

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

11.00 am, 12 March 2015

**Board Room
Grey Hospital – Corporate Office**

**AGENDA AND
MEETING PAPERS**

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

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o
kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini
mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time
so that we may work together in the spirit of oneness on behalf of the people
of the West Coast.

ATTENDANCE & PURPOSE

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

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

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

HOSPITAL ADVISORY COMMITTEE MEMBERS	EXECUTIVE SUPPORT
Sharon Pugh (<i>Chair</i>) Kevin Brown Paula Cutbush Gail Howard Peter Neame Richard Wallace Chris Lim Peter Ballantyne (<i>ex-officio</i>)	Michael Frampton (<i>Programme Director</i>) 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 12 March 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**

29 January 2015

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Philip Wheble *11.10am - 11.30am*
Acting 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 – 13 February 2015
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 23 April 2015
Corporate Office, Board Room at Grey Base Hospital.

INTEREST REGISTER

Member	Disclosure of Interests
Sharon Pugh Chair Board Member	<ul style="list-style-type: none"> ▪ New River Bluegums Bed & Breakfast - Shareholder ▪ Greymouth Business & Promotions Association - Chair
Kevin Brown Deputy Chair Board Member	<ul style="list-style-type: none"> ▪ Grey District Council – Councillor ▪ West Coast Electric Power Trust - Trustee ▪ Wife works part time at CAMHS ▪ West Coast Diabetes – Patron & Member ▪ West Coast Juvenile Diabetes Association - Trustee
Paula Cutbush	<ul style="list-style-type: none"> ▪ Owner and stakeholder of Alfresco Eatery and Accommodation ▪ Daughter involved in Green Prescriptions
Gail Howard	<ul style="list-style-type: none"> ▪ Buller Electric Power Trust - Trustee ▪ Energy Trust New Zealand - Director
Chris Lim	<ul style="list-style-type: none"> ▪ No interests to declare
Peter Neame Board Member	<ul style="list-style-type: none"> ▪ Multiple Sclerosis Society, West Coast - President
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 ▪ University of Canterbury - Member of Council ▪ Bishop Julius Hall of Residence - Trust Board Member ▪ Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Brackenridge Estate Limited - Director

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 29 January 2015, 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); Justine Karyn Bousfield (Director of Nursing & Midwifery); Kathleen Gavigan (General Manager, Buller); and Kay Jenkins (Minutes).

APOLOGIES

Apologies for lateness were received and accepted from Richard Wallace (11.10am) and Peter Neame (11.10am).

WELCOME

Everyone joined with the Karakia.

1. INTEREST REGISTER

Paula Cutbush advised that her daughter is involved with Green Prescriptions.

Gail Howard asked that the entry regarding Energy Trust New Zealand be made clearer.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (1/15)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 27 November 2014 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

A request was made to change the date on the schedule to “Date Last Updated”

1. Patient Ambulance Transport - The Committee noted that a teleconference will take place in the next 2 weeks regarding this and indications are that a solution is getting closer.
2. DNAs – The DNA rates still show a marked reduction.

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

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the continued reduction in DNAs and commented that there is still a focus in this area and more initiatives to be implemented.

Mr Newsome also provided updates as follows:

- An integrated daily hospital report is now available to managers. This allows them to see both activity and available resource so these can be matched accordingly. This has now been in place for 2 weeks.
- The TrendCare update has been implemented and the TrendCare Coordinator is working on the falls risk and care plans assessments.
- There are currently no Nursing vacancies within Grey and Buller Hospitals.
- A new Clinical Nurse Educator commenced employment in January.
- Eleven New Entry to Practice (NetP) graduates join the DHB in February.
- Work is commencing on a formal Nursing Workforce Strategy which will ensure the right mix and skill level of nurses as we plan forward towards the new facility.
- The Countdown Kids Appeal donation enabled the purchase of a new antenatal couch; education equipment; a resuscitation trolley for the nursery and some other additional minor equipment. This funding is very much appreciated and the fund raising by staff and the community was acknowledged.
- An Associate Director of Allied Health has been appointed and will commence in March.
- A recruitment plan is being developed to attract Rural Health Specialists (RHS) to Grey Hospital. Mr Newsome provided the Committee with some background around the role of Rural Health Specialists. It was suggested that a presentation be provided to the Committee at a future meeting.
- In the Industrial Relations area bargaining continues with the RDA representing Resident Doctors and NZNO has formally initiated bargaining for a new Nursing and Midwifery MECA. Bargaining is also scheduled to begin next month with FIRST union for a new Pharmacy Agreement.

Resolution (2/15)

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

- i. That the Committee notes the Management Report.

5. FINANCE REPORT

Michael Frampton, Programme Director, presented the Finance Report for the month ending December 2014. 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 Committee noted management's comments that the DHB still remained confident that with the continued changes taking place across the system, the commitment to break even and live within our means will be met but will be a significant challenge.

Resolution (3/15)

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

- i. That the Committee notes the financial result and related matters for the period ended 31 December 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 mentioned in particular progress around IT tools assisting clinical practices; the roll out of the on-line Lippincott procedure manual; and the TrendCare Tool and building our capability around this for the new facility.

Resolution (4/15)

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

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

GENERAL BUSINESS

Members were asked to forward any comments regarding the work plan to the Chair.

Michael Frampton, Programme Director, provided the Committee with progress on the Facilities Development.

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 LAST UPDATED	ACTION	COMMENTARY	STATUS
1	29 January 2015	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	29 January 2015	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: 12 March 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.

