

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

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# **HOSPITAL ADVISORY COMMITTEE MEETING**

**11am, 01 May 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 &amp; Funding</i> ) Karyn Bousfield ( <i>Director of Nursing &amp; 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 1 May 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

*20 March 2014*

3. Carried Forward/Action Items

### REPORTS/PRESENTATIONS

11.10am

4. Management Report

Mark Newsome 11.10am - 11.30am  
*General Manager Grey | Westland*

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. General Business

Sharon Pugh 12noon – 12.15pm  
*Chair*

### ESTIMATED FINISH TIME

12.15pm

### INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 4 April 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2014 Meeting Schedule

### NEXT MEETING:

**Date of Next Meeting:** 12 June 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 <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>
Kevin Brown <b>Deputy Chair</b> Board Member	<ul style="list-style-type: none"> <li>• Councillor, Grey District Council</li> <li>• Trustee, West Coast Electric Power Trust</li> <li>• Wife works part time at CAMHS</li> <li>• Patron and Member of West Coast Diabetes</li> <li>• Trustee, West Coast Juvenile Diabetes Association</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>
Peter Neame	<ul style="list-style-type: none"> <li>• President, Multiple Sclerosis Society, West Coast</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 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>
Peter Ballantyne <b>(Board Deputy Chair)</b> ex-officio	<ul style="list-style-type: none"> <li>• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired Partner, 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> <li>• Interim Acting Chair, Brackenridge Estate Limited</li> </ul>

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

**DRAFT**  
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**  
held in the Board Room, Grey Base Hospital, Corporate Office,  
on Thursday 20 March 2014, commencing at 11.00am

## **PRESENT**

Sharon Pugh (Chair); Kevin Brown (Deputy Chair); Paula Cutbush; Gail Howard; Richard Wallace; and Peter Ballantyne (ex-officio).

## **MANAGEMENT SUPPORT**

Michael Frampton (Programme Director), Gary Coghlan (General Manager, Maori Health); Mark Newsome (General Manager, Grey & Westland) Ralph La Salle (Acting Operations Manager); Karyn Bousfield (Director of Nursing & Midwifery); Philip Wheble (Team Leader, Planning & Funding); and Kay Jenkins (Minutes).

## **WELCOME**

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

## **APOLOGIES**

An apology for absence was received and accepted from Dr Paul McCormack

## **1. INTEREST REGISTER**

Peter Ballantyne advised that he is temporary Chair of Brackenridge Estate Limited.

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

## **2. CONFIRMATION OF PREVIOUS MEETING MINUTES**

### **Resolution (1/14)**

(Moved: Gail Howard/Seconded: Peter Ballantyne – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 28 November 2013 be confirmed as a true and correct record.

## **3. CARRIED FORWARD/ACTION ITEMS**

The Committee noted the carried forward items

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

Michael Frampton, Programme Director spoke to the Management Report, which was taken as read.

He highlighted the following most notable features:

- 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; and
- Recruitment for key positions continues.

The Committee discussed in detail the graphics summarising the Elective Patient Journey and also the Acute Patient Journey. These continue to be updated and improved and the Allied Health and Diagnostic Journey's will be added when they are able to be populated.

In regard to the Elective Patient Journey discussion took place in relation to presentation to the Emergency Department that could be treated in Primary Care. The Committee noted that the work being undertaken to improve access to Primary Care, as well as addressing this issue, is bringing to life the Integrated Family Health Care model.

A query was made regarding support for new graduate midwives and the Committee noted that there is a consolidated programme in place.

A query was also made regarding locum usage and the Programme Director advised that this remains a work in progress with the real emphasis being on recruitment plans to stabilise this workforce.

The Committee noted the excellent work being undertaken to achieve the Health Targets and commended staff for their efforts in this area.

The DHB still remains CLAB (Central Line Associated Bacterium) free. As at 3 March 2014 this has now been the case for 587 days.

Discussion took place regarding complaints trends and Mr Frampton advised that detailed information in relation to Clinical Incidents and any trends emerging from complaints are monitored by the Quality Finance Audit & Risk Committee.

#### **Resolution (2/14)**

(Moved: Kevin Brown/Seconded Paula Cutbush – 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 period ended 28 February 2014. The report was taken read.

Ms White advised that 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.

She also advised that the cash balance is significantly over budget due to a number of capex items being on hold while we await the outcome of the facilities Business Case.

A query was made regarding the increase in administration and management and the Committee noted that a number of positions in this area have been vacant for some time and we are still under the admin cap figure.

#### **Resolution (3/14)**

(Moved: Gail Howard/Seconded: Peter Ballantyne – carried)

That the Committee notes the financial report for the period ending 28 February 2014.

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

Karyn Bousfield, Director of Nursing & Midwifery, presented this report which was taken as read. She advised that a lot of work has taken place by Clinicians around the facilities Business Case over



the last couple of months.

Michael Frampton, Programme Director provided the Committee with an update on progress on the Facilities Business Case and advised that it was hoped to have some news regarding this at the end of April.

A query was made regarding whether management could foresee any difficulties in filling vacancies. Ms Bousfield commented that from a nursing perspective only the usual challenges were being experienced. Mr Frampton advised that the stabilisation of the Clinical Workforce, both in Primary Care and Hospital level services, remains a top priority for the organisation. He specifically noted the more recent success within the General Practitioner workforce, evidenced by wait times for GP appointments being down to 2 days across most of the West Coast. He also commented on ongoing challenges in the Allied Health space. The Committee noted that clarity about facilities would be important for providing the kind of certainty that can only assist ongoing recruitment endeavours.

The update was noted.

## **7. GENERAL BUSINESS**

The Chair asked members to think about any topics they would like to see covered by the Hospital Advisory Committee and submit to her for consideration.

There being no further business the meeting closed at 12.25pm

Confirmed as a true and correct record.

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Sharon Pugh, Chair

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Date

## 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

# MANAGEMENT REPORT

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

**SOURCE:** General Manager Grey Westland | General Manager Buller

**DATE:** 01 May 2014

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

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.

