

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

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**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**11.00 am, 11 September 2014**

**Board Room  
Grey 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 Chris Lim 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 11 September 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**

*24 July 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 – 08 August 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2014 Meeting Schedule

## NEXT MEETING:

**Date of Next Meeting:** 23 October 2014  
Corporate Office, Board Room at Grey Base Hospital.

# INTEREST REGISTER

Member	Disclosure of Interests
Sharon Pugh <b>Chair</b> <b>Board Member</b>	<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> <b>Board Member</b>	<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>
Chris Lim	To be advised at meeting
Peter Neame <b>Board Member</b>	<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> <li>• Kaumatua/Cultural Advisor for Child Youth &amp; Family (Greymouth and Nelson)</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 24 July 2014, commencing at 10.30am**

## **PRESENT**

Sharon Pugh (Chair); Kevin Brown (Deputy Chair); Peter Neame; Richard Wallace; 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) (For Item 6); Lee Harris (Senior Communications Advisor); and Kay Jenkins (Minutes).

## **WELCOME**

The Chair asked Richard Wallace to lead the Karakia.

## **APOLOGIES**

Apologies were received and accepted from Gail Howard & Paula Cutbush.

***The meeting commenced with a combined Hospital Advisory Committee/Community & Public Health & Disability Support Advisory Committee meeting to receive 2 presentations.***

### **a) COMPLEX CLINICAL CARE NETWORK PRESENTATION**

Nancy Stewart, Service Portfolio Manager, Planning & Funding, provided a presentation on the Complex Clinical Care Network. The Committee noted that this network has been named quite deliberately as it is not just for older people.

The presentation contained the following key points:

- Services for the frail elderly need to be centred on the patient, be mindful of the single integrated system and also make sure we are delivering the best service for our elderly to enable them to remain functionally independent and have choices on the service they can receive.
- To change the model of care three main areas were looked at for a more planned proactive care, people (*at risk individuals*), the process (*to increase independence and function*); and the place (*ensuring that services were at home*). A number of services, programmes and funding streams existed and the aim was to pull these together to form one comprehensive integrated programme to improve the patient journey and experience for all. The plan was to implement a restorative home based support service and supported discharge programme on the West Coast.

This means investing in wrap-around services that are integrated across the health system to support people to stay healthy and well, in their own homes, for as long as possible.

- The CCCN works with the whole of the West Coast Health System with a virtual and transalpine interdisciplinary team which consists of - Geriatrician, GNS, Clinical Assessors, Manager, Allied Health, Administration, Hospital, Primary Care, Nursing, Clinical Assessors, ARC, Allied Health General Practice, and Rural Nursing.
- This client centred approach enables collaboration between disciplines, which breaks down “silos of care”.

Nancy took the meeting through the complex clinical care network and how it has changed its services for clients. She also spoke about the falls prevention project which was designed to reduce falls in the community and reduce hospitalisation as a result.

The Committees thanked Nancy for her presentation.

## **b) ALLIANCE LEADERSHIP TEAM PRESENTATION**

Stella Ward, Chair Alliance Leadership Team, provided a presentation on the Alliance Leadership Team.

The committees noted the following points:

- *What is the Alliance?* The partnership of health professionals and providers established to enable collaborative planning and determine appropriate models of care across the whole health system.
- *The Goal:* To provide increasingly integrated and coordinated health services through clinically-led services development and implementation, within a “best for patient, best for system” framework.

Stella went on to talk about the priorities for Buller IFHS; Priorities for Health of Older Persons; Priorities for Pharmacy; Priorities for Mental Health; Priorities for Child & Youth; Priorities for Healthy West Coast; and priorities for Grey/Westland IFHS.

The Committees thanked Stella for her presentation.

The Hospital Advisory Committee Meeting commenced at 11.50am

## **1. INTEREST REGISTER**

Richard Wallace advised that he is Kaumatua/Cultural Advisor for Child Youth & Family (Greymouth & Nelson).

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

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

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

(Moved: Peter Neame/Seconded: Peter Ballantyne – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 12 June 2014 be confirmed as a true and correct record.

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

Patient Ambulance Transport - Management advised that leadership for the South Island project is by Southern DHB and it is understood that this is almost completed and now needs formalising. Discussions are also taking place with SIAPO and the Board Chair commented that he will raise this at the next SI Alliance Meeting.

The Committee asked that the Board be asked to note that the Committee is disappointed with the slow progress of this Regional 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.

The Committee noted that the development of the management report continues and that it 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 the services, being “the patient journey: through the system; and
- provide greater clarity of, and focus on, key metrics.

At this meeting management continued to present the schematics of the Acute & Elective patient Journeys and the Allied Health Patient Journey and Diagnostic Testing patient Journey continues to be developed and will be presented when the data can be accurately and easily presented.

Mr Newsome highlighted the following features from the report:

- consistent performance continues in most health target areas;
- the launch of the maternity consumer website; and
- the progress of the maternity review recommendation implementation.

He also commented on the following points:

- Physiotherapy services remain constrained and management are looking for solutions around this in conjunction with the Canterbury DHB.
- There is a new General Practitioner in Reefton who is very positive about her new role.
- A lot of work is taking place in the Quality area with audits taking place.

Discussion took place regarding DNAs and the Committee noted that some further work is being undertaken by management in this area. Michael Frampton, Programme Director, advised that as the West Coast Leadership Team meets to prioritise the next 12 months one of the priorities is around DNA reduction and theatre optimisation.

The Priority Initiatives are as follows:

- Transforming Primary Care
- Accelerating Inpatient Re-Configuration (including associated nursing workforce change)
- Optimising Resource Utilisation (including DNA reduction, theatre optimisation and discharge planning)
- *Right-Sourcing* Service Delivery
- Transforming the Medical Workforce

#### Resolution (8/14)

(Moved: Kevin Brown/Seconded: Peter Neame – carried )

- i. That the Committee notes the Management Report.

#### 5. FINANCE REPORT

Justine White, General Manager, Finance, presented the Finance Report for the month ending May 2014. The consolidated 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 provisional final year end result is a deficit of \$1.087m just under the budgeted \$1.1m planned deficit. This is yet to be confirmed by the Auditors. The Committee noted that there is a lot of activity in the month of May as the year end results need to reflect where money was spent and hence the drop in IDFs and increase in other areas.

The Committee noted that the focus is now firmly on next year and converting the work being undertaken in Primary and Secondary Care to financials.

The Committee congratulated management and staff on the provisional financial result.

#### **Resolution (9/14)**

(Moved: Kevin Brown/Seconded: Peter Neame – carried )

- i. That the Committee notes the financial result and related matters for the period ended 31 May 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 highlighted the following points:

- The reinvigorated recruitment strategy for nursing has led to an increase in the number and quality of applicants and work is taking place across the system to ensure that recruitment of nurses is creative, coordinated and effective
- General Practitioner numbers on the West Coast are strong presently which is a pleasing reflection on the increased recruitment and retention efforts.  
The update was noted.

There being no further business the meeting closed at 12.50pm

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
2	24 July 2014	<b>Did Not Attend (DNAs)</b> An update on progress regarding DNAs to be provided to the Committee.		Updates will be provided at each meeting.

# MANAGEMENT REPORT

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

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

**DATE:** 11 September 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:

- i. 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.

