



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

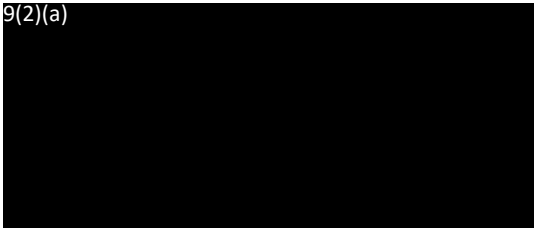
CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smithram@cdhb.health.nz

19 April 2022

9(2)(a)



RE Official Information Act request WCDHB 9671

I refer to your email dated 7 March 2022 requesting the following information under the Official Information Act from West Coast DHB. Specifically:

Under the provisions of the Official Information Act, please provide me with:

1. **Any Board or staff reports, memoranda, minutes, and correspondence relating to the recent decision to temporarily close Ziman Ward at Reefton hospital, and transfer patients to other centres.**

Please find attached (**Appendix 1**) the report presented to the West Coast DHB Board on 24th February 2022.

Notes:

1. The minutes were approved at the Board meeting held on Friday 25 March 2022 and we have attached them as **Appendix 1a**.
2. We have redacted information pursuant to the following sections of the Official Information Act i.e. s9(2)(a) *"... to protect the privacy of natural persons, including those deceased."*
2. **Please also provide any information you hold on the decision to change the name of the facility to Reefton Health.**

Please refer to **Appendix 2** (attached).

Please note: we have redacted information pursuant to section 9(2)(a) of the Official Information Act i.e. *"... to protect the privacy of natural persons, including those deceased."* and Section 9(2)(g)(i) i.e. *"...to maintain the effective conduct of public affairs through the free and frank expression of opinions"*.

Please provide answers to the following questions:

3. **What does it cost to run the Reefton aged care facility?**

For the financial year ended 30th June 2021 the total cost of running Reefton Health was \$2.4M.

To separate out the aged care facility costs from the costs of running Reefton health as a whole would be difficult and take a substantial amount of time and resource. We are therefore declining a specific response to this question pursuant to section 18(f) of the Official Information Act.

4. **How many residents live there?**

At the time of relocation there were 10 residents.

5. How many staff do you need to do that and what are their positions?

Reefton staffing	Budgeted FTE	Current FTE
Registered staff	8.7FTE	3.1 FTE
Non-Registered staff	6.6FTE	3.3FTE

6. How many vacancies do you have at present, how longstanding are they, what are they, and what efforts have been underway to fill them?

As above, we have been actively advertising these positions, but in the current climate with severe national Registered Nurse (RN) shortages we have been unable to recruit to these positions.

7. How do the per capita costs of running the Reefton aged care facility compare with other similar Board-contracted facilities - e.g. the O'Connor home in Westport?

As Reefton health Aged Care isn't separate from the Primary care and prime services this isn't a comparison we can make. Aged care is priced on a national bed day rate i.e. for the West Coast this equates to: Rest home \$149.79 excl GST and Hospital \$241.66 excl GST.

I understand work has been underway recently to improve the Reefton ward for the residents; e.g. new toilets/bathrooms.

8. Is it the Board's intention to upgrade the facility and expand the service to take in more residents?

The board is committed to improving the physical environment at Reefton Health to meet its obligations under the national Aged Residential Care agreement and HealthCert certification requirements to enable the 10 relocated residents to have the option of repatriating.

9. Is there a shortage of rest-home, hospital-level aged care and or dementia care beds on the Coast? (I remember hearing at a board meeting that there is a shortage of dementia beds.)

From time to time Coasters do have to leave the West Coast to access Dementia beds. We are working with our local providers to look at options for improving dementia bed capacity particularly in Greymouth. There is always a balance of ARC bed capacity and provider sustainability.

10. If so, how short are we of what is needed and does the DHB have any figures of projected demand, given the ageing population on the coast?

As above we are looking at ways to improve our dementia care options for people on the West Coast. It is very hard to predict demand given the low numbers on the coast. Our best estimation is there are approximately 20 dementia beds needed in the Greymouth area.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Ralph La Salle
Senior Manager, OIAs
Canterbury DHB & West Coast DHB

REEFTON CLINICAL STAFFING SITUATION



TO: Chair and Members
West Coast District Health Board

SOURCE: Northern Region, WCDHB – Reefton Integrated Family Health Centre

DATE: 21 February 2022

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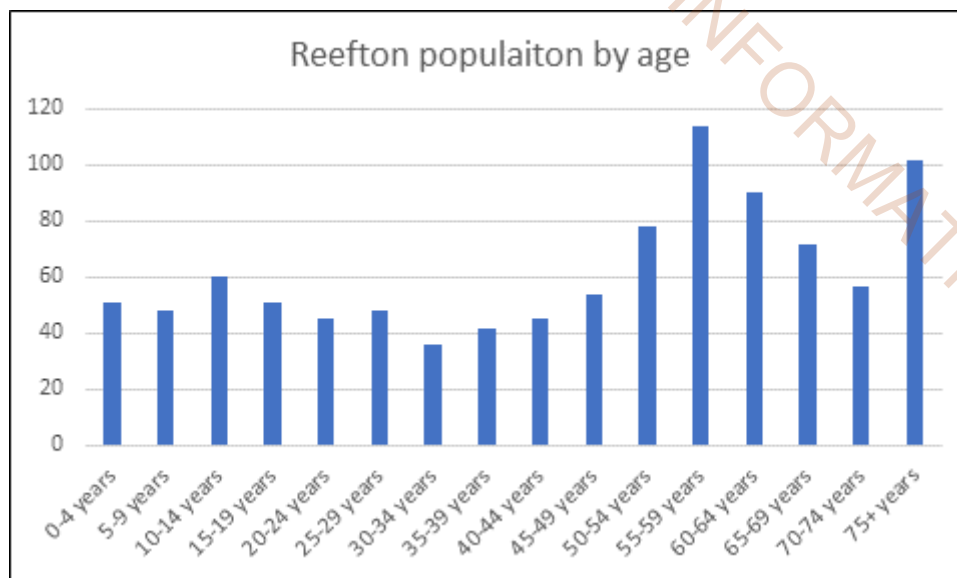
1. ORIGIN OF THE REPORT

