

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

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# **HOSPITAL ADVISORY COMMITTEE MEETING**

**PLEASE NOTE EARLIER START TIME OF  
10.30 AM**

**24 July 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.

## 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 24 July 2014 commencing at 10.30 am

### PRESENTATIONS IN CONJUNCTION WITH COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Complex Clinical Care Network Presentation	Nancy Stewart <i>Service Portfolio Manager, Planning &amp; Funding</i>	10.30am - 11.00am
Alliance Leadership Team Presentation	Stella Ward <i>Chair, Alliance Leadership Team</i>	11.00am - 11.30am

### ADMINISTRATION 11.30am

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  
*12 June 2014*
3. Carried Forward/Action Items

### REPORTS/PRESENTATIONS 11.40am

4. Management Report	Mark Newsome <i>General Manager Grey   Westland</i>	11.40am – 12noon
5. Finance Report	Justine White <i>General Manager, Finance</i>	12noon – 12.15pm
6. Clinical Leaders Report	Karyn Bousfield <i>Director of Nursing &amp; Midwifery</i>	12.15pm – 12.25pm
7. General Business	Sharon Pugh <i>Chair</i>	12.25pm – 12.35pm

### ESTIMATED FINISH TIME 12.35pm

### INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 27 June 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2014 Meeting Schedule

### NEXT MEETING:

Date of Next Meeting: 11 September 2014  
Corporate Office, Board Room at Grey Base Hospital.

# 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 Board Member	<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 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>

**DRAFT**  
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Grey Base Hospital, Corporate Office,**  
**on Thursday 12 June 2014, commencing at 11.00am**

## **PRESENT**

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

## **MANAGEMENT SUPPORT**

Michael Frampton (Programme Director); Mark Newsome (General Manager, Grey/Westland); Karyn Bousfield (Director of Nursing & Midwifery); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

## **WELCOME**

The meeting joined together in the Karakia.

## **APOLOGIES**

An apology was received and accepted from Richard Wallace.

## **1. INTEREST REGISTER**

There were no changes to the Interest Register nor were there any declarations of interest for items on today's agenda.

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

### **Resolution (7/14)**

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

That the minutes of the meeting of the Hospital Advisory Committee held on 1 May 2014 be confirmed as a true and correct record.

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

Patient Ambulance Transport - Management advised that information has been provided back to the South Island group and a draft plan is expected very soon. The committee noted that working with the whole South Island has taken longer but hopefully we will end up with a more stable solution. It was also noted that more conversations are to take place between St John and the DHB around the proposed solution.

## **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.

Mr Newsome highlighted the pleasing progress in recruitment and also an increase in the quality of applications for vacancies. The Committee noted that: two anaesthetists commencing this year (one in July and one in September); nursing vacancies have decreased (down to 9 from 12); and an offer has been made to a General Surgeon and indications are that he will commence by year end.

In regard to Maternity Services, work continues between accountable Managers and Clinical Leaders across the West Coast and Canterbury health systems 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 service design in Buller. The recommendations from the review have been grouped and prioritised into four key areas: Buller Model of Care; Transalpine Approach and SMO Recruitment; Midwifery Workforce; and Quality, Safety & Education.

The Committee noted in regard to Allied Health that there is still a constraint in terms of physiotherapy services and a meeting is to take place with all those involved in this service over the next few weeks.

Mr Newsome advised that work is taking place around the Audit of documentation and random chart audits have been carried out using the WCDHB Documentation Record Keeping Audit. The quality of documentation continues to be high and feedback is provided to staff and education will be tailored to address any areas where more work is required.

The Committee continues to keep a watch on outpatient DNA levels which have continued to fluctuate over the last year with an average of 8.54%. Management continue to investigate ways of improving this.

A table showing the number of incidents reported has now been included in the Committee papers to enable a better understanding of the areas these relate to.

The Committee noted that at the present time no major Industrial Relations risks have been identified.

The Committee also noted that the DHB is on track to deliver its Elective Target by year end.

The Report was noted

## **5. FINANCE REPORT**

Justine White, General Manager, Finance, spoke to the Finance Report for the period ended 30 April 2014. The report was taken as read.

She commented that the May results are nearly completed and these look entirely consistent with April and she is not expecting any surprises before the end of the financial year that will change the expected results.

Discussion took place regarding orthopaedic surgery and the Committee noted that the West Coast community enjoys one of the highest access rates to orthopaedic surgery in the country. Whilst we have delivered more than we would have liked in Canterbury with orthopaedics, the Committee noted that we have been delivering well above what we should have been and we continue to ensure that we are delivering the right amount of surgery.

The report noted that the accrued FTE level is influenced by leave taken throughout the period with the current year to date figure reflecting a higher use of locums than we would like.

The report was noted

## **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 this particular report is very nursing centric as the other Clinical Leaders have been away. The Committee noted across the health system people are meeting to talk about the type of care that will be required in the future and it seems that there is more engagement around this than previously.

The update was noted.

## **7. GENERAL BUSINESS**

The Chair thanked Dr Paul McCormack for his contribution to the Hospital Advisory Committee in the time he has been on the Board and Chair of the DHB.

There being no further business the meeting closed at 11.55am

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:** 24 July 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. A working group will be investigating the continued development of this in the coming month.

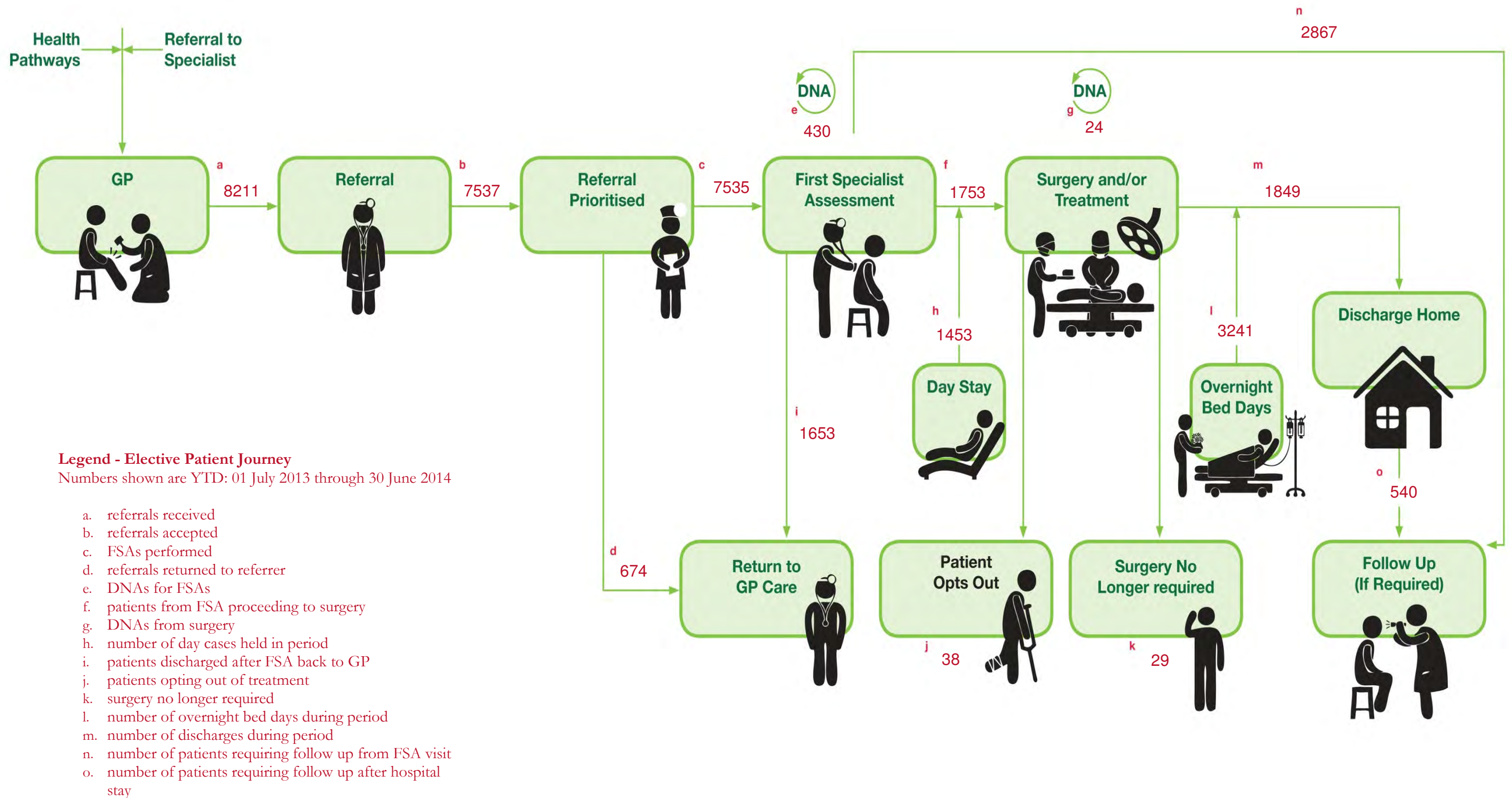
The following are the most notable features of the report:

- Consistent performance continues in most health target areas;
- Launch of maternity consumer website;
- Progress of maternity review recommendation implementation.

## 4. DISCUSSION

### 4.1 Activity

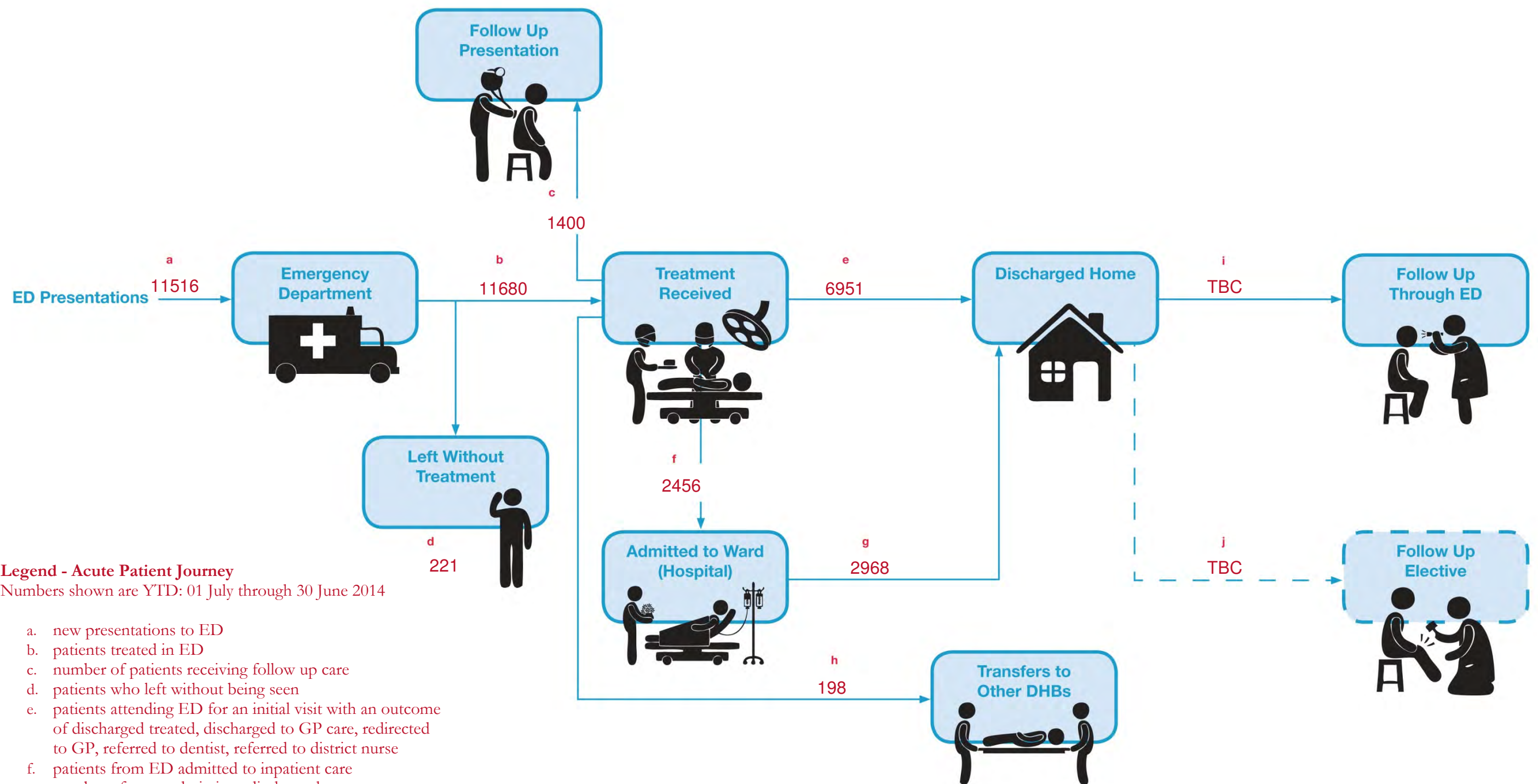
The following pages contain graphics summarising patient journeys.



# Elective Patient Journey







### Legend - Acute Patient Journey

Numbers shown are YTD: 01 July through 30 June 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. The volume results below for the year ended 30 June 2014 are provisional; pending final verification of coding.

### Inpatient Volumes

Provisional results as at 30 June 2014, show overall case-weighted [CWD] inpatient delivery was 17.7% beneath contracted volume for surgical specialty services and marginally over by 0.84% for medical specialty services. This does not impact on production or ESPIs but, however, is a result of patients travelling to other centres for specialist treatment.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	1,121.09	784.58	-336.51	-30.02%
Elective	1,232.75	1,152.26	-80.49	-6.53%
<b>Sub-Total Surgical:</b>	<b>2,353.84</b>	<b>1,936.84</b>	<b>-417.00</b>	<b>-17.72%</b>
<b>Medical</b>				
Acute	1,392.11	1,403.47	11.36	0.82%
Elective	0	0.37	0.37	100%
<b>Sub-Total Medical:</b>	<b>1,392.11</b>	<b>1,403.84</b>	<b>11.73</b>	<b>0.84%</b>
<b>TOTALS:</b>	<b>3,745.95</b>	<b>3340.68</b>	<b>-405.27</b>	<b>-10.82%</b>

### Outpatient Volumes

As at 30 June, provisional outpatient delivery was just 1.01% over contracted volume for surgical specialty services and 9.93% 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	3,525	3,574	49	1.39%
Sub. Visit	5,420	5,281	-139	-2.56%
<b>Sub-Total Surgical:</b>	<b>8,945</b>	<b>8,855</b>	<b>-90</b>	<b>-1.01%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1,712	1,736	24	1.40%
Sub. Visit	3,706	4,220	514	13.87%
<b>Sub-Total Medical:</b>	<b>5,418</b>	<b>5,956</b>	<b>538</b>	<b>9.93%</b>
<b>TOTALS:</b>	<b>14,363</b>	<b>14,811</b>	<b>448</b>	<b>3.12%</b>

These tables exclude Musculoskeletal outpatient clinic attendance volumes; being a new service set up during the 2013-14 financial year, with no specific contracted volumes identified while the service established its base.