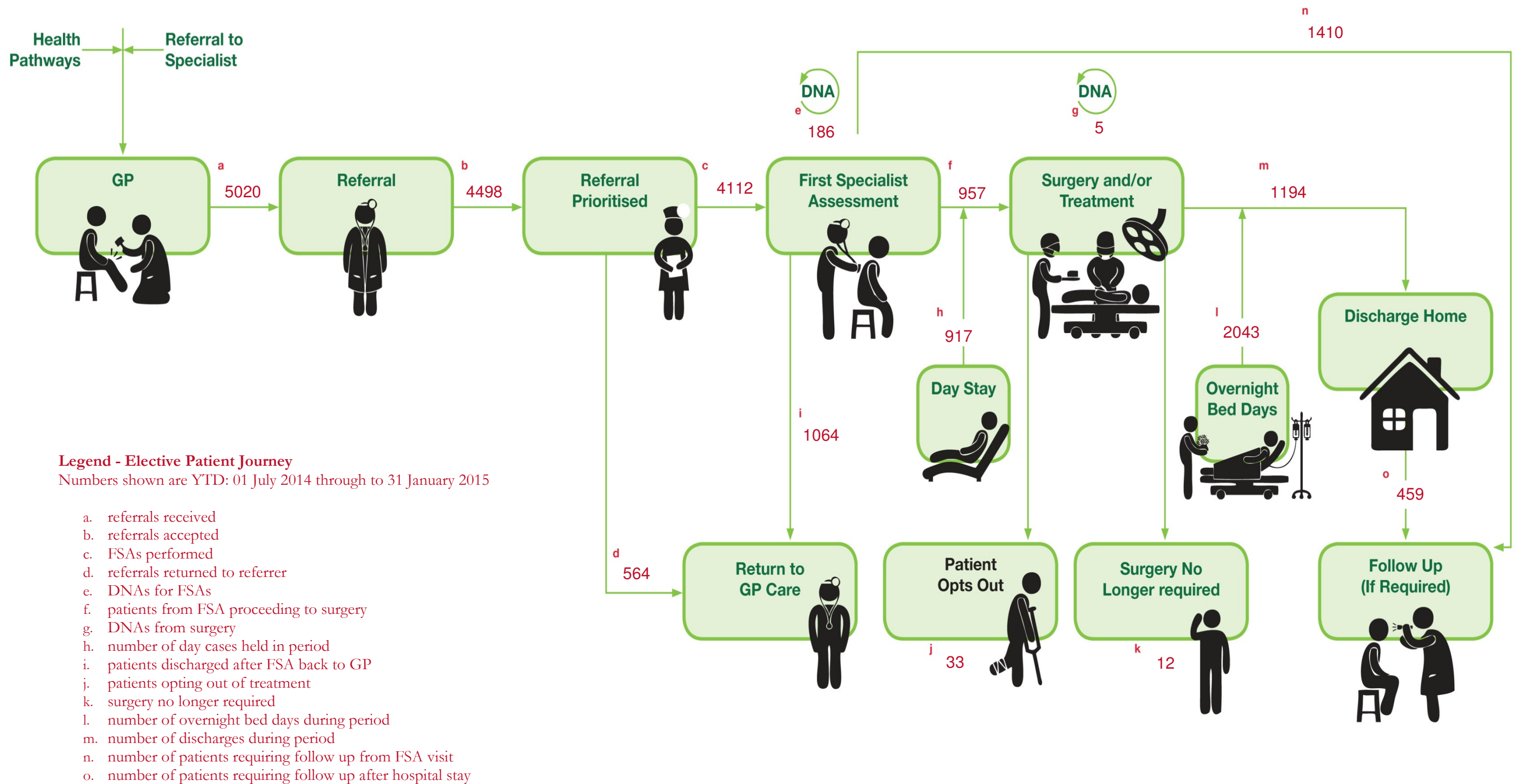
The following are the most notable features of the report:

- Continued compliance with ESPI 2 & 5 and on track to deliver to new timeframes;
- The commencement of the Associate Director of Allied Health;
- Continued success in decreasing DNA rates.

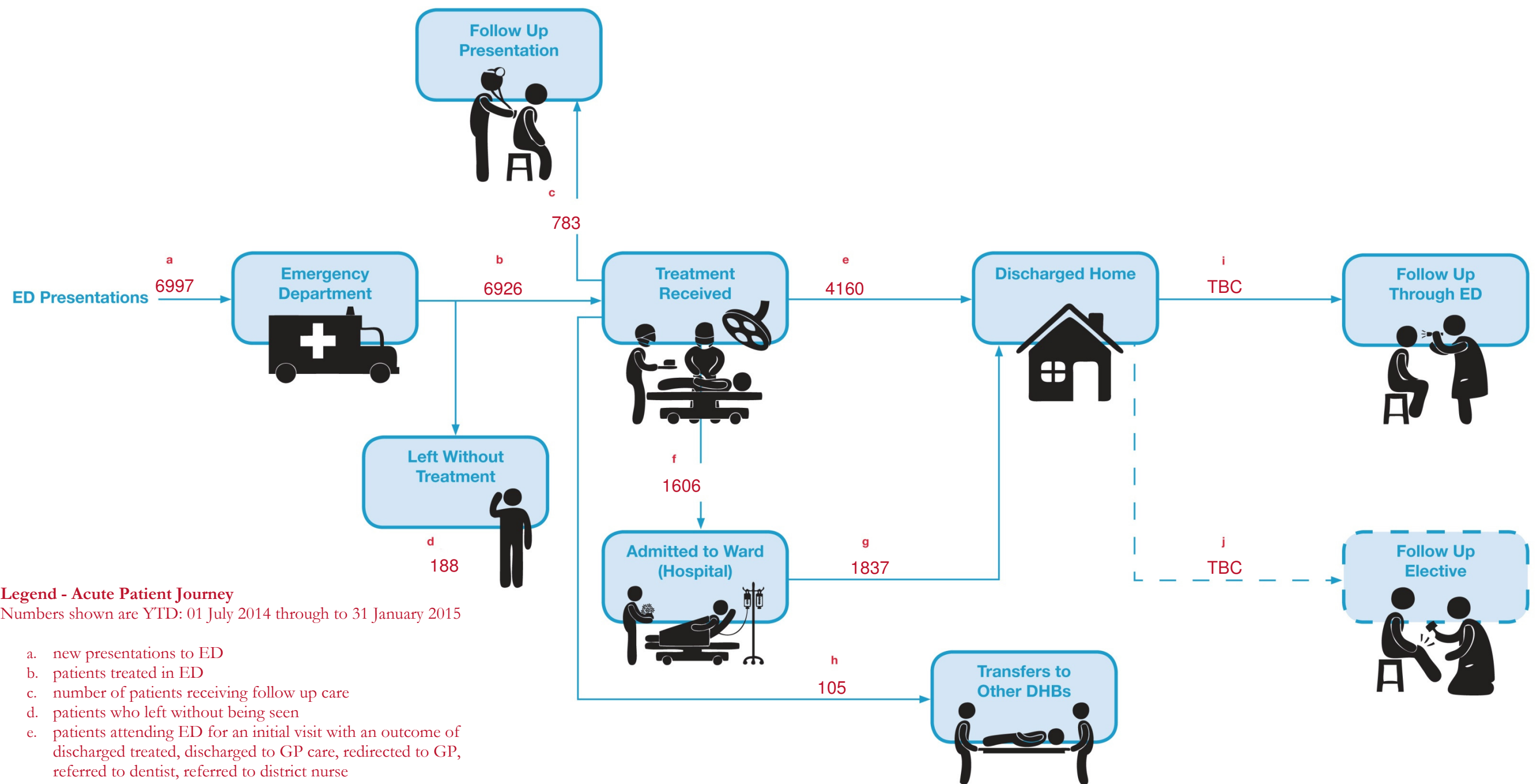
4. DISCUSSION

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 January 2015

- 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 seven months of the 2014-15 financial year to 31 January 2015.