Context/Background

Reefton Health continues to be an important part of the Reefton community since it was founded in 1872. It was born out of the desire to improve the provision of health care for the local people in the surrounding area. The facility has seen many changes over the years flexing to the needs and to the clinical resource capacity of the community offering surgery, primary care, maternity care, A&E for injuries at local mines, and even a special ward for contagious diseases.

Today, that same desire to support the health of Reefton's ~1000 residents remains and Reefton Health currently offers 15 Aged Residential Care Beds (Ziman House) including palliative and health of older people respite services. Primary Care, District Nursing and PRIME services are also run out of the facility. The physical facility offers a level of reassurance to the local community that their health care needs will be met.

The below graph shows the Reefton usual resident population by age band based on the last (2018) census.



Current situation

Ziman House finds itself like many other ARC and health facilities across the country experiencing significant difficulties with staffing, see table below.

Reefton staffing	Budgeted FTE	Current FTE
Registered staff	8.7FTE	3.1 FTE
Non Registered staff	6.6FTE	3.3FTE

The Aged Residential Care facility roster for Reefton (Ziman House) has been difficult to fill on a day to day basis for many months. For a recent 2-week roster covering 42 shifts, 8 shifts do not meet the contractual staffing requirements of the Aged Residential Care agreement. The staffing issues are complicated by the fact that there are some shifts with excessive staffing levels and other shifts that do not meet minimum staffing requirements.

In a bid to improve care to existing residents, Ziman House has stopped new admissions. It also regularly “borrows” staff from other locations across the West Coast, a robbing Peter to pay Paul situation, which has seen staff who have little aged care experience and competencies in caring for this vulnerable client cohort. The Facility Manager is required to spend all their time filling the roster which effectively eliminates their ability to focus on quality initiatives within the facility.

A recent audit by senior nursing leadership confirmed issues with resident care and an underlying issue with staff culture that urgently needs addressing. Concerns have been raised that resident care is being compromised, with falls, skin tears and pressure injuries being reported. Should we experience an audit, Health CERT would have significant concerns about under-reported pressure injuries, falls and RN shortages (none of which have been reported to Health CERT to date) reporting of which is a requirement under our contract for Aged Residential Care.

We have an obligation to do better for this cohort of residents, in what is ultimately their last months of life. We need some time for our senior nursing teams to complete a full environmental audit of the facility to ensure all equipment is still fit for purpose and to complete a proposal for change to address the staff culture and competency issues.

Omicron

The modeling for Omicron shows a potentially further 10-20% workforce capacity issue, at its peak, which will further exacerbate the staffing issue described above and put the 10 ARC residents at significant risk of harm. Responding to the predicted clinical demand in the community will also be unsustainable.

At peak of Omicron the WCDHB modelling shows ~2300 active cases across the West Coast community at the height of the outbreak. We need clinicians available to provide primary healthcare to the community, monitor patients and provide 24/7 medical emergency cover/PRIME in Reefton and indeed across the West Coast. Borrowing staff from other sites will be unsustainable as they too, grapple with staff absences associated with the outbreak.

Temporary relocation of ARC residents

It is acknowledged that relocating frail older people in their last months of life is not ideal. We know from the Canterbury earthquake that the relocation process has a significant negative impact on the residents' health status. We also know that very few returned to the facility they were moved from, either because of mortality, or reluctance to move again. However, with current staffing shortages which are predicted to worsen with omicron, the temporary relocation of these residents needs to be seriously and urgently considered.

Informing residents and families now with a considered communication plan will enable residents and families to make fully informed decisions about potential relocation destinations.

Summary

As described above we have an urgent staffing crisis at Ziman House, one which is magnified by the very near threat of Omicron.

We need to do something now to ensure, firstly, the safe care of 10 very vulnerable ARC residents and secondly, have an appropriate, best practice clinical response to the needs of the Reefton population over Omicron, with even further staff shortages predicted.

We need to invest some time, in rebuilding a workforce with aged care experience, and ensure that the facility has the appropriate equipment to care for such a cohort.

Reefton Health has historically moved with the changing needs of the community, providing services to match the clinical resource capacity of the township and to the current health needs of the community. We find ourselves at this unenviable point again, needing to flex and respond.

Final mitigation strategy

Planning and Funding have engaged an external experienced Temporary Facility Manager to start at Ziman House on the 21/02/22 for a two-week period. She will be supported by the local Gerontology Nurse Specialist. Together they will focus firstly on a review of each resident and on reviewing staffing and rostering at the facility. At the end of the two-week period the TFM will provide a report to Planning and Funding and the Nursing Director for Older People on the sustainability of continuing to care for the residents at Ziman House during the Omicron outbreak.

