

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

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**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**11.00 am, 27 November 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 27 November 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**

*23 October 2014*

3. **Carried Forward/Action Items**

## REPORTS/PRESENTATIONS 11.10am

- |    |                                |   |                   |
|----|--------------------------------|---|-------------------|
| 4. | <b>Management Report</b>       | Mark Newsome<br><i>General Manager Grey   Westland</i>        | 11.10am - 11.30am |
| 5. | <b>Finance Report</b>          | Justine White<br><i>General Manager, Finance</i>              | 11.30am - 11.45am |
| 6. | <b>Clinical Leaders Report</b> | Karyn Bousfield<br><i>Director of Nursing &amp; Midwifery</i> | 11.45am – 12noon  |
| 7. | <b>General Business</b>        | Sharon Pugh<br><i>Chair</i>                                   | 12noon – 12.15pm  |

## ESTIMATED FINISH TIME 12.15pm

### INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 31 October 2014
- 2014 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

### NEXT MEETING:

**Date of Next Meeting:** 29 January 2015  
Corporate Office, Board Room at Grey Base Hospital.

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.

<b>HOSPITAL ADVISORY COMMITTEE MEMBERS</b>	<b>EXECUTIVE SUPPORT</b>
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> ) 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> ) Kay Jenkins ( <i>Governance</i> )



# 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>• Trustee on the Buller Electric Power Trust</li> <li>• Director of Energy Trust New Zealand</li> </ul>
Chris Lim	<ul style="list-style-type: none"> <li>• No interests to declare</li> </ul>
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>• Director, 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 23 October 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); Justine White (General Manager, Finance)(for Item 6); and Kay Jenkins (Minutes).

**APOLOGIES**

An apology was received and accepted from Richard Wallace.

**WELCOME**

Everyone joined together in the Karakia.

**1. INTEREST REGISTER**

Gail Howard advised that she is no longer Chair of the Coal Town Trust.

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

**2. CONFIRMATION OF PREVIOUS MEETING MINUTES**

**Resolution (14/14)**

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

That the minutes of the meeting of the Hospital Advisory Committee held on 11 September 2014 be confirmed as a true and correct record.

**3. CARRIED FORWARD/ACTION ITEMS**

1. Patient Ambulance Transport - The Committee noted that there is renewed activity taking place in this area with the other South Island DHBs now having provided the necessary information for this to happen. It was also noted that St John are aware of the concern of the Committee around the delay in finalising this and are keen to progress.
2. DNAs – The DNA rates remain relatively static however a big piece of work is now commencing which includes rostering and theatre time and management are also looking at a short notice list for cancellations and text to remind. It is also proposed to undertake a public communication around this.

The carried forward items were noted.

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

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the following points:

- Consistent performance continues in most health target areas. Surgical totals are down due to annual leave and sickness; however there is continued compliance with ESPI 2 & ESPI 5 and the DHB is on track to deliver to new time frames for December 2014.
- Enhanced Recovery After Surgery (ERAS) which is designed to achieve shorter stays and optimise recovery after surgery in Orthopaedics will also be rolled out to other specialities.
- Planning for Christmas and New Year continues and management are confident that this is well on track and there is sufficient back up if required.
- A review around the role of Rural Nurse Specialists is underway with the view that this is a pivotal role on the West Coast and there is a need to ensure that they have all they need to undertake their role. New vehicles have already been provided for these roles.
- The DHB is well linked to the Canterbury DHB in regard to Ebola with Mr Newsome being part of the Ebola Planning Group. Community education will take place regarding Ebola over the next few weeks.
- A surveillance audit for Certification has recently taken place to ensure that the corrective actions from the original audit have been progressed. A report is awaited from the audit team.

Mr Newsome advised that he had attended a Stakeholder Group meeting in Reefton which was very positive with a great level of engagement. He added that the leadership from the local team was also excellent.

##### **Resolution (15/14)**

(Moved: Peter Neame/Seconded: Gail Howard – 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 September 2014. 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 Committee noted management's confidence that the DHB will get back to a break even position by the end of the financial year.

##### **Resolution (16/14)**

(Moved: Kevin Brown/Seconded: Paula Cutbush – carried)

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

#### 6. CLINICAL LEADERS REPORT

Mark Newsome, General Manager, Grey/Westland, presented this report which was provided to the Board at their last meeting. . The Committee noted that a very positive transalpine workshop has taken place and there is large will from both DHBs to work together and also a desire to advance this quickly.

In regard to facilities planning the Committee noted that over 45 clinicians have been involved and the consulting group are here on the West Coast again next week. The concept plan is largely developed and agreed and this work has been led by the Clinicians.

**Resolution (17/14)**

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

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

There being no further business the meeting closed at 12.20pm

Confirmed as a true and correct record.

\_\_\_\_\_  
Sharon Pugh, Chair

\_\_\_\_\_  
Date

DRAFT

## 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 Attends (DNAs)</b> An update on progress regarding DNAs to be provided to the Committee.		Updates will be provided at each meeting.

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

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

**DATE:** 27 November 2014

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Report Status – For:      Decision            Noting            Information     

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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.

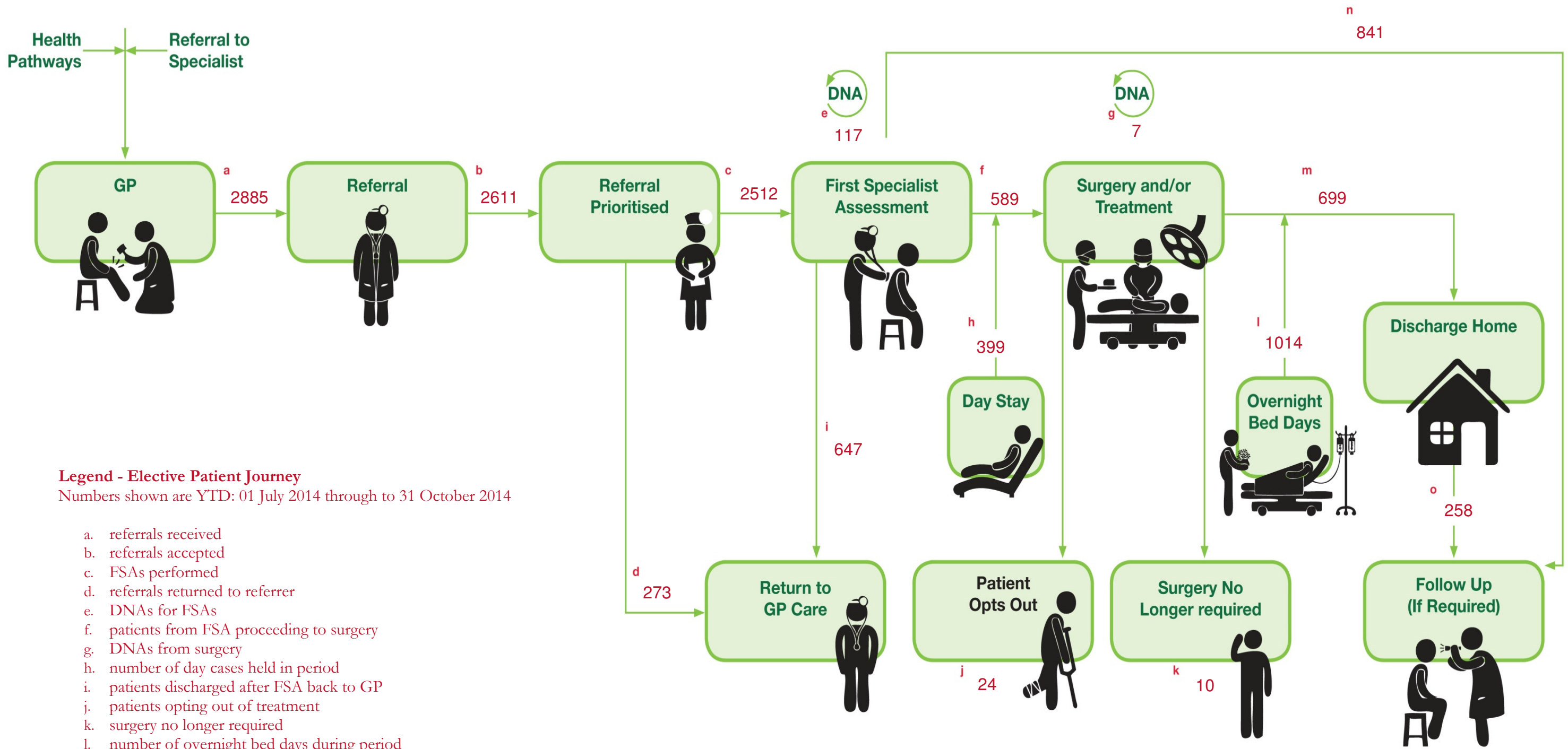
The following are the most notable features of the report:

- 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;
- Increased activity and leadership within Allied Health with the interim Associate Director of Allied Health position bringing about service improvements.

