

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

11.00 am, 23 October 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.

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 23 October 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**

11 September 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 – 26 September 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 27 November 2014
Corporate Office, Board Room at Grey Base Hospital.

ATTENDANCE & PURPOSE

The functions of the Hospital Advisory Committee, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

- to monitor the financial and operational performance of the hospital and specialist services of the West Coast DHB; and
- to assess strategic issues relating to the provision of hospital and specialist services by the West Coast DHB; and
- to give the Board advice and recommendations on that monitoring and that assessment.

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast DHB.

HOSPITAL ADVISORY COMMITTEE MEMBERS	EXECUTIVE SUPPORT
Sharon Pugh (<i>Chair</i>) Kevin Brown Paula Cutbush Gail Howard Peter Neame Richard Wallace 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 & Funding</i>) Karyn Bousfield (<i>Director of Nursing & Midwifery</i>) Justine White (<i>General Manager, Finance</i>) Kathleen Gavigan (<i>General Manager, Buller</i>) Mark Newsome (<i>General Manager Grey Westland</i>) Kay Jenkins (<i>Governance</i>)

INTEREST REGISTER

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

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 11 September 2014, commencing at 10.30am

PRESENT

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

MANAGEMENT SUPPORT

Mark Newsome (General Manager, Grey/Westland); Kathleen Gavigan (General Manager, Buller) (via video conference); Dr Carol Atmore (Chief Medical Officer (for Item 6); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed new member Chris Lim to the Committee and everyone 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. Chris Lim will provide his interests for the next meeting.

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (10/14)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 24 July 2014 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Patient Ambulance Transport - Management advised that there is currently a lot of media interest in this at the moment, mainly around non-acute cases.

Mark Newsome advised that he has meetings arranged with both the South Island Ambulance Patient Transport and also SIAPO regarding the South Island negotiations and he will hopefully be in a position to report back at the next meeting.

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

Mark Newsome, General Manager, Grey/Westland advised that the Facilities Development detailed design process commenced today and the consultants are all here on the ground over the next few days. A schedule is being developed for them to be here for 2-3 days each fortnight. The

Committee noted that management have been very firm regarding clinical involvement and participation and the consultants are now well aware of the lead-in time required to ensure continued clinical involvement.

Peter Ballantyne, Board Chair, provided the Committee with an overview from the Partnership Group perspective.

Mr Newsome then spoke to the Management Report, which was taken as read and highlighted the following points:

- DNAs – there is a group looking at the West Coast DHB DNA rates which are above the national average. The group now has an implementation plan and will focus on the areas with the highest DNA rate. In addition some simple processes will be put in place initially and these will be reviewed in 3 months' time.
- ED Attendances – the Ministry of Health have set a new framework to report on for ED Attendances. These are required to be reported on quarterly and the West Coast is doing its best to report on these however due to the nature of the operation of our ED this is not always possible. Management do believe however that this could be a positive thing as it will highlight some of the areas that need some additional focus.
- Some planning has been undertaken around Christmas and New Year arrangements. Most elective procedures will cease between 19 December and 11 January, Hannan Ward will be closed and the number of beds will be reduced in both Barclay and Morice Wards, however there will be the ability to open beds if the need arises. Management are also beginning planning in the Mental Health area. The Committee noted that these arrangements have been based on solid data and have not been decided in isolation and also that as well as allowing staff to have a break it will assist with Annual Leave management.
- The Committee noted that the provision of Allied Health Services remains a challenge, particularly in physiotherapy. The re-advertising of the Associate Director of Allied Health role has commenced and an interim arrangement has been put in place meantime to continue to provide leadership to the Allied Health Group.
- In regard to Industrial Relations, the PSA issued strike notices in support of bargaining for three Multi Employer Collective Agreements (MECAs). These were withdrawn after continued negotiations with DHBs and settlements for all agreements were reached via mediation. These three settlements are now being presented to members for ratification. The Committee noted that there is a national contingency planning structure in place for industrial action notifications.
- There were a number of patient transfers during June and July and management will embark on an audit of these to ensure appropriateness.

Discussion took place regarding the patient journey flow charts and referrals back to GPs.

Discussion also took place regarding complaint responses and whether the DHB is meeting timings around this. The Committee noted that a lot of work has been undertaken to ensure that we have a proper process in place and that the quality of the responses is of a high standard. We continue to improve in this area.

A query was made regarding maternity services and Mr Newsome provided the Committee with an outline of the current services provided and the current proposal that is out for consultation.

Resolution (11/14)

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

- i. That the Committee notes the Management Report.

5. FINANCE REPORT

Mark Newsome, General Manager Grey/Westland, presented the Finance Report for the month ending July 2014. The consolidated financial result for the month of July 2014 (and year to date) was a deficit of \$0.163m which was \$0.158m unfavourable against the budgeted deficit of \$0.005m.

Discussion took place regarding the infrastructure and non-treatment related trends and the Committee noted that some storm costs are still being seen. Maintenance costs are high and will remain high as we nurse the building through to the provision of the new facilities.

The Committee noted the challenges around getting medical staff to the West Coast (Air NZ flights etc) and also the on-going challenges around the use of locums which are a significant part of the costs.

Discussion took place regarding accrued annual leave and the Committee noted the fine balance required to ensure staff have a break and also manage the annual leave risk to the organisation. It was also noted that this can be constrained by some of the collective agreements in place.

Resolution (12/14)

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

- i. That the Committee notes the financial result and related matters for the period ended 31 July 2014.

6. CLINICAL LEADERS REPORT

Dr Carol Atmore, Chief Medical Officer, presented this report which was provided to the Board at their last meeting. The Committee noted the work being undertaken around Rural Learning Centre Development. The DHB is expanding its Rural Hospital Medicine Registrar positions for 2015 and have a record number of General Practitioner Registrars for 2015 on the West Coast

Resolution (13/14)

(Moved: Paula Cutbush/Seconded: Gail Howard – carried)

- i. That the Committee notes the Clinical Leaders Report.

There being no further business the meeting closed at 12.50pm

Confirmed as a true and correct record.

Sharon Pugh, Chair

Date

CARRIED FORWARD/ACTION ITEMS

Item No	DATE RAISED	ACTION	COMMENTARY	STATUS
1	24 May 2012	Patient Ambulance Transport Provide update on the South Island project around patient ambulance transport	A Regional process is being undertaken around this.	Updates will be provided as progress is made
2	24 July 2014	Did Not Attend (DNAs) 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: 23 October 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

This report 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.