2. RECOMMENDATION

That the Board

- i. Notes the clinical advice that there are concerns about the current and immediate future levels of care provided at Reefton Health that the threat of Omicron amplifies that risk
- ii. Notes the advice that the only workable alternative is for the relocation of patients to facilities that can assure the necessary level of care and the need to commence the process for relocating patients.
- iii. Notes that the temporary closure of the ARC facilities in Reefton is limited and that the facility will reopen in June 2022.

- iv. No staff member is to be laid off and affected staff will not be financially disadvantaged by continuing to receive their normal pay. Staff where they agree will be utilised in other parts of the WCDHB and or will be provided with training and support to improve the level of service at Reefton
- v. Management will only as necessary engage with patients and their families about the likely move and take every step to ensure people are assisted and managed with care and compassion
- vi. The Board reconfirms that Reefton Health is a critical asset in to the WCDHB and its expectation that the temporary closure will be used to ensure that the reopened facility is improved
- vii. The Board will commission an independent report on how the WCDHB and its management got to the circumstances requiring the temporary closure of Reefton, the lessons to be learned and the actions to be taken to ensure there is no repeat.

6. APPENDICES

- 1. Prioritisation tool
- 2. Moving resident/facility closure policy

Report prepared by: 9(2)(a) WCDHB & 9(2)(a)
Planning and Funding

Report approved for release by: Philip Wheble

Accessing Aged Residential Care on the West Coast

Recently on the West Coast, there have been occasions when the number of aged residential care (ARC) beds has become limited. These instances have included natural disasters and the closure of facilities. Going forward, there may be further occasions when more than one person requires a vacant ARC bed. This document outlines the process by which the bed will be allocated in a manner that is fair and transparent.

This document has been adapted by the West Coast DHB Complex Clinical Care Network (CCCN), from guidelines used after the Christchurch Earthquakes. These were drawn up by a team including ethicists, to aid in supporting older people to find appropriate ARC accommodation at times when the supply of ARC beds is limited. See Appendix 1 for the members of the original panel, and Appendix 2 for the members of the team that adapted the Christchurch guidelines for use on the West Coast.

Contents

Prioritisation Process	2
Guiding Principles	2
Prioritisation Framework	3
Prioritisation Criteria	4
Flowchart – Referrals for Aged Residential Care on the West Coast	5
Appendix 1 – Canterbury Earthquake Expert Panel	6
Name, Position, Organisation.....	6
Appendix 2 – Adaption of Guidelines for West Coast	6
Name, Position, Organisation.....	6

Prioritisation Process

- 1) Each request for a residential care bed will be assessed on a case by case basis, in accordance with the guiding principles (see below), prioritisation framework (see page 3), and specified criteria.
- 2) If the ranking cannot be easily determined using this process, it may be elevated to the Complex Clinical Care Network (CCCN) Assessment Panel who then determine the outcome.
- 3) If the person or family are not satisfied with the decision, they can request the case to be reviewed by an Appeals Committee made up of people not employed by the West Coast District Health Board (WCDHB).

Guiding Principles

All decisions must:

- **Minimise harm.** The safety of vulnerable people is paramount.
- **Be fair.** All decisions need to be consistent.
- **Maintain people's rights.** The person's viewpoint is important.
- **Be compassionate.**
- **Maintain care standards.**

The process is guided by these principles:

- Transparency.
- Effective communication.
- No person will be removed from their place of residence, even if another person is prioritized more highly.
- If there is no suitable Aged Residential Care (ARC) bed available on the West Coast and the care need is urgent e.g. safety concerns, people may be admitted to Greymouth or Buller Hospital to provide suitable care while a longer term solution is found.
- The WCDHB will control access to all available residential beds within the West Coast using the Single Point Of Entry process via the CCCN. WCDHB will endeavour to purchase all beds as they become available, to ensure it is in a position to allocate beds according to this policy.
- If a person assessed as needing residential care cannot be allocated a bed, all attempts will be made to provide adequate support to the person in the community, or they will be cared for in a DHB inpatient bed at Buller or Greymouth Hospital. Where patients (including those requiring dementia care) are located within inpatient services, and how they are moved between those services may require further discussion.
- No one should be disadvantaged, where possible. This includes residential care providers as well as family and friends.

Prioritisation Framework

This framework is derived from the Prioritisation Framework for the Canterbury Earthquakes, which was adapted from a National Ethics Advisory Committee (NEAC) document “Getting Through Together”, where ethical values for a pandemic were developed and documented in 2007. The NEAC is an independent advisor to the Minister of Health.

Questions to be considered include:

- **Would this person meet the criteria for access to a residential care bed in a time when demand does not exceed supply?**
For example: The person must still be clinically assessed as needing aged residential care by the existing needs assessment process. People should not get access to a residential bed without being clinically assessed first.
- **Is residential care on the West Coast the most beneficial form of care for this person?**
Would they prefer to reside elsewhere in NZ where they have family?
- **Does this person require access to residential care immediately?**
(That is, it is not possible to safely defer their entrance into residential care.)
For example: Could they be cared for at home with appropriate support?
- **Could residential care be provided in other settings with a similar health outcome?**
For example: Is there an option to place them in accommodation that is not a dedicated aged care facility, such as a hotel providing residential care or a flat co-located with an aged care facility?
- **Is it possible to mitigate the negative effects if the person is not provided with residential care on the West Coast?**
For example: If the person wishes to remain on the West Coast and there isn't a bed available, requiring them in the interim to relocate elsewhere for residential care, then DHB financial support may be available to assist a close relative to visit, until such time as the resident can return to a West Coast ARC bed.
- **Is this person highly ranked based on the assessment criteria?**
For example: This includes end-of-life situations. Refer to the Prioritisation Flowchart (page 5) for details on how people's needs will be ranked.