## 4. DISCUSSION

### 4.1 Activity

The following pages contain graphics summarising patient journeys.



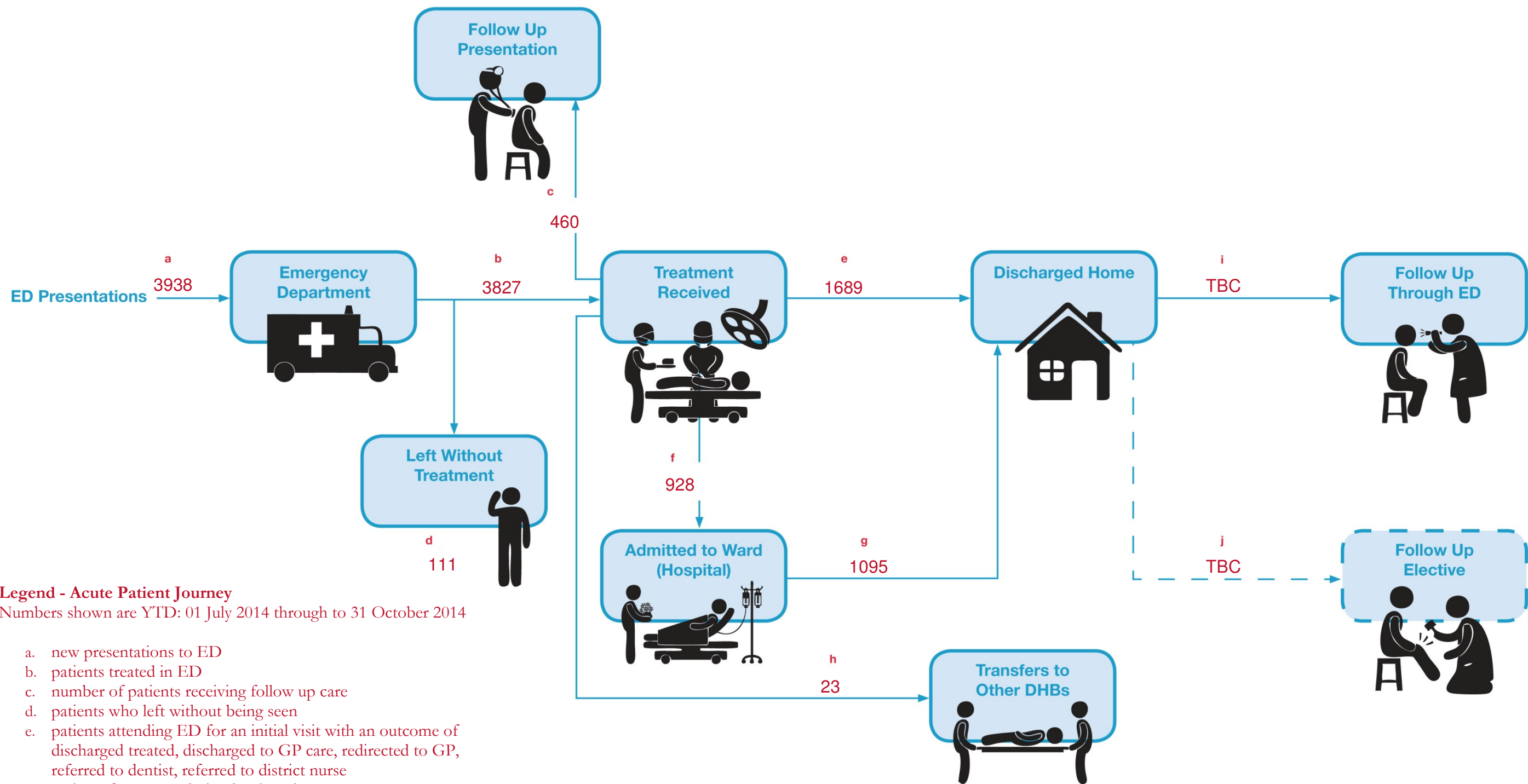
**Legend - Elective Patient Journey**  
 Numbers shown are YTD: 01 July 2014 through to 31 October 2014

- a. referrals received
- b. referrals accepted
- c. FSAs performed
- d. referrals returned to referrer
- e. DNAs for FSAs
- f. patients from FSA proceeding to surgery
- g. DNAs from surgery
- h. number of day cases held in period
- i. patients discharged after FSA back to GP
- j. patients opting out of treatment
- k. surgery no longer required
- l. number of overnight bed days during period
- m. number of discharges during period
- n. number of patients requiring follow up from FSA visit
- o. number of patients requiring follow up after hospital stay

# Elective Patient Journey







**Legend - Acute Patient Journey**

Numbers shown are YTD: 01 July 2014 through to 31 October 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 three months only, while the outpatient data is for the first four months of the 2014-15 financial year.

### Inpatient Volumes

Due to delays in completing coding for all patients discharged in October at the time of preparation of this report, results for inpatients below are for the 3-month period to 30 September 2014 only. Throughput for this 3-month period 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	280.27	220.23	-60.04	-21.42%
Elective	308.19	332.36	24.17	7.84%
<b>Sub-Total Surgical:</b>	<b>588.46</b>	<b>552.59</b>	<b>-35.87</b>	<b>-6.10%</b>
<b>Medical</b>				
Acute	348.03	404.54	56.51	16.24%
Elective	0	0	0	0%
<b>Sub-Total Medical:</b>	<b>348.03</b>	<b>404.54</b>	<b>56.51</b>	<b>16.24%</b>
<b>TOTALS:</b>	<b>936.49</b>	<b>957.13</b>	<b>20.64</b>	<b>2.20%</b>

### Outpatient Volumes

For the first four months of 2014-15 to 31 October, outpatient delivery was down by only 72 patients (1.5%) variant from expected volumes overall. Throughput was 1.11% under contracted volume for surgical specialty services and 2.14% over contracted volume for medical specialty services.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	1125	1166	41	3.64%
Sub. Visit	1807	1733	-74	-4.08%
<b>Sub-Total Surgical:</b>	<b>2932</b>	<b>2899</b>	<b>-33</b>	<b>-1.11%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	538	440	-98	-18.22%
Sub. Visit	1282	1341	59	4.6%
<b>Sub-Total Medical:</b>	<b>1820</b>	<b>1781</b>	<b>-39</b>	<b>-2.14%</b>
<b>TOTALS:</b>	<b>4752</b>	<b>4680</b>	<b>-72</b>	<b>-1.51%</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]
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%
October 2014	1744	1625	119	6.82%
<b>13 month rolling totals</b>	<b>24096</b>	<b>22068</b>	<b>2028</b>	<b>8.42% Average</b>

DNA rates show a marked reduction for October. It is too early to tell yet if this is due to the focus that has been occurring in this area, however it is hoped that this reduction will be sustained, along with a continued focus on this area.

## 4.2 Workforce Update

### Nursing

- An appointment has been made to the Clinical Nurse Educator position and will commence on 13 January 2015. This has been a vacancy for some time and it is very pleasing to fill this role, which will assist us in supporting the transformation to implementing our model of care.
- The remainder of the hospital is fully staffed. In addition, new graduates start in January 2015 which should negate the need to recruit any further nursing staff in the short term.