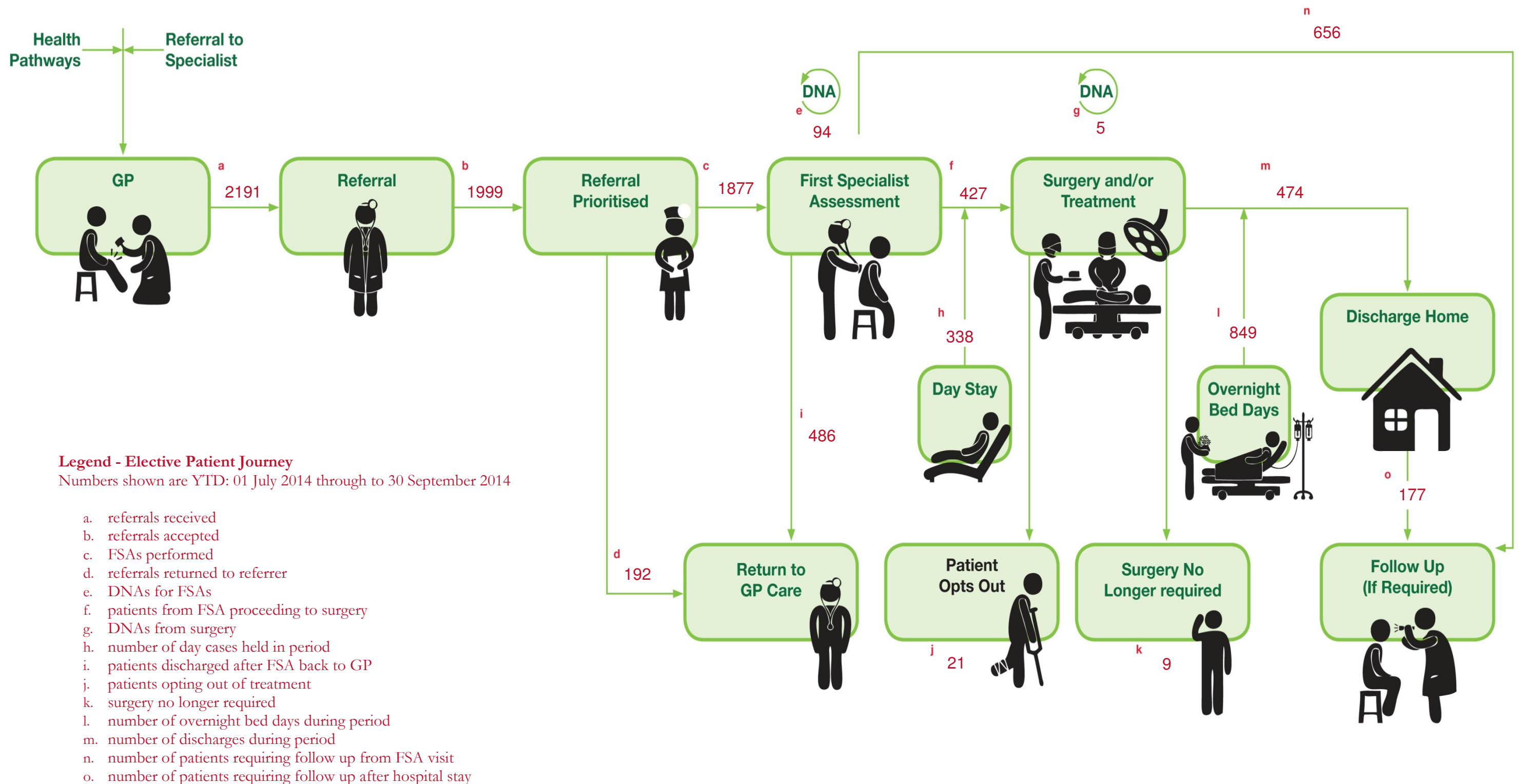
The following are the most notable features of the report:

- 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;
- Continued improvements and reinforcement within the Quality & Patient Safety sphere.

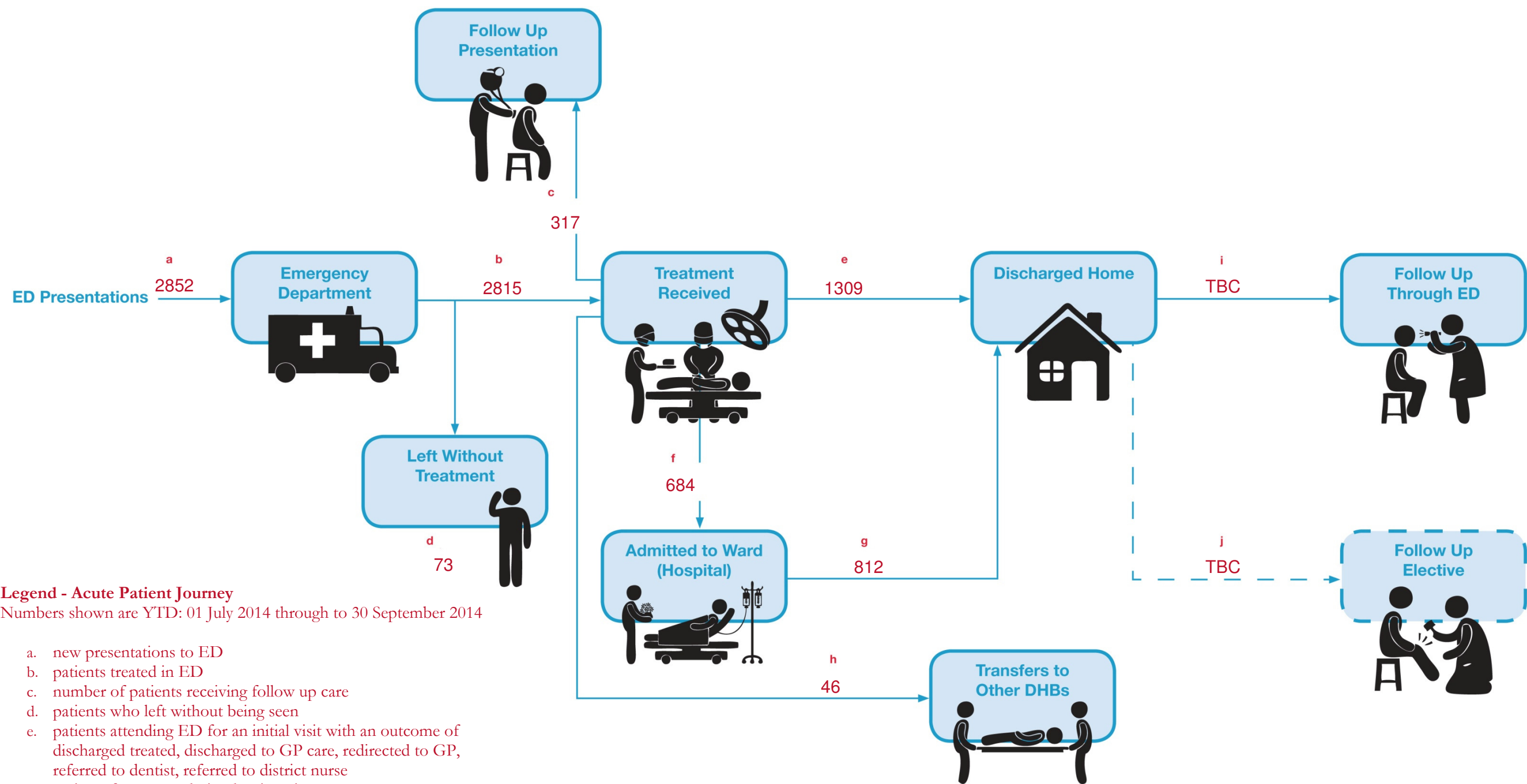
4. DISCUSSION

4.1 Activity

The following pages contain graphics summarising patient journeys.



Elective Patient Journey



Legend - Acute Patient Journey
 Numbers shown are YTD: 01 July 2014 through to 30 September 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 inpatients are for two months only, while the outpatient data is for the first three months of the 2014-15 financial year.