- **Is this person highly ranked based on order of presentation?**

This applies to new referrals and patients recently displaced by natural disaster or facility closure. Each person will be ranked according to the Prioritisation Flowchart (see page 5), and if there are insufficient beds for all the people with the same ranking, then a person will be allocated a bed based on their order of entry to the waiting list. Those assessed as Priority 1 will be allocated any available beds before those assessed as Priority 2, and so on.

- **Is this person highly ranked based on random selection?**

Each person will be ranked according to the Prioritisation Flowchart (see page 5), and if there are insufficient beds for all the people with the same ranking, then a person will be allocated a bed based on a ballot. Those assessed as Priority 1 will be allocated any available beds before those assessed as Priority 2, and so on.

Prioritisation Criteria

The ranking will involve the clinical, social and compassionate needs of the person.

- **The person has a strong desire to remain on the West Coast.**

- **Suitable care cannot be provided in the community.**

This may exist where hospital-level, dementia rest-home or dementia hospital care is required, but can also include the inability of community providers to provide the home-based care required.

- **The person requires specialised care,**

E.g., hospital level (clinical) or dementia care, because their health has significantly declined recently, including psychological stress, **or complex clinical input**, e.g., due to discharge from a public hospital.

- **There are compassionate grounds,**

E.g. end-of-life (lifespan estimated to be weeks).

- **A person in respite care is not able to return home after their respite care time is over.**

- **Respite care is needed urgently and they have no other family within NZ.**

- **There is an absence of family or social support both on West Coast and elsewhere in NZ.**

See also Flowchart – page 5.

Flowchart – Referrals for Aged Residential Care on the West Coast

See also: Prioritisation Criteria (page 4)

Must be assessed as requiring ARC care.
More than one patient needing single
vacancy.



Yes



No



Allocate as usual

Want to stay on West Coast?



Yes



No



Chooses to move
off West Coast

Able to be supported at home?



No



Yes



Support at home

Actively dying (weeks)?



No



Yes



Priority 1

Recently displaced by natural disaster or
facility closure



No



Yes



Priority 2

Inpatient
OR crisis in community supports
OR in respite and can't go home



No



Yes



Priority 3

Stable at home



No



Yes



Priority 4

Stable in ARC off the West Coast and wants
to return



Yes



Priority 5

Appendix 1 – Canterbury Earthquake Expert Panel

The expert panel who developed the Guidelines for access to Aged Residential Care in the aftermath of the earthquake.

Name, Position, Organisation

Liz Baxendine, National President, Age Concern

Kathy Peri, Director of Nursing, Older Person's Health and Rehabilitation, Canterbury DHB

Angela Ballantyne, Senior Lecturer in Professional Skills, Attitudes and Ethics, Otago University

Jean Herron, General Practitioner, East Care Health

Keith Gibb, Consumer Council Chair, Canterbury DHB

Jeff Kirwan, Clinical Director Older Person's Health, Canterbury DHB

Daniel Williams, Chair of Clinical Board, Canterbury DHB

Lynda Irvine, Manager Older Persons' Health and Rehabilitation, Canterbury DHB

Val Fletcher, Consultant Physician, Canterbury DHB

Carolyn Gullery, General Manager Planning and Funding, Canterbury DHB

Kerry Howley, Registered Nurse, Community Health, Age Concern Canterbury

In Attendance: Ian Boanas, Secretariat role, Planning and Funding, Canterbury DHB

Appendix 2 – Adaption of Guidelines for West Coast

Name, Position, Organisation

Dr Jackie Broadbent, Geriatrician, Canterbury DHB and West Coast DHB

Diane Brockbank, Manager, Complex Clinical Care Network (CCCN)

Simon Templeton, Chief Executive Officer, Aged Concern Canterbury

Sharon Pope, Gerontology Nurse Specialist, CCCN

Helen Rzepecky, Gerontology Nurse Specialist, CCCN



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

Telephone 03 769-7400
Fax 03 769-7791

Process Where Proposal to Close ARC or Relocate Multiple Residents

A decision of the intention to close a facility or relocate residents will be made in conjunction with the DHB and Provider. Once a decision to close or relocate residents has been made the following will occur:

1. Planning and Funding will notify the DHB OPH&R or CCCN “the Clinical Team” of the impending closure/intention to relocate residents and the proposed timeframes.
2. The Provider will notify other funders (DSS, ACC) if they have residents subject to these Contracts in their care.
3. Planning and Funding will notify HealthCERT of the impending closure/intention to relocate residents and proposed process.
4. The Provider Management Team will provide written and verbal communication to resident of the intention to close/relocate residents. This will include:
 - The reason for the move/relocation
 - The proposed time frame
 - Information about the involvement of the DHB in the process, including the role of both the Planning and Funding and the Clinical Team.
5. The DHB Clinical and/or Planning and Funding Team may be involved in the meetings with the residents/families. The degree to which the DHB will be involved in the process will be decided jointly between the DHB and the Provider.
6. The Clinical Team will evaluate the need to review the residents in the Facility to confirm the level of care required and work with the family/whanau to identify the appropriate Facility to relocate to.
7. If the required number of beds exceeds demand in a particular area, the prioritisation tool to be used.
8. Once the Facility has closed, the Contract will be terminated. Where residents subject to Individualised Contracts are moved, the Contract will move with the resident.

