

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

11.00 am, 29 January 2015

**Board Room
Grey Hospital – Corporate Office**

**AGENDA AND
MEETING PAPERS**

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

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>) 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>)

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 29 January 2015 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**

27 November 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 – 12 December 2014
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 12 March 2015
Corporate Office, Board Room at Grey Base Hospital.

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.

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"> • 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 27 November 2014, commencing at 11.00am

PRESENT

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

MANAGEMENT SUPPORT

Mark Newsome (General Manager, Grey/Westland); Michael Frampton (Programme Director); Paul Norton (Quality & Patient Safety Manager); Justine White (General Manager, Finance)(for Item 5); and Kay Jenkins (Minutes).

APOLOGIES

There were no apologies

WELCOME

Richard Wallace led the Karakia.

1. INTEREST REGISTER

There were no changes to the Interest Register.

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

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (18/14)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 23 October 2014 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

1. Patient Ambulance Transport - The Committee noted that there has not been any progress with this since the last meeting. A meeting took place yesterday around Regional Transport (mainly air transport) and there is a general commitment to bring all the strands of transport together.

The DHB is still awaiting a response from the Ambulance Service regarding a contract which has been presented to them. The Committee also noted that the transport of acute patients is weather driven but a solution is always found in these instances.

2. DNAs – The DNA rates show a marked reduction for October and it is hoped that this reduction will be sustained.

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 marked reduction in DNAs for the month of October and commented that it is too early to tell yet if this is due to the focus in this area.

An appointment has been made to the position of Clinical Nurse Educator with a commencement date of 13 January 2015. This position has been vacant for quite some time and the filling of this vacancy will assist in supporting the transformation to implementing our new model of care. The remainder of nursing positions in the hospital are fully staffed and in addition new graduates commence in January 2015 which should negate the need to recruit any further nursing staff in the short term.

Wards and Departments are continuing to plan for the reduction in activity over the Christmas/New Year period with Clinical Nurse Managers making leave plans with staff who have high leave balances.

Work is continuing on the upgrade of the isolation room for good infection control and education around this is also continuing.

In relation to maternity services, planning continues for the new facilities with maternity staff participating in both the hospital and IFHS areas. The maternity unit has supported six student midwives this year with placements and the feedback has been very positive.

Community stakeholder meetings are underway in Reefton with the second meeting being held on 18 November 2014.

Discussion took place regarding credit approvals for patients unable to pay for Primary Care services. The Committee noted that no-one is denied care because they are not in a position to pay.

Discussion also took place regarding physiotherapy services and it was noted that locums from Canterbury have been covering these positions. It was also noted that allied health recruitment remains one of our main challenges.

The issue of transfers back to the West Coast from Canterbury after treatment was raised and it was acknowledged that there is a need to explore the options around this to find a solution.

Resolution (19/14)

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

Ms White also provided the Committee with an update on projects being undertaken in conjunction with HBL.

Resolution (20/14)

(Moved: Gail Howard/Seconded: Kevin Brown – carried)

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

6. CLINICAL LEADERS REPORT

Karyn Bousfield, Director of Nursing & Midwifery, presented this report which was provided to the Board at their last meeting. She advised that there were currently three main focuses; Quality & Safety; Workforce; and Facilities.

The Committee noted that there is likely to be a Public Meeting regarding facilities on 11 December hosted by the Chief Executive.

Resolution (21/14)

(Moved: Gail Howard/Seconded: Kevin Brown – carried)

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

There being no further business the meeting closed at 12.30pm

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 Attends (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: 29 January 2015

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.

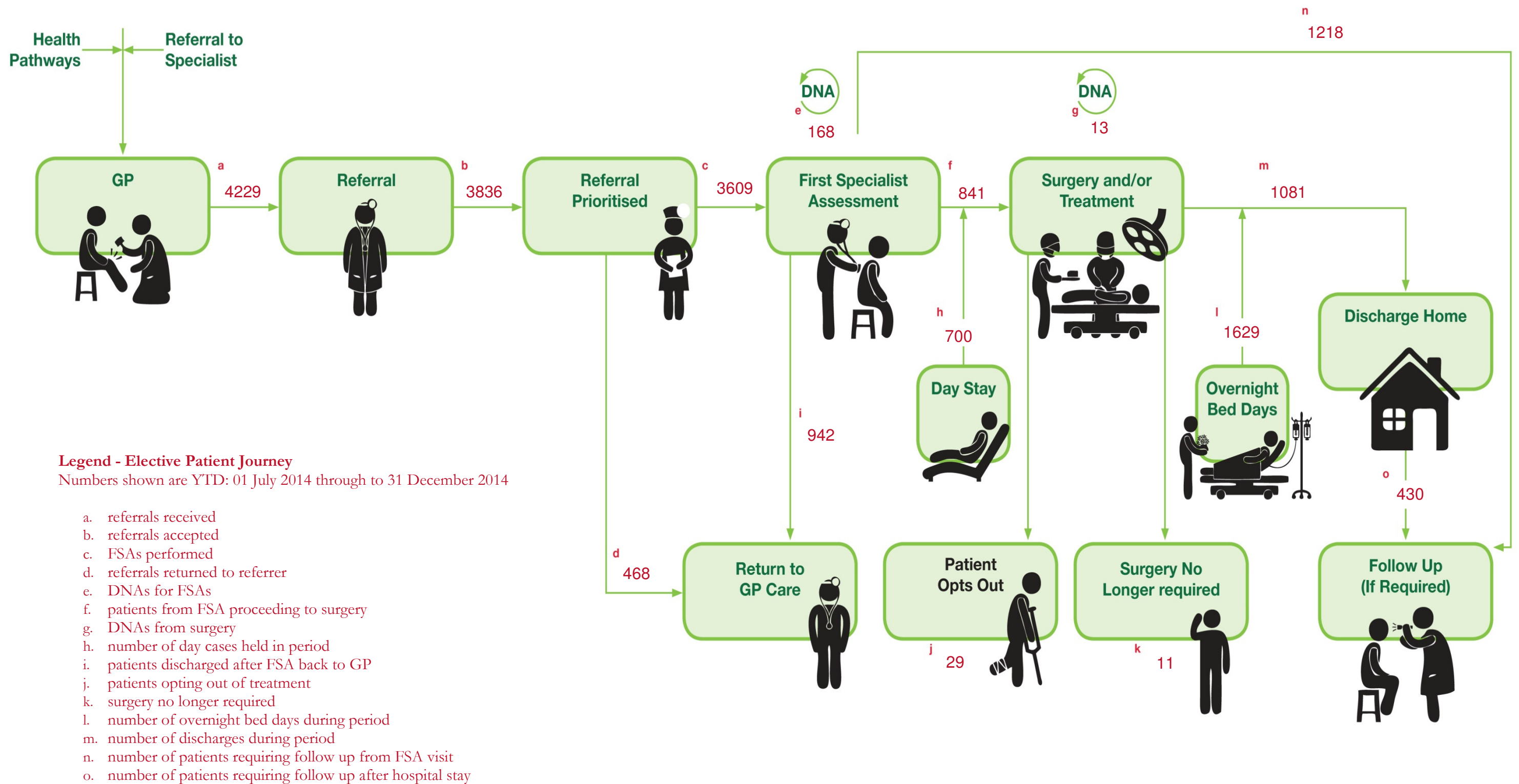
The following are the most notable features of the report:

- Continued compliance with ESPI 2 & 5 and on track to deliver to new timeframes;
- Continued improvements in DNA rates;
- Success of Christmas closures in arranged and elective activity.