Inpatient Volumes

Due to current coding delays, results for inpatients below are for July and August 2014 only. Throughput for these two months 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
Surgical				
Acute	186.85	127.04	-59.81	-32.01%
Elective	205.46	214.59	9.13	4.44%
Sub-Total Surgical:	392.31	341.63	-50.68	-12.92%
Medical				
Acute	232.02	278.65	46.63	20.1%
Elective	0	0.40	0.40	100%
Sub-Total Medical:	232.02	279.05	47.03	20.27%
TOTALS:	624.33	620.68	-3.65	0.58%

Outpatient Volumes

For the first three months of 2014-15 to 30 September, outpatient delivery was down superficially by only 10 patients (0.3%) variant from expected volumes overall. Throughput was 1.08% under contracted volume for surgical specialty services and 1.03% over contracted volume for medical specialty services.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	844	866	22	2.64%
Sub. Visit	1355	1309	-46	-3.39%
Sub-Total Surgical:	2199	2175	-24	-1.08%
Medical				
1 st Visit	404	338	-66	-16.23%
Sub. Visit	962	1041	80	8.27%
Sub-Total Medical:	1365	1379	14	1.03%
TOTALS:	3564	3554	-10	-0.28%

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]
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%
August 2014	1681	1539	142	8.45%
September 2014	2074	1905	169	8.15%
13 month rolling totals	24447	22383	2064	8.44% Average

Work continues on reviewing DNA rates. In six months data analysis will show if there has been an impact.

4.2 Workforce Update

Nursing

- Nursing recruitment and vacancy rates remain relatively stable, with normal churn within services, such as Parental Leave
- The acting CNM positions in Emergency and Morice have been extended for a further 6 months.
- Recruitment activity continues to recruit a Clinical Nurse Educator.

Ward Activity

- Professor Andrew Hill recently presented on ERAS [Enhanced Recovery After Surgery] to all staff. This was well attended with the key message that multidisciplinary collaboration is critical to achieve shorter stays and optimise recovery after surgery.
- All wards are preparing for the reduction in services at Christmas time, with Morice, CCU and AT&R integrating their services over this period.
- Two new graduates joined the team from the mid-year intake. This is the first time the West Coast DHB has taken nurses mid-year, and has been received positively, and enables us to recruit candidates who have strong West Coast connections.
- Work has commenced on the MOH quality initiative “Quality Markers for the Shorter Stays Quality Framework for the Emergency Department”. There are a total of 80 markers we need to report on.

- Improvements continue to be made on documentation standardisation throughout the hospital.

Maternity Services

- Good progress continues to be made in the implementation of the maternity review recommendations.
- Feedback from the proposal for change for the Greymouth community midwifery service is being collated and a decision is to be made.
- In Buller, the DHB employed midwife has resigned and work continues in engaging with self-employed midwives.

Reefton Health

- The Practice Manager position is being re-advertised. The new Practice Receptionist has recently started orientation. Management of leave balances continues.
- There has been a high level of interest expressed by nurses to partake in postgraduate study next year.
- The first community stakeholder meeting to examine the future of health services for Reefton is scheduled to take place on 21 October with two more planned before the end of the year.
- The new PRIME car has been delivered and has had an outing already to the Buller Gorge. Nurses were relieved that the car was able to cross rough terrain to get them back to Reefton promptly; the other car would not have made it, causing considerable delays.

Allied Health

- Recruitment is in process for an Associate Director of Allied Health [ADAH]. The position has been advertised widely and there has been considerable interest. It is anticipated that an appointment will be made before the end of the year. An Interim ADAH is in place to provide leadership to the Allied Health Team and commence implementation of the decisions outlined in the Allied Health Leadership Framework Decision Document.
- Recruitment has commenced for a Clinical Manager, Occupational Therapy and a Paediatric Occupational Therapist [position vacant effective 28 October 2014]. Special Education Services [SES] has been informed and an agreement reached that contracted OT services to SES will be put on hold until the position is filled.
- An appointment has been made to the fixed term position for Paediatric Physiotherapist and commences on 6 October. Ongoing vacancies for Physiotherapists in Buller and Grey/Westland continue to place pressure on service provision. A Physiotherapist from CDHB has agreed to a six week secondment to Grey Base Hospital to help relieve immediate staffing shortages. The Clinical Manager, Physiotherapy is partnering with CDHB Physiotherapy Managers to recruit new graduates who will be available to commence work early next year. The Physiotherapy team are progressing the process mapping of administrative tasks to identify opportunities for improved workforce utilisation of physiotherapists and assistants.
- A new graduate dietitian has been recruited for the current vacancy and commences work on 13 October.
- A Dysphagia Screening Tool enabling nurse's to screen swallow function for stroke admissions has been developed by Speech Language Therapists in collaboration with nursing

staff. A competency based training program aiming to establish a core group of RNs able to screen new strokes 24/7 has begun, along with a pilot of the screening tool.

- Allied Health are engaging with the Patient Discharge Group, progressing the work towards optimal patient discharge, and primary/secondary flow.
- Allied Health have identified representatives to participate within each of the Facilities Design Workstreams. A process has been established to facilitate engagement with the wider Allied Health workforce and enable coordinated time responsive feedback to the Design Team.

Industrial Relations

- The following MECAs have been ratified and are scheduled for implementation:
 - PSA Allied Health
 - PSA Mental Health and Public Health Nursing
 - PSA South Island Clerical / Administrative
 - New Zealand Medical Laboratory Workers (NZMLW)
- Bargaining continues with the RDA representing Resident Doctors.
- The PSA Home Based Support Workers SECA is out for ratification
- Planning has commenced for NZNO MECA negotiations

4.3 Patient





Patient Transfers

- The number of tertiary transfers has reduced from 42 and 38 patients for June and July 2014 respectively, to 31 patients transferred for the month of August 2014.
- The majority of the August transfers were for orthopaedic and general surgical patients, with the main reason for transfers once again being for 'Specialty Care not available at Grey Base Hospital'.
- There were 16 transfers made from Buller to Grey Base Hospital in August 2014, up from 10 transfers in July 2014.
- Three transfers were made from Reefton to Grey Base Hospital for August 2014 (two in 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
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.8%	99.8%	99.6%	99.6%	95%	✓	The West Coast DHB continues to achieve impressive results against the Shorter Stays in ED Health Target , with 99.6% of patients admitted, discharged or transferred from ED within six hours during Quarter 4. Data for the 12 month period 2013/14 financial year shows 96.6% were admitted, discharged or transferred within just four hours. September's rates continue this trend with 99.6%.
	Improved Access to Elective Surgery 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 Improved Access to Elective Surgery Health Target of 1592 by 6.5%, having delivered 1,695 discharges in the twelve months to 30 th June 2014. July has begun the 2014/15 financial year off well with 143 discharges delivered—104% of our target for the month. August is just 8 discharges under target, at 97.2%. We do not see any difficulties in meeting our year-end target.
	Shorter Waits for Cancer Treatment People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	The West Coast DHB has achieved the Shorter Waits for Cancer Treatment Health Target for the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks. July has seen this result continue.
	Increased Immunisation Eight-month-olds fully immunised	85%	84%	89%	81%	90%	✗	Although only vaccinating 81% of our eligible children for the Increased Immunisation Health Target we vaccinated 99% of consenting children. High opt-off and declines (18.4%), continue to be challenging in meeting this target.