### Ward Activity

- A Trendcare update provides the ability to utilise electronic care plans and falls risk assessment. Work is continuing to investigate this being incorporated into our current practice, and with it being digital, it increases the ease for auditing.
- Wards and departments are preparing for the reduction in services over Christmas/New Year and the CNMs are making leave plans with staff who have large leave balances.
- Over this period Hannan ward will move into Morice ward. Theatre will also break for the period (19 December-12 January) and outpatients will close from 23 December.
- The audits on falls risk, care plans, smoking cessation, nutrition and registration have seen an improvement this quarter meeting the ministry targets.

- “Shorter Stays Quality Framework for the Emergency Department” is in place for the first quarter. The Ministry of Health acknowledged that rural areas may have difficulty in reporting in all areas and have allowed time to address this. All 80 markers will not have to be reported on, but information is to be collected and available if asked.
- A focus on documentation standardisation continues. The senior nursing group have taken responsibility for the review and update of policies and procedures.
- Work continues on upgrading the isolation room in Morice ward.
- Ebola training has commenced, which will incorporate the whole of the West Coast. Protocols are in place for triaging suspected patients and include the correct use of personal protective equipment. Signs have gone up at all entrances to facilities across the Coast. The key message is you have more chance of catching measles than you do Ebola. The Ministry has comprehensive guidelines and plans to manage suspected cases of Ebola in the rare chance that this may occur.

### **Maternity Services**

- The planning continues for the new facilities with maternity staff participating in both the hospital and IFHS areas.
- Ongoing advertising for core midwives has led to an increase in the number of midwives looking for core midwifery work. Interviews have been conducted and there are 2 part-time midwives starting in February.
- Advertising for the new graduate programme for 2015 is currently occurring and we are looking forward to having two positions.
- The maternity unit has supported six student midwives this year with placements. The feedback from students has been very positive and they are gaining great experience.
- The new model of maternity is starting to evolve and there has been a number of staff information sessions held over the past two months.
- Education is being planned for midwives, doctors and nurses in Greymouth and Buller Hospital on unplanned delivery and unexpected outcomes. Training over the past 3 months in Greymouth has included fetal monitoring, adult and neonatal resuscitation, emergency care in maternity.
- The part time ward clerk commenced this week and has made a number of lean thinking improvements already.

### **Reefton Health**

- *District Nursing* - Workload is steady at present and looking forward to progress on district nursing supporting home based carers locally. The DNs attend fortnightly CCCN meetings to discuss community patients and this continues to work well.
- *Medical Centre* – the interview has been completed for the Practice Manager position and an offer made which has yet to be confirmed. One receptionist has resigned and will be finishing early December.
- *Aged Residential Care* – A visit by the facilities manager identified repairs needed. Some maintenance is occurring and planned to bathrooms and residents rooms.
- *Hospital* – the majority of patients assessed by the RN on duty are referred to the RNS on-call. Currently looking at identifying numbers that the RNS is involved with, including presentations and phone calls.
- *Training/Education* – regular professional development is underway for all registered nurses at Reefton Health for peer review and case presentation. The Clinical Nurse Manager recently attended the Nurse Manager’s conference in Christchurch and one Registered Nurse

attended a stroke workshop [*a model for integrated health care*] in Wellington. Two nurses recently attended advanced training on suicide triage and risk management in Greymouth which we hope to repeat in Reefton.

- *General* – The community stakeholder meetings are underway with the second meeting held on 18 November.

### **Allied Health**

- Interviews commence this month for an Associate Director of Allied Health and it is anticipated that an appointment will be made before the end of the year.
- Recruitment and retention is a continuing challenge for occupational therapy and physiotherapy services.
- A second recruitment drive for the position of Clinical Manager, Occupational Therapy did not attract any suitable applicants and a short term strategy is being developed. The Clinical Manager is a crucial leadership position managing a team of occupational therapists, OT assistants, administration staff, workshop staff and contracts for the provision of services to Special Education Services and the maintenance and supply of OT equipment. It is anticipated an appointment will be made to the paediatric occupational therapy position over the next few weeks.
- Ongoing vacancies for physiotherapists in Buller and Grey/Westland continue to place pressure on physiotherapy service provision. Paul Timothy from CDHB has just completed a six week secondment to provide physiotherapy services on the West Coast. This has been a successful initiative that has enabled reduction of waiting lists, freeing up staff to take leave, sharing of professional knowledge and experience and an opportunity for a specialist to experience rural generalist practice. It has strengthened transalpine relationships and stimulated conversations regarding future collaborative approaches to service provision and professional opportunities.
- Both dietitians on the West Coast have successfully received endorsement from the Dietitians Board as dietitian prescribers. This extended scope of practice enables them to apply for special authority numbers from PHARMAC and prescribe nutritionals, vitamins and minerals to patients at the point of care, avoiding unnecessary delays in accessing nutrition.
- Allied Health representatives attended the recent Australasian Rehabilitation Outcome Centre Forum in Christchurch alongside two nursing colleagues. It was identified that improvements are required in the data collected from the WCDHB. The solution will require an interdisciplinary approach to developing facilities trainers, training staff in data collection and completion of the Functional Independence Measure Score and establishing a framework for the process including monitoring, reporting and audit.
- Representatives from Social Work and Child Protection have attended a workshop on the Children's Action Plan and are commencing discussions with relevant government and non-government agencies to develop a regional approach.
- Allied Health are participating in all 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.
- Congratulations to Amber Salanoa Haar (Occupational Therapist) and Stella Ward (Executive Director of Allied Health) who presented a paper, "*Delivering the Health Care Vision*" at the recent SARRAH National Conference for rural and remote Allied Health Professionals held in New South Wales.

## **Industrial Relations**

- Bargaining continues with the RDA representing Resident Doctors.
- Bargaining for the NZNO Nursing and Midwifery MECA will commence on 24 November 2014.

### **4.3 Patient**






#### **Patient Transfers**

- The number of tertiary transfers for the month of September 2014 was 31, maintaining the same number of transfers as August 2014.
- The majority of the September transfers were for orthopaedic and coronary care patients, with the main reason for transfers being for 'Specialty Care not available at Grey Base Hospital'.
- There were 21 transfers made from Buller to Grey Base Hospital in September 2014, (including those transferred via private motor vehicle).
- Five transfers were made from Reefton to Grey Base Hospital for September 2014

## 4.4 Health Targets



### Health Target progress

#### Quarterly & between-quarter progress data

Target	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	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%	99.6%	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. September's rates continue this trend with 99.6%.
 <b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	795 YTD	1,182 YTD	1,695	425	446	✗	The West Coast DHB has not met the <b>Improved Access to Elective Surgery Health Target</b> this quarter, having delivered 425 discharges against a 446 target. At 95.3% of our goal and only 21 discharges off target, we do not see any difficulties in meeting our year end target.
 <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. July has seen this result continue.
 <b>Increased Immunisation</b> Eight-month-olds fully immunised	84%	89%	81%	77%	90%	✗	Although only vaccinating 77% of our eligible children for the <b>Increased Immunisation Health Target</b> , we vaccinated 97% of consenting children. This is a slight decrease on last quarter, although opt-off and declines were higher at 20.5% which continues make meeting this target challenging.
 <b>Better Help for Smokers to Quit</b> <b>Hospitalised</b> smokers receiving help and advice to quit	86.2%	92.5%	95%	93%	95%	✗	During Quarter 1, West Coast DHB staff provided <b>93.3%</b> of hospitalised smokers with smoking cessation advice and support –missing the <b>Secondary Care Better Help for Smokers to Quit Health Target</b> . Best practice initiatives continue,

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



Target	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Target	Current Status	Progress
							however the effects of small numbers remain challenging— The target was missed by only 4 smokers, with 19 smokers missed in total. Misses in areas such as Critical Care and ED where patients were critically unwell and unresponsive prior to discharge (transfer to Christchurch) have an impact on results.
 <b>Better Help for Smokers to Quit</b> Smokers attending <b>primary</b> care receive help and advice to quit <sup>2</sup>	59.9%	55.4%	61.9%	71.3%	90%	✘	Although we are yet to meet the target, performance against the <b>Primary Care Smokers Better Help to Quit Health Target</b> has increased 9.4% this quarter—an encouraging result. 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>	66.4%	69.6%	76.6%	78.9%	90%	✘	Performance against the <b>More Heart and Diabetes Checks Health Target</b> continues to steadily increase with 78.9% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging increase, West Coast DHB is still below the national average & 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 surgical treatment (ESPI 5) at the end of September.