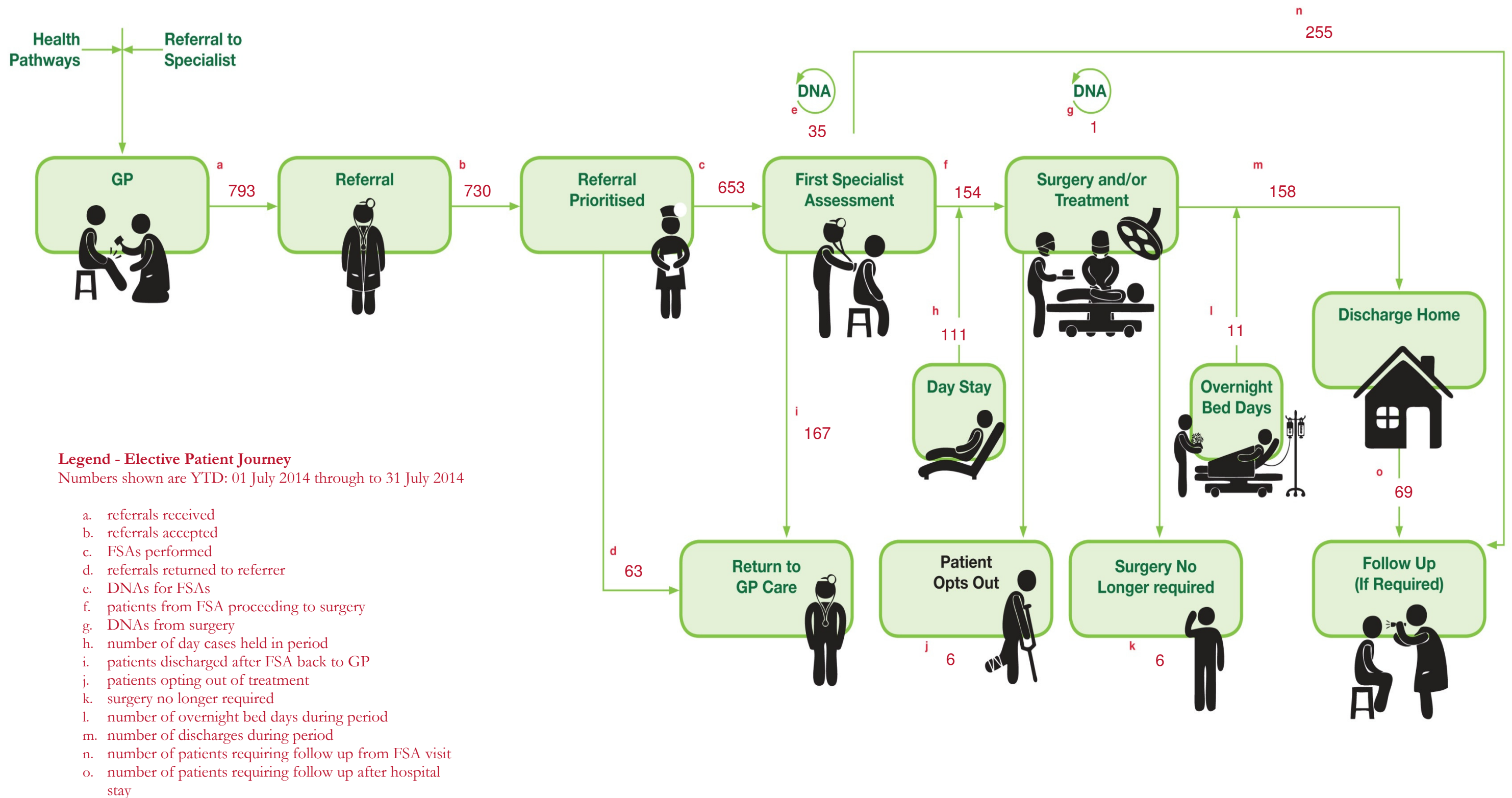
The following are the most notable features of the report:

- Consistent performance continues in most health target areas;
- Continued compliance with ESPI 2 & 5 and on track to deliver to new timeframes for December 2014;
- Reinvigoration of the ADAH recruitment and appointment of interim leadership.

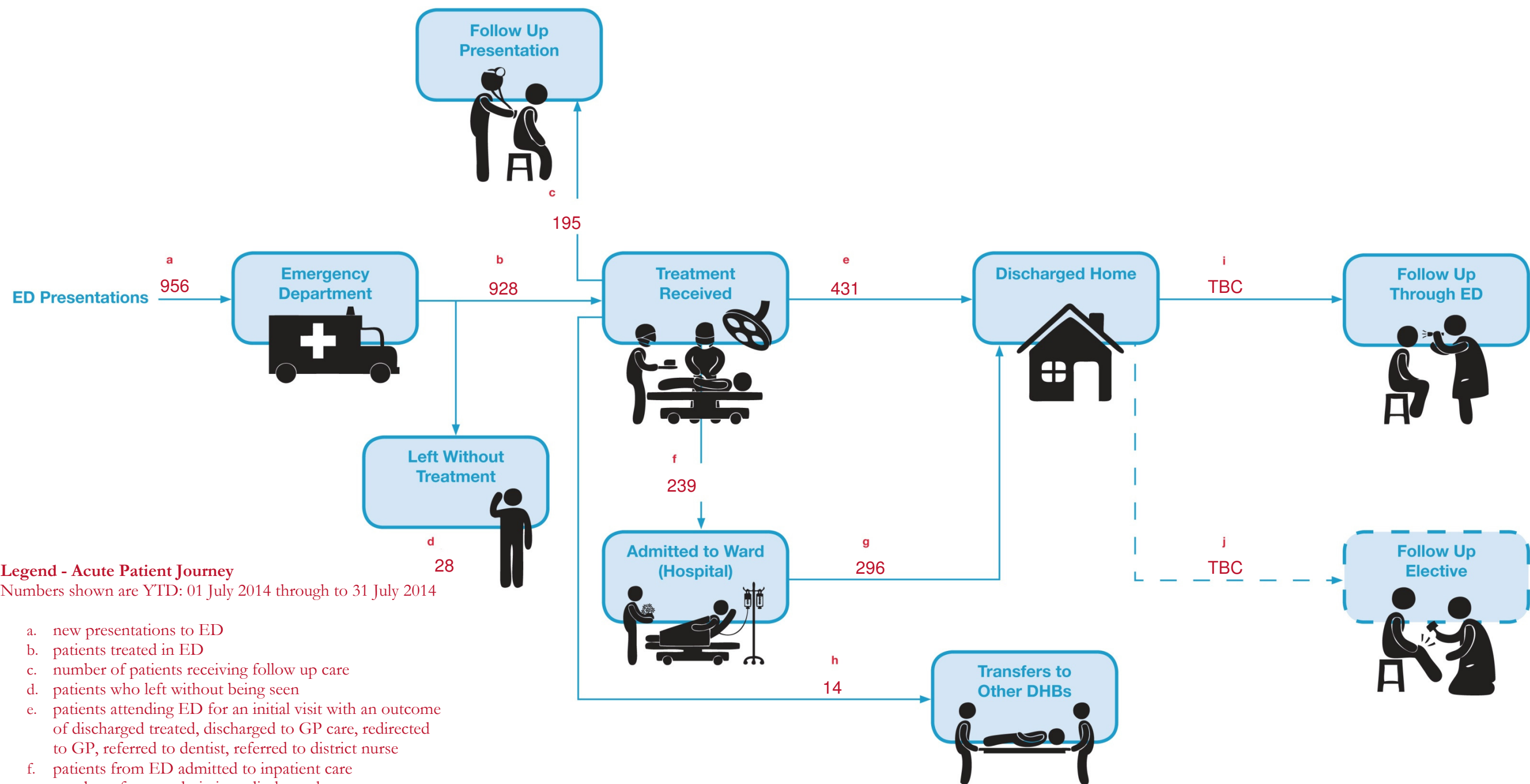
## 4. DISCUSSION

### 4.1 Activity

The following pages contain graphics summarising patient journeys.



# Elective Patient Journey



**Legend - Acute Patient Journey**  
 Numbers shown are YTD: 01 July 2014 through to 31 July 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 first month of the 2014-15 financial year.