¹ 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
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	93%	86.2%	92.5%	95%	95%	✓	During Quarter 4, West Coast DHB staff provided 95% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target . Results for the month of September alone indicate a decrease may be ahead for Quarter 1, with a result of 93%.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit ²	58%	59.9%	55.4%	61.9%	90%	✗	While we are still 28% off target and ranked last out of all DHBs against the Primary Care Smokers Better Help to Quit Health Target , 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. Quarter 1 results are due in the coming weeks, with internal data suggesting an increase in performance.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years ⁵	64%	66.4%	69.6%	76.6%	90%	✗	Performance against the More Heart and Diabetes Checks Health Target 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 th out of 20 DHBs. Work continues to meet target. Quarter 1 results are due in the coming weeks, with internal data suggesting an increase in performance.

² 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]

Two patients (one dermatology and one paediatric medical patient) exceeded the maximum 150 days' wait time target for either First Specialist Appointment (ESPI 2), and one urology patient exceeded the waiting time target for surgical treatment (ESPI 5) as at the end of August. The dermatology patient had been booked into a clinic which was cancelled at short notice. They have since been seen in Christchurch for their FSA. The paediatric medical patient failed to attend three of their booked outpatient appointments, before finally attending and being seen on 30 September. The non-compliant ESPI 5 urology patient was treated on 2 September, so waited 152 days for their surgery.

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			2014			2014			2014			2014			2014			2014			2014			2014		
	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug		
	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	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	18 of 18	100.0%	0			
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	0	0.0%	0	0	0.0%	0	2	0.2%	-2
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	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	2	0.1%	-2	0	0.0%	0	1	0.1%	-1
4. Patients given a commitment to treatment but not treated within the required timeframe.	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	1	0.3%	-1
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	0.0%	0	0	0.0%	0	0	X	0	0	0.0%	0	0	0.0%	0	0	X	0	0	0.0%	0
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	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	200	100.0%	0	139	100.0%	0	130	100.0%	0

Data Warehouse Refresh Date: 03/Oct/2014

Report Run Date: 06/Oct/2014

Notes:

1. Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, after July 2013 the required timeframe for ESPI 2 is 5 months.
2. Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, after July 2013 the required timeframe for ESPI 5 is 5 months.
3. ESPIs that apply from 1 July 2012.
4. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
5. ESPIs 3 and 6 assess surgical specialities where patients are prioritised using nationally recognised tools.
6. Medical specialities are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
7. ESPI 1 and 8 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).

4.5 Quality

Incidents | Complaints | Compliments

Incident Category	Aug 2014	Aug 2013
Behaviour	2	-
Blood and Body Fluid	1	-
Clinical Process	6	5
Death	-	-
Documentation	2	5
Fall	4	3
Hazard	-	1
Injury and self-harm (pt)	1	-
Medication	1	4
Other	1	3
Property	-	-
Security	-	1
Staffing	-	1
Transport	1	1
Violence	-	-
Work related injury	-	-
Total for month	19	24
Year to date (Aug – Jan)	277	219

■ Comments

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.

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.

Falls continue to remain a constant, with 3 of the 4 falls in August related to patient condition (frail, elderly). In the near future we plan to undertake a review of falls within the hospital environment and collate recommendations from RCA [Root Cause Analysis] reports as there appear to be trends emerging in relation to falls.

■ Complaints

For the month of August one new complaint was received relating to orthopaedic care.

CLAB (Central line associated bacterium)

Currently we are 783 days CLAB free.

Development of WCDHB-wide 3 Year Audit

A stocktake of all audit activity taking place across the West Coast DHB has been completed. The data has been entered into a shared spreadsheet with a total of approximately 125 active audits within the DHB.

A meeting is taking place within the next week to look at these audits and discuss what can be done to reduce the amount and streamline the process, avoiding duplicates and reviewing the purpose of certain audits.

Certification

The WCDHB has recently had a surveillance audit visit for Certification. This was to ensure the corrective actions from the last surveillance visit had been progressed. At the time of writing we are still awaiting the report from the audit team.

Maternity

- **“We Care about your care Maternity Feedback Form”**

Results from the maternity feedback surveys received have been collated for the period July-August 2014. This data has been entered into a spreadsheet and a summary document has been provided to McBrearty 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 54% of the women are finding their LMC midwife through word of mouth, with only 7% using the maternity pages website. However, we envisage that this figure will increase in time as information gets out to the community. There is some positive feedback coming through around care and support, however a trend is emerging with the dissatisfaction in the hospital food provided.

The return rate for the surveys is sitting around 25%. Women are now being encouraged to complete the forms before discharge, and putting them in the suggestion box.

- **Emergency Caesarean Section Audit**

All emergency caesarean sections undertaken at the West Coast DHB are now being collated in a spreadsheet 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. At present work is being done to streamline the maternity policies to a transalpine approach.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2014



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 23 October 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the period ended 30 September 2014.

3. FINANCIAL RESULT

Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of September 2014 was a surplus of \$0.015m, which was \$0.018m unfavourable against the budgeted surplus of \$0.033m. The year to date position is now \$0.036m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,702	6,957	(255)	x	20,407	20,871	(464)	x
Governance & Administration	253	188	65	√	654	564	90	√
Funds & Internal Eliminations	4,848	4,536	312	√	14,121	13,608	513	√
	11,803	11,681	122	√	35,182	35,043	139	√
EXPENSES								
Provider								
Personnel	4,333	4,541	208	√	13,509	13,623	114	√
Outsourced Services	522	481	(41)	x	1,959	1,443	(516)	x
Clinical Supplies	706	612	(94)	x	2,015	1,836	(179)	x
Infrastructure	1,343	804	(539)	x	3,447	2,626	(821)	x
	6,904	6,438	(466)	x	20,930	19,528	(1,402)	x
Governance & Administration	253	188	(65)	x	654	564	(90)	x
Funds & Internal Eliminations	4,096	4,485	389	√	12,150	13,455	1,305	√
Total Operating Expenditure	11,253	11,111	(142)	x	33,734	33,547	(187)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	550	570	(20)	√	1,448	1,496	(48)	x
Interest, Depreciation & Capital Charge	535	537	2	√	1,599	1,611	12	√
Net surplus/(deficit)	15	33	(18)	x	(151)	(115)	(36)	x

4. APPENDICES

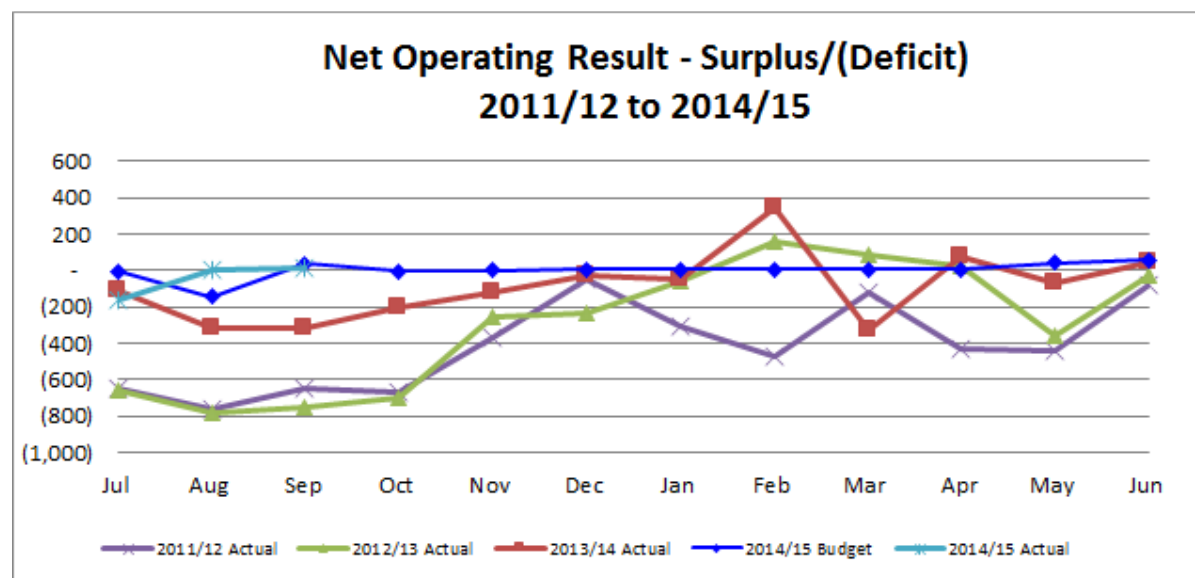
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – SEPTEMBER 2014