## 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]
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%
May 2014	2099	1951	148	7.05%
June 2014	1641	1502	139	8.47%
<b>13 month rolling totals</b>	<b>23968</b>	<b>21947</b>	<b>2021</b>	<b>8.43% Average</b>

In light of the continued trend in DNA rates, a piece of work has been established to investigate DNA rates. This work includes understanding the reasons for non-attendance, DHB communication processes, and what solutions there may be to ensure that patients are able to attend their appointments. An update on this ongoing piece of work will be provided at the next HAC meeting.

## 4.2 Workforce Update

### Nursing

- Recruitment continues to be positive with a high standard of applicants.
- Recruitment activity continues to employ a Clinical Nurse Educator.

### Ward Activity

- The CNMs have implemented an education plan for each area which is up and visible to staff.
- New graduates will rotate wards at month's end, two of whom will be going to specialised areas, theatre and ED.
- Audits continue to happen throughout the wards with the MEWS/PEWS (Modified Early Warning Score and Paediatric Early Warning Score) added to the audit list. Results are favourable so far.
- Faster cancer treatment data is now being captured as required by the Ministry.
- Shorter stays Quality Framework for the Emergency Department is well under way with reporting starting at the end of July. This is a quality initiative from the MOH that requires us to report quarterly on issues such as waiting times and other treatment targets.
- Improvements are being made on documentation throughout the hospital, with an emphasis on standardisation and review and sign off procedures.



### **Maternity Services**

- The West Coast DHB maternity website went live on Monday 30 June as planned. The official launch, with invited guests, occurred on Wednesday 9 July in the Lecture Theatre at Grey Base Hospital.
- Purse pack cards which highlight the web pages were distributed to the GP practices at the launch.
- 'We Care About Your Care' patient satisfaction survey has been launched and there has been a good response rate from women and families.
- To date, there has been no 'one stop shop' for pregnant West Coast women to source health and other information about maternity services on the Coast. The maternity services web pages are linked from the WCDHB site, with direct access at [www.westcoastdhb.health.nz/maternity](http://www.westcoastdhb.health.nz/maternity).
- Whilst a 'one stop shop' website was not mentioned in the review, it was considered that it would help collate relevant information in one place, and is consistent with the direction of travel and what we are trying to achieve. The advantages of ensuring women are aware of the website include providing timely information on smoking (and alcohol) cessation advice, being able to register with a lead maternity carer earlier, and being able to plan around rural birthing constraints. The pages went live on Monday 30 June.
- Good progress continues to be made in the implementation of the maternity review recommendations.

### **Reefton Health**

- There is a 2 day team-building workshop planned for 14 and 15 August. This will be held off-site with a facilitator from Canterbury.
- A plan for regular in-service education has been developed with the Clinical Services Manager and Rural Nurse Specialists to provide ongoing training for the registered nurse team, focusing on after-hours presentations to the hospital.
- Two nurses are completing post graduate papers. Next year up to 6 nurses are planning on either starting or completing post graduate papers.
- One caregiver is currently studying for a health and safety diploma. This staff member has been able to assist in Grey with preparation for the ACC audit.

### **Allied Health**

- An experienced dietitian started mid-June – based at Grey Hospital.
- The Buller physiotherapy service continues to be supported from Grey, while recruitment for a physiotherapist continues. Physiotherapy cover for Buller is a constraint in July as the Buller based physiotherapist is on planned leave. Solutions to provide cover for this continue to be explored.
- ERAS (Enhanced Recovery after Surgery) for orthopaedic patients – the questionnaire gathering customers' viewpoints on current practice and increased interdisciplinary education prior to surgery has been completed. The information is still to be collated.
- Staff are currently doing online training with assistance from local champions. This will be used predominantly by Occupational Therapists and Physiotherapists. It may be used

- occasionally by speech and language therapists and audiology. The Ministry of Health are in Greymouth presenting their roadshow on 30 July.
- The Clinical Manager Occupational Therapy role remains vacant with a staff member acting up into the role.

### **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.
- Bargaining with the PSA representing Home Based Support Workers has commenced.

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

<b>New Vacancies</b>	<b>11</b>
<b>Total Open Vacancies</b>	<b>30</b>
<b>Total FTE Recruiting</b>	<b>37</b>
<b>Appointed Vacancies</b>	<b>14</b>
<b>Total FTE Appointed</b>	<b>11.4</b>

Recruitment activity remains steady this month with total vacancies being actively recruited to at 35. Vacancies are split across: Allied Health 10, Nursing 6, Corporate & Support Services 6, Senior Medical Officers 5 (plus 5 GPs vacancies with Better Health), and Resident Medical Officers 3. Nursing vacancies remain at a low level and we continue to be attracting a high calibre of nurses into hospital based roles. SMHS nurses are proving more difficult to source. We have one Anaesthetist starting in August and another who is completing his NZ Immigration and is likely to start within the next two months. The General Surgeon has accepted and we are currently completing the MCNZ registration process.

### **Reefton Health Recruitment**

- Reefton's new GP, Dr Marcia Liberatore, is settling into the Reefton practice.
- The hospital wing reception/clerical position closed 4 July with 17 applications. Four have been short-listed with interviews taking place on 11 July.
- The practice manager position was re-advertised with only one application received; the interview is to be held within the next 2 weeks.
- A coast-wide casual RNS has been appointed with orientation starting in Reefton on 11 August. The appointee has vast experience in remote rural nursing and secondary care nursing.

## **4.3 Patient**

### **Patient Transfers**






- There has been a drop in the number of transfers for the month of May 2014. The number of patients transferred to tertiary centres was 28 for May 2014 (down 10 patients compared to both March and April 2014 (each being 38 transfers). The majority of the May transfers were for surgical patients, with the main reason for transfers being 'Specialty Care not available at Grey Base Hospital'.



- There were 10 transfers made from Buller to Grey Base Hospital in May 2014, a drop from 22 transfers in March 2014 and 15 transfers in April 2014.
- It is noted that preliminary data for June 2014 indicates that the tertiary transfer numbers are trending back up however.
- Four transfers were made from Reefton to Grey Base Hospital for May 2014 (three in April 2014).