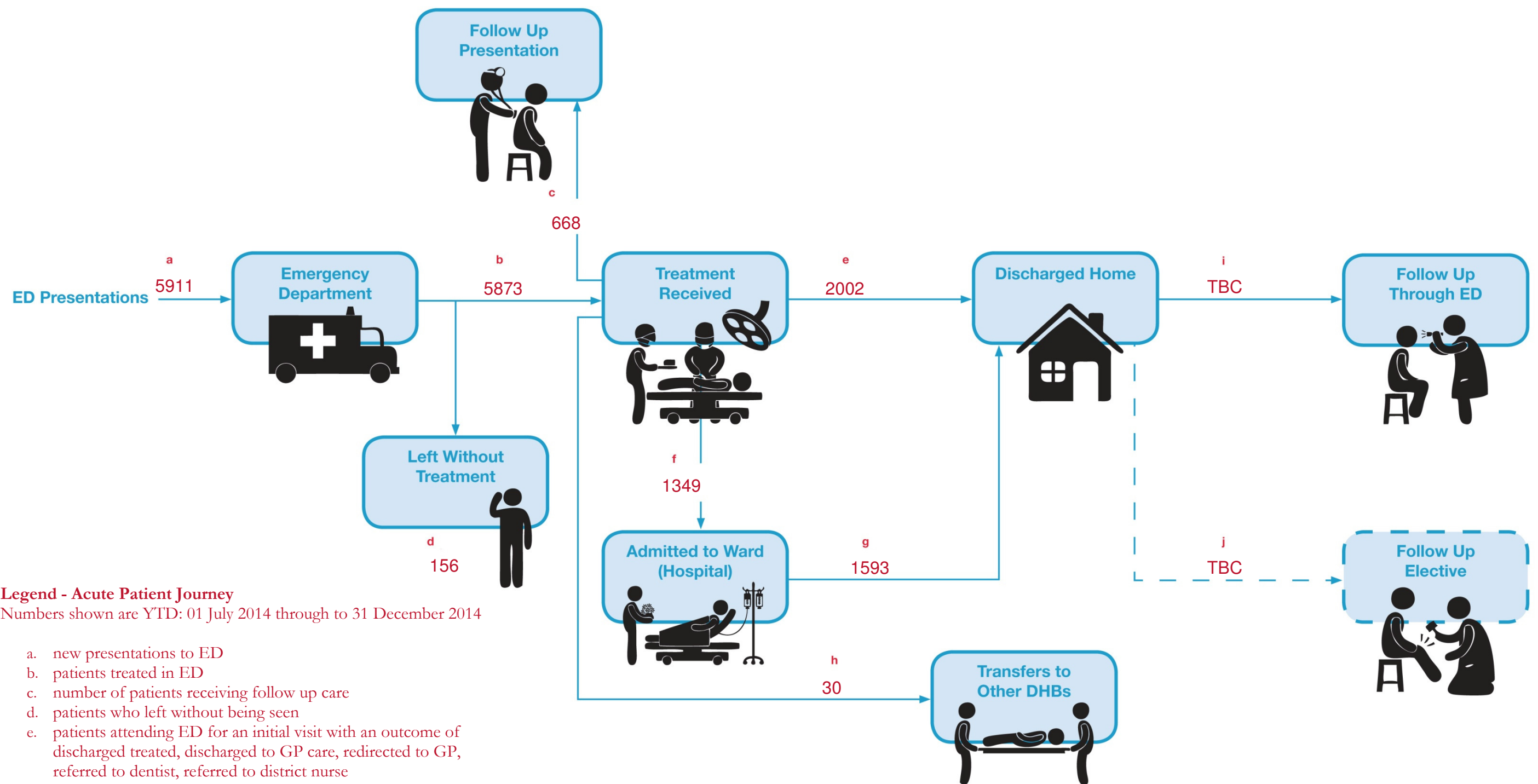
4. DISCUSSION

4.1 Activity

The following pages contain graphics summarising patient journeys.



Elective Patient Journey



Legend - Acute Patient Journey
 Numbers shown are YTD: 01 July 2014 through to 31 December 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 are for the first five months of the 2014-15 financial year, to 30 November.

Inpatient Volumes

Throughput for the 5 months to the end of November 2014 shows overall case-weighted [CWD] inpatient delivery slightly ahead of contracted volume; albeit with lower volumes for surgical specialty services continuing to be 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	467.12	384.16	-82.96	-17.76%
Elective	513.65	565.76	52.11	10.15%
Sub-Total Surgical:	980.77	949.92	-30.85	-3.15%
Medical				
Acute	580.05	632.58	52.53	9.06%
Elective	0	0	0	0%
Sub-Total Medical:	580.05	632.58	52.53	9.06%
TOTALS:	1560.81	1582.5	21.69	1.39%

Outpatient Volumes

For the first five months of 2014-15 to 30 November, outpatient delivery was down by 134 patients (2.25%) variant from expected volumes overall. Throughput was 3.78% under contracted volume for surgical specialty services due to fewer follow-up appointments; and 0.2% 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	1406	1421	15	1.05%
Sub. Visit	2258	2105	-153	-6.79%
Sub-Total Surgical:	3664	3526	-138	-3.78%
Medical				
1 st Visit	673	564	-109	-16.13%
Sub. Visit	1603	1716	113	7.08%
Sub-Total Medical:	2276	2280	4	-0.22%
TOTALS:	5940	5806	-134	-2.25%

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]
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%
November 2014	1782	1670	112	6.28%
December 2014	1787	1668	119	6.66%
13 month rolling totals	23873	21934	1939	8.12% Average

DNA rates continue to show a pleasing downward trend. There remains to be a continued focus on this area, with some strategies for further reduction yet to be implemented.

The planned decrease in elective and arranged activity over the Christmas period was successfully managed. Whilst plans were in place to increase resources as required, these were not needed as volumes were as predicted. This enabled staff to have leave over the Christmas period, and activities such as maintenance within the operating theatre was able to be carried out, without disruption to service.

4.2 Workforce Update

Nursing

- Grey Hospital is fully staffed.
- A new Clinical Nurse Educator started in January.
- Eleven New Entry to Practice [NETP] graduates join us in February. Work is beginning on a formal Nursing Workforce Strategy. This strategy will ensure that we have the right mix and skill level of nurses as we plan toward a new facility, as well as ensuring that resource matches activity.

Ward Activity

- The Trendcare update has been implemented and the Trendcare Coordinator is working on the falls risk and care plans assessments.
- An integrated daily hospital report has been instituted that allows Managers to see both activity and available resource and match that accordingly.

- Hannan AT&R unit is still closed due to low patient numbers in all areas. 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 now fully in place. The WCDHB can now report on all aspects the Ministry requires for rural areas.
- The Lippincott procedure manual will be available for all staff by the end of March. This is an electronic manual that staff can access through apps or computers.
- The en-suite in the Critical Care Unit has been approved and work will be starting on this within the month.
- Ebola training is continuing throughout the DHB, that includes the use of PPE. Protocols are in place for triaging suspected patients. Signs remain up at all facility entrances up and down the Coast. The Ministry is continuing to update information on a weekly basis.