Inpatient Volumes

Throughput for the 7-month period to the end of January 2015 show overall case-weighted [CWD] inpatient delivery virtually right on contracted volume; 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	653.97	549.91	-104.06	-15.91%
Elective	719.10	753.25	34.15	4.75%
Sub-Total Surgical:	1373.07	1303.16	-69.91	-5.09%
Medical				
Acute	812.06	878.75	66.69	8.21%
Elective	0	0	0	0%
Sub-Total Medical:	812.06	878.75	66.69	8.21%
TOTALS:	2185.13	2181.91	-3.22	-0.51%

Outpatient Volumes

For the first seven months of 2014-15 to 31 January, outpatient delivery was down by 443 patients (5.32%) variant from expected volumes overall. Throughput was 7.8% under contracted volume for surgical specialty services, due largely to fewer follow-up appointments; and 1.3% down 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	1969	1903	-66	-3.35%
Sub. Visit	3162	2827	-335	-10.59%
Sub-Total Surgical:	5131	4730	-401	-7.80%
Medical				
1 st Visit	942	759	-183	-19.38%
Sub. Visit	2244	2385	141	6.28%
Sub-Total Medical:	3186	3144	-42	-1.32%
TOTALS:	8317	7874	-443	-5.32%

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]
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%
January 2015	1501	1404	97	6.46%
13 month rolling totals	23800	21903	1897	7.97% 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.

4.2 Workforce Update

Nursing

- Grey base is now fully staffed, daily staff meetings ensure appropriate response to changing acuity and workloads in the wards.
- A number of WCDHB nurses successfully completed Post Graduate study, including some completing their Masters in Nursing Science.
- The Dedicated Education Unit (DEU) students will arrive on 16 March to commence their rotation through surgical and medical wards at Grey Base Hospital.
- The January 2014 Registered Nurses graduated from the NETP programme on Wednesday 25 February. A graduation ceremony in the Lecture Theatre was well attended by Preceptors, friends and family members, along with the GM, DONM, the ADON Clinical Practice Development and Nurse Educators.
- Active response to positive variance on Trendcare has allowed greater amounts of annual leave to be offered and accepted. This has greatly decreased the excessive accrued annual leave for several staff members.
- Some staff have also taken the opportunity to assist in both the community locally and in Reefion as we continue to strive to match resource to activity across the system.

Ward Activity

- Trendcare focus for the first quarter of 2015 has been on completing inter-rater reliability training and testing to confirm the validity of the entered data. Results so far suggest we are well within the required range of benchmarks.
- Kahurangi have commenced using Trendcare for rostering purposes and the use of inpatient data is a work in progress.
- Hannan AT&R unit remains closed whilst the consultation with stakeholders continues. The submissions close on 27 February 2015. All admissions have been accommodated within the current bed configuration.
- The WCDHB, along with all other DHBs and the Health Quality and Safety Commission, is embarking on a project aimed at reducing opioid related harm. This will involve the nursing staff on the floor participating in learning activities to improve practice and management.

Maternity Services

- The link clinic room that has been set up for midwives to see patients instead of using McBrearty ward is working extremely well with LMCs utilising this room regularly for clinics.
- The new model of care in Greymouth is fully implemented with seven self-employed midwives providing primary maternity care on the West Coast. The transition has been smooth and staff have worked through the change positively. The access agreements for these midwives are in place, with a team approach ensuring all midwives are welcome and comfortable using the facility.
- A midwifery forum was held in February with 15 midwives attending the day. The purpose of this was to create a whole of team approach for the maternity service and to develop constructive working relationships. Another forum is planned for March.
- The two new graduate midwives have now commenced as core midwives; over their first year of practice they will complete the Midwifery First Year of Practice Programme. 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.
- The educator's position is proving to be very successful and advertising for this to become a permanent role will commence soon. Ongoing education includes the Midwifery Practice Day, being delivered in March in partnership with the College of Midwives, and locally provided RN/RMO neonatal resuscitation education. The educator is also working with the Haslett Partnership in Buller, to provide mother craft skills teaching to the nursing team in Buller who will also be providing care to mums and babies in Kawatiri.

Reefton Health

- *District Nursing* - The workload remains steady. Looking forward to progress on district nursing supporting home based carers locally. The District Nurses' attendance at fortnightly CCCN meetings to discuss community patients is working well.
- *Medical Centre* - The NETP placement has resigned and was effective from 27 February.
- *Aged Residential Care* - The maintenance required in the hospital wing has been completed.
- *Hospital* – A review of acute presentations to the hospital is underway. The review is looking at volumes, triage type, days of the week, time of day, discharge destination, clinician assessing the patient, HML referrals to hospital.
- *General* – A fourth stakeholder meetings was held on 27 January. The CDHB Emergency Planning Manager visited the facility and met staff on 27 February.

Allied Health

- The newly appointed Associate Director of Allied Health commenced 2 March 2015.
- All Allied Health services are fully staffed with the exception of Pharmacy. Recruitment is underway for a clinical pharmacist and the Clinical Manager of Pharmacy.
- Allied Health are actively contributing and participating in DHB-wide initiatives focused on key priorities and future models of care, in particular the Hannan Ward reconfiguration, discharge planning process, FIRST (previously Casemix8) and the facilities redesign project.
- Congratulations to the four Allied Health Assistants who have successfully completed their Level 3 NZQA Allied Health Assistants' qualification. A graduation ceremony was held on 2 March to acknowledge their significant achievements.

Industrial Relations

- Current employment negotiations include: NZNO representing nursing staff, MERAS representing midwives, FRST representing pharmacy workers.
- The RDA representing resident medical officers have ratified a national MECA and this is now in the process of sign-off and implementation.

Recruitment

New Vacancies	19
Total Open Vacancies	24
Total FTE Recruiting	19.4
Appointed Vacancies	16

- Recruitment activity has been quiet over January and we are actively recruiting to 24 vacancies (Allied Health 6, Corporate and Support Services 4, Senior Medical Officers 3, Resident Medical Officers 2). Nursing has no current vacancies and there is a pipeline of quality candidates forming, which is the first time this has occurred since the recruitment centre began.
- A recruitment plan continues to be worked through to attract Rural Hospital Specialists (RHS) to Grey Hospital. There have been no offers made to SMOs over this period and an offer made to a General Surgeon has been withdrawn due to the supervisory requirements.

4.3 Patient

Patient Transfers





- The number of tertiary patient transfers for the month of December 2014 was 39 and similarly there were 39 patients transferred during January 2015.
- The majority of the December 2014 transfers were for orthopaedic and surgical patients, with the majority of the January transfers being for orthopaedic patients. The main reason for transfers for both months was for 'Specialty Care not available at Grey Base Hospital'.
- The methods of transport for December 2014 and January 2015 were predominantly via Ambulance and Pressurised Aircraft.
- There were 13 patient transfers from Buller to Grey Base in December 2014 and also 13 patient transfers for the month of January 2015.