Both ESPI 2 and ESPI 5 waiting time targets drop to 4 months (120 days) from the end of December 2014. Our services are working toward this new target ahead of the new timeframe. Mock-up results for the new 4-month target using the September 2014 data show only 29 patients (3.9%) still in the 4-5 month waiting time period in the ESPI 2 category, and just 4 patients (1.3%) waiting between 4 and 5 months in the ESPI 5 category.

# MoH Elective Services Online

## Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: West Coast

	2013			2013			2014			2014			2014			2014			2014			2014			2014			2014								
	Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct		
	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	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	17 of 18	94.4%	1	0 of 0	X	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	0	0.0%	0	0	X	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	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	0	0.0%	0	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	3	1.6%	-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	0.2%	-1	0	0.0%	0	0	0.0%	0
8. 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	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	0	X	0	0	X	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	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	139	100.0%	0	129	100.0%	0	169	100.0%	0	187	100.0%	0

Data Warehouse Refresh Date: 14/Nov/2014

Report Run Date: 17/Nov/2014

Notes:

1. Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 is 5 months and from January 2015 the required timeframe for ESPI 2 is 4 months.
  2. Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 5 is 4 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 9 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](mailto:elective_services@moh.govt.nz)).

## 4.5 Quality

### Incidents | Complaints | Compliments

Incident Category	Sept 2014	Sept 2013
Behaviour	4	1
Blood and Body Fluid	0	0
Clinical Process	2	2
Death	0	0
Documentation	4	1
Fall	0	5
Hazard	0	0
Injury and self-harm (pt)	1	1
Medication	4	2
Other	0	1
Property	2	0
Security	0	0
Staffing	0	0
Transport	1	1
Violence	0	0
Work related injury	2	0
<b>Total for month</b>	<b>20</b>	<b>14</b>
<b>Year to date (Aug-Jan)</b>	<b>39</b>	<b>38</b>

- **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. For the month of September, 4 incidents related to documentation.

There were no reported falls for the month of September.

- **Complaints**

For the month of September three new complaints were received. One relating to privacy and two relating to treatment.

### **CLAB (Central line associated bacterium)**

Currently we are 845 days CLAB free.

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

A stocktake of all audit activity across the DHB has taken place and is now in the process of review.

## **Maternity**

### ▪ **“We Care About Your Care” Maternity Feedback Form**

Results from the maternity feedback surveys received have been collated for the period August-October 2014. Results indicate that the majority of West Coast women are booking within their first trimester of pregnancy. 61% of respondents are in the 20-29 age group.

The return rate for the surveys has markedly increased as women are now being encouraged to complete the forms before discharge, and putting them in the suggestion box.

Positive trends are emerging in relation to care and support and interestingly food dissatisfaction is also a trend.

A new “Quality Board” noticeboard has been put up in the entrance to McBrearty ward where this data, along with other quality initiatives is available for the public to see.

### ▪ **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 and guidelines to a transalpine approach that is easier accessed by staff.

## **Patient Safety Week 3-9 November**

This was a successful week showcasing patient safety. Wards/areas were involved in activities that included emphasis on safe documentation, patient identification, hand hygiene, falls prevention and medication safety. Speakers came and talked to staff on patient stories (how patients feel in our hospitals) and on the importance of falls prevention.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2014



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

**SOURCE: Finance**

**DATE: 27 November 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 October 2014.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of October 2014 was a deficit of \$0.040m, which was \$0.035m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.191m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,774	6,957	(183)	x	27,181	27,828	(647)	x
Governance & Administration	218	188	30	v	872	752	120	v
Funds & Internal Eliminations	4,876	4,536	340	v	18,997	18,144	853	v
	<b>11,868</b>	<b>11,681</b>	<b>187</b>	<b>v</b>	<b>47,050</b>	<b>46,724</b>	<b>326</b>	<b>v</b>
<b>EXPENSES</b>								
Provider								
Personnel	5,184	4,541	(643)	x	18,693	18,164	(529)	x
Outsourced Services	413	481	68	v	2,372	1,924	(448)	x
Clinical Supplies	691	612	(79)	x	2,706	2,448	(258)	x
Infrastructure	1,114	842	(272)	x	4,561	3,368	(1,193)	x
	<b>7,402</b>	<b>6,476</b>	<b>(926)</b>	<b>x</b>	<b>28,332</b>	<b>25,904</b>	<b>(2,428)</b>	<b>x</b>
Governance & Administration	218	188	(30)	x	872	752	(120)	x
Funds & Internal Eliminations	3,760	4,485	725	v	15,910	17,940	2,030	v
<b>Total Operating Expenditure</b>	<b>11,380</b>	<b>11,149</b>	<b>(231)</b>	<b>x</b>	<b>45,114</b>	<b>44,596</b>	<b>(518)</b>	<b>x</b>
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	<b>488</b>	<b>532</b>	<b>(44)</b>	<b>x</b>	<b>1,936</b>	<b>2,128</b>	<b>(192)</b>	<b>x</b>
<b>Interest, Depreciation &amp; Capital Charge</b>	<b>528</b>	<b>537</b>	<b>9</b>	<b>v</b>	<b>2,127</b>	<b>2,148</b>	<b>21</b>	<b>v</b>
<b>Net surplus/(deficit)</b>	<b>(40)</b>	<b>(5)</b>	<b>(35)</b>	<b>x</b>	<b>(191)</b>	<b>(20)</b>	<b>(171)</b>	<b>x</b>

#### 4. **APPENDICES**

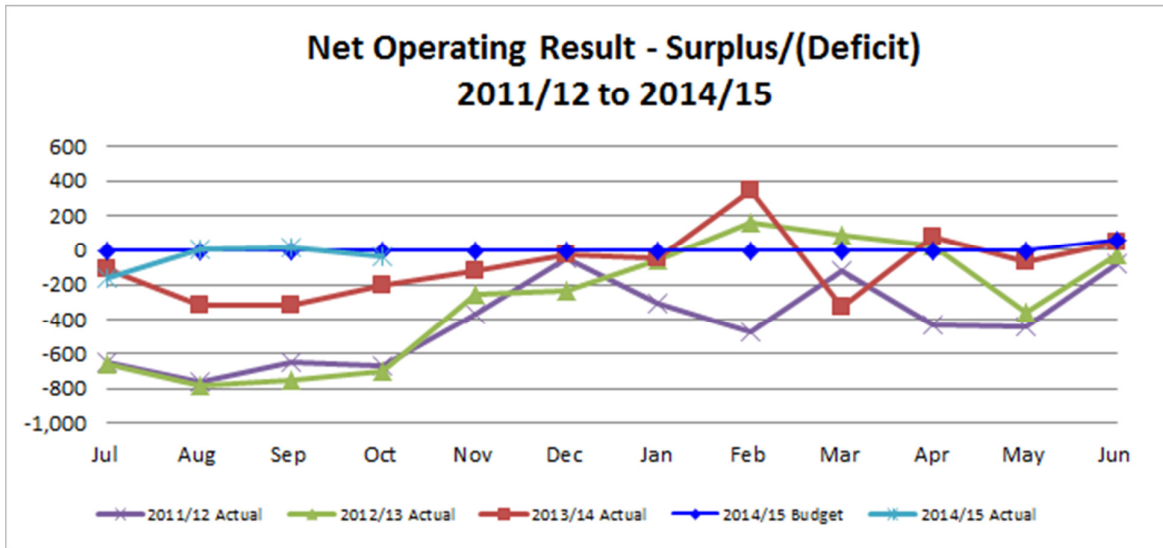
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

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

**APPENDIX 1: FINANCIAL RESULT**

**FINANCIAL PERFORMANCE OVERVIEW – OCTOBER 2014**

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(40)	(5)	(35)	700% X	(191)	(20)	(171)	85% X



We have submitted an Annual Plan with a breakeven position.