Maternity Services

- It has been a busy start to 2015. Staff should be acknowledged for their skill and management of this busy time. The team work and communication between areas has been highly effective, and contributed to good outcomes.
- A new link clinic room has been set up for midwives to see patients instead of using McBrearty ward. This is working well with self-employed midwives booking the room regularly.
- We were successful in acquiring support from Countdown to purchase the new antenatal couch, education equipment, resuscitation trolley for the nursery and some minor equipment. This funding is appreciated and we acknowledge the fund raising efforts of staff and community.
- The end of January sees the last of the DHB-employed case-loading midwives finish and the new model in Greymouth fully rolled out. There are currently five self-employed midwives providing care on the West Coast, with 2 more commencing in February. The transition has been smooth and staff are working through the change with a positive attitude.
- We have recruited two new graduate midwives for 2015 to work as core midwives commencing early February; this will bring the staffing level to the established FTE for the first time in several years. McBrearty ward has also taken on a new graduate registered nurse for the second half of the year. This will be a shared position with Parfitt ward as part of the development of the paediatric and maternity nursing workforce.
- Midwives education has commenced with the College of Midwives conducting a mentor course here in Greymouth. The educators' position is proving to be very successful and advertising for the permanent position will commence soon.
- Quality activities continue with patient surveys, updating of policies and procedures and monitoring of equipment.

Reefton Health

- *District Nursing* - The workload is steady at present.
- *Medical Centre* - A review of staffing numbers is underway to ensure resource matches activity. The NETP placement has indicated she will resign at the end of the program. Two RNS are undertaking Post Graduate study in the first semester. The PG papers are funded by HWNZ and required by the RNS to ensure competency in practice around Standing Orders.

- *Aged Residential Care* - The maintenance required in the hospital wing is in progress. One shower has been renovated and now complies with infection control requirements.
- *Hospital* - Presentations to the hospital wing/ED are between 14 and 23 per month. The majority of these presentations are not urgent and could be seen by a General Practitioner during working hours. Work is under way to better understand the ongoing requirements for this service
- *Training / Education* - Regular in-service training from the H & D Advocacy Service is starting in February. Two monthly in-service sessions will be held for all staff covering Code of Rights, Informed Consent, Dealing with Complaints, and other topics yet to be decided.
- *General* - Stakeholder meetings are ongoing with the final meeting to be held on 27 January.

Allied Health

- An appointment has been made to the position of Associate Director of Allied Health and it is anticipated that the appointee will commence early March 2015.
- The new Clinical Manager of Occupational Therapy Services commenced in the new year. The Occupational Therapy Department has a longstanding vacancy for a therapist specialising in paediatrics and an additional vacancy for a new graduate position at Grey Hospital.
- The Physiotherapy Services are anticipating full staffing levels by the beginning of February with the recent commencement of Physiotherapists in Grey and Buller and the pending arrival of 2 new graduates to Grey Hospital.
- Advertising is underway for the position of Clinical Manager Pharmacy Services and it is hoped an appointment will be made before the current manager leaves in March 2015. The Pharmacy Service has vacancies for a second pharmacist position and a pharmacy assistant position.
- A discussion document proposing a change in the reporting lines of Family Intervention Services to the Clinical Manager of Social Work Services has attracted considerable feedback. Independently of the document, the services have been working to establish regular forums for communication that will enhance the provision of care.
- Allied Health are actively contributing and participating in DHB-wide initiatives focused on key priorities and future models of care.

Industrial Relations

- Bargaining continues with the RDA representing Resident Doctors.
- NZNO has formally initiated bargaining for a new Nursing and Midwifery MECA.
- Bargaining is scheduled to begin next month with FIRST union for a new Pharmacy SECA.

Recruitment

There are plans to increase visibility of the recruitment team over on the West Coast in 2015 to better connect hiring managers with their recruitment specialist.

- *Medical* - A recruitment plan is being worked through to attract Rural Health Specialists (RHS) to Grey Hospital. One RHS has been interviewed, and another two have shown interest in working in the region. An offer made to a General Surgeon has been withdrawn, due to the supervisory requirement of 12 months or more from a tertiary hospital. An O&G has been recruited to begin in March, and the new anaesthetist recruited three months ago is settling in well.

- *Allied Health* - An appointment has been made to the newly created Associate Director of Allied Health. The position of Clinical Manager of Occupational Therapy has also been filled. A locum Physiotherapist is in place until April, but this position is still proving hard to fill, along with a Dental Therapist, Alcohol and Other Drug Practitioner and Infant, Child & Adolescent Mental Health Practitioner.
- *Nursing* - There are midwifery positions to fill across the DHB, of which recruitment is ongoing.
- *Corporate and Support* - Recruitment into the position of management accountant has proved challenging, with a lack of experience from those applying from within the region, and salary deterring those thinking to locate. A second round of advertising has just concluded, with an option for candidates to be based in Christchurch with regular travel to the Coast.

4.3 Patient





Patient Transfers

- There was a significant rise in the number of tertiary transfers for the month of October 2014 with a total of 53 patients transferred. There were 34 patients transferred for November 2014.
- The majority of the October transfers were for orthopaedic and medical patients, with the majority of the November transfers being for coronary care, surgical and paediatric patients. The main reason for transfers for both months was for 'Specialty Care not available at Grey Base Hospital'.
- The methods of transport for October and November were predominantly via pressurised aircraft, followed by ambulance transfers.
- Transfers from Buller to Grey Hospital dropped in October 2014 to 10 patients, with 17 patients transferred in November 2014 (including those transferred via private motor vehicle).
- Three transfers were made from Reefton to Grey Hospital for October 2014 and five patients were transferred from Reefton in November 2014.




4.4 Health Targets

Health Target progress

Quarterly & progress data

Target	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target	Current Status	Progress
 Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.6%	99.6%	99.6%	99.4%	95%	✓	The West Coast DHB continues to achieve impressive results against the Shorter Stays in ED Health Target , with 99.4% of patients admitted, discharged or transferred from ED within six hours during Quarter 2.
 Improved Access to Elective Surgery West Coast's volume of elective surgery	1,182 YTD	1,695	425 YTD	TBC	446	✗	The West Coast DHB has not met the Improved Access to Elective Surgery Health Target 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. October results are sitting at 101% of target, delivering 586 discharges against a planned 580.
 Shorter Waits for Cancer Treatment People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	TBC	100%	✓	The West Coast DHB continues to achieve the Shorter Waits for Cancer Treatment Health Target , with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
 Increased Immunisation Eight-month-olds fully immunised	89%	81%	77%	TBC	95%	✗	Although only reaching 77% of our eligible children for the Increased Immunisation Health Target , we vaccinated 97% of consenting children against the increased 95% target with only two children missing the milestone age. 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.

¹ This report is calculated from both Greymouth and Buller Emergency Departments.

Target		Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target	Current Status	Progress
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	92.5%	95%	93%	TBC	95%	✗	During Quarter 1, West Coast DHB staff provided 93.3% of hospitalised smokers with smoking cessation advice and support—missing the Secondary Care Better Help for Smokers to Quit Health Target . Best practice initiatives continue, 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.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit ²	55.4%	61.9%	71.3%	TBC	90%	✗	Although we are yet to meet the target, performance against the Primary Care Smokers Better Help to Quit Health Target 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. Preliminary internal Karo data suggests another increase is ahead for Quarter 2, with 80% of smokers receiving help and advice to quit as at December.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years ⁵	69.6%	76.6%	78.9%	TBC	90%	✗	Performance against the More Heart and Diabetes Checks Health Target 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. Preliminary internal data suggests another increase is ahead with 83% of smokers receiving help and advice to quit as at December.

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]

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 October.