MINUTES – PUBLIC EXCLUDED

**MINUTES OF THE PUBLIC EXCLUDED
WEST COAST DISTRICT HEALTH BOARD SPECIAL BOARD MEETING
Held via zoom
on Thursday 24 February 2021**

BOARD MEMBERS

Hon Rick Barker (Chair); Chris Auchinvole; Susan Barnett; Sarah Birchfield; Helen Gillispie; Anita Halsall-Quinlan; Tony Kokshoorn; Edie Moke; Nigel Ogilvie and Francois Tumahai

APOLOGIES

Peter Neame

EXECUTIVE SUPPORT

Becky Hickmott (Executive Director Nursing); Tracey Maisey (Executive Director Planning, Funding & Decision Support); Graham Roper (CMO), Philip Wheble (General Manager, West Coast); Melissa MacFarlane (Acting Executive Director Planning & Funding); Holly Mason (Acting Director of Nursing); and Mardi Postill (Planning & Funding)

1. REEFTON AGED RESIDENTIAL CARE

Philip Wheble advised the Board that a facility manager from an independent ARC company has been in Reefton reviewing the facility. The findings of the independent facilities manager were read to the meeting.

The Board also heard reports from the clinical team and chief medical officer. The clinical team and General Manager answered questions from Board members.

Following a robust discussion with a variety of views being expressed Nigel Ogilvie moved and Chris Auchinvole seconded the following motion:

- i. The Board notes the clinical advice that there are concerns about the current and immediate future levels of care provided at Reefton Health that the threat of Omicron amplifies that risk
- ii. The Board notes the advice that the only workable alternative is for the relocation of patients to facilities that can assure the necessary level of care and the need to commence the process for relocating patients.
- iii. Notes that the temporary closure of the ARC facilities in Reefton is limited and that the facility will reopen in June 2022.
- iv. No staff member is to be laid off and affected staff will not be financially disadvantaged by continuing to receive their normal pay. Staff where they agree will be utilised in other parts of the WCDHB and or will be provided with training and support to improve the level of service at Reefton
- v. Management will only as necessary engage with patients and their families about the likely move and take every step to ensure people are assisted and managed with care and compassion
- vi. The Board reconfirms that Reefton Health is a critical asset in to the WCDHB and its expectation that the temporary closure will be used to ensure that the reopened facility is improved
- vii. The Board will commission an independent report on how the WCDHB and its management got to the circumstances requiring the temporary closure of Reefton, the lessons to be learned and the actions to be taken to ensure there is no repeat.

The motion was **carried** six in favour with four against

The Public Excluded section of the meeting concluded at 6.55pm, the meeting moved back into the Public section.

Hon Rick Barker, Chair

Date

RELEASED UNDER THE OFFICIAL INFORMATION ACT

APPENDIX 2

Kathleen Smitheram

From: Philip Wheble
Sent: Wednesday, 27 May 2020 7:44 AM
To: Trisha Loughnan; Imogen Squires
Cc: Deborah Wright
Subject: RE: Reefton Signage

Hi All

EMT has said that Reefton Health would be the name as this is consistent with the naming conventions we will be using elsewhere.

Philip Wheble
 General Manager West Coast
 West Coast District Health Board

-----Original Message-----

From: Trisha Loughnan
Sent: Wednesday, 27 May 2020 7:40 AM
To: Imogen Squires
Cc: Deborah Wright; Philip Wheble
Subject: Reefton Signage

Hi Imogen

I am catching up on all the things that have slipped and this is a big one for Reefton Health.

I have attached documentation related to this.

The signage at Reefton Health reflects that we have a hospital with all facilities but as you know we are not and this is misconceiving to patients and tourist and can sometimes cause problems.

I have attached a photo of the same.

I have also been in contact with 9(2)(a) for possible titles.

We can go with
 Reefton Integrated Family Health Centre of Reefton Health Centre.

If you are able to advise the process from here would be great.

Look forward to hearing from you.
 Kind Regards

-----Original Message-----

From: Copiers@westcoastdhb.health.nz [mailto:Copiers@westcoastdhb.health.nz]
Sent: Wednesday, 27 May 2020 7:21 a.m.
To: Trisha Loughnan
Subject: Message from "RefCopier"

This E-mail was sent from "RefCopier" (MP C3003).

Scan Date: 05.27.2020 07:20:53 (+1200)
Queries to: Copiers@westcoastdhb.health.nz

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Trisha Loughnan

From: Trisha Loughnan
Sent: Thursday, 6 June 2019 2:12 p.m.
To: Philip Wheble
Cc: Deborah Wright
Subject: Reefton signage
Attachments: 20190606135053354.pdf

Hi Deb and Phil

Attached is a picture of our current sign that appears to be of huge concern to some as people are seeing the work "Hospital" and assuming that we offer the same services as base hospital.

We would like the sign changed to:

REEFTON HEALTH

Inangahua Hauora - Inangahua is the river running through Reefton and Reefton was known as the Inangahua District Council before amalgamation to Buller District Council.

With the WCDHB logo etc to be the same as what is currently on the sign.

I have attached also to the photo, the dimensions of the current sign.

This is a step closer to integration for staff to actually want to have this changed.