## 4.4 Health Targets

### Health Target progress

#### Quarterly & between-quarter progress data

Target		Q1 13/14	Q2 13/14	Q3 13/14	May/ Q4 13/14	Target	Current Status	Progress
	<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours	99.8%	99.8%	99.6%	99.6%	95%	✓	The West Coast DHB continues to achieve impressive results against the <b>Shorter Stays in ED Health Target</b> , with <b>99.6%</b> of patients admitted, discharged or transferred from ED within six hours during Quarter 4. Data for the 12 month period 2013/14 financial year shows 96.6% were admitted, discharged or transferred within just four hours.
	<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	434 YTD	795 YTD	1,182 YTD	1,517 YTD May <sup>2</sup>	1,451 YTD May	✓	The West Coast DHB is set to both meet and surpass our year-end <b>Improved Access to Elective Surgery Health Target</b> of 1592, having delivered <b>1,517 discharges</b> in the eleven months to 31st May 2014—exceeding the month's target by 66 patients. Quarter 4 data is expected in early August.
	<b>Shorter Waits for Cancer Treatment</b> People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	The West Coast DHB has achieved the <b>Shorter Waits for Cancer Treatment Health Target</b> for the 2013/14 financial year, with <b>100%</b> of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
	<b>Increased Immunisation</b> Eight-month-olds fully immunised	85%	84%	89%	-	90%	✗	For the <b>Increased Immunisation Health Target</b> we were two children shy of meeting the targeted 90%, but are pleased to have achieved our best result this year having <b>89%</b> of eight-month-olds fully immunised. Small numbers as well as high opt-off and declines continue to prove challenging in meeting this target.
	<b>Better Help for Smokers to Quit</b> <b>Hospitalised</b> smokers receiving help and advice to quit	93%	86.2%	92.5%	91% May	95%	✗	During Quarter 3, West Coast DHB staff provided <b>92.5%</b> of hospitalised smokers with smoking cessation advice and support –just missing the targeted 95% for the <b>Secondary Care Better Help for Smokers to Quit Health Target</b> by 19 patients. Although we did not meet the target this quarter, this is a positive 6.3% increase on last quarter's result. May's monthly result is current sitting at 91%. 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.

Target		Q1 13/14	Q2 13/14	Q3 13/14	May/ Q4 13/14	Target	Current Status	Progress
	<b>Better Help for Smokers to Quit</b> Smokers attending <b>primary</b> care receive help and advice to quit	58%	59.9%	55.4%	-	90%	✗	The <b>Primary Care Smokers Better Help to Quit Health Target</b> suffered a disappointing 4.4% decrease during Quarter 3 with <b>55.4%</b> of smokers attending primary care during the year having received brief advice or cessation support to quit smoking. Analysis has identified a large push from the previous financial year following the install of HealthStat contributed to this, with these statuses having expired beyond the target's 12 month timeframe from that time last year. Actions previously reported continue, and training in Buller and Reefton has taken place for the upcoming TXT2Remind project. Our Quarter 4 result is expected at the end of July.
	<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CV risk assessment in the last 5 years	64%	66.4%	69.6%	-	90%	✗	Performance against the <b>More Heart and Diabetes Checks Health Target</b> continues to steadily increase with 69.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. Our Quarter 4 result expected at the end of July.

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

No patients exceeded the maximum 150 days' wait time target for First Specialist Appointment (ESPI 2) as at the end of May 2014. One plastic surgery patient was over the maximum 5-month waiting time target for treatment (ESPI 5). This patient was subsequently operated upon in mid-June, and the ESPI targets are again 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			2014			2014			2014			2014			2014					
	Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May		
	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	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	18 of 18	100.0%	0			
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	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	1	0.1%	-1
5. Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	4	1.8%	-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	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.3%	-1
6. Patients in active review who have not received a clinical assessment within the last six months.	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	0	0.0%	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	150	100.0%	0	151	100.0%	0	146	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	146	100.0%	0	147	100.0%	0	173	100.0%	0

Data Warehouse Refresh Date: 04/Jul/2014

Report Run Date: 07/Jul/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 0.39%, 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](mailto:elective_services@moh.govt.nz).



## 4.5 Quality

### Incidents | Complaints | Compliments

- Incidents

Incident Category	June 2014	June 2013
Behaviour	-	-
Blood and Body Fluid	1	1
Clinical Process	11	7
Death	1	-
Documentation	1	10
Fall	2	1
Hazard	-	1
Injury and self-harm (pt)	2	2
Medication	6	6
Other	1	3
Property	2	-
Security	-	1
Staffing	-	-
Transport	-	2
Violence	-	-
Work related injury	2	1
<b>Total for month</b>	<b>29</b>	<b>35</b>
<b>Year to date (Jan – June)</b>	<b>189</b>	<b>196</b>

There are a consistent number of incidents recorded across different categories for the month at Grey Base Hospital; around 30 per month. Clinical processes are a category where we highlight where the process has contributed to delay or has been less than optimum for either staff or patients. Reporting these incidents provides us with a real opportunity to streamline systems to make them more efficient.

- Complaints

For the month of June three new complaints were received. One of these related to patient travel, one about wait time at ED and the other about privacy. 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.

#### **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.

#### **Development of WCDHB-wide 3 Year Audit**

A stocktake of all audit activity taking place across the West Coast DHB has commenced. The data is being entered into a shared spreadsheet. Once all of the information has been collated, the audit group will meet again.



**Primary Secondary Electronic Interface**

- The Primary Secondary Workstream continues to meet monthly. The group is currently focusing on a process for uploading photos taken from i-phones into the patient system, as well as fine-tuning other processes for sharing information across the sectors.
- Incident forms for primary practice are continuing to come into the Quality Co-ordinator for entering into the database. These incidents are being reviewed with those occurring in South Westland and community services being reviewed at a monthly incident review group meeting.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 MAY 2014



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

**SOURCE:** Finance

**DATE:** 24 July 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 May 2014.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of May 2014 was a deficit of \$0.070m, which was \$0.072m favourable against the budgeted deficit of \$0.142m. The year to date position is now \$0.015m favourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,957	6,873	84	√	75,427	75,618	(191)	×
Governance & Administration	241	148	93	√	1,857	1,699	158	√
Funds & Internal Eliminations	4,202	4,390	(188)	×	48,252	48,204	48	√
	11,400	11,411	(11)	×	125,536	125,521	15	√
<b>EXPENSES</b>								
Provider								
Personnel	5,936	4,519	(1,417)	×	50,443	48,338	(2,105)	×
Outsourced Services	833	231	(602)	×	6,580	3,286	(3,294)	×
Clinical Supplies	491	735	244	√	6,930	8,396	1,466	√
Infrastructure	1,412	925	(487)	×	11,087	10,179	(908)	×
	8,672	6,410	(2,262)	×	75,040	70,199	(4,841)	×
Governance & Administration	241	149	(92)	×	1,857	1,712	(145)	×
Funds & Internal Eliminations	1,920	4,448	2,528	√	44,494	48,749	4,256	√
Total Operating Expenditure	10,833	11,007	174	√	121,391	120,660	(731)	×
Surplus / (Deficit) before Interest, Depn & Cap Charge	567	404	163	√	4,145	4,861	(716)	×
Interest, Depreciation & Capital Charge	637	546	(91)	×	5,275	6,006	731	√
Net surplus/(deficit)	(70)	(142)	72	√	(1,130)	(1,145)	15	√