- Five transfers were made from Reefton to Grey Base Hospital for December 2014 and three patients were transferred from Reefton in January 2015.
- All figures provided include those recorded as transferring via private motor vehicle.

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	878 YTD	827 YTD	✓	The West Coast DHB has met the Improved Access to Elective Surgery Health Target this quarter, exceeding target by 51 discharges —more than making up for poorer performance last quarter. Against our year to date target, we achieved 106.2% of our goal, delivering 878 discharges against an 827 target.
	Faster Cancer Treatment² Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	New	New	New	83.3%	85%	✗	This is the first quarter for the revised Faster Cancer Treatment Health Target . West Coast DHB is pleased to have nearly met the new target. Work is ongoing to improve the capture and quality of this data, and we expect there may be variation of results in these first few quarters ahead.
	Increased Immunisation Eight-month-olds fully immunised	89%	81%	77%	82%	95%	✗	Although not meeting target, we are pleased to have increased coverage by 5% against the Increased Immunisation Health Target , vaccinating 82% of our eligible population and 99% of consenting children. Only one child was overdue at milestone age.

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

² This target replaces the Shorter Waits for Cancer Treatment target from Quarter 2 onwards. The new target is that 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

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%	94.7%	95%	✓	During Quarter 2, West Coast DHB staff provided 94.7% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target . Best practice initiatives continue, however the effects of small numbers remain challenging.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit ³	55.4%	61.9%	71.3%	78.3%	90%	✗	Although we are yet to meet the target, performance against the Primary Care Smokers Better Help to Quit Health Target has increased 7% this quarter—an encouraging result of 78.3%. Actions previously reported continue, with monthly practice by practice reporting expected to provide visibility for which practices need most support.
	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%	82.6%	90%	✗	Performance against the More Heart and Diabetes Checks Health Target continues to steadily increase with 82.6% 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 4.4% below the national average & work continues to meet target.

³ 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 Assessment (ESPI 2) or for waiting time from First Specialist Assessment to surgical treatment (ESPI 5) in December 2014.

Preliminary results for January 2015 show no patients waiting longer than the new 4-month targets against ESPI 2 or ESPI 5. The new 4-month (120 day) target came into effect from the end of December 2014. ESPI results from 1 January 2015 will now be measured against these new time-frame targets.

MoH Elective Services Online

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

DHB Name: West Coast

	2014			2014			2014			2014			2014			2014			2014			2014			2014			2014			2014			2014			
	Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			
	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	17 of 18	94.4%	1	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	0	0.0%	0	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%	0	6	0.8%	-6	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	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%	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	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%	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	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	0	X	0	
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	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	163	100.0%	0	

Data Warehouse Refresh Date: 30/Jan/2015

Report Run Date: 02/Feb/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	November	December	January
Absent	-	-	1
Behaviour	2	6	1
Blood and Body fluid	1	-	-
Clinical Process	3	4	7
Documentation	1	1	1
Fall	6	2	2
Hazard	-	1	1
Injury/Self Harm (pt)	2	-	-
Medication	5	6	9
Other	3	2	-
Property	2	-	1
Transport	3	-	-
Work related injury	-	1	-
Totals for month	28	23	23
Year to date (Aug-Jan)	<u>95</u>	<u>118</u>	<u>141</u>

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.

Medication incidents are also an area where increased reporting is evident. The Health Quality Safety commission has launched a national collaborative focussing on reducing medication related incidents.

Complaints

For the three month period November-January; 11 new patient complaints were received.

CLAB (Central line associated bacterium)

Currently we are 950 days CLAB free.

Maternity

Quality activities continue with patient surveys, updating of policies and procedures and monitoring of equipment. To date all policies have been updated and will be available by end of March on the intranet.

4.6 Facilities

Planning has begun for the recommencement of workstream design activity for early May.

Report prepared by: Mark Newsome, GM Grey | Westland

Report approved for release by: Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 31 JANUARY 2015

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 12 March 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 January 2015.

3. FINANCIAL RESULT

Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of January 2015 was a deficit of \$0.278m, which was \$0.273m unfavourable against the budgeted deficit of \$0.005m. The year to date position is now \$0.633m unfavourable.

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

Financial Overview for the period ending 31 January 2015

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,829	6,957	(128)	x	48,303	55,656	(7,353)	x
Governance & Administration	217	188	29	√	1,599	1,316	283	√
Funds & Internal Eliminations	4,273	4,536	(263)	x	33,119	31,752	1,367	√
	11,319	11,681	(362)	x	83,021	81,767	1,254	√
EXPENSES								
Provider								
Personnel	4,500	4,541	41	√	32,615	36,328	3,713	x
Outsourced Services	506	481	(25)	x	4,097	3,848	(249)	x
Clinical Supplies	495	612	117	√	4,507	4,896	389	x
Infrastructure	834	842	8	√	7,842	8,192	350	x
	6,335	6,476	141	√	49,061	45,332	(3,886)	x
Governance & Administration	217	188	(29)	x	1,599	1,316	(283)	x
Funds & Internal Eliminations	4,530	4,485	(45)	x	29,361	31,395	2,034	√
Total Operating Expenditure	11,082	11,149	67	√	80,021	78,043	(1,978)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	237	532	(295)	x	3,000	3,724	724	x
Interest, Depreciation & Capital Charge	515	537	22	√	3,668	2,913	(755)	√
Net surplus/(deficit)	(278)	(5)	(273)	x	(668)	(35)	633	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

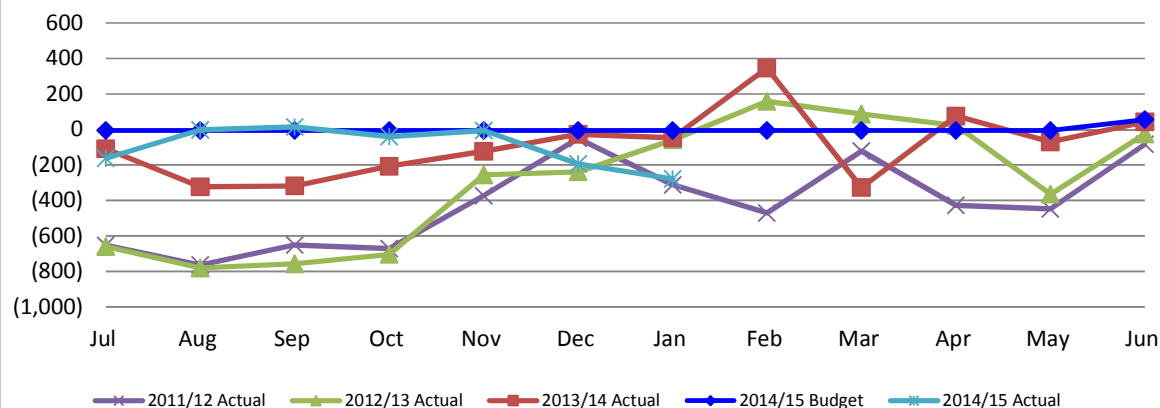
Report prepared by:	Justine White, General Manager Finance
Report approved for release by:	David Meates, Chief Executive

