

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

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**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**28 November 2013**

**AGENDA  
AND  
MEETING PAPERS**

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

## ATTENDANCE & PURPOSE

The functions of the Hospital Advisory Committee, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

- to monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- to assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and
- to give the Board advice and recommendations on that monitoring and that assessment.

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB."

HOSPITAL ADVISORY COMMITTEE MEMBERS	EXECUTIVE SUPPORT
Sharon Pugh (Chair) Paula Cutbush Gail Howard Doug Truman Richard Wallace Dr Paul McCormack (ex-officio) Peter Ballantyne (ex-officio)	Michael Frampton ( <i>Programme Director &amp; Acting General Manager, Hospital Services</i> ) Dr Carol Atmore ( <i>Chief Medical Officer</i> ) Gary Coghlan ( <i>General Manager, Maori Health</i> ) Carolyn Gullery ( <i>GM, Planning &amp; Funding</i> ) Karyn Kelly ( <i>Director of Nursing &amp; Midwifery &amp; Acting GM Primary &amp; Community Services</i> ) Justine White ( <i>General Manager, Finance</i> ) Kathleen Gavigan ( <i>General Manager, Buller</i> ) Ralph La Salle ( <i>Acting Operations Manager</i> ) Kay Jenkins ( <i>Governance</i> )

## AGENDA



**WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING**  
**To be held in the Board Room at Corporate Office, Grey Base Hospital**  
**High Street, Greymouth**  
**Thursday 28 November 2013 commencing at 11.00am**

<b>ADMINISTRATION</b>	<b>11.00am</b>
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**Karakia**

- Interest Register**  
*Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*
- Confirmation of the Minutes of the Previous Meeting & Matters Arising**  
*10 October 2013*
- Carried Forward/ Action Items**

<b>REPORTS/PRESENTATIONS</b>	<b>11.10am</b>
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- |    |                                |   |                   |
|----|--------------------------------|---|-------------------|
| 4. | <b>Management Report</b>       | Michael Frampton<br><i>Acting General Manager, Hospital Services</i><br>Ralph La Salle<br><i>Acting Operations Manager, Hospital Services</i> | 11.10am - 11.30am |
| 5. | <b>Finance Report</b>          | Justine White<br><i>General Manager, Finance</i>  | 11.30am - 11.45am |
| 6. | <b>Clinical Leaders Report</b> | Dr Carol Atmore<br><i>Chief Medical Officer</i><br>Karyn Kelly<br><i>Director of Nursing &amp; Midwifery</i>                                  | 11.45am – 12noon  |
| 7. | <b>General Business</b>        |   | 12noon            |

<b>ESTIMATED FINISH TIME</b>	<b>12.15pm</b>
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### INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 22 October 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Work Plan

### NEXT MEETING:

**Date of Next Meeting:** To be confirmed  
Corporate Office, Board Room at Grey Base Hospital.

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.

# INTEREST REGISTER

Member	Disclosure of Interests
Sharon Pugh <b>Chair</b> Board Member	<ul style="list-style-type: none"> <li>• Shareholder, New River Bluegums Bed &amp; Breakfast</li> <li>• Chair, Greymouth Business &amp; Promotions Association</li> </ul>
Doug Truman <b>Deputy Chair</b> Board Member	<ul style="list-style-type: none"> <li>• Deputy Mayor, Grey District Council</li> <li>• Director Truman Ltd</li> <li>• Owner/Operator Paper Plus, Greymouth</li> </ul>
Paula Cutbush	<ul style="list-style-type: none"> <li>• Owner and stakeholder of Alfresco Eatery and Accommodation</li> </ul>
Gail Howard	<ul style="list-style-type: none"> <li>• Chair of Coal Town Trust</li> <li>• Trustee on the Buller Electric Power Trust</li> <li>• Director of Energy Trust New Zealand</li> </ul>
Richard Wallace	<ul style="list-style-type: none"> <li>• Upoko, Te Runanga o Makawhio</li> <li>• Negotiator for Te Rau Kokiri</li> <li>• Trustee Kati Mahaki ki Makawhio Limited</li> <li>• Honorary Member of Maori Women's Welfare League</li> <li>• Wife is employed by West Coast District Health Board</li> <li>• Trustee West Coast Primary Health Organisation</li> <li>• Kaumatua Tatau Pounamu</li> <li>• Kaumatua Health Promotion Forum New Zealand</li> <li>• Kaumatua for West Coast DHB Mental Health Service (employed part-time)</li> <li>• Daughter is a Board Member of both the West Coast DHB and Canterbury DHB</li> <li>• Kaumatua o te Runanga o Aotearoa NZNO</li> <li>• Te Runanga o Aotearoa NZNO</li> <li>• Member of the National Asthma Foundation Maori Reference Group</li> </ul>
Dr Paul McCormack <b>(Board Chair)</b> ex-officio	<ul style="list-style-type: none"> <li>• General Practitioner Member, Pegasus Health</li> </ul>
Peter Ballantyne <b>(Board Deputy Chair)</b> ex-officio	<ul style="list-style-type: none"> <li>• Appointed Board Member, Canterbury District Health Board</li> <li>• Chair, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired partner now in a consultancy role, Deloitte</li> <li>• Member of Council, University of Canterbury</li> <li>• Trust Board Member, Bishop Julius Hall of Residence</li> <li>• Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> </ul>

## DRAFT

### MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING held in the Board Room, Grey Base Hospital, Corporate Office, on Thursday 10 October 2013, commencing at 11.00am

#### PRESENT

Sharon Pugh (Chair); Doug Truman (Deputy Chair); Paula Cutbush; Karen Hamilton; Gail Howard; Richard Wallace; and Peter Ballantyne (ex-officio).

#### MANAGEMENT SUPPORT

Michael Frampton (Programme Director & Acting General Manager, Greymouth & Westland); Kathleen Gavigan (General Manager, Buller Health Services) (via video conference); Karyn Kelly (Director of Nursing & Midwifery); Ralph La Salle (Acting Operations Manager); and Kay Jenkins (Minutes).

#### WELCOME

The Chair asked Richard Wallace to open the meeting a Karakia.

#### APOLOGIES

An apologies for absence was received and accepted from Dr Paul McCormack.

#### 1. INTEREST REGISTER

There were no additions or alterations to the interest register.

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

#### 2. CONFIRMATION OF PREVIOUS MEETING MINUTES

##### Resolution (18/13)

(Moved: Doug Truman/Seconded: Paula Cutbush – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 22 August 2013 be confirmed as a true and correct record.

#### 3. CARRIED FORWARD/ACTION ITEMS

Exit Interviews – Discussion took place regarding exit interviews and the Committee noted that the response rate was so low (3 in the current calendar year) that it is difficult to provide any trends that are meaningful. Management advised that Human Resources are already looking at why the response rate is so low and also look at the current format of the questionnaire. The Committee agreed that this item be removed from the carried forward items.

A query was made regarding the facilities development and the Programme Director advised that there will be an announcement in the next few days regarding the appointments of architects and planners. He confirmed the intention to keep people well informed of progress.

The Committee noted the carried forward items

#### **4. HOSPITAL AND SPECIALIST SERVICE (H&SS) MANAGEMENT REPORT**

Michael Frampton, Programme Director and Acting General Manager, Greymouth & Westland spoke to the Management Report, which was taken as read.

He commented that the “new look” management report will be progressively rolled out over the next few meetings.

The new report contained a series of flow charts depicting the Elective Patient Journey, the Acute Patient Journey and the Allied Health & Diagnostic Patient Journey. The Elective Patient Journey showed the throughput numbers and these will also be added to the Acute, Allied Health & Diagnostic for the next meeting.

Discussion took place regarding the work being undertaken by the Central Booking Unit (CBU) and the Committee noted that it is important to understand that there are many things that the CBU cannot control which affect the booking process.

Discussion also took place regarding inappropriate ED attendances and the Committee noted that this will probably not improve until GP access is improved.

The Committee noted that recent resignations have been received from the midwifery team in Buller and Grey. The Grey team is fully covered and the Buller service continues to be staffed by a sole DHB LMC midwife and locum staff. Regular discussions continue with the Buller staff, in collaboration with the General Manager Buller Health, around the evolving model of care. In addition, a very productive meeting was held with the Kawatiri Action Group on Monday 23 September that was attended by David Meates, Michael Frampton and Kathleen Gavigan.

##### **Resolution (19/13)**

(Moved: Peter Ballantyne/Seconded Richard Wallace – carried)

- i That the Hospital Advisory Committee notes the Management Report.

#### **5. FINANCE REPORT**

Michael Frampton, Programme Director, spoke to the Finance Report for the month of August 2013. The report was taken as read.

The Committee noted the favourable result against budget for the month of August 2013. It was also noted that the year to date position is tracking very closely to the Annual Plan budget.

Discussion took place regarding the facilities approval by the Government and the Committee Chair asked that the Committee note the amount of work put in by staff towards getting this approval.

##### **Resolution (20/13)**

(Moved: Doug Truman/Seconded: Peter Ballantyne – carried)

- i That the Committee notes the financial report for the period ending 31 August 2013.

#### **6. CLINICAL LEADERS REPORT**

Karyn Kelly, Director of Nursing & Midwifery, presented this report which provided information

regarding: Future Workforce Development; Better Sooner More Convenient Implementation;  
Mum4Mum Peer Support Programme and Health pathways.

The update was noted.

