

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

---



**DISABILITY SERVICES  
ADVISORY COMMITTEE  
MEETING**

**3 FEBRUARY 2006**

**AGENDA  
AND  
MEETING PAPERS**

EMBARGOED UNTIL CONSIDERED BY THE COMMITTEE

# TABLE OF CONTENTS

**AGENDA**

**KARAKIA**

**COMMITTEE MEMBERS' DISCLOSURE OF INTEREST**

**DRAFT MINUTES OF THE DISABILITY SERVICES ADVISORY COMMITTEE HELD ON  
FRIDAY 9 DECEMBER 2005**

**WORK PLAN**

DSAC Workplan

DAP – Implementation Report

**INFORMATION PAPERS**

Committee Meeting Dates

DSAC Attendance and Administration Form

# AGENDA

**FOR THE WEST COAST DISTRICT HEALTH BOARD DISABILITY SERVICES  
ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM,  
CORPORATE OFFICE, GREYMOUTH ON FRIDAY 9 DECEMBER 2005, COMMENCING  
AT 8.30 AM**

1. Welcome / Apologies / Standing Orders
2. Karakia
3. Disclosure of Advisory Committee Members' Interests
4. Agenda Check
5. Minutes of Last Meeting - held 9 December 2005
6. Matters Arising from Last Meeting
7. Work Plan
  - 7.1 DAP – Implementation Report
  - 7.2 Dementia Unit Update
8. General Business
  - 8.1 District Annual Plan 06/07
9. Next Meeting – 3 February 2006
10. Attendance and Administration Form

**Morning Tea at 10.15am**

**Please bring your copy of DSP & DHB  
Planning Package with you**

## 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.

## DISABILITY SERVICES ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

<b>Member</b>	<b>Disclosure of Interest</b>
CHAIR John Vaile WCDHB Member	Member - CCS Westport Branch Director - Vaile Hardware Ltd Wife no longer works for DHB, has unresolved employment issues
DEPUTY CHAIR Mohammed Shahadat  <i>WCDHB Member</i>	Principal Partner, Murdoch James and Roper Trustee West Coast Development Trust
Professor Gregor Coster Chairman WCDHB  <i>Appointed February 2003</i>	Director – PHARMAC Director - Cornwall Management Limited Director - Cornwall Nominees Limited Chairman - Institute of Rural Health
Elinor Stratford	Manager - Disability Information Service Member - NZCCS Greymouth Branch Chairperson - West Coast Sub branch - Canterbury Neonatal Trust Trustee - Canterbury Neonatal Trust Vice-Chair Victim Support, Greymouth Grey District Councillor Grey District Council appointee to the West Coast PHO Member of Executive Federation of Disability Information Centres
Gloria Hammond	Co-ordinator - New Zealand CCS, West Coast Field Worker / Regional Co-ordinator - CCS West Coast Member – Early Intervention Team Member – Maori Women Welfare League
Maureen Frankpitt	Manager Kowhai Manor and Richard Seddon Hospital
Patrica Nolan	Member – Brain Injury Association Member – Independent Living Centre Committee Member – West Coast Road Safety Committee

**DRAFT MINUTES OF THE DISABILITY SERVICES  
ADVISORY COMMITTEE MEETING HELD  
9 DECEMBER AT 8.50 A.M IN THE BOARDROOM,  
CORPORATE OFFICE, GREYMOUTH**

**PRESENT** John Vaile, Chairman, WCDHB member  
Mohammed Shahadat, Deputy Chair, WCDHB member  
Elinor Stratford  
Maureen Frankpitt  
Gloria Hammond  
Patrica Nolan  
Ned Tauwhere

**IN ATTENDANCE** Wayne Turp, General Manager Planning & Funding  
Gary Coghlan, General Manager Maori Health  
Bianca Kramer, Minute Secretary

**APOLOGIES** Gregor Coster, Chair, WCDHB

**1. APOLOGIES, WELCOME**

The Chair welcomed everyone to the meeting. The Chair waived standing orders.

**2. KARAKIA**

General Manager Maori Health

**3. DISCLOSURES OF INTEREST**

·There is still one outstanding set of "Disclosures of Interest"

**4. AGENDA CHECK**

· Nothing to add

5. **MINUTES OF THE PREVIOUS MEETING HELD 11 NOVEMBER 2005**

- item 5, first paragraph amended to read 'new members to provide Disclosure of Interest to Minute Secretary'
- item 7, first paragraph second sentence amended to read 'Some information supplied in the media is ill informed'

***Moved: Mohammed Shahadat      Seconded: Maureen Frankpitt***

**It was RESOLVED that the Minutes of the Disability Services Advisory Committee meeting held 11 November 2005 were a true and accurate record subject to the amendments above.**

6. **MATTERS ARISING / ACTION AND RESPONSIBILITY LIST**

**New members to provide Disclosure of Interest of Minute Secretary**

One set of disclosures still outstanding

**General Manager Maori Health to arrange possible visit by Roger Jolly to discuss Maori Disability Issues**

The General Manager Maori Health is waiting for Roger Jolly to respond to a message. The General Manager Maori Health will report back any progress at the next meeting.

**General Manager Planning & Funding to check definition of PAG as mentioned in DAP Traffic Light**

PAG = Planning Advisory Group

**Quality Risk Manager to be invited to next meeting to talk about the Pandemic plan**

An agenda item

**The audit carried out at Grey Base and Buller Medical Services – was it compliant with “Barrier Free Audits”**

A committee member stressed the importance of the Barrier Free Audit being carried out by a qualified person against the national standard. It is better to do it right first off, rather than striking problems later because of standards not being met. The CEO will check if those carrying out the audit were qualified and will report back to the next meeting.

7. **WORK PLAN**

The General Manager Planning & Funding ran through the DSAC Work Plan

**Disability Plan**

The time lines need to be modified, this plan has not been started as yet. The DSP is nearing completion and the resulting plans will then be worked on. The Primary Care, Secondary Care and Disability and will be looked at in the near year.

### **District Strategic Plan**

The DSP consultation has been completed. The public consultation round confirmed that the DHB was on the right track. The DSP now only needs some final tidying then it will be complete.

### **District Annual Plan/Statement Of Intent**

These two plans will be deferred to the workshop scheduled for 20 January 2006. The General Manager Planning & Funding said the Ministry of Health guidelines for the content of the DAP should be received today. The new Minister of Health indicated areas of focus would be Elder Care, Chronic Disease and Cancer, Inter and Intra Collaboration and Further Efficiencies in Health.

The committee discussed the high level of interest within the wider community regarding Elder Care and in particular options for sheltered and other supported housing for the elderly.

### **Dementia Unit**

There was nothing further to update. It is expected that on Monday 12 December the National Capital Committee would be looking at the revised business plan.

## **8. AVIAN FLU**

The Chair welcomed the Quality Risk Manager to the meeting.

The Quality Risk Manager presented a PowerPoint presentation outlining what a pandemic was and what would need to be put in place if the Avian Flu did reach New Zealand. The DHB has been working on a West Coast Plan, the majority of the information was sourced from Canada and Asia. Planning will continue, with a view to setting up an interagency group and linking in with the police.

An Australian company has been contracted to produce a vaccine once the virus has been identified. It would take approximately three months for the vaccine to be produced. It would be decided at a national level which groups would be vaccinated first. It is anticipated that the MenzB vaccinators would be an ideal source of help for a mass vaccination.