### Inpatient Volumes

Results for July 2014 show overall case-weighted [CWD] inpatient delivery at contracted volume; albeit with lower volumes for surgical specialty services being offset by higher throughputs in medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	93.42	62.14	-31.28	-33.49%
Elective	102.73	96.92	-5.81	-5.65%
<b>Sub-Total Surgical:</b>	<b>196.15</b>	<b>159.16</b>	<b>-37.09</b>	<b>-18.91%</b>
<b>Medical</b>				
Acute	116.01	152.88	36.87	31.78%
Elective	0	0	0	0%
<b>Sub-Total Medical:</b>	<b>116.01</b>	<b>152.88</b>	<b>36.87</b>	<b>31.78%</b>
<b>TOTALS:</b>	<b>312.16</b>	<b>312.04</b>	<b>-0.12</b>	<b>0.04%</b>

### Outpatient Volumes

For the first month of 2014-15, outpatient delivery was only 5 patients (0.4%) variant from expected volumes overall. Throughput was 5.6% over contracted volume for surgical specialty services and 10.09% under contracted volume for medical specialty services. This is expected to even out across the year.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	281	292	11	3.82%
Sub. Visit	452	482	30	6.72%
<b>Sub-Total Surgical:</b>	<b>733</b>	<b>774</b>	<b>41</b>	<b>5.61%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	135	128	-7	4.83%
Sub. Visit	321	282	-39	-12.01%
<b>Sub-Total Medical:</b>	<b>456</b>	<b>410</b>	<b>-46</b>	<b>-10.09%</b>
<b>TOTALS:</b>	<b>1189</b>	<b>1184</b>	<b>-5</b>	<b>0.42%</b>

## Outpatient Clinics

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
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%
July 2014	1958	1786	172	8.78%
<b>13 month rolling totals</b>	<b>24540</b>	<b>22460</b>	<b>2080</b>	<b>8.48% Average</b>

A working group has been reviewing the ongoing trend in DNA rates. This piece of work has included reviewing the data, understanding what types of visit's DNAs are most prevalent in, reviewing internal processes and reviewing what strategies other DHBs have used. This group is due to report back with recommendations very soon. A further update can be provided at the next HAC meeting.

## 4.2 Workforce Update

### Nursing

- Recruitment continues to be positive with a high standard of applicants.
- Continue to recruit for a Clinical Nurse Educator.
- The Dedicated Education Unit (DEU) was formally opened and is working well. Nursing students have integrated well into the workforce and are enjoying the relationships they are building with the teams within Grey Hospital.
- Background planning and preparation has begun in preparing the nursing workforce for different ways of working as we work toward a new facility.

### Ward Activity

- The Clinical Nurse Managers (CNM) are concentrating on quality activities, such as ward based resources, and are taking an active lead in auditing and reminding staff of their documentation responsibilities.
- New graduates have now moved into new areas and are progressing well.
- MEWS and PEWS (Modified Early Warning Score and Paediatric Early Warning Score) and ISBAR (a standardised communication tool – Identity, Situation, Background, Assessment, Request/Recommendation) teaching sessions are underway for all general staff at Grey Hospital, with Buller and Reefton to be included. Feedback from these sessions is positive.

- The shorter stays quality framework initiative for the Emergency Department has been implemented. This is a Ministry of Health quality requirement. There have been some challenges in collecting the required data that needs to be reported on, but work continues to embed this.
- Concentration on documentation standardisation continues throughout the hospital, with improvement noted.
- Planning for the Christmas/New Year period [19 December to 11 January] is close to being finalised. This will allow some staff to take well deserved breaks, excess annual leave to be used, and a more efficient use of resources over this traditionally quiet period for planned activity.

### **Maternity Services**

- Good progress continues to be made in the implementation of the maternity review recommendations.
- Proposals for change for the community midwifery service in both Grey & Buller are currently being consulted on. This proposes disestablishing the DHB employed case-loading midwives, and moving to a self-employed LMC model with support from the DHB.
- A Midwifery Educator position has been appointed on a fixed term contract.

### **Reefton Health**

- The Practice Manager position remains vacant. The Practice Receptionist has resigned due to relocating and advertising has commenced.
- Engagement with the staff, resident's relatives and the community commenced on the 21<sup>st</sup> August. Stakeholder groups are currently being formed and will examine the future of health services for Reefton. These series of meetings went very well, with positive feedback received.
- The Nurse Entry to Practice [NETP] has finished her 6 months in the District Nursing service; she is now in the general practice for the second 6 months of her placement.
- The review of the Clinical Services Manager position description and title has been completed. The title has changed to Reefton Nurse Manager.
- Representatives from the University of Otago will be in Reefton on 22 September to meet with nursing staff wanting to partake in postgraduate study next year.

### **Allied Health**

- Readvertising for the Associate Director of Allied Health (ADAH) role has begun, and an interim ADAH arrangement has been put in place to continue to provide leadership to the Allied Health group.
- A senior dietitian has been in the role since June. The second dietitian is leaving mid-September, and interviews for the role are expected to be completed next week.
- The physiotherapy service continues to manage its staffing challenges in both Buller and Grey. Buller continues to be supplemented with cover from Greymouth. The physio team have started mapping referral and administrative processes aimed at releasing assistants from administrative tasks to complete follow up clinical tasks, thereby freeing up physios for assessments and reviews.
- Recruitment for a Clinical Manager Occupational Therapy is due to begin. The prioritisation tool for access to Ministry of Health equipment and modifications rolled out nationally on 11 August. This process has taken extra time for staff in dealing with new

processes and web based ordering systems. Those already on the waiting list for MoH equipment/modifications have needed to be reviewed.

- The sole Social Worker in Buller is on planned leave, with cover being provided by the Greymouth social work team with phone contacts and weekly visits. New National Travel Assistance (NTA) Coordinators are working in both Buller and Grey for 20 hours each per week (an increase of 10 hours per week overall). Having a dedicated NTA position in Buller appears to be a better option for Buller residents as the numbers of complaints forwarded to the social work manager have decreased.
- ERAS [Enhanced Recovery After Surgery] – patients/clients are asked through a questionnaire what areas they would like education on. This is then discussed to ascertain how this would work to be most effective for patients and the system; likely to be education sessions/information from various departments.

### **Industrial Relations**

- The PSA issued strike notices in support of bargaining for three Multi Employer Collective Agreements: Mental Health and Community Nurses; Allied Health Professionals; and South Island DHB Clerical staff. The strike notices were withdrawn after continued negotiations with DHBs and settlements for all agreements were reached via mediation. All three settlements are now being presented to members for ratification.
- Planning for managing industrial action took place both locally and nationally. Local plans feed up into the national plan. Local staff were well connected nationally and although the plans were not required, the exercise of completing them was very beneficial.
- Scheduled bargaining for a new Single Employer Collective Agreement with the PSA representing Home Based Support Workers has concluded and a settlement is being presented to members for ratification.
- Bargaining continues with the RDA representing Resident Doctors.

## **4.3 Patient**






### **Patient Transfers**

- There has been a rise in the number of tertiary transfers for the months of June and July 2014. The number of patients transferred to tertiary centres was 42 for June 2014 and 38 for July 2014. The majority of the June transfers were for coronary, orthopaedic and general surgical patients, with the main reason for transfers being 'Specialty Care not available at Grey Hospital'. July transfers were for a broader range of specialties, with the main reasons being 'Specialty Care not available at Grey Hospital' and 'Severity of Illness'.
- There were 16 transfers made from Buller to Grey Hospital in June 2014, and 10 transfers in July 2014.
- Seven transfers were made from Reefton to Grey Hospital for June 2014, and two for July 2014.