There being no further business the meeting closed at 12.45pm

Confirmed as a true and correct record.

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Sharon Pugh, Chair  
Chair

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Date

DRAFT



## CARRIED FORWARD/ACTION ITEMS



Item No	DATE RAISED	ACTION	COMMENTARY	STATUS
1	24 May 2012	<b>Patient Ambulance Transport</b> Provide update on the South Island project around patient ambulance transport	A Regional process is being undertaken around this.	Updates will be provided as progress is made

**TO:** Chair and Members  
Hospital Advisory Committee

**SOURCE:** General Manager, Hospital Services

**DATE:** 28 November 2013

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

This is a standing report to the West Coast DHB Hospital Advisory Committee outlining progress on service delivery in the DHB Provider Arm.

## 2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. Notes the Management Report.

## 3. SUMMARY

This report continues the roll-out of revised management reporting for hospital services that is intended to:

- provide greater insights into the nature and flow of activity in, and through, the secondary care system;
- reflect a patient-centric view of services, being the ‘patient journey’ through the system; and
- provide greater clarity of, and focus on, key metrics.

The report is broken into eight sections: 4.1 - Activity, 4.2 - Workforce Updates, 4.3 - Patient, 4.4 - Health Targets, 4.5 - Quality, 4.6 - Specific Requests [when applicable]. Further changes to graphics and content will occur as well.

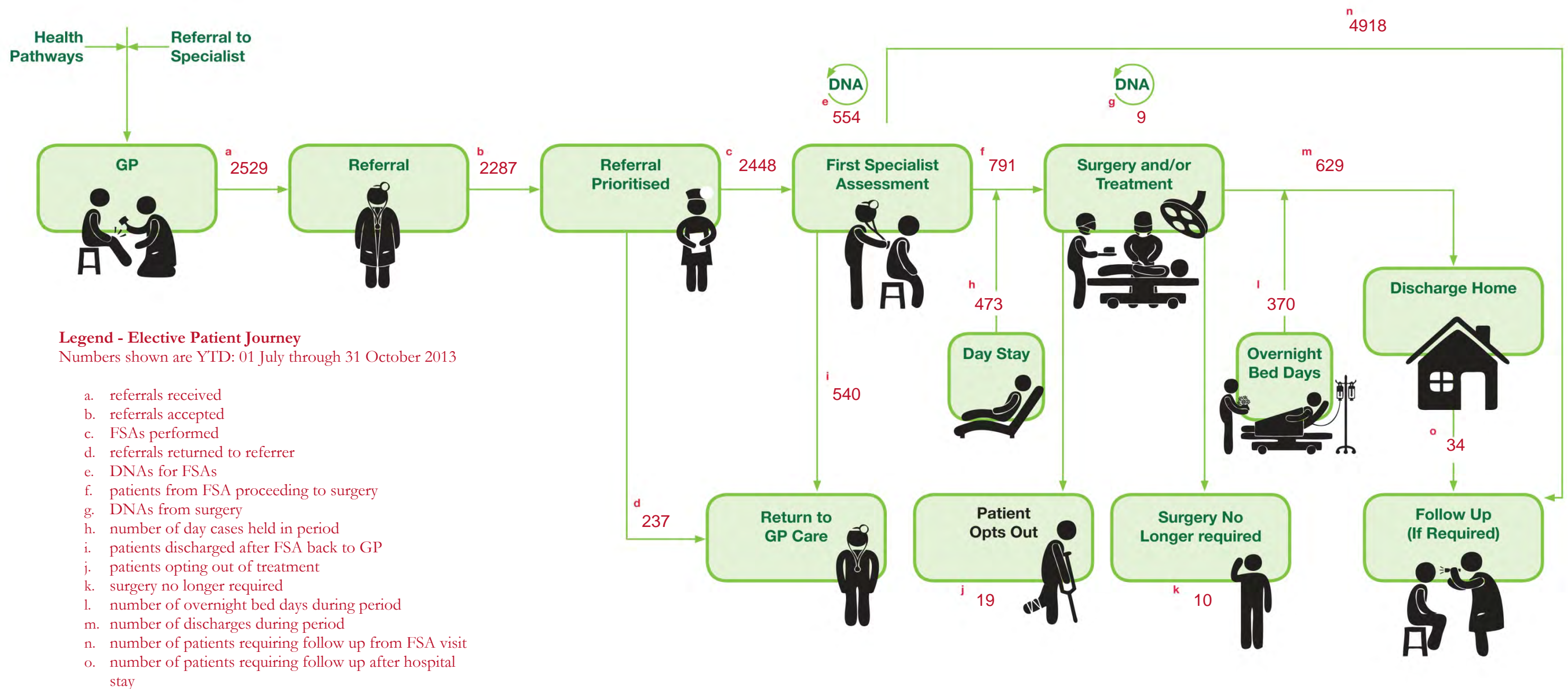
The new look will be rolled out over the next two HAC meetings, and member comments are welcome. At this meeting, we are presenting the **Acute Patient Journey** for the first time, alongside the **Elective Patient Journey** that was launched at the October HAC meeting. We expect to launch the **Allied Health Patient Journey** and **Diagnostic Testing Patient Journey** in the coming months.

In addition, we attained ESPI compliance during the period for both ESPI 2 and ESPI 5, thus meeting our commitments to patients and avoiding financial penalties.

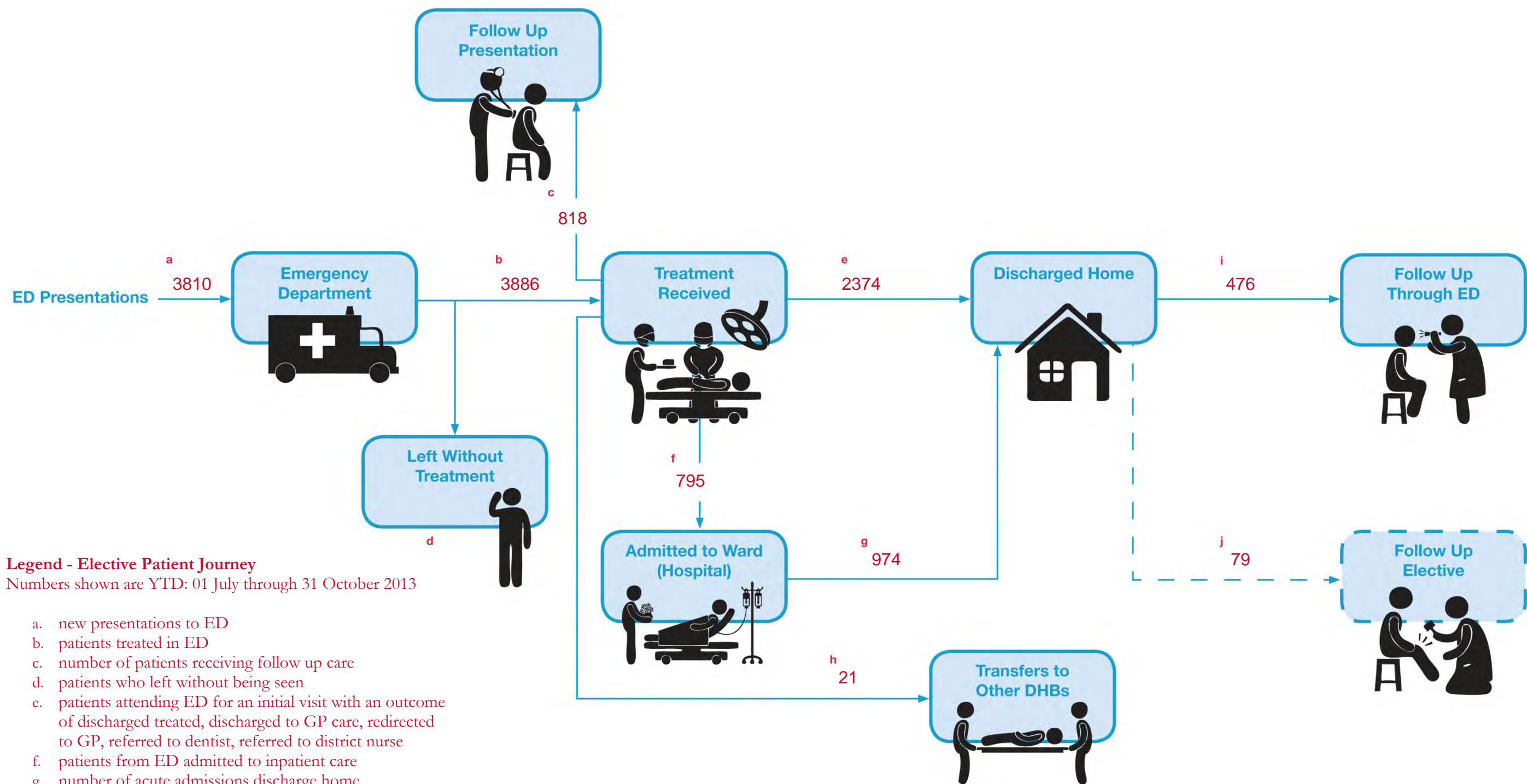
## 4. DISCUSSION

### 4.1 **Activity**

The following pages contain are a series of graphics summarising patient journeys through our health system.



