

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



HOSPITAL ADVISORY COMMITTEE MEETING

11am, 20 March 2014

**Board Room
Grey Base Hospital – Corporate Office**

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 (<i>Chair</i>) Kevin Brown Paula Cutbush Gail Howard Peter Neame Richard Wallace Dr Paul McCormack (<i>ex-officio</i>) Peter Ballantyne (<i>ex-officio</i>)	Michael Frampton (<i>Programme Director</i>) Dr Carol Atmore (<i>Chief Medical Officer</i>) Gary Coghlan (<i>General Manager, Maori Health</i>) Carolyn Gullery (<i>General Manager, Planning & Funding</i>) Karyn Bousfield (<i>Director of Nursing & Midwifery</i>) Justine White (<i>General Manager, Finance</i>) Kathleen Gavigan (<i>General Manager, Buller</i>) Mark Newsome (<i>General Manager Grey Westland</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, Greymouth Thursday 20 March 2014 commencing at 11.00am

ADMINISTRATION 11.00am

Karakia

Apologies

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**

28 November 2013

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS 11.10am

4. **Management Report**

Michael Frampton *11.10am - 11.30am*
General Manager, Hospital Services

5. **Finance Report**

Justine White *11.30am - 11.45am*
General Manager, Finance

6. **Clinical Leaders Report**

Karyn Bousfield *11.45am – 12noon*
Director of Nursing & Midwifery

7. **2014 Committee Work Plan**

Sharon Pugh *12noon – 12.15pm*
Chair

8. **General Business**

Sharon Pugh *12.15pm – 12.30pm*
Chair

ESTIMATED FINISH TIME 12.30pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 21 February 2014
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 1 May 2014

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 Chair Board Member	<ul style="list-style-type: none"> • Shareholder, New River Bluegums Bed & Breakfast • Chair, Greymouth Business & Promotions Association
Kevin Brown Deputy Chair Board Member	<ul style="list-style-type: none"> • Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife works part time at CAMHS • Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Paula Cutbush	<ul style="list-style-type: none"> • Owner and stakeholder of Alfresco Eatery and Accommodation
Gail Howard	<ul style="list-style-type: none"> • Chair of Coal Town Trust • Trustee on the Buller Electric Power Trust • Director of Energy Trust New Zealand
Peter Neame	<ul style="list-style-type: none"> • No Declared Interests
Richard Wallace	<ul style="list-style-type: none"> • Upoko, Te Runanga o Makawhio • Negotiator for Te Rau Kokiri • Trustee Kati Mahaki ki Makawhio Limited • Honorary Member of Maori Women's Welfare League • Wife is employed by West Coast District Health Board • Trustee West Coast Primary Health Organisation • Kaumatua Tatau Pounamu • Kaumatua Health Promotion Forum New Zealand • Kaumatua for West Coast DHB Mental Health Service (employed part-time) • Daughter is a Board Member of both the West Coast DHB and Canterbury DHB • Kaumatua o te Runanga o Aotearoa NZNO • Te Runanga o Aotearoa NZNO • Member of the National Asthma Foundation Maori Reference Group
Peter Ballantyne (Board Deputy Chair) ex-officio	<ul style="list-style-type: none"> • Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board

Member	Disclosure of Interests
Dr Paul McCormack (Board Chair) ex-officio	<ul style="list-style-type: none"> • General Practitioner Member, Pegasus Health

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 28 November 2013, commencing at 11.00am

PRESENT

Sharon Pugh (Chair); Doug Truman (Deputy Chair); Paula Cutbush; Gail Howard; Peter Ballantyne (ex-officio); and Dr Paul McCormack (ex-officio – via video conference).

MANAGEMENT SUPPORT

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

WELCOME

The meeting opened with everyone joining in the Karakia.

APOLOGIES

An apology for absence was received and accepted from Richard Wallace.

The Chair advised that Committee member Karen Hamilton has submitted her resignation from the Committee.

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 (21/13)

(Moved: Paula Cutbush/Seconded: Peter Ballantyne – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 10 October 2013 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Patient Ambulance Transport – The Programme Director advised that work is still ongoing regarding this across the South Island around a different contracting model and that renewed energy is being applied to the issue.

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 highlighted the graphics included in the papers summarising the Patient Journeys. The Acute Patient Journey has now been populated and we will continue to populate the Allied Health Journey as we go forward. The Elective Patient Journey graphic includes statistics from 1 July 2013 to 31 October 2013 so we are now able to see the flow for Elective Services.

He added that DNA rates are still a concern and there seems to be quite some delay in the postal system and this matter will be taken up with New Zealand Post. He commented that we are looking at alternatives including texting but not everyone has access to a mobile phone or has mobile coverage here on the West Coast. The DNA rates are also an absolute focus for the CBU as this is wasted capacity in the system.

Discussion took place regarding the West Coast orthopaedic intervention rate still being higher than the national average.

Discussion also took place regarding the people sent back to their GP for treatment and Mr Frampton advised that this is a key theme that continues to emerge from the Primary Care sector and we are looking at ways to provide more comprehensive information back to General Practice.

Mr Frampton talked the Committee through the Acute Patient Journey graphic and the Committee noted that people on the West Coast are presenting to ED where in other parts of the country they would be treated in Primary Care.

Discussion took place regarding the cost of transfers to other DHBs and ACC funding.

A query was made regarding whether the correct contact information is being captured in Primary Care and the Committee noted that there is possibly a lot of lost opportunities here and this is being addressed separately by Better Health.

A query was also made regarding GP cover in Reefton and it was noted that cover is arranged through to the beginning of 2014.

Discussion took place regarding patient transfers and Mr Frampton advised that the greatest reason for this is that the service required is not available on the West Coast. He added that we continue to work towards improving the number of acute orthopaedic cases delivered here.

ESPI compliance was met for the months of August and September and the preliminary results for October indicate that compliance will be met for this month also.

Mr Frampton advised that the DHB will be producing a set of Quality Accounts this year and once completed a copy will be provided to Committee members.

In response to a query regarding the facilities project and interaction with staff Mr Frampton advised that approximately 50 staff are working with the facilities team across this and that there has been a high level of engagement.

Resolution (22/13)

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

That the Hospital Advisory Committee notes the Management Report.

5. FINANCE REPORT

Justine White, General Manager, Finance, spoke to the Finance Report for the month of October 2013. The report was taken read.

Ms White advised that 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 Committee noted the favourable result against budget for the month of October 2013. It was also noted that the year to date position is also favourable.

Discussion took place regarding recruitment in Allied Health and the Committee noted that a report around Allied Health and how we build an integrated system has just been released to staff for comment and this will become a proposal for change.

Resolution (23/13)

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

That the Committee notes the financial report for the period ending 31 October 2013.

6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery, presented this report which focussed mainly on Transalpine and Future Workforce Development issues.

The update was noted.

7. GENERAL BUSINESS

Michael Frampton advised that a new General Manager, Grey and Westland, Mr Mark Newsome would commence work on the West Coast on 9 December 2013.

There being no further business the meeting closed at 12.45pm

Confirmed as a true and correct record.

Sharon Pugh, Chair

Date

CARRIED FORWARD/ACTION ITEMS



Item No	DATE RAISED	ACTION	COMMENTARY	STATUS
1	24 May 2012	Patient Ambulance Transport 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

MANAGEMENT REPORT



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Programme Director

DATE: 20 March 2014

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

1. ORIGIN OF THE REPORT

This is a standing report to the West Coast District Health Board Hospital Advisory Committee. It outlines progress in relation to service delivery across the District Health Board's Provider Arm.

2. RECOMMENDATION

That the Hospital Advisory Committee:

- Notes the Management Report.