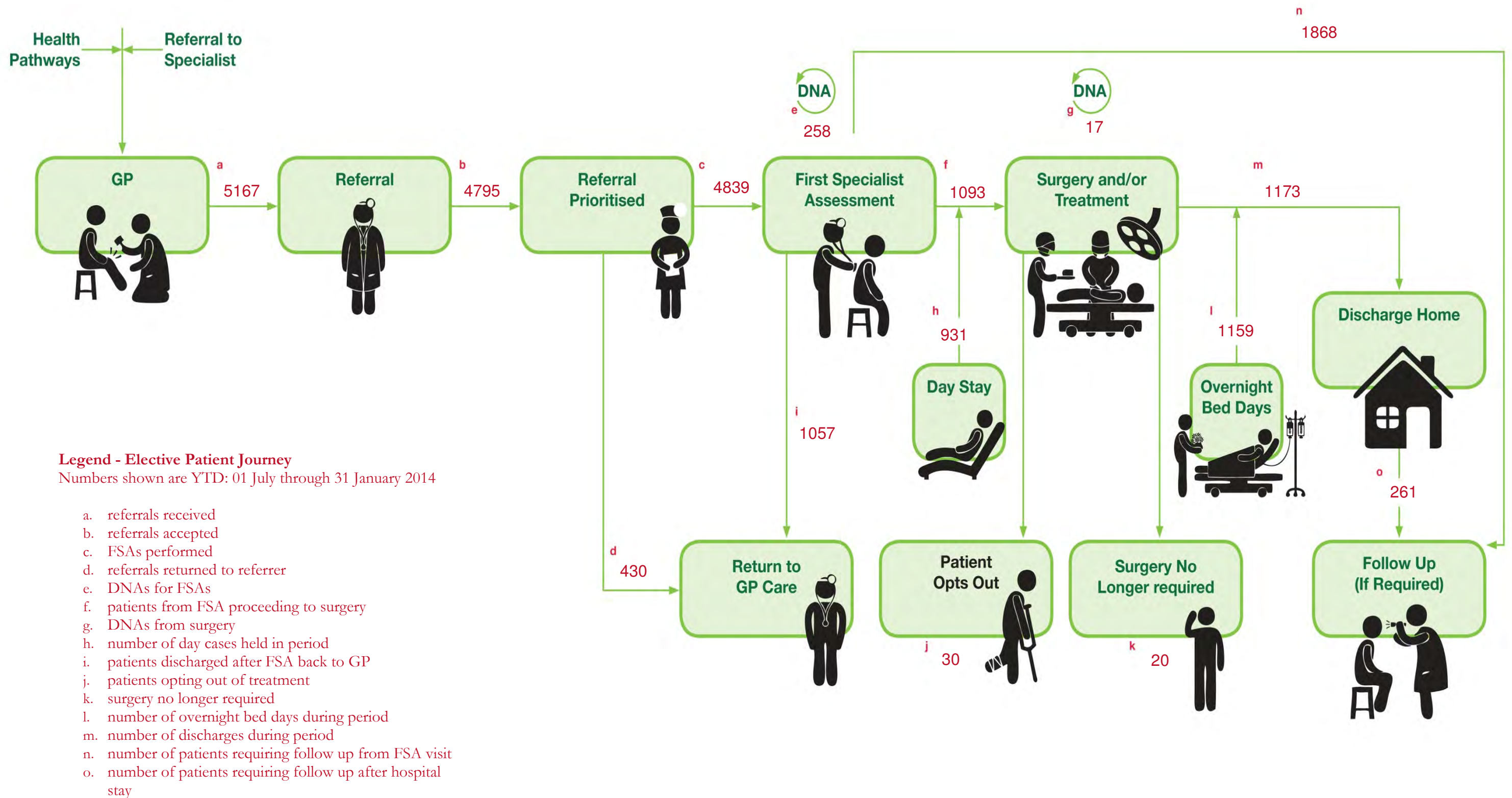
The following are the most notable features of the report:

- Consistent performance continues in most health target areas;
- Recruitment for an Associate Director of Allied Health is underway;
- Increased activity in the quality and safety sphere.

## 4. DISCUSSION

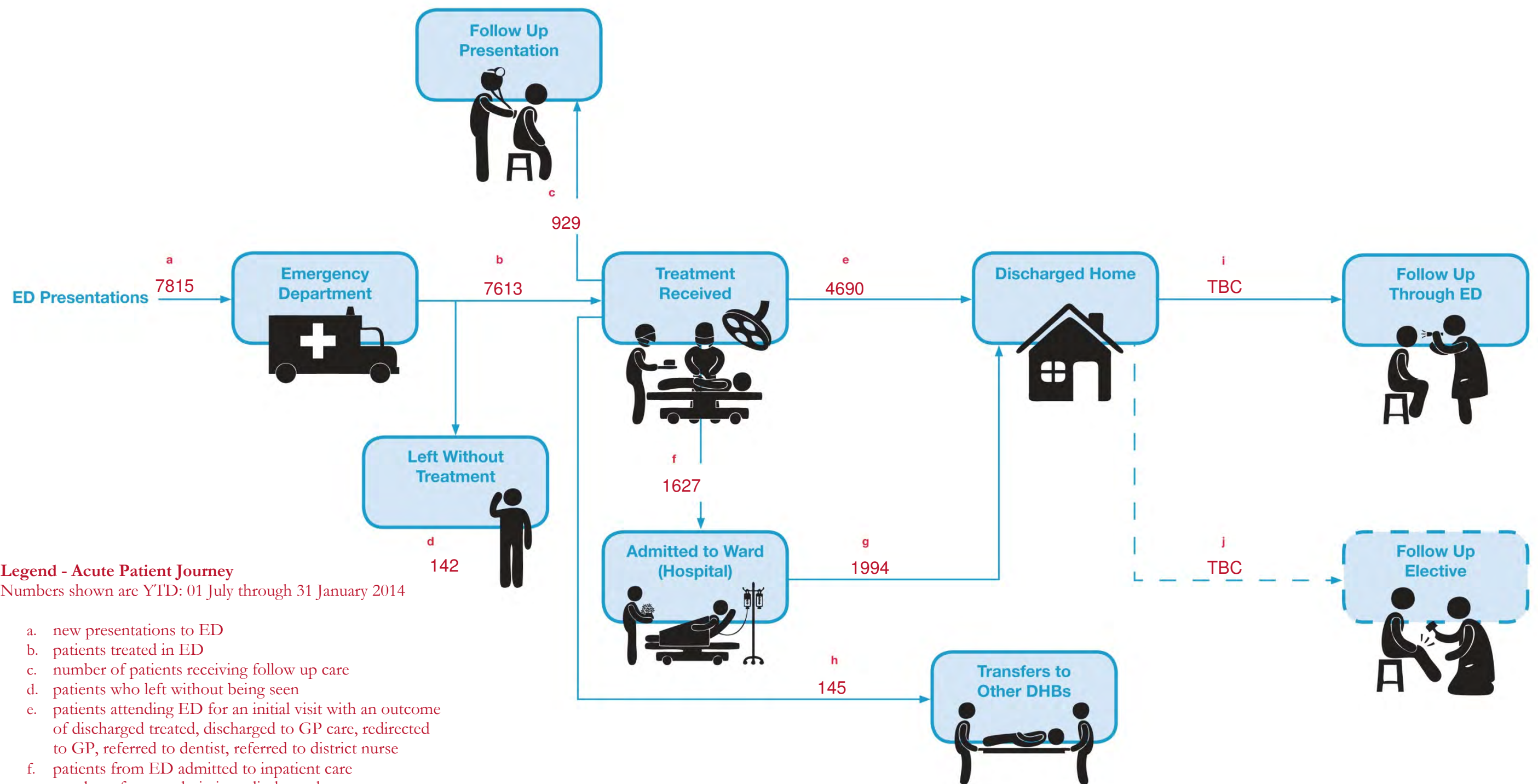
### 4.1 Activity

The following pages contain graphics summarising patient journeys.



# 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

## Volumes

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

### Inpatient Volumes

As at 31 March 2014, overall case-weighted [CWD] inpatient delivery was 13.2% beneath contracted volume for surgical specialty services and 4.9% 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	840.82	627.52	-213.30	- 25.4%
Elective	924.56	905.50	-19.06	-2.1 %
<b>Sub-Total Surgical:</b>	<b>1765.38</b>	<b>1533.02</b>	<b>-232.36</b>	<b>-13.2 %</b>
<b>Medical</b>				
Acute	1044.80	1093.71	49.63	4.7 %
Elective	0	0.37	0.37	0
<b>Sub-Total Medical:</b>	<b>1044.08</b>	<b>1094.08</b>	<b>50.00</b>	<b>4.8 %</b>
<b>TOTALS:</b>	<b>2809.46</b>	<b>2627.10</b>	<b>-182.36</b>	<b>- 6.5 %</b>

### Outpatient Volumes

As at 31 March 2014, outpatient delivery was 1.3% over contracted volume for surgical specialty services and 12.3% 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	2531	2567	36	1.4 %
Sub. Visit	4065	4116	51	1.2 %
<b>Sub-Total Surgical:</b>	<b>6596</b>	<b>6683</b>	<b>87</b>	<b>1.3 %</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1187	1175	-12	-1.0 %
Sub. Visit	2780	3279	500	18.0 %
<b>Sub-Total Medical:</b>	<b>3966</b>	<b>4454</b>	<b>488</b>	<b>12.3 %</b>
<b>TOTALS:</b>	<b>10562</b>	<b>11137</b>	<b>575</b>	<b>5.5%</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]
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%
March 2014	1941	1763	178	9.17%
<b>13 month rolling totals</b>	<b>23762</b>	<b>21738</b>	<b>2024</b>	<b>8.52% Average</b>

## 4.2 Workforce Update

### Nursing

- Registered Nurse appointments have been made to fill vacancies in both Barclay and Hannan Ward's, whilst recruitment continues for both of these areas along with Parfitt.
- The seconded Nurse Manager roles have been extended in order to enable sufficient time to consult on, and decide upon, an appropriate operational management structure. This has resulted in the following extension of secondments:
  - ✓ the Acting CNM for Morice Ward has been extended for another month as has the DNM role;
  - ✓ the Acting CNM for ED/OPD has been extended until the end of July.