#### **4. APPENDICES**

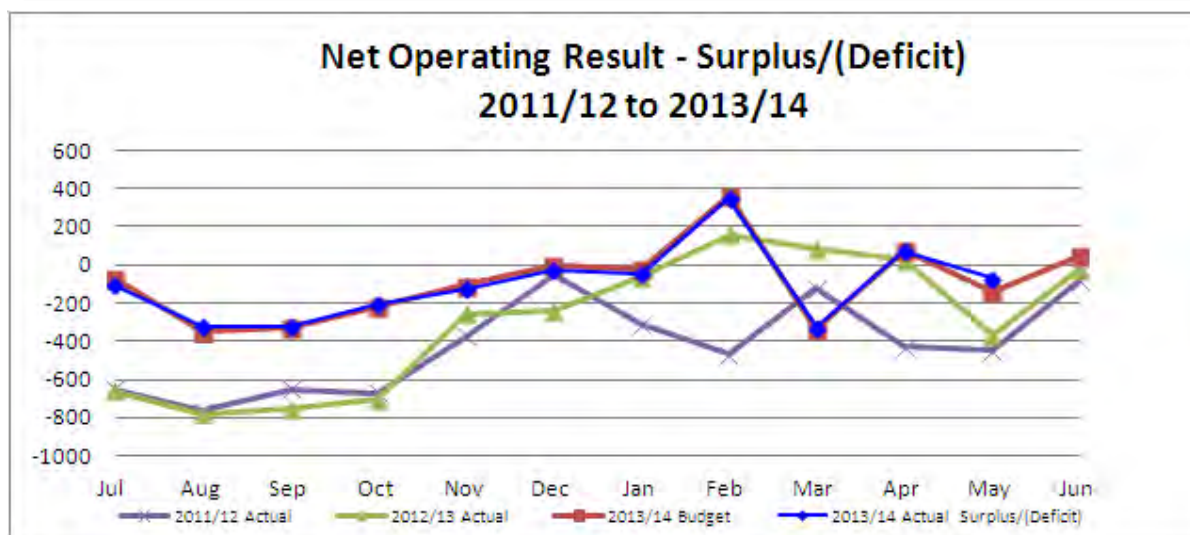
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

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

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – MAY 2014

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(70)	(142)	72	-51% ✓	(1,130)	(1,145)	15	-1% ✓



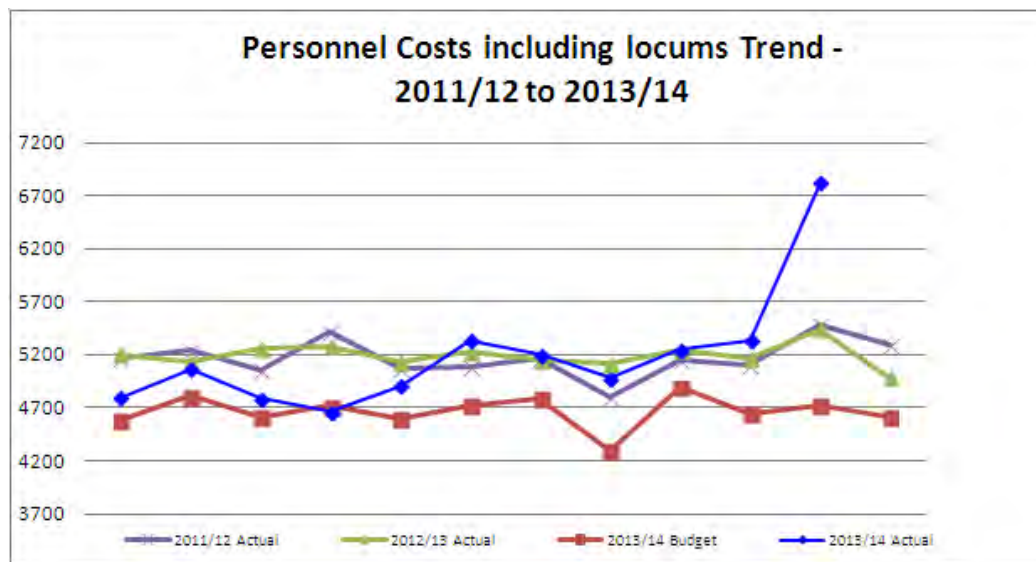
We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

### KEY RISKS AND ISSUES

Although currently tracking on target, the achievement of the annual plan will continue to require a significant level of oversight and management in order to be achieved, 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	1,843	1,278	(565)	-44%	✗	15,784	14,131	(1,653)	-12%	✗
Nursing	2,696	2,038	(658)	-32%	✗	24,097	22,062	(2,035)	-9%	✗
Allied Health	795	716	(79)	-11%	✗	8,194	7,699	(495)	-6%	✗
Support	120	122	2	2%	✓	1,280	1,326	46	3%	✓
Management & Admin	1,366	573	(793)	-138%	✗	7,788	6,161	(1,627)	-26%	✗
<b>Total</b>	<b>6,820</b>	<b>4,727</b>	<b>(2,093)</b>			<b>57,143</b>	<b>51,379</b>	<b>(5,764)</b>		



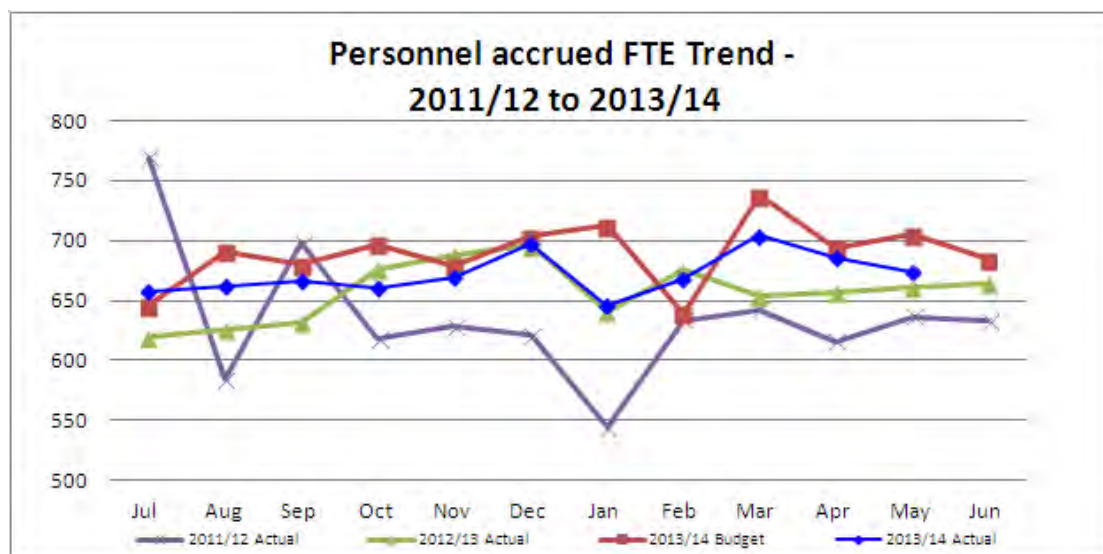
Personnel costs are unfavourable for the month, this is consistent with the trend from previous months, however in this month we have also reallocated a significant level of costs that were previously categorised as IDF expenses (with a corresponding reduction in IDF expenses) – these largely relate to visiting clinicians from CDHB. Despite significant efforts we are still experiencing increased use of Locums than anticipated by the budget to manage and 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	54	16	29%	✓	40	51	11	21%	✓
Nursing	335	332	(3)	-1%	✗	327	327	(0)	0%	✗
Allied Health	161	160	(1)	-1%	✗	151	156	5	3%	✓
Support	24	29	4	15%	✓	26	28	2	6%	✓
Management & Admin	127	130	3	2%	✓	128	127	(1)	-1%	✗
<b>Total</b>	<b>685</b>	<b>705</b>	<b>19</b>			<b>672</b>	<b>689</b>	<b>17</b>		