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – JANUARY 2015

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(278)	(5)	(273)	5460% ✗	(668)	(35)	(633)	1809% ✗

Net Operating Result - Surplus/(Deficit) 2011/12 to 2014/15



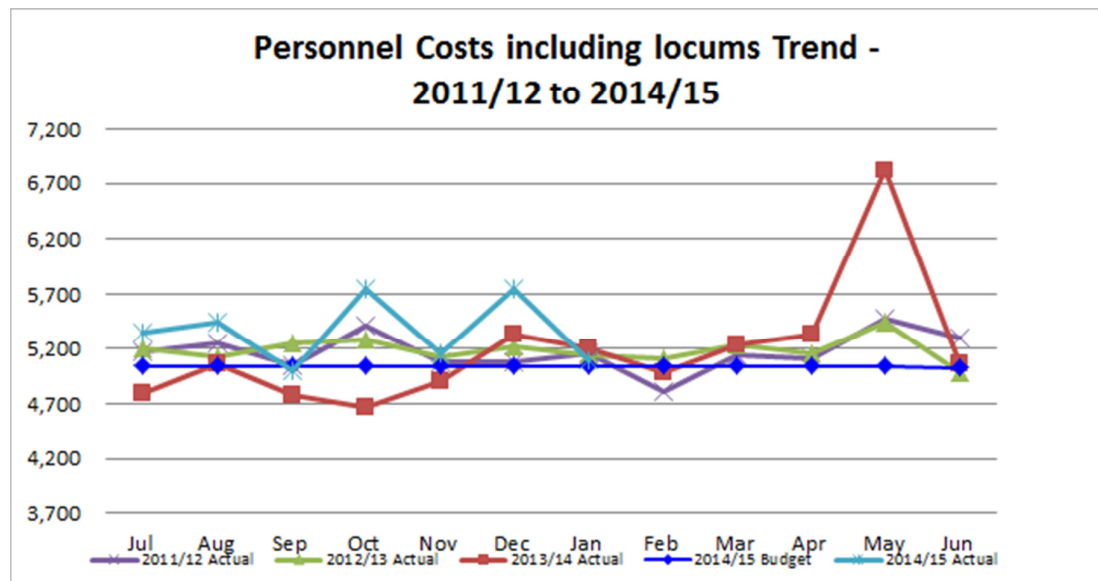
We have submitted an Annual Plan with a breakeven position.

KEY RISKS AND ISSUES

The January result has maintained and increased pressure on the ability to achieve our full year break even position as indicated in the District Annual Plan. Significant effort has been focussed on a number of areas where it is believed that a sustained improvement in efficiency can be made. The achievement of this will be spread over the remainder months of the year; however we remain confident that we can maintain the planned break even position for year end.

PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,370	1,387	17	1%	✓	9,885	9,709	(176)	-2%	✗
Nursing	2,219	2,175	(44)	-2%	✗	16,487	15,225	(1,262)	-8%	✗
Allied Health	726	729	3	0%	✓	5,754	5,103	(651)	-13%	✗
Support	92	117	25	21%	✓	660	819	159	19%	✓
Management & Admin	693	635	(58)	-9%	✗	4,776	4,445	(331)	-7%	✗
Total	5,100	5,043	(57)			37,562	35,301	(2,261)		



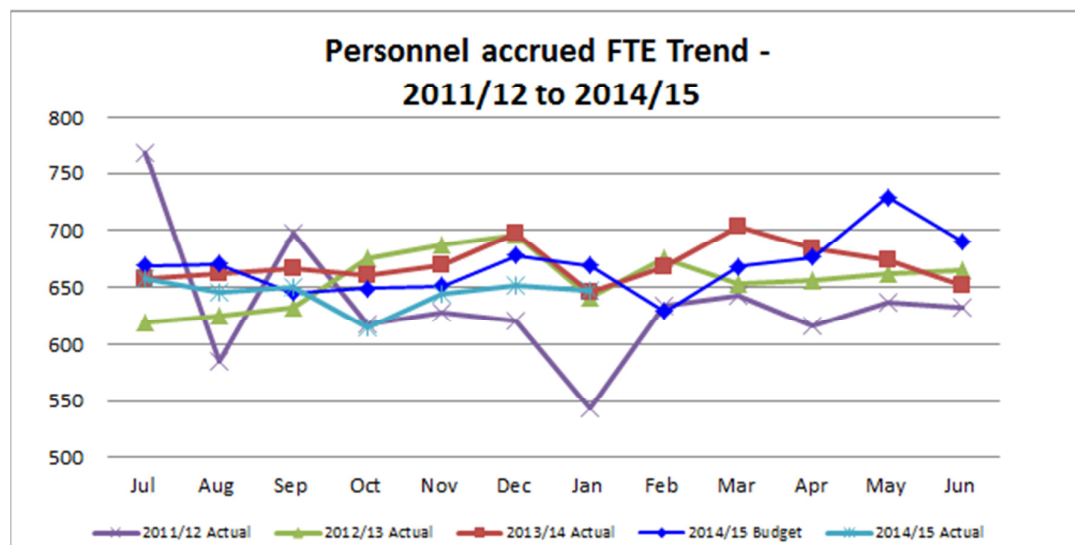
Although personnel costs are unfavourable for the month, they are significantly less than that experienced in December. This variability aside the underlying trend is well above budget. Despite significant efforts we are still experiencing use of locums and agency staff above the expectations set in 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.