If the Avian Flu arrives in New Zealand, the disruptions would be wide spread. Any gathering of people could be potentially unsafe. Supplies of day to day things may not be available as those delivering may be ill etc. With an incubation period of 1-4 days brings in concerns about international travel, on departure people with no symptoms but on arrival found to be ill. Border control brings up the legal rights of citizens in transit. If it would be a Public Health emergency or a Civil Defense emergency would need to be identified, as both work in different ways.

Panicing people will not achieve anything, creating "worried well". There are graded levels to inform the public the status of the emergency

- White = Planning Stage, work as usual
- Yellow = Preparation, the new strain identified
- Red = The virus confirmed in New Zealand

- Green = The pandemic is over

Information sourced from Canada, indicated that the estimated hospitalisation and deaths in a pandemic would equate to normal six monthly figures being experienced in a six week time frame. There is no information available indicating if the infection will be transferable from the dead to the living – though it was said you would be more likely to become ill from attending the funeral, because of the gathering of people.

A national advertising campaign by the Ministry of Health is due to start shortly

The Chair thanked the Quality Risk Manager.

## 9. **MAORI HEALTH**

The General Manager Maori Health went through the plan updating the committee on those items of interest to the committee showing as either orange or red.

### **Page 6**

**Discuss with Rata Te Awhina Trust how opportunities for Maori provider development can be made available through WCDHB in service education training sessions** The invitation has been extended to Rata Te Awhina, but as yet they have not accepted.

**A Memorandum of Understanding / funding agreement agreed to by the end of 2004** Currently In negotiation with Rata Te Awhina

### **Page 9**

**Actively targeting current resources to access training and development opportunities** Shortage of Maori Staff has delayed this

**Implement HR/MH policy to ensure adequate representation of Maori in identified areas of need in Mental Health Services eg Rata AOD (Refer SI AOD Review), CAMHS (refer SI Kaupapa Maori review).** Behind other areas, hope to report some progress in the next quarter

### **Page 10**

**Improve information and understanding of Maori health status and issues relating to inequalities through conducting a Health Needs Assessment over the next two years in conjunction with the Papatipu Runanga & Nga Mataa Waka.** Seen as a priority and will be completed in the next 12 months

### **Page 11**

**Apply an Inequalities Prioritisation Framework to reviewing existing and new funding opportunities** The Planning & Funding Team are working on this.

### **Page 12**

**Establish a pilot project to identify and review pathways of care into and out of mainstream services.** An application has been put in and it is hoped this item will be green in the next quarter

**Survey Maori accessing health services to determine barriers to access such as cultural inappropriateness and lack of understanding of cultural protocol.** This needs more work

8. **NEXT MEETING**

Friday, 3 February 2006, 8.30am, Boardroom, Corporate Office Greymouth

9. **ATTENDANCE AND ADMINISTRATION FORMS**

The Chair requested that committee members complete their Attendance and Administration forms and return for signing. The Chair then thanked the committee for their attendance and contribution over the past year and wished those present a Merry Christmas and a Happy New Year.

***There being no further business to discuss the meeting concluded at 10.15***

## MATTERS ARISING FROM DISABILITY SERVICES ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status
	30 September	New member to provide Disclosure of Interest of Minute Secretary.	New members/ Minute Secretary/	
	30 September	General Manager Maori Health to arrange possible visit by Roger Jolly to discuss Maori Disability Issues	GM Maori Health	Will follow-up, has left message
	9 December	The audit carried out at Grey Base and Buller Medical Services – was it compliant with “Barrier Free Audits”	CEO	

**WORK PLAN**

**Mission Statement:** To fund a continuum of quality health services aimed at providing improved health outcomes and maximise the independence of people with disabilities.

Objective	Responsibility	Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
<b>Progress Reports</b>							
1. District Annual Plan	GM Planning & Funding	3 Feb	Quarterly				Quarterly after 11/11/05
2. Maori Health Plan	GM Maori Health		Quarterly				Chair to set time frame
<b>To develop</b>							
1. Disability Plan / describe disability sector	GM Planning & Funding	June 06					Will be reported on six monthly
2. Advocacy Services	GM Planning & Funding						Clarification being sought
<b>Provide input into</b>							
1. District Strategic Plan	GM Planning & Funding		Annually				July/August
2. District Annual Plan	GM Planning & Funding		Annually				December meeting
3. Statement of Intent	GM Planning & Funding		Annually				December meeting
4. Annual Report	Chief Financial Manager		Annually				July/August
<b>To monitor</b>							
1. West Coast Improved Services for the Elderly (WISE)	GM Planning & Funding						
2. Dementia Unit building	CEO		Each meeting				A standing agenda item
<b>To investigate/scope</b>							

# DAP IMPLEMENTATION REPORT

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
<b>MAORI HEALTH</b>	Actively seek any additional funding to improve Maori health and reduce Maori health and disability inequalities.	DAP	Pg.26	Gary		G A joint effort between the Finance Dept and Maori health saw a successful bid put to the MOH for Whakatataka funding for Te Tai Poutini Maori Health Prism Project.
	Target for increase in spending on Maori health by 5%. Targets for further 5% increases for 06/07, 07/08.	DAP	Pg.26	Wayne T/Gary	05/06, 06/07, 07/08 respectively	O WCDHB is in contract negotiation with management of Rata Te Awhina Trust. There has been a funding increase of 3%.
	Engage with Mana Whenua and other Maori communities to enable them to influence planning, purchasing and delivery of services to build Maori health.	DAP	Pg.28	Gary		G Establishment of Tatau Pounamu Maori Health Advisory Committee. Membership consists of representatives from Te Runanga O Makaawhio, Te Runanga O Ngati Waewae, and Nga Maata Waka. This forum meet 6 weekly with WCDHB management. Funding is from WCDHB.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Review and renew all Memoranda of Understanding.	DAP	Pg.28	Gary		O Currently working with Tatau Pounamu to develop a Memorandum of Understanding. Terms of Reference completed. Tatau Pounamu has been meeting 6 weekly since September 2005
	Work with the West Coast PHO and Rata Te Awhina Trust to work effectively together to support initiatives that positively contribute to whanau ora.	DAP	Pg.28	Gary		G Rata Te Awhina Trust has a representative on the WCPHO Board and continue to work with the WCDHB and WCPHO on initiatives that contribute to whanau ora. GM Maori Health is working with the national working group on further development of Whanau Ora service specifications.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	West Coast DHB to share and expand on existing best practice guidelines for clinicians.	DAP	Pg.28	Gary		G Extensive consultation has occurred with local iwi and with WCDHB clinical & management staff in relation to the implementation of Tikanga best practice. Training programmes is being developed. Te Pikorua Cultural Training is available to staff. Tikanga Recommended Best Practice is in the process of implementation throughout departments of WCDHB.
	Identify and develop relationships with other Maori community-based health initiatives.	DAP	Pg.28	Gary		G There have been a number of initiatives undertaken that aim to strengthen relationships with Maori communities throughout the West Coast i.e. consultation Re: diabetes, primary care, primary mental health, strategic plan, Maori health plan, the Buller Nutrition Project all of these have occurred because we have consulted with Maori communities and local Papatipu Runanga; Te

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						Runanga O Makaawhio and Te Runanga O Ngati Waewae.
	Implementation of the West Coast Maori Workforce Plan.	DAP	Pg.30	Ruth/Gary		O The first draft of this plan was created in 2003. HR staff issues progress to date has been slow due to heavy work pressures and a shortage of staff to implement necessary work.
	West Coast DHB will fund new services identified as needed by the Maori Health Needs Analysis process	SOI	Pg14	Gary		O Some positive preliminary has occurred at this point we are hoping that Canterbury Public Health will assist with this Needs Analysis.
	Tikanga Best Practice training to mainstream staff	SOI	Pg14	Gary		G Work underway. Well supported by staff.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

