

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



HOSPITAL ADVISORY COMMITTEE MEETING

11am, 12 June 2014

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

AGENDA AND MEETING PAPERS

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

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.

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 12 June 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**

01 May 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 – 09 May 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 24 July 2014

Corporate Office, Board Room at Grey Base Hospital.

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>)

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 Board Member	<ul style="list-style-type: none"> • President, Multiple Sclerosis Society, West Coast
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 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 • Interim Acting Chair, Brackenridge Estate Limited

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 1 May 2014, commencing at 11.00am

PRESENT

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

MANAGEMENT SUPPORT

Mark Newsome (General Manager, Grey/Westland); Gary Coghlan (General Manager, Maori Health); Ralph La Salle (Acting Operations Manager); Karyn Bousfield (Director of Nursing & Midwifery); Kathleen Gavigan (General Manager, Buller) (via video conference); Philip Wheble (Team Leader, Planning & Funding); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

WELCOME

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

APOLOGIES

There were no apologies.

1. INTEREST REGISTER

Peter Neame to have “Board Member” added after his name on the Interest Register.
There were no declarations of interest for items on today’s agenda.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (4/14)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 20 March 2014 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Patient Ambulance Transport - Management advised that discussions are continuing with South Island colleagues and progress is expected in the next couple of months. We are providing data around what our actual requirements are.

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

Mark Newsome, General Manager, Grey/Westland spoke to the Management Report, which was taken as read.

He highlighted in particular the following points from the report:

- consistent performance continues in most health target areas;
- recruitment for an Associate Director of Allied Health is underway;
- there increased activity and focus in the quality and safety sphere; and
- there is an increase in numbers of patients through the system.

The Committee discussed the graphics summarising the Elective Patient Journey and also the Acute Patient Journey. These continue to be updated.

Discussion took place regarding Maternity Services and the Committee noted that the DHB has ensured that the people assisting with the implementation of the Maternity Review have the sufficient expertise required to address the recommendations.

In regard to recruitment the Committee noted that there is a particular focus on this.

Mr Newsome advised that a lot of work has taken place around Quality and Safety. There is coaching taking place around how we deal with complaints and communicate with the public. The Committee noted that it was pleasing to see that the DHB has also received compliments in recent weeks.

Discussion also took place regarding DNAs and the Committee noted that a number of things were taking place around trying to improve this.

The DHB still remains CLAB (Central Line Associated Bacterium) free. As at 14 April 2014 the DHB has been CLAB free for 629 days.

Resolution (5/14)

(Moved: Peter Ballantyne/Seconded Gail Howard – 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 31 March 2014. The report was taken read.

Ms White advised that the consolidated West Coast DHB 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 against budget.

The Committee noted that we are still seeing the cost effects of SMO vacancies which it turn leads to the use of locums. Whilst progress is slower than they would like, management are working through how to stabilise this.

It was also noted that some of the specifics of particular line items in the report will offset each other and whilst the overall result is currently unfavourable we expect to be back on track by the end of the financial year.

Discussion took place regarding personnel costs and management acknowledged that it has been a slow process but a lot of work has taken place around this complex process with the makeup of our workforce starting to change.

The Committee noted that management and administration FTE still remains below the admin cap.

Discussion took place regarding Primary Care and the work being undertaken in this area. The Committee noted that the last 12 months have seen a marked increase in personnel in this area to reduce waiting times but there is now a more planned direction here. A report on the progress by Better Health Limited will be presented to a meeting later in the year.

Resolution (6/14)

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

That the Committee notes the financial report for the period ending 31 March 2014.

6. CLINICAL LEADERS REPORT

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

She commented that some significant pieces of work are taking place around workforce issues with a lot of research being undertaken nationally.

The Committee noted the introduction of the Dedicated Education Unit (DEU) which is a way of supporting students in their clinical placements. It was also noted that there is a real focus on Quality with nurse managers undertaking audits.

The update was noted.

7. GENERAL BUSINESS

Discussion took place regarding the performance of services during the recent storms and the Committee noted that the hospital ran on generator for 16 hours without interruption.

Feedback had been received by Committee members of the outstanding performance by management and staff during this time and the Committee asked that this feedback be reported to the Board.

Management advised that there will be a formal debrief in the next few weeks around this.

There being no further business the meeting closed at 12.20pm

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: General Manager Grey Westland | General Manager Buller

DATE: 12 June 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

The development of this report continues and 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, including the graphic representation of primary care in the acute patient's journey.

This new format will continue to evolve, and comments and suggestions are welcome. At this meeting, we continue to present the **Acute and Elective Patient Journeys**. The **Allied Health Patient Journey** and **Diagnostic Testing Patient Journey** continue to be developed and will be presented when we can accurately and easily present the data.

