

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

---



**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**11.00 am, 23 April 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 &amp; Funding</i> ) Karyn Bousfield ( <i>Director of Nursing &amp; Midwifery</i> ) Justine White ( <i>General Manager, Finance</i> ) Kathleen Gavigan ( <i>General Manager, Buller</i> ) Mark Newsome ( <i>General Manager Grey   Westland</i> ) Kay Jenkins ( <i>Governance</i> )

# AGENDA

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

*12 March 2015*

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 – 27 March 2015
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

## NEXT MEETING:

**Date of Next Meeting:** 4 June 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 <b>Chair</b> <b>Board Member</b>	<ul style="list-style-type: none"> <li>▪ New River Bluegums Bed &amp; Breakfast - Shareholder</li> <li>▪ Greymouth Business &amp; Promotions Association - Chair</li> </ul>
Kevin Brown <b>Deputy Chair</b> <b>Board Member</b>	<ul style="list-style-type: none"> <li>▪ Grey District Council – Councillor</li> <li>▪ West Coast Electric Power Trust - Trustee</li> <li>▪ Wife works part time at CAMHS</li> <li>▪ West Coast Diabetes – Patron &amp; Member</li> <li>▪ West Coast Juvenile Diabetes Association - Trustee</li> </ul>
Paula Cutbush	<ul style="list-style-type: none"> <li>▪ Owner and stakeholder of Alfresco Eatery and Accommodation</li> <li>▪ Daughter involved in Green Prescriptions</li> </ul>
Gail Howard	<ul style="list-style-type: none"> <li>▪ Buller Electric Power Trust - Trustee</li> <li>▪ Energy Trust New Zealand - Director</li> </ul>
Chris Lim	<ul style="list-style-type: none"> <li>▪ No interests to declare</li> </ul>
Peter Neame <b>Board Member</b>	<ul style="list-style-type: none"> <li>▪ Wite Wreath Action Against Suicide - Member</li> </ul>
Richard Wallace	<ul style="list-style-type: none"> <li>▪ Upoko, Te Runanga o Makawhio</li> <li>▪ Negotiator for Te Rau Kokiri</li> <li>▪ Trustee Kati Mahaki ki Makawhio Limited</li> <li>▪ Honorary Member of Maori Women's Welfare League</li> <li>▪ Wife is employed by West Coast District Health Board</li> <li>▪ Trustee West Coast Primary Health Organisation</li> <li>▪ Kaumatua Health Promotion Forum New Zealand</li> <li>▪ Kaumatua for West Coast DHB Mental Health Service (employed part-time)</li> <li>▪ Daughter is a Board Member of both the West Coast DHB and Canterbury DHB</li> <li>▪ Kaumatua o te Runanga o Aotearoa NZNO</li> <li>▪ Te Runanga o Aotearoa NZNO</li> <li>▪ Member of the National Asthma Foundation Maori Reference Group</li> <li>▪ Kaumatua/Cultural Advisor for Child Youth &amp; Family (Greymouth and Nelson)</li> </ul>
Peter Ballantyne <b>Board Chair</b> ex-officio	<ul style="list-style-type: none"> <li>▪ Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>▪ Retired Partner, Deloitte</li> <li>▪ University of Canterbury - Member of Council</li> <li>▪ Bishop Julius Hall of Residence - Trust Board Member</li> <li>▪ Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> <li>• Brackenridge Estate Limited - Director</li> </ul>

**DRAFT**  
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Grey Base Hospital, Corporate Office,**  
**on Thursday 12 March 2015, commencing at 11.00am**

## **PRESENT**

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

## **MANAGEMENT SUPPORT**

Michael Frampton (Programme Director) (via video conference); Phil Wheble (Acting General Manager, Grey/Westland); Justine White (General Manager, Finance) and Kay Jenkins (Minutes).

## **APOLOGIES**

An apology was received and accepted from Richard Wallace.

## **WELCOME**

Everyone joined with the Karakia.

## **1. INTEREST REGISTER**

Peter Neame advised that he is no longer President of the Multiple Sclerosis Society and that he is a member of Wite Wreath Action Against Suicide.

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

### **Resolution (5/15)**

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

That the minutes of the meeting of the Hospital Advisory Committee held on 29 January 2015 be confirmed as a true and correct record.

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

The carried forward/action items were noted.

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

Michael Frampton, Programme Director and Phil Wheble, Acting General Manager, Grey/Westland presented this report.