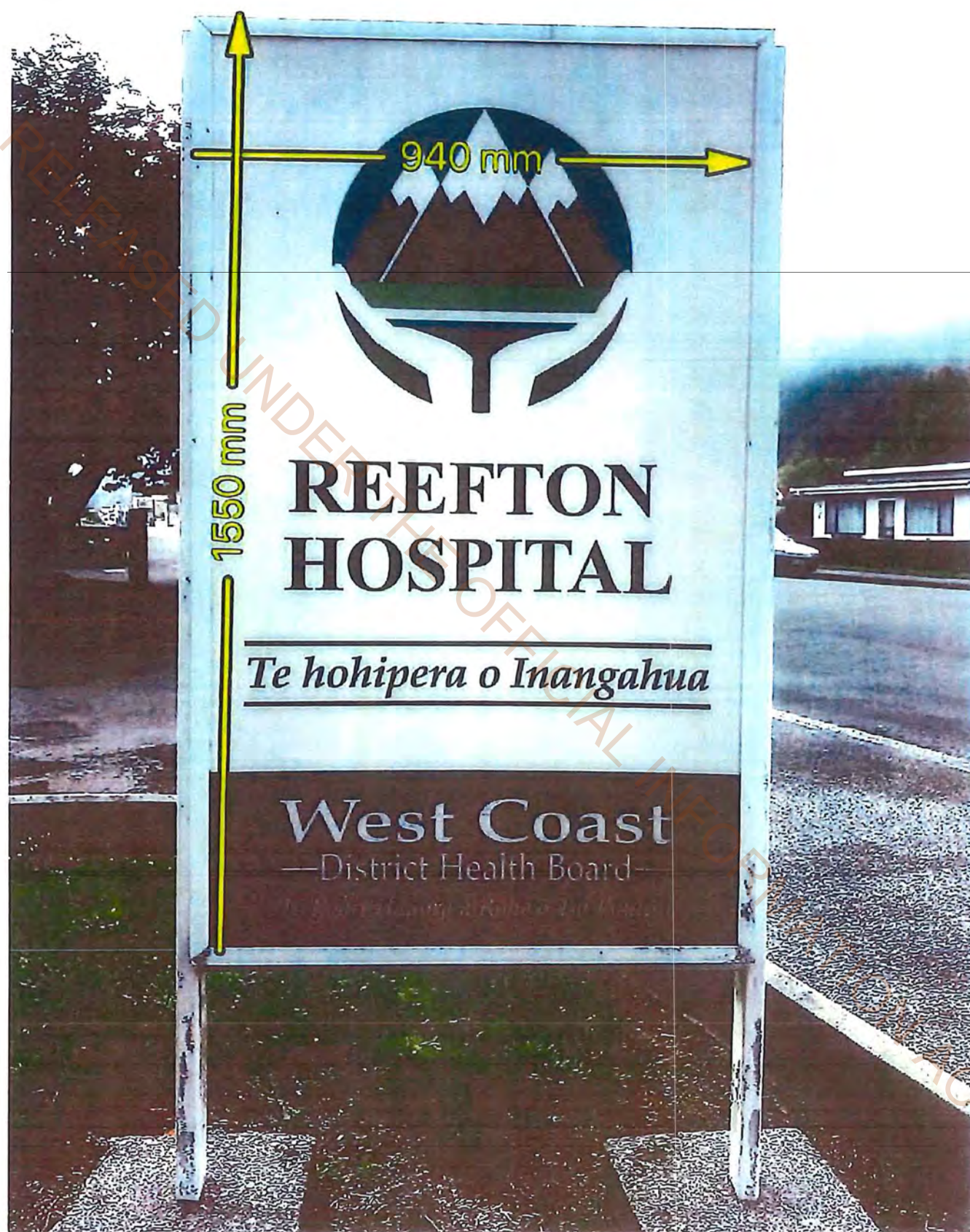
After this is changed we then can get the AA to change the signage at the entrances to town and then google maps to prevent any further confusion.

Kind Regards

-----Original Message-----

From: Copiers@westcoastdhb.health.nz [mailto:Copiers@westcoastdhb.health.nz]
Sent: Thursday, 6 June 2019 1:51 p.m.
To: Trisha Loughnan
Subject: Message from "RefCopier"

This E-mail was sent from "RefCopier" (MP C3003).



Request from 9(2)(a)
 Date – 23 October 2018

English statement	Te Reo suggestion
Integrated Family Health Centre	
Integrated means to combine so here are some options to consider	Te Pūtahi Whakakotahi Hauora Whānau Or – Te Pūtahi Whakatōpū..... Or – Te Pūtahi Whakauru.....
Names for Reefton	
I am not aware if there ever has been a name for Reefton in Te Reo. It's history starts in 1860's with gold discovery on coast. I suggest you contact Ngāti Waewae to check what names there might be for Reefton area. Here are some of the Māori names I found relating to features in this area which might be useful.	Inangahua – local river Maimai – local creek Taipoiti – local settlement near Reefton Tawhai – near Reefton Te Wharau – area of national park Paparoa – name of national park

Kathleen Smitheram

From: Louise Mclean
Sent: Thursday, 2 December 2021 3:20 PM
To: Karen Robb
Subject: FW: Signage Reefton remains horribly misleading

Julie and I have made a decision 😊

Go ahead and do what you need to do to get the signage sorted.

Thanks

From: Julie Lucas <julie.lucas@wcdhb.health.nz>
Sent: Thursday, 2 December 2021 3:17 p.m.
To: Louise Mclean <louise.mclean@wcdhb.health.nz>
Subject: RE: Signage Reefton remains horribly misleading

I agree, Peter Brambly had agreed the signage needed sorting.

From: Louise Mclean
Sent: Thursday, 2 December 2021 11:09 AM
To: Julie Lucas <julie.lucas@wcdhb.health.nz>
Subject: FW: Signage Reefton remains horribly misleading

Hi Julie

I think that Karen should start getting some information/pricing arranged for Reefton. It's been dragging on for years. Do you agree?