Both ESPI 2 and ESPI 5 waiting time targets dropped to 4 months (120 days) from the end of December 2014. Our services are working toward the new target ahead of this new timeframe. Mock-up results for the new 4-month target using the October 2014 data show only 25 patients (3.4%) still in the 4-5 month waiting time period in the ESPI 2 category, and 14 patients (4.9%) 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			2014			2014			2014			2014			2014			2014			2014			2014			2014			2014			2014		
	Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov		
	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.	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	17 of 18	94.4%	1	18 of 18	100.0%	0	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	0	0.0%	0	0	0.0%	0	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	0.0%	0	6	0.8%	-6
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	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	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.3%	-1	0	0.0%	0	0	0.0%	0	1	0.3%	-1	0	0.0%	0	0	0.0%	0	0	0.0%	0
6. Patients in active review who have not received a clinical assessment within the last six months.	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	0	X	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	89	100.0%	0	159	100.0%	0	144	100.0%	0	146	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	188	100.0%	0	205	100.0%	0

Data Warehouse Refresh Date: 02/Jan/2015

Report Run Date: 05/Jan/2015

Notes:

- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, after July 2013 the required timeframe for ESPI 2 is 5 months.
- Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, after July 2013 the required timeframe for ESPI 5 is 5 months.
- ESPIs that apply from 1 July 2012.
- ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
- ESPIs 3 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
- Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
- ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.

Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.5 Quality

Incidents | Complaints | Compliments

Incident Category	October	November	December
Behaviour	3	2	6
Blood and Body fluid	-	1	-
Clinical Process	9	3	4
Documentation	1	1	1
Fall	3	6	2
Hazard	1	-	1
Injury/Self Harm (pt)	-	2	-
Medication	4	5	6
Other	4	3	2
Property	3	2	-
Transport	-	3	-
Work related injury	-	-	1
Totals for month	28	28	23
Year to date (Aug-Jan)	67	95	118

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. An increase is noted in reporting these types of incidents as they often result in quality initiatives to improve patient care.

Documentation issues are a key priority area DHB-wide. The Quality Team has identified a need for refresher training in “Documentation made legal” and regular documentation audits take place across the DHB.

Complaints

For the three month period October- December; 6 new patient complaints were received.

CLAB (Central line associated bacterium)

Currently we are 910 days CLAB free.

Development of WCDHB-wide 3 Year Audit Schedule

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 sporadic but overall pleasing. Indications are that the majority of West Coast women are booking within their first trimester of pregnancy. Three monthly results are displayed on the McBrearty designated quality board for both patients/visitors and staff to view.

West Coast DHB Maternity Quality and Safety Group

Work on updating the maternity policies and guidelines is nearing completion with the majority uploaded onto the intranet.

4.6 Facilities

It is expected that the design team will begin workstream meetings again in late April / early May to progress to more detailed design.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2014

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 29 January 2015

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 December 2014.

3. FINANCIAL RESULT

Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of December 2014 was a deficit of \$0.194m, which was \$0.189m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.390m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,449	6,957	492	√	41,474	41,742	(268)	x
Governance & Administration	305	188	117	√	1,382	1,128	254	√
Funds & Internal Eliminations	4,762	4,536	226	√	28,846	27,216	1,630	√
	12,516	11,681	835	√	71,702	70,086	1,616	√
EXPENSES								
Provider								
Personnel	4,989	4,541	(448)	x	28,115	27,246	(869)	x
Outsourced Services	616	481	(135)	x	3,591	2,886	(705)	x
Clinical Supplies	671	612	(59)	x	4,012	3,672	(340)	x
Infrastructure	1,268	842	(426)	x	7,024	5,052	(1,972)	x
	7,544	6,476	(1,068)	x	42,742	38,856	(3,886)	x
Governance & Administration	305	188	(117)	x	1,382	1,128	(254)	x
Funds & Internal Eliminations	4,359	4,485	126	√	24,815	26,910	2,095	√
Total Operating Expenditure	12,208	11,149	(1,059)	x	68,939	66,894	(2,045)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	308	532	(224)	x	2,763	3,192	(429)	x
Interest, Depreciation & Capital Charge	502	537	35	√	3,153	3,222	69	√
Net surplus/(deficit)	(194)	(5)	(189)	x	(390)	(30)	(360)	x

4. APPENDICES

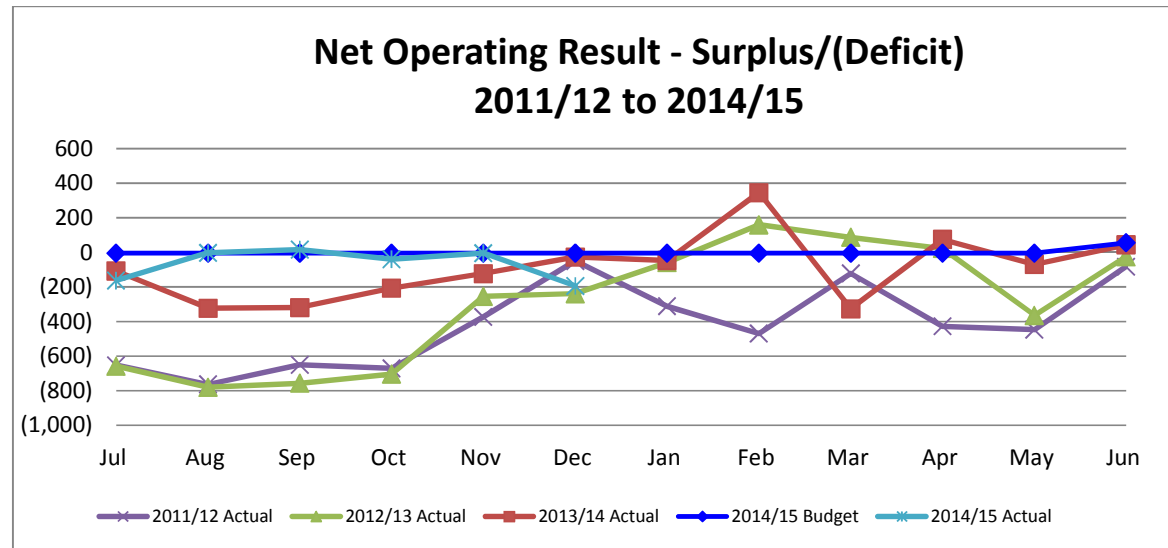
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – DECEMBER 2014

	Month Actual	Month Budget	Month Variance		YTD Actual	YTD Budget	YTD Variance	
	\$'000	\$'000	\$'000		\$'000	\$'000	\$'000	
Surplus/(Deficit)	(194)	(5)	(189)	3780% ✗	(390)	(30)	(360)	1200% ✗



We have submitted an Annual Plan with a breakeven position.