3. SUMMARY

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

- provide greater insights into the nature and flow of activity in, and through, the secondary care component of the West Coast health 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 continue to be rolled out over the next two HAC meetings, and member comments are welcome. At this meeting, we continue to present the **Acute and Elective Patient Journeys**. We have temporarily removed the **Allied Health Patient Journey** and **Diagnostic Testing Patient Journey** from this report as both require more work within our computer systems before data can be attached.

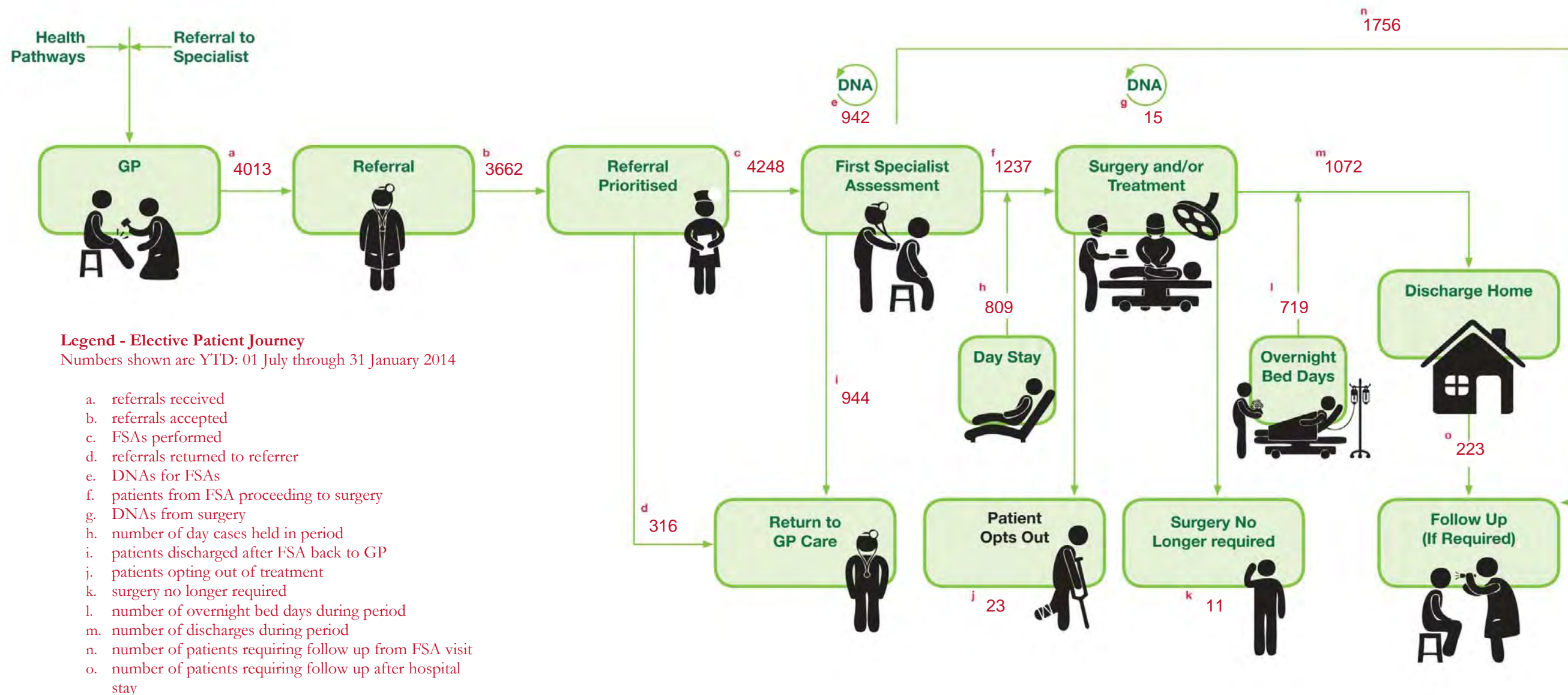
The following are the most notable features of the following report:

- Consistent performance continues in most health target areas;
- Allied Health proposal for change decision document released;
- ESPI compliance has remained during the period for both ESPI 2 and ESPI 5
- Recruitment for key positions continues.

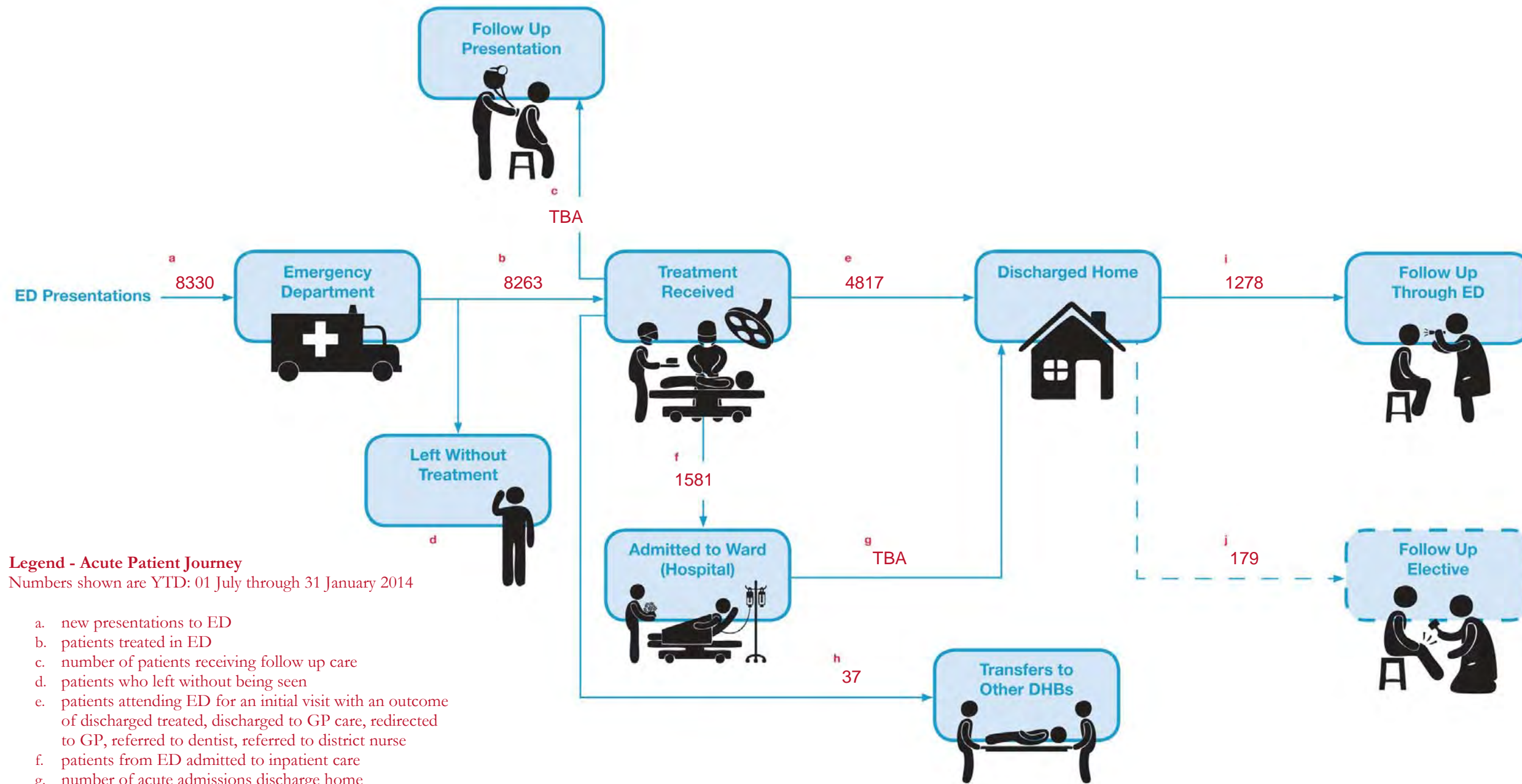
4. DISCUSSION

4.1 Activity

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



Elective Patient Journey



Legend - Acute Patient Journey
 Numbers shown are YTD: 01 July through 31 January 2014