Mr Wheble highlighted the following points:

- Continued compliance with ESPI 2 & 5 and on track to deliver to new time frames.
- The commencement of the Associate Director of Allied Health.
- Continued success in decreasing DNA rates.
- Facilities – we continue to work toward the next round of meetings and clinical teams continue to focus on models of care.
- From a workforce perspective the DHB is fully staffed in a number of areas and work is continuing in ensuring that nursing resource is moved to where the demand is.

- We are working with a sense of urgency to bring to life the transalpine arrangements across services.
- A process has just been completed around a proposal for change for the reconfiguration of Hannan Ward. Sitting behind this is the work being undertaken for new models of care for the new facilities. Feedback is expected to be collated in April.
- Work is taking place to ensure the work undertaken over the last 18 months getting people in the right place doing the right thing is still appropriate.

#### **Resolution (6/15)**

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

- That the Committee notes the Management Report.

### **5. FINANCE REPORT**

Justine White presented the Finance Report for the month ending January 2015. 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 Committee noted that it will be a challenge to pull back from the current position to meet our Annual Plan target.

The Board Chair provided the Committee with some background regarding transitional funding and discussion took place around this and the need to have this included into the base funding.

#### **Resolution (7/15)**

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

- That the Committee notes the financial result and related matters for the period ended 31 January 2015.

### **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 the full implementation of the maternity model of care and that this process is going very well. The Committee noted the intention to maintain this as a core team across the system. The Committee also noted the reintroduction of planned birthing at Kawatiri.

#### **Resolution (8/15)**

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

- That the Committee notes the Clinical Leaders Report.

### **GENERAL BUSINESS**

Discussion took place regarding the financial pressures facing the West Coast and Canterbury and the importance of this relationship working properly.

There being no further business the meeting closed at 12.10pm

Confirmed as a true and correct record.

DRAFT



## CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	12 March 2015	<b>Patient Ambulance Transport</b> Provide update on the South Island project around patient ambulance transport	A Regional process is being undertaken around this.	Updates will be provided as progress is made
2	12 March 2015	<b>Did Not Attends (DNAs)</b> An update on progress regarding DNAs to be provided to the Committee.		Updates will be provided at each meeting.

# MANAGEMENT REPORT

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

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

**DATE:** 23 April 2015

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

## 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.

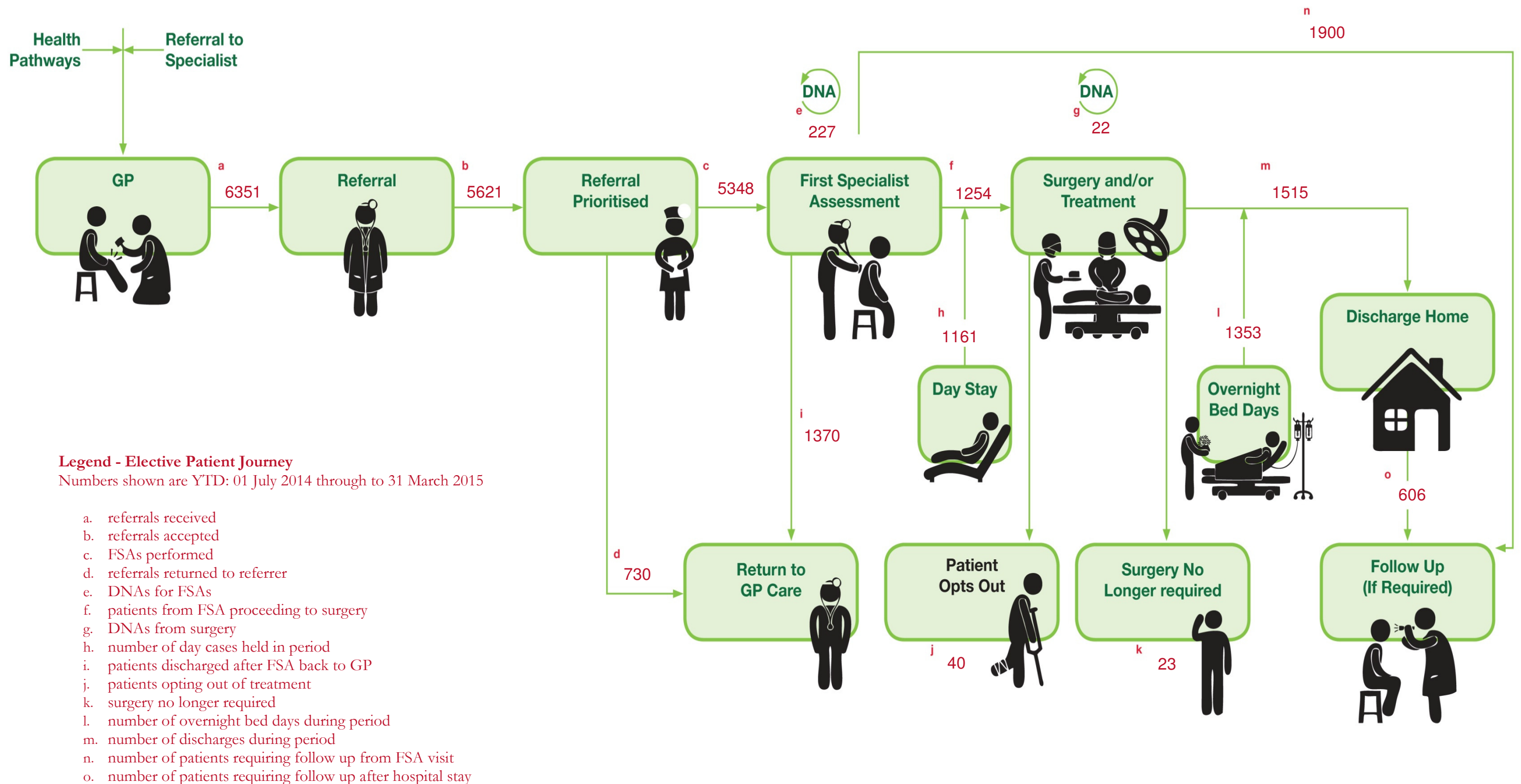
The following are the most notable features of the report:

- Continued compliance with ESPI 2 & 5 and on track to deliver to new timeframes;
- Flexibility of nursing workforce to work across the system;
- Achievement of Baby Friendly Hospital accreditation.

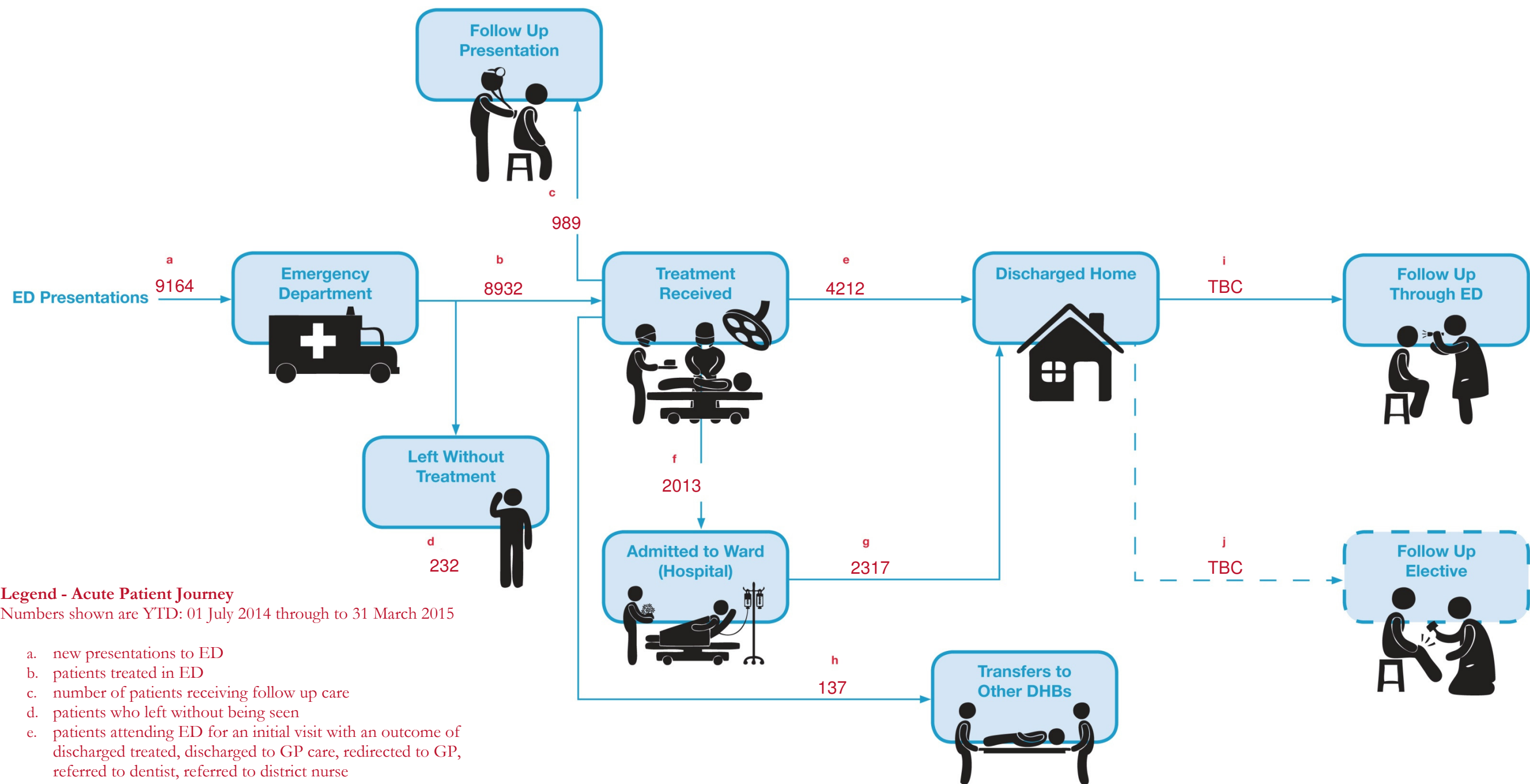
## 4. DISCUSSION

### 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 March 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 nine months of the 2014-15 financial year to 31 March 2015.

### Inpatient Volumes

Throughput for the 9-month period to the end of March 2015 show overall case-weighted [CWD] down for surgical specialty services and continuing to be partially offset by higher throughputs in medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	840.82	679.75	-161.07	-19.16%
Elective	924.56	950.27	25.71	2.76%
<b>Sub-Total Surgical:</b>	<b>1,765.38</b>	<b>1630.02</b>	<b>-135.36</b>	<b>-7.67%</b>
<b>Medical</b>				
Acute	1,044.08	1,083.98	39.90	3.82%
Elective	0	0.42	0.42	100%
<b>Sub-Total Medical:</b>	<b>1,044.08</b>	<b>1,084.4</b>	<b>40.32</b>	<b>3.82%</b>
<b>TOTALS:</b>	<b>2809.46</b>	<b>2714.42</b>	<b>-95.04</b>	<b>-3.38%</b>

### Outpatient Volumes

For the first nine months of 2014-15 to 31 March, outpatient delivery was down by 542 patients (5.07%) variant from expected volumes overall. Throughput was 7.8% under contracted volume for surgical specialty services, due largely to fewer follow-up appointments; and 0.6% down over contracted volume for medical specialty services.

The split between 1st visit and Subsequent visit during this year to date period were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	2531	2499	-32	-1.26%
Sub. Visit	4065	3580	-485	-11.93%
<b>Sub-Total Surgical:</b>	<b>6596</b>	<b>6079</b>	<b>-517</b>	<b>-7.84%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1211	979	-232	-19.16%
Sub. Visit	2885	3092	207	7.19%