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

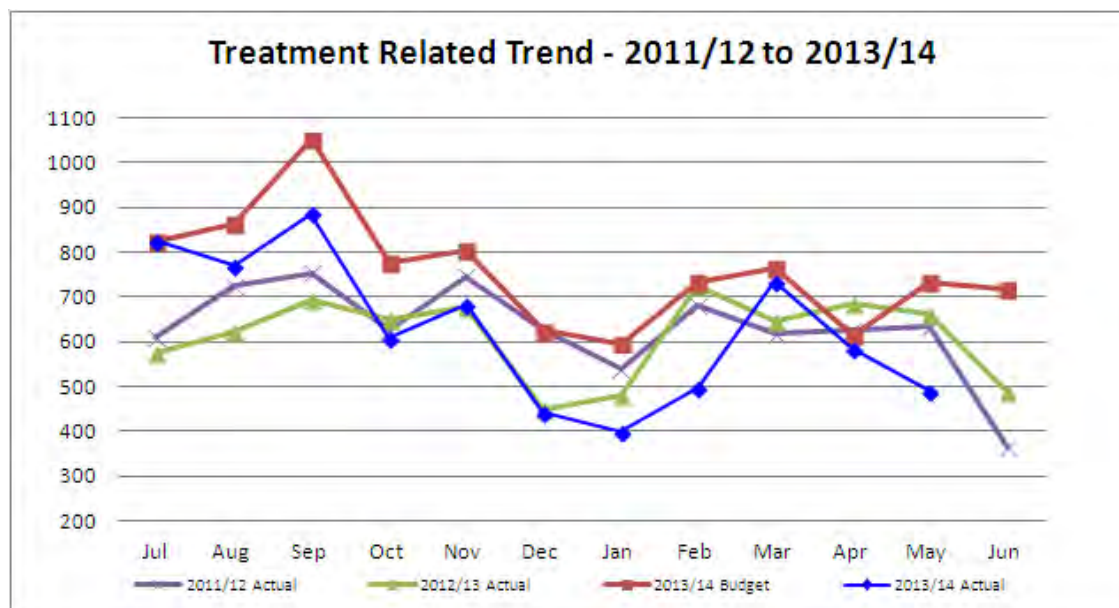
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

## 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 3 FTE under our overall management and administration staff cap for MAY. 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	491	735	244	33%	✓	6,930	8,396	1,466	17%	✓



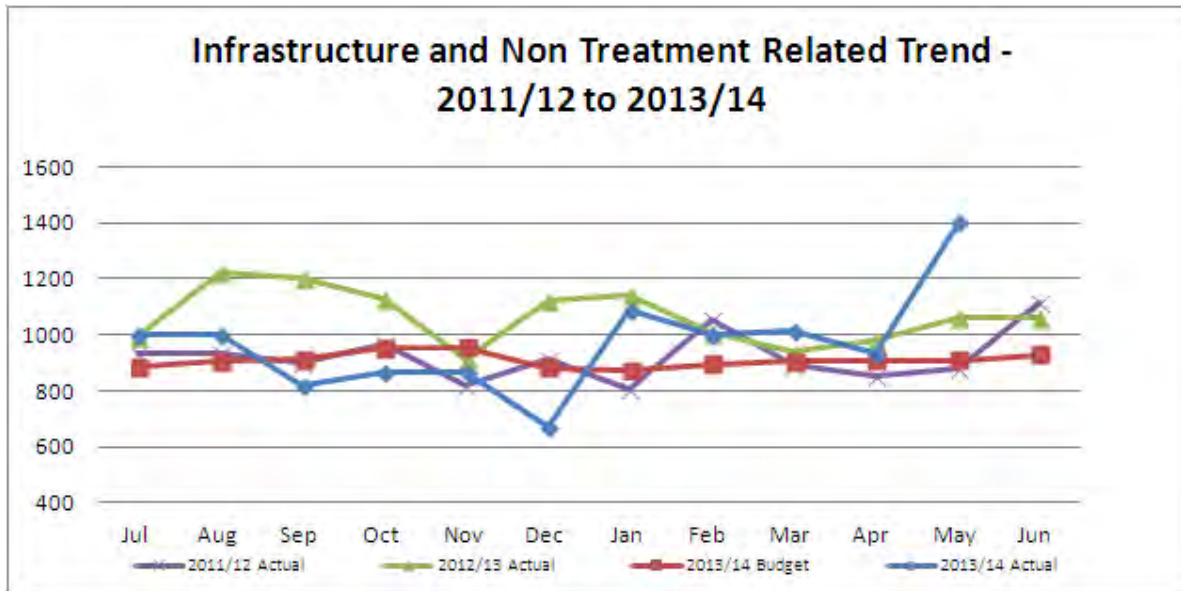
Treatment related costs are significantly underspent year to date, this is due to a number of factors including more robust contract management. We are forecasting that this trend will continue and that the full years costs will be lower than budget.

## 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	1,400	908	(492)	-54% X	10,657	9,986	(671)	-7% X



Facilities, IT and Telecommunications costs make up the bulk of this category. Again this category of expenditure has been influenced by the reallocation of costs from other categories – specifically treatment related. Forecast is for this category to remain largely on budget.

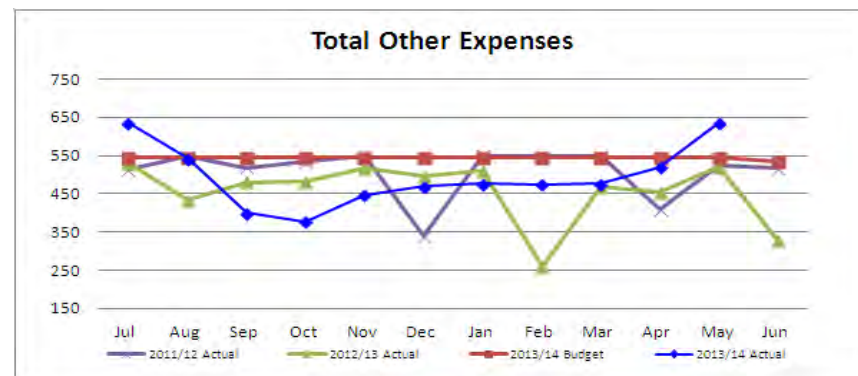
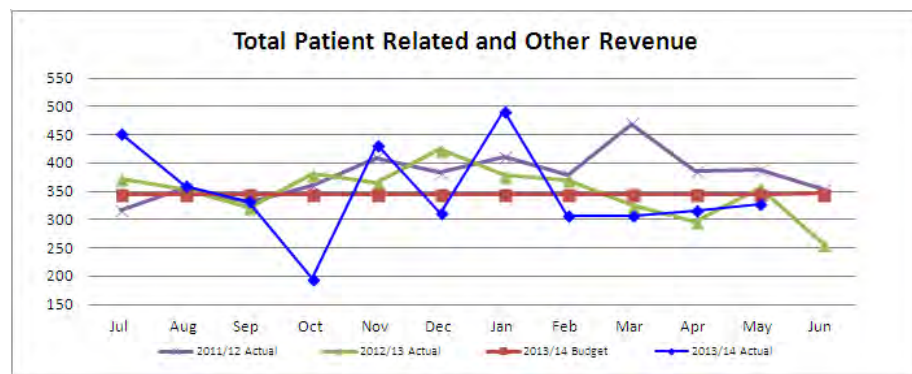
## KEY RISKS AND ISSUES