- 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

MANAGEMENT REPORT



Volumes

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 January 2014, overall case-weighted [CWD] inpatient delivery was 14.6% beneath contracted volume for surgical specialty services and 10.7% over for medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	653.97	472.40	-181.57	- 27.8 %
Elective	719.10	699.49	-19.61	-2.7 %
Sub-Total Surgical:	1373.07	1171.89	-201.18	-14.6 %
Medical				
Acute	812.06	899.01	86.95	10.7 %
Elective	0	0.37	0.37	0
Sub-Total Medical:	812.06	899.38	899.38	10.7 %
TOTALS:	2185.13	2071.27	-113.86	- 5.2 %

Outpatient Volumes

As at 31 January 2014, outpatient delivery was 4.1% over contracted volume for surgical specialty services and 10.8% over contracted volume for medical specialty services.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	1969	1979	10	0.5 %
Sub. Visit	3162	3360	198	6.3 %
Sub-Total Surgical:	5130	5339	209	4.1 %
Medical				
1 st Visit	923	910	-13	-1.4 %
Sub. Visit	2162	2507	345	16.0 %
Sub-Total Medical:	3085	3417	332	10.8 %
TOTALS:	8215	8756	541	6.6%

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]
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%
November 2013	1974	1823	151	7.65%
December 2013	1574	1435	139	8.83%
January 2014	1978	1804	174	8.80%
February 2014	1773	1628	145	8.18%
13 month rolling totals	23660	21660	2000	8.45% Average

4.2 Workforce Update

Nursing

- Trendcare Coordinator- a new position commenced 27/01/2014. The brief is to coordinate and utilise the Trendcare system in order to deliver high quality outcomes for end users and the organisation.
- Appointments have been made - 2 new RNs to the Emergency Dept, and 1 to the Paediatric unit.
- Recruiting continues for RNs for the medical and surgical wards. A new recruitment campaign is being launched using video and social media.
- 13 New Graduate nurses have commenced work, spread out over the organization.

Maternity Services

- There is consultation between the New Zealand College of Midwives (NZCOM), Kawatiri Action Group, Buller midwives (LMC self employed), MOH and the staff at Buller Hospital. We are currently forming a working group to move forward with the plan for Buller.
- The DHB midwife in Buller has been on leave until this week. We have had discussions with her regarding changing her hours of work, clinical work load ongoing support and clinical skills development.
- Recruitment is ongoing. We have interviewed and offered positions to 3 New Graduate Midwives. One has already commenced and the next will start on 24 March 2014. The recruitment of new graduates is a strategy towards growing our own long term staff.

Allied Health

- The decision document for the Allied Health Leadership proposal for change was issued in February itemising a new position of Associate Director for Allied Health with both professional and operational responsibility for all allied health departments. Recruitment for the position will now begin.
- We received a resignation from a dietician who is leaving in May. Recruitment for this position will begin shortly.
- We have recruited 2 Allied Health Assistants in orthotics & Occupational Therapy (OT).

- We are a pilot site for the Allied Health Assistant training through Careerforce and we have 100% participation. The training will give them a qualification to handle increased responsibility and work more autonomously.
- Two papers being presented at Allied Health Summit National in Hamilton by OT Lead and Allied Health Advisor – Research on Allied Health Assistant project and Specialist/Generalist Roles in Rural Health.

Industrial Relations

- Bargaining continues with the PSA representing South Island Clerical Workers and negotiations have commenced.
- Bargaining with the RDA representing Resident Doctors is resuming after a national group has worked on a number of agreed and identified projects.
- Bargaining with combined unions, including EPMU representing West Coast District Health Board employees continues.

Recruitment Vacancies - Monthly Summary – February 2014

New Vacancies	13
Total Open Vacancies	35
Total FTE Recruiting	43.48
Appointed Vacancies	12
Total FTE Appointed	11.4

Current active vacancies are at 42, with activity evenly spread across all workgroups (Nursing & Midwifery 17; Corporate & Support 7; Allied Health 8; Medical 9). Overall we have seen a significant increase in nursing vacancies (up to 17 from 8 in the last reporting period). Nursing roles in Greymouth are proving challenging to fill but are being filled progressively; however roles in Buller are proving particularly difficult to fill with suitable applicants who are serious about relocating to the area.





Work on a recruitment campaign is underway to augment current advertising. Sourcing of applications for medical roles is slow due to the nature of the positions but we are seeing positive interest in current vacancies, with job offers extended to an Anaesthetist, General Surgeon, and GP; and a face to face visit scheduled with an O&G who has been interviewed.

4.3 Patient

Patient Transfers

- The number of patients transferred from/to tertiary centres was 34 for December 2013 and 36 for January 2014.
- There were 17 transfers made from Buller to Grey Base Hospital in December 2013 and 18 in January 2014.
- Three transfers were made from Reefton to Grey Base for December 2013 and five for January 2014.

4.4 Health Targets

Target	Q2 13/14	Target	Current	Status										
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.8%	95%	<table><tr><th colspan="2">1 July 2013 – February 2014</th></tr><tr><td>Over 6 hrs</td><td>20</td></tr><tr><td>Under 6 hrs</td><td>9343</td></tr><tr><td>Total Attendances</td><td>9363</td></tr><tr><td>Result</td><td>99.8%</td></tr></table> <p><i>This report is calculated from Arrived time to Departed time. It combines the three Emergency Departments—Grey, Buller & Reefton.</i></p>	1 July 2013 – February 2014		Over 6 hrs	20	Under 6 hrs	9343	Total Attendances	9363	Result	99.8%	
1 July 2013 – February 2014														
Over 6 hrs	20													
Under 6 hrs	9343													
Total Attendances	9363													
Result	99.8%													
Improved Access to Elective Surgery West Coast’s volume of elective surgery	795 YTD	812 YTD	One case ahead of target , delivering 921 discharges in the seven months to 31 st of January 2014, against the 920 year-to-date target. West Coast DHB has been funded to provide an additional 95 operations above the Health Target volume of 1592 cases by 30 June 2014. We are looking to invest this funding in 60 additional cataract procedures (including 15 for people in the Buller region and 45 for people in the Grey and Westland regions); with the balance of the 32 cases to be spread among general surgery, gynaecology, urology, plastic surgery, and the introductory trial of a small number of Ear Nose and Throat (ENT) operations.											
Shorter Waits for Cancer Treatment People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	West Coast continues to achieve the cancer treatment health target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks. This data is for the period to February 2014.)											
Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	86.2%	95%	In January 2014 , West Coast DHB staff provided 94% of hospitalised smokers with smoking cessation advice and support –not meeting the targeted 95% for the Secondary Care Better Help for Smokers to Quit Health Target by just five patients. This is a promising increase from the disappointing 86% result for Quarter 2. Actions previously reported continue to drive this change and meet the target for Quarter 3.											

Elective Services Patient Indicators [ESPI Compliance]

- ESPI Compliance was met for the month of January. The preliminary results for February indicate that compliance will also be met.
- 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 and move to four months by 31 December 2014. Over 70% of departments at West Coast DHB currently meet this requirement.