<b>AREA</b>	<b>TASK</b>	<b>REPORT</b>	<b>PAGE</b>	<b>LEAD PERSON</b>	<b>END DATE</b>	<b>PROGRESS/COMMENTS</b>
	Implementation of the West Coast DHB's Maori Health Plan (available on website)	SOI	Pg14	Gary		G Progress continuing
<b>N.Z. DISABILITY</b>	Continue to implement the West Coast DHB's Disability Strategic Action Plan according to the actions specified in the document.	DAP	Pg.33	Hecta		G Implementation continues, secondary plan about to be completed.
	In 2003/04 the West Coast DHB developed a Disability Action Plan (appended to the District Annual Plan and also available on the WCDHB website). 2005-06 will see the progressive implementation of this plan	SOI	Pg20	DHB		G Audit has been completed in regard to facilities access
<b>INEQUALS</b>	CPH to provide inequalities training to all Board Members, Senior Managers and staff of the WCDHB, and appropriate external organisations.	DAP	Pg.35	Planning & Funding		G Training is being provided to EMT members on March 1st 2006, and will then be rolled out to Board and Advisory Committee Members, and senior managers.
<b>MENTAL HEALTH</b>	Complete the implementation of the rehabilitation support services review.	DAP	Pg.38	Hecta (SISSAL)		G Level IV residence has now opened, implementation of remaining recommendations continues
	Continue to monitor access to specialist regional mental health services in other centres for West Coast residents	DAP	Pg.38	Hecta (SISSAL)		G Ongoing

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Appropriate access to mental health services for people with severe mental illness	SOI	Pg18	Hecta		G West Coast mental health services continue to provide the highest level of access [for any DHB] to specialist mental health services
	Better access to primary care services for people with severe mental illness	SOI	Pg18	Hecta		G Subject to appointment of Primary Mental Health staff by PHO
	Implement recommendations of the cross sectoral service development group for Alcohol and Other Drug services.	DAP	Pg.38	Hecta		O AOD service development group planned to be established before December 2005
	Implement recommendations from Regional Alcohol and Other Drug review.	DAP	Pg.38	Hecta		O AOD service development group planned to be established before December 2005
	Aim to have 95% of clients of the MHS linked to an appropriate primary care provider	DAP	Pg.38/ 39	Hecta	Jun-06	G progressing
	Complete the implementation of the MH SMART project within the WCDHB. Review possibilities for implementation within NGOs.	DAP	Pg.39	Hecta		G MH SMART data being collected within DHB.
	Implement a standardised measure of consumer feedback and provide a feedback loop between service users and service providers.	DAP	Pg.39	Hecta		G National survey of mental health consumers being piloted on West Coast currently

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Work on retention and recruitment to ensure full complement of clinicians.	DAP	Pg.40	Hecta		G Ongoing. Allied health staff difficult to recruit at present.
	Implement and review the Maori Mental Health Strategic Plan.	DAP	Pg.41	Hecta		G Work underway with Maori mental health team, good progress made but yet to finalise the plan.
	Aim to increase the number of Maori staff working in mental health services	DAP	Pg.41	Hecta		O Ongoing
	Maintain current resourcing levels for the Maori mental health service.	DAP	Pg.41	Hecta		G Current resourcing levels for Maori mental health services exceed guidelines in recognition of the difficulty of providing services to a small population scattered over a large geographic area. Current resourcing levels will be maintained.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Implementation of strategic plan.	DAP	Pg.41	Hecta		G Work is progressing on implementing agreed strategies including the introduction of cultural assessment for Maori entering the service, provision of a culturally supportive network for staff and for consumers of the Maori Mental Health service.
	Ensure mainstream services are culturally appropriate and responsive to needs of Maori consumers.	DAP	Pg.41	Hecta		O Ongoing
	Maintain current dedicated resource levels.	DAP	Pg.41	Hecta		G Achieved
	Continue to improve linkages with housing and employment agencies.	DAP	Pg.43	Hecta		G ongoing-service level agreements in place, regular meetings held
	Continue involvement with Strengthening Families programme.	DAP	Pg.43	Hecta		G close and ongoing involvement maintained
	Work with PHO to ensure primary health practitioners are trained in primary health care guidelines.	DAP	Pg.43	Hecta		O delayed pending the establishment of the primary mental health service
	Implement the Primary Mental Health plan.	DAP	Pg.43	Hecta		G See comment Re; Primary Mental Health Care staff above

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Review memoranda of understanding with police and with NGOs to ensure relationships are maintained and issues resolved.	DAP	Pg.43	Hecta		G currently under review
	Ensure an effective case management approach is in place which ensure care is coordinated when consumers are receiving services from more than one agency.	DAP	Pg.43	Hecta		G service level agreements in place which ensure care coordination is achieved. Review process being developed
	Provide support to NGOs as necessary to encourage MHINC reporting.	DAP	Pg.44	Hecta		NGOs yet to develop ability to report
	Continued participation in SIRMHN.	DAP	Pg.44	Hecta		G ongoing
	Active engagement in planning processes with consumers, family and other stakeholders.	DAP	Pg.44	Hecta		G ongoing
	Rehabilitation support services review implemented	SOI	Pg18	Hecta		G Implementation continues, Level IV residence has just been established. Key agencies showing high level of collaboration in service provision.
	Development of a new Dementia Unit to be built on the Grey Base Hospital site, and Seaview Hospital to be completely closed	SOI	Pg18	Hecta		G planning for a new dementia unit at Grey Hospital is well advanced following some delays. If final MOH approval is obtained it is anticipated construction can commence early in 2006,

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						thus enabling the closure of Seaview Hospital.
	Compliance with the National Health Standards ensures quality and availability of mental health services is maintained.	SOI	Pg28	Hecta		G An ongoing compliance programme is in place and regular audit takes place. Standards are complied with.
<b>SUICIDE PREVENTION</b>	Work collaboratively with CPH to implement the youth suicide prevention programme.	DAP	Pg.45	Provider Arm/Mental Health		O Ongoing
	Review and widen the non-accidental injury data being collected by CPH from Grey Hospital to other DHB services.	DAP	Pg.45	Planning & Funding		O A major programme in regard to implementation of suicide prevention guidelines is planned as part of a national initiative. Data collection is planned to roll out to other DHB services.
	Facilitate skill training among primary providers, mental health professionals, emergency department staff and community organisation staff and encourage use of MOH suicide prevention guidelines.	DAP	Pg.45	Hecta		G Considerable work has taken place to implement the guidelines within the DHB and further work is planned.

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Participate in inter-sectoral initiatives to prevent suicide.	DAP	Pg.45	Planning & Funding		O in planning stage.
	Continue to implement and monitor guidelines for emergency department and mental health services in managing people at risk of suicide.	DAP	Pg.45	Hecta		G Ongoing
	Investigate the establishment of a West Coast suicide prevention planning group to develop an action plan.	DAP	Pg.45	Hecta		O in early planning stage
	Review Emergency Department and MHS guidelines.	DAP	Pg.45	Hecta	Dec-05	G achieved
<b>PRIMARY MENTAL HEALTH</b>	Implement the Primary Mental Health Plan.	DAP	Pg.46	Hecta		O underway, some delays experienced
	Improve the physical health status of people with a mild to moderate mental illness presenting to primary health services.	DAP	Pg.47	Hecta		O Primary Health Link project aimed at improving access to primary health services and therefore potentially physical health status of people with mild to moderate mental illness implemented in key localities with further roll out planned.
	Implementation of key outcomes in primary mental health strategic plan in a timely manner.	DAP	Pg.47	Hecta		G Will occur as opportunity presents itself.