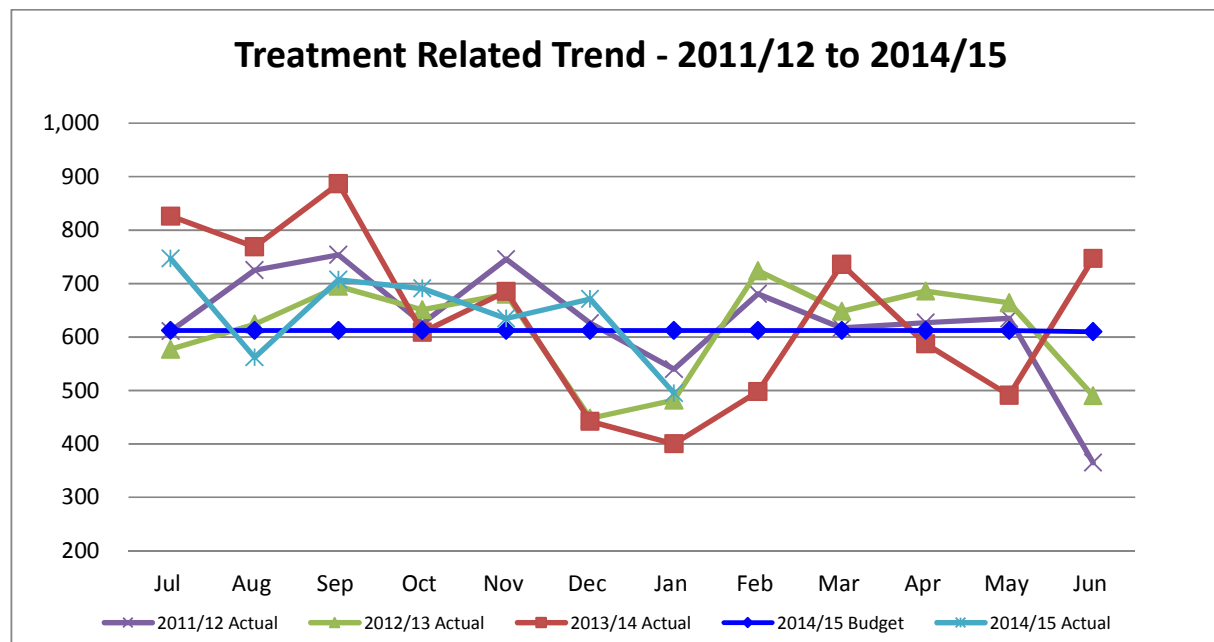
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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 remain under our overall management and administration staff cap. 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	495	612	117	19%	✓	4,508	4,284	(224)	-5%	✗



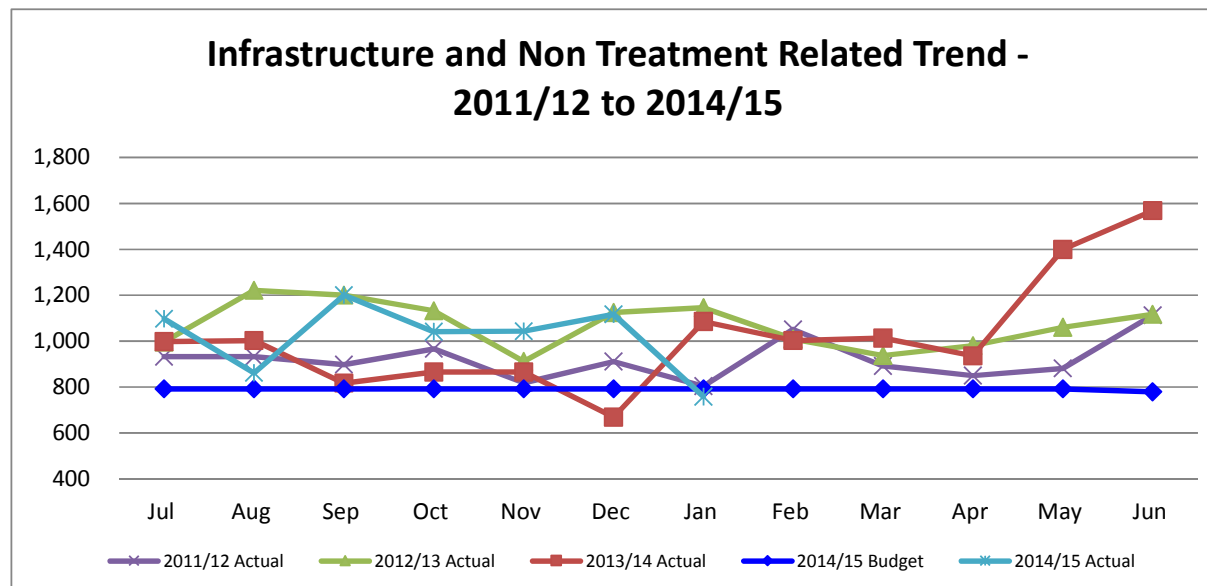
Treatment related costs are overspent due to a number of factors; most of this increase is volume related theatre disposables increases.

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	759	792	33	4%	✓	7,119	5,544	(1,575)	-28%	✗



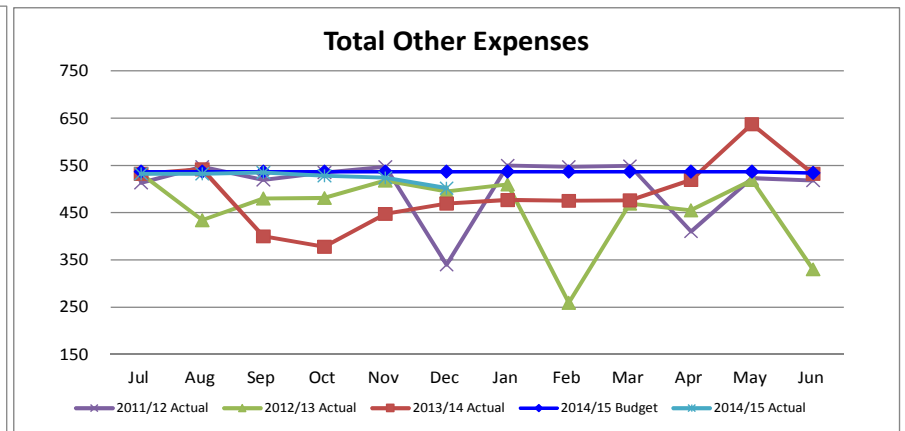
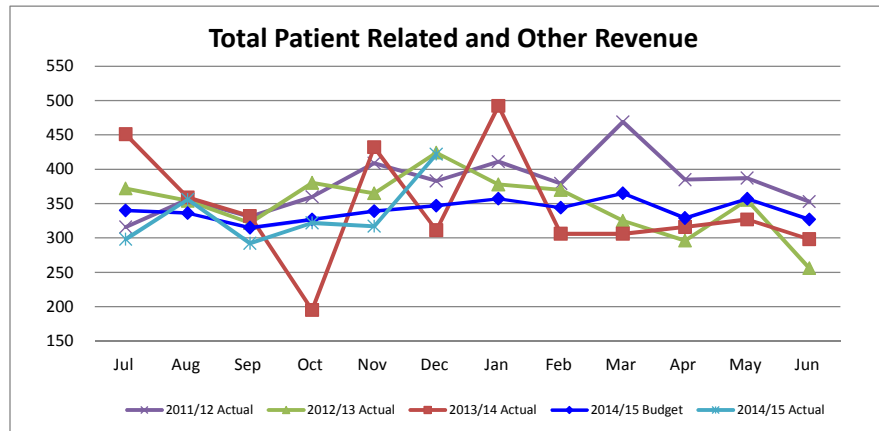
Facilities, IT and telecommunications costs make up the bulk of this category. There have been significant increases in IT and communications costs this year, generally related to regional spend, in addition to higher consultancy costs relating to service reviews. These are being closely monitored.