MoH Elective Services Online

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

DHB Name: West Coast

	2013			2013			2013			2013			2013			2013			2013			2013			2013			2013			2013			2014		
	Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan		
	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag	Level	Status %	Info Flag			
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	16 of 18	88.9%	2	18 of 18	100.0%	0	17 of 18	94.4%	1	18 of 18	100.0%	0	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 (FSAs)	17	1.6%	-17	25	2.7%	-25	34	9.0%	-34	0	0.0%	0	0	0.0%	0	4	9.0%	-4	7	5.0%	-7	1	2.1%	-1	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the usual treatment threshold (ITT)	5	0.3%	-5	6	0.4%	-6	0	0.0%	0	0	0.0%	0	1	2.1%	-1	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	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	1	0.3%	-1	13	6.6%	-13	9	2.7%	-9	7	2.6%	-7	0	0.0%	0	4	9.0%	-4	0	0.0%	0	0	0.0%	0	0	0.0%	0	3	6.6%	-3	0	0.0%	0	0	0.0%	0
5. Patients in active review who have not received a clinical assessment within the last six months	1	0.1%	-1	3	3.0%	-3	3	3.2%	-3	4	5.0%	-4	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools	118	100.0%	0	97	100.0%	0	145	100.0%	0	151	100.0%	0	130	100.0%	0	151	100.0%	0	148	100.0%	0	151	100.0%	0	139	100.0%	0	125	100.0%	0	158	100.0%	0	158	100.0%	0

Data Warehouse Refresh Date: 01/Mar/2014

Report Run Date: 03/Mar/2014

Notes:
 1. 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.
 2. Before July 2013 the required timeframe for treatment for ESPI 5 is 5 months, after July 2013 the required timeframe for ESPI 5 is 5 months.
 3. ESPIs that apply from 1 July 2012.
 4. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
 5. ESPIs 3 and 5 assess surgical specialties where patients are prioritised using nationally recognised tools.
 6. Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
 7. ESPI 1 and 5 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 8. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.35%, and Red if 0.4% or higher.
 9. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.95%, and Red if 5% or higher.
 10. ESPI 4 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.56%, and Red if 0.6% or higher.
 11. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.26%, 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.

4.5 Quality

Incidents

- 29, 31 and 25 new incidents were recorded in Hospital Services during November, December and January respectively; with the highest number of 16 each pertaining to administrative processes and medication errors.

Primary Secondary Electronic Interface Group Meeting

- This group continues to meet monthly to address any issues around the sharing/accessing of patient information between the primary and secondary sectors. Good discussion and debate often ensues with representation from every GP practice, except for Westland Medical. However, Westland Medical receives records of meetings and is able to add items to the Agenda for discussion.

Comment [RL1]: Why don't they participate?

EPROSafe Family Violence Database

- EPROSafe is a child protection and Family Violence database designed by Canterbury DHB and is a way of managing child protection and family violence alerts. Eventually all South Island DHBs will be linked and sharing information. During 2014 we will request an open relationship with CDHB (transalpine). The programme allows the creation and management of referrals for child abuse and family violence and the sharing of information across the DHB to grant referral access to external DHBs. The system provides a way of identifying relationships within families (siblings/parents).
- EPROSafe has been approved for roll out across the West Coast DHB during 2014. When this occurs staff will be able to look up and check family violence and child protection alerts. This software links to Health Connect South – users will access both systems with the same user name and password. Training will be rolled out across the DHB with ED, Social Work & CAMHS initially, and then all appropriate staff. A link is in Health Connect South under clinical applications/links.
- The national system for child protection alerts needs to be in place by June 2014 within all DHBs.

Feedback Management System

- To improve the management of compliments, complaints and suggestions the *Feedback Management System* has been reworked to provide more meaningful data. A spreadsheet has been developed which records all compliments, complaints and suggestions, time taken to respond, links all correspondence to the spread sheet and has a section for following up on recommendations.
- A flowchart has been designed that maps the process for complaints with timeframes and responsibilities outlined. The current intranet form for recording complaints will be used as a method for recording complaints only as this system does not provide data that can be analysed later to provide trends and follow up.
- Quality initiatives falling out of recommendations from compliment/complaint/suggestion investigation will be linked to the spread sheet.
- All General Managers have access to this feedback spread sheet.

CLAB [Central line associated bacterium]

Since July 2012 the West Coast DHB (when we joined the national CLAB project) we have had only 1 CLAB and none since.

As of 3rd March 2014 the West Coast DHB has been 587 days CLAB free!! Work has been done on the compliance with the maintenance bundle and we have managed 100% compliance several times during the past month.

Report prepared by:

Ralph La Salle, Acting Operations Manager

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2014



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 20 March 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular monthly report of the financial results of the West Coast DHB and other financial related matters.

2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the period ended 28 February 2014.

3. FINANCIAL RESULT

Summary DHB Group Financial Result

The consolidated West Coast DHB financial result for the month of February 2014 was a surplus of \$0.345m, which was \$0.013m unfavourable against the budgeted surplus of \$0.358m. The year to date position is now \$0.069m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,831	6,874	(43)	x	54,606	54,999	(393)	x
Governance & Administration	166	147	19	√	1,284	1,254	30	√
Funds & Internal Eliminations	4,425	4,390	35	√	35,304	35,035	269	√
	11,422	11,411	11	√	91,194	91,288	(94)	x
EXPENSES								
Provider								
Personnel	4,419	4,127	(292)	x	35,506	34,640	(866)	x
Outsourced Services	514	192	(322)	x	4,268	2,650	(1,618)	x
Clinical Supplies	498	734	236	√	5,116	6,280	1,164	√
Infrastructure	1,050	911	(139)	x	7,619	7,397	(222)	x
	6,481	5,964	(517)	x	52,509	50,967	(1,542)	x
Governance & Administration	166	148	(18)	x	1,284	1,264	(20)	x
Funds & Internal Eliminations	3,955	4,395	440	√	34,567	35,429	862	√
Total Operating Expenditure	10,602	10,507	(95)	x	88,360	87,660	(700)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	820	904	(84)	x	2,834	3,628	(794)	x
Interest, Depreciation & Capital Charge	475	546	71	√	3,643	4,368	725	√
Net surplus/(deficit)	345	358	(13)	x	(809)	(740)	(69)	x

4. APPENDICES

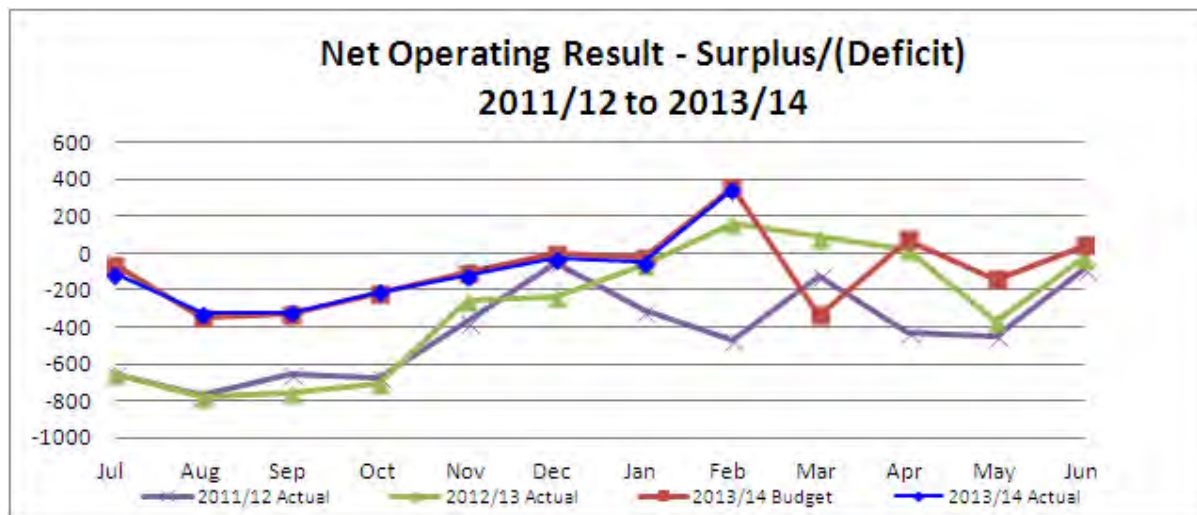
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow
Appendix 5	Governance Statement of Financial Performance

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – FEBRUARY 2014

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	345	358	(13)	-4% X	(809)	(740)	(69)	9% X



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.