<b>Sub-Total Medical:</b>	<b>4096</b>	<b>4071</b>	<b>-25</b>	<b>-0.64%</b>
<b>TOTALS:</b>	<b>10,692</b>	<b>10,150</b>	<b>-542</b>	<b>-5.07%</b>

## Outpatient Clinics

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
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%
February 2015	1849	1722	127	6.91%
March 2015	1837	1689	148	8.06%
<b>13 month rolling totals</b>	<b>23735</b>	<b>21882</b>	<b>1853</b>	<b>7.81% Average</b>

DNA rates for March have disappointingly increased. The team who have been working on the DNA reduction strategy are reviewing the data from March in order to attempt to understand what may have driven this increase.

## 4.2 Workforce Update

### Nursing

- Nursing numbers across the hospital remain high, with the shifting of resources to match activity continuing.
- Resignations in ED are proving a challenge to provide appropriate skill mix. However, the CNM continues to successfully manage this issue and is working with colleagues to look at more sustainable solutions.
- Daily operational meetings continue that review activity and resources. The nursing workforce are responsive to working across different areas, including Reefton, as acuity and activity dictates.
- A number of nurses continue on Post Graduate study this year.
- Ian Sturgess, a UK healthcare service clinician and expert, presented to staff on deconditioning patients and why the model of care [AT&R patient embedded into the wards] is right for patients. This was arranged as part of the discharge planning workstream. Staff from all areas were invited, and the attendance was high. Feedback was very positive and appears to have had a positive impact on the model of care within the medical ward.
- The Dedicated Education Unit [DEU] students have arrived and started their rotation through surgical and medical wards at Grey Hospital.