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	15	33	(18)	-55%	×	(151)	(115)	(36)	31%	×



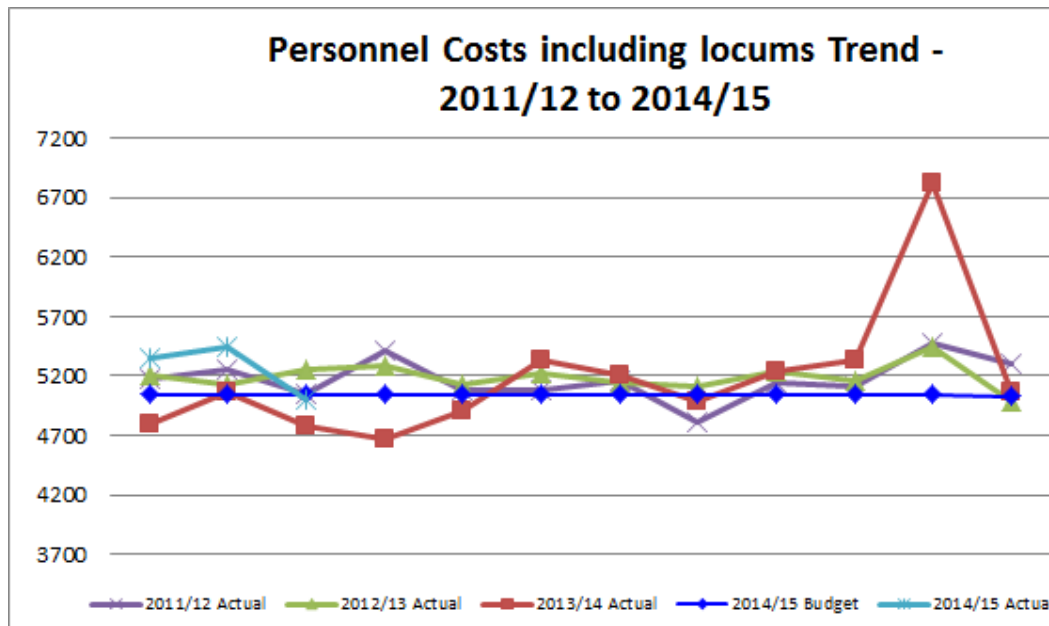
We have submitted an Annual Plan with a breakeven position.

KEY RISKS AND ISSUES

Although currently tracking close to 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	1,273	1,387	114	8%	✓	4,237	4,161	(76)	-2%	✗
Nursing	1,934	2,175	241	11%	✓	6,870	6,525	(345)	-5%	✗
Allied Health	1,101	729	(372)	-51%	✗	2,438	2,187	(251)	-11%	✗
Support	87	117	30	26%	✓	289	351	62	18%	✓
Management & Admin	611	635	24	4%	✓	1,974	1,905	(69)	-4%	✗
Total	5,006	5,043	37			15,808	15,129	(679)		



Personnel costs are favourable for the month, this reflects some timing issues between months, however is consistent with the trend from earlier 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.

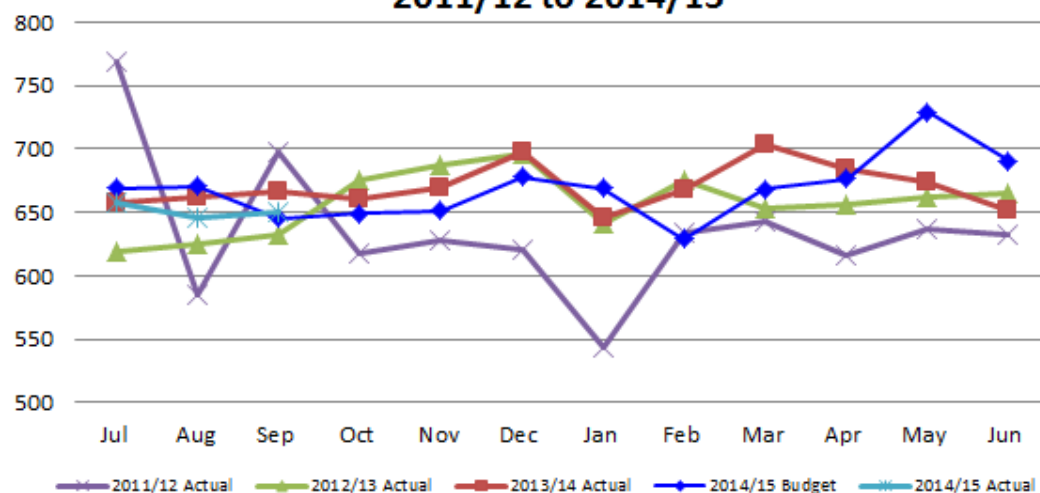
KEY RISKS AND ISSUES

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	37	46	9	19%	✓	35	43	9	20%	✓
Nursing	320	310	(10)	-3%	✗	330	318	(12)	-4%	✗
Allied Health	156	140	(17)	-12%	✗	143	146	3	2%	✓
Support	21	27	6	23%	✓	25	28	3	11%	✓
Management & Admin	115	123	8	7%	✓	118	126	8	6%	✓
Total	649	645	(4)			651	662	11		