From: Karen Robb <karen.rob@wcdhb.health.nz>
Sent: Thursday, 2 December 2021 9:02 a.m.
To: Louise Mclean <louise.mclean@wcdhb.health.nz>
Subject: RE: Signage Reefton remains horribly misleading

No response from Phil.

I don't understand the lay of the Reefton Campus but could go up and meet with Marie/Trish? to get an understanding of what needs to be installed and/or replaced if needed. Turnaround for new signage would likely not be until well into the new year.

Let me know.

Karen Robb
 New Facilities
 Grey Base Hospital West Coast District Health Board

☎ 9(2)(a) [REDACTED]
 ✉ PO Box 387, High Street, Greymouth

From: Louise Mclean
Sent: Thursday, 2 December 2021 8:59 AM
To: Karen Robb <karen.rob@wcdhb.health.nz>
Subject: RE: Signage Reefton remains horribly misleading

Did Phil respond?

It is something that needs to be done, so would it be a big job to find out how much new signage would cost?

From: Karen Robb <karen.rob主@wcdhb.health.nz>

Sent: Thursday, 2 December 2021 8:55 a.m.

To: Louise Mclean <louise.mclean@wcdhb.health.nz>

Subject: RE: Signage Reefton remains horribly misleading

Last email attached.

Regards

Karen Robb

New Facilities

Grey Base Hospital West Coast District Health Board



9(2)(a)



PO Box 387, High Street, Greymouth

From: Louise Mclean

Sent: Thursday, 2 December 2021 8:30 AM

To: Karen Robb <karen.rob主@wcdhb.health.nz>

Subject: FW: Signage Reefton remains horribly misleading

Hi Karen

I actually thought this was sorted out ages ago. Do you know where the new signage is at?

From: Marie Bishara <marie.bishara@wcdhb.health.nz>

Sent: Wednesday, 1 December 2021 4:57 p.m.

To: Philip Wheble <philip.wheble@wcdhb.health.nz>

Subject: Signage Reefton remains horribly misleading

Hi Phil, 9(2)(g)(i)

Reefton does not have a hospital. We have an Integrated Family Health Centre, this is still not reflected in signage.

My fear especially in the presence of COVID, is that this will create false expectations from visitors and locals alike

9(2)(g)(i). As of yesterday a new Memo has advised staff that walk ins to Ziman are no longer accepted. 9(2)(g)(i)

Marie

Kathleen Smitheram

From: Karen Robb
Sent: Tuesday, 8 February 2022 10:12 AM
To: Trisha Loughnan; Marie Bishara
Subject: Reefton Signage

Hi ladies

An update for you.

1. I sent through a purchase order to Fulton Hogan 2 weeks ago to have the SHwy signage redone indicating a Health Centre. I have followed up with them today as I haven't heard back. I have requested a timeframe and will let you know when I hear.
2. Reefton Health site signage has been approved and a PO has been raised and issued to the supplier. I have asked the supplier to send us images before the signage is made so you can both endorse it. I was expecting these last week so have followed up this morning although I know the company is very busy with Covid signage. Again, I'll let you know when I hear.
3. The Buller District Council is responsible for the sign across the road from the hospital on Broadway. I have requested they remove it.

Once the new signage is installed, our maintenance team will remove the site 'Hospital' signage as necessary.

Regards

Karen Robb

New Facilities

Grey Base Hospital West Coast District Health Board



9(2)(a)



PO Box 387, High Street, Greymouth

Kathleen Smitheram

From: Karen Robb
Sent: Monday, 28 February 2022 2:36 PM
To: 9(2)(a)
Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hi 9(2)

Can you please enquire as to how far off we are from getting the signage installed?

Thanks

Karen Robb
 New Facilities
 Grey Base Hospital West Coast District Health Board

☎ 9(2)(a)
 ✉ PO Box 387, High Street, Greymouth

From: 9(2)(a)@fultonhogan.com>
Sent: Tuesday, 8 February 2022 10:14 AM
To: Karen Robb <karen.rob@wcdhb.health.nz>
Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hiya Karen

The signs have been ordered so once the signs shop have manufactured the signs they will be sent over so we can install.

Thanks

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 | Mobile 9(2)(a) | Web www.fultonhogan.com

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From: Karen Robb <karen.rob@wcdhb.health.nz>
Sent: Tuesday, 8 February 2022 9:53 AM
To: 9(2)(a)@fultonhogan.com>
Subject: FW: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hi 9(2)

Has there been any progress with the signage for Reefton please? Are you able to give me an update please?

Regards

Karen Robb
 New Facilities
 Grey Base Hospital West Coast District Health Board

☎ 9(2)(a)
 ✉ PO Box 387, High Street, Greymouth

From: Karen Robb
Sent: Monday, 31 January 2022 11:07 AM

To: 9(2)(a) <[REDACTED]@fultonhogan.com>
 Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hi 9(2)
 Please find purchase order attached for the signage. Can you please keep me updated with progress.

Thanks and regards

Karen Robb

New Facilities
 Grey Base Hospital West Coast District Health Board

9(2)(a)
 PO Box 387, High Street, Greymouth

From: 9(2)(a) <[REDACTED]@fultonhogan.com>
 Sent: Friday, 28 January 2022 10:54 AM
 To: Karen Robb <karen.robbs@wcdhb.health.nz>
 Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hiya Karen

Sorry for the delay on this, I was awaiting an install price from our subcontractor. The below is the total price for supply and install of all 3 signs.