- The Nurse Entry to Practice [NETP] programme has started with 12 new graduates now embedded into the West Coast DHB. Two of these new graduates have gone to work in Buller with the rest spread out around the wards and departments at Grey Hospital. This has had a financial impact, and planning to mitigate this impact for next year has begun.
- Staff annual leave balances continue to show a pleasing decrease.

### **Ward Activity**

- Trendcare Inter-rater reliability continues with few nurses left to complete the testing that confirms 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. The consultation period has now closed and a decision is pending. All admissions have been accommodated within the current bed configuration in Morice, and the March Trendcare data shows bed utilisation is now at 73%.
- 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.
- The Lippincott Procedure will be available for nurses in May 2015. This is an electronic manual that staff can access through digital apps or computers.
- The ensuite in CCU has been approved and work has commenced.

### **Maternity Services**

- As previously reported, the new model of care in Greymouth is fully implemented with seven self-employed midwives providing primary maternity care on the West Coast. The new model has been in place now for two months and there have been no issues or matters of concern raised.
- The two new graduate midwives have assimilated into the team well. These midwives are completing their first year of practice with the College of Midwives education programme.
- March saw the reintroduction of planned primary birthing in Kawatiri. There have yet to be any births, but there are a number of women booked for planned births in the coming months.
- Ongoing education continues and includes breastfeeding education, neonatal and adult CPR and safe sleep initiatives. 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.
- We have achieved Baby Friendly Hospital Initiative accreditation, with the presentation planned for Thursday 16 April. This is an excellent achievement by all involved.

### **Reefton Health**

- *District Nursing* - The workload remains steady. The District Nurses' attendance at fortnightly CCCN meetings to discuss community patients continues to work well.
- *Aged Residential Care* – Pendant alarms have been purchased for residents as recommended from the Quality and Safety RCA reports.
- *Hospital* – The data collection of acute presentations to the hospital emergency department has been completed. The review looked at volumes, triage type, days of the week, time of day, discharge destination, clinician assessing the patient, HML referrals to hospital.

- *General* – The relationship between Reefton and Buller Rural Nurse Specialists/PRIME and St John continues to develop. The St John District Manager has been invited to attend the regular monthly RNS meeting in April. All staff are being encouraged to have the flu vaccination.

### **Allied Health**

- An Allied Health and Nursing Innovation and Leadership Group is being formed. This group will collaborate on:
  - developing, delivering and innovating the holistic model of care for the West Coast Health System [in the hospital and in the community];
  - assessing, managing and celebrating change as we transition to a new facility; and
  - creating a vibrant and well-coordinated leadership team.
- A multidisciplinary Allied Health new graduate group has commenced. This group has supportive, educational and reflective components, all of which are designed to assist new graduates to thrive and offer patients optimal care. This group has forged links with the Rural Learning Centre.
- Many Allied Health staff are actively engaged in the design of the new facilities in Grey and Buller. Their insights have been invaluable.
- Two Calderdale Framework projects will be undertaken by Allied Health staff on the West Coast, one concentrating on skill delegation [Allied Health Assistants], the other skill sharing [Allied Health Professionals]. A new Allied Health position will be joining the Complex Care Clinical Network. This position will provide falls prevention services integrated with supported discharge. The position description is currently being drafted.
- Recruitment is currently underway for the following positions: Dietitian, Clinical Pharmacist and Pharmacy Manager.

### **Industrial Relations**

- Current employment negotiations include: NZNO representing nursing staff, MERAS representing midwives, FRST representing pharmacy workers.
- Initiation of bargaining has been received from the PSA representing Allied Health and Technical staff.

### **Recruitment**

<b>New Vacancies</b>	<b>10</b>
<b>Total Open Vacancies</b>	<b>21</b>
<b>Total FTE Recruiting</b>	<b>20.83</b>
<b>Appointed Vacancies</b>	<b>13</b>

- We are actively recruiting to 21 vacancies [Allied Health 8, Corporate and Support Services 6, Senior Medical Officers 3, Resident Medical Officers 3].
- No current vacancies within nursing is resulting in a pipeline of quality candidates forming. These candidates are being kept warm through regular ongoing contact.
- Clinical Pharmacists and Pharmacy Manager roles are being re-advertised due to a lack of suitable applicants.