# Elective Patient Journey



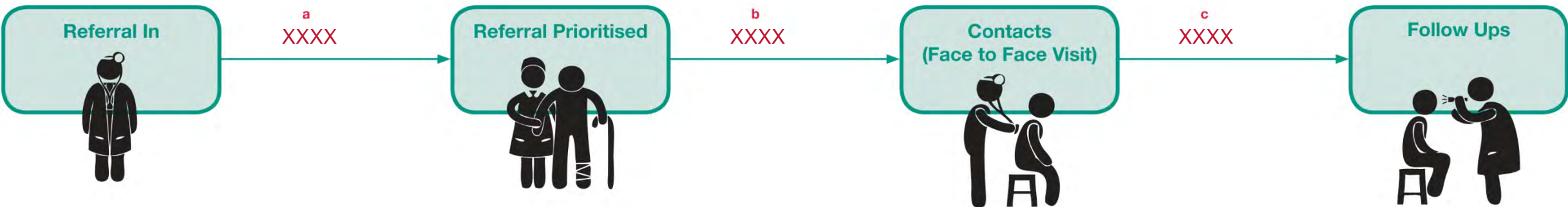
**Legend - Elective Patient Journey**  
 Numbers shown are YTD: 01 July through 31 October 2013

- a. new presentations to ED
- b. patients treated in ED
- c. number of patients receiving follow up care
- d. patients who left without being seen
- e. patients attending ED for an initial visit with an outcome of discharged treated, discharged to GP care, redirected to GP, referred to dentist, referred to district nurse
- f. patients from ED admitted to inpatient care
- g. number of acute admissions discharge home
- h. patients transferred from ED to other DHBs (does not include those transferred from Buller or Reefton to Grey Hospital)
- i. patients requiring further follow up care in ED
- j. patients requiring referral to elective care

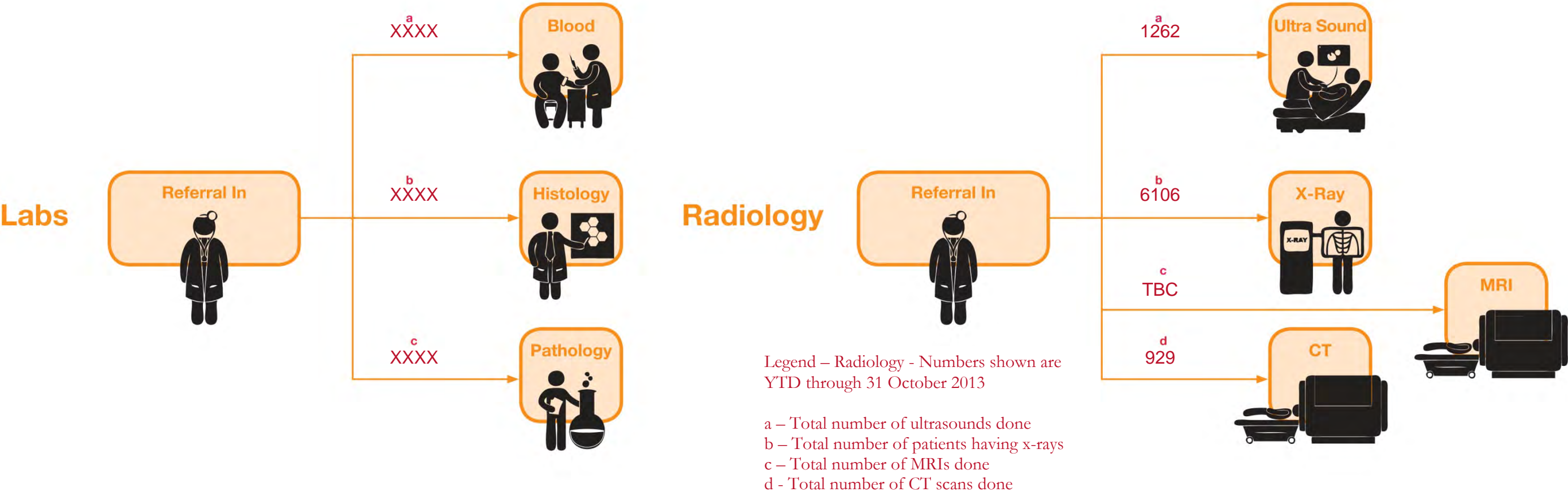
# Acute Patient Journey



# Allied Health Patient Journey To Follow



# Diagnostic Testing Patient Journey





## Case Weights

This Provider Arm Report includes base service level agreement additional electives initiative volumes. This report is on a straight yearly volume divided over 12 months basis.

### Inpatient Volumes

As at 31 October 2013, overall case-weighted [CWD] inpatient delivery was 17.5% beneath contracted volume for surgical specialty services and 9% over for medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	373.70	243.15	-130.55	-34.93 %
Elective	410.92	404.06	-6.86	-16.7 %
<b>Sub-Total Surgical:</b>	<b>784.61</b>	<b>647.21</b>	<b>-137.40</b>	<b>-17.51 %</b>
<b>Medical</b>				
Acute	464.04	506.44	42.40	9.14 %
Elective	0	0	0	0
<b>Sub-Total Medical:</b>	<b>464.04</b>	<b>506.44</b>	<b>42.40</b>	<b>9.14 %</b>
<b>TOTALS:</b>	<b>1248.65</b>	<b>1153.65</b>	<b>-95.0</b>	<b>-7.61%</b>

\*The acute under-production in surgical specialty services is across most specialities, while elective are on track with the slight exception of general surgery [down by 9.4 caseweight]. The shortfall is not considered material and is expected to be remedied in future months

### Outpatient Volumes

As at 31 October 2013, outpatient delivery was 7.8% over contracted volume for surgical specialty services and 12.6% over contracted volume for medical specialty services.

The split between 1st visit and Subsequent visit were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	1125	1095	-30	-2.67 %
Sub. Visit	1807	2066	259	14.35 %
<b>Sub-Total Surgical:</b>	<b>2932</b>	<b>3161</b>	<b>229</b>	<b>7.80 %</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	527	577	50	9.42 %
Sub. Visit	1235	1408	173	13.98 %
<b>Sub-Total Medical:</b>	<b>1763</b>	<b>1985</b>	<b>222</b>	<b>12.59 %</b>
<b>TOTALS:</b>	<b>4695</b>	<b>5146</b>	<b>451</b>	<b>9.60%</b>

## Outpatient Clinics

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
October 2012	1847	1696	151	8.18%
November 2012	1833	1703	130	7.09%
December 2012	1508	1382	126	8.36%
January 2013	1828	1679	149	8.15%
February 2013	1839	1685	154	8.37%
March 2013	1752	1582	170	9.70%
April 2013	1670	1532	138	8.26%
May 2013	1953	1788	165	8.45%
June 2013	1386	1273	113	8.15%
July 2013	1990	1822	168	8.44%
August 2013	1858	1699	159	8.56%
September 2013	2095	1940	155	7.40 %
October 2013	1818	1649	169	9.30%
<b>13 month rolling totals</b>	<b>25356</b>	<b>23257</b>	<b>2099</b>	<b>8.28% Average</b>

## 4.2 Workforce Update

### Nursing Recruitment and Retention at Grey Hospital

- Recruiting continues for the Emergency Department, where we are in particular seeking experienced registered nurses.
- Appointments have been made for vacancies in Barclay Ward and Morice Ward.
- Orientation continues for an additional two casual Duty Nurse Managers.
- The Trendcare Coordinator position is being re-advertised due to the withdrawal of the applicant.

### Maternity Services

- The Model of Care work continues with both the Buller and Grey teams, following the release of the West Coast Maternity Services Review 2013.
- Consultation continues with the sole DHB employed midwife in Buller, in particular in relation to on-call arrangements. It is anticipated that formal consultation will begin in early December.
- Recruitment continues for both locum and core midwifery cover in Greymouth.

### Nursing & Midwifery FTE

- A review is currently underway of nursing and midwifery FTE that best reflects our current workforce needs.

### Careerforce/DHB pilot programme

- The Careerforce/DHB pilot programme for training allied health assistants is continuing. The idea is that in the future, rehabilitation assistants who currently assist with either occupational therapy or physiotherapy will work across Allied Health therapy services, not just one or the other. This means that, once qualified, instead of sending two people to follow up on a patient we will be able to send one person.

### Physiotherapy

- Approval has been given to increase the staffing levels locally to provide a solution for Buller area physiotherapy.



### Industrial Relations

- Bargaining has been initiated from PSA representing South Island Clerical Workers and negotiations have commenced.
- Bargaining with the RDA representing Resident Doctors has been deferred until 2014 whilst a national group works on a number of agreed and identified projects.
- An offer of settlement to Medical Radiation Technologists is currently in the ratification process

### Recruitment Vacancies - Monthly Summary – October 2013

<b>New Vacancies</b>	<b>17 [15.58 FTE]</b>
<b>Total Open Vacancies</b>	<b>36</b>
<b>Total FTE Recruiting</b>	<b>35.38</b>
<b>Appointed Vacancies</b>	<b>7</b>
<b>Total FTE Appointed</b>	<b>6.5</b>

The breakdown of the new vacancies is as follows:

- **Corporate and Support Services:** 3 x Administration, Buller = 1.38 FTE
- **Allied Health, Scientific & Technical:** 1 x Youth A&D Clinician, 1 x MH Professional, 1 x Pukenga Tiaki = 3 FTE
- **Nursing:** 4 x Registered Nurse Greymouth, 1 x Clinical Nurse Specialist, 1 x Resuscitation Service Leader, 1 x Forensic Community and Court Liaison Nurse, 2 x Registered Nurse Buller, 1 Rural Nurse Specialist, 1 x Clinical Nurse Manager Buller = 9.2 FTE

### 4.3 Patient

#### Patient Transfers

- The number of patients transferred from/to tertiary centres was 31 for September 2013, the same number as for August 2013. The principal reason for the transfers [40.9%] was in relation to specialty care not available at Grey Hospital.
- There were 17 transfers made from Buller to Grey Base Hospital, 33% because the service required was not available at Buller, 33% requiring urgent specialist care, and 25% due to specialist care not being available at Buller.
- Four transfers were made from Reefton to Grey Base for September 2013. Reasons for transfer were not noted.

