there were 48 hospital acquired bloodstream infections detected within the Inpatient services, compared with 44 for the same period in 2010.



The following is a benchmark study showing hospital acquired bloodstream infection rates for all District Health Boards in New Zealand.

As you can see the West Coast District Health Board performs well in comparison to other District Health Boards. The solid line represents the national average.



QUALITY IMPROVEMENT PROJECTS

The West Coast District Health Board is required by the Operation Policy Framework and the Health and Disability Sector standards to take an approach of continuous quality improvement with all activities and services that it provides. The West Coast DHB encourages staff to identify areas where improvements can be made in the services that it provides.

Patient Falls
A small working party is continuing its work on improving the West Coast DHB Falls Prevention Processes and has established a revised assessment process and monitoring process, which are currently being trialed. This is in conjunction with a national initiative for the reduction in patient falls that is being co-coordinated by the National Quality & Risk Managers Group and the Ministry of Health/National Health Board.

National Medication Chart
The new National Medication Chart has been implemented through the Inpatient services of the West Coast DHB. This is a nationwide project aimed at reducing medication errors through the standardisation nationwide of Inpatient medication charts. Post-implementation monitoring and review of use continues.

Standing Orders
The Standing Orders training has been completed as far as the introductory component is concerned. This section introduced the Westland Medical Centre Standing Orders as the adopted model/framework for the West Coast DHB. It also introduced the nurses using Standing Orders to the health assessment and pharmacology requirements, and over the next 3 years all nurses using Standing Orders will have to complete the advanced health assessment and applied pharmacology

level 8 PG papers. New standing orders are being developed and when approved are made available via the Policy and Procedures page of the West Coast DHB's Intranet.

Health Pathways
The Health Pathways Group continues its work adapting the Canterbury DHB Pathways for use on the West Coast. A survey of General Practitioners regarding their views on the Pathways adapted to date has now been completed, and is to be presented to the Clinical Leadership Group. The findings will be incorporated into further development of the Pathways on the West Coast.

Acute Theatre Booking Process
Identified as an outcome from a recent Health and Disability Commission (HDC) investigation at Northland Hospital, Theatre staff have worked on developing a process for the prioritisation of acute theatre bookings. Formal guidelines have now been developed and have been implemented, and are being monitored.

Early Warning System
This has been implemented in response to the national directive and an HDC case. This project has developed a process for the recognition and management of the deteriorating or at risk of deteriorating patient. At its introduction, initial monitoring of the Modified Early Warning Score (MEWS) system was done daily and then weekly (by way of verbal and written feedback from clinical staff) to ensure a fit for purpose tool and process. Once the form was refined, it was fully implemented into the inpatient adult areas at Grey Hospital. This tool has helped identify the 'at risk' patient and rapidly deteriorating patient with more timely intervention by the team. As part of the ongoing monitoring of clinical outcomes, these cases are presented at the Morbidity and Mortality (M&M) meetings for clinical dialogue and review. Random audits were undertaken to identify compliance and completeness of form utilisation, and verbal review with nursing staff continues with follow up education given as required. Monitoring of this process continues to identify effectiveness and any issues that require addressing.

CLINICAL QUALITY IMPROVEMENT COMMITTEE (CQIT)

This Committee has a formal role as the co-ordination centre for clinical quality activities and indicatives. The Committee oversees a range of other clinical committees throughout the DHB (Infection Control, Medication Review, Product Evaluation, Primary-Secondary Liaison, Theatre, and Caesarean Review). It received regular reports from these committees, including activities that they are engaged in and also items that require input or a decision from CQIT.

This Committee is also responsible for overseeing and monitoring various clinical quality assurance indicators.

Currently the role of this Committee is being reviewed as part of the discussions being held around future clinical governance structures.

CURRENT CLINICAL RISK CASES

	June 2011	July 2011	August 2011
Treatment Injury Claims (ACC)	4	4	5
HDC Investigation*	7**	7	7

Privacy Commissioner Investigation*	1	1	1
Legal Actions	0	0	0

(*Indicates complaint investigations which are ongoing)
(**2 investigations were completed during June 2011 (both with no-breach findings), and two new HDC complaints were received during June 2011)

CORONERS CASES

No new cases reported since the last report.

EXTERNAL CLINICAL AUDITS

No external clinical audits have been undertaken since the last report.

CLINICAL CREDENTIALING

Work continues on ensuring that the clinical credentialing processes at West Coast DHB align themselves with the work being undertaken in the patient pathways collaborative activities with Canterbury DHB.

HUMAN RESOURCES REPORT

TO: **Chair and Members**
Community and Public Health Advisory Committee and Disability Support Advisory Committee

FROM: **Kim Hibbs and Carolyn Findlay, Human Resource Advisors**

DATE: **13 September 2011**

RECRUITMENT / VACANCIES FOR AUGUST 2011

POSITION	STATUS
Senior Medical Staff	
Anaesthetist	Applicants are being interviewed when they apply – recruitment ongoing.
GP's – Reefton, Buller Medical, Greymouth Medical	Applicants are being interviewed when they apply – recruitment ongoing.
Medical Officer – A & E	Have made job offer to a preferred candidate
Orthopaedic Surgeon	Interviewing potential candidate
O & G Consultant	Applicants are being interviewed when they apply – recruitment ongoing.
Physician	Applicants are being interviewed when they apply – recruitment ongoing
Psychiatrist	Applicants are being interviewed when they apply – recruitment ongoing.
Nursing Staff	
Public Health Nurse	Currently Advertising
Enrolled Nurse – Buller	Currently Interviewing
Registered Nurse – Parfitt	Currently Advertsiing
Director of Nursing and Midwifery	Currently Shortlisting
Casual Health Care Assistant – Buller	Currently Shortlisting