**Personnel accrued FTE Trend -
2011/12 to 2014/15**



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

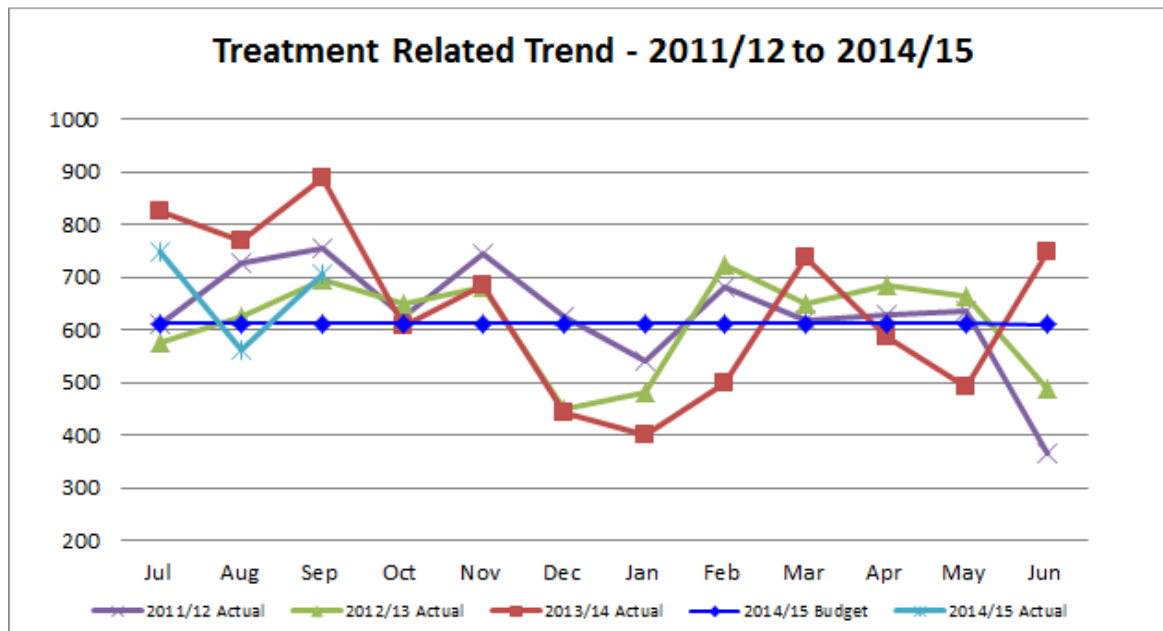
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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 September. 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	707	612	(95)	-16% X	2,016	1,836	(180)	-10% X



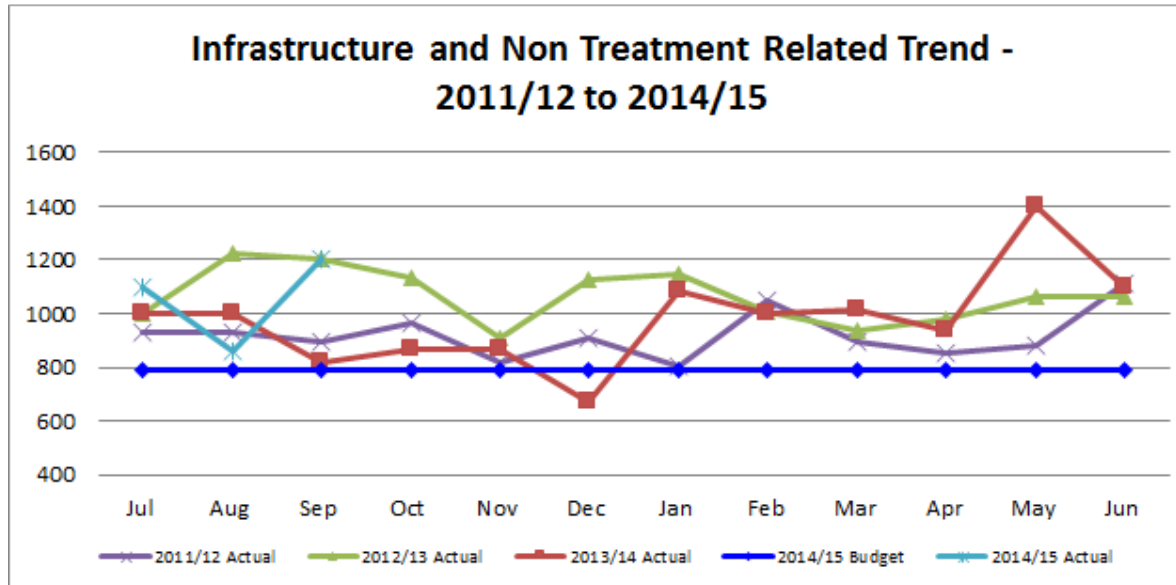
Treatment related costs are overspent due to a number of factors, some of which are timing related, although some of this increase is volume related.

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	1,200	792	(408)	-52%	✗	3,159	2,376	(783)	-33%	✗



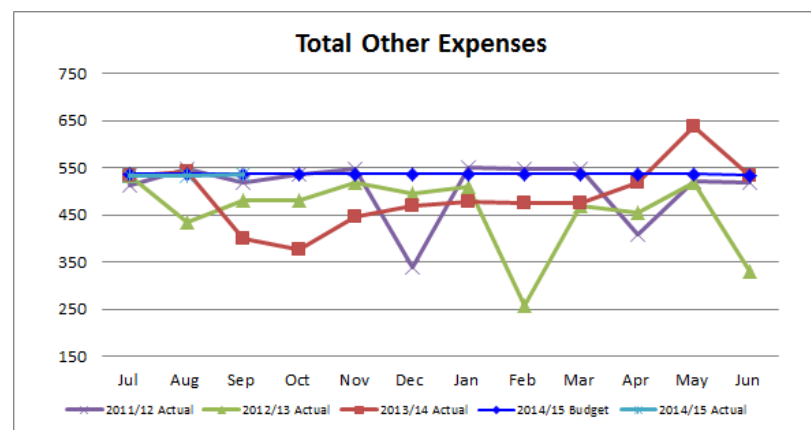
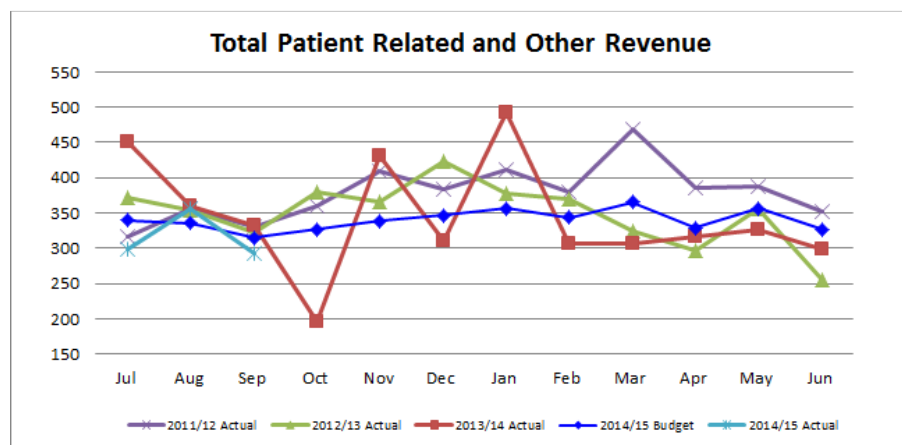
Facilities, IT and telecommunications costs make up the bulk of this category. There have been significant increases in IT and communications costs this month, in addition to higher consultancy costs relating to service reviews. This category of expenditure has been influenced by revised depreciation 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	48	49	(1)	-2%	✗	131	147	(16)	-11%	✗
Donations	-	-	-	0%	✓	-	-	-	0%	✓
Rental	13	15	(2)	-13%	✗	48	45	3	7%	✓
Other	30	46	(16)	100%	✗	60	138	(78)	100%	✗
Total Other Revenue	91	110	(19)	-17%	✗	239	330	(91)	-28%	✗
Interest Expenses	60	114	54	47%	✓	190	342	152	44%	✓
Depreciation	407	327	(80)	-24%	✗	1,205	981	(224)	-23%	✗
Capital Charge Expenses	68	96	28	29%	✓	204	288	84	29%	✓
Total Other Costs	535	537	2	0%	✓	1,599	1,611	12	1%	✓



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	9,946	10,069	(123)	-1%	✗	72,537
Cash	7,750	4,881	2,869	59%	✓	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