#### 4.4 Health Targets

National Health Target		West Coast DHB Target	
<b>Shorter Stays in Emergency Departments</b>	95% of patients will be admitted, discharged, or transferred from an Emergency Department within six hours	>95% across all triage categories	<b>Emergency Department Attendances % of Patients Under 6 Hours</b>  <b>For Period: 01 September – 30 September 2013</b>  Over 6 Hours 0 Under 6 Hours 1143 <b>Total Attendances: 1143</b>  <i>This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.</i>
<b>Improved Access to Elective Services</b>		1592 elective surgical discharges	West Coast DHB was behind the <b>electives health target</b> by just one case for the three months to 30 September, delivering 434 discharges for the year to date. This shortfall is not considered material, representing delivery of 99.8% of the year-to-date target.
<b>Shorter Waits for Cancer Treatment</b>	Everyone needing radiation & chemotherapy treatment will have this within four weeks	100% started within four weeks	West Coast continues to achieve the <b>cancer treatment health target</b> , with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
<b>Better Help for Smokers to Quit</b>	95% of hospitalised smokers are provided with advice and help to quit.	95% for Q1 2013/14	<b>ABC Implementation:</b> <b>Secondary care smokefree health target:</b> It was disappointing that the West Coast DHB did not reach the secondary care smokefree health target of 95%, with a result of 93% for quarter one. Small numbers contribute to month-to-month fluctuations. Continued monitoring by Clinical Nurse Managers of 'missed ABCs' are acted upon to improve the next month's results as a mitigation strategy for this challenge. The Smokefree Services Coordinator also spoke at the senior nurse meeting raise awareness and the value of Nicotine Replacement Therapy [NRT] charting on the wards with positive feedback, the NRT workbook was also revised

### Elective Services Patient Indicators [ESPI Compliance]

- ESPI Compliance was met for the months of August and September. The preliminary results for October indicate that compliance will be met for this month also.
- All DHBs are expected to maintain waiting times for both ESPI 2 and ESPI 5 to a maximum of five months [150 days] throughout the 2013/14 year.

## MoH Elective Services Online

### Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: West Coast

	2012			2012			2012			2013			2013			2013			2013			2013			2013			2013			2013			2013		
	Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep		
	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.	Level	Status %	Imp. Pkg.			
1. DHB services that appropriately acknowledge and process patient referrals within ten working days.	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	18 of 18	100.0%	0	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	4	0.4%	-4	15	1.2%	-15	8	0.8%	0	1	0.1%	-1	17	1.8%	-17	35	3.7%	-35	84	8.5%	-84	0	0.0%	0	0	0.0%	0	4	0.5%	-4	7	0.8%	-7	1	0.1%	-1
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (x17).	13	0.8%	-13	11	0.7%	-11	13	0.8%	-13	10	0.6%	-10	5	0.3%	-5	8	0.4%	-8	0	0.0%	0	0	0.0%	0	1	0.1%	-1	0	0.0%	0	0	0.0%	0	0	0.0%	0
4. Patients given a commitment to treatment but not treated within the required timeframe.	3	0.2%	-3	2	0.6%	-2	1	0.2%	-1	3	0.6%	-3	1	0.2%	-1	15	3.0%	-15	8	1.7%	-8	7	2.0%	-7	0	0.0%	0	4	1.8%	-4	8	0.8%	0	8	0.8%	0
5. Patients in active review who have not received a clinical assessment within the last six months.	3	20.0%	-3	6	40.2%	-6	0	0.0%	0	2	13.2%	-2	1	0.1%	-1	3	30.0%	-3	3	37.5%	-3	4	50.0%	-4	0	0.0%	0	0	X	0	0	X	0	0	X	0
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	123	100.0%	0	152	100.0%	0	88	100.0%	0	83	100.0%	0	118	100.0%	0	87	100.0%	0	145	100.0%	0	151	100.0%	0	148	100.0%	0	151	100.0%	0	148	100.0%	0	151	100.0%	0

Data Warehouse Refresh Date: 02/Nov/2013

Report Run Date: 04/Nov/2013

#### Notes:

- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, after July 2013 the required timeframe for ESPI 2 is 5 months.
- Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, after July 2013 the required timeframe for ESPI 5 is 5 months.
- ESPIs that apply from 1 July 2012.
- ESPI results do not include non-elective patients, or elective patients awaiting planned, urgent or surveillance procedures.
- ESPIs 3 and 5 assess surgical specialties where patients are prioritised using nationally recognised tools.
- Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
- ESPI 1 and 5 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.30%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 4 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.

Please contact the Ministry of Health's Elective team if you have any queries about ESPIs ([elective\\_services@moh.govt.nz](mailto:elective_services@moh.govt.nz)).

## 4.5 Quality

### Incidents & Complaints

- 18 and 22 new incidents were recorded in Hospital Services during September and October respectively, with the highest number of 12 pertaining to administrative processes.

### Falls Prevention Coalition

A Falls Prevention Workshop took place on 18 November 2013 at the meeting of Falls Prevention Coalition. The Falls Prevention workshop was led by:

- Ken Stewart, CDHB Clinical Lead for Falls Prevention / HQSC Falls Expert Advisory Group / South Island Quality & Safety Alliance Falls Lead
- Mark Preston-Thomas, Injury Prevention Co-Coordinator, ACC Nelson
- Diane Brockbank, Complex Critical Care Network Manager
- Hayley Shearer, Service Development Manager, Older Persons Health, Planning and Funding
- Cathy Blinco, Injury Prevention and Management Consultant, ACC

The workshop provided an opportunity to hear from the experts about falls projects working around the country and to develop a programme that could work for the West Coast population. The aim of the workshop is to bring falls expertise together to look at what strategies could be used on the West Coast to protect our population from falls.

### HQSC'S National Patient Safety Project - *Open for Better Care* Launched

The West Coast DHB launched *Open for Better Care* at Grey Base Hospital on Thursday 7th November. The HQSC's four prime focus areas are:

- Falls Prevention
- Medication Errors
- Surgical Site Infections
- Peri-operative Harm

*Open for Better Care* was launched nationally with the first focus on fall prevention. Recently surgical site infection was launched. The promotion raises awareness of the campaign and to promote simple interventions to reduce surgical site infection including what patients themselves can do.

### APAC Health Forum

*Innovate Today, Design Tomorrow* was this year's APAC conference theme. This year over 1,000 people attended the forum with over 20 countries represented. Next year's forum will be held in Melbourne, Australia.

Staff attending APAC will provide a presentation on the workshops / presentations attended and the key lessons learned to quality team members mid-November.

### Global Trigger Tools

The overall goal of improved safety in health care is to reduce patient injury and harm. *Trigger Tools* contribute to this goal by providing a robust methodology which identifies adverse events [AEs] and provides a measure of unanticipated patient harm from clinical care. Using *Trigger Tools* complements other reporting systems for patient harm, providing a broader perspective.

The *Global Trigger Tool* [GTT] is a methodology developed by the Institute for Healthcare Improvement [IHI] in 2003 to identify adverse events using medical record reviews. This methodology built on experience from the initial trigger tool which was developed in 1999 to identify adverse drug events [ADEs] and subsequent trigger tools that had been adapted from the ADE tool for specific settings [for example in intensive care]. The GTT includes a broader range of modules, providing a more global measure of patient harm.

The focus is on harm rather than error. Focusing on actual patient harm, whether or not it was caused by a medical error and whether or not it was preventable, targets the system rather than individuals and allows the analysis of 'unintended consequences' from a patient perspective.

The process involves a retrospective review of a random set of medical records using sets of triggers to screen for potential AEs. This is a simple, validated, and cost-effective methodology and has been widely used to identify, quantify and track patient harm. While not an improvement methodology itself, the tool can provide a means of identifying areas for improvement and measuring improvement efforts over time.

Gillian Robb was appointed to the Clinical Lead role for the GTT with the Commission in July last year and also leads the GTT program at Counties Manukau Health. Gillian visited the West Coast DHB on Friday 25th October and provided staff with a presentation on GTT. Gillian outlined how the GTT process worked at Counties Manukau and how it had enabled focus their quality activities. There was a good mix of management, administration and clinical staff at the presentation.

#### **CLAB [Central line associated bacterium]**

Since July 2012 the West Coast DHB [when we joined the national CLAB project] has had 1 CLAB and none since.

As of 4th November 2013 the West Coast DHB has been 467 days CLAB free. Work has been undertaken on the compliance with the maintenance bundle and we have managed 100% compliance several times during the past month. This fantastic achievement was celebrated on Friday 13th September at an afternoon tea for all staff in the Café, as part of a celebration of recent DHB achievements with the Chief Executive in attendance.