Once these positions are filled, nursing staffing should be at established levels. Further work is being done on the recruitment campaign and there has been positive feedback on the campaign to date.

### Maternity Services

- There is active and ongoing consultation between the New Zealand College of Midwives (NZCOM), Kawatiri Action Group, Buller Midwives (self- employed lead maternity carers), Ministry of Health and the staff at Buller Hospital to progress the Buller workplan.
- Recruitment continues for two senior experienced midwives to join the team.
- Laura Aileone and Margaret Kyle have been contracted to work with accountable managers and clinical leaders across the Canterbury and West Coast health system to implement the outcomes of the West Coast Maternity Review.

### Allied Health

- Currently interviewing for an experienced dietician.
- Buller physiotherapy service continues to be supported from Grey, while recruiting for an experienced physiotherapist.

- Presentations at the Allied Health Summit in Hamilton were well received (Allied Health Assistant Project and Specialist Generalist Roles- Allied Health). Specialist generalist roles for allied health are on agendas for both Physiotherapy and Occupational Therapy National Leaders Meetings.
- Physiotherapy/Nursing – developing a consumer questionnaire for Enhanced Recovery after Surgery (ERAS) for orthopaedic patients. Gathering consumers views on current practice and increased interdisciplinary education prior to surgery.
- Paediatrics – reviewing local level agreement around Therapy Services with Ministry of Education, following inclusion of Speech and Language in the Memorandum of Understanding.
- Allied Health New Graduate/Juniors Interprofessional Learning and Support Group well underway.

### **Industrial Relations**

- Bargaining continues with the RDA representing Resident Doctors.
- Bargaining with combined unions, including the EPMU representing WCDHB employees, has made progress with a proposed settlement being taken to members by unions.
- Bargaining for the PSA Mental Health and Community Nurses continues. The DHB has responded to a number of information requests from DHBSS and PSA.
- Bargaining continues with the PSA representing Allied Health professionals. The DHB has responded to a number of information requests from DHBSS and PSA.
- Dates to begin bargaining with the PSA representing Home Based Support Workers will be set shortly.

### **Recruitment Vacancies - Monthly Summary – March 2014**

<b>New Vacancies</b>	<b>13</b>
<b>Total Open Vacancies</b>	<b>37</b>
<b>Total FTE Recruiting</b>	<b>46</b>
<b>Appointed Vacancies</b>	<b>14</b>
<b>Total FTE Appointed</b>	<b>13.6</b>

Recruitment activity has declined in the last month and we are actively recruiting to 37 vacancies [Allied Health 9, Nursing 12, Corporate & Support Services 7, Senior Medical Officers 8, Resident Medical Officers 1]. Nursing vacancies are steadily being filled and levels of nursing vacancies have steadied again since the increase experienced early in 2014. A campaign to augment active advertising for Nursing and Midwifery across the region has been implemented with a focus on employee and community referral and utilisation of social networks. An Anaesthetist has been successfully appointed and a job offer has been made to a General Surgeon.

## **4.3 Patient**

### **Patient Transfers**

- The number of patients transferred to tertiary centres was 32 for February and 38 for March 2014. All patients were transferred to CDHB apart from a mother and twins that were sent to Wellington Hospital.
- There were 20 transfers made from Buller to Grey Base Hospital in February and 22 in March 2014.



- Six transfers were made from Reefton to Grey Base for February and four for March 2014.

These totals include private motor vehicle transfers and hospital board car transfers also.

#### 4.4 Health Targets

Target	Q3 13/14	Target	Status	Current											
<b>Shorter Stays in ED</b> <i>Patients admitted, discharged or transferred from an ED within 6 hours</i>	99.6%	95%	✓	<table><tr><th colspan="2">1 July 2013 – March 2014</th><td rowspan="5"><i>This report is calculated from Arrived time to Departed time. It combines the three Emergency Departments—Grey, Buller &amp; Reefton.</i></td></tr><tr><td>Over 6 hrs</td><td>13</td></tr><tr><td>Under 6 hrs</td><td>3465</td></tr><tr><td>Total Attendances</td><td>3478</td></tr><tr><td><b>Result</b></td><td><b>99.6%</b></td></tr></table> <p>The West Coast DHB continues to achieve the <b>Shorter Stays in Emergency Department Health Target</b>, with 99.6% of people admitted or discharged within six hours during the 2013/14 year to 31 March 2014 – well above the target of 95%.</p>	1 July 2013 – March 2014		<i>This report is calculated from Arrived time to Departed time. It combines the three Emergency Departments—Grey, Buller &amp; Reefton.</i>	Over 6 hrs	13	Under 6 hrs	3465	Total Attendances	3478	<b>Result</b>	<b>99.6%</b>
1 July 2013 – March 2014		<i>This report is calculated from Arrived time to Departed time. It combines the three Emergency Departments—Grey, Buller &amp; Reefton.</i>													
Over 6 hrs	13														
Under 6 hrs	3465														
Total Attendances	3478														
<b>Result</b>	<b>99.6%</b>														
<b>Improved Access to Elective Surgery</b> <i>West Coast's volume of elective surgery</i>	1,042 YTD*	1,046 YTD	✗	At just <b>four cases behind target</b> , delivering <b>1,042 discharges</b> in the nine months to 31 <sup>st</sup> March 2014, against the 1,046 year-to-date target, the West Coast DHB expects to meet the target by financial year end.											
<b>Shorter Waits for Cancer Treatment</b> <i>People needing cancer radiation therapy or chemotherapy having it within four weeks</i>	100%	100%	✓	West Coast continues to achieve the cancer treatment health target, with <b>100%</b> of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.											
<b>Better Help for Smokers to Quit</b> <i>Hospitalised smokers receiving help and advice to quit</i>	95%*	95%	✓	In <b>February 2014</b> , West Coast DHB staff provided <b>95%</b> of hospitalised smokers with smoking cessation advice and support – meeting the targeted 95% for the Secondary Care Better Help for Smokers to Quit Health Target. This is a promising increase from the disappointing 86% result for Quarter 2. Actions previously reported continue to drive this change towards meeting the target for Quarter 3.											

#### Elective Services Patient Indicators [ESPI Compliance]

- **ESPI targets:** Two patients (one ophthalmology and one urology) exceeded the maximum 150 days' target wait time for First Specialist Appointment (ESPI 2) as at the end of February 2014; with one orthopaedic patient also over the maximum 5-month waiting time target for treatment (ESPI 5). All three have subsequently been attended, and the ESPI targets are being met.
- All DHBs are expected to maintain waiting times for both ESPI 2 and ESPI 5 to a maximum of 5 months (150 days) throughout the 2013/14 year. We expect to meet this target overall.