### 4.3 Patient





#### Patient Transfers

- The number of tertiary patient transfers for the month of February 2015 decreased slightly compared to previous months with 36 transfers taking place [39]. The majority of these transfers were for orthopaedic and coronary care patients, with the most frequent method of transportation being via pressurised aircraft.
- The main reason for these transfers was for 'Specialty Care not available at Grey Base Hospital'.
- There has been a significant increase in the number of patients transferred from Buller to Grey Base for February 2015 with 22 patients transferred in comparison to 13 in January 2015. The majority of these transfers were for general medical and orthopaedic patients, with private motor vehicles and ambulances being the main methods of transportation.
- Similarly, nine patient transfers took place from Reefton to Grey Base Hospital for February 2015, being an increase from three in January 2015. The majority were general medical patients.
- All figures provided include those recorded as transferring via private motor vehicle.

## 4.4 Health Targets

### Health Target progress




#### Quarterly & progress data

Target		Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Target	Current Status	Progress
	<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours <sup>1</sup>	99.6%	99.6%	99.4%	99.4%	95%	✓	The West Coast DHB continues to achieve impressive results against the <b>Shorter Stays in ED Health Target</b> , with <b>99.4%</b> of patients admitted, discharged or transferred from ED within six hours during Quarter 3.
	<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	1,695	425 YTD	878 YTD	1,128 <i>Feb</i>	1,041 <i>Feb</i>	✓	The West Coast DHB met the <b>Improved Access to Elective Surgery Health Target</b> during Quarter 2, and has continued this trend throughout February—exceeding target by 87 discharges. 1,128 discharges against our 1,041 February target means we achieved 108.4% of our goal during the month of February.
	<b>Faster Cancer Treatment</b> <sup>2</sup> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	<i>New</i>	<i>New</i>	72.7% <sub>3</sub>	TBC	85%	✗	This is the first quarter for the revised <b>Faster Cancer Treatment Health Target</b> . 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.
	<b>Increased Immunisation</b> Eight-month-olds fully immunised	81%	77%	82%	89%	95%	✗	Although not meeting target, we are pleased to have increased coverage by 7% against the <b>Increased Immunisation Health Target</b> , vaccinating 89% of our eligible population. Detailed narrative reporting for this is still to be confirmed.

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

<sup>2</sup> 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.

<sup>3</sup> This was previously reported as 83.3% in error, new MoH data states the final result was 72.7%.

Target		Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Target	Current Status	Progress
	<b>Better Help for Smokers to Quit</b> Hospitalised smokers receiving help and advice to quit	95%	93%	94.7%	TBC	95%	✓	During Quarter 2, West Coast DHB staff provided <b>94.7%</b> of hospitalised smokers with smoking cessation advice and support –meeting the <b>Secondary Care Better Help for Smokers to Quit Health Target</b> . Best practice initiatives continue, however the effects of small numbers remain challenging.
	<b>Better Help for Smokers to Quit</b> Smokers attending <b>primary</b> care receive help and advice to quit <sup>4</sup>	61.9%	71.3%	78.3%	95% <i>Prelim</i>	90%	✓	Performance against the <b>Primary Care Smokers Better Help to Quit Health Target</b> delivered an encouraging result of 78.3%. Internal preliminary data suggests target will be not only met for the first time but also well exceeded in Quarter 3, sitting at 95% currently. Confirmed data will be released in May.
	<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CVD risk assessment in the last 5 years <sup>5</sup>	76.6%	78.9%	82.6%	90% <i>Prelim</i>	90%	✓	Performance against the <b>More Heart and Diabetes Checks Health Target</b> 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 during quarter two. Internal preliminary data suggests target will be met in Quarter three—a significant accomplishment and the first time for this target. Confirmed data will be released in May.

<sup>4</sup> Quarterly data is sourced from the PHO Performance Programme provided by DHB Shared Services as well as PHO enrolment datasets

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

No patients exceeded the new maximum 120 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 February 2015.

The new 4-month [120 day] target for ESPI 2 and ESPI 5 came into effect from the end of December 2014; replacing the previous 150-day maximum wait targets for the two measures.

## 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			2015			2015					
	Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb		
	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	17 of 18	94.4%	1	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 17	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	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	0	0.0%	0	0	0.0%	0	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	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	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	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	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	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	0	X	0	0	X	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	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	189	100.0%	0	206	100.0%	0	165	100.0%	0	117	100.0%	0	128	100.0%	0

Data Warehouse Refresh Date: 03/Apr/2015

Report Run Date: 06/Apr/2015

#### Notes:

- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 is 5 months and from January 2015 the required timeframe for ESPI 2 is 4 months.
- Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 5 is 4 months.
- ESPIs that apply from 1 January 2015.
- 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 80% or less.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.30%, 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 or equal to 10 patients or 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 or equal to 10 patients or less than 14.99%, and Red if 15% or higher.