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	51	20	31	155%	✓	547	220	327	149%	✓
Donations	-	4	(4)	-100%	✗	-	44	(44)	-100%	✗
Rental	16	19	(3)	-16%	✗	160	209	(49)	-23%	✗
Other	28	20	8	100%	✓	362	220	142	100%	✓
<b>Total Other Revenue</b>	<b>95</b>	<b>63</b>	<b>32</b>	<b>51%</b>	<b>✓</b>	<b>1,069</b>	<b>693</b>	<b>376</b>	<b>54%</b>	<b>✓</b>
Interest Expenses	64	54	(10)	-19%	✗	650	594	(56)	-9%	✗
Depreciation	505	424	(81)	-19%	✗	3,886	4,664	778	17%	✓
Capital Charge Expenses	68	68	-	0%	✓	739	748	9	1%	✓
<b>Total Other Costs</b>	<b>637</b>	<b>546</b>	<b>(91)</b>	<b>-17%</b>	<b>✗</b>	<b>5,275</b>	<b>6,006</b>	<b>731</b>	<b>12%</b>	<b>✓</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	9,022	10,983	(1,961)	-18%	✗	12,060
Cash	8,839	6,585	2,254	34%	✓	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 May 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	10,938	10,930	8	0.1%	120,299	120,230	69	0.1%	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	20	33	(13)	(39.4%)	36	36
Inter District Flows Revenue	135	134	1	0.7%	1,480	1,474	6	0.4%	1,622	1,656
Patient Related Revenue	232	281	(49)	(17.4%)	2,668	3,091	(423)	(13.7%)	3,371	3,112
Other Revenue	95	63	32	50.8%	1,069	693	376	54.2%	759	1,088
<b>Total Operating Revenue</b>	<b>11,400</b>	<b>11,411</b>	<b>(11)</b>	<b>(0.1%)</b>	<b>125,536</b>	<b>125,521</b>	<b>15</b>	<b>0.0%</b>	<b>136,944</b>	<b>134,833</b>
<b>Operating Expenditure</b>										
Personnel costs	5,991	4,567	(1,424)	(31.2%)	50,986	48,874	(2,112)	(4.3%)	53,310	55,688
Outsourced Services	777	147	(630)	(428.6%)	5,618	2,362	(3,256)	(137.8%)	2,532	9,120
Treatment Related Costs	491	735	244	33.2%	6,930	8,396	1,466	17.5%	9,114	7,369
External Providers	3,022	3,001	(21)	(0.7%)	31,653	32,903	1,251	3.8%	35,866	29,843
Inter District Flows Expense	(990)	1,526	2,516	164.9%	14,073	16,786	2,713	16.2%	18,308	16,675
Outsourced Services - non clinical	142	123	(19)	(15.4%)	1,474	1,353	(121)	(8.9%)	1,460	1,445
Infrastructure and Non treatment related costs	1,400	908	(492)	(54.2%)	10,657	9,986	(671)	(6.7%)	10,915	12,787
<b>Total Operating Expenditure</b>	<b>10,833</b>	<b>11,007</b>	<b>174</b>	<b>1.6%</b>	<b>121,391</b>	<b>120,660</b>	<b>(731)</b>	<b>(0.6%)</b>	<b>131,505</b>	<b>132,927</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>567</b>	<b>404</b>	<b>163</b>	<b>(40.4%)</b>	<b>4,145</b>	<b>4,861</b>	<b>(716)</b>	<b>14.7%</b>	<b>5,439</b>	<b>1,907</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	64	54	(10)	(18.5%)	650	594	(56)	(9.4%)	642	650
Depreciation	505	424	(81)	(19.1%)	3,886	4,664	778	16.7%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0	739	748	9	1.2%	812	677
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>637</b>	<b>546</b>	<b>(91)</b>	<b>(16.7%)</b>	<b>5,275</b>	<b>6,006</b>	<b>731</b>	<b>12.2%</b>	<b>6,539</b>	<b>5,482</b>
<b>Net Surplus/(deficit)</b>	<b>(70)</b>	<b>(142)</b>	<b>72</b>	<b>50.7%</b>	<b>(1,130)</b>	<b>(1,145)</b>	<b>15</b>	<b>1.3%</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>(70)</b>	<b>(142)</b>	<b>72</b>	<b>50.7%</b>	<b>(1,130)</b>	<b>(1,145)</b>	<b>15</b>	<b>1.3%</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 May 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
25,532	29,382	(3,850)	(13.1%)	26,613
2,659	1,042	1,617	155.2%	790
909	528	381	72.2%	3,296
153	2	151	7550.0%	0
29,253	30,954	(1,701)	(5.5%)	30,699
8,839	6,585	2,254	34.2%	7,417
60	58	2	3.4%	60
1,013	1,040	(27)	(2.6%)	1,022
2,697	4,614	(1,917)	(41.5%)	3,114
136	136	0	0.00%	136
12,745	12,433	312	2.5%	11,749
41,998	43,387	(1,389)	(3.0%)	42,448
14,195	8,695	5,500	63.3%	12,195
3,216	3,461	(245)	(7.1%)	3,475
17,411	12,156	5,255	43.2%	15,670
250	3,750	(3,500)	(93.3%)	250
6,697	8,374	(1,677)	(20.0%)	8,142
8,618	8,124	494	6.1%	8,273
15,565	20,248	(4,683)	(23.1%)	16,665
32,976	32,404	572	1.8%	32,335
69,729	71,729	(2,000)	(2.8%)	69,729
19,569	19,569	0	0.00%	19,569
(80,315)	(80,354)	39	(0.0%)	(79,224)
39	39	0	0.00%	39
9,022	10,983	(1,961)	(17.9%)	10,113
41,998	43,387	(1,389)	(3.2%)	42,448

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

### Statement of cash flows

For period ending

31 May 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
11,998	11,391	607	5.3%	123,999	125,301	(1,302)	(1.0%)	136,704	135,453
(6,754)	(4,727)	(2,027)	42.9%	(57,415)	(51,332)	(6,083)	11.9%	(55,948)	(55,710)
(3,593)	(1,753)	(1,840)	105.0%	(18,039)	(19,592)	1553	(7.9%)	(21,335)	(31,744)
(3,157)	(3,001)	(156)	5.2%	(33,133)	(32,903)	(229)	0.7%	(35,866)	(31,499)
1125	(1,526)	2651	(173.7%)	(12,593)	(16,786)	4193	(25.0%)	(18,308)	(15,019)
(381)	384	(765)	(199.3%)	2819	4688	(1,869)	(39.9%)	5,247	1,480
(64)	(54)	(10)	18.5%	(650)	(594)	(56)	9.4%	(642)	(648)
(68)	(68)	0	0.0%	(883)	(748)	(135)	18.0%	(812)	(677)
(513)	262	(775)	(295.9%)	1286	3346	(2,060)	(61.6%)	3,793	155
51	20	31	155.0%	547	220	327	148.6%	240	229
0	0	0		0	0	0		0	0
(149)	(258)	109	(42.2%)	(1,103)	(2,838)	1735	(61.1%)	(3,300)	(3,436)
0	(17)	17	(100.0%)	5	(187)	192	(102.7%)	0	(1,706)
(98)	(255)	157	(61.6%)	(551)	(2,805)	2,254	(80.4%)	(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							
0	0	0		1932	0	1932		0	3,532
(611)	7	(618)	(8992.4%)	2,667	541	2126	393.4%	1,765	(1,226)
9,450	6,578	2872	43.7%	6,172	6,044	128	2.1%	6,044	7,398
8,839	6,585	2,254	34.2%	8,839	6,585	2254	34.2%	7,809	6,172

## CLINICAL LEADERS UPDATE



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

**SOURCE:** Clinical Leaders

**DATE:** 24 July 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

#### **Workforce**

The reinvigorated recruitment strategy for nursing has led to an increase in the number and quality of applicants. We are working across the system to ensure recruitment of nurses is creative, coordinated and effective.