## 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			2014			2014					
	Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
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	18 of 18	100.0%	0	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 (FSA).	35	3.7%	-35	64	6.5%	-64	0	0.0%	0	0	0.0%	0	4	0.5%	-4	7	0.8%	-7	1	0.1%	-1	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	2	0.2%	-2
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	6	0.4%	-6	0	0.0%	0	0	0.0%	0	1	0.1%	-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	1	0.1%	-1
5. Patients given a commitment to treatment but not treated within the required timeframe.	13	3.6%	-13	9	2.7%	-9	7	2.6%	-7	0	0.0%	0	4	1.6%	-4	0	0.0%	0	0	0.0%	0	0	0.0%	0	3	1.4%	-3	0	0.0%	0	0	0.0%	0	1	0.4%	-1
6. Patients in active review who have not received a clinical assessment within the last six months.	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	0	X	0	0	X	0	0	X	0	0	X	0	0	0.0%	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	97	100.0%	0	145	100.0%	0	151	100.0%	0	150	100.0%	0	151	100.0%	0	146	100.0%	0	151	100.0%	0	138	100.0%	0	125	100.0%	0	89	100.0%	0	159	100.0%	0	144	100.0%	0

Data Warehouse Refresh Date: 05/Apr/2014

Report Run Date: 07/Apr/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 6 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 6 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 0.39%, 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 4.99%, and Red if 5% or higher.
10. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
11. 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 Electives team if you have any queries about ESPIs ([elective\\_services@moh.govt.nz](mailto:elective_services@moh.govt.nz)).

## 4.5 Quality

### Malnutrition Screening Tool

- Work is well underway to implementing the MST (Malnutrition Screening Tool). Patients with malnutrition are known to have longer lengths of hospital stay, increased costs for their care and poorer outcomes. Malnutrition is also associated with increased morbidity and mortality, falls and readmission to hospital. The MST is a simple procedure used by nursing and medical staff to detect those who have a significant nutritional problem or significant risk of such problems, in order to initiate and implement nutrition therapy. This tool has been developed by Jen Brand (Registered Dietician) in conjunction with CDHB, Mental Health Services and inpatient units of the WCDHB. The draft has been sent out to CNMs for consultation and feedback.

### Incidents | Complaints | Compliments

- At the HAC meeting of 20 March 2014, committee members requested that the Management Report provided a summary of any themes emerging from complaints received by the DHB. The Programme Director noted that QFARC has a specific responsibility in relation to quality of services provided but agreed that it was quite appropriate for a summary of any themes emerging from complaints to be provided to the Hospital Advisory Committee on an ongoing basis. To that end, this will be a regular component of the Management Report.

In regard to complaints, for the calendar year to date there have been nine. The majority of these relate to staff communication. Feedback is provided to individual staff and clinical areas concerned when issues such as these are identified by consumers. It is however worth noting, that in the same period there have been three compliments received in regard to treatment and staff communication.

### Documentation Audit

- The Quality team carried out a documentation audit during the month of October 2013 and this has been analysed to provide a baseline for a future documentation audit to take place in May. Key themes for improvement will be provided to all staff via education and staff newsletters, etc.

### Maternity Website

- The Maternity Quality Safety Group recognised the need to provide education and on-line support for pregnant women and mothers on the West Coast. This is being developed in collaboration with CDHB and the indications are that this will go live at the end of June 2014. A communication strategy is the next step to launching the site

### Feedback Management System

- The updated system for recording feedback (compliments, complaints and suggestions) is up and running and a lot of work has been done across services in clearing the backlog of unresolved complaints. The system links related documents back to the spreadsheet and records timeframes. The intranet (internal web system) is still available for staff to record complaints. However, the feedback spreadsheet provides more meaningful data on timelines, categories for later analysis, etc.

### CLAB [Central line associated bacterium]

- Since July 2012 the West Coast DHB (when we joined the national CLAB project) have had only 1 CLAB and none since. As of 14 April 2014 the West Coast DHB has been 629 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:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 2014



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

**SOURCE:** Finance

**DATE:** 1 May 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 District Health Board and other financial related matters.

## 2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the period ended 31 March 2014.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of March 2014 was a deficit of \$0.326m, which was \$0.010m favourable against the budgeted deficit of \$0.336m. The year to date position is now \$0.059m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,971	6,873	98	✓	61,577	61,872	(295)	×
Governance & Administration	166	150	16	✓	1,450	1,404	46	✓
Funds & Internal Eliminations	4,433	4,388	45	✓	39,737	39,423	314	✓
	11,570	11,411	159	✓	102,764	102,699	65	✓
<b>EXPENSES</b>								
Provider								
Personnel	4,491	4,718	227	✓	39,997	39,358	(639)	×
Outsourced Services	703	195	(508)	×	4,971	2,845	(2,126)	×
Clinical Supplies	736	765	29	✓	5,852	7,045	1,193	✓
Infrastructure	1,062	924	(138)	×	8,681	8,329	(352)	×
	6,992	6,602	(390)	×	59,501	57,577	(1,924)	×
Governance & Administration	166	151	(15)	×	1,450	1,415	(35)	×
Funds & Internal Eliminations	4,262	4,448	186	✓	38,829	39,869	1,040	✓
<b>Total Operating Expenditure</b>	11,420	11,201	(219)	×	99,780	98,861	(919)	×
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	150	210	(60)	×	2,984	3,838	(854)	×
<b>Interest, Depreciation &amp; Capital Charge</b>	476	546	70	✓	4,119	4,914	795	✓
<b>Net surplus/(deficit)</b>	(326)	(336)	10	✓	(1,135)	(1,076)	(59)	×

#### **4. APPENDICES**

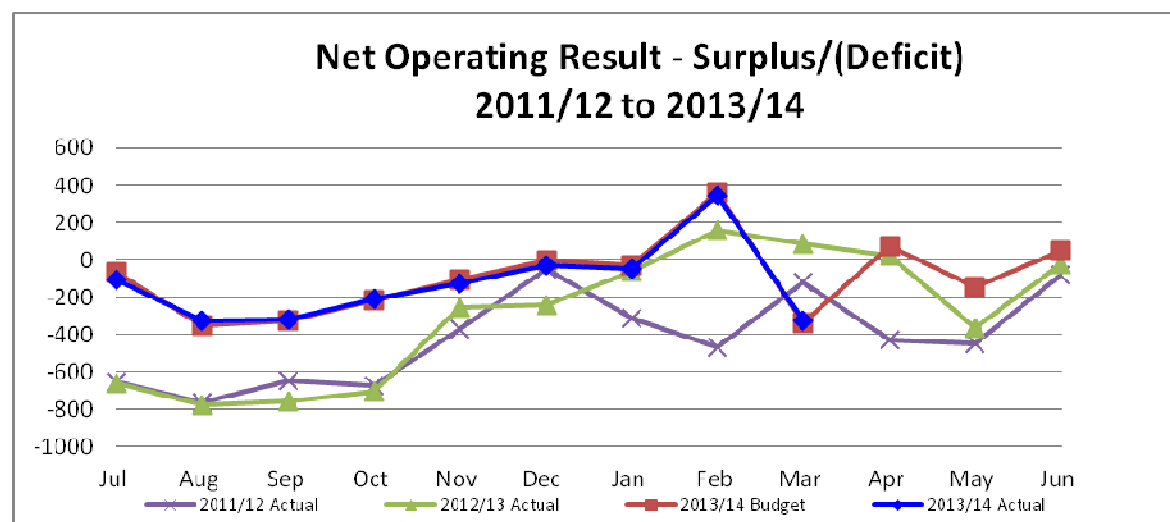
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

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

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – MARCH 2014

	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
	\$'000	\$'000	\$'000		\$'000	\$'000	\$'000	
Surplus/(Deficit)	(326)	(336)	10	-3% ✓	(1,135)	(1,076)	(59)	6% ✗



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.