Total = \$ 949.00 +GST

Kind regards

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From: Karen Robb <karen.robbs@wcdhb.health.nz>
 Sent: Thursday, 27 January 2022 1:16 PM
 To: 9(2)(a) <[REDACTED]@fultonhogan.com>
 Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hi 9(2)
 Are you in a position to update me on this yet please?

Regards

Karen Robb

New Facilities
 Grey Base Hospital West Coast District Health Board

9(2)(a)
 PO Box 387, High Street, Greymouth

From: 9(2)(a) <[REDACTED]@fultonhogan.com>
 Sent: Wednesday, 19 January 2022 3:34 PM
 To: Karen Robb <karen.robbs@wcdhb.health.nz>
 Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hiya Karen

I am currently waiting on the price for install from our sub-contractor. I will follow this up today.

Thanks

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From: Karen Robb <karen.rob主@wcdhb.health.nz>
Sent: Wednesday, 19 January 2022 10:50 AM
To: 9(2)(a) <[9\(2\)\(a\)@fultonhogan.com](mailto:9(2)(a)@fultonhogan.com)>
Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hi 9(2)

Are you in a position to provide costing for the replacement signage yet please?

Regards

Karen Robb
New Facilities
Grey Base Hospital West Coast District Health Board

☎ 9(2)(a)
✉ PO Box 387, High Street, Greymouth

From: 9(2)(a) <[9\(2\)\(a\)@fultonhogan.com](mailto:9(2)(a)@fultonhogan.com)>
Sent: Tuesday, 21 December 2021 2:50 PM
To: Karen Robb <karen.rob主@wcdhb.health.nz>
Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Not a problem Karen I will request one for you today.

Fulton Hogan's Christmas shutdown does begin tomorrow with us returning on the 10th January 2022. The signs shop will likely get the quote to back to me shortly after that.

Kind regards

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From: Karen Robb <karen.rob主@wcdhb.health.nz>
Sent: Tuesday, 21 December 2021 2:40 PM
To: 9(2)(a) <[9\(2\)\(a\)@fultonhogan.com](mailto:9(2)(a)@fultonhogan.com)>
Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Yes please 9(2) Please provide me a quote.

Regards

Karen Robb
New Facilities

Grey Base Hospital West Coast District Health Board

9(2) [REDACTED]
PO Box 387, High Street, Greymouth

From: 9(2)(a) [REDACTED] <[REDACTED]@fultonhogan.com>
Sent: Tuesday, 21 December 2021 2:30 PM
To: Karen Robb <karen.rob@wcdhb.health.nz>
Subject: RE: Reefton Health - Incorrect signage [EXTERNAL SENDER]

Hi Karen

Waka Kotahi are happy for these signs to be taken down and new ones to be put in their place. The replacement signs would be a blue sign with an directional arrow alongside the words "Medical Centre", this is the nationwide standard.

The costs associated with blue information signs always sit with the service related to that signage. Therefore the costs associated with the replacement of these signs would sit with the DHB. If you would like to proceed with replacing the signs we can provide a cost to you for supply and install.

Let me know how you would like to proceed and we can arrange for this to happen in the New Year.

Kind regards

9(2)(a) [REDACTED] | **Fulton Hogan Ltd** | 208 Main South Road,
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| Mobile 9(2)(a) [REDACTED] | Web www.fultonhogan.com

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From: Karen Robb <karen.rob@wcdhb.health.nz>
Sent: Monday, 20 December 2021 9:34 AM
To: 9(2)(a) [REDACTED] <[REDACTED]@fultonhogan.com>
Subject: Re: Reefton Health - Incorrect signage [EXTERNAL SENDER]

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Hi 9(2) [REDACTED]

We'll hold off removing signage until we have new signage to put up thanks. Having no direction to medical assistance is a greater risk than status quo.

Please advise if you need any further information regarding our signage requirements. Please also keep me in the loop for timeframes of the replacement signage.

Thanks 9(2) [REDACTED].

Regards

Karen

Sent from my iPhone

On 20/12/2021, at 8:41 AM, 9(2)(a)@fultonhogan.com> wrote:

Good morning Karen

Thank you for getting in touch with Waka Kotahi NZ Transport Agency regarding hospital signage in Reefton. As Fulton Hogan is the maintenance contractor for all West Coast State Highways your query has been passed through to me.

I am aware of the signs you mention and agree it would be beneficial to have these corrected to avoid any confusion. To replace these signs we will need to put in for funding which would be looked at in the new year.

Until this time we do have the option to remove the signs all together. If you would like this I could hopefully arrange it to be done in the next couple of days before the Christmas shutdown period.

Kind regards

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Kathleen Smitheram

From: Karen Robb
Sent: Tuesday, 15 March 2022 12:17 PM
To: Karen Robb
Subject: Fwd: Signage Update

Sent from my iPhone

Begin forwarded message:

From: "Karen Robb" </O=COAST HEALTH
CARE/OU=GREYMOUTH/CN=RECIPIENTS/CN=KAREN.ROBB>
Date: 14 December 2021 at 9:49:00 AM NZDT
Subject: Signage Update

Good morning ladies

Just an update to keep you in the loop.

- I have requested pricing for new campus signage – still waiting on the quote
- I have lodged a request with Buller District Council to change road signage. They may also instruct NZTA to change the SHWY signage – still waiting to hear.
- White Pages are updated to reflect 'Reefton Health & Medical Centre'

I'll update you on progress as it happens.

Regards

Karen Robb
New Facilities
Grey Base Hospital West Coast District Health Board



9(2)(a)



PO Box 387, High Street, Greymouth