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 \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	9,429	19,049	(9,620)	-51% ✗	72,537
Cash	5,207	5,759	(552)	-10% ✗	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

West Coast District Health Board Statement of comprehensive income

For period ending

31 January 2015

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	10,797	11,209	(412)	(3.7%)	79,682	78,463	1,219	1.6%	134,509	131,279
Inter DHB Revenue	1	3	(2)	(66.7%)	31	21	10	47.6%	34	20
Inter District Flows Revenue	130	129	1	0.8%	910	903	7	0.8%	1,551	1,615
Patient Related Revenue	284	230	54	23.5%	1,735	1,610	125	7.8%	2,760	2,880
Other Revenue	107	110	(3)	(2.7%)	663	770	(107)	(13.9%)	1,323	1,237
Total Operating Revenue	11,319	11,681	(362)	(3.1%)	83,021	81,767	1,254	1.5%	140,177	137,031
Operating Expenditure										
Personnel costs	4,585	4,635	50	1.1%	33,388	32,445	(943)	(2.9%)	55,613	55,477
Outsourced Services	414	377	(37)	(9.8%)	3,458	2,639	(819)	(31.0%)	4,520	6,373
Treatment Related Costs	495	612	117	19.1%	4,508	4,284	(224)	(5.2%)	7,342	7,727
External Providers	3,008	2,934	(74)	(2.5%)	19,826	20,538	712	3.5%	34,757	34,383
Inter District Flows Expense	1,670	1,670	0	0.0%	10,636	11,690	1,054	9.0%	20,465	14,486
Outsourced Services - non clinical	151	129	(22)	(17.1%)	1,016	903	(113)	(12.5%)	1,548	1,608
Infrastructure and Non treatment related costs	759	792	33	4.2%	7,189	5,544	(1,645)	(29.7%)	9,491	12,225
Total Operating Expenditure	11,082	11,149	67	0.6%	80,021	78,043	(1,978)	(2.5%)	133,736	132,279
Result before Interest, Depn & Cap Charge	237	532	(295)	55.5%	3,000	3,724	(724)	19.4%	6,441	4,752
Interest, Depreciation & Capital Charge										
Interest Expense	64	114	50	43.9%	443	798	355	44.5%	1,364	713
Depreciation	385	327	(58)	(17.7%)	2,765	2,289	(476)	(20.8%)	3,937	4,373
Capital Charge Expenditure	66	96	30	31.3%	460	672	212	31.5%	1,140	753
Total Interest, Depreciation & Capital Charge	515	537	22	4.1%	3,668	3,759	91	2.4%	6,441	5,839
Net Surplus/(deficit)	(278)	(5)	(273)	(5460.0%)	(668)	(35)	(633)	(1808.6%)	0	(1,087)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(278)	(5)	(273)	(5460.0%)	(668)	(35)	(633)	(1808.6%)	0	(1,087)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

West Coast District Health Board Statement of financial position

As at

31 January 2015

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
25,716	24,814	902	3.6%	26,996
1,216	1,386	(170)	(12.3%)	1,517
357	28,678	(28,321)	(98.8%)	74
637	567	70	12.3%	227
27,926	55,445	(27,519)	(49.6%)	28,814
5,207	5,759	(552)	(9.6%)	7,483
69	60	9	15.0%	79
1,050	1,100	(50)	(4.5%)	1,010
9,127	4,218	4,909	116.4%	7,686
136	136	0	0.00%	136
15,589	11,273	4,316	38.3%	16,394
43,515	66,718	(23,203)	(11.3%)	45,208
10,695	24,695	(14,000)	(56.7%)	10,695
2,826	2,895	(69)	(2.4%)	2,636
13,521	27,590	(14,069)	(51.0%)	13,331
3,750	3,750	0	0.00%	3,750
7,521	7,548	(27)	(0.4%)	9,927
9,294	8,781	513	5.8%	9,203
20,565	20,079	486	2.4%	22,880
34,086	47,669	(13,583)	(28.5%)	36,211
70,761	79,761	(9,000)	(11.3%)	69,661
19,569	19,569	0	0.00%	19,569
(80,940)	(80,320)	(620)	0.8%	(80,272)
39	39	0	0.00%	39
9,429	19,049	(9,620)	(50.5%)	8,997
43,515	66,718	(23,203)	(34.8%)	45,208

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

West Coast District Health Board

Statement of cash flows

For period ending

31 January 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Cash flows from operating activities										
Cash receipts from Ministry of Health, patients and other revenue	718	11,632	(10,914)	(93.8%)	71,403	69,792	(1,611)	(0.2%)	139,589	134,187
Cash paid to employees	(4,993)	(5,043)	50	(1.0%)	(37,483)	(30,258)	7,225	6.7%	(60,505)	(61,481)
Cash paid to suppliers	(3,326)	(1,502)	(1,824)	121.4%	(4,699)	(9,012)	(4,313)	(94.1%)	(18,009)	(21,406)
Cash paid to external providers	(3,138)	(2,934)	(204)	7.0%	(20,795)	(17,604)	3,191	(0.0%)	(35,182)	(35,998)
Cash paid to other District Health Boards	(1,540)	(1,670)	130	(7.8%)	(9,667)	(10,020)	(353)	(18.3%)	(20,040)	(12,871)
<i>Cash generated from operations</i>	<i>(12,279)</i>	<i>483</i>	<i>(12,762)</i>	<i>(2642.2%)</i>	<i>(1,241)</i>	<i>2898</i>	<i>4,139</i>	<i>280.9%</i>	<i>5,853</i>	<i>2,431</i>
Interest paid	(64)	(114)	50	(43.9%)	(443)	(684)	(241)	(44.6%)	(1,364)	(781)
Capital charge paid	(66)	(96)	30	(31.3%)	(460)	(576)	(116)	(31.6%)	(1,140)	(897)
Net cash flows from operating activities	(12,409)	273	(12,682)	(4645.4%)	(2,144)	(1,260)	(357)	526.7%	3,349	753
Cash flows from investing activities										
Interest received	45	49	(4)	(8.2%)	305	294	(34)	(11.6%)	588	608
(Increase) / Decrease in investments	0	(22)	22		0	(380)	380		(402)	0
Acquisition of property, plant and equipment	(62)	(4,062)	4000	(98.5%)	(1,469)	(24,372)	22965	(94.2%)	(48,740)	(1,987)
Acquisition of intangible assets	0	0	0	0.0%	(1)	0	-1	0.0%	0	5
Net cash flows from investing activities	(17)	(4,035)	4018	(99.6%)	(1,165)	(24,458)	23,310	(95.3%)	(48,554)	(1,374)
Cash flows from financing activities										
Proceeds from equity injections	0	0	0		1,101	9,000	(7,899)		18,000	0
Repayment of equity	0	0	0		(68)	-	(68)		(68)	(68)
<i>Cash generated from equity transactions</i>	<i>0</i>	<i>0</i>	<i>0</i>		<i>1,033</i>	<i>9,000</i>	<i>(7,967)</i>		<i>17,932</i>	<i>(68)</i>
Borrowings raised	0	0	0		-	-	0		28,000	2,000
Repayment of borrowings	0	0	0		-	14,000	(14,000)		0	0
Payment of finance lease liabilities	0	0	0		0	0	0		0	0
Net cash flows from financing activities	0	0	0		1,033	23,000	(21,967)		45,932	1,932
Net increase in cash and cash equivalents	(12,426)	(3,762)	(8,664)	230.3%	(2,276)	180	9970	5538.9%	727	1,311
Cash and cash equivalents at beginning of period	17,633	9,521	8,112	85.2%	7,483	9,341	(1,858)	(19.9%)	9,341	6,172
Cash and cash equivalents at end of year	5,207	5,759	(552)	(9.6%)	5,207	9,521	8112	85.2%	10,068	7,483