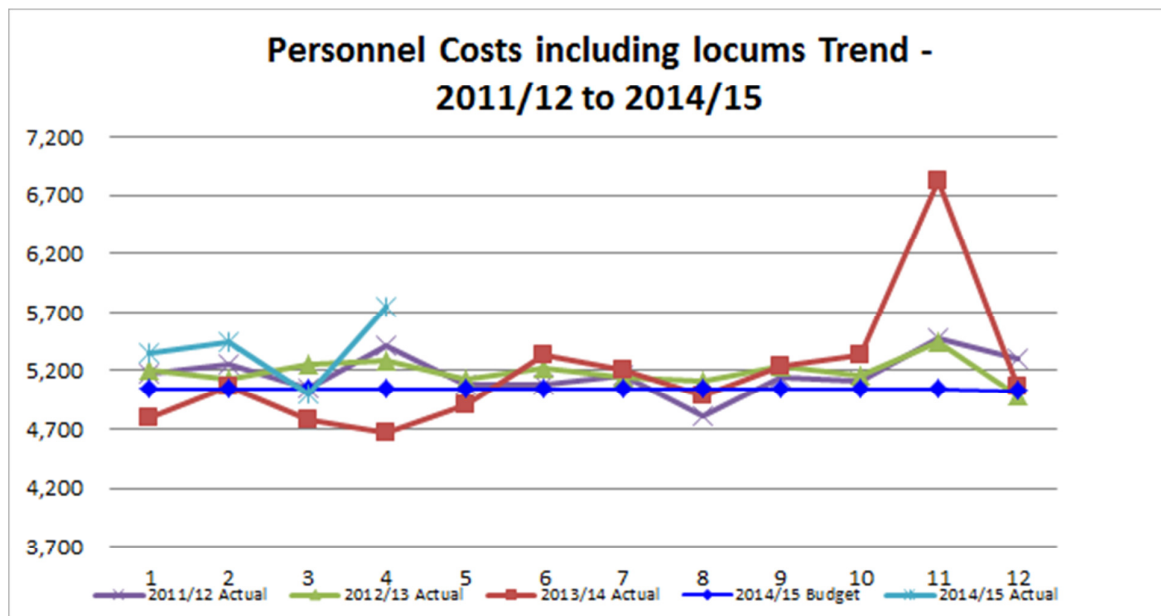
**KEY RISKS AND ISSUES**

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	1,382	1,387	5	0%	✓	5,619	5,548	(71)	-1%	✗
Nursing	2,493	2,175	(318)	-15%	✗	9,363	8,700	(663)	-8%	✗
Allied Health	1,063	729	(334)	-46%	✗	3,501	2,916	(585)	-20%	✗
Support	93	117	24	21%	✓	382	468	86	18%	✓
Management & Admin	716	635	(81)	-13%	✗	2,690	2,540	(150)	-6%	✗
<b>Total</b>	<b>5,747</b>	<b>5,043</b>	<b>(704)</b>			<b>21,555</b>	<b>20,172</b>	<b>(1,383)</b>		



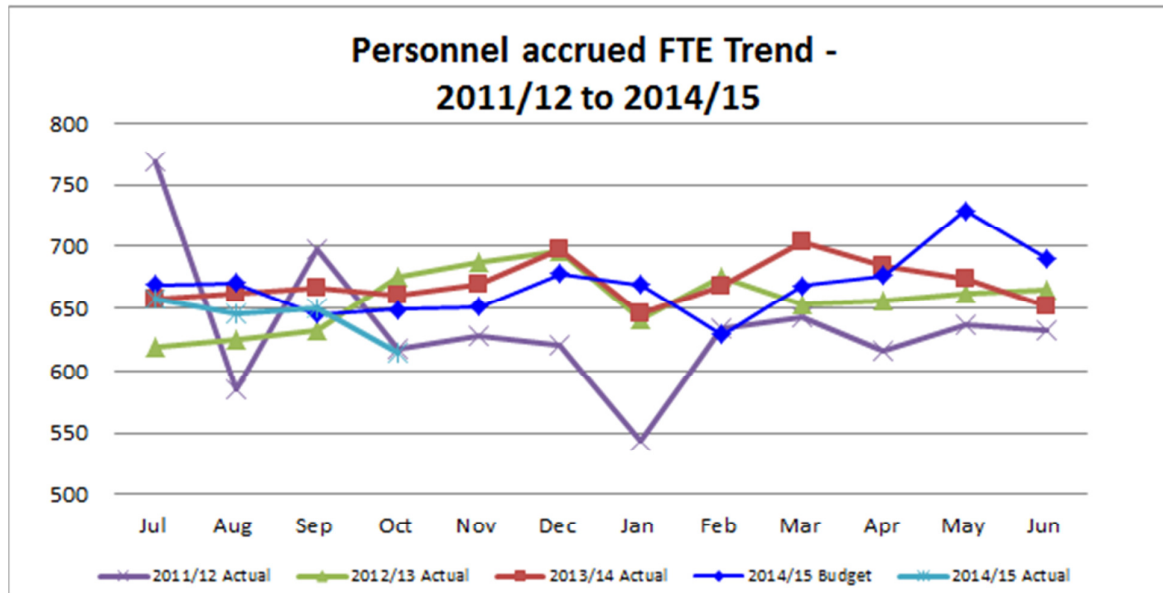
Personnel costs are significantly unfavourable for the month, this reflects timing issues between months, however is consistent with the trend from earlier months. Despite significant efforts we are still experiencing increased use of locums and agency staff than anticipated by the budget to manage and 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. A comprehensive review of staffing and associated costs is being completed to assist with management and mitigation of this spend.

## PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance			YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance		
Medical	33	42	9	22%	✓	34	43	9	21%	✓
Nursing	300	322	22	7%	✓	323	319	(4)	-1%	✗
Allied Health	151	136	(15)	-11%	✗	146	144	(2)	-2%	✗
Support	23	24	1	6%	✓	24	27	3	12%	✓
Management & Admin	108	125	17	14%	✓	115	126	11	9%	✓
<b>Total</b>	<b>615</b>	<b>649</b>	<b>34</b>			<b>642</b>	<b>658</b>	<b>16</b>		



Accrued FTE is influenced by leave taken throughout the period, current YTD reflects higher use of locums and agency staff.

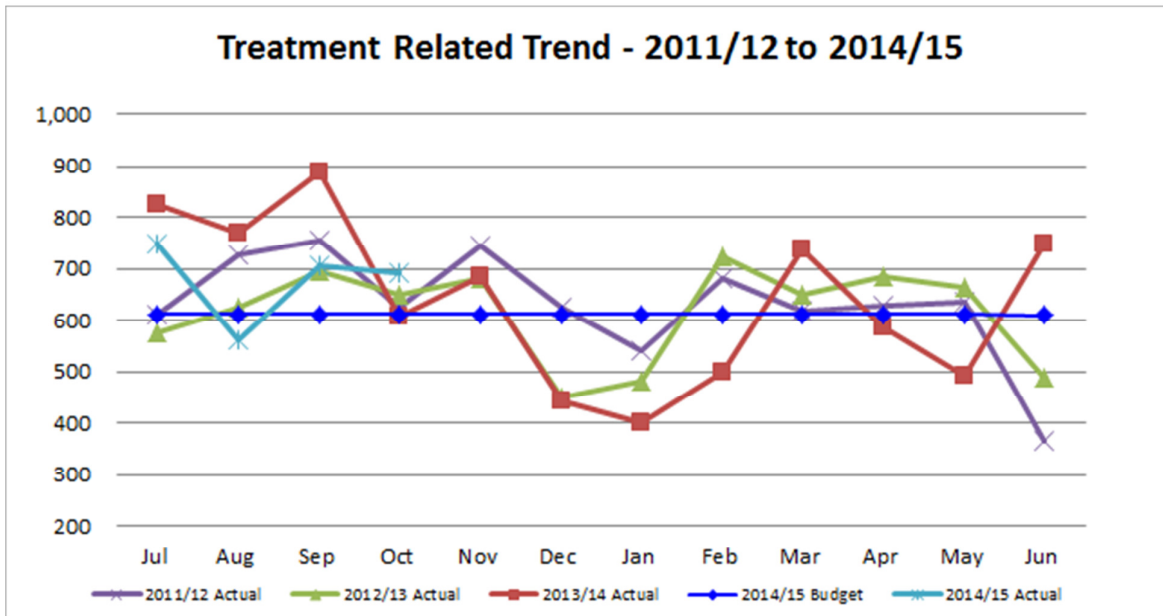
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

## 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 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	691	612	(79)	-13% X	2,707	2,448	(259)	-11% X



Treatment related costs are marginally overspent due to a number of factors, most of this increase is volume related.