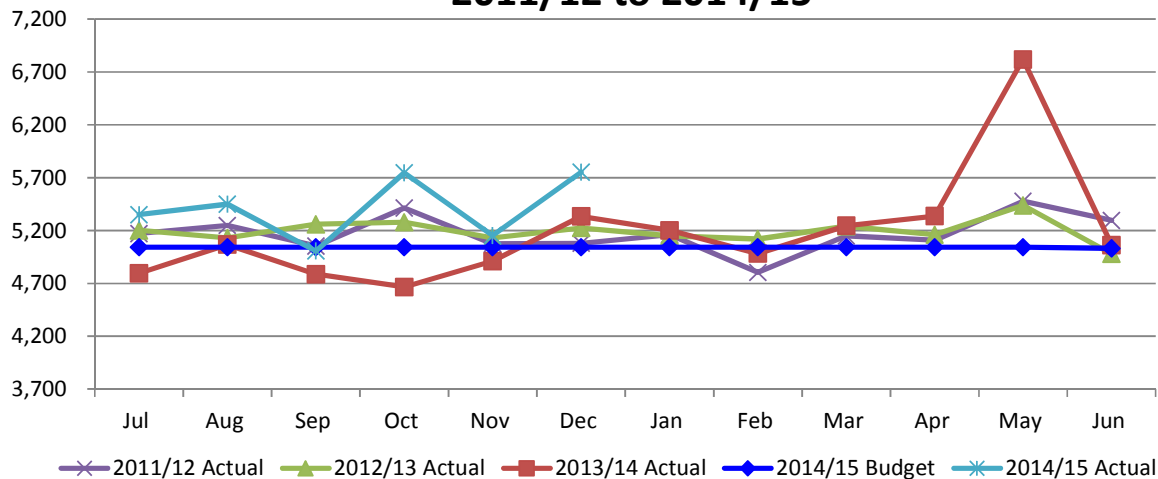
KEY RISKS AND ISSUES

The December result has created pressure on the achievement of our full year break even position as indicated in the District Annual Plan. We are continuing to focus on priority areas to bring the deficit back into line for the full year.

PERSONNEL COSTS (including locum costs)

	Month Actual	Month Budget	Month Variance			YTD Actual	YTD Budget	YTD Variance		
	\$'000	\$'000	\$'000			\$'000	\$'000	\$'000		
Medical	1,523	1,387	(136)	-10%	✗	8,515	8,322	(193)	-2%	✗
Nursing	2,526	2,175	(351)	-16%	✗	14,268	13,050	(1,218)	-9%	✗
Allied Health	852	729	(123)	-17%	✗	5,028	4,374	(654)	-15%	✗
Support	98	117	19	16%	✓	568	702	134	19%	✓
Management & Admin	754	635	(119)	-19%	✗	4,083	3,810	(273)	-7%	✗
Total	5,753	5,043	(710)			32,462	30,258	(2,204)		

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



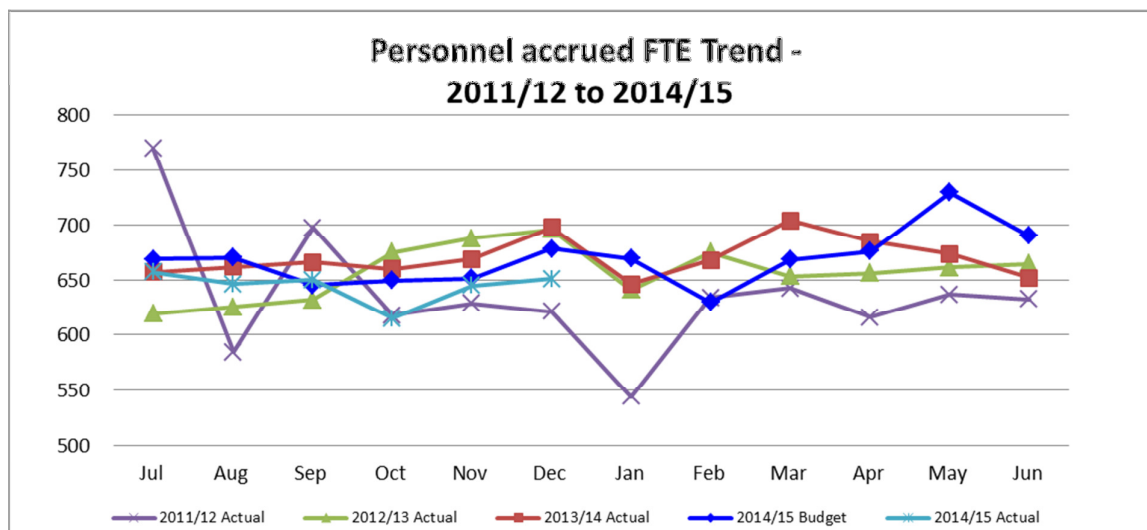
Personnel costs are significantly unfavourable for the month, the variability between months reflects some timing issues, however the underlying trend is above budget. Despite significant efforts we are still experiencing use of locums and agency staff above the expectations set in the budget to manage and maintain service through periods of leave and turnover.

KEY RISKS AND ISSUES

Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by unexpected turnover which in turn require 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	39	46	7	15%	✓	35	43	8	19%	✓
Nursing	317	334	17	5%	✓	319	321	2	1%	✓
Allied Health	160	145	(15)	-10%	✗	151	143	(8)	-6%	✗
Support	21	30	9	30%	✓	24	28	4	15%	✓
Management & Admin	115	124	9	7%	✓	115	125	10	8%	✓
Total	651	678	27			644	661	16		



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

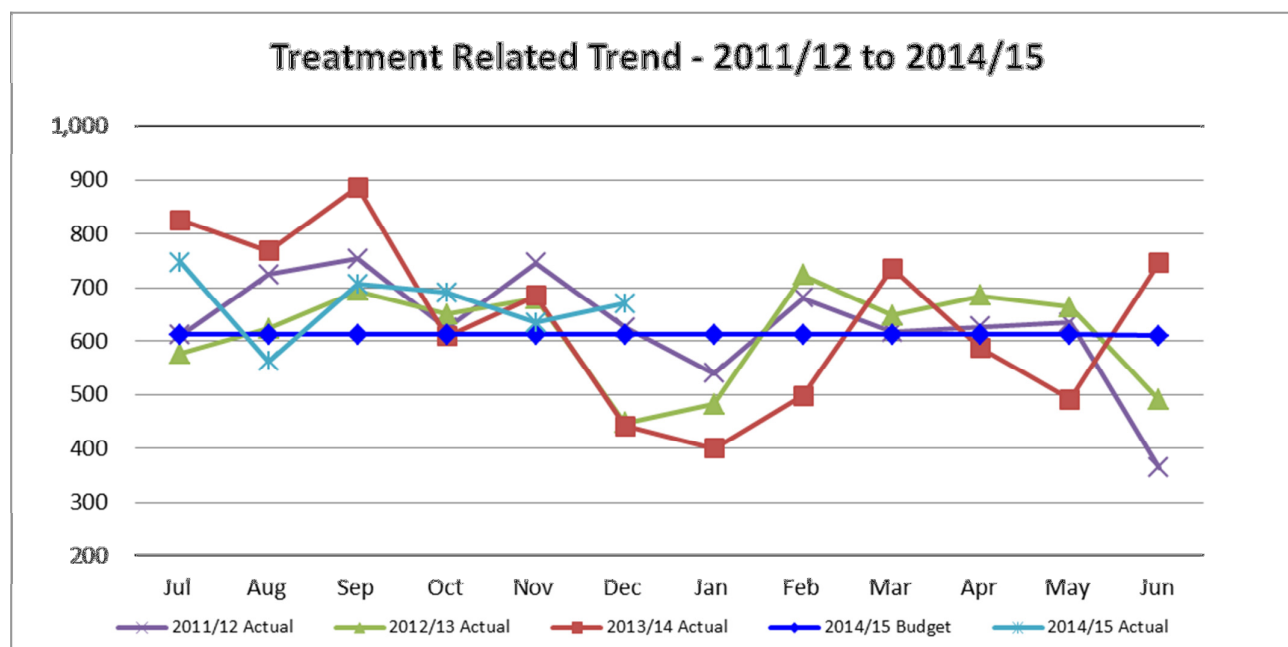
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	Month Budget	Month Variance			YTD Actual	YTD Budget	YTD Variance		
	\$'000	\$'000	\$'000			\$'000	\$'000	\$'000		
Treatment related costs	671	612	(59)	-10%	✗	4,013	3,672	(341)	-9%	✗