POSITION	STATUS
Registered Nurse – Dunsford	
Registered Nurse – Reefton	Currently Shortlisting
New Graduate Programme	Currently Advertising
CNM Kynnersley	Currently Advertising
CNS Cardiac / Respiratory Buller Health	Currently Advertising
Health Assistant – Casual Buller	Currently Advertising
	Currently Interviewing
Mental Health	
RN's – Inpatient Unit	Applicants are being interviewed when they apply – recruitment ongoing.
Casual RN - Kahurangi	Applicants are being interviewed when they apply – recruitment ongoing.
CMH Nurse Westland	Appointed
Allied Health	
Physiotherapist – Buller	Applicants are being interviewed when they apply – recruitment ongoing.
Physiotherapist – Orthopaedics and Outpatients	Applicants are being interviewed when they apply – recruitment ongoing.
Dental Assistant – Greymouth	Reference checking preferred applicant
Smoking Cessation Counsellor	Employee has commenced
CAMHS- AOD	Re-Advertising
Community Support Worker – Casual	Employee has commenced
Occupational Therapist - Casual	Currently Shortlisting
Other	

POSITION	STATUS
HEHA / Smokefree Service Development Manager	Employee has commenced
Receptionist Outpatients Dental Service	Employee has commenced
Carelink Service Coordinator	Employee has commenced
Financial Assistant / Cashier – Fixed term parental leave	Employee has commenced
Electrician	Currently Interviewing
Lead Receptionist	Currently shortlisting
PA to CMA and CFA	Currently Interviewing
Casual Driver	Employee has commenced
Home Based Support Workers	Applicants are being interviewed when they apply – recruitment ongoing.

Author: Kim Hibbs / Carolyn Findlay – 13th September 2011

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	Due Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for CPH/DS Advisory Committee							
1. Disability Support Issues	Portfolio Manager	30 September 2011	Quarterly				
2. Clinical Leadership	Chief Medical Advisor	30 September 2011	Quarterly		√		(Dr Carol Atmore to provide an update on Clinical Governance in the interim)
3. Primary Health Organisation Quarterly Report	Chief Executive Officer West Coast PHO	18 August 2011	Quarterly		√		Anthony Cooke to attend
4. Quality and Risk Management to monitor	Quality and Risk Manager	18 August 2011	Each meeting		√		
5. Human Resources	Human Resource Manger	18 August 2011	Each meeting		√		
6. Financial performance	Chief Financial Officer	18 August 2011	Each meeting		√		
Provide input into							
7. South Island Health Alliance Leadership Team / Regional Clinical Services Plan	Chief Medical Advisor /General Manager Planning and Funding		Quarterly		√		
8. Annual Plan / Statement of Intent	General Manager Planning and Funding	18 November 2011	Annually		√		2011/2012 Annual Plan / Statement of Intent approved July 2011
9. Annual Report	Chief Financial Officer / General Manager Planning and Funding	29 September 2011	Annually				Work to commence in August
10. Provision of advice to the Board on how to reduce the deficit	Chief Finance Officer		Each meeting		√		
11. Provision of advice to the Board on how to effectively collaborate with other DHBs	Clinical Leaders		Quarterly		√		

To monitor							
12. Better Sooner More Convenient / IFHCs	General Manager Planning and Funding	18 August 2011	Each meeting		√		
13. The Health targets to monitor	General Manager Planning and Funding	18 August 2011	Quarterly		√		
14. Ministry of Health quarterly reports against other aspects of the Annual Plan / Statement of Intent	General Manager Planning and Funding	30 September 2011	Quarterly		√		
15. Mental Health Service Issues	Portfolio Manager		As required				
16. Maori Health Issues	General Manager Maori Health		As required				
17. Child and Youth Health	Portfolio Manager	18 August 2011	As required				Presentation from portfolio manager on agenda for the August meeting.
18. Access to primary health – GP waiting times	West Coast Primary Health Organisation	18 August 2011	Quarterly		√		Anthony Cooke - PHO
Advisory Committee presentations			Each meeting?				
19. Clinical Leadership	Dr. Carol Atmore	14 April 2011				√	
20. Elder care strategy	Dr. Jackie Broadbent	19 May 2011				√	
21. Pharmacy services	Nick Leach	14 July 2011				√	
22. Laboratory services	Phil Clarke	30 September 2011			√		

WESTPORT INTEGRATED FAMILY HEALTH CENTRE COMMUNITY ENGAGEMENT REPORT

TO: **Members, Community and Public Health Advisory Committee and Disability Support Advisory Committee**

FROM: **Bryan Jamieson, Communication Officer**

DATE: **September 2011**

WESTPORT INTEGRATED FAMILY HEALTH CENTRE COMMUNITY ENGAGEMENT UPDATE REPORT

On Monday September 19 in Westport, Chief Executive David Meates presented updates on the Buller Integrated Family Health Centre to staff and the community. He spoke of the work that has been undertaken to refine the models of care that are so integral to the development. With the help of a scenario, Dr Paul Cooper, Clinical Leader of Buller Health was able to demonstrate to the audience the beneficial changes for patients that will result.

Four possible configurations of facilities were presented that would support the new models of care at the Buller Hospital site and/or the O'Conor Home site.

Further feedback is requested by Friday September 30. This will inform the final recommendation regarding the type of facility that will be presented to the West Coast DHB Board meeting on October 14.

RECOMMENDATION

That the Westport Integrated Family Health Centre Community Engagement Update Report be received.

Author: **Communication Officer - September 2011**