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 12 March 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, Clinical Manager for Occupational Therapy and two Occupational Therapist vacancies.

This years Nurse Entry to Practice (NETP) graduate registered nurses have commenced. Once again we have recruited to the full Health Workforce New Zealand (HWNZ) funded positions of 11. We have also employed four Nurse Entry to Specialty Practice (NESP) graduate registered nurses within the mental health service. This year we have four Midwifery First Year of Practice (MFYP) graduates commencing on the West Coast. Two of these are self employed Lead Maternity Care midwives (LMC) and two core midwives employed at Grey Base Hospital. This combined with a successful transition to the agreed maternity model and effective recruitment of core midwives, means we will be at full FTE across the midwifery service. This includes a total of eight self employed LMCs across the Coast, in Westport, Greymouth and Hokitika. The MFYP programme provides a supportive year long structured programme for graduate midwives, with linkages to the Canterbury programme where appropriate for training days.

A proposal for change document has been released for feedback from staff, to further inform and progress the work towards the integrated and restorative model of care for rehabilitation services. This includes workforce development to support the changing model and to work with teams in the preparation for the new facility and its integrated inpatient clinical area.

Quality and Safety

With the ongoing implementation of the maternity quality and safety programme, alongside the nearly completed implementation of recommendations from the maternity review, there remains a strong focus on systems and processes that support a quality service. A total of 23 guidelines have been reviewed and are ready for final sign off and implementation. These are Canterbury DHB policies that have been reviewed and adapted with the West Coast context; this ensures consistency within a Transalpine maternity service.

The Clinical Board held a workshop at the end of 2014 and as a result will be developing a workplan for 2015 that is focused on enhancing the visibility of the Board and continuing to support a patient safety culture across the health system. There have also been a number of membership changes and better alignment with the Consumer Council planned.

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. Pharmacy has begun a 'design lab' process to support how the community and hospital clinicians will work in the new facility.

TransAlpine

In a follow up to the workshop held in 2014 there are a number of speciality and service discussions underway to improve the transalpine models of care and identify the workforce and other system enablers that will need to be prioritised for implementation.

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 29 JANUARY 2015



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 13 February 2015

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 29 January 2015.

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 – 29 January 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 29 January 2015. 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 a teleconference will take place in the next 2 weeks regarding this and indications are that a solution is getting closer.
2. DNAs – The DNA rates still show a marked reduction.

MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland presented this report. He highlighted the continued reduction in DNAs and commented that there is still a focus in this area and more initiatives to be implemented.

The report contained the following matters of interest to the Board:

- An integrated daily hospital report is now available to managers. This allows them to see both activity and available resource so these can be matched accordingly. This has now been in place for 2 weeks.

- The TrendCare update has been implemented and the TrendCare Coordinator is working on the falls risk and care plans assessments.
- There are currently no Nursing vacancies within Grey and Buller Hospitals.
- A new Clinical Nurse Educator commenced employment in January.
- Eleven New Entry to Practice (NetP) graduates join the DHB in February.
- Work is commencing on a formal Nursing Workforce Strategy which will ensure that the right mix and skill level of nurses as we plan forward towards the new facility.
- The Countdown Kids Appeal donation enabled the purchase of a new antenatal couch; education equipment; a resuscitation trolley for the nursery and some other additional minor equipment. This funding is very much appreciated and the fund raising by staff and the community was acknowledged.
- An Associate Director of Allied Health has been appointed and will commence in March.
- A recruitment plan is being developed to attract Rural Health Specialists (RHS) to Grey Hospital. Mr Newsome provided the Committee with some background around the role of Rural Health Specialists. It was suggested that a presentation be provided to the Committee at a future meeting.
- In the Industrial Relations area bargaining continues with the RDA representing Resident Doctors and NZNO has formally initiated bargaining for a new Nursing and Midwifery MECA. Bargaining is also scheduled to begin next month with FIRST union for a new Pharmacy Agreement.

The report was noted

FINANCE REPORT

Michael Frampton, Programme Director, presented the Finance Report for the month ending December 2014. 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 Committee noted management's comments that the DHB still remained confident that with the continued changes taking place across the system, the commitment to break even and live within our means will be met but will be a significant challenge.

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 mentioned in particular progress around IT tools assisting clinical practices; the roll out of the on-line Lippincott procedure manual; and the TrendCare Tool and building our capability around this for the new facility.

The report was noted.

GENERAL BUSINESS

The Programme Director provided an update on the facilities project.

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 13 February 2015 commencing at 2.00pm

KARAKIA**2.00pm****ADMINISTRATION****2.00pm****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**

- 12 December 2014

3. Carried Forward/Action List Items**REPORTS****2.05pm****4. Chair's Update
(Verbal Update)**

Peter Ballantyne
Chairman

*2.05pm – 2.15pm***5. Chief Executive's Update**

David Meates
Chief Executive

*2.15pm – 2.30pm***6. Clinical Leader's Update**

Karyn Bousfield
Director of Nursing & Midwifery

*2.30pm – 2.40pm***7. Finance Report**

Justine White
General Manager, Finance

*2.40pm – 2.50pm***8. Report from Committee Meetings**

- CPH&DSAC
29 January 2015

Elinor Stratford
Chair, CPH&DSAC Committee

2.50pm – 3.00pm

- Hospital Advisory Committee
29 January 2015

Sharon Pugh
Chair, Hospital Advisory Committee

3.00pm – 3.10pm

- Tatau Pounamu Advisory Group
29 January 2015

Elinor Stratford
Board Representative to Tatau Pounamu

*3.10pm – 3.20pm***9. Resolution to Exclude the Public***Board Secretariat**3.20pm***AFTERNOON TEA****3.20pm – 3.30pm****INFORMATION ITEMS**

- 2015 Meeting Schedule

ESTIMATED FINISH TIME**3.30pm****NEXT MEETING**

Friday 27 March 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.