Report prepared by:

Ralph La Salle, Acting Operations Manager

Report approved for release by:

Michael Frampton, Acting GM Hospital Services

# FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2013



**TO:** Chair and Members  
Hospital Advisory Committee

**SOURCE:** Finance

**DATE:** 28 November 2013

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

The purpose of this paper is to provide a regular monthly report of the financial results of the Provider Arm of the West Coast District Health Board.

## 2. RECOMMENDATION

That the Committee:

- i. notes the financial report for the period ended 31 October 2013.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast DHB financial result for the month of October 2013 was a deficit of \$0.207m, which was \$0.011m favourable against the budgeted deficit of \$0.218m. The year to date position is now \$0.008m favourable.

The table below provides the breakdown of October's result.

### Financial Overview for the period ending 31 October 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,640	6,875	(235)	x	27,318	27,500	(182)	x
Governance & Administration	148	181	(33)	x	631	620	11	v
Funds & Internal Eliminations	4,322	4,355	(33)	x	17,633	17,524	109	v
	11,110	11,411	(301)	x	45,582	45,644	(62)	x
<b>EXPENSES</b>								
Provider								
Personnel	4,148	4,447	299	v	17,316	17,104	(212)	x
Outsourced Services	648	287	(361)	x	2,267	1,705	(562)	x
Clinical Supplies	609	777	168	v	3,091	3,519	428	v
Infrastructure	912	973	61	v	3,836	3,721	(115)	x
	6,317	6,484	167	v	26,510	26,049	(461)	x
Governance & Administration	148	182	34	v	631	626	(5)	x
Funds & Internal Eliminations	4,474	4,417	(57)	x	17,623	17,750	127	v
Total Operating Expenditure	10,939	11,083	144	v	44,764	44,425	(339)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	171	328	(157)	x	818	1,219	(401)	x
Interest, Depreciation & Capital Charge	378	546	168	v	1,775	2,184	409	v
Net surplus/(deficit)	(207)	(218)	11	v	(957)	(965)	8	v

#### **4. APPENDICES**

Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

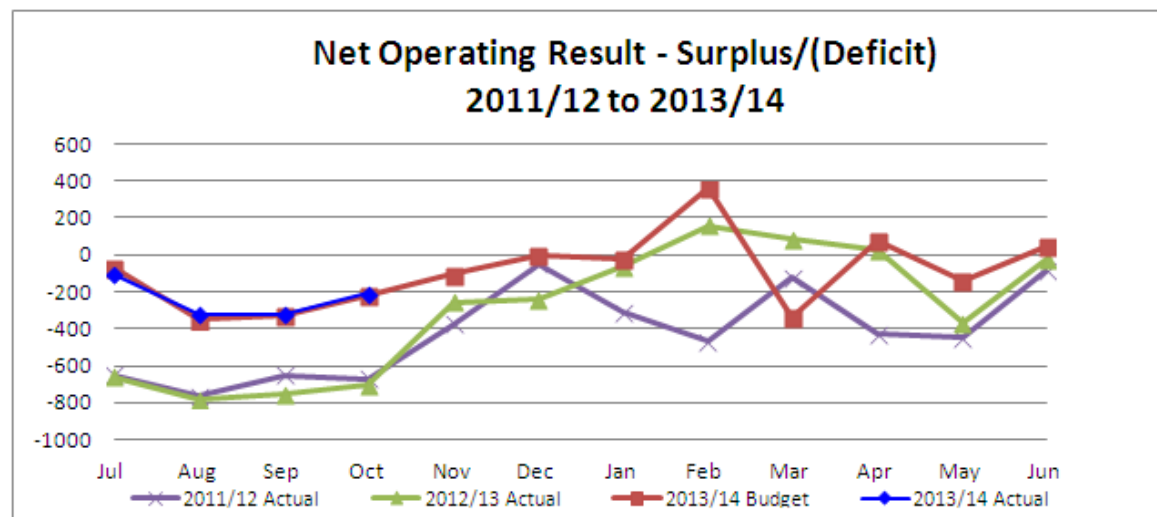
Report prepared by:	Justine White, General Manager Finance
Report approved for release by:	David Meates, Chief Executive



## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – OCTOBER 2013

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(207)	(218)	11	-5%	✓	(957)	(964)	7	-1%	✓



We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

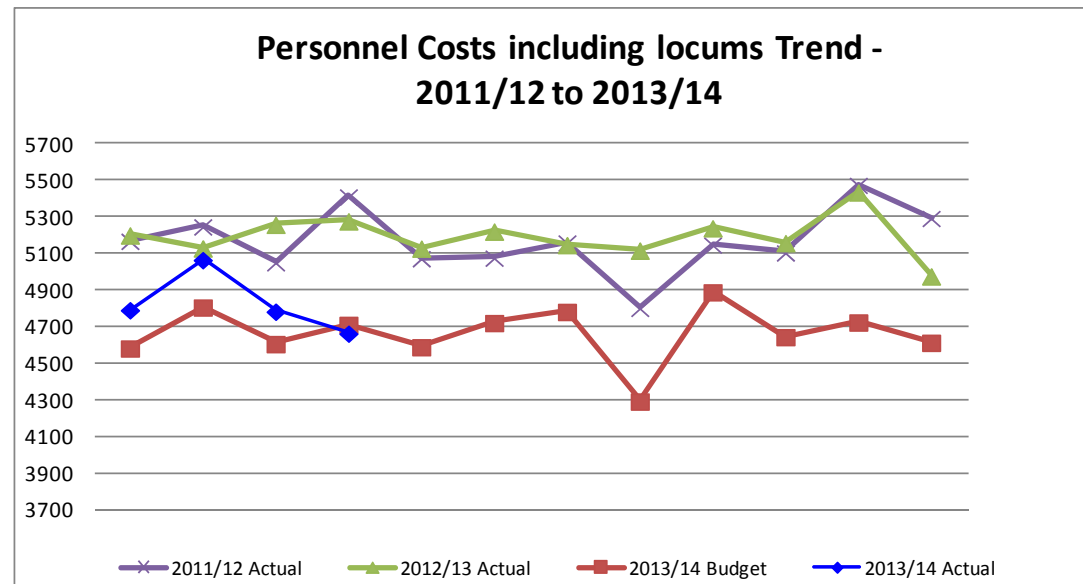
### KEY RISKS AND ISSUES

Although currently tracking on target, the achievement of the annual plan will continue to require a significant level of oversight and management in order to be achieved.



## PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,315	1,299	(16)	-1%	×	5,452	5,326	(126)	-2% ×
Nursing	2,037	2,000	(37)	-2%	×	8,251	7,939	(312)	-4% ×
Allied Health	748	717	(31)	-4%	×	2,811	2,781	(30)	-1% ×
Support	110	122	12	10%	✓	460	486	26	5% ✓
Management & Admin	576	576	-	0%	✓	2,340	2,185	(155)	-7% ×
<b>Total</b>	<b>4,786</b>	<b>4,714</b>	<b>(72)</b>			<b>19,314</b>	<b>18,717</b>	<b>(597)</b>	



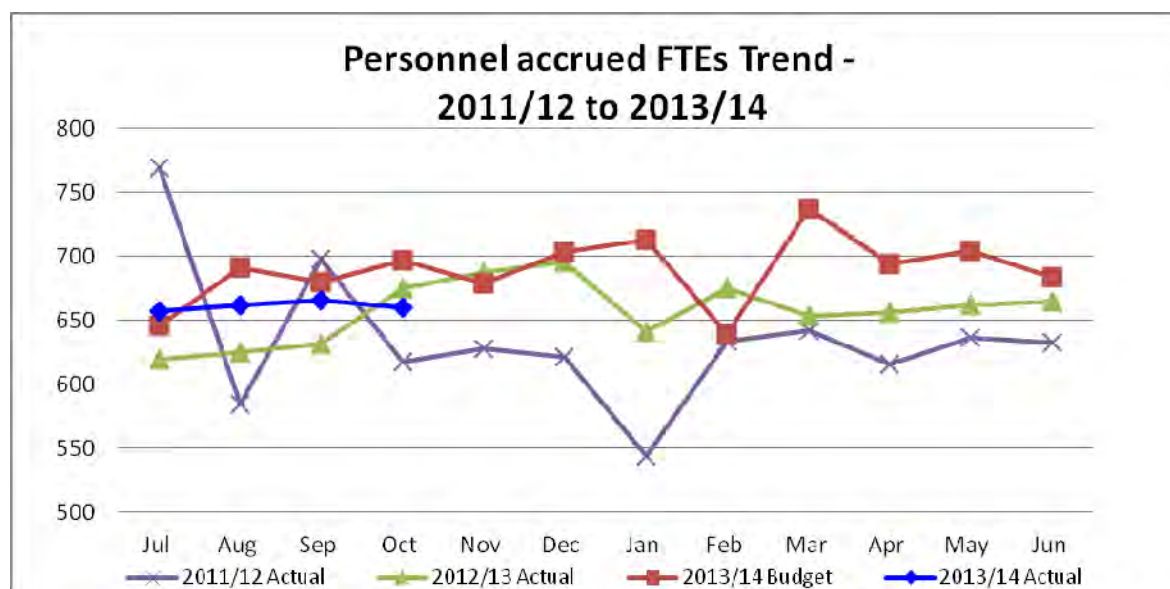
Although personnel costs are slightly unfavourable for the month, these are influenced by activity. We are continuing to manage costs influencing leave approved prior to changes in rostering and leave management practices. Significant levels of Locums are still being required to maintain service through periods of previously arranged leave.