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

## 4.5 Quality

### Incidents | Complaints | Compliments

Incident Category	January	February
Absent	1	-
Behaviour	1	2
Blood and Body fluid	-	-
Clinical Process	7	4
Documentation	1	4
Fall	2	2
Hazard	1	2
Injury/Self Harm (pt)	-	1
Medication	9	6
Other	-	1
Property	1	-
Staffing	-	1
Death (non SAC1)	-	1
<b>Totals for month</b>	<b>23</b>	<b>24</b>
<b>Year to date (Jan-July)</b>	<b><u>23</u></b>	<b><u>47</u></b>

#### Comments

Clinical processes are a category where we highlight where the process has contributed to delay or has been less than optimum for either staff or patients. Reporting these incidents provides us with a real opportunity to streamline systems to make them more efficient.

For the month of April, the HQSC has prioritised falls as the fifth campaign topic, with an emphasis on reducing the number of falls and the injuries associated with them; both in the community and in secondary services.

Incidents that occurred in March are now being collated on the new electronic incident management system, Safety1st.

#### Safety1st

Safety1st formally went live in Buller and Reefton on Thursday 26 March and was further rolled out to all other WCDHB sites on Monday 30 March. With Safety1st going live across all sites, it is the first time that the WCDHB has a fully integrated and co-ordinated risk management system.

Early indications are that reporting rates have increased slightly on the previous paper system with submitters reporting that the system is intuitive and easy to use. Forms are being submitted across all WCDHB services including primary care and community services. One benefit going forward with this new system is the capacity to drill down across services to identify and implement strategies to address trends. It is anticipated this information in turn will then be fed back out to various committees, i.e. the Falls Prevention Coalition, Medication Safety Committee, Restraint Committee and Senior Nurses' Forum and education leads.

**CLAB (Central line associated bacterium)**

Currently we are 1000 days CLAB free, which was reported in local media favourably.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 2015

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

**SOURCE:** Finance

**DATE:** 23 April 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 March 2015.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of March 2015 was a deficit of \$0.484m, which was \$0.396m unfavourable against the budgeted deficit of \$0.088m. The year to date position is now \$0.513m unfavourable.

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

### Financial Overview for the period ending 31 March 2015

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,702	6,874	(172)	x	61,567	61,866	(299)	x
Governance & Administration	71	69	2	√	622	621	1	√
Funds & Internal Eliminations	3,517	4,655	(1,138)	x	42,495	41,895	600	√
	10290	11598	-1308	x	104684	104,382	302	√
<b>EXPENSES</b>								
Provider								
Personnel	5,352	4,949	403	√	46,993	44,541	2,452	√
Outsourced Services	5	73	(68)	x	49	657	(608)	x
Clinical Supplies	610	612	(2)	x	5,688	5,508	180	√
Infrastructure	727	723	4	√	8,399	6,507	1,892	√
	6,694	6,357	337	√	61,129	57,213	3,916	√
Governance & Administration	71	69	2	√	622	621	1	√
Funds & Internal Eliminations	3,491	4,723	(1,232)	x	39,543	42,507	(2,964)	x
<b>Total Operating Expenditure</b>	10,256	11,149	(893)	x	101,294	100,341	953	√
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	34	449	(415)	x	3,390	4,041	(651)	x
<b>Interest, Depreciation &amp; Capital Charge</b>	518	537	(19)	x	4,695	4,833	(138)	x
<b>Net surplus/(deficit)</b>	(484)	(88)	(396)	x	(1,305)	(792)	(513)	x