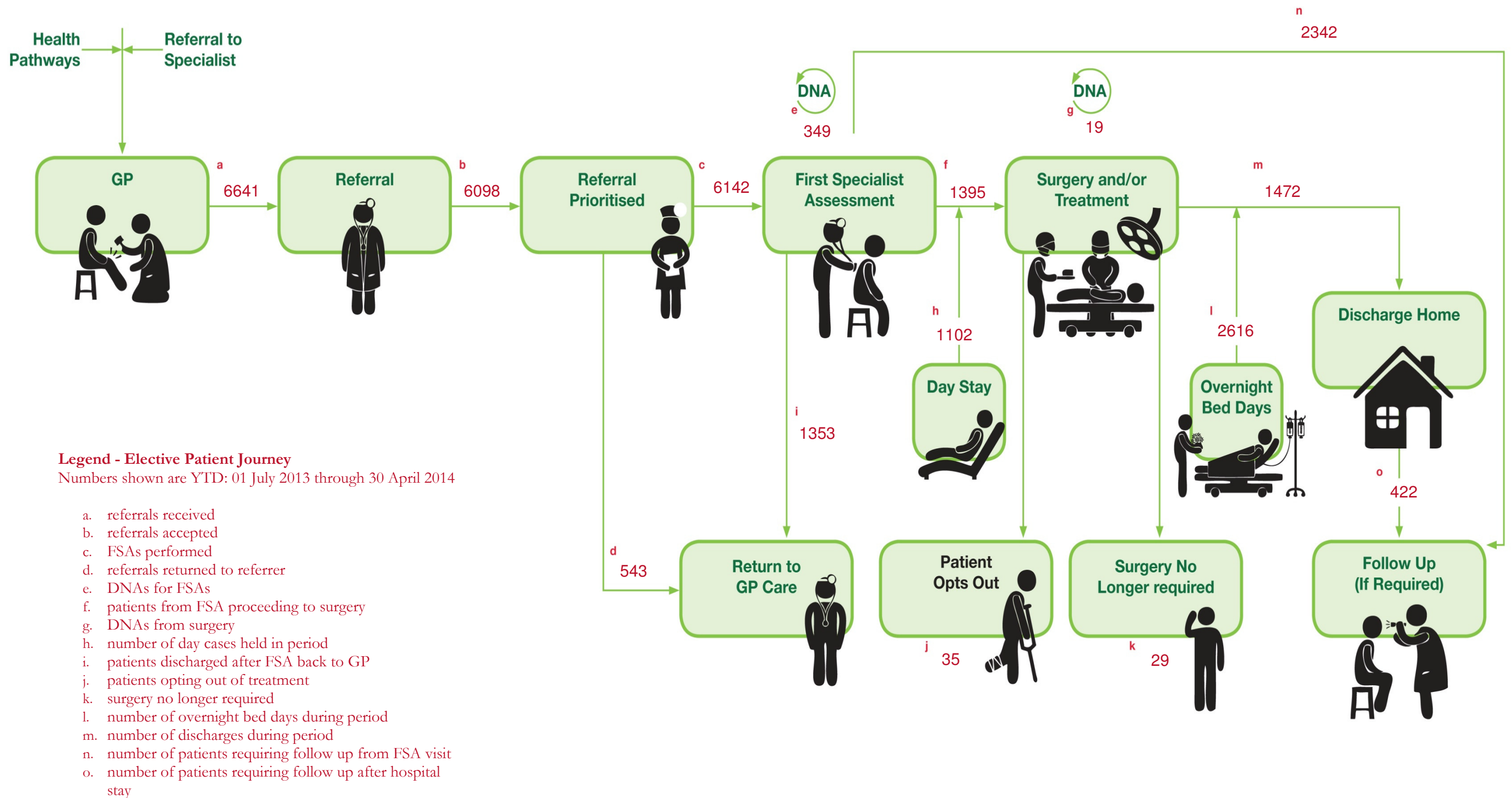
The following are the most notable features of the report:

- Consistent performance continues in most health target areas;
- Success of nursing recruitment strategy;
- Progress of maternity review recommendation implementation.

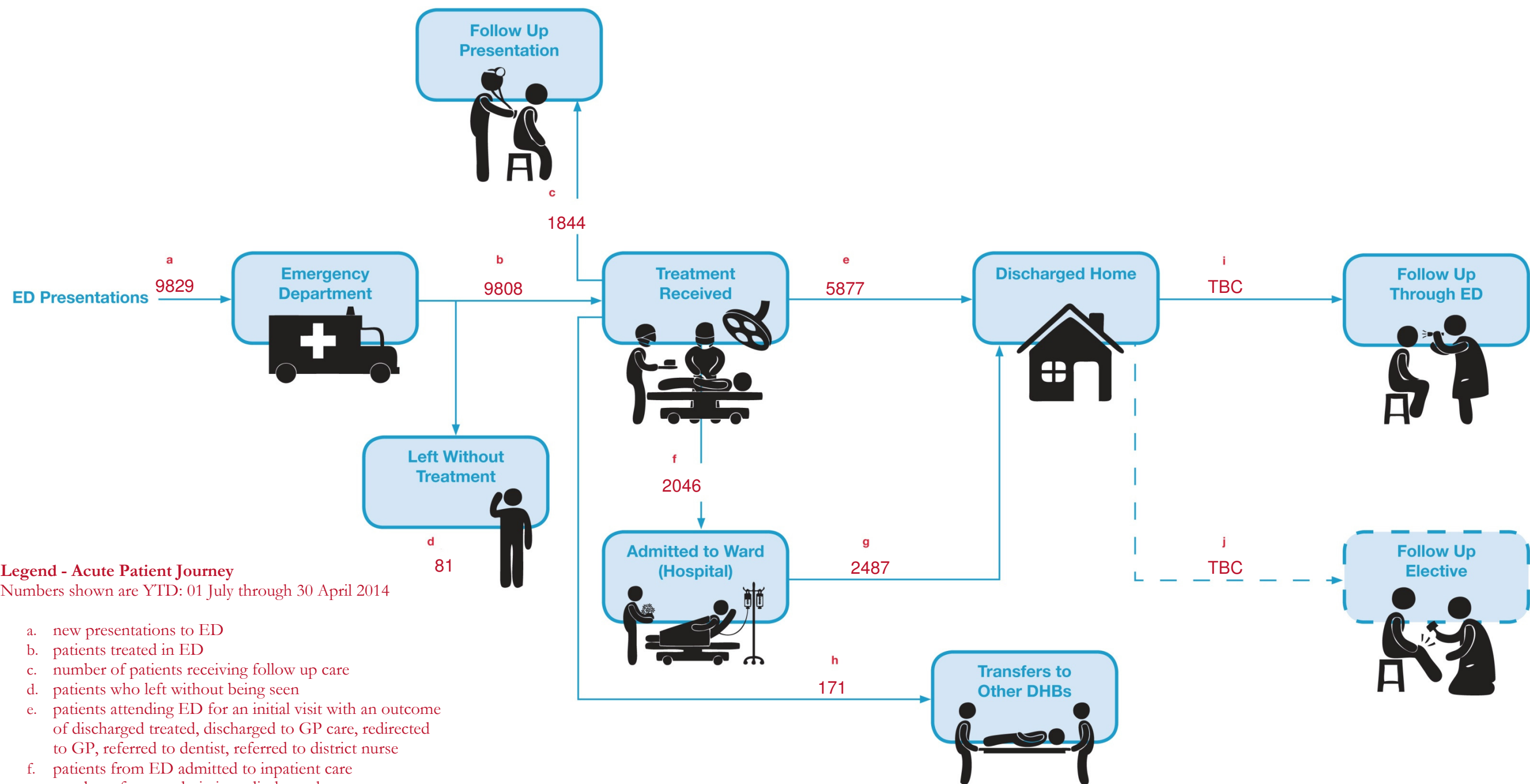
4. DISCUSSION

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 30 April 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 12 months basis.