## KEY RISKS AND ISSUES

From July 2013, Locum costs related to backfill are being included in Personnel costs rather than outsourced clinical costs. Significant reporting has been introduced to mitigate further deterioration against budget though better use of stabilised rosters and leave planning, although these costs are significantly below last year, they are still tracking ahead of budget from a YTD perspective.

## PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance			YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance	
Medical	44	52	8	15%	✓	38	47	9	19% ✓
Nursing	326	326	0	0%	✓	322	323	1	0% ✓
Allied Health	142	160	18	11%	✓	147	155	9	6% ✓
Support	26	29	2	7%	✓	28	28	0	0% ✓
Management & Admin	121	130	9	7%	✓	126	124	(2)	-1% ✗
<b>Total</b>	<b>660</b>	<b>697</b>	<b>37</b>			<b>661</b>	<b>678</b>	<b>17</b>	



Accrued FTE is influenced by leave taken throughout the period.

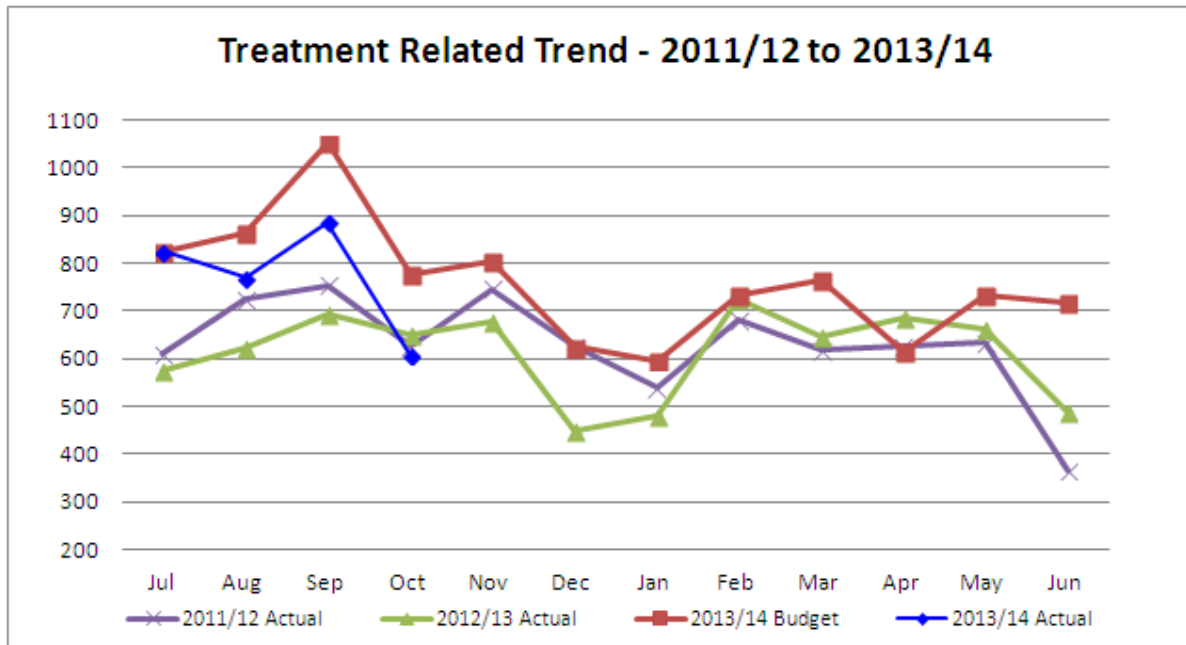
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc

## KEY RISKS AND ISSUES

The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. There are many ways FTE can be calculated, depending on the purpose. Using Ministry of Health calculations we are 5 FTE under our overall management and administration staff cap for August. Expectations from the Ministry of Health are that we should be reducing management and administration FTE each year. This is an area we are monitoring intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

## TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Treatment related costs	609	777	168	22%	✓	3,091	1,603	(1,488)	-93%	✗



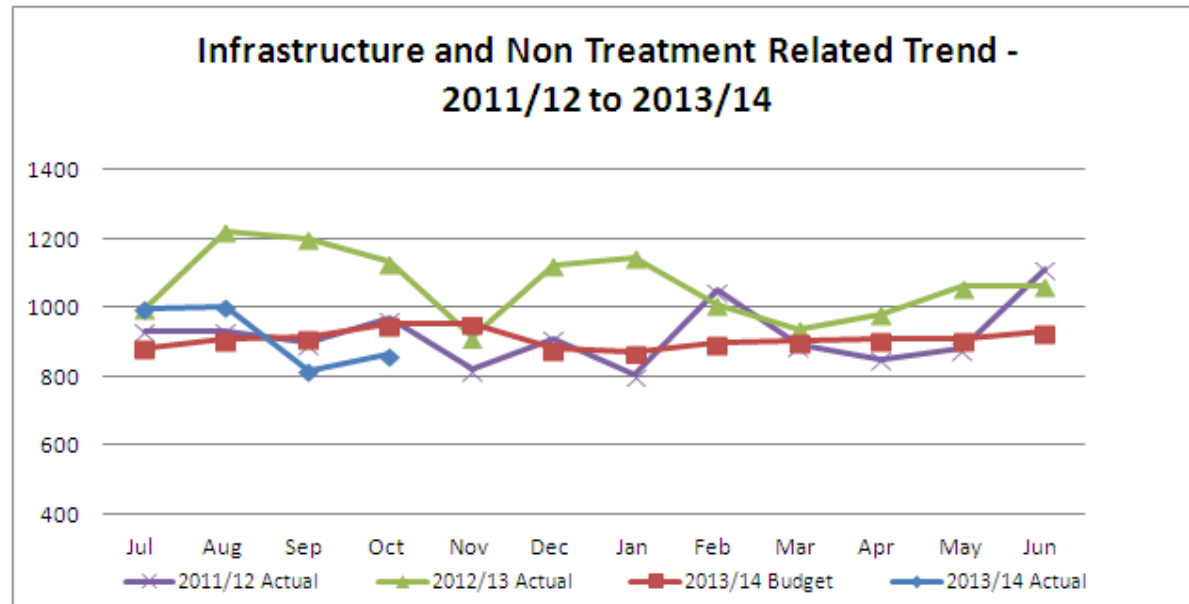
Treatment related costs were underspent by 168k, this is mainly related to timing issues

## KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, continued focus on these costs should ensure they remain on target for the year.

## INFRASTRUCTURE AND NON TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Non Treatment related costs	865	954	89	9%	✓	3,683	3,659	(24)	-1% ✗



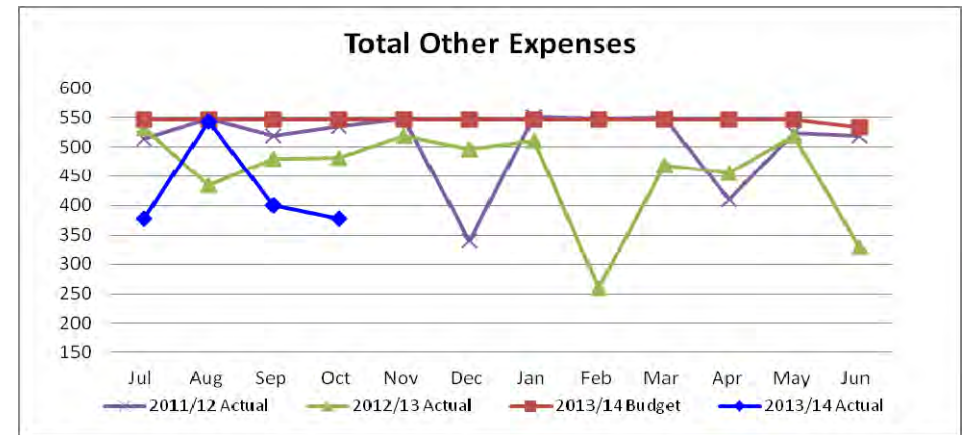
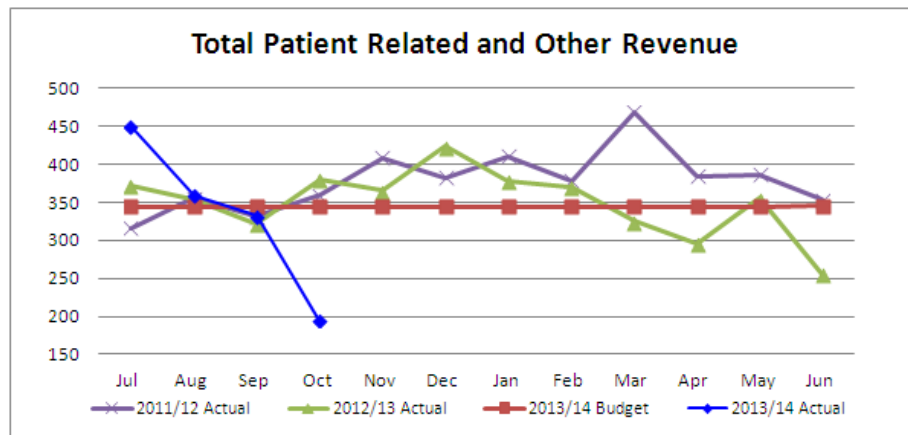
Facilities, IT and Telecommunications costs continue to trend over budget, this is expected to fluctuate from month to month

## KEY RISKS AND ISSUES

Timing of repairs and maintenance spend in relation to facilities continues to cause variances to budget. This will be monitored to ensure overall spend is within expected parameters.

## OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	(35)	20	(55)	-275%	✗	175	80	95	119%	✓
Donations	-	4	(4)	-100%	✗	-	16	(16)	-100%	✗
Rental	16	19	(3)	-16%	✗	52	76	(24)	-32%	✗
Other	18	20	(2)	100%	✗	239	80	159	100%	✓
<b>Total Other Revenue</b>	<b>(1)</b>	<b>63</b>	<b>(64)</b>	<b>-102%</b>	<b>✗</b>	<b>466</b>	<b>252</b>	<b>214</b>	<b>85%</b>	<b>✓</b>
Interest Expenses	57	54	(3)	-6%	✗	110	220	110	50%	✓
Depreciation	255	424	169	40%	✓	751	1,285	534	42%	✓
Capital Charge Expenses	66	68	2	3%	✓	136	270	134	50%	✓
<b>Total Other Costs</b>	<b>378</b>	<b>546</b>	<b>168</b>	<b>31%</b>	<b>✓</b>	<b>997</b>	<b>1,775</b>	<b>778</b>	<b>44%</b>	<b>✓</b>



## KEY RISKS AND ISSUES

Although Interest revenue for the month is significantly lower than in previous months, this is predominantly due to timing, we fully expect the positive variance to budget to continue for the rest of the year. Other revenue is also expected to remain well ahead of budget for the remainder of the year.

## FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	9,195	11,163	(1,968)	-18%	✗	12,060
Cash	6,115	5,722	393	7%	✓	7,809

## KEY RISKS AND ISSUES

The cash on hand position reflects that the costs of building and seismic strengthening have been incurred, yet funding which has previously been approved of \$2m has not yet been received.

## APPENDIX 2: WEST COAST DHB STATEMENT OF FINANCIAL PERFORMANCE

Statement of comprehensive income

For period ending

31 October 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Operating Revenue</b>										
Crown and Government sourced	10,780	10,930	(150)	(1.4%)	43,685	43,720	(35)	(0.1%)	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	12	8	66.7%	36	36
Inter District Flows Revenue	135	134	1	0.7%	540	536	4	0.7%	1,622	1,656
Patient Related Revenue	196	281	(85)	(30.2%)	871	1,124	(253)	(22.5%)	3,371	3,112
Other Revenue	(1)	63	(64)	(101.6%)	466	252	214	84.9%	759	1,088
<b>Total Operating Revenue</b>	<b>11,110</b>	<b>11,411</b>	<b>(301)</b>	<b>(2.6%)</b>	<b>45,582</b>	<b>45,644</b>	<b>(62)</b>	<b>(0.1%)</b>	<b>136,944</b>	<b>134,833</b>
<b>Operating Expenditure</b>										
Personnel costs	4,191	4,498	307	6.8%	17,458	17,296	(162)	(0.9%)	53,310	55,688
Outsourced Services	572	203	(369)	(181.8%)	1,931	1,369	(562)	(41.1%)	2,532	9,120
Treatment Related Costs	609	777	168	21.6%	3,091	3,519	428	12.2%	9,114	7,369
External Providers	3,060	3,002	(58)	(1.9%)	11,951	11,986	35	0.3%	35,866	29,843
Inter District Flows Expense	1,526	1,526	0	0.0%	6,120	6,104	(16)	(0.3%)	18,308	16,675
Outsourced Services - non clinical	116	123	7	5.7%	530	492	(38)	(7.7%)	1,460	1,445
Infrastructure and Non treatment related costs	1,071	954	(117)	(12.3%)	4,600	3,659	(941)	(25.7%)	10,915	12,787
<b>Total Operating Expenditure</b>	<b>11,145</b>	<b>11,083</b>	<b>(62)</b>	<b>(0.6%)</b>	<b>45,681</b>	<b>44,425</b>	<b>(1,256)</b>	<b>(2.8%)</b>	<b>131,505</b>	<b>132,927</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(35)</b>	<b>328</b>	<b>(363)</b>	<b>110.7%</b>	<b>(99)</b>	<b>1,219</b>	<b>(1,318)</b>	<b>108.1%</b>	<b>5,439</b>	<b>1,907</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	57	54	(3)	(5.6%)	220	216	(4)	(1.9%)	642	650
Depreciation	49	424	375	88.4%	368	1,696	1,328	78.3%	5,085	4,156
Capital Charge Expenditure	66	68	2	2.9%	270	272	2	0.7%	812	677
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>172</b>	<b>546</b>	<b>374</b>	<b>68.5%</b>	<b>858</b>	<b>2,184</b>	<b>1,326</b>	<b>60.7%</b>	<b>6,539</b>	<b>5,482</b>
<b>Net Surplus/(deficit)</b>	<b>(207)</b>	<b>(218)</b>	<b>11</b>	<b>5.0%</b>	<b>(957)</b>	<b>(965)</b>	<b>8</b>	<b>0.8%</b>	<b>(1,100)</b>	<b>(3,576)</b>

**APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION**

Statement of financial position

As at

31 October 2013

*in thousands of New Zealand dollars*

	Actual	Budget	Variance	%Variance	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	25,928	30,145	(4,217)	(14.0%)	112,985
Intangible assets	1,635	1,322	313	23.7%	3,518
Work in Progress	2,791	528	2,263	428.6%	2,540
Other investments	22	2	20	1000.0%	8
<b>Total non-current assets</b>	<b>30,376</b>	<b>31,997</b>	<b>(1,621)</b>	<b>(5.1%)</b>	<b>119,051</b>
<b>Current assets</b>					
Cash and cash equivalents	6,115	5,722	393	6.9%	23,003
Patient and restricted funds	60	58	2	3.4%	232
Inventories	1,009	1,040	(31)	(3.0%)	4,155
Debtors and other receivables	5,378	4,614	764	16.6%	18,954
Assets classified as held for sale	136	136	0	0.00%	544
<b>Total current assets</b>	<b>12,698</b>	<b>11,570</b>	<b>1,128</b>	<b>9.7%</b>	<b>46,888</b>
<b>Total assets</b>	<b>43,074</b>	<b>43,567</b>	<b>(493)</b>	<b>4.7%</b>	<b>165,939</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	48,780
Employee entitlements and benefits	3,100	3,461	(361)	(10.4%)	12,789
<b>Total non-current liabilities</b>	<b>15,295</b>	<b>15,656</b>	<b>(361)</b>	<b>(2.3%)</b>	<b>61,569</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	250	250	0	0.00%	1,000
Creditors and other payables	10,676	8,374	2,302	27.5%	36,964
Employee entitlements and benefits	7,658	8,124	(466)	(5.7%)	32,816
<b>Total current liabilities</b>	<b>18,584</b>	<b>16,748</b>	<b>1,836</b>	<b>11.0%</b>	<b>70,780</b>
<b>Total liabilities</b>	<b>33,879</b>	<b>32,404</b>	<b>1,475</b>	<b>4.6%</b>	<b>132,349</b>
<b>Equity</b>					
Crown equity	69,729	71,729	(2,000)	(2.8%)	264,788
Other reserves	19,569	19,569	0	0.00%	78,276
Retained earnings/(losses)	(80,142)	(80,174)	32	(0.0%)	(309,630)
Trust funds	39	39	0	0.00%	39
<b>Total equity</b>	<b>9,195</b>	<b>11,163</b>	<b>(1,968)</b>	<b>(17.6%)</b>	<b>33,473</b>
<b>Total equity and liabilities</b>	<b>43,074</b>	<b>43,567</b>	<b>(493)</b>	<b>(1.1%)</b>	<b>165,822</b>



## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

### Statement of cash flows

For period ending

31 October 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Cash flows from operating activities</b>										
Cash receipts from Ministry of Health, patients and other revenue	10,261	11,391	(1,130)	(9.9%)	44,754	45,564	(810)	(1.8%)	136,704	135,453
Cash paid to employees	(6,264)	(4,714)	(1,550)	32.9%	(20,790)	(18,670)	(2,120)	11.4%	(55,948)	(55,710)
Cash paid to suppliers	2660	(1,841)	4501	(244.5%)	(5,297)	(7,618)	2321	(30.5%)	(21,335)	(31,744)
Cash paid to external providers	(3,195)	(3,002)	(193)	6.4%	(12,491)	(11,986)	(505)	4.2%	(35,866)	(31,499)
Cash paid to other District Health Boards	(1,391)	(1,526)	135	(8.8%)	(5,580)	(6,104)	524	(8.6%)	(18,308)	(15,019)
<i>Cash generated from operations</i>	2071	308	1763	572.0%	596	1186	(590)	(49.8%)	5,247	1,480
Interest paid	(57)	(54)	(3)	5.6%	(220)	(216)	(4)	1.9%	(642)	(648)
Capital charge paid	272	(68)	340	(500.0%)	272	(272)	544	(200.0%)	(812)	(677)
<b>Net cash flows from operating activities</b>	2286	186	2100	1127.8%	648	698	(50)	(7.2%)	3,793	155
<b>Cash flows from investing activities</b>										
Interest received	(35)	20	(55)	(275.0%)	175	80	95	118.8%	240	229
(Increase) / Decrease in investments	0	0	0		0	0	0		0	0
Acquisition of property, plant and equipment	(364)	(258)	(106)	41.1%	(947)	(1,032)	85	(8.2%)	(3,300)	(3,436)
Acquisition of intangible assets	0	(17)	17	(100.0%)	(54)	(68)	14	(20.6%)	0	(1,706)
<b>Net cash flows from investing activities</b>	(399)	(255)	(144)	56.5%	(826)	(1,020)	194	(19.0%)	(3,060)	(4,913)
<b>Cash flows from financing activities</b>										
Proceeds from equity injections	0	0	0		0	0	0		0	3,600
Repayment of equity	0	0	0		68	0	68		0	(68)
<i>Cash generated from equity transactions</i>	0	0	0		68	0	68		0	3,532
Borrowings raised	0	0	0		0	0	0		0	0
Repayment of borrowings	0	0	0		0	0	0		0	0
Payment of finance lease liabilities	0	0	0		0	0	0		0	0
<b>Net cash flows from financing activities</b>	0	0	0		0	0	0		0	0
<b>Net increase in cash and cash equivalents</b>	1,887	(69)	1956	(2842.0%)	(110)	(322)	212	(65.8%)	1,765	(1,226)
Cash and cash equivalents at beginning of period	4,228	5,791	(1,563)	(27.0%)	6,172	6,044	128	2.1%	6,044	7,398
<b>Cash and cash equivalents at end of year</b>	6,115	5,722	393	6.9%	6,062	5,722	340	5.9%	7,809	6,172