## 4.4 Health Targets

### Health Target progress

#### Quarterly & between-quarter progress data

Target		Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Target	Current Status	Progress
	<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours <sup>1</sup>	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	1,695	1,592	✓	The West Coast DHB is pleased to have surpassed our year-end <b>Improved Access to Elective Surgery Health Target</b> of 1592 by 6.5%, having delivered <b>1,695 discharges</b> in the twelve months to 30 <sup>th</sup> June 2014.
	<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%	81%	90%	✗	Although only vaccinating 81% of our eligible children for the <b>Increased Immunisation Health Target</b> we vaccinated 99% of consenting children. High opt-off and declines (18.4%), continue to be 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%	95%	95%	✓	During Quarter 4, West Coast DHB staff provided <b>95%</b> of hospitalised smokers with smoking cessation advice and support –meeting the <b>Secondary Care Better Help for Smokers to Quit Health Target</b> . It is pleasing to see Quarter 3's upward trend continue. Work continues to increase consistency of results.

<sup>1</sup> This report is calculated from both Greymouth and Buller Emergency Departments.

Target		Q1 13/14	Q2 13/14	Q3 13/14	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 <sup>2</sup>	58%	59.9%	55.4%	61.9%	90%	✗	While we are still 28% off target and ranked last out of all DHBs against the <b>Primary Care Smokers Better Help to Quit Health Target</b> , we had a pleasing 6.5% increase this quarter that represents our best result yet. Actions previously reported continue, with monthly practice by practice reporting expected to provide visibility for which practices need most support.
	<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CVD risk assessment in the last 5 years <sup>5</sup>	64%	66.4%	69.6%	76.6%	90%	✗	Performance against the <b>More Heart and Diabetes Checks Health Target</b> continues to steadily increase with 76.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging 7% increase, West Coast DHB is still below the national average, ranked 19 <sup>th</sup> out of 20 DHBs. Work continues to meet target.

<sup>2</sup> Quarterly data is sourced from the PHO Performance Programme provided by DHB Shared Services as well as PHO enrolment datasets

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

No patients exceeded the maximum 150 days' wait time target for either First Specialist Appointment (ESPI 2) or waiting time target for treatment (ESPI 5) in June 2014. Preliminary results for July 2014 also show no-one waiting longer than 5 months in either the ESPI 2 or ESPI 5 category.

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 2014/15 year, and dropping down to 4 months from the end of December 2014. 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			2014			2014			2014			2014			2014			2014			2014		
	Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul		
	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.	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	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).	7	0.0%	-7	1	0.0%	-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	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	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.0%	-1	1	0.0%	-1	0	0.0%	0	1	0.0%	-1	2	0.0%	-2	0	0.0%	0
4. Patients given a commitment to treatment but not treated within the required timeframe.	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	0	0.0%	0	0	0.0%	0
5. Patients in active review who have not received a clinical assessment within the last six months.	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	0	0.0%	0	0	X	0
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	145	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	147	100.0%	0	174	100.0%	0	199	100.0%	0	138	100.0%	0

Data Warehouse Refresh Date: 29/Aug/2014

Report Run Date: 01/Sep/2014

#### Notes:

1. Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, after July 2013 the required timeframe for ESPI 2 is 5 months.
2. Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, after July 2013 the required timeframe for ESPI 5 is 5 months.
3. ESPIs that apply from 1 July 2013.
4. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
5. ESPIs 3 and 4 assess surgical specialties where patients are prioritised using nationally recognised tools.
6. Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
7. ESPI 1 and 6 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
8. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.39%, and Red if 0.4% or higher.
9. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
10. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
11. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.

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

5 in

## 4.5 Quality

### Incidents | Complaints | Compliments

Incident Category	July 2014	July 2013
Behaviour	2	-
Blood and Body Fluid	1	1
Clinical Process	6	4
Death	-	-
Documentation	4	5
Fall	2	3
Hazard	3	2
Injury and self-harm (pt)	2	-
Medication	2	3
Other	1	2
Property	2	-
Security	2	1
Staffing	-	-
Transport	4	-
Violence	-	-
Work related injury	1	2
<b>Total for month</b>	<b>32</b>	<b>23</b>
<b>Year to date (Jan – July)</b>	<b>277</b>	<b>219</b>

#### ■ Comments

For the July period there were 4 incidents recorded relating to transport issues: 2 of these were problems experienced transporting patients using St Johns' services, the remaining 2 were attributed to no DHB vehicle available for clinician use. Please note that Transport are recording statistics when they are not able to supply DHB vehicles for staff use to determine whether the current transport pool is adequate.

Clinical processes are a category where we highlight where the process has contributed to delay or has been less than optimal for either staff or patients. Reporting these incidents provides us with a real opportunity to streamline systems to make them more efficient. For this month: 3 relate to policy and procedure requiring update or adherence; 1 relates to patient handover, delay in discharge and delay in referral.

Documentation issues are a key priority area DHB wide. The quality team has identified a need for refresher training in "documentation made legal" and regular documentation audits take place across the DHB.

#### ■ Complaints

For the month of July six new complaints were received. They relate to the following issues:

- Patient parking
- Maternity care
- Overseas patient accessing health care
- Issue with public health information
- CDHB patient accessing Grey Hospital services

- Waiting times

### **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. Currently we are 776 days CLAB free.

### **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. Update: data entry ongoing.

### **Maternity**

- **“We care about your care” maternity feedback form**

Results from the maternity feedback surveys received have been collated for the period June – July 2014. This data has been entered into a spreadsheet and a summary document will be provided to maternity unit staff. Results indicated that the majority of West Coast women are booking within their first trimester and all women completing the survey felt that their needs were met with regards to post natal care.

Currently 50% of the women are finding their LMC midwife through word of mouth, with only 8% using the maternity pages website. However, we envisage that this figure will increase in time as information gets out to the community.

The return rate for surveys at this stage is low and work is being done on aiming for 100% return rate by providing women with the tools to complete the survey prior to being discharged as opposed to having them take the survey, complete it at home and send it in.

- **Emergency Caesarean Section Audit**

All emergency caesarean sections undertaken at the West Coast DHB are now being recorded in preparation for audit activity which will be reviewed by the multi-disciplinary team.

- **West Coast DHB Maternity Quality and Safety Group**

This group meets monthly and is currently working through finalising the Maternity Quality and Safety Plan for 2014/2015. The MQSP plan includes recommendations from the maternity review.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2014

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

**SOURCE:** Finance

**DATE:** 11 September 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 July 2014.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of July 2014 was a deficit of \$0.163m, which was \$0.158m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.005m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,889	6,957	(68)	x	6,889	6,957	(68)	x
Governance & Administration	187	188	(1)	x	187	188	(1)	x
Funds & Internal Eliminations	4,786	4,536	250	√	4,786	4,536	250	√
	<b>11,862</b>	<b>11,681</b>	<b>181</b>	<b>√</b>	<b>11,862</b>	<b>11,681</b>	<b>181</b>	<b>√</b>
<b>EXPENSES</b>								
Provider								
Personnel	4,391	4,541	150	√	4,391	4,541	150	√
Outsourced Services	878	481	(397)	x	878	481	(397)	x
Clinical Supplies	747	612	(135)	x	747	612	(135)	x
Infrastructure	1,162	842	(320)	x	1,162	842	(320)	x
	<b>7,178</b>	<b>6,476</b>	<b>(702)</b>	<b>x</b>	<b>7,178</b>	<b>6,476</b>	<b>(702)</b>	<b>x</b>
Governance & Administration	187	188	1	√	187	188	1	√
Funds & Internal Eliminations	4,128	4,485	357	√	4,128	4,485	357	√
<b>Total Operating Expenditure</b>	<b>11,493</b>	<b>11,149</b>	<b>(344)</b>	<b>x</b>	<b>11,493</b>	<b>11,149</b>	<b>(344)</b>	<b>x</b>
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	<b>369</b>	<b>532</b>	<b>(163)</b>	<b>x</b>	<b>369</b>	<b>532</b>	<b>(163)</b>	<b>x</b>
<b>Interest, Depreciation &amp; Capital Charge</b>	<b>532</b>	<b>537</b>	<b>5</b>	<b>√</b>	<b>532</b>	<b>537</b>	<b>5</b>	<b>√</b>
<b>Net surplus/(deficit)</b>	<b>(163)</b>	<b>(5)</b>	<b>(158)</b>	<b>x</b>	<b>(163)</b>	<b>(5)</b>	<b>(158)</b>	<b>x</b>