Inpatient Volumes

As at 30 April 2014, overall case-weighted [CWD] inpatient delivery was 12.95% beneath contracted volume for surgical specialty services and 6.98% 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	934.24	705.98	-228.26	-24.43%
Elective	1027.29	1001.53	-25.76	-2.51%
Sub-Total Surgical:	1961.53	1707.51	-254.02	-12.95%
Medical				
Acute	1160.09	1240.75	80.66	6.95%
Elective	0	0.37	0.37	100%
Sub-Total Medical:	1160.09	1241.12	81.03	6.98%
TOTALS:	3121.62	2948.63	-172.99	-5.54%

Outpatient Volumes

As at 31 March 2014, outpatient delivery was just 0.34% over contracted volume for surgical specialty services and 11.69% 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	2813	2854	41	1.48%
Sub. Visit	4517	4500	-17	0.37%
Sub-Total Surgical:	7329	7354	25	0.34%
Medical				
1 st Visit	1318	1321	3	0.2%
Sub. Visit	3088	3601	513	16.6%
Sub-Total Medical:	4406	4922	516	11.69%
TOTALS:	11735	12276	541	4.61%

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]
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%
April 2014	1841	1658	183	9.94%
13 month rolling totals	23851	21814	2037	8.54% Average

4.2 Workforce Update

Nursing

- Successful recruitment of quality registered nursing staff continues. The standard of applicants for roles has been notably high, which reflects the success of the recruitment campaign and the work that has been undertaken there.
- Roles that have been filled for past month include:
 - Critical care and Hannan Ward, 2.0 FTE.
 - The Acting CNM position in Morice Ward has been extended to allow time for a nursing structure to be arrived at and finalised.
- Vacancies include:
 - 1.0 FTE Nurse Educator
 - 1.0 FTE RN for Paediatrics.

Maternity Services

- Work continues between accountable managers and clinical leaders across the Canterbury and West Coast health system to implement the outcomes of the West Coast Maternity Review. Good progress is being made against the priority action points, including in relation to stepping through options for a service design in Buller.
- Recruitment continues for two senior experienced midwives to join the team.
- The recommendations have been grouped and prioritised into four key areas; Buller model of care; Transalpine approach and SMO recruitment; Midwifery workforce; Quality, Safety & Education.

Allied Health

- An offer of employment has been made to an experienced dietician.
- The Buller physiotherapy service continues to be supported from Grey, while recruitment for a physiotherapist continues. Physiotherapy cover for Buller may be a constraint in July as the Buller based physiotherapist is on leave. Solutions to provide cover for this continue to be explored.
- Physiotherapy in Greymouth has also experienced staffing constraints in the past month with 2.0 FTE on sick leave and ACC. A meeting of all relevant parties from both the West Coast and Canterbury will be convened in the next month to explore both short to medium and long term strategies and solutions to the ongoing physiotherapy staffing issues.
- ERAS (Enhanced Recovery after Surgery) for orthopaedic patients – a questionnaire gathering consumer's viewpoints on current practice and increased interdisciplinary education prior to surgery has commenced.
- An abstract for the SARRAH (Services for Australian Rural and Remote Allied Health) conference has been accepted. The presentation will be on Allied Health's leadership framework, innovations and contributions towards delivering the vision of an integrated West Coast Health System.

Industrial Relations

- Bargaining continues with the RDA representing Resident Doctors.
- Bargaining for the PSA Mental Health and Community Nurses continues.
- Bargaining continues with the PSA representing Allied Health professionals.
- Dates to begin bargaining with the PSA representing Home Based Support Workers are being discussed
- Industrial action at CDHB which is being undertaken by EPMU staff (stores and trades), has not unduly affected WCDHB staff or operations.

Recruitment Vacancies - Monthly Summary – April 2014

New Vacancies	10
Total Open Vacancies	29
Total FTE Recruiting	38
Appointed Vacancies	9
Total FTE Appointed	8.51

Current active vacancies are down to 29 (Allied Health 8, Nursing 9, Corporate and Support Services 5, Senior Medical Officers 6, Resident Medical Officers 2) with activity decreasing across all professional groups and a number of successful appointments. Nursing vacancies have decreased (down to 9 from 12 in the last reporting period). A campaign approach to the sourcing of nurses has commenced with only one generic advertisement running instead of multiple advertisements and interviews. Campaign marketing activity is underway that directs interested nurses to the careers website. Sourcing of applications for Medical roles is slow due to the nature of the positions but we continue to see positive interest in current vacancies, and have had job offers accepted by an Anaesthetist and General Surgeon; and a face to face visit is scheduled in June with an O&G Specialist who has been interviewed and deemed suitable.





4.3 Patient

Patient Transfers

- The number of patients transferred to tertiary centres was 38 for April 2014 (the same number of transfers as for March 2014). The majority of the April transfers were for Orthopaedic and Coronary Care patients.
- There were 15 transfers made from Buller to Grey Base Hospital in April 2014, a drop from 22 transfers in March 2014.
- Three transfers were made from Reefton to Grey Base for April 2014 (four in March 2014).

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

4.4 Health Targets

TARGET		Q3 RESULT	TARGET	STATUS	PROGRESS
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.6%	95%	✓	The West Coast DHB continues to achieve impressive results against the Shorter Stays in ED Health Target , with 99.6% of patients admitted, discharged or transferred from ED within six hours during Quarter 3. Data for the 11 month period to 31 st of May 2014 shows a result of 99.7% within 6 hours, and 96.6% within just four hours.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	1,182 YTD	1,176 YTD	✓	After being just four cases short of the Improved Access to Elective Surgery Health Target last quarter, the West Coast DHB is pleased to have made up this difference as expected. We look set to meet our cumulative end of year target and had 1,182 discharges in the nine months to 31 st March 2014 against the 1,176 year-to-date target.
	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 Shorter Waits for Cancer Treatment Health Target , with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	92.5%	95%	✗	During Quarter 3, West Coast DHB staff provided 92.5% of hospitalised smokers with smoking cessation advice and support –just missing the targeted 95% for the Secondary Care Better Help for Smokers to Quit Health Target by 19 patients. Although we did not meet the target this quarter, this is a positive 6.3% increase on last quarter's result. April's current monthly result is sitting at 93%. Systems and processes to reach the target are all in place, but challenges to exist including small numbers—with a single patient contributing to more than 1% of the target.