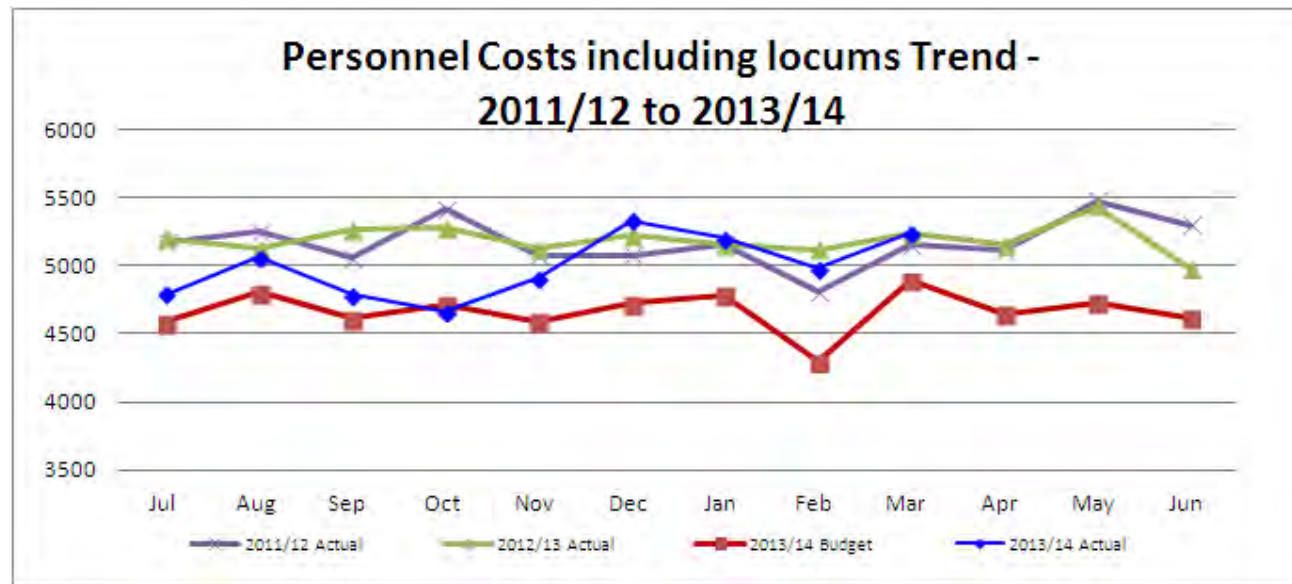
### KEY RISKS AND ISSUES

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	1,664	1,287	(377)	-29%	✗	12,571	11,609	(962)	-8%	✗
Nursing	1,984	2,103	119	6%	✓	19,043	17,987	(1,056)	-6%	✗
Allied Health	794	763	(31)	-4%	✗	6,568	6,293	(275)	-4%	✗
Support	117	122	5	4%	✓	1,045	1,083	38	4%	✓
Management & Admin	686	617	(69)	-11%	✗	5,759	5,033	(726)	-14%	✗
<b>Total</b>	<b>5,245</b>	<b>4,892</b>	<b>(353)</b>			<b>44,986</b>	<b>42,005</b>	<b>(2,981)</b>		



Personnel costs are unfavourable for the month, although these are influenced by activity. 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.

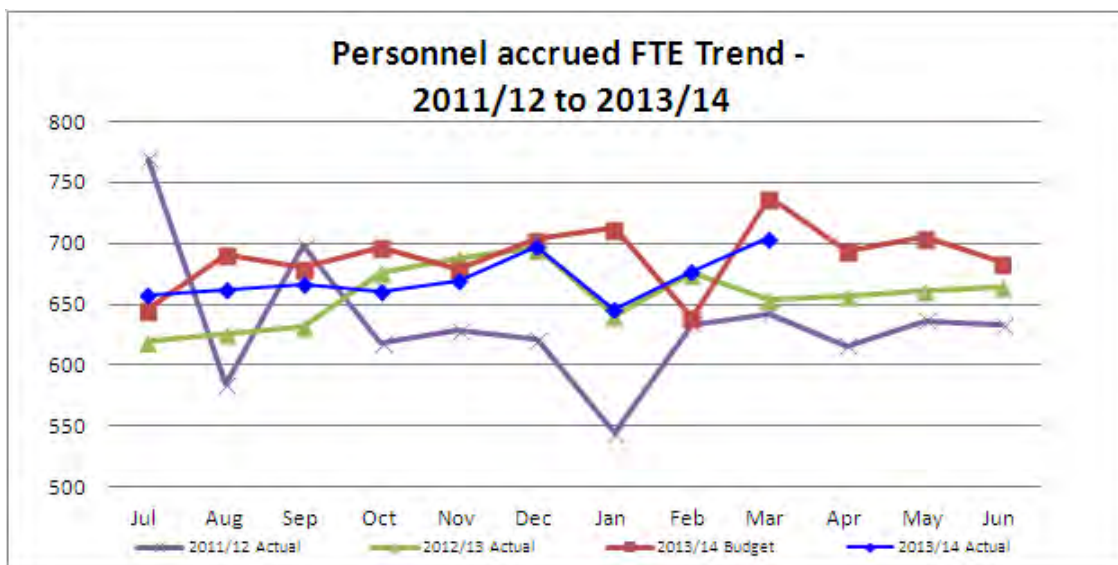
## KEY RISKS AND ISSUES

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	44	56	12	21%	✓	41	50	9	18%	✓
Nursing	330	343	13	4%	✓	326	326	-	0%	✓
Allied Health	165	170	5	3%	✓	149	154	5	4%	✓
Support	26	29	3	10%	✓	26	28	2	7%	✓
Management & Admin	139	140	1	1%	✓	128	125	(3)	-2%	✗
<b>Total</b>	<b>704</b>	<b>738</b>	<b>34</b>			<b>670</b>	<b>683</b>	<b>13</b>		



Accrued FTE is influenced by leave taken throughout the period, current YTD reflects higher use of Locums.

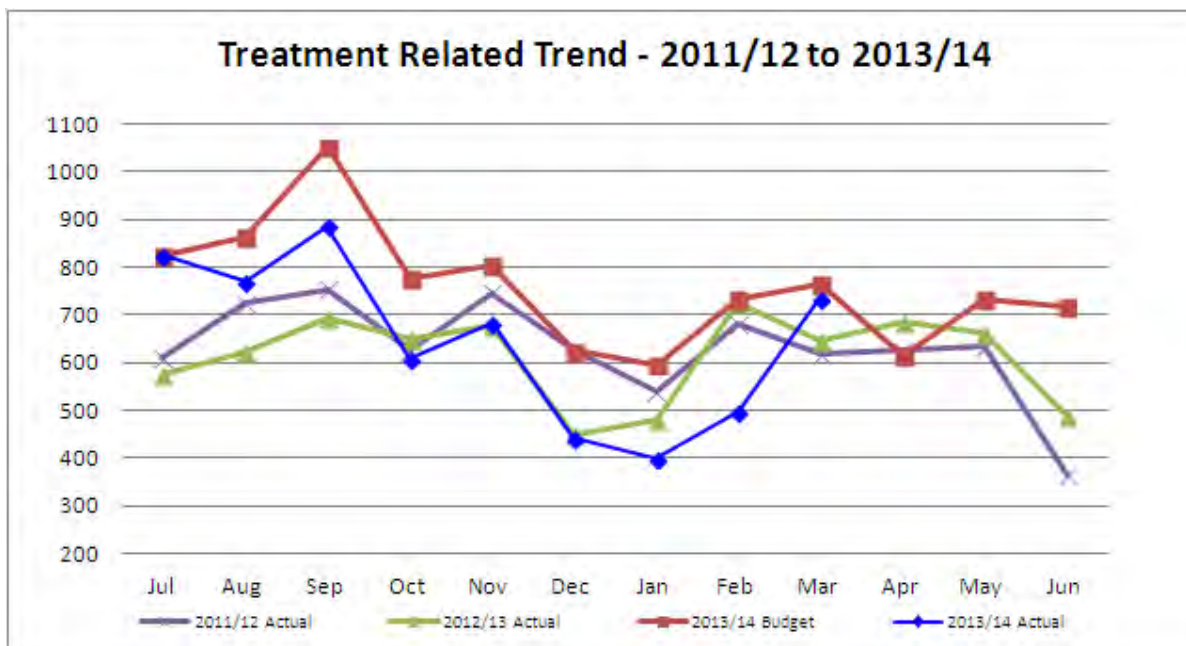
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