#### **4. APPENDICES**

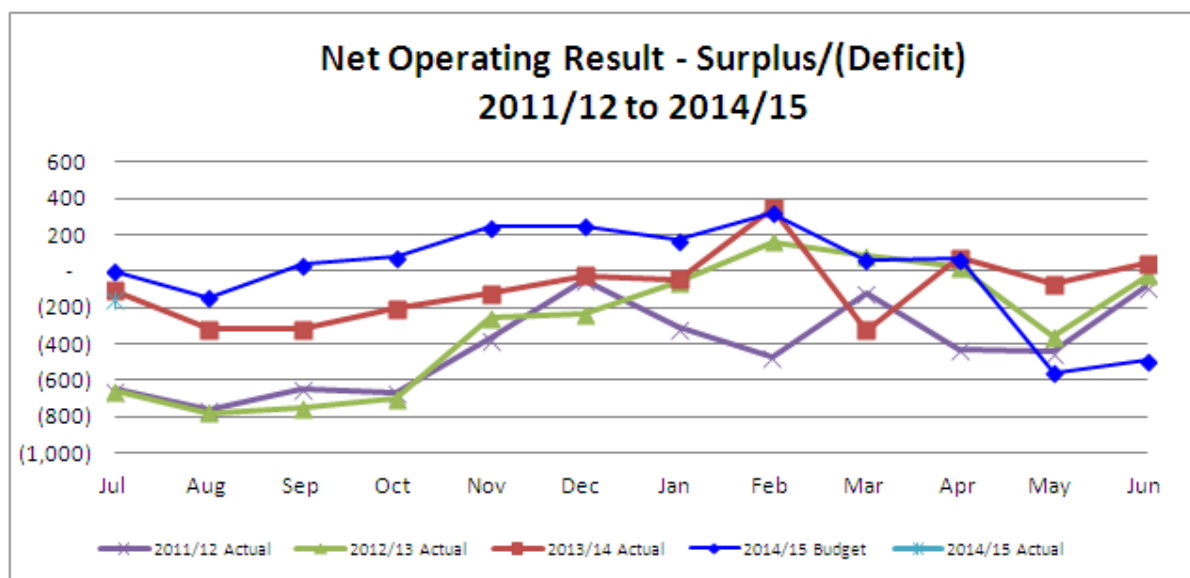
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

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

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – JULY 2014

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(163)	(5)	(158)	3160% X	(163)	(5)	(158)	3160% X



We have submitted an Annual Plan with a breakeven position.

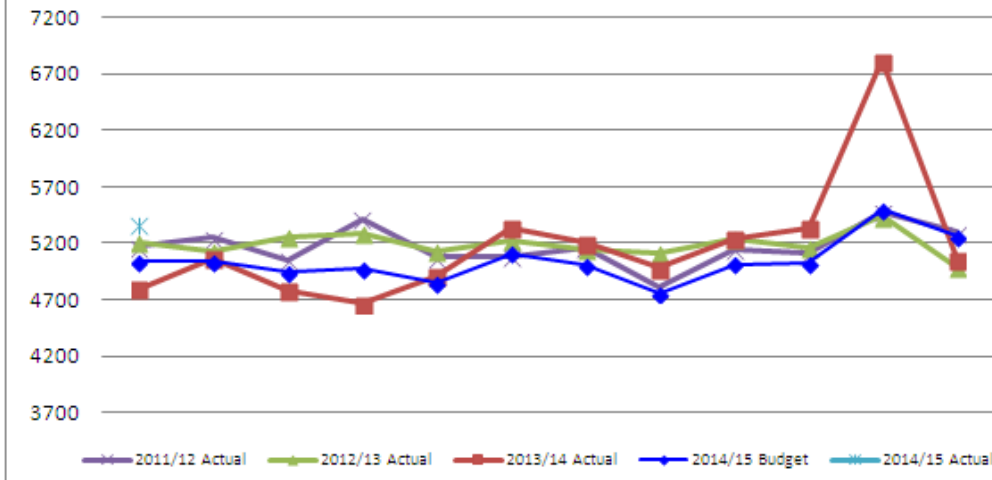
### KEY RISKS AND ISSUES

Although currently tracking on target, the achievement of the annual plan will 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	1,588	1,387	(201)	-14% X	1,588	1,387	(201)	-14% X
Nursing	2,243	2,175	(68)	-3% X	2,243	2,175	(68)	-3% X
Allied Health	757	729	(28)	-4% X	757	729	(28)	-4% X
Support	117	117	-	0% ✓	117	117	-	0% ✓
Management & Admin	646	635	(11)	-2% X	646	635	(11)	-2% X
<b>Total</b>	<b>5,351</b>	<b>5,043</b>	<b>(308)</b>		<b>5,351</b>	<b>5,043</b>	<b>(308)</b>	

**Personnel Costs including locums Trend -  
2011/12 to 2014/15**



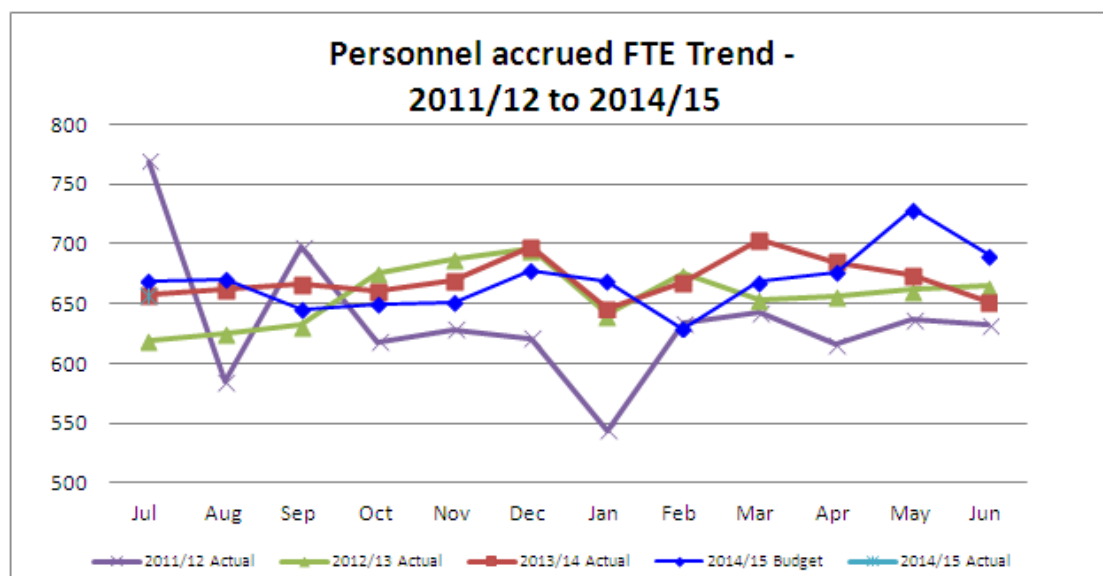
Personnel costs are unfavourable for the month; this is consistent with the trend from previous months. Despite significant efforts we are still experiencing increased use of Locums than anticipated by the budget to manage and maintain service through periods of leave and turnover.