Elective Services Patient Indicators [ESPI Compliance]

No patients exceeded the maximum 150 days' target wait time for First Specialist Appointment (ESPI 2) as at the end of March 2014; with one orthopaedic patient also over the maximum 5-month waiting time target for treatment (ESPI 5). This patient (which proved to be an ACC case, rather than a DHB-funded case) has 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			2014			2014			2014			2014					
	May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr		
	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	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	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).	0	0.0%	0	0	0.0%	0	4	0.0%	-4	7	0.0%	-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	0	0.0%	0	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	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	1	0.1%	-1	0	0.0%	0
4. Patients given a commitment to treatment but not treated within the required timeframe.	7	2.0%	-7	0	0.0%	0	4	1.0%	-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	1	0.4%	-1	3	1.0%	-3
5. Patients in active review who have not received a clinical assessment within the last six months.	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	0	0.0%	0	0	X	0
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	151	100.0%	0	150	100.0%	0	151	100.0%	0	148	100.0%	0	151	100.0%	0	139	100.0%	0	125	100.0%	0	89	100.0%	0	159	100.0%	0	144	100.0%	0	145	100.0%	0	145	100.0%	0

Data Warehouse Refresh Date: 30/May/2014

Report Run Date: 02/Jun/2014

Notes:

- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, after July 2013 the required timeframe for ESPI 2 is 5 months.
 - Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, after July 2013 the required timeframe for ESPI 5 is 5 months.
 - ESPIs that apply from 1 July 2012.
 - ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
 - ESPIs 3 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
 - Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
 - ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 - ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 0.4% or higher.
 - ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
 - ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
 - ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.
- Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.5 Quality

Malnutrition Screening Tool

- The Malnutrition Screening Tool has been rolled out in the wards and is now part of the clinical documentation process. Education plans have been developed by the Clinical Nurse Managers of each ward/unit and are visible to the teams. An audit tool for the Early Warning Score has been sourced from CDHB and the Nurse Managers are working on refining it before putting into use.

Documentation Audits of Clinical Notes

- Random chart audits have been carried out using the WCDHB Documentation Record Keeping Audit. Five patient records are randomly selected from each area and checked for various criteria such as: legibility of information; alterations signed and dated; only accepted abbreviations are used; confidentiality. In the last quarter 82% of audited patients received a falls risk assessment that was then translated into a care plan to manage that risk. In this quarter, 93% of patients received the same. Feedback has been provided to staff and education will be tailored to address the areas where more work is required.

Incidents | Complaints | Compliments

- Incidents

Incident Category	May 2014	May 2013
Behaviour	3	-
Clinical Process	5	6
Documentation	3	2
Fall	4	3
Hazard	-	1
Injury and self-harm (patient)	2	-
Medication	3	4
Other	-	1
Property	7	2
Security	-	1
Staffing	-	2
Violence	-	1
Work related injury	-	1
Total for month	27	24
Year to date (Jan – May)	122	161

As per the table, the themes emerging from the past month have been related to clinical processes, patient falls and property issues.

- **Complaints**
For the month of May ten new complaints were received. The majority of these (six) were related to treatment. In each of these instances, the clinician / staff involved is made aware of the complaint and provided with an opportunity to respond to the complaint.
- **Compliments**
Two compliments were received during this period; one regarding the maternity service at Grey Base Hospital, the other a general compliment around the way the DHB is responding to patients.

CLAB (Central line associated bacterium)

As of 14 April 2014 the West Coast DHB has been **679** days CLAB free!! Work continues on compliance with the maintenance bundle as the documentation is where we are let down.

Development of WCDHB-wide 3 Year Audit Schedule

The Quality Team is meeting with key staff in June to map out the audit schedule for the next three year period. Information on audits undertaken throughout the DHB will inform this process and includes maternity audits arising out of the maternity services review and auditing of the Maternity Early Warning Score [MEWS] tool.

Maternity

Work continues on development of the West Coast DHB maternity website. A communication strategy for the launch of the website is almost completed, with a go live date for the website of Monday 30 June. The team is on track to meet this deadline.

The website aims to provide education and support for pregnant women and mothers based on the West Coast and inform them of the services available here, with links to information resources. The other key aim is to educate women to register with their LMC Midwife early in the pregnancy; within the first 11 weeks.

The development of a feedback survey for maternity patients, collaboration between WCDHB and CDHB, allows this to be included on the Website for online feedback.

“We Care About Your Care”, the maternity services feedback form (collaboration between WCDHB and CDHB) went live on 3 June 2014 and already completed feedback forms are coming in. The results of this feedback are being entered into a spreadsheet for further data analysis.

Primary Secondary Electronic Interface Group

- The Primary Secondary Electronic Interface Group now has representation from a member of the Planning and Funding team who support this group, stating that it falls within a primary/secondary workstream.
- Incident forms for primary practice are starting to come into the Quality Co-ordinator for entering into the database and a method of incident review is being established.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 APRIL 2014

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 12 June 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 30 April 2014.

3. FINANCIAL RESULT

Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of April 2014 was a deficit of \$0.075m, which was \$0.003m favourable against the budgeted deficit of \$0.072m. The year to date position is now \$0.057m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,893	6,873	20	√	68,470	68,745	(275)	x
Governance & Administration	166	147	19	√	1,616	1,551	65	√
Funds & Internal Eliminations	4,313	4,391	(78)	x	44,050	43,814	236	√
	11,372	11,411	(39)	x	114,136	114,110	26	√
EXPENSES								
Provider								
Personnel	4,510	4,461	(49)	x	44,507	43,819	(688)	x
Outsourced Services	776	210	(566)	x	5,747	3,055	(2,692)	x
Clinical Supplies	587	616	29	√	6,439	7,661	1,222	√
Infrastructure	994	925	(69)	x	9,675	9,254	(421)	x
	6,867	6,212	(655)	x	66,368	63,789	(2,579)	x
Governance & Administration	166	148	(18)	x	1,616	1,563	(53)	x
Funds & Internal Eliminations	3,745	4,433	688	√	42,574	44,301	1,727	√
Total Operating Expenditure	10,778	10,793	15	√	110,558	109,653	(905)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	594	618	(24)	x	3,578	4,457	(879)	x
Interest, Depreciation & Capital Charge	519	546	27	√	4,638	5,460	822	√
Net surplus/(deficit)	75	72	3	√	(1,060)	(1,003)	(57)	x