## 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 March. 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	736	765	29	4%	✓	5,852	7,045	1,193	17% ✓



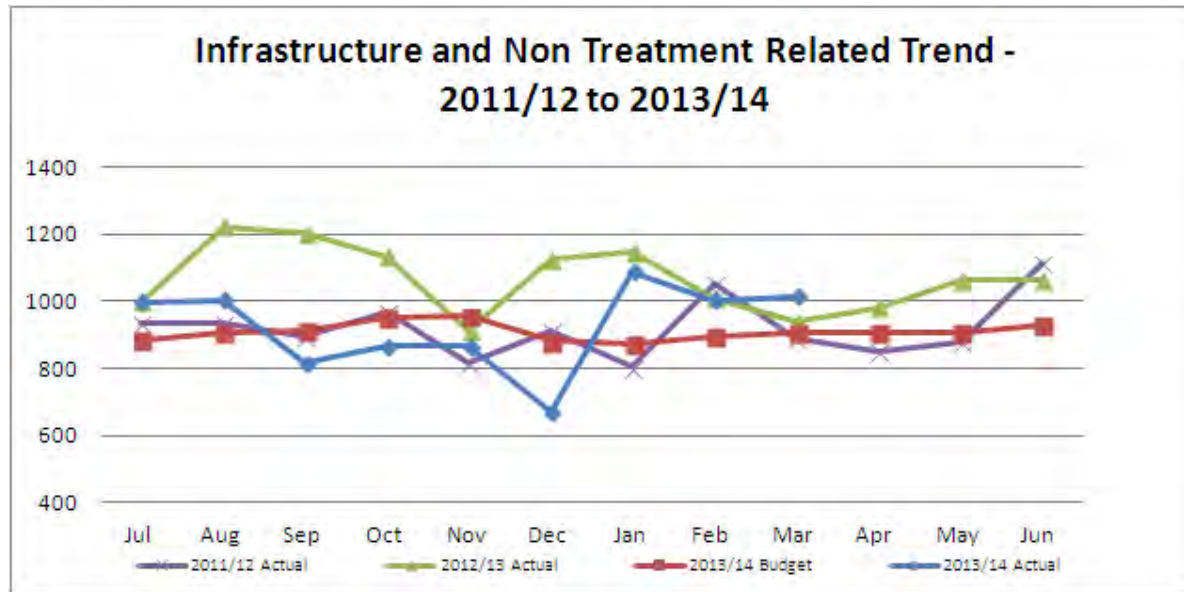
Treatment related costs are significantly underspent year to date, this is due to a number of factors including more robust contract management. We are forecasting that this trend will continue and that the full years costs will be lower than budget.

## 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	1,014	905	(109)	-12% <span style="color: red;">✗</span>	8,321	8,169	(152)	-2% <span style="color: red;">✗</span>



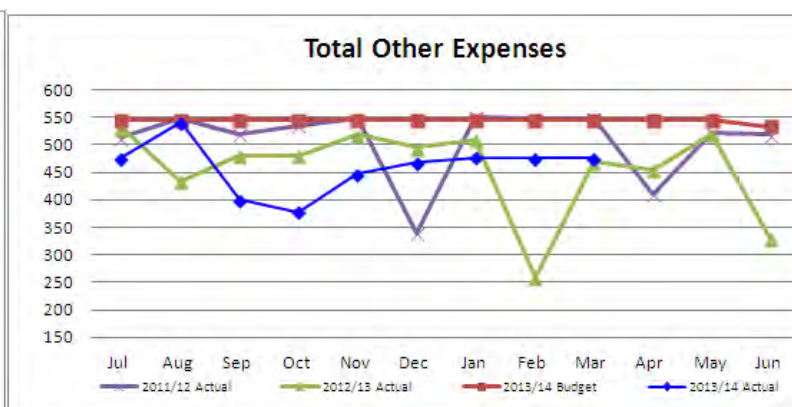
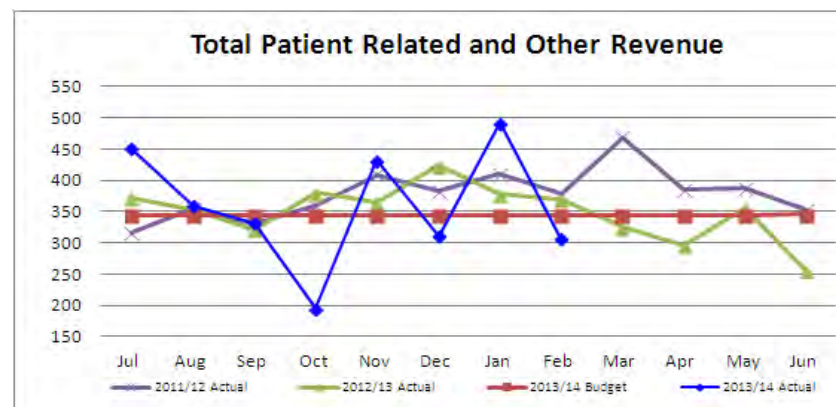
Facilities, IT and Telecommunications costs make up the bulk of this category. Timing factors have reversed the favourable trend from prior months. Forecast is for this category to remain largely on budget.

## 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	45	20	25	125%	✓	451	180	271	151% ✓
Donations	-	4	(4)	-100%	✗	-	36	(36)	-100% ✗
Rental	1	19	(18)	-95%	✗	127	171	(44)	-26% ✗
Other	25	20	5	100%	✓	328	180	148	100% ✓
<b>Total Other Revenue</b>	<b>71</b>	<b>63</b>	<b>8</b>	<b>13%</b>	<b>✓</b>	<b>906</b>	<b>567</b>	<b>339</b>	<b>60%</b> ✓
Interest Expenses	64	54	(10)	-19%	✗	524	486	(38)	-8% ✗
Depreciation	344	424	80	19%	✓	2,992	3,816	824	22% ✓
Capital Charge Expenses	68	68	-	0%	✓	603	612	9	1% ✓
<b>Total Other Costs</b>	<b>476</b>	<b>546</b>	<b>70</b>	<b>13%</b>	<b>✓</b>	<b>4,119</b>	<b>4,914</b>	<b>795</b>	<b>16%</b> ✓



## KEY RISKS AND ISSUES

Other revenue for the month is above budget, 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	9,017	11,052	(2,035)	-18%	✗	12,060
Cash	9,060	6,356	2,704	43%	✓	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