## 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 have been slower to transpire than originally anticipated. This is further exacerbated by unexpected turnover which has required more reliance on short term placements, which are more expensive than permanent staff.

## PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance			YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance		
Medical	35	43	8	18%	✓	35	43	8	18%	✓
Nursing	320	327	7	2%	✓	320	327	7	2%	✓
Allied Health	149	146	(3)	-2%	✗	149	146	(3)	-2%	✗
Support	31	27	(4)	-15%	✗	31	27	(4)	-15%	✗
Management & Admin	122	126	4	3%	✓	122	126	4	3%	✓
<b>Total</b>	<b>657</b>	<b>669</b>	<b>12</b>			<b>657</b>	<b>669</b>	<b>12</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.

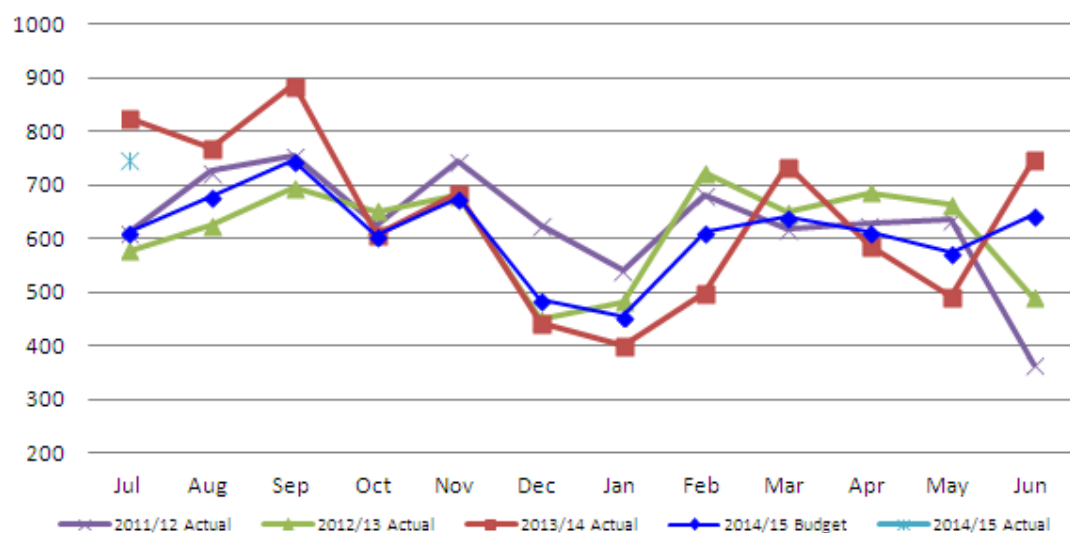
## KEY RISKS AND ISSUES

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	747	612	(135)	-22%	✗	747	612	(135)	-22%	✗

**Treatment Related Trend - 2011/12 to 2014/15**



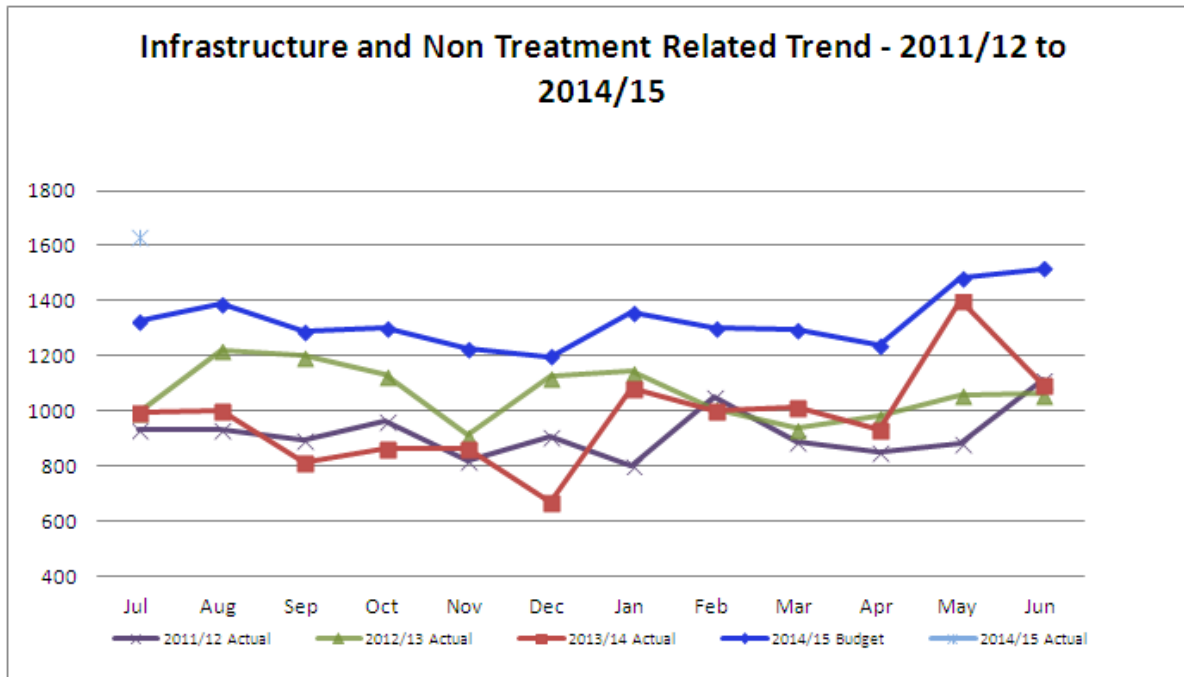
Treatment related costs are underspent due to a number of factors, some of which are timing related.

## 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	1,629	1,329	(300)	-23% X	1,629	1,329	(300)	-23% X



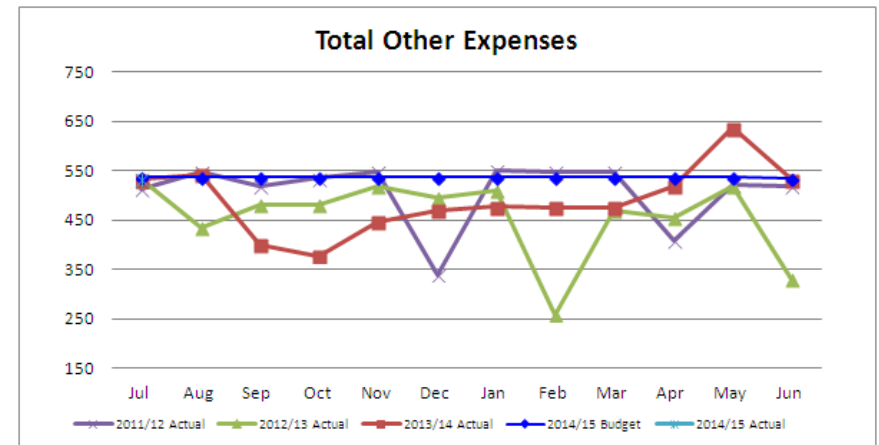
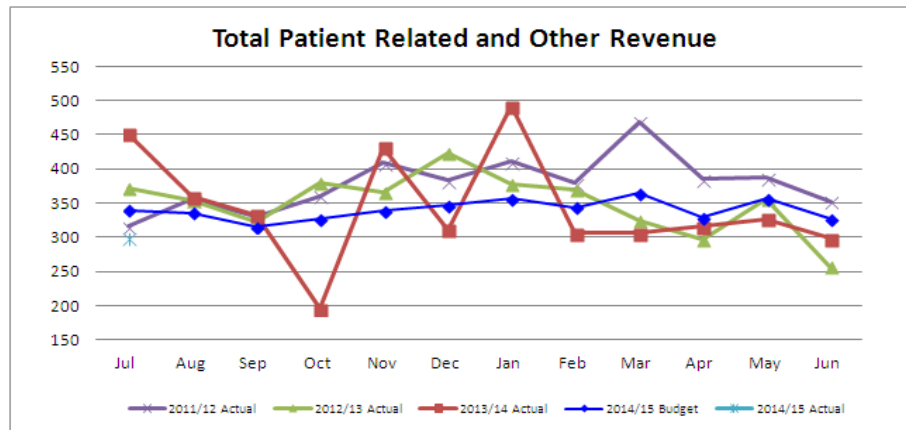
Facilities, IT and telecommunications costs make up the bulk of this category. Again this category of expenditure has been influenced by revised depreciation adjustments on IT Equipment, seismic and electrical reticulation and Intangible software amortisation. Forecast is for this category to remain 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	8,834	10,079	(1,245)	-12%	×	72,537
Cash	5,041	5,521	(480)	-9%	×	10,037