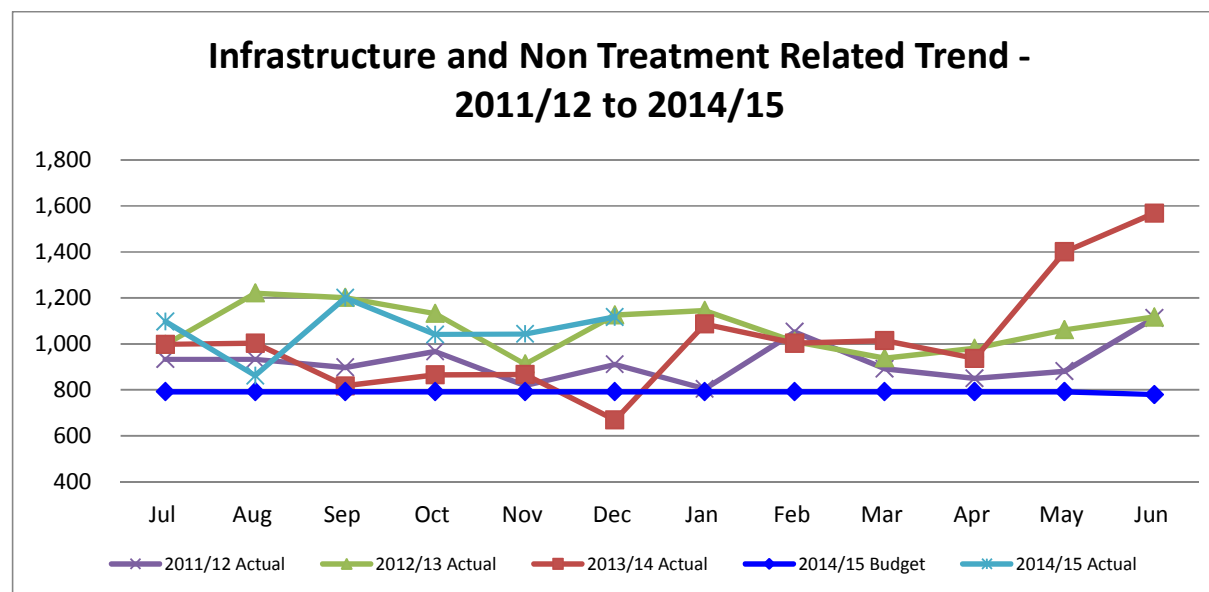
Treatment related costs are overspent due to a number of factors, most of this increase is volume related theatre disposables increases.

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	1,117	792	(325)	-41% ✗	6,360	4,752	(1,608)	-34% ✗



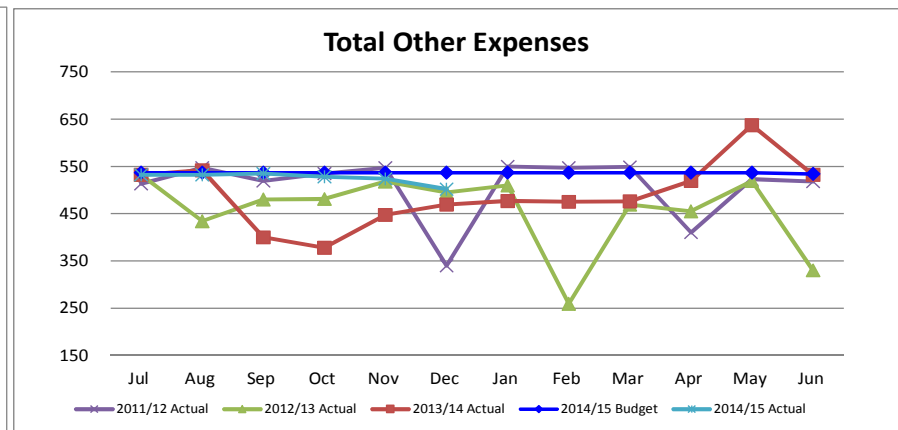
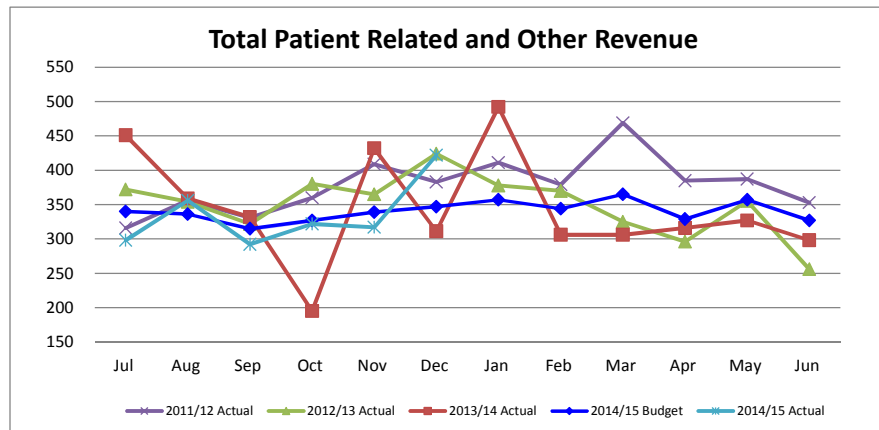
Facilities, IT and telecommunications costs make up the bulk of this category. There have been significant increases in IT and communications costs this year, generally related to regional spend, in addition to higher consultancy costs relating to service reviews.

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	Month Budget	Month Variance			YTD Actual	YTD Budget	YTD Variance		
	\$'000	\$'000	\$'000			\$'000	\$'000	\$'000		
Interest Received	30	49	(19)	-39%	✗	260	294	(34)	-12%	✗
Donations	57	-	57	0%	✓	57	-	57	0%	✓
Rental	20	15	5	33%	✓	96	90	6	7%	✓
Other	42	46	(4)	100%	✗	143	276	(133)	100%	✗
Total Other Revenue	149	110	39	35%	✓	556	660	(104)	-16%	✗
Interest Expenses	64	114	50	44%	✓	379	684	305	45%	✓
Depreciation	382	327	(55)	-17%	✗	2,380	1,962	(418)	-21%	✗
Capital Charge Expenses	56	96	40	42%	✓	394	576	182	32%	✓
Total Other Costs	502	537	35	7%	✓	3,153	3,222	69	2%	✓