4. APPENDICES

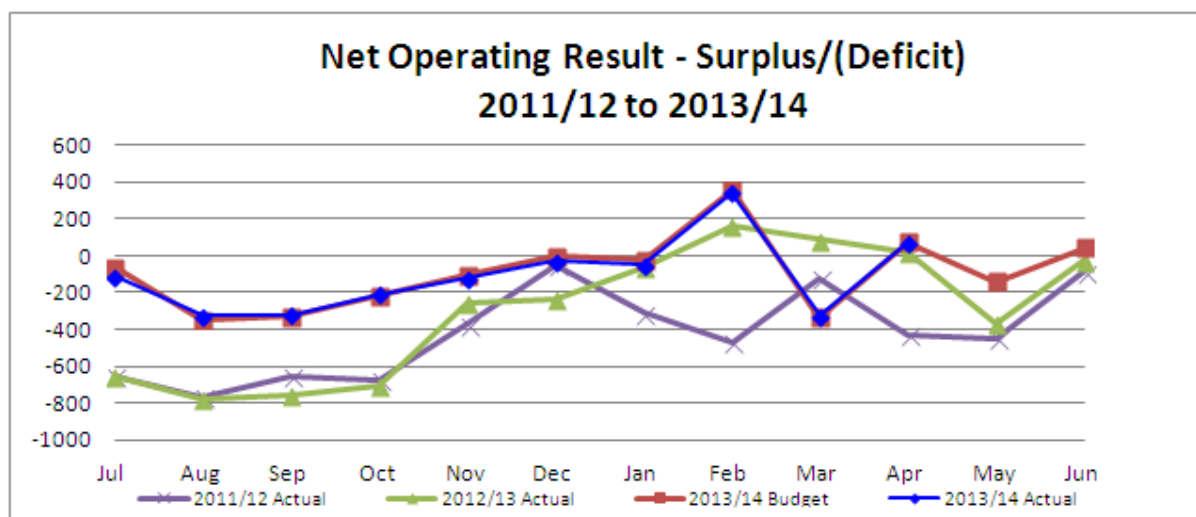
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – APRIL 2014

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	75	72	3	3%	✓	(1,060)	(1,003)	(57)	6%	✗



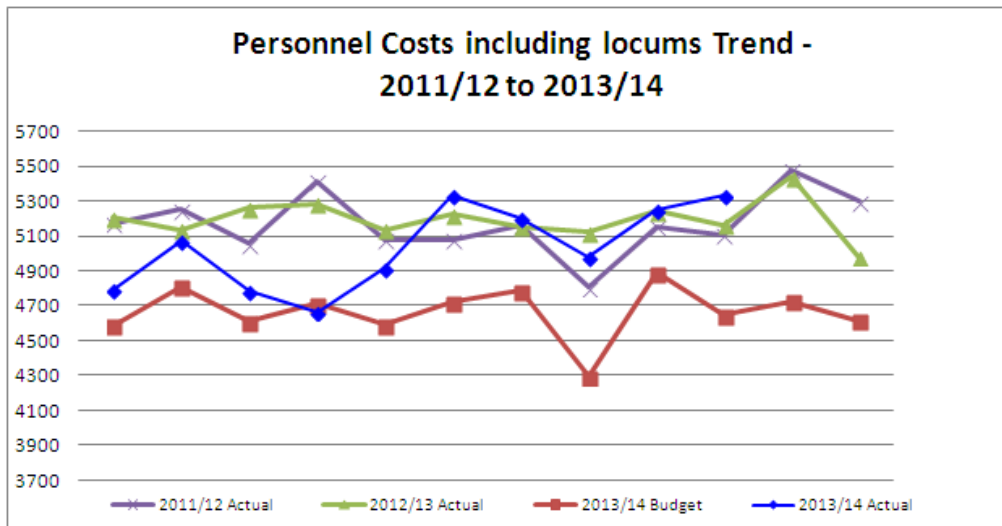
We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

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	1,370	1,244	(126)	-10%	×	13,941	12,853	(1,088)	-8%	×
Nursing	2,358	2,037	(321)	-16%	×	21,401	20,024	(1,377)	-7%	×
Allied Health	831	690	(141)	-20%	×	7,399	6,983	(416)	-6%	×
Support	115	121	6	5%	✓	1,160	1,204	44	4%	✓
Management & Admin	663	555	(108)	-19%	×	6,422	5,588	(834)	-15%	×
Total	5,337	4,647	(690)			50,323	46,652	(3,671)		



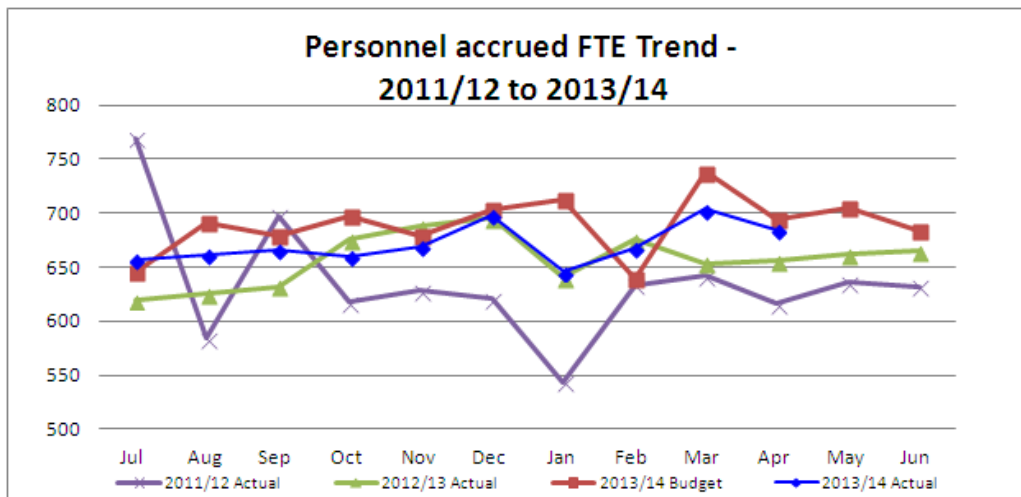
Personnel costs are unfavourable for the month, although these are influenced by activity. We are continuing to actively manage costs however these are still being impacted by significant levels of Locums who are required to maintain service through periods of leave and turnover.

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	38	53	15	28%	✓	41	51	10	20%	✓
Nursing	335	332	(3)	-1%	✗	327	326	(0)	0%	✗
Allied Health	161	154	(7)	-4%	✗	151	156	6	4%	✓
Support	24	28	4	14%	✓	27	28	1	5%	✓
Management & Admin	127	126	(1)	-1%	✗	128	127	(1)	-1%	✗
Total	685	694	9			672	688	16		