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Implement Primary Health Link programme to reduce cost to Mental Health clients of accessing GP services.	DAP	Pg.48	Hecta		G implemented
	Ensure uptake of Care Plus (Priority Patient Funding) for mental health clients, where eligible.	DAP	Pg.48	Hecta		O ongoing, expected to improve
	Encourage cross sectoral participation in Intermediate Training level programmes in Shared Care.	DAP	Pg.48	Hecta		O ongoing training will be implemented when shared care project rolled out
	Evaluate the benefits of locating Methadone clinics in GP surgeries.	DAP	Pg.48	Hecta		O Subject to completion of regional AOD meeting.
	Evaluate Primary Health Link implementation.	DAP	Pg.48	Hecta		G evaluation of first pilot completed, successful outcomes achieved
<b>DISABILITY &amp; OLDER PEOPLE</b>	PAG Group to oversee implementation and further development of the Plan.	DAP	Pg.49	Planning & Funding		O
	Coordinate service delivery for older persons within the DHB.	DAP	Pg.50	Hecta/Raewyn		O plans currently being completed for coordination of older persons services
	Centralise NASC functions in Coordinating centre.	DAP	Pg.50	Hecta/Raewyn	Aug-05	O planning underway for implementation in the first quarter of 2006.
	Packages of care developed and then progressively implemented	DAP	Pg.50	Hecta/Raewyn	Jul-05	O will follow implementation of coordinating centre
	Reconfigure Structure of Older Persons service management within the DHB, as appropriate.	DAP	Pg.50	Hecta/Raewyn		O plans being completed

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
	Review current levels of service provision for older people: home based support services [personal care, domestic assistance, carer support] and residential care [rest home, dementia and hospital level care].	DAP	Pg.51	Hecta/Raewyn/PI anning & Funding/ OP		O	review currently underway
	Develop a funding plan to ensure service levels meet ICC objectives and provide equitable access within available funds.	DAP	Pg.51	Hecta/Raewyn/PI anning & Funding		O	plan is being further developed
	Utilise improved information sources incl coordinating centre information, to determine most effective way of providing health and support services and maintain optimum independence.	DAP	Pg.51	Hecta/Raewyn/PI anning & Funding		O	will follow implementation of coordinating centre
	Analyse current utilisation of residential accommodation and investigate and implement community based alternatives [Ageing in Place].	DAP	Pg.51	Hecta/Peter/Rae wyn		O	planning underway
	Consider and adopt, if appropriate, recommendations from the study commissioned by Buller District Council.	DAP	Pg.51	Hecta		G	

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Progressive implementation of the West Coast Improving Services for the Elderly (WISE) plan with new initiatives in all aspects of health and disability support services affecting older adults. Full details of the plan, including timeframes for delivery are available in the WCDHB District Annual Plan and on the WCDHB website.	SOI	Pg20	Hecta		G aspects of this plan have been implemented, further development and implementation in relation to secondary services required and underway
	Improved use of home based care services to reduce need for rest home and continuing care services.	SOI	Pg20	Hecta/Raewyn		O This will be an outcome of the NASC reconfiguration planned.
<b>REDUCING THE INCIDENCE &amp; IMPACT OF DIABETES</b>	Work with CPH, WCPHO and other providers, to ensure education resources that promote physical activity and healthy eating are readily available and distributed for at-risk and high risk groups, including Maori.	DAP	Pg.53	Wayne T		G
	Work with local schools to encourage further uptake of the Health Promoting Schools / Healthy Eating Healthy Action (IHEHA) initiative throughout the region.	DAP	Pg.53	Wayne T		O Further discussion needed with CPH on achieving this.
	Progressive implementation of the "Get Checked" screening promotion programme.	DAP	Pg.53	Planning & Funding/PHO		O Further discussion needed with PHO.
	Provide free annual checks through the PHO.	DAP	Pg.56	Planning & Funding/PHO		O Further discussion needed with PHO.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Investigate integration of primary and secondary diabetes information databases.	DAP	Pg.56	Jenny H/Carol/IT (Ebel)		O Commenced investigating databases. March 2006 provisional date for further update. No progress due to change in PHO MSO.
	Development of comprehensive draft Long-Term Diabetes Service Improvement plan – plan sent out for consultation.	DAP	Pg.56	Carol Atmore	West Coast integrated diabetes service launched November 05; implementation on phase at present	G see above
	Finalisation of plan for implementation.	DAP	Pg.56	Carol Atmore	31-Dec-05	G see above
	Development of a comprehensive West Coast-wide diabetes database.	DAP	Pg.56	Planning & Funding	– with a view to this being in place by 30 June 2006.	Not yet started
	Improve access to retinopathy screening.	DAP	Pg.57	Planning & Funding/PHO		G
	Mobile retinal screening service to be progressively delivered at main centres throughout the West Coast.	DAP	Pg.57	DHB	2005/06	G

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Improve management of diabetes.	SOI	Pg21	CDM Project		G See comments on chronic disease management plan
	Improve uptake of free annual checks.	SOI	Pg21	Planning & Funding/PHO		O See comments on chronic disease management plan
	Implementation of diabetes action plan for the West Coast, incorporating both public health and chronic disease management interventions.	SOI	Pg20	CDM Project		G See comments on chronic disease management plan
	Improved detection of diabetes-related eye disease	SOI	Pg21	CDM Project		G See comments on chronic disease management plan
	Multi-disciplinary continuum of care plan for CVD.	SOI	Pg21	CDM Project		G
	Work through PHO to implement a monitored approach to providing primary CVD risk assessments of at-risk people at determined time intervals.	SOI	Pg21	Planning & Funding/PHO		O
	Develop a West Coast district centre of excellence for stroke rehabilitation in concert with the refurbishment of the AT&R Unit at Grey Base Hospital, with a community outreach component for post discharge follow-up care and monitoring (to lower risk factors for unplanned returns).	SOI	Pg21	Jenn H		O Team established to plan a feasibility of stroke rehabilitation unit within Grey Hospital. Refurbishment of AT&R Unit yet to commence. Update March 2006.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
<b>REDUCING THE INCIDENCE &amp; IMPACT OF CARDIOVASCULAR DISEASE &amp; STROKE</b>	Establishment of a multi-sector service development group to investigate best practice implementation of the national Cardiovascular Guidelines and a population health approach to CVD risk reduction strategies across health service providers and in the community.	DAP	Pg.59	CDM Project		O	see above
	Build on work already undertaken with CPH, WCPHO, Sport West Coast and Sport Buller, and with other health service providers to promote better health and healthy lifestyles within the West Coast community.	DAP	Pg.60	Planning & Funding		G	
	Implement at least two major health promotion projects targeting CVD risk factors.	DAP	Pg.60	Planning & Funding	Completed	G	see above. Sea to sea spring into action.
	Work through WCPHO to implement a monitored approach to providing primary CVD risk assessments of at-risk people at determined time intervals.	DAP	Pg.61	CDM Project		G	see above
	Actively monitor recorded 5-year absolute CVD risk, to best effect CVD detection and follow-up.	DAP	Pg.61	Carol A	Awaiting imbedding of new PHO MSO	O	see above