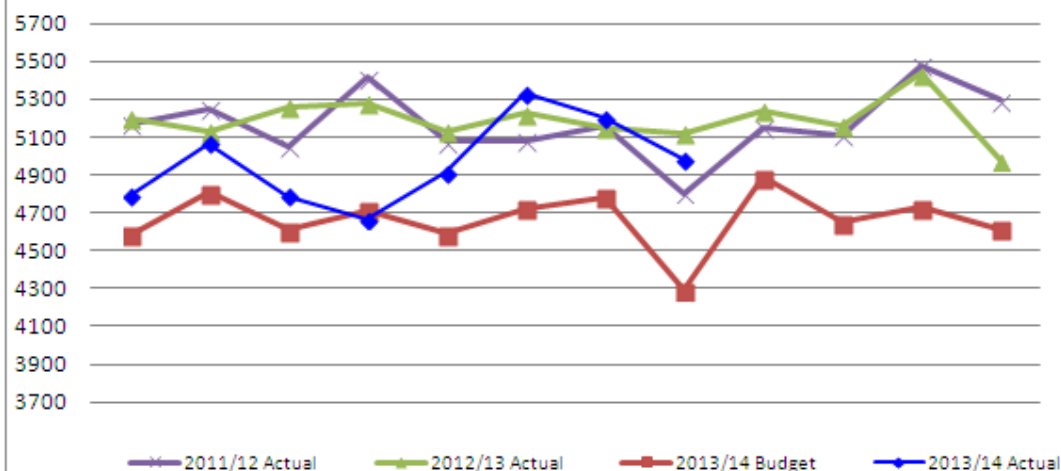
KEY RISKS AND ISSUES

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, we are confident that the forecast year end result will be in line with our annual plan.

PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,384	1,166	(218)	-19%	×	10,907	10,322	(585)	-6%	×
Nursing	2,097	1,875	(222)	-12%	×	17,059	15,884	(1,175)	-7%	×
Allied Health	730	626	(104)	-17%	×	5,774	5,530	(244)	-4%	×
Support	108	110	2	2%	✓	928	961	33	3%	✓
Management & Admin	662	518	(144)	-28%	×	5,073	4,416	(657)	-15%	×
Total	4,981	4,295	(686)			39,741	37,113	(2,628)		

**Personnel Costs including locums Trend -
2011/12 to 2013/14**



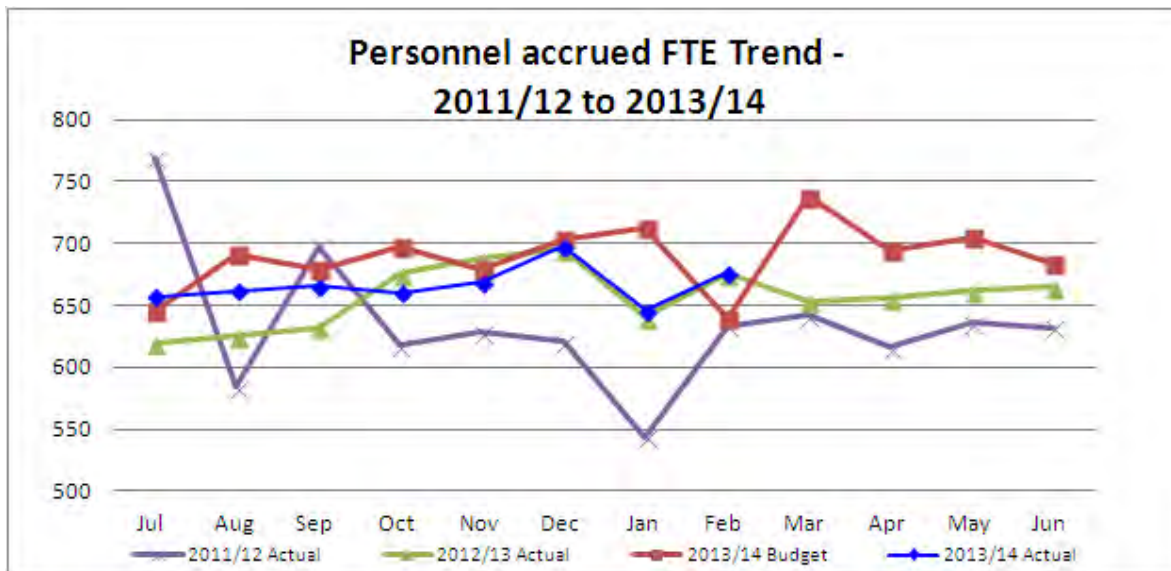
Personnel costs are unfavourable for the month, although these are influenced by activity, there is the expected reduction from December peak costs. We are continuing to actively manage costs however these are still being impacted by significant levels of Locums who are required to maintain service through periods of leave and turnover.

KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning is in the process of being embedded within the business, the results are slower to transpire than originally anticipated. This is further exacerbated by some recent turnover which has required more reliance on short term placements, which are more expensive than permanent staff. The results are that the costs are 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	42	50	8	17%	✓	40	50	9	19%	✓
Nursing	318	306	(13)	-4%	✗	325	324	(2)	-1%	✗
Allied Health	151	140	(11)	-8%	✗	147	154	7	5%	✓
Support	25	26	0	1%	✓	27	28	1	4%	✓
Management & Admin	140	118	(22)	-19%	✗	127	125	(1)	-1%	✗
Total	676	639	(37)			667	681	14		



Accrued FTE is influenced by leave taken throughout the period.

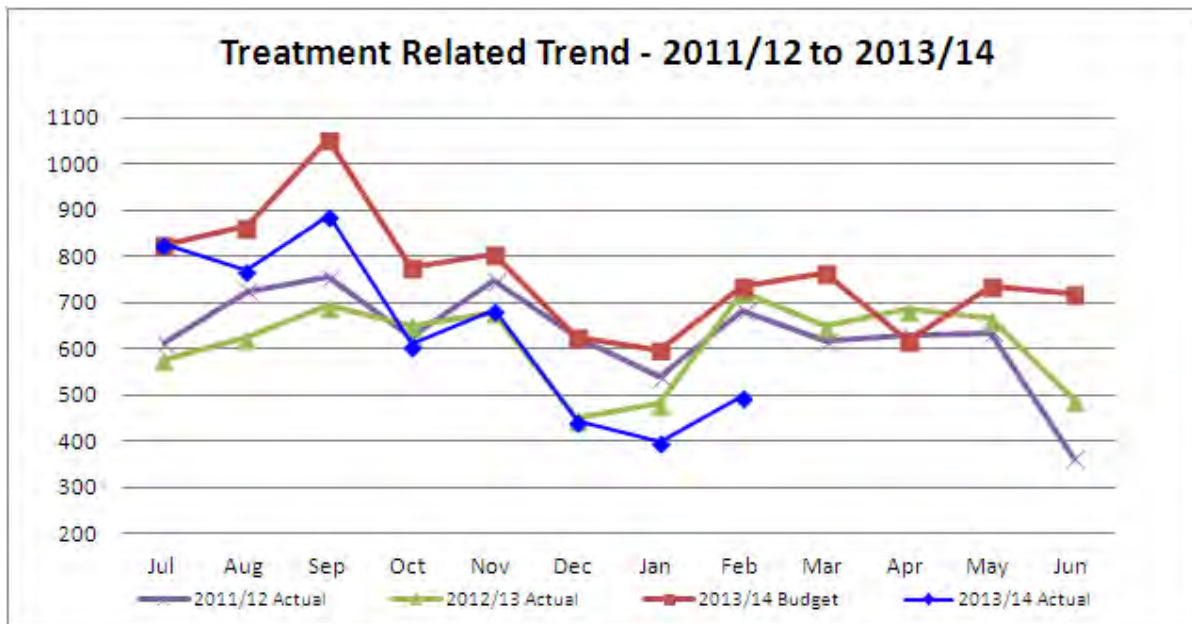
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc

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 2 FTE under our overall management and administration staff cap for February. 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	498	734	236	32%	✓	5,116	6,280	1,164	19%	✓



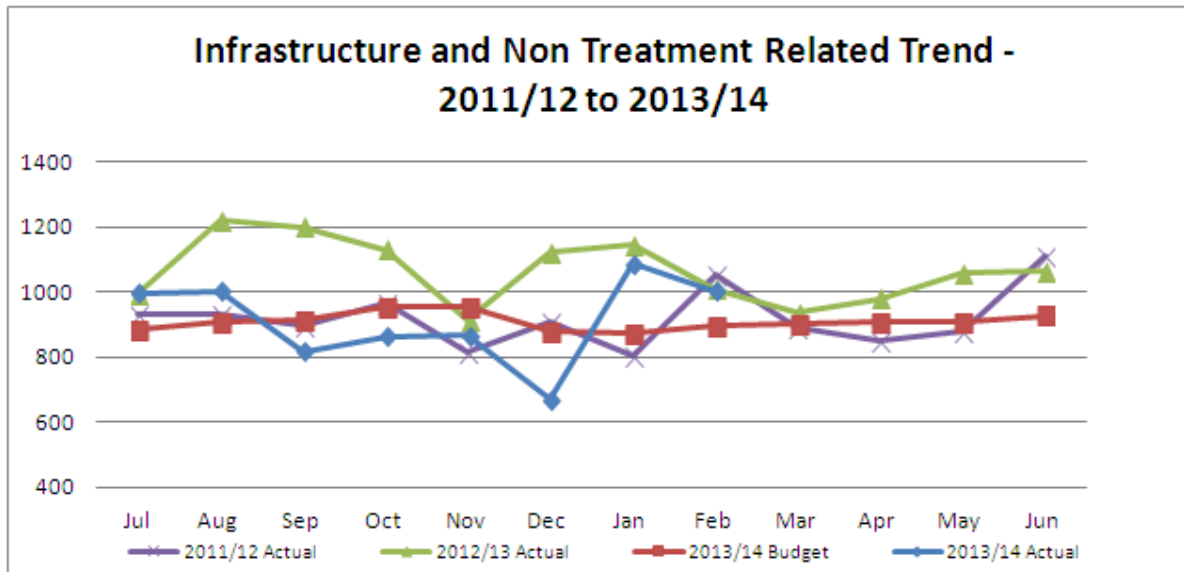
Treatment related costs were significantly underspent by 236k, (ytd \$1.164m), this is due to a number of factors including more robust contract management. We are forecasting the full years costs will be lower than budget.

KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, we are continuing to refine contract management practices to generate savings in these areas.

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	1,003	896	(107)	-12% X	7,307	7,264	(43)	-1% X



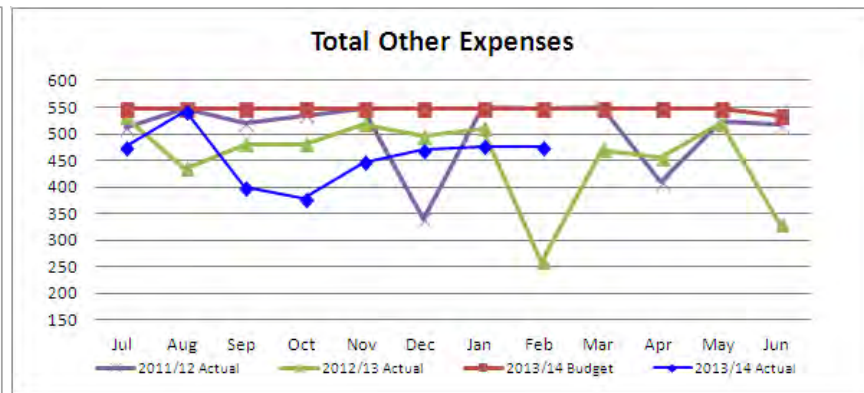
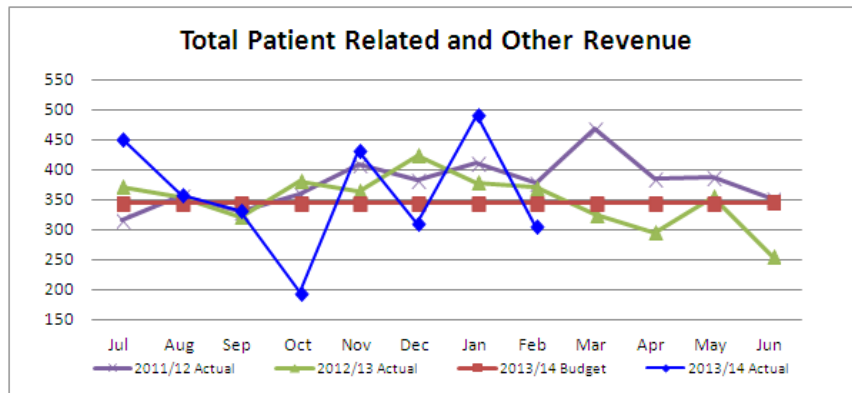
Facilities, IT and Telecommunications costs make up the bulk of this category. Timing factors have reversed the favourable trend from prior months. Forecast is for this category to remain largely on budget.

KEY RISKS AND ISSUES

Timing influences this category significantly, however overall we are continuing to monitor 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	41	20	21	105%	✓	406	160	246	154%	✓
Donations	-	4	(4)	-100%	✗	-	32	(32)	-100%	✗
Rental	16	19	(3)	-16%	✗	126	152	(26)	-17%	✗
Other	9	20	(11)	100%	✗	303	160	143	100%	✓
Total Other Revenue	66	63	3	5%	✓	835	504	331	66%	✓
Interest Expenses	57	54	(3)	-6%	✗	460	432	(28)	-6%	✗
Depreciation	350	424	74	17%	✓	2,648	3,392	744	22%	✓
Capital Charge Expenses	68	68	-	0%	✓	535	544	9	2%	✓
Total Other Costs	475	546	71	13%	✓	3,643	4,368	725	17%	✓



KEY RISKS AND ISSUES

Although Other revenue for the month is below budget this is predominantly due to timing, we fully expect the positive variance to budget ytd to continue for the rest of the year.

FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	9,343	11,388	(2,045)	-18% ✗	12,060
Cash	9,194	6,543	2,651	41% ✓	7,809

KEY RISKS AND ISSUES

The cash on hand position reflects that the funding to rectify the seismic strengthening has now been received.