## 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 July 2014

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Operating Revenue</b>										
Crown and Government sourced	11,431	11,209	222	2.0%	11,431	11,209	222	2.0%	134,509	131,279
Inter DHB Revenue	3	3	0	0.0	3	3	0	0.0	34	20
Inter District Flows Revenue	130	129	1	0.8%	130	129	1	0.8%	1,551	1,615
Patient Related Revenue	227	230	(3)	(1.3%)	227	230	(3)	(1.3%)	2,760	2,880
Other Revenue	71	110	(39)	(35.5%)	71	110	(39)	(35.5%)	1,323	1,237
<b>Total Operating Revenue</b>	<b>11,862</b>	<b>11,681</b>	<b>181</b>	<b>1.5%</b>	<b>11,862</b>	<b>11,681</b>	<b>181</b>	<b>1.5%</b>	<b>140,177</b>	<b>137,031</b>
<b>Operating Expenditure</b>										
Personnel costs	4,479	4,635	156	3.4%	4,479	4,635	156	3.4%	55,613	55,477
Outsourced Services	794	377	(417)	(110.6%)	794	377	(417)	(110.6%)	4,520	6,373
Treatment Related Costs	747	612	(135)	(22.1%)	747	612	(135)	(22.1%)	7,342	7,727
External Providers	2,876	2,934	58	2.0%	2,876	2,934	58	2.0%	34,757	34,383
Inter District Flows Expense	1,370	1,670	300	18.0%	1,370	1,670	300	18.0%	20,465	14,486
Outsourced Services - non clinical	130	129	(1)	(0.8%)	130	129	(1)	(0.8%)	1,548	1,608
Infrastructure and Non treatment related costs	1,097	792	(305)	(38.5%)	1,097	792	(305)	(38.5%)	9,491	12,225
<b>Total Operating Expenditure</b>	<b>11,493</b>	<b>11,149</b>	<b>(344)</b>	<b>(3.1%)</b>	<b>11,493</b>	<b>11,149</b>	<b>(344)</b>	<b>(3.1%)</b>	<b>133,736</b>	<b>132,279</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>369</b>	<b>532</b>	<b>(163)</b>	<b>30.6%</b>	<b>369</b>	<b>532</b>	<b>(163)</b>	<b>30.6%</b>	<b>6,441</b>	<b>4,752</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	66	114	48	42.1%	66	114	48	42.1%	1,364	713
Depreciation	398	327	(71)	(21.7%)	398	327	(71)	(21.7%)	3,937	4,373
Capital Charge Expenditure	68	96	28	29.2%	68	96	28	29.2%	1,140	753
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>532</b>	<b>537</b>	<b>5</b>	<b>0.9%</b>	<b>532</b>	<b>537</b>	<b>5</b>	<b>0.9%</b>	<b>6,441</b>	<b>5,839</b>
<b>Net Surplus/(deficit)</b>	<b>(163)</b>	<b>(5)</b>	<b>(158)</b>	<b>(3160.0%)</b>	<b>(163)</b>	<b>(5)</b>	<b>(158)</b>	<b>(3160.0%)</b>	<b>0</b>	<b>(1,087)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>(163)</b>	<b>(5)</b>	<b>(158)</b>	<b>(3160.0%)</b>	<b>(163)</b>	<b>(5)</b>	<b>(158)</b>	<b>(3160.0%)</b>	<b>0</b>	<b>(1,087)</b>

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

#### Statement of financial position

As at

31 July 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
26,846	24,862	1,984	8.0%	26,996
1,474	1,596	(122)	(7.6%)	1,517
141	6,010	(5,869)	(97.7%)	74
307	245	62	25.3%	227
28,768	32,713	(3,945)	(12.1%)	28,814
5,041	5,521	(480)	(8.7%)	7,483
79	60	19	31.7%	79
994	1,100	(106)	(9.6%)	1,010
6,818	4,218	2,600	61.6%	7,686
136	136	0	0.00%	136
13,068	11,035	2,033	18.4%	16,394
41,836	43,748	(1,912)	6.4%	45,208
10,695	10,695	0	0.00%	10,695
2,661	2,895	(234)	(8.1%)	2,636
13,356	13,590	(234)	(1.7%)	13,331
3,750	3,750	0	0.00%	3,750
7,073	7,548	(475)	(6.3%)	9,927
8,823	8,781	42	0.5%	9,203
19,646	20,079	(433)	(2.2%)	22,880
33,002	33,669	(667)	(2.0%)	36,211
69,661	70,761	(1,100)	(1.6%)	69,661
19,569	19,569	0	0.00%	19,569
(80,435)	(80,290)	(145)	0.2%	(80,272)
39	39	0	0.00%	39
8,834	10,079	(1,245)	(12.4%)	8,997
41,836	43,748	(1,912)	(4.4%)	45,208

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

### Statement of cash flows

For period ending

31 July 2014

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Cash flows from operating activities</b>										
Cash receipts from Ministry of Health, patients and other revenue	13,753	11,632	2121	18.2%	13,753	11,632	2121	18.2%	139,589	134,187
Cash paid to employees	(5,667)	(5,043)	(624)	12.4%	(5,667)	(5,043)	(624)	12.4%	(60,505)	(61,481)
Cash paid to suppliers	(5,850)	(1,502)	(4,348)	289.5%	(5,850)	(1,502)	(4,348)	289.5%	(18,009)	(21,406)
Cash paid to external providers	(3,074)	(2,934)	(140)	4.8%	(3,074)	(2,934)	(140)	4.8%	(35,182)	(35,998)
Cash paid to other District Health Boards	(1,240)	(1,670)	430	(25.7%)	(1,240)	(1,670)	430	(25.7%)	(20,040)	(12,871)
<i>Cash generated from operations</i>	(2,078)	483	(2,561)	(530.2%)	(2,078)	483	(2,561)	(530.2%)	5,853	2,431
Interest paid	(66)	(114)	48	(42.1%)	(66)	(114)	48	(42.1%)	(1,364)	(781)
Capital charge paid	(68)	(96)	28	(29.2%)	(68)	(96)	28	(29.2%)	(1,140)	(897)
<b>Net cash flows from operating activities</b>	(2,212)	273	(2,485)	(910.3%)	(2,212)	273	(2,485)	(910.3%)	3,349	753
<b>Cash flows from investing activities</b>										
Interest received	43	49	(6)	(12.2%)	43	49	(6)	(12.2%)	588	608
(Increase) / Decrease in investments	0	(80)	80		0	(80)	80		(402)	0
Acquisition of property, plant and equipment	(273)	(4,062)	3789	(93.3%)	(273)	(4,062)	3789	(93.3%)	(48,740)	(1,987)
Acquisition of intangible assets	0	0	0	0.00	0	0	0	0.00	0	5
<b>Net cash flows from investing activities</b>	(230)	(4,093)	3863	(94.4%)	(230)	(4,093)	3,863	(94.4%)	(48,554)	(1,374)
<b>Cash flows from financing activities</b>										
Proceeds from equity injections	0	0	0		0	0	0		18,000	0
Repayment of equity	0	0	0		0	0	0		(68)	(68)
<i>Cash generated from equity transactions</i>	0	0	0		0	0	0		17,932	(68)
Borrowings raised	0	0	0		0	0	0		28,000	2,000
Repayment of borrowings	0	0	0		0	0	0		0	0
Payment of finance lease liabilities	0	0	0		0	0	0		45,932	1,932
<b>Net cash flows from financing activities</b>	0	0	0		0	0	0		45,932	1,932
<b>Net increase in cash and cash equivalents</b>	(2,442)	(3,820)	1378	(36.1%)	(2,442)	(3,820)	1378	(36.1%)	727	1,311
Cash and cash equivalents at beginning of period	7,483	9,341	(1,858)	(19.9%)	7,483	9,341	(1,858)	(19.9%)	9,341	6,172
<b>Cash and cash equivalents at end of year</b>	5,041	5,521	(480)	(8.7%)	5,041	5,521	(480)	(8.7%)	10,068	7,483