31 March 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
<b>Operating Revenue</b>										
Crown and Government sourced	11,129	10,930	199	1.8%	98,440	98,370	70	0.1%	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	27	(7)	(25.9%)	36	36
Inter District Flows Revenue	135	134	1	0.7%	1,210	1,206	4	0.3%	1,622	1,656
Patient Related Revenue	235	281	(46)	(16.4%)	2,188	2,529	(341)	(13.5%)	3,371	3,112
Other Revenue	71	63	8	12.7%	906	567	339	59.8%	759	1,088
<b>Total Operating Revenue</b>	<b>11,570</b>	<b>11,411</b>	<b>159</b>	<b>1.4%</b>	<b>102,764</b>	<b>102,699</b>	<b>65</b>	<b>0.1%</b>	<b>136,944</b>	<b>134,833</b>
<b>Operating Expenditure</b>										
Personnel costs	4,544	4,768	224	4.7%	40,431	39,799	(632)	(1.6%)	53,310	55,688
Outsourced Services	693	111	(582)	(524.3%)	4,182	2,089	(2,093)	(100.2%)	2,532	9,120
Treatment Related Costs	736	765	29	3.8%	5,852	7,045	1,193	16.9%	9,114	7,369
External Providers	2,849	3,003	154	5.1%	26,090	26,918	828	3.1%	35,866	29,843
Inter District Flows Expense	1,525	1,526	1	0.1%	13,747	13,734	(13)	(0.1%)	18,308	16,675
Outsourced Services - non clinical	59	123	64	52.0%	1,157	1,107	(50)	(4.5%)	1,460	1,445
Infrastructure and Non treatment related costs	1,256	905	(351)	(38.8%)	10,408	8,169	(2,239)	(27.4%)	10,915	12,787
<b>Total Operating Expenditure</b>	<b>11,662</b>	<b>11,201</b>	<b>(461)</b>	<b>(4.1%)</b>	<b>101,867</b>	<b>98,861</b>	<b>(3,006)</b>	<b>(3.0%)</b>	<b>131,505</b>	<b>132,927</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(92)</b>	<b>210</b>	<b>(302)</b>	<b>143.8%</b>	<b>897</b>	<b>3,838</b>	<b>(2,941)</b>	<b>76.6%</b>	<b>5,439</b>	<b>1,907</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	64	54	(10)	(18.5%)	524	486	(38)	(7.8%)	642	650
Depreciation	102	424	322	75.9%	905	3,816	2,911	76.3%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0	603	612	9	1.5%	812	677
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>234</b>	<b>546</b>	<b>312</b>	<b>57.1%</b>	<b>2,032</b>	<b>4,914</b>	<b>2,882</b>	<b>58.6%</b>	<b>6,539</b>	<b>5,482</b>
<b>Net Surplus/(deficit)</b>	<b>(326)</b>	<b>(336)</b>	<b>10</b>	<b>2.9%</b>	<b>(1,135)</b>	<b>(1,076)</b>	<b>(59)</b>	<b>(5.5%)</b>	<b>(1,100)</b>	<b>(3,576)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>(326)</b>	<b>(336)</b>	<b>10</b>	<b>2.9%</b>	<b>(1,135)</b>	<b>(1,076)</b>	<b>(59)</b>	<b>(5.5%)</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 March 2014

*in thousands of New Zealand dollars*

	Actual	Budget	Variance	%Variance	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	26,022	29,600	(3,578)	(12.1%)	26,613
Intangible assets	1,458	1,122	336	29.9%	790
Work in Progress	2,356	528	1,828	346.2%	3,296
Other investments	132	2	130	6500.0%	0
<b>Total non-current assets</b>	<b>29,968</b>	<b>31,252</b>	<b>(1,284)</b>	<b>(4.1%)</b>	<b>30,699</b>
<b>Current assets</b>					
Cash and cash equivalents	9,060	6,356	2,704	42.5%	7,417
Patient and restricted funds	60	58	2	3.4%	60
Inventories	1,004	1,040	(36)	(3.5%)	1,022
Debtors and other receivables	3,223	4,614	(1,391)	(30.1%)	3,114
Assets classified as held for sale	136	136	0	0.00%	136
<b>Total current assets</b>	<b>13,483</b>	<b>12,204</b>	<b>1,279</b>	<b>10.5%</b>	<b>11,749</b>
<b>Total assets</b>	<b>43,451</b>	<b>43,456</b>	<b>(5)</b>	<b>6.4%</b>	<b>42,448</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	14,195	12,195	2,000	16.4%	12,195
Employee entitlements and benefits	3,164	3,461	(297)	(8.6%)	3,475
<b>Total non-current liabilities</b>	<b>17,359</b>	<b>15,656</b>	<b>1,703</b>	<b>10.9%</b>	<b>15,670</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	250	250	0	0.00%	250
Creditors and other payables	7,832	8,374	(542)	(6.5%)	8,142
Employee entitlements and benefits	8,993	8,124	869	10.7%	8,273
<b>Total current liabilities</b>	<b>17,075</b>	<b>16,748</b>	<b>327</b>	<b>2.0%</b>	<b>16,665</b>
<b>Total liabilities</b>	<b>34,434</b>	<b>32,404</b>	<b>2,030</b>	<b>6.3%</b>	<b>32,335</b>
<b>Equity</b>					
Crown equity	69,729	71,729	(2,000)	(2.8%)	69,729
Other reserves	19,569	19,569	0	0.00%	19,569
Retained earnings/(losses)	(80,320)	(80,285)	(35)	0.0%	(79,224)
Trust funds	39	39	0	0.00%	39
<b>Total equity</b>	<b>9,017</b>	<b>11,052</b>	<b>(2,035)</b>	<b>(18.4%)</b>	<b>10,113</b>
<b>Total equity and liabilities</b>	<b>43,451</b>	<b>43,456</b>	<b>(5)</b>	<b>(0.0%)</b>	<b>42,448</b>



## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

### Statement of cash flows

For period ending

31 March 2014

in thousands of New Zealand dollars

#### Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

#### Net cash flows from operating activities

#### Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

#### Net cash flows from investing activities

#### Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

#### Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date				2013/14	2012/13
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
9,903	11,391	(1,488)	(13.1%)	101,001	102,519	(1,518)	(1.5%)	136,704	135,453
(4,148)	(4,892)	744	(15.2%)	(44,961)	(41,958)	(3,003)	7.2%	(55,948)	(55,710)
(740)	(1,780)	1040	(58.4%)	(12,238)	(16,204)	3966	(24.5%)	(21,335)	(31,744)
(2,984)	(3,003)	19	(0.6%)	(27,300)	(26,918)	(382)	1.4%	(35,866)	(31,499)
(1,390)	(1,526)	136	(8.9%)	(12,537)	(13,734)	1197	(8.7%)	(18,308)	(15,019)
641	190	451	237.0%	3965	3705	260	7.0%	5,247	1,480
(64)	(54)	(10)	18.5%	(524)	(486)	(38)	7.8%	(642)	(648)
(68)	(68)	0	0.0%	(747)	(612)	(135)	22.1%	(812)	(677)
509	68	441	646.5%	2694	2607	87	3.3%	3,793	155
45	20	25	125.0%	451	180	271	150.6%	240	229
0	0	0		0	0	0		0	0
(688)	(258)	(430)	166.7%	(2,194)	(2,322)	128	(5.5%)	(3,300)	(3,436)
0	(17)	17	(100.0%)	5	(153)	158	(103.3%)	0	(1,706)
(643)	(255)	(388)	152.2%	(1,738)	(2,295)	557	(24.3%)	(3,060)	(4,913)
0	0	0		0	0	0		0	3,600
0	0	0		(68)	0	(68)		0	(68)
0	0	0		(68)	0	(68)		0	3,532
0	0	0		2000	0	2000		0	0
0	0	0		0	0	0		0	0
0	0	0		1932	0	1932		0	3,532
(134)	(187)	53	(28.3%)	2,888	312	2576	825.1%	1,765	(1,226)
9,194	6,543	2651	40.5%	6,172	6,044	128	2.1%	6,044	7,398
9,060	6,356	2,704	42.5%	9,060	6,356	2704	42.5%	7,809	6,172



## CLINICAL LEADERS UPDATE



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

**SOURCE:** Clinical Leaders

**DATE:** 01 May 2014

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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

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**

Significant progress has been made on developing facilities solutions for Grey and Buller that will enable the agreed model of care to be provided going forward. The level of clinical engagement in recent weeks has been heartening.

After the conclusion of the Design team workshops and the submission to the Partnership Group Clinical teams have been focused on how to begin to shape how we bring to life the new ways of working we have articulated in the models of care and facilities business case. This work is also reflected in the Alliance Leadership Team and workstreams of the Alliance.

#### **Workforce**

The Nursing Workforce Stream of the South Island Alliance continues to progress work around a sustainable nursing workforce. The West Coast will be showcasing two nurses as part of this project, with a focus on encouraging people to consider nursing as a career, and the importance of valuing the older more experienced nurse. It is recognised that in order to build capacity in the nursing workforce to meet the predicted future demand, we need this two pronged approach of more nurses trained and keeping older nurses employed.