KEY RISKS AND ISSUES

Other revenue for the month is above target, due to donations for paediatric equipment, 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	Month Budget	Month Variance			Annual Budget
	\$'000	\$'000	\$'000			\$'000
Equity	9,707	19,054	(9,347)	-49%	✗	72,537
Cash	17,633	9,521	8,112	85%	✓	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 December 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	11,963	11,209	754	6.7%	68,885	67,254	1,631	2.4%	134,509	131,279
Inter DHB Revenue	1	3	(2)	(66.7%)	30	18	12	66.7%	34	20
Inter District Flows Revenue	130	129	1	0.8%	780	774	6	0.8%	1,551	1,615
Patient Related Revenue	273	230	43	18.7%	1,451	1,380	71	5.1%	2,760	2,880
Other Revenue	149	110	39	35.5%	556	660	(104)	(15.8%)	1,323	1,237
Total Operating Revenue	12,516	11,681	835	7.1%	71,702	70,086	1,616	2.3%	140,177	137,031
Operating Expenditure										
Personnel costs	5,128	4,635	(493)	(10.6%)	28,803	27,810	(993)	(3.6%)	55,613	55,477
Outsourced Services	525	377	(148)	(39.3%)	3,044	2,262	(782)	(34.6%)	4,520	6,373
Treatment Related Costs	671	612	(59)	(9.6%)	4,013	3,672	(341)	(9.3%)	7,342	7,727
External Providers	2,865	2,934	69	2.4%	16,818	17,604	786	4.5%	34,757	34,383
Inter District Flows Expense	1,730	1,670	(60)	(3.6%)	8,966	10,020	1,054	10.5%	20,465	14,486
Outsourced Services - non clinical	172	129	(43)	(33.3%)	865	774	(91)	(11.8%)	1,548	1,608
Infrastructure and Non treatment related costs	1,117	792	(325)	(41.0%)	6,430	4,752	(1,678)	(35.3%)	9,491	12,225
Total Operating Expenditure	12,208	11,149	(1,059)	(9.5%)	68,939	66,894	(2,045)	(3.1%)	133,736	132,279
Result before Interest, Depn & Cap Charge	308	532	(224)	42.1%	2,763	3,192	(429)	13.4%	6,441	4,752
Interest, Depreciation & Capital Charge										
Interest Expense	64	114	50	43.9%	379	684	305	44.6%	1,364	713
Depreciation	382	327	(55)	(16.8%)	2,380	1,962	(418)	(21.3%)	3,937	4,373
Capital Charge Expenditure	56	96	40	41.7%	394	576	182	31.6%	1,140	753
Total Interest, Depreciation & Capital Charge	502	537	35	6.5%	3,153	3,222	69	2.1%	6,441	5,839
Net Surplus/(deficit)	(194)	(5)	(189)	(3780.0%)	(390)	(30)	(360)	(1200.0%)	0	(1,087)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(194)	(5)	(189)	(3780.0%)	(390)	(30)	(360)	(1200.0%)	0	(1,087)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

West Coast District Health Board Statement of financial position

As at

31 December 2014

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment	26,057	24,822	1,235	5.0%	26,996
Intangible assets	1,259	1,421	(162)	(11.4%)	1,517
Work in Progress	296	24,900	(24,604)	(98.8%)	74
Other investments	637	545	92	16.9%	227

Total non-current assets

Current assets

Cash and cash equivalents	17,633	9,521	8,112	85.2%	7,483
Patient and restricted funds	69	60	9	15.0%	79
Inventories	1,049	1,100	(51)	(4.6%)	1,010
Debtors and other receivables	8,677	4,218	4,459	105.7%	7,686
Assets classified as held for sale	136	136	0	0.00%	136

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings	10,695	24,695	(14,000)	(56.7%)	10,695
Employee entitlements and benefits	2,801	2,895	(94)	(3.2%)	2,636

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings	3,750	3,750	0	0.00%	3,750
Creditors and other payables	19,621	7,548	12,073	159.9%	9,927
Employee entitlements and benefits	9,239	8,781	458	5.2%	9,203

Total current liabilities

Total liabilities

Equity

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)	(80,662)	(80,315)	(347)	0.4%	(80,272)
Trust funds	39	39	0	0.00%	39

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
26,057	24,822	1,235	5.0%	26,996
1,259	1,421	(162)	(11.4%)	1,517
296	24,900	(24,604)	(98.8%)	74
637	545	92	16.9%	227
28,249	51,688	(23,439)	(45.3%)	28,814
17,633	9,521	8,112	85.2%	7,483
69	60	9	15.0%	79
1,049	1,100	(51)	(4.6%)	1,010
8,677	4,218	4,459	105.7%	7,686
136	136	0	0.00%	136
27,564	15,035	12,529	83.3%	16,394
55,813	66,723	(10,910)	38.0%	45,208
10,695	24,695	(14,000)	(56.7%)	10,695
2,801	2,895	(94)	(3.2%)	2,636
13,496	27,590	(14,094)	(51.1%)	13,331
3,750	3,750	0	0.00%	3,750
19,621	7,548	12,073	159.9%	9,927
9,239	8,781	458	5.2%	9,203
32,610	20,079	12,531	62.4%	22,880
46,106	47,669	(1,563)	(3.3%)	36,211
70,761	79,761	(9,000)	(11.3%)	69,661
19,569	19,569	0	0.00%	19,569
(80,662)	(80,315)	(347)	0.4%	(80,272)
39	39	0	0.00%	39
9,707	19,054	(9,347)	(49.1%)	8,997
55,813	66,723	(10,910)	(16.4%)	45,208

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

West Coast District Health Board

Statement of cash flows

For period ending

31 December 2014

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date				2013/14	2012/13
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
12,607	11,632	975	8.4%	69,655	69,792	(137)	(0.2%)	139,589	134,187
(4,975)	(5,043)	68	(1.3%)	(32,300)	(30,258)	(2,042)	6.7%	(60,505)	(61,481)
9098	(1,502)	10600	(705.7%)	(533)	(9,012)	8479	(94.1%)	(18,009)	(21,406)
(2,995)	(2,934)	(61)	2.1%	(17,598)	(17,604)	6	(0.0%)	(35,182)	(35,998)
(1,600)	(1,670)	70	(4.2%)	(8,186)	(10,020)	1834	(18.3%)	(20,040)	(12,871)
12135	483	11652	2412.4%	11038	2898	8140	280.9%	5,853	2,431
(64)	(114)	50	(43.9%)	(379)	(684)	305	(44.6%)	(1,364)	(781)
(56)	(96)	40	(41.7%)	(394)	(576)	182	(31.6%)	(1,140)	(897)
12015	273	11742	4301.1%	10265	1638	8627	526.7%	3,349	753
30	49	(19)	(38.8%)	260	294	(34)	(11.6%)	588	608
0	(40)	40		0	(380)	380		(402)	0
0	(4,062)	4062	(100.0%)	(1,407)	(24,372)	22965	(94.2%)	(48,740)	(1,987)
1	0	1		(1)	0	-1		0	5
31	(4,053)	4084	(100.8%)	(1,148)	(24,458)	23,310	(95.3%)	(48,554)	(1,374)
0	0	0		1101	9000	(7,899)		18,000	0
0	0	0		(68)	0	(68)		(68)	(68)
0	0	0		1033	9000	(7,967)		17,932	(68)
0	0	0		0	0	0		28,000	2,000
0	0	0		0	14000	(14,000)		0	0
0	0	0		1033	23000	(21,967)		45,932	1,932
12,046	(3,780)	15826	(418.7%)	10,150	180	9970	5538.9%	727	1,311
5,587	13,301	(7,714)	(58.0%)	7,483	9,341	(1,858)	(19.9%)	9,341	6,172
17,633	9,521	8,112	85.2%	17,633	9,521	8112	85.2%	10,068	7,483

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 29 January 2015

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report is provided to the Hospital Advisory Committee as a regular update.

2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

3. DISCUSSION

Workforce

Recruitment has been successful for an Associate Director of Allied Health, and Clinical Manager for Occupational Therapy.

Recruitment and retention is a continuing challenge for Occupational Therapy and Physiotherapy Services with vacancies for physiotherapists in Buller and Greymouth, and Paediatric Occupational Therapist. All positions have been advertised on more than two occasions with interest received but no appointments made. Short term strategies have been developed including a successful six week secondment of Paul Timothy, Physiotherapist from Canterbury. Whilst incurring additional costs for accommodation and travel, this initiative reduced waiting lists, enabled staff to take leave, facilitated sharing of professional knowledge and was 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.