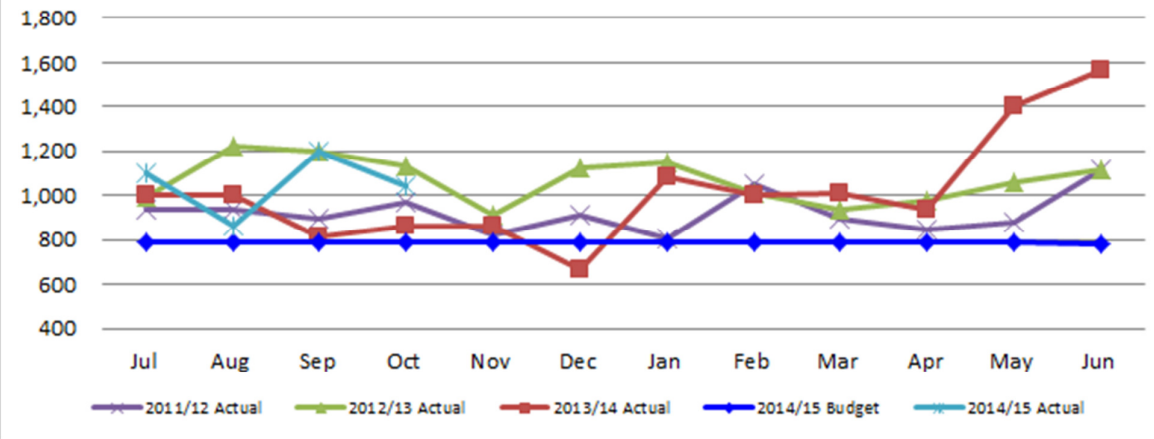
## KEY RISKS AND ISSUES

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	1,041	792	(249)	-31% X	4,200	3,168	(1,032)	-33% X

**Infrastructure and Non Treatment Related Trend -  
2011/12 to 2014/15**



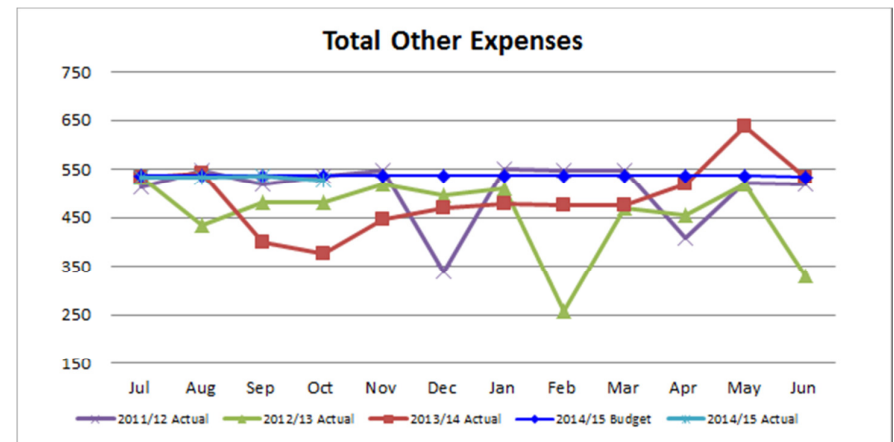
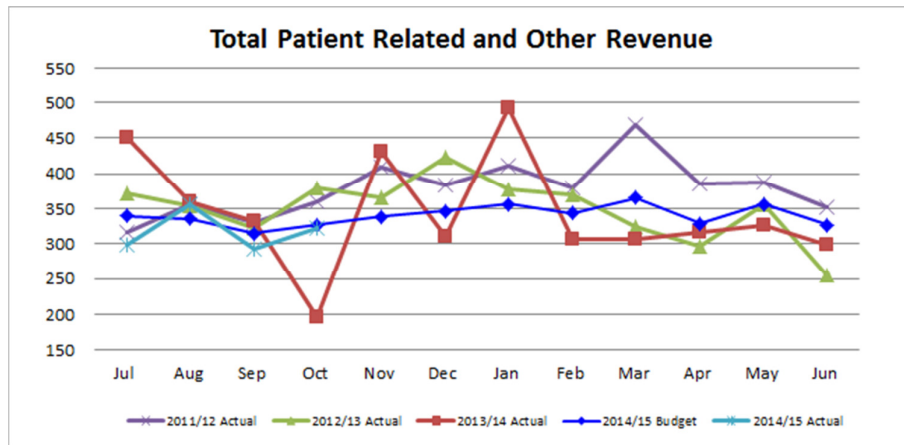
Facilities, IT and telecommunications costs make up the bulk of this category. There have been significant increases in IT and communications costs this month, in addition to higher consultancy costs relating to service reviews. This category of expenditure has been influenced by revised depreciation adjustments on IT Equipment, seismic and electrical reticulation and Intangible software amortisation.

### KEY RISKS AND ISSUES

Timing influences this category significantly, however overall we are continuing to monitor to ensure overall spend is within expected parameters. Significant effort is being made to ensure overspend in these categories is being tightly managed.

## OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	47	49	(2)	-4%	✗	178	196	(18)	-9%	✗
Donations	-	-	-	0%	✓	-	-	-	0%	✓
Rental	15	15	-	0%	✓	63	60	3	5%	✓
Other	27	46	(19)	100%	✗	87	184	(97)	100%	✗
<b>Total Other Revenue</b>	<b>89</b>	<b>110</b>	<b>(21)</b>	<b>-19%</b>	<b>✗</b>	<b>328</b>	<b>440</b>	<b>(112)</b>	<b>-25%</b>	<b>✗</b>
Interest Expenses	63	114	51	45%	✓	253	456	203	45%	✓
Depreciation	398	327	(71)	-22%	✗	1,603	1,308	(295)	-23%	✗
Capital Charge Expenses	67	96	29	30%	✓	271	384	113	29%	✓
<b>Total Other Costs</b>	<b>528</b>	<b>537</b>	<b>9</b>	<b>2%</b>	<b>✓</b>	<b>2,127</b>	<b>2,148</b>	<b>21</b>	<b>1%</b>	<b>✓</b>



## KEY RISKS AND ISSUES

Other revenue for the month is below target, this trend is expected to continue for the remainder of the year.

Depreciation is above target due to adjustments in IT equipment and seismic remediation.

## FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	9,906	19,064	(9,158)	-48% X	72,537
Cash	6,775	10,081	(3,306)	-33% X	10,037

## KEY RISKS AND ISSUES

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

## APPENDIX 2: WEST COAST DHB STATEMENT OF FINANCIAL PERFORMANCE

### Statement of comprehensive income

For period ending

31 October 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	11,414	11,209	205	1.8%	45,234	44,836	398	0.9%	134,509	131,279
Inter DHB Revenue	2	3	(1)	(33.3%)	28	12	16	133.3%	34	20
Inter District Flows Revenue	130	129	1	0.8%	520	516	4	0.8%	1,551	1,615
Patient Related Revenue	233	230	3	1.3%	940	920	20	2.2%	2,760	2,880
Other Revenue	89	110	(21)	(19.1%)	328	440	(112)	(25.5%)	1,323	1,237
<b>Total Operating Revenue</b>	<b>11,868</b>	<b>11,681</b>	<b>187</b>	<b>1.6%</b>	<b>47,050</b>	<b>46,724</b>	<b>326</b>	<b>0.7%</b>	<b>140,177</b>	<b>137,031</b>
<b>Operating Expenditure</b>										
Personnel costs	5,290	4,635	(655)	(14.1%)	19,137	18,540	(597)	(3.2%)	55,613	55,477
Outsourced Services	319	377	58	15.4%	2,008	1,508	(500)	(33.2%)	4,520	6,373
Treatment Related Costs	691	612	(79)	(12.9%)	2,707	2,448	(259)	(10.6%)	7,342	7,727
External Providers	2,240	2,934	694	23.7%	10,882	11,736	854	7.3%	34,757	34,383
Inter District Flows Expense	1,669	1,670	1	0.1%	5,625	6,680	1,055	15.8%	20,465	14,486
Outsourced Services - non clinical	130	129	(1)	(0.8%)	555	516	(39)	(7.6%)	1,548	1,608
Infrastructure and Non treatment related costs	1,041	792	(249)	(31.4%)	4,200	3,168	(1,032)	(32.6%)	9,491	12,225
<b>Total Operating Expenditure</b>	<b>11,380</b>	<b>11,149</b>	<b>(231)</b>	<b>(2.1%)</b>	<b>45,114</b>	<b>44,596</b>	<b>(518)</b>	<b>(1.2%)</b>	<b>133,736</b>	<b>132,279</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>488</b>	<b>532</b>	<b>(44)</b>	<b>8.3%</b>	<b>1,936</b>	<b>2,128</b>	<b>(192)</b>	<b>9.0%</b>	<b>6,441</b>	<b>4,752</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	63	114	51	44.7%	253	456	203	44.5%	1,364	713
Depreciation	398	327	(71)	(21.7%)	1,603	1,308	(295)	(22.6%)	3,937	4,373
Capital Charge Expenditure	67	96	29	30.2%	271	384	113	29.4%	1,140	753
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>528</b>	<b>537</b>	<b>9</b>	<b>1.7%</b>	<b>2,127</b>	<b>2,148</b>	<b>21</b>	<b>1.0%</b>	<b>6,441</b>	<b>5,839</b>
<b>Net Surplus/(deficit)</b>	<b>(40)</b>	<b>(5)</b>	<b>(35)</b>	<b>(700.0%)</b>	<b>(191)</b>	<b>(20)</b>	<b>(171)</b>	<b>(855.0%)</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>(40)</b>	<b>(5)</b>	<b>(35)</b>	<b>(700.0%)</b>	<b>(191)</b>	<b>(20)</b>	<b>(171)</b>	<b>(855.0%)</b>	<b>0</b>	<b>(1,087)</b>

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

### Statement of financial position

As at

31 October 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
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	26,015	24,838	1,177	4.7%	26,996
Intangible assets	1,346	1,491	(145)	(9.7%)	1,517
Work in Progress	512	17,344	(16,832)	(97.0%)	74
Other investments	637	465	172	37.0%	227
<b>Total non-current assets</b>	<b>28,510</b>	<b>44,138</b>	<b>(15,628)</b>	<b>(35.4%)</b>	<b>28,814</b>
<b>Current assets</b>					
Cash and cash equivalents	6,775	10,081	(3,306)	(32.8%)	7,483
Patient and restricted funds	79	60	19	31.7%	79
Inventories	1,030	1,100	(70)	(6.4%)	1,010
Debtors and other receivables	8,275	4,218	4,057	96.2%	7,686
Assets classified as held for sale	136	136	0	0.00%	136
<b>Total current assets</b>	<b>16,295</b>	<b>15,595</b>	<b>700</b>	<b>4.5%</b>	<b>16,394</b>
<b>Total assets</b>	<b>44,805</b>	<b>59,733</b>	<b>(14,928)</b>	<b>(30.9%)</b>	<b>45,208</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	10,695	17,695	(7,000)	(39.6%)	10,695
Employee entitlements and benefits	2,746	2,895	(149)	(5.1%)	2,636
<b>Total non-current liabilities</b>	<b>13,441</b>	<b>20,590</b>	<b>(7,149)</b>	<b>(34.7%)</b>	<b>13,331</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	3,750	3,750	0	0.00%	3,750
Creditors and other payables	8,747	7,548	1,199	15.9%	9,927
Employee entitlements and benefits	8,961	8,781	180	2.0%	9,203
<b>Total current liabilities</b>	<b>21,458</b>	<b>20,079</b>	<b>1,379</b>	<b>6.9%</b>	<b>22,880</b>
<b>Total liabilities</b>	<b>34,899</b>	<b>40,669</b>	<b>(5,770)</b>	<b>(14.2%)</b>	<b>36,211</b>
<b>Equity</b>					
Crown equity	70,761	79,761	(9,000)	(11.3%)	69,661
Other reserves	19,569	19,569	0	0.00%	19,569
Retained earnings/(losses)	(80,463)	(80,305)	(158)	0.2%	(80,272)
Trust funds	39	39	0	0.00%	39
<b>Total equity</b>	<b>9,906</b>	<b>19,064</b>	<b>(9,158)</b>	<b>(48.0%)</b>	<b>8,997</b>
<b>Total equity and liabilities</b>	<b>44,805</b>	<b>59,733</b>	<b>(14,928)</b>	<b>(25.0%)</b>	<b>45,208</b>



## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

### Statement of cash flows

For period ending

31 October 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	12,397	11,632	765	6.6%	46,670	46,528	142	0.3%	139,589	134,187
Cash paid to employees	(6,124)	(5,043)	(1,081)	21.4%	(21,785)	(20,172)	(1,613)	8.0%	(60,505)	(61,481)
Cash paid to suppliers	(2,848)	(1,502)	(1,346)	89.6%	(7,783)	(6,008)	(1,775)	29.5%	(18,009)	(21,406)
Cash paid to external providers	(2,370)	(2,934)	564	(19.2%)	(11,402)	(11,736)	334	(2.8%)	(35,182)	(35,998)
Cash paid to other District Health Boards	(1,539)	(1,670)	131	(7.8%)	(5,105)	(6,680)	1575	(23.6%)	(20,040)	(12,871)
<i>Cash generated from operations</i>	(484)	483	(967)	(200.2%)	595	1932	(1,337)	(69.2%)	5,853	2,431
Interest paid	(63)	(114)	51	(44.7%)	(253)	(456)	203	(44.5%)	(1,364)	(781)
Capital charge paid	(67)	(96)	29	(30.2%)	(271)	(384)	113	(29.4%)	(1,140)	(897)
<b>Net cash flows from operating activities</b>	(614)	273	(887)	(324.9%)	71	1092	(1,021)	(93.5%)	3,349	753
<b>Cash flows from investing activities</b>										
Interest received	47	49	(2)	(4.1%)	178	196	(18)	(9.2%)	588	608
(Increase) / Decrease in investments	0	(60)	60		0	(300)	300		(402)	0
Acquisition of property, plant and equipment	(408)	(4,062)	3654	(90.0%)	(888)	(16,248)	15360	(94.5%)	(48,740)	(1,987)
Acquisition of intangible assets	0	0	0	0.0%	(2)	0	-2	0.0%	0	5
<b>Net cash flows from investing activities</b>	(361)	(4,073)	3712	(91.1%)	(712)	(16,352)	15,640	(95.6%)	(48,554)	(1,374)
<b>Cash flows from financing activities</b>										
Proceeds from equity injections	0	9000	(9,000)		1	9000	(8,999)		18,000	0
Repayment of equity	0	0	0		(68)	0	(68)		(68)	(68)
<i>Cash generated from equity transactions</i>	0	9000	(9,000)		(67)	9000	(9,067)		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	0	0	0		0	0	0		0	0
<b>Net cash flows from financing activities</b>	0	9000	(9,000)		(67)	16000	(16,067)		45,932	1,932
Net increase in cash and cash equivalents	(975)	5,200	(6,175)	(118.8%)	(708)	740	(1,448)	(195.7%)	727	1,311
Cash and cash equivalents at beginning of period	7,750	4,881	2869	58.8%	7,483	9,341	(1,858)	(19.9%)	9,341	6,172
<b>Cash and cash equivalents at end of year</b>	6,775	10,081	(3,306)	(32.8%)	6,775	10,081	(3,306)	(32.8%)	10,068	7,483

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

**SOURCE:** Clinical Leaders

**DATE:** 27 November 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 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 was the focus of a workshop between Canterbury and West Coast clinicians in early October. The workshop was very productive with some clear outcomes identified and further refinement of models of care and service development agreed to.