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

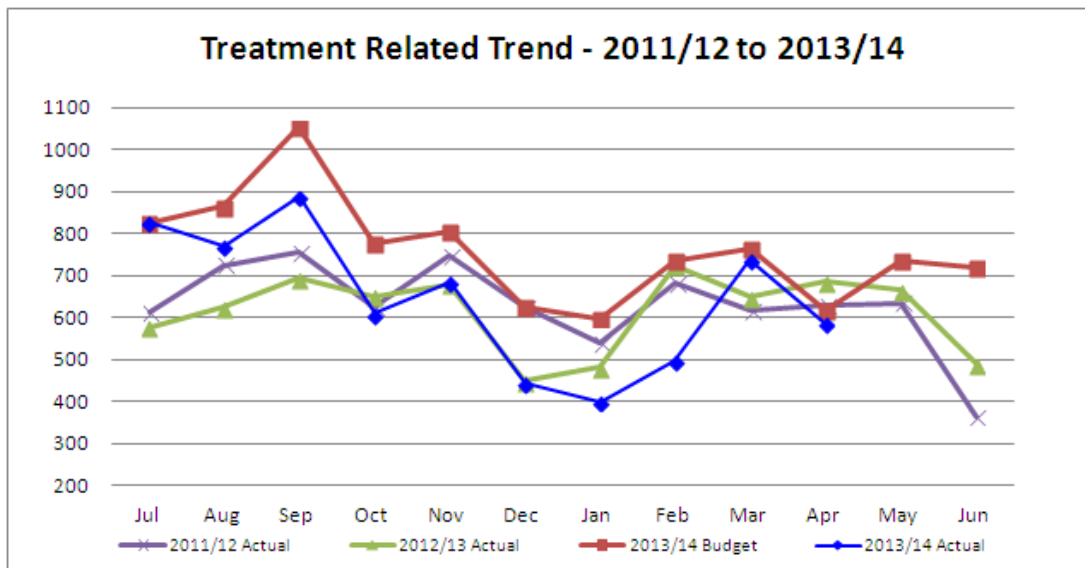
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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 3 FTE under our overall management and administration staff cap for April. 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	587	616	29	5%	✓	6,439	7,661	1,222	16%	✓



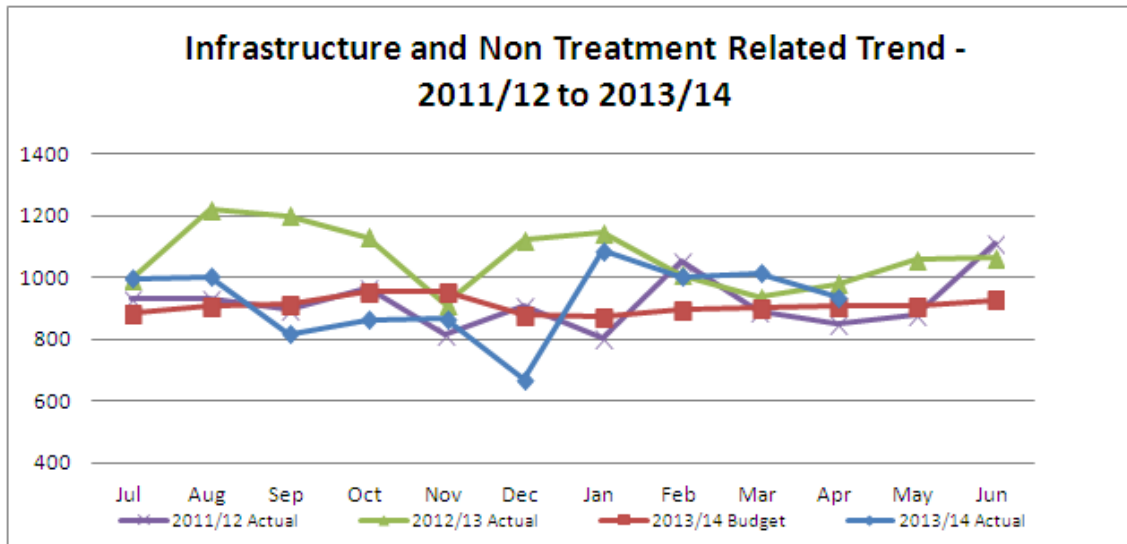
Treatment related costs are significantly underspent year to date, this is due to a number of factors including more robust contract management. We are forecasting that this trend will continue and that the full years costs will be lower than budget.

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	936	909	(27)	-3% X	9,257	9,078	(179)	-2% X



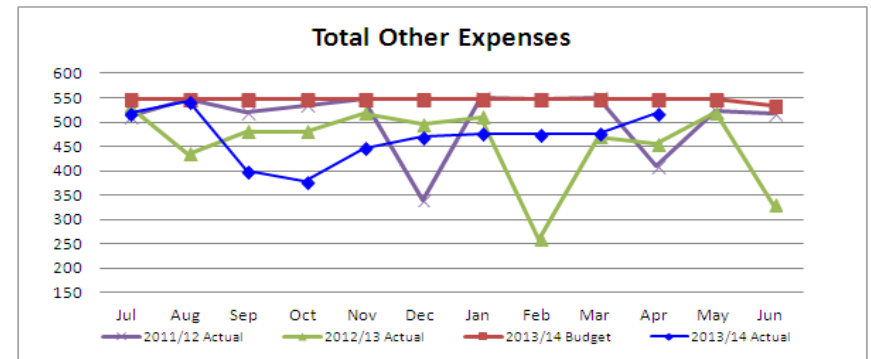
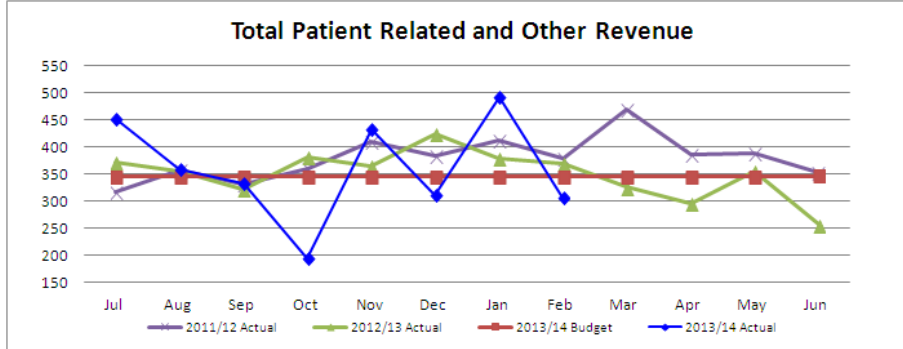
Facilities, IT and Telecommunications costs make up the bulk of this category. Timing factors have reversed the favourable trend from prior months. Forecast is for this category to remain largely on budget.