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
	Investigate the feasibility of the implementation of pre-hospital thrombolysis medication use for emergency response on the West Coast.	DAP	Pg.63	Jenn H/Carol A		G	Plan progressing within timeframes. Update March 2006.
	Completion of feasibility evaluation of the implementation of pre-hospital thrombolysis medication use for emergency response.	DAP	Pg.63	Jenn H/Carol A	30-Apr-06	G	Draft plan out for consultation
	Establishment and monitoring of 5-year absolute CVD risk care plan dataset.	DAP	Pg.63	CDM Project		O	
<b>STROKE</b>	Aim to reduce the incidence of avoidable complications from strokes.	DAP	Pg.68	CDM Project		G	
	Aim to strengthen self-management capability of individuals, family & whanau through the same measures as outlined for CVD management.	DAP	Pg.68	CDM Project		G	
<b>ORAL HEALTH</b>	Provide information to key stakeholders and the public about the benefits and risks of water fluoridation.	DAP	Pg.71	Planning & Funding	Completed	G	Now completed (rejected by public referendum)
	Work with all relevant organisations to encourage the introduction of optimal levels of fluoride to West Coast water supplies.	DAP	Pg.71	Planning & Funding	Completed	G	
	Participation of Adolescent Oral Health Promoter in WCDHB Youth Health Committee.	DAP	Pg.72	Child, Youth and Health Committee		O	

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Develop and implement a new delivery infrastructure for the SDS within the recommendations made by the SDS Review.	DAP	Pg.72	Wayne C		O Subject to facilities plan
	Explore options for further initiatives in Maori Oral Health as they arise.	DAP	Pg.73	Gary		G
	Continue to monitor SDS data.	DAP	Pg.73	Planning & Funding		G
	WCDHB will continue to work towards fluoridation of drinking water supplies in conjunction with territorial local authorities, Community and Public Health and oral health professionals.	SOI	Pg18	Planning & Funding	Completed	G See comments above re: referendum
<b>CHILD &amp; YOUTH HEALTH SERVICES</b>	Support the development of a primary, secondary and tertiary preventive approach to disease prevention.	DAP	Pg.76	Child, Youth and Health Committee		G
	Ensure the continued availability of antenatal parenting and pregnancy education programs to pregnant women (and their partners).	DAP	Pg.76	Jenny W		O continuing
	Encourage the Primary Health Organisation (PHO) and Lead Maternity Carers (LMCs) to ensure that a risk profile of pregnant women is recorded particularly with respect to smoking and nutrition.	DAP	Pg.76	Jenny W		O continuing

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Continue to ensure Tertiary prevention of low birth weight babies through the use of interventions while the woman is in preterm labour to reduce health problems for the baby.	DAP	Pg.76	Jenny W		O The transfer rate to Christchurch has reduced due to the O & G Specialists currently employed. Assessing new equipment to support the service for this area
	Monitor data to assess need for further initiatives.	DAP	Pg.76			O continuing
	Support the implementation of the Baby Friendly Hospital Initiative at Grey Base Hospital and Buller.	DAP	Pg.77	Jenny W		G Achieved 2005
	Ensure continued access to parenting and pregnancy education to all pregnant women and their partners.	DAP	Pg.77	Jenny W		O Up & running in the following areas Grey, Buller Reefton, Hokitika , South Westland
	Increase breast-feeding promotion, advocacy and coordination on the West Coast, especially that which is acceptable and appropriate to Maori and Pacific Island families / whanau.	DAP	Pg.77	Gary/Mel/Shona/Jenny W		G Running Babes in arms programme in the Ward. Funding secured through HEHA funding to improve Breastfeeding rates.
	Monitor breast-feeding data to assess need for further initiatives.	DAP	Pg.77	Shona/C&Y committee		G Data has been monitored and a proposal to improve rates developed and funding secured through MOH HEHA funding.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Implement the National Immunisation Register, to ensure accurate monitoring of Immunisation rates within agreed time frames.	DAP	Pg.78	Shona/C&Y committee		G NIR has been Implemented and a review of the success of this for Birth Co-hort will occur 3 months from implementation on 28 November 2005.
	Work with CPH and other providers to support the maintenance, further development and implementation of the health promoting schools initiative.	DAP	Pg.78	Planning & Funding/CPH		G
	Encourage CPH work through the Heart Foundation to promote the Healthy Heart Award to early childhood centres.	DAP	Pg.78	Planning & Funding/CPH		O
	Monitor disparities between age and population groups to assist the Child and Youth Health Committee with planning to reduce disparities.	DAP	Pg.78	Shona/C&Y committee		G Disparities are being identified and strategies to address them are being developed through the development of the Child Health Plan.
	Continued improvement to child oral health, and the development of longer term goals and strategies.	SOI	Pg18	Shona/C&Y committee		G The development of longer term goals and strategies in relation to child oral health are being developed as part of the development of the WCDHB Child Health Plan.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	WCDHB intends to minimise "ambulatory sensitive admission" (those that could have been prevented by services offered through primary care) to hospital for children, through improved primary care.	SOI	Pg19	Shona/C&Y committee		G Strategies to address ambulatory sensitive admissions for children are being developed as part of the development of the WCDHB Child Health Plan.
	Monitor breast-feeding data to assess need for further initiatives. Improve the quality of breast-feeding data held by General Practices and other early childhood providers.	SOI	Pg19	Shona/C&Y committee		G Data has been monitored and a proposal to improve rates developed and funding secured through MOH HEHA funding.
	Both the National Immunisation Register and the School Based (Meningococcal) Vaccination Schedule will be implemented on the West Coast.	SOI	Pg19	Shona/C&Y committee		G Both have been implemented. Success of the NIR for Birth Co-hort will occur 3 months from implementation on 28 November 2005.
	A youth health strategy will be developed in conjunction with health professionals and community stakeholders. The strategy will be published on the WCDHB website.	SOI	Pg19	Shona/C&Y committee		G Development of the WCDHB Youth Strategy is underway, with a comprehensive survey of Youth and Health and Social Service Providers completed, the plan is in the final development stage.
<b>N.Z. PRIMARY HEALTH CARE</b>	Implement the workforce strategy in the West Coast Primary Health Care Plan.	DAP	Pg.87	Planning & Funding		To be undertaken once Primary Health Care Plan has been finalised

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Continue to support continuing education through the (PHO).	DAP	Pg.87	Planning & Funding/PHO		G
	Address the changing requirements in skill mix and increased diversity of roles and functions in the changing primary health environment on the West Coast.	DAP	Pg.87	DHB		G
	Support the development of the primary nurse practitioner role.	DAP	Pg.87	Hecta		G
	Encourage and support the development and implementation of the locally developed training scheme for rural GP's.	DAP	Pg.87	GM OPS/Raewyn		G Programme development is actively occurring.
	Support initiatives and strategies which aim to recruit and retain sufficient GP's and nurses on the West Coast.	DAP	Pg.87	Human Resources		O
	Implement Neighbourhood Nurses proposal.	DAP	Pg.87	Hecta		G Process continuing
	Work through the PHO to collect information on pharmaceutical and laboratory spending trends on the West Coast; and to manage increasing demand through a risk sharing approach.	DAP	Pg.88	SISSAL		G
	Support the continuing education for referring practitioners on best practice prescribing.	DAP	Pg.88	Planning & Funding/PHO		G