The recruitment for the 2015 intake of Nurse Entry to Practice (NETP) graduates commenced in October. The assessment centre was held over the week of 4 – 10 October in partnership with CDHB. Once again the caliber of applicants identifying the WCDHB as their first choice was very high and we have undertaken to recruit to the Health Workforce New Zealand (HWNZ) allocation for the DHB (13 including the two for entry to specialty practice in mental health).

The interim appointment of an Acting Associate Director of Allied Health is progressing well and ensuring that the outcomes of the Decision document regarding Allied Health leadership are being implemented. Recruitment for the permanent roll is well underway with interviews set up for November. We have also had success in recruiting physiotherapy professionals in addition to a secondment from Canterbury to provide cover until permanent staff arrive.

### **Quality and Safety**

Christchurch Polytechnic delivered the Rapid Assessment of the Unwell Patient course here in Greymouth on the 22 – 24 October. This course is now a compulsory component of the NETP programme as part of our blended Transalpine entry to practice programme and was also offered to other front-line staff. A total of 27 nurses applied to attend. It is planned to provide this training annually.

September and October saw the roll out of the education update of the Early Warning Score (EWS), clinical information communication handover tool (ISBAR) and the “Speak Up” initiative. These sessions have been made compulsory to ensure all clinical areas are utilising these quality and safety tools effectively and consistently across the system. A large component of the education is focussed on critical thinking and reflecting on practice to reduce the risk of missed cues and improve patient outcomes. These sessions will be ongoing.

The focus on improving the speed of our RCA processes has resulted in a significant number of outstanding reports being completed.

### **Facilities Planning**

The next phase of planning for the new Grey Hospital and Integrated Family Health Centre commenced mid September and through October, 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. Pradu Dayaram has commenced as the senior medical lead for the project.

While in Christchurch for the Transalpine workshop the clinical leaders also attended the Canterbury Design Lab to see how “mock ups” and “design processes that include consumers and clinicians” can deliver better facility outcomes. We are exploring how something similar can be established for the West Coast.

## **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 23 OCTOBER 2014



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 31 October 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 23 October 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 – 23 October 2014.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 23 October 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**

1. Patient Ambulance Transport - The Committee noted that there is renewed activity taking place in this area with the other South Island DHBs now having provided the necessary information for this to happen. It was also noted that St John are aware of the concern of the Committee around the delay in finalising this and are keen to progress.
2. DNAs – The DNA rates remain relatively static however work continues with a focus on reducing these.

### **MANAGEMENT REPORT**

Mark Newsome, General Manager, Grey/Westland presented this report. Consistent performance continues in most health target areas. Surgical totals are down due to annual leave and sickness however there is continued compliance with ESPI 2 & ESPI 5 and the DHB is on track to deliver to new time frames for December 2014.

Enhanced Recovery After Surgery (ERAS) which is designed to achieve shorter stays and optimise recovery after surgery in Orthopaedics will also be rolled out to other specialities.

Planning for Christmas and New Year continues and management are confident that this is well on track and there is sufficient back up if required.

Mr Newsome advised that he had attended a Stakeholder Group meeting in Reefton which was very positive with a great level of engagement. He added that the leadership from the local team was also excellent.

A review around the role of Rural Nurse Specialists is underway with the view that this is a pivotal role on the West Coast and there is a need to ensure that they have all they need to undertake their role. New vehicles have already been provided for these roles.

The DHB is well linked to the Canterbury DHB in regard to Ebola with Mr Newsome being part of the Ebola Planning Group. Community education will take place regarding Ebola over the next few weeks.

A surveillance audit for Certification has recently taken place to ensure that the corrective actions from the original audit have been progressed. A report is awaited from the audit team.

The report was noted

#### **FINANCE REPORT**

Justine White, General Manager, Finance, presented the Finance Report for the month ending September 2014. 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 Committee noted management's confidence that the DHB will get back to a break even position by the end of the financial year.

The report was noted.

#### **CLINICAL LEADERS UPDATE**

Mark Newsome, General Manager, Grey/Westland, presented this report which was provided to the Board at their last meeting. The Committee noted that a very positive transalpine workshop has taken place and there is large will from both DHBs to work together and also a desire to advance this quickly.

In regard to facilities planning the Committee noted that over 45 clinicians have been involved and the consulting group are here on the West Coast again next week. The concept plan is largely developed and agreed and this work has been led by the Clinicians.

The report was noted.

#### **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 23 October 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**  
**On Friday 31 October 2014 commencing at 10.15am**

**KARAKIA** **10.15am**

**ADMINISTRATION** **10.20am**

**Apologies**

**1. Interest Register**

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

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

- *26 September 2014*

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

**REPORTS** **10.25am**

- |            |  |  |                          |
|------------|--|--|--------------------------|
| <b>4.</b>  | <b>Chair's Update</b><br>(Verbal Update)                 | Peter Ballantyne<br><i>Chairman</i>                              | <i>10.25am - 10.35am</i> |
| <b>5.</b>  | <b>Chief Executive's Update</b>                          | Michael Frampton<br><i>Programme Director</i>                    | <i>10.35am - 10.50am</i> |
| <b>6.</b>  | <b>Clinical Leader's Update</b>                          | Mark Newsome<br><i>General Manager, Grey/Westland</i>            | <i>10.50am - 11.00am</i> |
| <b>7.</b>  | <b>Finance Report</b>                                    | Justine White<br><i>General Manager, Finance</i>                 | <i>11.00am - 11.10am</i> |
| <b>8.</b>  | <b>Maori Health Plan Update</b>                          | Gary Coghlan<br><i>General Manager, Maori Health</i>             | <i>11.10am - 11.25am</i> |
| <b>9.</b>  | <b>Oral Health Review Update</b>                         | Michael Frampton<br><i>Programme Director</i>                    | <i>11.25am - 11.45am</i> |
| <b>10.</b> | <b>Report from Committee Meetings</b>                    | <i>(Late Papers due to timing of meetings.)</i>                  |                          |
|            | - CPH&DSAC<br><i>23 October 2014</i>                     | Elinor Stratford<br><i>Chair, CPH&amp;DSAC Committee</i>         | <i>11.45am – 11.55am</i> |
|            | - Hospital Advisory Committee<br><i>23 October 2014</i>  | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i>         | <i>11.55am – 12.05pm</i> |
|            | - Tatau Pounamu Advisory Group<br><i>23 October 2014</i> | Elinor Stratford<br><i>Board Representative to Tatau Pounamu</i> | <i>12.05pm – 12.10pm</i> |
| <b>11.</b> | <b>Resolution to Exclude the Public</b>                  | <i>Board Secretariat</i>   | <i>12.10pm</i>           |

**INFORMATION ITEMS**

- 2014 Meeting Schedule

**ESTIMATED FINISH TIME** **12.10pm**

**NEXT MEETING**

Friday 12 December 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

### JANUARY – DECEMBER 2015

DATE	MEETING	TIME	VENUE
Thursday 29 January 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 29 January 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 29 January 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 February 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 12 March 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 March 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 March 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 March 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 April 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 April 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 April 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 May 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 4 June 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 4 June 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 4 June 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 June 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 July 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 July 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 July 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 7 August 2015	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 10 September 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 September 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 September 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 25 September 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 22 October 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 October 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 October 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 6 November 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 3 December 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 3 December 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 3 December 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 December 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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