30 September 2014

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,374	11,209	165	1.5%	33,820	33,627	193	0.6%	134,509	131,279
Inter DHB Revenue	7	3	4	133.3%	26	9	17	188.9%	34	20
Inter District Flows Revenue	130	129	1	0.8%	390	387	3	0.8%	1,551	1,615
Patient Related Revenue	212	230	(18)	(7.8%)	707	690	17	2.5%	2,760	2,880
Other Revenue	80	110	(30)	(27.3%)	239	330	(91)	(27.6%)	1,323	1,237
Total Operating Revenue	11,803	11,681	122	1.0%	35,182	35,043	139	0.4%	140,177	137,031
Operating Expenditure										
Personnel costs	4,487	4,635	148	3.2%	13,847	13,905	58	0.4%	55,613	55,477
Outsourced Services	430	377	(53)	(14.1%)	1,689	1,131	(558)	(49.3%)	4,520	6,373
Treatment Related Costs	707	612	(95)	(15.5%)	2,016	1,836	(180)	(9.8%)	7,342	7,727
External Providers	2,911	2,934	23	0.8%	8,642	8,802	160	1.8%	34,757	34,383
Inter District Flows Expense	1,369	1,670	301	18.0%	3,956	5,010	1,054	21.0%	20,465	14,486
Outsourced Services - non clinical	149	129	(20)	(15.5%)	425	387	(38)	(9.8%)	1,548	1,608
Infrastructure and Non treatment related costs	1,200	754	(446)	(59.2%)	3,159	2,476	(683)	(27.6%)	9,491	12,225
Total Operating Expenditure	11,253	11,111	(142)	(1.3%)	33,734	33,547	(187)	(0.6%)	133,736	132,279
Result before Interest, Depn & Cap Charge	550	570	(20)	3.5%	1,448	1,496	(48)	3.2%	6,441	4,752
Interest, Depreciation & Capital Charge										
Interest Expense	60	114	54	47.4%	190	342	152	44.4%	1,364	713
Depreciation	407	327	(80)	(24.5%)	1,205	981	(224)	(22.8%)	3,937	4,373
Capital Charge Expenditure	68	96	28	29.2%	204	288	84	29.2%	1,140	753
Total Interest, Depreciation & Capital Charge	535	537	2	0.4%	1,599	1,611	12	0.7%	6,441	5,839
Net Surplus/(deficit)	15	33	(18)	54.5%	(151)	(115)	(36)	(31.3%)	0	(1,087)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	15	33	(18)	54.5%	(151)	(115)	(36)	(31.3%)	0	(1,087)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

30 September 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
26,263	24,846	1,417	5.7%	26,996
1,389	1,526	(137)	(9.0%)	1,517
211	13,566	(13,355)	(98.4%)	74
476	405	71	17.5%	227
28,339	40,343	(12,004)	(29.8%)	28,814
7,750	4,881	2,869	58.8%	7,483
79	60	19	31.7%	79
1,024	1,100	(76)	(6.9%)	1,010
8,875	4,218	4,657	110.4%	7,686
136	136	0	0.00%	136
17,864	10,395	7,469	71.9%	16,394
46,203	50,738	(4,535)	42.1%	45,208
10,695	17,695	(7,000)	(39.6%)	10,695
2,727	2,895	(168)	(5.8%)	2,636
13,422	20,590	(7,168)	(34.8%)	13,331
3,750	3,750	0	0.00%	3,750
9,693	7,548	2,145	28.4%	9,927
9,392	8,781	611	7.0%	9,203
22,835	20,079	2,756	13.7%	22,880
36,257	40,669	(4,412)	(10.8%)	36,211
70,761	70,761	0	0.00%	69,661
19,569	19,569	0	0.00%	19,569
(80,423)	(80,300)	(123)	0.2%	(80,272)
39	39	0	0.00%	39
9,946	10,069	(123)	(1.2%)	8,997
46,203	50,738	(4,535)	(8.9%)	45,208

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending

30 September 2014

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	11,574	11,632	(58)	(0.5%)	34,273	34,896	(623)	(1.8%)	139,589	134,187
Cash paid to employees	(4,938)	(5,043)	105	(2.1%)	(15,661)	(15,129)	(532)	3.5%	(60,505)	(61,481)
Cash paid to suppliers	1096	(1,502)	2598	(173.0%)	(4,935)	(4,506)	(429)	9.5%	(18,009)	(21,406)
Cash paid to external providers	(3,041)	(2,934)	(107)	3.6%	(9,032)	(8,802)	(230)	2.6%	(35,182)	(35,998)
Cash paid to other District Health Boards	(1,239)	(1,670)	431	(25.8%)	(3,566)	(5,010)	1444	(28.8%)	(20,040)	(12,871)
<i>Cash generated from operations</i>	3452	483	2969	614.7%	1079	1449	(370)	(25.5%)	5,853	2,431
Interest paid	(60)	(114)	54	(47.4%)	(190)	(342)	152	(44.4%)	(1,364)	(781)
Capital charge paid	(68)	(96)	28	(29.2%)	(204)	(288)	84	(29.2%)	(1,140)	(897)
Net cash flows from operating activities	3324	273	3051	1117.6%	685	819	(134)	(16.4%)	3,349	753
Cash flows from investing activities										
Interest received	48	49	(1)	(2.0%)	131	147	(16)	(10.9%)	588	608
(Increase) / Decrease in investments	0	(80)	80		0	(240)	240		(402)	0
Acquisition of property, plant and equipment	(82)	(4,062)	3980	(98.0%)	(480)	(12,186)	11706	(96.1%)	(48,740)	(1,987)
Acquisition of intangible assets	(1)	0	(1)	#DIV/0!	(2)	0	-2	#DIV/0!	0	5
Net cash flows from investing activities	(35)	(4,093)	4058	(99.1%)	(351)	(12,279)	11,928	(97.1%)	(48,554)	(1,374)
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		1	0	1		18,000	0
Repayment of equity	0	0	0		(68)	0	(68)		(68)	(68)
<i>Cash generated from equity transactions</i>	0	0	0		(67)	0	(67)		17,932	(68)
Borrowings raised	0	0	0		0	0	0		28,000	2,000
Repayment of borrowings	0	0	0		0	7000	(7,000)		0	0
Payment of finance lease liabilities										
Net cash flows from financing activities	0	0	0		(67)	7000	(7,067)		45,932	1,932
Net increase in cash and cash equivalents	3,289	(3,820)	7109	(186.1%)	267	(4,460)	4727	(106.0%)	727	1,311
Cash and cash equivalents at beginning of period	4,461	8,701	(4,240)	(48.7%)	7,483	9,341	(1,858)	(19.9%)	9,341	6,172
Cash and cash equivalents at end of year	7,750	4,881	2,869	58.8%	7,750	4,881	2869	58.8%	10,068	7,483

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 23 October 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

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

Transalpine health service development will be the focus of a workshop between Canterbury and West Coast clinicians in early October, with a view to charting the course for service development over the next 2 or 3 years.

The commencement of the Maternity Educator has enabled a significant amount of midwifery education to be achieved over the last three months, including team training for Buller services, epidural certification and smoking cessation promotion.

Two new graduate nurses have commenced, these are the first mid-year intake we have been able to support and are part of the ongoing plan for a sustainable workforce and growing our own.