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	45	20	25	125%	✓	496	200	296	148%	✓
Donations	-	4	(4)	-100%	✗	-	40	(40)	-100%	✗
Rental	17	19	(2)	-11%	✗	144	190	(46)	-24%	✗
Other	6	20	(14)	100%	✗	334	200	134	100%	✓
Total Other Revenue	68	63	5	8%	✓	974	630	344	55%	✓
Interest Expenses	62	54	(8)	-15%	✗	586	540	(46)	-9%	✗
Depreciation	389	424	35	8%	✓	3,381	4,240	859	20%	✓
Capital Charge Expenses	68	68	-	0%	✓	671	680	9	1%	✓
Total Other Costs	519	546	27	5%	✓	4,638	5,460	822	15%	✓



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	9,092	11,125	(2,033)	-18%	✗	12,060
Cash	9,450	6,578	2,872	44%	✓	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

30 April 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	10,921	10,930	(9)	(0.1%)	109,361	109,300	61	0.1%	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	30	(10)	(33.3%)	36	36
Inter District Flows Revenue	135	134	1	0.7%	1,345	1,340	5	0.4%	1,622	1,656
Patient Related Revenue	248	281	(33)	(11.7%)	2,436	2,810	(374)	(13.3%)	3,371	3,112
Other Revenue	68	63	5	7.9%	974	630	344	54.6%	759	1,088
Total Operating Revenue	11,372	11,411	(39)	(0.3%)	114,136	114,110	26	0.0%	136,944	134,833
Operating Expenditure										
Personnel costs	4,564	4,508	(56)	(1.2%)	44,995	44,307	(688)	(1.6%)	53,310	55,688
Outsourced Services	659	126	(533)	(423.0%)	4,841	2,215	(2,626)	(118.6%)	2,532	9,120
Treatment Related Costs	587	616	29	4.7%	6,439	7,661	1,222	16.0%	9,114	7,369
External Providers	2,541	2,985	444	14.9%	28,631	29,902	1,271	4.3%	35,866	29,843
Inter District Flows Expense	1,316	1,526	210	13.8%	15,063	15,260	197	1.3%	18,308	16,675
Outsourced Services - non clinical	175	123	(52)	(42.3%)	1,332	1,230	(102)	(8.3%)	1,460	1,445
Infrastructure and Non treatment related costs	936	909	(27)	(3.0%)	9,257	9,078	(179)	(2.0%)	10,915	12,787
Total Operating Expenditure	10,778	10,793	15	0.1%	110,558	109,653	(905)	(0.8%)	131,505	132,927
Result before Interest, Depn & Cap Charge	594	618	(24)	4.0%	3,578	4,457	(879)	19.7%	5,439	1,907
Interest, Depreciation & Capital Charge										
Interest Expense	62	54	(8)	(14.8%)	586	540	(46)	(8.5%)	642	650
Depreciation	389	424	35	8.3%	3,381	4,240	859	20.3%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0%	671	680	9	1.3%	812	677
Total Interest, Depreciation & Capital Charge	519	546	27	4.9%	4,638	5,460	822	15.1%	6,539	5,482
Net Surplus/(deficit)	75	72	3	(3.5%)	(1,060)	(1,003)	(57)	(5.7%)	(1,100)	(3,576)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	75	72	3	(3.5%)	(1,060)	(1,003)	(57)	(5.7%)	(1,100)	(3,576)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

30 April 2014

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
25,578	29,491	(3,913)	(13.3%)	26,613
2,683	1,082	1,601	148.0%	790
1,195	528	667	126.3%	3,296
142	2	140	7000.0%	0
29,598	31,103	(1,505)	(4.8%)	30,699
9,450	6,578	2,872	43.7%	7,417
60	58	2	3.4%	60
997	1,040	(43)	(4.1%)	1,022
3,476	4,614	(1,138)	(24.7%)	3,114
136	136	0	0.00%	136
14,119	12,426	1,693	13.6%	11,749
43,717	43,529	188	8.8%	42,448
14,195	8,695	5,500	63.3%	12,195
3,191	3,461	(270)	(7.8%)	3,475
17,386	12,156	5,230	43.0%	15,670
250	3,750	(3,500)	(93.3%)	250
8,398	8,374	24	0.3%	8,142
8,591	8,124	467	5.7%	8,273
17,239	20,248	(3,009)	(14.9%)	16,665
34,625	32,404	2,221	6.9%	32,335
69,729	71,729	(2,000)	(2.8%)	69,729
19,569	19,569	0	0.00%	19,569
(80,245)	(80,212)	(33)	0.0%	(79,224)
39	39	0	0.00%	39
9,092	11,125	(2,033)	(18.3%)	10,113
43,717	43,529	188	0.4%	42,448

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending

30 April 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
11,000	11,391	(391)	(3.4%)	112,001	113,910	(1,909)	(1.7%)	136,704	135,453
(5,700)	(4,647)	(1,053)	22.7%	(50,661)	(46,605)	(4,056)	8.7%	(55,948)	(55,710)
(2,208)	(1,635)	(573)	35.0%	(14,446)	(17,839)	3393	(19.0%)	(21,335)	(31,744)
(2,676)	(2,985)	309	(10.3%)	(29,976)	(29,902)	(74)	0.2%	(35,866)	(31,499)
(1,181)	(1,526)	345	(22.6%)	(13,718)	(15,260)	1542	(10.1%)	(18,308)	(15,019)
(765)	598	(1,363)	(227.8%)	3200	4304	(1,104)	(25.6%)	5,247	1,480
(62)	(54)	(8)	14.8%	(586)	(540)	(46)	8.5%	(642)	(648)
(68)	(68)	0	0.0%	(815)	(680)	(135)	19.9%	(812)	(677)
(895)	476	(1,371)	(287.8%)	1799	3084	(1,285)	(41.7%)	3,793	155
45	20	25	125.0%	496	200	296	148.0%	240	229
0	0	0		0	0	0		0	0
1240	(258)	1498	(580.6%)	(954)	(2,580)	1626	(63.0%)	(3,300)	(3,436)
0	(17)	17	(100.0%)	5	(170)	175	(102.9%)	0	(1,706)
1285	(255)	1540	(603.9%)	(453)	(2,550)	2,097	(82.2%)	(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
390	221	169	76.1%	3,278	534	2744	514.3%	1,765	(1,226)
9,060	6,356	2704	42.5%	6,172	6,044	128	2.1%	6,044	7,398
9,450	6,578	2,872	43.7%	9,450	6,578	2872	43.7%	7,809	6,172

CLINICAL LEADERS UPDATE

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 12 June 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 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

Workforce

The Nursing Workforce Stream of the South Island Alliance and Regional Training Hub continues to progress work around a sustainable nursing workforce. A project is underway to develop a pathway within the South Island Services to increase the number of nurse practitioner roles to better meet the health needs of the South Island community. This work will include identifying service need, creating roles, developing intern positions and an agreed pathway to grow capacity and an overarching implementation strategy for roll out of the agreed programme. The DONM is a member of this workgroup.