Work began on the implementation of the Dedicated Education Unit (DEU) framework for supporting nursing students while on clinical placement. The DEU optimises clinical learning for students in a supportive environment and broadens each student learning experience. This is a move away from the current preceptorship model of learning where students work with one mentor only. The West Coast DHB Director of Nursing and Midwifery is now a member of the Canterbury and West Coast DEU Governance Group thus facilitating a transalpine approach. The Medical/Surgical clinical area will be the first DEU operational, commencing August 11, with at view to introduce a DEU into the Mental Health service at a later date.

A new and innovative recruitment campaign has been developed that will be accessible on social media sites. This will include video snapshots of local clinicians show-casing why working at the West Coast

DHB is a great option, alongside an introduction to the West Coast as a place to live and work. To demonstrate the potential for social media in recruitment activity, the recruitment team linked into the MetService website while cyclone Luci was approaching. During this time there were 157,000 hits on the website and of that 650 clicked on the link to the WCDHB recruitment site.

Discussions continue to advance a transalpine approach to how we provide hospital level health services to our community, both at transalpine clinical leaders level, and in individual services.

The Allied Health Leadership framework implementation plan is underway with recruitment for an Associate Director of Allied Health. Allied Health roles are featured as part of the new recruitment campaign with a focus on working across an integrated health system, which has seen more collaboration occurring between various employers within the West Coast health system.

There has been significant work by the Social Work teams from Canterbury and West Coast on how to support travel assistance as part of the transalpine model of care.

### **Quality and Safety**

The Resuscitation Service Leader has commenced a significant programme of work that includes developing a Resuscitation Committee and completing an audit of all resuscitation equipment across services from Haast to Karamea. The aim is to ensure standardisation, improve the quality of education and maintain high clinical standards.

An audit programme has commenced at Grey Base Hospital with a focus on clinical documentation. The focus of this work is measuring the completion and quality of documentation related to falls risk identification and associated care planning, smoking cessation, fluid balance charts and Post Anaesthetic Care Unit (PACU) documentation. This is an important component of quality assurance with feedback going to nursing staff to ensure documentation compliance and associated quality of clinical care. A new tool is also currently being trialled “My Care Plan”. This tool is available at the patients’ bedside and provides a snapshot of the key components of the patient care plan specifically falls risk, pressure ulcer risk, nutrition and estimated discharge day. The purpose of this tool is to ensure that all who provide care to the patient has ready access to important information at the point of care.

## **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
<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	
<b>STANDARD REPORTS</b>	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	
<b>PRESENTATIONS</b>	As required	As required	As required	As required	As required	As required	As required	
<b>GOVERNANCE AND SECRETARIAT</b>	2014 Draft Work Plan							
<b>INFORMATION ITEMS:</b>	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 20 MARCH 2014



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 4 April 2014

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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 20 March 2014. Following confirmation of the minutes of the 20 March 2014 meeting at the 1 May 2014 HAC meeting, full minutes of the meeting will be provided to the Board at its 9 May 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 – 20 March 2014.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 20 March 2014. 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**

Michael Frampton, Programme Director, presented this report. He highlighted the following most notable features:

- 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; and
- Recruitment for key positions continues.

The Committee discussed in detail the graphics summarising the Elective Patient Journey (provided for the information of Board members in the last Committee Chair's report) and also the Acute Patient Journey. These continue to be updated and improved and the Allied Health and Diagnostic Journey's will be added when they are able to be populated.

The Committee noted the excellent work being undertaken to achieve the Health Targets and

commended staff for their efforts in this area.

The DHB still remains CLAB (Central Line Associated Bacterium) free. As at 3 March 2014 this has now been the case for 587 days.

Discussion took place regarding complaint trends. Mr Frampton advised that detailed information in relation to Clinical Incidents and any trends emerging from complaints are monitored by QFARC. Notwithstanding this, he advised that future HAC reports will contain information relating to any broad trends emerging from patient complaints relating to hospital services.

### **FINANCE REPORT**

The Committee noted that financial trends remain the same as in previous months.

Management advised that the high level of cash to hand is due to a definite strategy around “business as usual” capital spending as we await the outcomes of the facilities development Business Case.

### **CLINICAL LEADERS UPDATE**

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

A query was made regarding whether management could foresee any difficulties in filling vacancies. Ms Bousfield commented that from a nursing perspective only the usual challenges were being experienced. Mr Frampton advised that the stabilisation of the Clinical Workforce, both in Primary Care and Hospital level services remains a top priority for the organisation. He specifically noted the more recent success within the General Practitioner workforce, evidenced by wait times for GP appointments being down to 2 days across most of the West Coast. He also commented on ongoing challenges in the Allied Health space. The Committee noted that clarity about facilities would be important for providing the kind of certainty that can only assist ongoing recruitment endeavours.

### **COMMITTEE WORK PLAN**

The Committee discussed the draft work plan and noted this is a working document and will be updated each month and included in the information section of future meetings.

Members were asked to make any suggestions for further items to the Chair for consideration.

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 20 March 2014.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held St John, Waterwalk Road, Greymouth**  
**Friday 4 April 2014 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> ▪ 21 February 2014	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>10.15am</b>
4.	<b>Acting Chair's Update</b> (Verbal Update)	Peter Ballantyne <i>Acting Chairman</i> 10.15am – 10.25am
5.	<b>Chief Executive's Update</b>	David Meates <i>Chief Executive</i> 10.25am – 10.40am
6.	<b>Clinical Leader's Update</b>	Karyn Bousfield <i>Director of Nursing and Midwifery</i> 10.40am – 10.50am
7.	<b>Finance Report</b>	David Green <i>Acting General Manager, Finance</i> 10.50am – 11.00am
8.	<b>Draft 2014-15 Public Health Plan</b>	Jem Pupich <i>Team Leader, Community &amp; Public Health</i> 11.00am – 11.15am
9.	<b>Maternity Review – Update on Progress Against Recommendations</b>	Mark Newsome <i>General Manager, Grey/Westland</i> Karen Bousfield <i>Director of Nursing &amp; Midwifery</i> 11.15am – 11.30am
10.	<b>Maori Health Quarterly Update</b>	Gary Coghlan <i>General Manager, Maori Health</i> 11.30am – 11.40am
11.	<b>Health Target Report – Quarter 2</b>	Greg Hamilton <i>Actg General Manager, Planning &amp; Funding</i> 11.40am – 11.50am
12.	<b>Tatau Pounamu Terms of Reference</b>	David Meates <i>Chief Executive</i> 11.50am – 12noon

13. **Report from Committee Meetings**

- |  |  |                   |
|--|--|-------------------|
| - CPH&DSAC<br>20 March 2014                                  | Elinor Stratford<br><i>Chair, CPH&amp;DSAC Committee</i> | 12noon – 12.10pm  |
| - Hospital Advisory Committee<br>20 March 2014               | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i> | 12.10pm – 12.20pm |
| - Tatau Pounamu Advisory Group<br>Next Meeting 10 April 2014 | Report at next Board Meeting                             |                   |

14. **Resolution to Exclude the Public**

Board Secretariat 12.20pm

**INFORMATION ITEMS**

- 2014 Meeting Schedule

**ESTIMATED FINISH TIME**

12.20pm

**NEXT MEETING**

Friday 9 May 2014

## WEST COAST DHB – MEETING SCHEDULE

**FEBRUARY – DECEMBER 2014**

DATE	MEETING	TIME	VENUE
Thursday 20 February 2014	TATAU POUNAMU	2.00PM	Board Room, DHB Corporate Office
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 10 April 2014	TATAU POUNAMU	3.00pm	Poutini Waiora
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	3.00pm	Board Room, DHB Corporate Office
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
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	2.00pm	Kahurangi Room, Grey Hospital
Friday 8 August 2014	BOARD	10.00am	West Coast Regional Council
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
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	3.00pm	Board Room, DHB Corporate Office
Friday 31 October 2014	BOARD	10.00am	West Coast Regional Council
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 4 December 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
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.