Quality and Safety

A recent workshop involving the Quality team and senior leadership of WCDHB, to identify areas of greater collaboration to improve patient safety and quality in the services we provide.

Patient Safety Walkarounds are commencing shortly, where senior clinical leaders and managers visit clinical areas to focus on patient safety activities at the 'coal face'.

Facilities Planning

The first round of the next phase of planning for the new Grey Hospital and Integrated Family Health Centre commenced mid September, with good representation from clinical teams in the workstreams. This planning work will last into the first half of next year, and clinician involvement in this process is paramount to the design of a successful facility for our future health 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

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 11 SEPTEMBER 2014



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 26 September 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 11 September 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 – 11 September 2014.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 11 September 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.

CARRIED FORWARD ITEMS

Management will be in a position to report back on patient transport, both locally and regionally at the next meeting.

MANAGEMENT REPORT

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

Mr Newsome advised that the Facilities Development detailed design process commenced today and the consultants are all here on the ground over the next few days. A schedule is being developed for them to be here for 2-3 days each fortnight. The Committee noted that management have been very firm regarding Clinical involvement and participation and the consultants are now well aware of the lead in time required to ensure continued Clinical involvement.

Peter Ballantyne, Board Chair, provided the Committee with an overview from the Partnership Group perspective.

The Management Report was taken as read and Mr Newsome highlighted the following points:

- DNAs – there is a group looking at the West Coast DHB DNA rates which are above the national average. The group now has an implementation plan and will focus on the areas with the highest DNA rate. In addition some simple processes will be put in place initially and these will be reviewed in 3 months time.
- ED Attendances – the Ministry of Health have set a new framework to report on for ED Attendances. These are required to be reported on quarterly and the West Coast is doing its best to report on these however due to the nature of the operation of our ED this is not always possible. Management do believe however that this could be a positive thing as it will highlight some of the areas that need some additional focus.
- Some planning has been undertaken around Christmas and New Year arrangements. Most elective procedures will cease between 19 December and 11 January, Hannan Ward will be closed and the number beds will be reduced in both Barclay and Morice Wards, however there will be the ability to open beds if the need arises. Management are also beginning planning in the Mental Health area. The Committee noted that these arrangements have been based on solid data and have not been decided in isolation and also that as well as allowing staff to have a break it will assist with Annual Leave management.
- The Committee noted that the provision of Allied Health Services remains a challenge, particularly in physiotherapy. The re-advertising of the associate Director of Allied Health role has commenced and an interim arrangement has been put in place meantime to continue to provide leadership to the Allied Health Group.
- In regard to Industrial Relations, the PSA issued strike notices in support of bargaining for three Multi Employer Collective Agreements (MECAs). These were withdrawn after continued negotiations with DHBs and settlements for all agreements were reached via mediation. These three settlements are now being presented to members for ratification. The Committee noted that there is a national contingency planning structure in place for industrial action notifications.
- There were a number of patient transfers during June and July and management will embark on an audit of these to ensure appropriateness.

Discussion took place regarding the patient journey flow charts and referrals back to GPs.

Discussion also took place regarding complaint responses and whether the DHB is meeting timings around this. The Committee noted that a lot of work has been undertaken in this area to ensure that we have a proper process in place and that the quality of the responses is of a high standard. We continue to improve in this area.

A query was made regarding maternity services and Mr Newsome provided the Committee with an outline of the current services provided and the current proposal that is out for consultation.

The report was noted

FINANCE REPORT

Mark Newsome, General Manager, Grey/Westland, presented the Finance Report for the month ending July 2014. The consolidated financial result for the month of July 2014 (and year to date) was a deficit of \$0.163m which was \$0.158m unfavourable against the budgeted deficit of \$0.005m.

Discussion took place regarding the infrastructure and non treatment related trends and the Committee noted that some storm costs are still being seen. Maintenance costs are high and will

remain high as we nurse the building through to the provision of the new facilities.

The Committee noted the challenges around getting medical staff to the West Coast (Air NZ flights etc) and also the on-going challenges around the use of Locums which are a significant part of the costs.

Discussion took place regarding accrued annual leave and the Committee noted the fine balance required to ensure staff have a break and also manage the annual leave risk to the organisation. It was also noted that this can be constrained by some of the collective agreements in place.

The report was noted.

CLINICAL LEADERS UPDATE

Dr Carol Atmore, Chief Medical Officer, presented this report which was provided to the Board at their last meeting. The Committee noted the work being undertaken around Rural Learning Centre Development. The DHB is expanding its Rural Hospital Medicine Registrar positions for 2015 and have a record number of General practitioner Registrars for 2015 on the West Coast

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 11 September 2014.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
On Friday 26 September 2014 commencing at 10.15am

KARAKIA		10.15am
ADMINISTRATION		10.20am
Apologies		
1.	Interest Register <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	Confirmation of the Minutes of the Previous Meeting ▪ 8 August 2014	
3.	Carried Forward/Action List Items	
REPORTS		10.25am
4.	Chair's Update (Verbal Update)	Peter Ballantyne <i>Chairman</i> 10.25am - 10.35am
5.	Chief Executive's Update	David Meates <i>Chief Executive</i> 10.35am - 10.50am
6.	Clinical Leader's Update	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Bousfield <i>Director of Nursing and Midwifery</i> 10.50am - 11.00am
7.	Finance Report	Justine White <i>General Manager, Finance</i> 11.00am - 11.10am
8.	Maternity Review Update	Mark Newsome <i>General Manager, Grey/Westland</i> 11.10am - 11.25am
9.	2015 Schedule of Meetings	Peter Ballantyne <i>Chairman</i> 11.25am - 11.35am
10.	Health Target Report – Quarter 4	Phil Wheble <i>Team Leader, Planning & Funding</i> 11.35am - 11.45am
11.	Governance Responsibilities Health & Safety	Greg Brogden <i>Senior Corporate Solicitor</i> 11.45am – 12noon
12.	Report from Committee Meetings	
-	CPH&DSAC <i>11 September 2014</i>	Elinor Stratford <i>Chair, CPH&DSAC Committee</i> 12noon – 12.10pm
-	Hospital Advisory Committee <i>11 September 2014</i>	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 12.10pm – 12.20pm
-	Tatau Pounamu Advisory Group <i>11 September 2014</i>	Elinor Stratford <i>Board Representative to Tatau Pounamu</i> 12.20pm – 12.30pm

13. Resolution to Exclude the Public

Board Secretariat

12.30pm

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME

12.30pm

NEXT MEETING

Friday 31 October 2014

2014 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

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

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2014

DATE	MEETING	TIME	VENUE
Thursday 20 February 2014	TATAU POUNAMU	2.00PM	Board Room, DHB Corporate Office
Friday 21 February 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 20 March 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 20 March 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 20 March 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 April 2014	TATAU POUNAMU	3.00pm	Poutini Waiora
Friday 4 April 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 1 May 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 May 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 May 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 1 May 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 9 May 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 12 June 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 June 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 June 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 June 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 24 July 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 July 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 July 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 July 2014	TATAU POUNAMU	2.00pm	Kahurangi Room, Grey Hospital
Friday 8 August 2014	BOARD	10.00am	West Coast Regional Council
Thursday 11 September 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 September 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 September 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 September 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 23 October 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 October 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 October 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 23 October 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 31 October 2014	BOARD	10.00am	West Coast Regional Council
Thursday 27 November 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 November 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 November 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 4 December 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 12 December 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth

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