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Implementation of West Coast Primary Health Care Plan.	SOI	Pg16	Wayne T		G Implementation to take place once final plan has been approved in March.
	Adequate service availability available throughout the West Coast at all times.	SOI PRISM	Pg16	Wayne C		G
	Introduction of a full range of electronic communication mechanisms and protocols between primary and secondary care sites (see WCDHB District Annual Plan for more details).	SOI	Pg16	Wayne C		O
	Consensus plans for chronic disease management development.	SOI	Pg16	Wayne T		G see comments on chronic disease management plan
	In addition to recruiting, maintaining and managing its own workforce, the WCDHB will support and assist other organisations such as GP practices and the West Coast PHO in their efforts to attract and retain medical staff to West Coast.	SOI	Pg29	Wayne T		G
	Where practical, the WCDHB will also work with non-health employers to promote common interests in the recruitment and retention of qualified employees.	SOI	Pg29	Ruth		G
	Appropriate management of major health incidents or emergencies	SOI	Pg29	Mark B		O Emergency Plans are being reviewed and x2 exercises planned for 2006

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
<b>WORKFORCE AND EMPLOYEE RELATIONS</b>	Collaborate with other DHB's to provide negotiation teams with requisite information and data to expedite reaching settlement.	DAP	Pg.99	Human Resources	Ongoing	G All information requested by negotiations team complied with on time.
	Prepare in advance by involving key staff members in a review process of existing agreements and recommend changes to facilitate the cost effective management of our 'human resource'.	DAP	Pg.99	Human Resources	Ongoing	G External advocate contracted to lead negotiation strategy. Key staff identified for each set of negotiations. Prior to negotiation group meets to discuss strategies for collective. National MECA's are driven from DHBNZ and DHB ensure any input required is completed.
	Designate key staff members to participate in negotiation. Monitor negotiation progress and alert the organisation to potential operational impediments/implications.	DAP	Pg.99	HR Manager	Ongoing	G Key Managers, Finance and Payroll, Human Resources to be included throughout process. CEO and other key members alerted to potential risks if they look likely to occur.
	Annually review Human Resources polices and procedures.	DAP	Pg.99	Ruth	Ongoing	D Policies currently being reviewed by Quality Manager. Work will progress on aligning to new direction as soon as resourcing in HR team allows.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Reduce performance management intervention.	DAP	Pg.99	Ruth	Ongoing	G Performance Management System to be reviewed. Managers to be trained in use of Performance Management Systems, coached and supported in implementation and ongoing use of the system.
	Negotiate with staff (individually and collectively), employee representatives and unions consistent with relevant legislation.	DAP	Pg.100	Ruth	Ongoing	G With reference to changes in ERA Amendments December 2004
	Ensure 'good employer' obligations as defined by the NZPHDA are maintained.	DAP	Pg.100	Ruth	Ongoing	G In all employment relations matters this is adhered to.
	Compliance with DHBNZ Code of Good Faith.	DAP	Pg.100	Ruth	Ongoing	G In all employment relations matters this is adhered to.
	Collaborate with all regional and national negotiations.	DAP	Pg.100	Ruth	Ongoing	G As required by regional/national ER Team and WCDHB advocate. Also ensure part of discussions with other HR Managers conference calls on regular basis.
	Continue to foster a good working relationship with the NZ Medical Council.	DAP	Pg.101	Ruth	Ongoing	G On going relationship remains good

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Enhance the collaborative and consultative relationship between Clinical staff and Management.	DAP	Pg.101	Ruth	Ongoing	G First meeting held with Joint Consultative Team, ASMS in Nov 05. Good discussions and agreement generally to further meetings.
	Participate with MOH and other DHB's on national workforce planning strategies.	DAP	Pg.101	Ruth	Ongoing	G HR Manager is workforce champion. Attendance at HR meetings and HR Manager conference calls. Also attending other meetings as groups are established to ensure knowledge and understanding of high level strategies..
	Collaborate with other West Coast organisations to develop the West Coast as a lifestyle choice when deciding on employment options.	DAP	Pg.101	Ruth	Ongoing	O Established contact with local constabulary. Further contacts to be established with education. ( Solid Energy etc) Progress expected in March/April 06.
	Work with external recruitment agencies, locum and permanent, public and privately funded, when necessary to secure staff required.	DAP	Pg.101	Ruth	Ongoing	G Well established contracts between agencies based locally, regionally and globally.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Identify and develop a plan to address, the impact of professional isolation on the organisations ability to retain key staff.	DAP	Pg.101	Ruth	Ongoing	O Workforce Planning group established in Nov as umbrella group for DHB. Further meetings to be held to co-ordinate DHB workstreams and strategies.
	Implementation of recommendations of Te Waipounamu Maori Workforce Development Plan.	DAP	Pg.102	Ruth	2005-2010	G Ethnicity Data training added to Mandatory Training Schedule for 2006.
	Co-ordinate the development of a Maori Workforce Development Plan.	DAP	Pg.102	Ruth/Gary	Ongoing	O To establish scholarships for future health careers to attract Maori into health sector. Expect progress in March/April.
	Identify and develop strategies to reduce barriers for Maori participation in the workforce.	DAP	Pg.102	Gary	Ongoing	O We have established a Maori support roopu for Maori workers after a Hui in late 2005 the intention of which is to develop further initiatives which will further support Maori workers.
	Work with Maori staff to create a supportive and culturally appropriate environment.	DAP	Pg.102	Gary/Ruth		O Establishment of Te Whanau Tahī is a positive start however there is more work in terms of this objective.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Continue programmes to improve cultural awareness within the organisation.	DAP	Pg.102	Gary/Ruth	Ongoing	G Current training includes. Mandatory Training: Treaty training. Te Reo training available. Tikanga Best Practise available. Good progress is being obtained within Maori mental health
	Strengthen inter-agency links and training opportunities between the DHB and Rata Te Awhina Trust, and other health providers and agencies involved in Maori Health/Workforce.	DAP	Pg.102	Gary/Ruth	Ongoing	G Tai Poutini to offer return to nursing course in 2006. Advertisement in 2005 resulted in several nurses returning to workforce, and several expressing interest in entering course.
	Development of a Maori Health Workforce Plan.	DAP	Pg.102	Gary	Oct-05	G Plan developed.
	Identify developmental opportunities that will facilitate the return to the work force of Maori who are e.g. unemployed or who have been caring for children.	DAP	Pg.102	Ruth		G Part of Retention Strategy - "Boomerangs" Tai Poutini Polytechnic - return to workforce courses.

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Develop a workforce plan for the DHB that identifies numbers of staff and requisite competencies and provides resources and pathways to ensure staff achieves those competencies.	DAP	Pg.104	Ruth	Ongoing	O Workforce Planning group to develop plans, reports support proactive recruitment, retention strategies, database of skills required, systems that reward achievement, and training and professional development appropriate to achieving competencies required. Expect progress in April 06.
<b>WORKFORCE AND EMPLOYEE RELATIONS</b>	Continue to develop career pathways for nurses.	DAP	Pg.104	Ruth		G As above, in conjunction with Clinical Leaders
	Support needs and evidence based staff training/development programmes.	DAP	Pg.104	Ruth		G As above, in conjunction with Clinical Leaders
	Further develop the Performance Management Programme to enhance staff performance.	DAP	Pg.104	Ruth		O Performance Management System to be reviewed. Managers to be trained in use of Performance Management Systems, coached and supported in implementation and ongoing use of the system.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Maintain and continue to develop the company-wide generic Staff Development programme.	DAP	Pg.104	Ruth		G As above. Staff training and development committee has been re-established and meeting regularly with view to driving new training initiatives.
	Conduct an organisation wide Training Needs Analysis targeted at 4 <sup>th</sup> tier and upwards.	DAP	Pg.104	Ruth	Completed	G Not implemented. Training and staff development committee to be re-establish to drive training needs for WCDHB.
	Development of an organisation-wide training plan.	DAP	Pg.104	Ruth	Ongoing	O Staff training and development committee to drive this.
	Monitor and evaluate staff development programmes – on going.	DAP	Pg.104	Ruth	Ongoing	O Staff training and development committee has been re-established to ensure this occurs.
	Report on progress of activities that support the DHBNZ/DHB work force action plan.	DAP	Pg.104	Ruth	Ongoing	G On-going activities in various workstreams to ensure this occurs.
	Actively pursue and promote the goal of excellence in the Management of Health & Safety in the workplace.	DAP	Pg.105	Ruth	Ongoing	G Health and Safety Team offering wellness training on a regular basis. Rehab programmes in place to be extended to cover mental health issues in 2006. Harassment policy extended. Health and Safety Team meeting on a