Work continues on the implementation of the Dedicated Education Unit (DEU) framework for supporting nursing students while on clinical placement. The DEU, introduced by CPIT, optimises clinical learning for students in a supportive environment and broadens each student learning experience. Further work underway is close liaison and partnership with NMIT to enable Nelson nursing students to be supported within the same framework while on the West Coast. This will mean both Christchurch and Nelson students will be on clinical placements together, with peer teaching from transition students through to year two students. NMIT is now delivering the CPIT curriculum, which better enables this partnership.

Quality and Safety

The focus on nurse education continues with a significant number of nurses completing relevant courses for clinical practice. All nurses working in the Post Anaesthetic Care Unit (PACU) have completed the specialist PACU course run out of Wellington. A study day was recently held for nurses who provide care to the ventilated patient, this was also well attended by a wide variety of nurses including CNSs and staff from other clinical areas. This is a planned approach to support the integrated nursing team and best utilisation of expertise across the system, and part of the development of the mobile nursing workforce. Teaching was provided by the Resuscitation Service Leader and medical colleagues from CDHB who taught via VC. There will be a further four sessions this year, with the aim of increasing the number of ventilator trained nurses, and will be an annual event to maintain currency

and competency. We also have full utilisation of HWNZ funding for postgraduate training, with 28 nurses enrolled.

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: Karyn Bousfield, Director of Nursing & Midwifery

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 1 MAY 2014



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 9 May 2014

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 20 March 2014.

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 – 1 May 2014

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 1 May 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

Mark Newsome, General Manager, Grey & Westland presented this report. The report continued the roll out of a revised management reporting for hospital level services that is intended to:

- provide greater insights into the nature and flows 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 new look report will continue to be rolled out over the next few meetings.

The most notable features of the report included:

- 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.

The Committee discussed the graphics summarising the Elective Patient Journey and also the Acute Patient Journey. These continue to be updated.

Discussion took place regarding Maternity Services and the Committee noted that the DHB has ensured that the people assisting with the implementation of the Maternity Review have the sufficient expertise required to address the recommendations.

In regard to recruitment the Committee noted that there is a particular focus on this.

Mr Newsome advised that a lot of work has taken place around Quality and Safety. There is coaching taking place around how we deal with complaints and communicate with the public. The Committee noted that it was pleasing to see that the DHB has also received compliments in recent weeks.

Discussion also took place regarding DNAs and the Committee noted that a number of things were taking place around trying to improve this.

The DHB still remains CLAB (Central Line Associated Bacterium) free. As at 14 April 2014 the DHB has been CLAB free for 629 days.

FINANCE REPORT

The Committee noted that we are still seeing the cost effects of SMO vacancies which it turn leads to the use of locums. Whilst progress is slower than they would like, management are working through how to stabilise this.

It was also noted that some of the specifics of particular line items in the report will offset each other and whilst the overall result is currently unfavourable we expect to be back on track by the end of the financial year.

Discussion took place regarding personnel costs and management acknowledged that it has been a slow process but a lot of work has taken place around this complex process with the make up of our workforce starting to change.

The Committee noted that management and administration still remains below the admin cap.

Discussion took place regarding Primary Care and the work being undertaken in this area. The Committee noted that the last 12 months have seen a marked increase in personnel in this area to reduce waiting times but there is now a more planned direction here.

CLINICAL LEADERS UPDATE

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

She commented that some significant pieces of work are taking place around workforce issues with a lot of research being undertaken nationally.

The Committee noted the introduction of the Dedicated Education Unit (DEU) which is a way of supporting students in their clinical placements. It was also noted that there is a real focus on Quality with nurse managers undertaking audits.

GENERAL BUSINESS

Discussion took place regarding the performance of services during the recent storms and the Committee noted that the hospital ran on generator for 16 hours without interruption.

Feedback had been received by Committee members of the outstanding performance by management and staff during this time and the Committee asked that this feedback be reported to the Board.

Management advised that there will be a formal debrief in the next few weeks around this.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 1 May 2014.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committe

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held St John, Waterwalk Road, Greymouth
Friday 9 May 2014 commencing at 10.15am

KARAKIA	10.15am
ADMINISTRATION	10.20am

Apologies

1. **Interest Register**

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

2. **Confirmation of the Minutes of the Previous Meeting**

- 4 April 2014

3. **Carried Forward/Action List Items**

REPORTS	10.25am
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- | | | |
|---|--|-------------------|
| 4. Chair's Update
(Verbal Update) | Paul McCormack
<i>Chairman</i> | 10.25am – 10.35am |
| 5. Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.35am – 10.50am |
| 6. Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing and Midwifery</i>
Stella Ward
<i>Executive Director, Allied Health</i> | 10.50am – 11.00am |
| 7. Finance Report | Justine White
<i>General Manager, Finance</i> | 11.00am – 11.10am |
| 8. Clinical Board Update
(Verbal Update) | Stella Ward
<i>Executive Director, Allied Health</i> | 11.10am – 11.30am |
| 9. Tatau Pounamu Terms of Reference
(Late Paper) | Michael Frampton
<i>Programme Director</i> | 11.30am – 11.40am |
| 10. Health & Quality & Safety
Commission Address | Dr Janice Wilson
<i>Chief Executive</i>
<i>Health Quality & Safety Commission</i> | 11.40am - 11.55am |

11. **Report from Committee Meetings**

- | | | |
|--|---|---|
| <ul style="list-style-type: none">- CPH&DSAC
1 May 2014
<i>(Due to the timing of the Committee meetings this report will be provided as a late paper)</i>
- Hospital Advisory Committee
1 May 2014
<i>(Due to the timing of the Committee meetings this report will be provided as a late paper)</i>
- Tatau Pounamu Advisory Group
10 April 2014
<i>(Verbal Update)</i> | <p style="text-align: right;">Elinor Stratford
<i>Chair, CPH&DSAC Committee</i></p>
<p style="text-align: right;">Sharon Pugh
<i>Chair, Hospital Advisory Committee</i></p>
<p style="text-align: right;">Elinor Stratford
<i>Board Representative to Tatau Pounamu</i></p> | <p style="text-align: right;">11.55am - 12.05pm</p>
<p style="text-align: right;">12.05pm - 12.15pm</p>
<p style="text-align: right;">12.15pm - 12.25pm</p> |
|--|---|---|

12. **Resolution to Exclude the Public**

Board Secretariat 12.25pm

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME

12.25pm

NEXT MEETING

Friday 27 June 2014

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	

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.