APPENDIX 2: WEST COAST DHB STATEMENT OF FINANCIAL PERFORMANCE

Statement of comprehensive income

For period ending

28 February 2014

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
Operating Revenue										
Crown and Government sourced	10,981	10,930	51	0.5%	87,311	87,440	(129)	(0.1%)	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	24	(4)	(16.7%)	36	36
Inter District Flows Revenue	135	134	1	0.7%	1,075	1,072	3	0.3%	1,622	1,656
Patient Related Revenue	240	281	(41)	(14.6%)	1,953	2,248	(295)	(13.1%)	3,371	3,112
Other Revenue	66	63	3	4.8%	835	504	331	65.6%	759	1,088
Total Operating Revenue	11,422	11,411	11	0.1%	91,194	91,288	(94)	(0.1%)	136,944	134,833
Operating Expenditure										
Personnel costs	4,470	4,174	(296)	(7.1%)	35,887	35,031	(856)	(2.4%)	53,310	55,688
Outsourced Services	431	108	(323)	(299.1%)	3,489	1,978	(1,511)	(76.4%)	2,532	9,120
Treatment Related Costs	498	734	236	32.2%	5,116	6,280	1,164	18.5%	9,114	7,369
External Providers	2,544	2,946	402	13.6%	23,241	23,915	674	2.8%	35,866	29,843
Inter District Flows Expense	1,523	1,526	3	0.2%	12,222	12,208	(14)	(0.1%)	18,308	16,675
Outsourced Services - non clinical	133	123	(10)	(8.1%)	1,098	984	(114)	(11.6%)	1,460	1,445
Infrastructure and Non treatment related costs	1,249	896	(353)	(39.4%)	9,152	7,264	(1,888)	(26.0%)	10,915	12,787
Total Operating Expenditure	10,848	10,507	(341)	(3.2%)	90,205	87,660	(2,545)	(2.9%)	131,505	132,927
Result before Interest, Depn & Cap Charge	574	904	(330)	36.5%	989	3,628	(2,639)	72.7%	5,439	1,907
Interest, Depreciation & Capital Charge										
Interest Expense	57	54	(3)	(5.6%)	460	432	(28)	(6.5%)	642	650
Depreciation	104	424	320	75.5%	803	3,392	2,589	76.3%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0	535	544	9	1.7%	812	677
Total Interest, Depreciation & Capital Charge	229	546	317	58.1%	1,798	4,368	2,570	58.8%	6,539	5,482
Net Surplus/(deficit)	345	358	(13)	3.7%	(809)	(740)	(69)	(9.3%)	(1,100)	(3,576)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	345	358	(13)	3.7%	(809)	(740)	(69)	(9.3%)	(1,100)	(3,576)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

28 February 2014

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	24,897	29,709	(4,812)	(16.2%)	28,321
Intangible assets	537	1,162	(625)	(53.8%)	917
Work in Progress	3,930	528	3,402	644.3%	513
Other investments	121	2	119	5950.0%	2
Total non-current assets	29,485	31,401	(1,916)	(6.1%)	29,753
Current assets					
Cash and cash equivalents	9,194	6,543	2,651	40.5%	6,881
Patient and restricted funds	60	58	2	3.4%	58
Inventories	1,009	1,040	(31)	(3.0%)	1,044
Debtors and other receivables	1,651	4,614	(2,963)	(64.2%)	4,411
Assets classified as held for sale	136	136	0	0.00%	136
Total current assets	12,050	12,391	(341)	(2.8%)	12,530
Total assets	41,535	43,792	(2,257)	(8.9%)	42,283
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	14,195	12,195	2,000	16.4%	12,195
Employee entitlements and benefits	3,131	3,461	(330)	(9.5%)	3,152
Total non-current liabilities	17,326	15,656	1,670	10.7%	15,347
Current liabilities					
Interest-bearing loans and borrowings	250	250	0	0.00%	250
Creditors and other payables	6,689	8,374	(1,685)	(20.1%)	8,959
Employee entitlements and benefits	7,927	8,124	(197)	(2.4%)	8,190
Total current liabilities	14,866	16,748	(1,882)	(11.2%)	17,399
Total liabilities	32,192	32,404	(212)	(0.7%)	32,746
Equity					
Crown equity	69,729	71,729	(2,000)	(2.8%)	66,197
Other reserves	19,569	19,569	0	0.00%	19,569
Retained earnings/(losses)	(79,994)	(79,949)	(45)	0.1%	(76,268)
Trust funds	39	39	0	0.00%	39
Total equity	9,343	11,388	(2,045)	(18.0%)	9,537
Total equity and liabilities	41,535	43,792	(2,257)	(5.2%)	42,283

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending

28 February 2014

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
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	11,356	11,391	(35)	(0.3%)	91,098	91,128	(30)	(0.0%)	136,704	135,453
Cash paid to employees	(5,777)	(4,295)	(1,482)	34.5%	(40,813)	(37,066)	(3,800)	10.3%	(55,948)	(55,710)
Cash paid to suppliers	(938)	(1,740)	802	(46.1%)	(11,498)	(14,424)	2926	(20.3%)	(21,335)	(31,744)
Cash paid to external providers	(2,679)	(2,946)	267	(9.1%)	(24,316)	(23,915)	(401)	1.7%	(35,866)	(31,499)
Cash paid to other District Health Boards	(1,388)	(1,526)	138	(9.0%)	(11,147)	(12,208)	1061	(8.7%)	(18,308)	(15,019)
<i>Cash generated from operations</i>	574	884	(310)	(35.1%)	3324	3515	(244)	(6.9%)	5,247	1,480
Interest paid	(57)	(54)	(3)	5.6%	(460)	(432)	(28)	6.5%	(642)	(648)
Capital charge paid	(68)	(68)	0	0.00	(679)	(544)	1223	(224.8%)	(812)	(677)
Net cash flows from operating activities	449	762	(313)	(41.1%)	2185	2539	951	37.5%	3,793	155
Cash flows from investing activities										
Interest received	41	20	21	105.0%	406	160	246	153.8%	240	229
(Increase) / Decrease in investments	0	0	0		0	0	0		0	0
Acquisition of property, plant and equipment	(29)	(258)	229	(88.8%)	(1,506)	(2,064)	558	(27.0%)	(3,300)	(3,436)
Acquisition of intangible assets	0	(17)	17	(100.0%)	5	(136)	141	(103.7%)	0	(1,706)
Net cash flows from investing activities	12	(255)	267	(104.7%)	(1,095)	(2,040)	945	(46.3%)	(3,060)	(4,913)
Cash flows from financing activities										
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		2000	0	2000		0	0
Repayment of borrowings	0	0	0		0	0	0		0	0
Payment of finance lease liabilities										
Net cash flows from financing activities	0	0	0		1932	0	1932		0	3,532
Net increase in cash and cash equivalents	461	507	(46)	(9.1%)	3,022	499	3828	767.1%	1,765	(1,226)
Cash and cash equivalents at beginning of period	8,733	6,036	2697	44.7%	6,172	6,044	128	2.1%	6,044	7,398
Cash and cash equivalents at end of year	9,194	6,543	2,651	40.5%	9,194	6,543	3956	60.5%	7,809	6,172

APPENDIX 5: GOVERNANCE STATEMENT OF FINANCIAL PERFORMANCE

Includes direct Board costs, direct Committee costs, Planning & Funding operational costs

Governance Operating Statement

for the period ending

28 February 2014

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
Income										
Internal Revenue	54	69	(15)	(21.7%)	388	552	(164)	(29.7%)	826	828
Other income	0	0	0	0.00	0	0	0	0.00	0	66
Internal allocation from Provider Arm	112	78	34	43.6%	896	702	194	27.6%	1,053	1,320
Total income	166	147	19	12.9%	1,284	1,254	30	2.4%	1,879	2,214
Expenditure										
Employee benefit costs	51	47	(4)	(8.5%)	381	391	10	2.6%	602	531
Outsourced services	50	39	(11)	(28.2%)	319	312	(7)	(2.2%)	460	369
Other operating expenses	47	38	(9)	(23.7%)	415	304	(111)	(36.5%)	464	411
Democracy	18	24	6	25.0%	169	257	88	34.2%	353	194
Total expenses	166	148	(18)	(12.2%)	1,284	1,264	(20)	(1.6%)	1,879	1,505
Net Surplus / (Deficit)	0	(1)	1		0	(10)	10		0	709

CLINICAL LEADERS UPDATE

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 20 March 2014

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

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

Facilities Planning

The Clinical Leaders have been participating fully in the Partnership-Group led process to develop the outline of an affordable facility solution. Throughout this process, we have remained absolutely committed to ensuring that the Model of Care that we have collectively developed over the last 4 years could be delivered in an appropriate facility.