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						regular basis.
	Maintain an audit programme for the West Coast DHB's compliance with the Health and Safety in Employment Act.	DAP	Pg.105	Ruth	Ongoing	G OSH Audit due in early 2006. On course to achieve tertiary level ACC.
	Maintain appropriate educational programmes that respond to identified Health & Safety needs.	DAP	Pg.105	Ruth	Ongoing	G H & S reps training successfully completed end of 2005.
	Maintain strategies of screening, monitoring and surveillance of West Coast District Health Board employees at risk to specific workplace hazards.	DAP	Pg.105	Ruth	Ongoing	G H& S continue monitoring and screening processes on regular basis.
	Maintain specific preventative programmes.	DAP	Pg.105	Ruth	Ongoing	G On going and as required. E.g. Defensive driving training to be offered in 2006 as pilot to community based staff.
	Maintain the Hepatitis B vaccination and MRSA programmes.	DAP	Pg.105	Ruth	Ongoing	G Processes reviewed in Oct 05.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS	
<b>INFORMATION MANAGEMENT</b>	Align the West Coast DHB's information and technology investment with the WAVE Report priorities and HIS-NZ action zones and build guides (refer to the West Coast DHB ISSP).	DAP	Pg.110	Wayne C	2005-2006	O	Underway.
	Work with SDHB and ODHB to implement the selected iSoft PMS/CIS by having input into the planning and implementation phases of the project.	DAP	Pg.110	Wayne C		O	Underway.
	Extend and enhance the Primary Integration Systems Management (PrISM) Project, completed in 2004/2005, enabling more Primary practices to access clinical knowledge bases such as Cochrane and Medline.	DAP	Pg.110	Wayne C		O	
<b>IMPROVING IMMUNISATION</b>	Successfully implement the National Immunisation Register, and School Based Vaccination System to ensure accurate monitoring of Meningococcal B Immunisation rates.	DAP	Pg.113	Shona		G	The SBVS and NIR have been successfully implemented and utilised for the Meningococcal B programme.
	Roll out the Meningococcal B Vaccination Strategy through both school based and primary care programs.	DAP	Pg.113	Shona		G	Meningococcal B roll out in schools in completed. School aged children who have not completed all 3 doses are being referred into primary care practices or to Outreach Immunisation Clinics.

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Target of 90% of 6 month – 5 year olds receiving 3 <sup>rd</sup> dose of MeZNB™ vaccine assessed.	DAP	Pg.113	Shona	Dec-05	G Currently 65% of children age 6 months to 4 years have received all 3 doses of vaccine.
	Target of 90% of school-enrolled children receiving 3 <sup>rd</sup> dose of MeZNB™ vaccine assessed.	DAP	Pg.113	Shona		G To date 86.7% of school student have received all 3 doses of MeNZB Vaccine and 0.9% (43 students) have been referred into Outreach Clinics or Primary Care Practices to complete their doses.
	Target of 90% of under 20's out of school receiving 3 <sup>rd</sup> dose of MeZNB™ vaccine assessed.	DAP	Pg.113	Shona		G Rates of coverage for Youth out of school (18-19 year olds) is low with 44.9% of this population having received dose 3 of the vaccine.
	Mop up in Primary Care for hard to reach/at risk youth begins, if required.	DAP	Pg.113	Shona	Feb-06	G Dates have been set for Community clinics to begin in February 2006. Polytechnic and Alternative Education providers being approached to host clinics for their students.
	Target of 90% of all populations received 3 <sup>rd</sup> dose.	DAP	Pg.113	Shona	Jun-06	G Currently overall coverage for dose 3 is 75%. Populations where coverage is low and more work is required are; all

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
						children aged 6 weeks - 11 months, Maori children aged 1 - 4 years and Youth aged 18-19 years.
<b>REGIONAL AND NATIONAL HEALTH EMERGENCIES</b>	Further development and upgrading of the West Coast DHB Emergency Plan.	DAP	Pg.115	Mark B	2005/06.	O Influenza Pandemic Plan has been completed; work continues to incorporate improvements; continued development of links with other agencies
	Continues participation in the development of the West Coast CDEM Plan.	DAP	Pg.115	Mark B	Completed	G WCDHB part of CDEM Coordination Group; recent developments include Communications Plan and Welfare Plans for West Coast in event of CD emergency
	Ongoing training for staff in understanding and structure of the Coordinated Incident Management System.	DAP	Pg.115	Mark B	Completed	G Training has been completed for Senior Managers and Middle Managers; x2 exercises scheduled for 2006
	Senior management to participate in planning with MOH.	DAP	Pg.115	Raewyn/Mark B	Completed	G Completed. Training day has been undertaken with representatives of the Ministry and included Senior and Middle management

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Implementation of the National Health Emergency Plan.	DAP	Pg.115	Mark B	Ongoing	O Requirements of National Influenza Pandemic Plan have been incorporated into WCDHB Emergency Response Plan; Work continues on incorporating requirements of National Hazardous Substances Emergency Guidelines into WCDHB Plan
<b>IMPROVING ELECTIVE SERVICES (INC. ORTHOPAEDICS)</b>	Reduce costs of IDFs, reduction in travel and accommodation expenditure for patients needing to travel.	DAP	Pg.117	Jenny W		O Ongoing
	Significant work has been done around the orthopaedic initiative CQI and will continue to be rolled across other services.	DAP		Jenny W	2005/06	O CQI Facilitator employed. Has been extended out to cataracts.
	West Coast DHB to seek access to increased ophthalmology services. Aim is to pursue a collaborative arrangement with Nelson-Marlborough DHB in regard to this.	DAP	Pg.121	Jenny W		G Cataract initiative with private provider underway, investigating options to continue contract.
	CQI plans will continue to be implemented in a staged process, for both ESPs and productivity/efficiency.	DAP	Pg.121	Jenny W	2005/06	G Ongoing. Monitored and reviewed quarterly with MoH electives team.

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	CQI plans will continue to be regularly reviewed and monitored with the OI Team.	DAP	Pg.122	Jenny W	Monthly	G Monthly reports submitted to MoH electives team with regular meetings occurring on a quarterly basis to discuss the plans/progress
<b>ELECTIVES</b>	Patients referred to core elective surgical services provided by provider arm of the WCDHB should not wait longer than 6 months for first specialist assessments. It is not always possible to ensure that all patients referred to clinics provided by visiting	SOI	Pg24	Jenny W		O Currently 6.4 % this is affected by visiting Specialists, we are working on extra clinics for some specialities
	Patients who have been offered publicly funded treatment by the provider arm of the WCDHB should not wait longer than 6 months for that treatment.	SOI	Pg24	Jenny W		G We are meeting MOH requirements on this.(1.9%)
<b>IMPLEMENTING THE NZ CANCER CONTROL STRATEGY</b>	WCDHB is developing a comprehensive implementation plan that will support the six goals of the cancer control strategy within available resources.	DAP	Pg.125	Jenny H		G Development continues on the Chronic conditions strategic plan. Cancer control implementation plan will be incorporated out of the strategic plan. Update April 2006.