This year we are employing two new graduate nurses on the mid year intake for the first time. This has been enabled by the shared CDHB/WCDHB NETP Programme. Once again the calibre of applicants has been outstanding, and the number of new graduate nurses indicating the WCDHB is their DHB of choice is increasing.

A review is underway of patient road transport/transfer activity and associated nursing FTE. This will provide a clear picture of FTE requirements to support this service. Once done, a training and education package will be developed and implemented to ensure these nurses have the required skill and receive ongoing training to remain competent. Midwives have completed flight training for helicopter transfer, and planning is underway to complete this training to include fixed wing.

The DONM, Nurse Practitioner from the RAGP and the Clinical Nurse Manager from Buller Medical Centre all attended the GPNZ Nursing Leadership Development Day recently. The focus of the day was leading innovation and integration.

General Practitioner numbers on the West Coast are strong presently, which is a pleasing reflection on the increased recruitment and retention efforts. Plans are currently underway to increase the ratio of junior medical staff on the West Coast who are in training positions, both in hospital and primary care settings.

The recruitment for the Associate Director Allied Health is ongoing. The South Island Regional training hub is supporting the development of regional leadership roles for allied health particularly for the vulnerable professions or specialties. Recruitment of Allied Health is proving challenging and we are exploring alternative solutions to support physiotherapy in particular.

### **Quality and Safety**

Work is underway to review and update standardised nursing care plans at Grey Base Hospital. This is to ensure plans are up to date, consistent, refer to other tools/guiding documents such as MEWS and PEWS, and are aligned to best practice and policy.

Education plans for each area of practice are currently being developed. This is to ensure nurse training is appropriate and up to date for all specialty areas. These will be aligned to individuals' annual performance appraisals, career plans, service requirement and overarching nursing workforce planning.

The West Coast DHB is now part of the national Child Protection Alert System, which allows early identification of at risk children who present to health facilities.

The Clinical Board and quality teams continue to focus on the Open for Better Care campaign areas with the current focus of Safer Surgical care.

### **Integrated Service Development**

Work is underway to improve the integration between the clinical nurse specialists and General Practice teams in Greymouth, through better electronic communication to enhance patient care.

The South Island Information Services Alliance have begun road shows to promote the development of the new regional patient information care system and visited the West Coast on the 19<sup>th</sup> June. This will see all the DHBs in the South Island utilising one single system and better support patients who need to travel to receive services.

## **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



# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 12 JUNE 2014



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 27 June 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 12 June 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 – 12 June 2014.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 12 June 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.

Mr Newsome highlighted the pleasing progress in recruitment and also an increase in the quality of applications for vacancies. The Committee noted that: two anaesthetists commencing this year (one in July and one in September); nursing vacancies have decreased (down to 9 from 12); and an offer has been made to a General Surgeon and indications are that he will commence by year end.

In regard to Maternity Services, work continues between accountable managers and clinical leaders across the West Coast and Canterbury health systems 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 service design in Buller. The recommendations from the review have been grouped and prioritised into four key areas: Buller Model of Care; Transalpine Approach and SMO Recruitment; Midwifery Workforce; and Quality, Safety & Education.



The Committee noted in regard to Allied Health that there is still a constraint in terms of physiotherapy services and a meeting is to take place with all those involved in this service over the next few weeks.

Mr Newsome advised that work is taking place around the Audit of documentation and random chart audits have been carried out using the WCDHB Documentation Record Keeping Audit. The quality of documentation continues to high and feedback is provided to staff and education will be tailored to address any areas where more work is required.

The Committee continues to keep a watch on outpatient DNA levels which have continued to fluctuate over the last year with an average of 8.54%. Management continue to investigate ways of improving this.

A table showing the number of incidents reported has now been included in the Committee papers to enable a better understanding of the areas these relate to.

The Committee noted that at the present time no major Industrial Relations risks have been identified.

The Committee also noted that the DHB is on track to deliver its Elective Target by year end.

## **FINANCE REPORT**

Justine White, General Manager, Finance, presented the Finance Report for the month ending April 2014. She commented that the May results are nearly completed and these look entirely consistent with April and she is not expecting any surprises before the end of the financial year that will change the expected results.

Discussion took place regarding orthopaedic surgery and the Committee noted that the West Coast community enjoys one of the highest access rates to orthopaedic surgery in the country. Whilst we have delivered more than we would have liked in Canterbury with orthopaedics, the Committee noted that we have been delivering well above what we should have been and we continue to ensure that we are delivering the right amount of surgery.

The report noted that the accrued FTE level is influenced by leave taken throughout the period with the current year to date figure reflecting a higher use of locums than we would like.

## **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 this particular report is very nursing centric as the other Clinical Directors have been away. The committee noted across the health system people are meeting to talk about they type of care that will be required in the future and it seems that there is more engagement around this than previously.

## **GENERAL BUSINESS**

The Chair thanked Dr Paul McCormack for his contribution to the Hospital Advisory Committee in the time he has been on the Board and Chair of the DHB.

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 12 June 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 27 June 2014 commencing at 10.15am**

<b>KARAKIA</b>		<b>10.15am</b>
<b>ADMINISTRATION</b>		<b>10.20am</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> ▪ 9 May 2014	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>10.25am</b>
4.	<b>Chair's Update</b> (Verbal Update)	Peter Ballantyne <i>Chairman</i> 10.25am - 10.35am
5.	<b>Chief Executive's Update</b>	David Meates <i>Chief Executive</i> 10.35am - 10.50am
6.	<b>Clinical Leader's Update</b>	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Bousfield <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i> 10.50am - 11.00am
7.	<b>Finance Report</b>	Justine White <i>General Manager, Finance</i> 11.00am - 11.10am
8.	<b>Health Target Report – Quarter 3</b>	Greg Hamilton <i>Planning &amp; Funding</i> 11.10am - 11.15am
9.	<b>Maternity Review Update</b>	Mark Newsome <i>General Manager, Grey/Westland</i> 11.15am – 11.25am
10.	<b>Report from Committee Meetings</b>	
-	CPH&DSAC 11 June 2014	Elinor Stratford <i>Chair, CPH&amp;DSAC Committee</i> 11.25am - 11.30am
-	Hospital Advisory Committee 11 June 2014	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 11.30am - 11.35am
-	Tatau Pounamu Advisory Group (Verbal Update)	Elinor Stratford <i>Board Representative to Tatau Pounamu</i> 11.35am - 11.40am
11.	<b>Resolution to Exclude the Public</b>	<i>Board Secretariat</i> 11.40am

## **INFORMATION ITEMS**

- 2014 Meeting Schedule

## **ESTIMATED FINISH TIME**

**11.40am**

## **NEXT MEETING**

Friday 8 August 2014

## 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	

## 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.