We are confident that we will be able to develop a workable facility that we can afford, that enables our Model of Care to be delivered and that therefore meets the needs of our community.

Workforce

The Allied Health Leadership proposal for change consultation closed at the end of January 2014. We received a large number of submissions and will be reviewing these and agreeing next steps this month. We continue to work on how we can recruit allied health professionals to Buller and have plans in place to ensure accesses to services are maintained.

The Nursing Entry to Practice Programme (NETP) has commenced for 2014, with a full complement of nurses on the funded programme. We have also employed additional new graduate nurses into the system and will be supporting them to complete the NETP programme. This is an important component of our workforce sustainability planning.

We are developing a workforce plan and staffing model within the maternity team, which will enable us to support more than one Midwifery First Year of Practice midwife (MFYP) midwife annually. With a West Coast Cohort graduating in 2015 it is important that we have this in place by the end of 2014.

There has been an increase in Health Workforce New Zealand (HWNZ) funding this year to support a larger number of nurses completing postgraduate qualifications. The focus remains on advanced health assessment, applied pharmacology and research. This ensures nurses are well supported and prepared to work to the full extent of their scope of practice, and for succession planning into advanced nursing roles.

Quality and Safety

The Clinical Credentialing Committee has been re-established at the West Coast DHB. Its role is to ensure that senior medical staff have the appropriate skills required to work at our facilities, and that the facilities we provide enable the doctors to do their work well. This is an important Quality Assurance activity for the organisation.

The Clinical Board, the Quality Team and Communications Team have submitted the West Coast DHB's Quality Accounts, and a copy will be provided to Board members as soon as minor adjustments have been made. Work continues on the various workstreams of the National Patient Safety Campaign Open for Better Care. We are also continuing the implementation of the recommendations from the Maternity and Review and service quality improvements in:

- maternity services
- mental health services (noting that we are working to finalise recommendations in relation to the mental health review)
- orthopaedics
- medical, surgical and emergency services.

The focus on falls risk reduction continues with a visit from Sandy Blake, Clinical Lead on falls for the Health Quality Safety Commission. Sandy worked with the clinical teams to acknowledge good systems in place and to further refine resources available to support risk reduction. This is an important focus for the whole of the West Coast Health System, with Sandy complimenting the whole of system approach implemented on the West Coast.

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 Bousfield, Director of Nursing & Midwifery
Stella Ward, Executive Director, Allied Health

2014 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

	20 March	1 May	12 June	24 July	11 September	23 October	27 November	2015
STANDING 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	
STANDARD REPORTS	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	
PLANNED ITEMS	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	
PRESENTATIONS	As required	As required	As required	As required	As required	As required	As required	
GOVERNANCE AND SECRETARIAT	2014 Draft Work Plan							
INFORMATION ITEMS:	Latest Board Agenda Chair's Report to Board from last meeting 2014 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2014 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2014 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2014 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2014 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2014 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2014 Schedule of Meetings	

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 28 NOVEMBER 2013



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 13 December 2013

Report Status – For: Decision ☐ Noting ☒ Information ☐

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 28 November 2013. Following confirmation of the minutes of that meeting at the next HAC meeting, full minutes of the 28 November 2013 meeting will be provided to the Board at its February 2014 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 – 28 November 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

As advised in my report to the last Board meeting a new look management report is progressively being rolled out to the Committee. I have attached to this report, for the information of Board members, the Elective Patient Journey flow chart which was presented at the meeting for the second time. Once the Acute Patient Journey and Allied Health Patient Journey have been embedded I will provide copies of these also.

The Committee noted that ESPI compliance was met for both ESPI 2 and ESPI 5 thus meeting our commitment to patients and avoiding any financial penalties.

Discussion took place regarding patients who did not attend appointments (DNAs) and the Committee noted that this is an absolute focus for the CBU as it is wasted capacity. Management are looking at alternative ways for notification to patients including ensuring the correct contact details are held.

Discussion also took place regarding the patients sent back to GP care and the Committee noted that this continues to be a key theme emerging from the Primary Care sector and work is taking place to improve this process.

FINANCE REPORT.

The Committee noted the favourable result against budget for the month of October 2013. It was also noted that the year to date position is also favourable.

CLINICAL LEADERS UPDATE

Karyn Kelly, Director of Nursing & Midwifery, presented this report which was provided to the Board at their last meeting.

GENERAL BUSINESS

- Michael Frampton, Programme Director advised the Committee of the appointment of the new General Manager, Grey/Westland, Mark Newsome, who will commence his role on 9 December 2013.
- The Chair advised of the resignation of Karen Hamilton from the Committee.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 28 November 2013.

Appendix 2: Elective Patient Journey

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 28 November 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**

10 October 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**

Dr Carol Atmore *11.45am – 12noon*

Chief Medical Officer

Karyn Kelly

Director of Nursing & Midwifery

7. **General Business**

12noon

ESTIMATED FINISH TIME

12.15pm

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.

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held St John, Waterwalk Road, Greymouth
Friday 21 February 2014 commencing at 10.00am

KARAKIA			10.00am
ADMINISTRATION			10.05am
Apologies			
1.	Interest Register		
	<i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>		
2.	Confirmation of the Minutes of the Previous Meeting		
	▪ 13 December 2013		
3.	Carried Forward/Action List Items		
REPORTS			10.15am
4.	Chair's Update	Dr Paul McCormack	10.15am – 10.25am
	(Verbal Update)	<i>Chairman</i>	
5.	Chief Executive's Update	David Meates	10.25am – 10.40am
		<i>Chief Executive</i>	
6.	Clinical Leader's Update	Dr Carol Atmore	10.40am – 10.50am
		<i>Chief Medical Officer</i>	
		Karyn Kelly	
		<i>Director of Nursing and Midwifery</i>	
		Stella Ward	
		<i>Executive Director, Allied Health</i>	
7.	Finance Report	Justine White	10.50am – 11.00am
		<i>General Manager, Finance</i>	
8.	Notice of Motion	Peter Neame	11.00am – 11.20am
	i. Birthing Facilities Buller	<i>Board Member</i>	
	ii. Greymouth Laundry		
9.	Health Benefits Shared Banking & Treasury Services Authorised Signatories	Justine White	11.20am – 11.30am
		<i>General Manager, Finance</i>	
10.	Proposed Committee Membership	Dr Paul McCormack	11.30am – 11.45am
		<i>Chairman</i>	
11.	Report from Committee Meetings		
	- Tatau Pomanau Advisory Group		
	20 February 2014	Elinor Stratford	11.45am – 11.50am
	Verbal Update	<i>Board Representative to Tatau Pounamu</i>	

12. Resolution to Exclude the Public

Board Secretariat

11.50am

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME

11.50am

NEXT MEETING

Friday 4 April 2014

WEST COAST DHB – MEETING SCHEDULE FOR 2014

DATE	MEETING	TIME	VENUE
Date to be Advised	QFARC	TBA	Boardroom, Corporate Office
Thursday 30 January 2014	Board/Committee Planning Day	9.00am	To be Confirmed
Friday 21 February 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 20 March 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 20 March 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 20 March 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 20 March 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 4 April 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 1 May 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 May 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 May 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 1 May 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 9 May 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 12 June 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 June 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 June 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 12 June 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 27 June 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 24 July 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 July 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 July 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 July 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 8 August 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 September 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 September 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 September 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 September 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 26 September 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 23 October 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 October 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 October 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 23 October 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 31 October 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 27 November 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 November 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 November 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 27 November 2014	TATAU POUNAMU	Specific Details to be Confirmed	
Friday 12 December 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth

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