## CLINICAL LEADERS UPDATE



**TO:** Chair and Members  
Hospital Advisory Committee

**SOURCE:** Clinical Leaders

**DATE:** 28 November 2013

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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### 1. ORIGIN OF THE REPORT

This report is provided to the Hospital Advisory Committee as a regular update.

### 2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

### 3. DISCUSSION

Work is continuing on expanding the range of transalpine health services, with West Coast and Canterbury clinicians being involved in planning and implementing service improvements. The Clinical Leaders are working alongside local clinicians and contracted architects and health service planners, to actively participate in the facility development and design following on from the recent facility announcement. The Clinical leaders also continue to be heavily involved in the activities of the Alliance Leadership team and the Clinical Board.

#### **Future Workforce Development**

Recruitment is underway for the 2014 Nursing Entry to Practice Programme, with 55 graduates selecting the West Coast as a preferred option via the ACE process, with 13 positions available. The combined CDHB/WCDHB assessment centre took place last week with a high calibre of graduates participating.

Applications have closed for HWNZ funded nursing Post Graduate study for 2014. There has been a decrease in applications due to a large number of nurses completing qualifications this year, including PG Diplomas and Clinical Masters. Funding that is not allocated on the West Coast will be distributed across the South Island, working collaboratively with the South Island Directors of Nursing to ensure effective utilisation of collective funds across the region. It is anticipated that uptake will improve in the following year, particularly for hospital based nurses.

The CNM from ED is presenting at the South Island Nursing IT Symposium next week. The topic is Telehealth, nursing opportunities and barriers on the West Coast. This CNM has recently completed a Master of Nursing with a Thesis looking at the use of Telehealth in the emergency setting. The purpose of the IT Symposium is to lift the nursing interest and participation in IT innovations and solutions.

The Allied Health leadership discovery project is almost complete with a likely proposal for change to be developed before Christmas. The focus on providing excellent student placements continues with a plan to present a Rural Placement Coordination proposal going to the South Island Regional Training

## CLINICAL LEADERS UPDATE



Hub. The Allied Health Assistant training programme has begun with West Coast being one of the lead sites for the rehabilitation assistant qualification.

The Executive Director Allied Health has been appointed to the Health Workforce New Zealand Board.

#### 4. **CONCLUSION**

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by: Carol Atmore, Chief Medical Officer  
Karyn Kelly, Director of Nursing & Midwifery  
Stella Ward, Executive Director, Allied Health

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 10 OCTOBER 2013



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 25 October 2013

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Report Status – For:      Decision    ☐      Noting    ☒      Information    ☐

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## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 10 October 2013. Following confirmation of the minutes of that meeting at the 28 November 2013 HAC meeting, full minutes of the 10 October 2013 meeting will be provided to the Board at its 13 December 2013 meeting.

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

- “ monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and
- give the Board advice and recommendations on that monitoring and that assessment.

*The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB.”*

## 2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 10 October 2013.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 October 2013. Papers presented to the Committee meeting are available on the West Coast DHB website. A copy of the agenda for this meeting is attached as Appendix 1.

### **MANAGEMENT REPORT**

The Committee received a “new look” management report which will be progressively rolled out over the next few meetings.

The new report contained a series of flow charts depicting the Elective Patient Journey, the Acute Patient Journey and the Allied Health & Diagnostic Patient Journey. The Elective Patient Journey showed the throughput numbers and these will also be added to the Acute, Allied Health & Diagnostic for the next meeting.

Discussion took place regarding the work being undertaken by the Central Booking Unit (CBU) and the Committee noted that it is important to understand that there are many things that the CBU cannot control which affect the booking process.

Discussion also took place regarding inappropriate ED attendances and the Committee noted that

this will probably not improve until GP access is improved.

#### **FINANCE REPORT.**

The Committee noted the favourable result against budget for the month of August 2013. It was also noted that the year to date position is tracking very closely to the Annual Plan budget.

Discussion took place regarding the facilities approval by the Government and the Committee Chair asked that the Committee note the amount of work put in by staff towards getting this approval.

#### **CLINICAL LEADERS UPDATE**

Karyn Kelly, Director of Nursing & Midwifery, presented this report which provided information regarding: Future Workforce Development; Better Sooner More Convenient Implementation; Mum4Mum Peer Support Programme and Health pathways.

#### **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 10 October 2013.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

# AGENDA



## WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING

To be held in the Board Room at Corporate Office, Grey Base Hospital

High Street, Greymouth

Thursday 10 October 2013 commencing at 11.00am

### ADMINISTRATION

11.00am

#### Karakia

1. **Interest Register**

*Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*

2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**

*22 August 2013*

3. **Carried Forward/ Action Items**

### REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Michael Frampton

11.10am - 11.30am

*Acting General Manager, Hospital Services*

Ralph La Salle

*Acting Operations Manager, Hospital Services*

5. **Finance Report**

Justine White

11.30am - 11.45am

*General Manager, Finance*

6. **Clinical Leaders Report**

Karyn Kelly

11.45am – 12noon

*Director of Nursing & Midwifery*

7. **General Business**

12noon

### ESTIMATED FINISH TIME

12.20pm

### INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 13 September 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Work Plan

### NEXT MEETING

**Date of Next Meeting:** 28 November 2013

Corporate Office, Board Room at Grey Base Hospital.

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held at St John, Waterwalk Road, Greymouth**  
**Friday 25 October 2013 commencing at 10.00am**

<b>KARAKIA</b>		<b>10.00am</b>
<b>ADMINISTRATION</b>		<b>10.05am</b>
Apologies		
1.	<b>Interest Register</b> <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	<b>Confirmation of the Minutes of the Previous Meeting</b> ▪ <i>13 September 2013</i>	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>10.15am</b>
4.	<b>Acting Chair's Update</b> <b>(Verbal Update)</b>	Peter Ballantyne <i>Acting Chairman</i> <i>10.15am – 10.25am</i>
5.	<b>Chief Executive's Update</b>	David Meates <i>Chief Executive</i> <i>10.25am – 10.40am</i>
6.	<b>Clinical Leader's Report</b>	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Kelly <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i> <i>10.40am – 10.50am</i>
7.	<b>Finance Report</b>	Justine White <i>General Manager, Finance</i> <i>10.50am – 11.00am</i>
8.	<b>Proposed 2014 Meeting Schedule</b>	<i>Board Secretariat</i> <i>11.00am – 11.10am</i>
9.	<b>Report from Committee Meetings</b>	
-	CPH&DSAC <i>10 October 2013</i>	Elinor Stratford <i>Chair, CPH&amp;DSAC Committee</i> <i>11.10am – 11.20am</i>
-	Hospital Advisory Committee <i>10 October 2013</i>	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> <i>11.20am – 11.30am</i>
-	Tatau Pomanau <i>No Meeting</i>	
10.	<b>Resolution to Exclude the Public</b>	<i>Board Secretariat</i> <i>11.30am</i>

## **INFORMATION ITEMS**

- Confirmed Minutes
  - CPH&DSAC Meeting – 22 August 2013
  - HAC Meeting – 22 August 2013
- 2013 Meeting Schedule

## **ESTIMATED FINISH TIME**

**11.30am**

## **NEXT MEETING**

*Friday 13 December 2013 commencing at 10.00am*



## WEST COAST DHB – MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 8 February 2013	BOARD	10.00am	Board Room, Corporate Office
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 December 2013	BOARD	10.00am	Board Room, Corporate Office

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

## 2013 HOSPITAL ADVISORY COMMITTEE WORKPLAN

	24 January	7 March	2 May	6 June	11 July	22 August	10 October	28 November	2014
<b>STANDING ITEMS</b>	Karakia Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia Interests Register  Confirmation of Minutes  Carried Forward Items	
<b>STANDARD REPORTS</b>	Hospital Services Management Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	
<b>PLANNED ITEMS</b>	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update  Patient Safety & Quality Report	
<b>PRESENTATIONS</b>	As required	As required	Allied Health Presentation	Model of Care Implementation	As required	As required	As required	As required	
<b>GOVERNANCE AND SECRETARIAT</b>	2013 Work Plan								
<b>INFORMATION ITEMS:</b>	Latest Board Agenda Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	