Quality and Safety

Allied Health and Nursing representatives attended the recent Australasian Rehabilitation Outcome Centre Forum in Christchurch. It was identified that improvements are required in the data collected from the West Coast DHB. 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 is working with IT and colleagues from Canterbury to develop standardised clinical documentation templates for Health Connect South. Additionally patient activity data collection and reporting is being reviewed.

The Nurse Manager Strategic took part in the evaluation panel for an Electronic Nursing Observation System that is planned to be purchased for Canterbury and West Coast DHBs. This IT tool is for documenting vital signs digitally and produces an automatic Modified Early Warning Score (MEWS) with appropriate prompts and escalation plans. It is anticipated this will further support nurses' critical thinking and clinical response to enable best patient outcomes. In hospitals that have integrated these systems a 20% decrease in length of stay has been evidenced, with less cardiac events and decreased intensive care days, and a 17.2% decrease in mortality rate.

The Lippincott Online Manual has been licenced for all District Health Boards and roll out will commence in March 2015. This initiative has been sponsored by the DHB DONs, well supported by Chief Executives, coordinated by the South Island Alliance and Regional Training Hub. This manual will replace current individual DHB policies and procedures for all mainstream nursing interventions. This will be a significant step to ensuring consistency across New Zealand.

A full time TrendCare Coordinator was employed in January 2014 to support improved outcomes from this patient acuity tool. A plan of TrendCare activity was developed for Grey Hospital in the use and functionality of TrendCare for recording patient acuity and matching nurse hours to predicted patient care. All of which benefit our hospital in terms of '*Safe Staffing, Healthy Workplace*' initiatives. Monthly reports are generated and sent out to each ward, tracking admission activity and staffing hours along with other statistics available from TrendCare. More Clinical Nurse Manager's are asking for monthly reports to monitor a variety of their ward activity which leads to more effective rostering and improved patient care. Actualisation audits show >95% compliance for all areas in 2014 which meets TrendCare Australia's 'Gold Standard' guidelines. Version 3.5 TrendCare upgrade went live in November and this has many additional features which will continue to enhance and improve its functionality in clinical practice. Going into 2015, the development of care assessments such as 'Falls Risk', Stop Smoking records, care pathways and care plans are being looked at nationally and it is hoped we can make some progress in these areas here at Grey Hospital. Core functions like rostering, the education database, patient acuity and collection of specific nurse hours ensure that we have a very full and rich record of data with over 200 types of reports being available both to retrospectively review data but also to make some predictions and forecasts of clinical activity based on solid, accurate and reliable health data as we move forward into our new model of care and eventually into our new facilities.

Facilities Planning

Clinicians continue to be well engaged in all Facilities Design Work streams. A process has been established to facilitate engagement with the wider Allied Health work force and enable coordinated time responsive feedback to the Design Team.

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: Stella Ward, Executive Director of Allied Health
Karyn Bousfield, Director of Nursing & Midwifery

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 27 NOVEMBER 2014



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 12 December 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 27 November 2014.

For the Board's information the functions of HAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are to:

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Hospital Advisory Committee Meeting Update – 27 November 2014.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 November 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 has not been any progress on this since the last meeting. A meeting took place yesterday around Regional Transport (mainly air transport). There is a general commitment to bring all the strands of transport together. The eDHB is still awaiting a response from the Ambulance Service regarding a contract which has been presented to them. The Committee also noted that the transport of acute patients is weather driven but a solution is always found in these instances.
2. DNAs – The DNA rates show a marked reduction for October and it is hoped that this reduction will be sustained.

MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the marked reduction in DNAs for the month of October and commented that it is too early to tell yet if this is due to the focus in this area.

An appointment has been made to the position of Clinical Nurse Educator with a commencement date of 13 January 2015. This position has been vacant for quite some time and the filling of this vacancy will assist in supporting the transformation to implementing our new model of care. The remainder of nursing positions in the hospital are fully staffed and in addition new graduates commence in January 2015 which should negate the need to recruit any further nursing staff in the short term.

Wards and Departments are continuing to plan for the reduction in activity over the Christmas/New Year period with Clinical Nurse Managers making leave plans with staff who have high leave balances.

Work is continuing on the upgrade of the isolation room for good infection control and education around this is also continuing.

In relation to maternity services planning continues for the new facilities with maternity staff participating in both the hospital and IFHS areas. The maternity unit has supported six student midwives this year with placements and the feedback has been very positive.

Community stakeholder meetings are underway in Reefton with the second meeting being held on 18 November 2014.

Discussion took place regarding credit approvals for patients unable to pay for Primary Care services. The Committee noted that no-one is denied care because they are not in a position to pay.

Discussion also took place regarding physiotherapy services and it was noted that locums from Canterbury have been covering these positions. It was also noted that allied health recruitment remains one of our main challenges.

The issue of transfers back to the West Coast from Canterbury after treatment was raised and it was acknowledged that there is a need to explore the options around this to find a solution.

The report was noted

FINANCE REPORT

Justine White, General Manager, Finance, presented the Finance Report for the month ending October 2014. 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 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

Karen Bousfield, Director of Nursing & Midwifery, presented this report which was provided to the Board at their last meeting. She advised that there were currently three main focuses; Quality & Safety; Workforce; and Facilities.

The Committee noted that there is likely to be a Public Meeting regarding facilities on 11 December hosted by the Chief Executive.

The report was noted.

GENERAL BUSINESS

The General Manager, Finance, provided the Committee with an update on HBL projects.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 27 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 12 December 2014 commencing at 1.30pm

KARAKIA**1.30pm****ADMINISTRATION****1.30pm****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**

- 31 October 2014

3. Carried Forward/Action List Items**REPORTS****1.35pm**

- | | | | |
|-----|--|--|-----------------|
| 5. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 1.35pm – 1.45pm |
| 6. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.45pm – 2.00pm |
| 7. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i>
Stella Ward
<i>Executive Director of Allied Health</i> | 2.00pm – 2.10pm |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 2.10pm – 2.20pm |
| 9. | Maori Health Plan Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 2.20pm – 2.30pm |
| 10. | Maternity Review Update | Mark Newsome
<i>General Manager, Grey/Westland</i> | 2.30pm – 2.40pm |
| 11. | Report from Committee Meetings | | |
| | - CPH&DSAC
27 November 2014 | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | 2.40pm – 2.50pm |
| | - Hospital Advisory Committee
27 November 2014 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 2.50pm – 3.00pm |
| | - Tatau Pounamu Advisory Group
(Verbal Update due to timing of meeting) | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | 3.00pm – 3.10pm |

AFTERNOON TEA**3.10pm – 3.20pm**

- | | | | |
|-----|---|---|-----------------|
| 4. | Health & Safety Legislation
Presentation | Greg Brogden
<i>Senior Corporate Solicitor</i>
Garth Galloway
<i>Chapman Tripp</i> | 3.20pm – 4.00pm |
| 12. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 4.00pm |

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME

4.00pm

NEXT MEETING

Friday 13 February 2015

2015 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

	29 January	12 March	23 April	4 June	23 July	10 September	22 October	3 December
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	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update
PLANNED ITEMS								
PRESENTATIONS	As required	As required	As required	As required	As required	As required	As required	As required
GOVERNANCE AND SECRETARIAT	2015 Work Plan							
INFORMATION ITEMS:	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 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.