## CLINICAL LEADERS UPDATE

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

**SOURCE:** Clinical Leaders

**DATE:** 11 September 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**

Planning is underway to develop the nursing staffing model for the new inpatient configuration in the hospital rebuild. It is important to grow this workforce from now in preparation for the new way of working. A comprehensive programme will include training, clinical experience in context and an increased number of nurses rotating through clinical areas. Currently we have a small cohort of nurses who regularly flex across settings, including new graduate nurses; we need to increase the size of this team. The generalist medical/surgical/AT&R nursing team will have a high level of competency, skill and confidence across the inpatient setting and this will ensure flexibility.

The ‘grow our own’ strategy embodied in the Rural Learning Centre development endorsed by the Board in 2011 is increasingly bearing fruit in the nursing and medical new graduate workforce. We are expanding our Rural Hospital Medicine registrar positions for 2015, and have a record number of General Practitioner registrars for 2015 on the West Coast.

The recruitment to the Associate Director Allied Health position is ongoing. We were unable to make an appointment and are currently readvertising the role and developing an interim leadership plan to support the work needed to be completed as part of new models of care. The physiotherapy service has had a transalpine planning session to review how we address the current vacancies in the short and long term. We are recruiting for an Occupational Therapy Clinical Manager.

#### **Quality and Safety**

The new locally based Patient Safety and Quality Manager will start in November. We are developing a single quality team with consistent, streamlined processes throughout the organisation.

Credentialing of our senior medical workforce has recommenced, and all of our services will go through a re-credentialing process over the next 18 months.

The most recent Hand Hygiene New Zealand National Hand Hygiene Performance Report for District Health Boards (1 April to 30 June 2014) showed that West Coast DHB staff performed correct hand hygiene 77% of the time in the audit – this was above the national rate, and put us fifth best in the country. Our rates have steadily improved over the last 18 months of recording, from the mid-60's percent to our best result so far. Congratulations should be extended to all staff, and in particular our hand hygiene lead Julie Ritchie (Infection Control CNS) and team.

#### **Integrated Service Development**

Community pharmacies have begun working more closely with general practice teams across the Coast, with more pharmacists being trained to provide this level of service. Interdisciplinary teams meet at all practices to link with the Complex Clinical Care Network for the more complex patients requiring more coordinated care.

#### **4. CONCLUSION**

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

Report prepared by:

Carol Atmore, Chief Medical Officer  
Karyn Bousfield, Director of Nursing & Midwifery  
Stella Ward, Executive Director, Allied Health

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 24 JULY 2014



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 8 August 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 27 July 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 – 27 July 2014.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 July 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.

### **PRESENTATIONS**

Two presentations were delivered to a joint CPH/DSAC & HAC meeting.

Nancy Stewart presented on the Complex Clinical Care Network and Stella Ward presented on the Alliance Leadership Team. The Committee complimented the Alliance Leadership Team on the great work being undertaken.

### **CARRIED FORWARD ITEMS**

The Committee discussed the Regional process being undertaken around patient ambulance transport and expressed its disappointment at the slow progress around this. The Board Chair will be raising the issue at the South Island Leadership Meeting on Monday 28 July 2014.

## MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report.

The Committee noted that the development of the management report continues and that it 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 the services, being “the patient journey: through the system”; and
- provide greater clarity of, and focus on, key metrics.

At this meeting management continued to present the schematics of the Acute & Elective patient Journeys and the Allied Health Patient Journey and Diagnostic Testing patient Journey continues to be developed and will be presented when the data can be accurately and easily presented.

Mr Newsome highlighted the following features from the report:

- consistent performance continues in most health target areas;
- the launch of the maternity consumer website; and
- the progress of the maternity review recommendation implementation.

He also commented on the following points:

- Physiotherapy services remain constrained and management are looking for solutions around this in conjunction with the Canterbury DHB.
- There is a new General Practitioner in Reefton who is very positive about her new role.
- A lot of work is taking place in the Quality area with audits taking place.

Discussion took place regarding DNAs and the Committee noted that some further work is being undertaken by management in this area. Michael Frampton, Programme Director, advised that as the West Coast Leadership Team meets to prioritise the next 12 months one of the priorities is around DNA reduction and theatre optimisation.

The Priority Initiatives are as follows:

- Transforming Primary Care
- Accelerating Inpatient Re-Configuration (including associated nursing workforce change)
- Optimising Resource Utilisation (including DNA reduction, theatre optimisation and discharge planning)
- *Right-Sourcing* Service Delivery
- Transforming the Medical Workforce

## FINANCE REPORT

Justine White, General Manager, Finance, presented the Finance Report for the month ending May 2014. The consolidated financial result for the month of May 2004 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 provisional final year end result is a deficit of \$1.087m just under the budgeted \$1.1m planned deficit. This is yet to be confirmed by the Auditors. The Committee noted that there is a lot of activity in the month of May as the year end results need to reflect where money was spent and hence the drop in IDFs and increase in other areas.

The Committee noted that the focus is now firmly on next year and converting the work being undertaken in Primary and Secondary Care to financials.

The Committee congratulated management and staff on the provisional financial result.

#### **CLINICAL LEADERS UPDATE**

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

#### **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 24 July 2014.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held at West Coast Regional Council, Greymouth.**  
**Friday 8 August 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> ▪ 27 June 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>Presentation – The Year in Review and the Year Ahead.</b>	Michael Frampton <i>Programme Director</i> 11.10am – 11.40am
9.	<b>Maori Health Plan Update</b>	Gary Coghlan <i>General Manager, Maori Health</i> 11.40am – 11.50am
10.	<b>Report from Committee Meetings</b>	
-	CPH&DSAC 24 July 2014	Elinor Stratford <i>Chair, CPH&amp;DSAC Committee</i> 11.50am – 12noon
-	Hospital Advisory Committee 24 July 2014	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 12noon – 12.10pm
-	Tatau Pounamu Advisory Group 24 July 2014	Elinor Stratford <i>Board Representative to Tatau Pounamu</i> 12.10pm – 12.20pm
11.	<b>Resolution to Exclude the Public</b>	Board Secretariat 12.20pm

## **INFORMATION ITEMS**

- 2014 Meeting Schedule

## **ESTIMATED FINISH TIME**

**12.20pm**

## **NEXT MEETING**

Friday 26 September 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.