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Establish a team to consider and investigate possible options for the long-term sustainable delivery of an integrated palliative care service on the West Coast.	DAP	Pg.127	Jenny H	30 September 2005.	G Team is established to complete and implement palliative care plan. Members are multi agency incorporating Cancer Society, Home Hospice Trust and DHB. Still at Planning Stage.
	Draft reports on the Integrated Palliative Care Plan as well as the District Cancer Control Strategy Plan to the WCDHB Board for consideration.	DAP	Pg.127	Jenny H	Mar-06	O The completion of the chronic conditions strategy plan will determine the parameters of the palliative care plan. The West Coast Cancer control strategy has submitted the patient journey and clinical pathway initiative to Ministry of Health. Funding decision due December 2005. Update on draft plans due March 2006.
<b>IMPLEMENTING THE NZ CANCER CONTROL STRATEGY</b>	Development of a comprehensive long-term Palliative Care Plan for the West Coast region.	DAP	Pg.127	Jenny H		G Chronic conditions strategic plan being developed and will determine palliative care plan.
	Development of a comprehensive long-term Cancer Care Strategy Plan for the West Coast region.	DAP	Pg.127	Jenny H		G Chronic conditions strategic plan being developed and will determine the cancer care strategy plan.

G	Progress Entirely Satisfactory
O	In progress but delayed - to monitor
R	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Phased delivery of both the Palliative Care Plan and the Cancer Control Strategy Plan.	DAP	Pg.127	Carol Atmore		G see above
	Support local and national Cancer Screening programme initiatives on the West Coast.	SOI	Pg22	Peter McIntosh		G
<b>IMPLEMENTING HEALTHY EATING, HEALTHY ACTION</b>	Work across sectors to develop policies that are consistent with the aims and objectives of the HEHA Strategy, including DHB participation on the Regional Land Transport Steering Group and Active West Coast.	DAP	Pg.130	Wayne T		G
	Develop formal policies and procedures to guide staff and organisational activities, including the development of a nutrition policy as a priority.	DAP	Pg.130	Wayne T		G
	Maintain the WCDHB breastfeeding policy.	DAP	Pg.131	Shona		G
	Promote the Green Prescription through primary care providers	DAP	Pg.131	Planning & Funding		G PHO reviewing the promotion of this.
	Continue to develop Health Promoting Health Services within the West Coast DHB.	DAP	Pg.131	Planning & Funding		G

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Continued interaction, support and collaboration with other health and intersectoral organisation, including participation on the Active West Coast group.	DAP	Pg.131	Planning & Funding		G
	Evaluate programmes and initiatives for effectiveness and reach.	DAP	Pg.133	Planning & Funding		G
	Adapt programmes as necessary based on feedback.	DAP	Pg.133	Planning & Funding		O
<b>PUBLIC HEALTH</b>	Implementation of West Coast PHO Smokefree Plan.	DAP	Pg.137	Planning & Funding		G
	Participate in events leading up to World Smokefree Day.	DAP	Pg.137	Planning & Funding		G
	Provision of hospital-based smoking cessation services.	DAP	Pg.137	Jenny H	Completed	G
	Reduction in smoking by West Coasters.	SOI	Pg22			O
	Intersectoral collaboration with local and central government agencies aimed at improving health outcomes.	SOI	Pg15	Kevin		G

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

<b>AREA</b>	<b>TASK</b>	<b>REPORT</b>	<b>PAGE</b>	<b>LEAD PERSON</b>	<b>END DATE</b>	<b>PROGRESS/COMMENTS</b>	
	Collaboration with community and public health and other agencies active in the Inangahua community to improve the health outcomes of people in the Inangahua district using "healthy communities" techniques.	SOI	Pg15	Planning & Funding		G	
	WCDHB to act in a leadership role in public health on the West Coast.	SOI	Pg15	Planning & Funding		G	
<b>AOD/MH</b>	Support LOAD as an effective working forum for intersectoral collaboration and projects which arise.	DAP	Pg.138	Hecta		G	ongoing
	Encourage use of the Alcohol and Drug helpline through increasing community and service user awareness of the service	DAP	Pg.138	Hecta		G	ongoing
	Target of 50% of all patients over the age of 14 years registered with the PHO, have a documented alcohol history in units of alcohol per week / maximum single weekly dose.	DAP	Pg.138	Hecta		O	not yet implemented
	Provide for small number of residential beds in newly developed rehabilitation model to support clients in their recovery.	DAP	Pg.138	Hecta		G	included in planning

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Support and contribute to the development of an intersectoral strategy aimed at minimising AOD issues in young people on the West Coast.	DAP	Pg.138	Hecta		G ongoing
	Increase brief interventions in primary care settings.	DAP	Pg.138	Hecta		O awaiting establishment [expected date Dec 2005] of primary mental health pilot
	Review health education and screening in relation to respiratory and other diseases resulting from cannabis use.	DAP	Pg.138	Hecta		O not yet implemented
	Provide a range of alcohol and drug services [including methadone]-improve accessibility to Maori.	DAP	Pg.138	Hecta		Not yet started - will be addressed by AOD service development group
	Improve the responsiveness of mainstream AOD services to Maori.	DAP	Pg.138	Hecta		O AOD services are currently engaged in a planning process to improve service delivery for Maori and for all service users
	Support other providers in the provision of drug and alcohol services	DAP	Pg.138	Hecta		G ongoing
	Contribute to regional project in provision of, and access to, methadone services and implement recommendations	DAP	Pg.138	Hecta		G
	Strengthen consumer participation in service planning and delivery	DAP	Pg.138	Hecta		O

<b>G</b>	Progress Entirely Satisfactory
<b>O</b>	In progress but delayed - to monitor
<b>R</b>	Progress unsatisfactory remedial action required

AREA	TASK	REPORT	PAGE	LEAD PERSON	END DATE	PROGRESS/COMMENTS
	Provide residential beds.	DAP	Pg.138	Hecta	Dec-05	G
<b>MINIMISE FAMILY VIOLENCE, CHILD ABUSE &amp; NEGLECT</b>	Create a 'can do' culture in responding to victims of family violence.	DAP	Pg.141	Hecta		O
	Develop a DHB Family Violence Project Plan and report on progress.	DAP	Pg.141	Hecta/Raewyn		O
	Ensure DHB staff are trained in the use of the Ministry of Health Family Violence Intervention Guidelines: Child and Partner Abuse.	DAP	Pg.141	Hecta/Raewyn		O Trying to work through Family Violence process but slow due to other work and lost PDs etc.
<b>FAMILY VIOLENCE</b>	Ensure implementation and monitoring of internal documentation and referral procedures.	DAP	Pg.141	Hecta/Raewyn		G
	Participate in intersectoral community initiatives to address family violence.	DAP	Pg.141	Hecta/Raewyn		G
	Continue to participate in the Evaluation program run by the Auckland University of Technology (AUT).	DAP	Pg.141	Hecta/Raewyn		O
<b>CHRONIC</b>	WCDHB intends to minimise "ambulatory sensitive admission" (those that could have been prevented by services offered through primary care) to hospital for older adults, through improved primary care.	SOI	Pg20	Hecta		O