#### **4. APPENDICES**

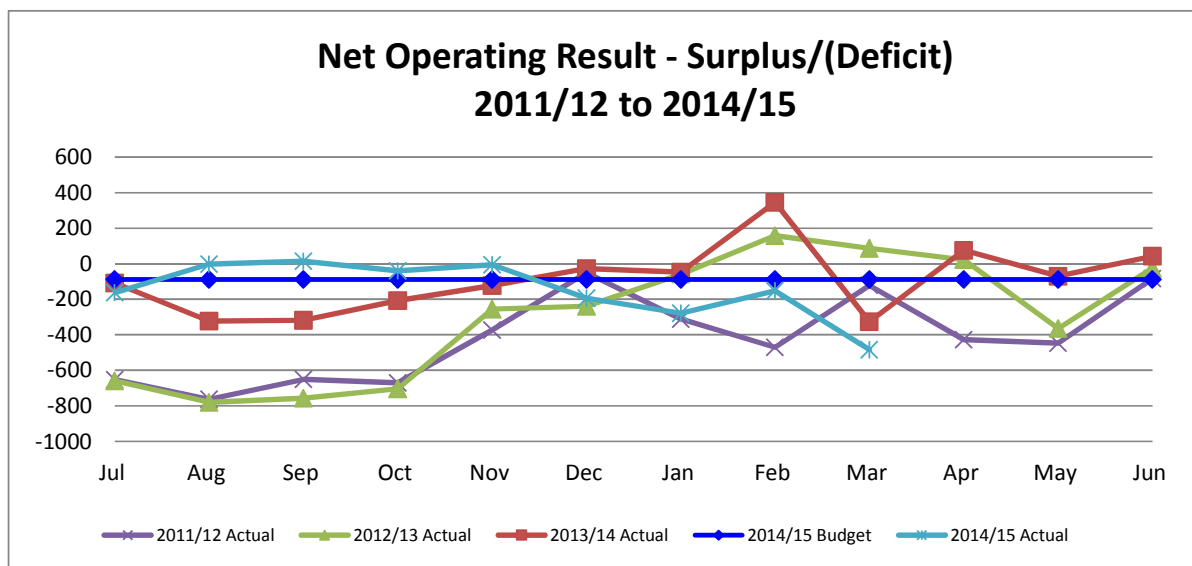
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – MARCH 2015

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(484)	(88)	(396)	450% <span style="color: red;">✗</span>	(1,305)	(792)	(513)	65% <span style="color: red;">✗</span>



We had originally submitted an Annual Plan with a breakeven position, however due to the removal of \$1m of Transitional funding we have resubmitted an annual plan with a deficit of \$1m. The comparative in this graph has been adjusted to reflect the removal of \$1m transitional funding as instructed.

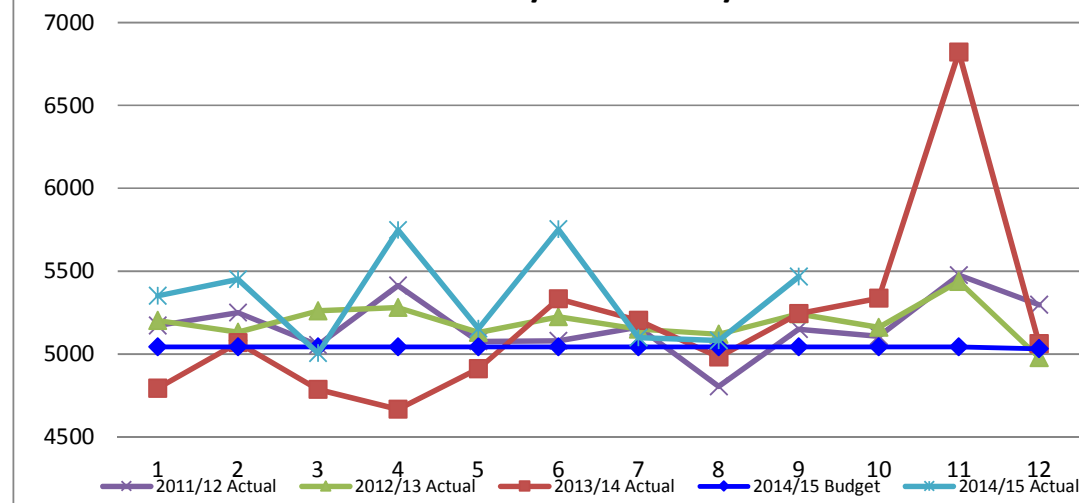
### KEY RISKS AND ISSUES

The March result has maintained 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 achieve the planned 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	1,400	1,387	(13)	-1%	✗	12,618	12,483	(135)	-1%	✗
Nursing	2,496	2,175	(321)	-15%	✗	21,182	19,575	(1,607)	-8%	✗
Allied Health	877	729	(148)	-20%	✗	7,442	6,561	(881)	-13%	✗
Support	105	117	12	10%	✓	847	1,053	206	20%	✓
Management & Admin	589	635	46	7%	✓	6,022	5,715	(307)	-5%	✗
<b>Total</b>	<b>5,467</b>	<b>5,043</b>	<b>(424)</b>			<b>48,111</b>	<b>45,387</b>	<b>(2,724)</b>		

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



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.

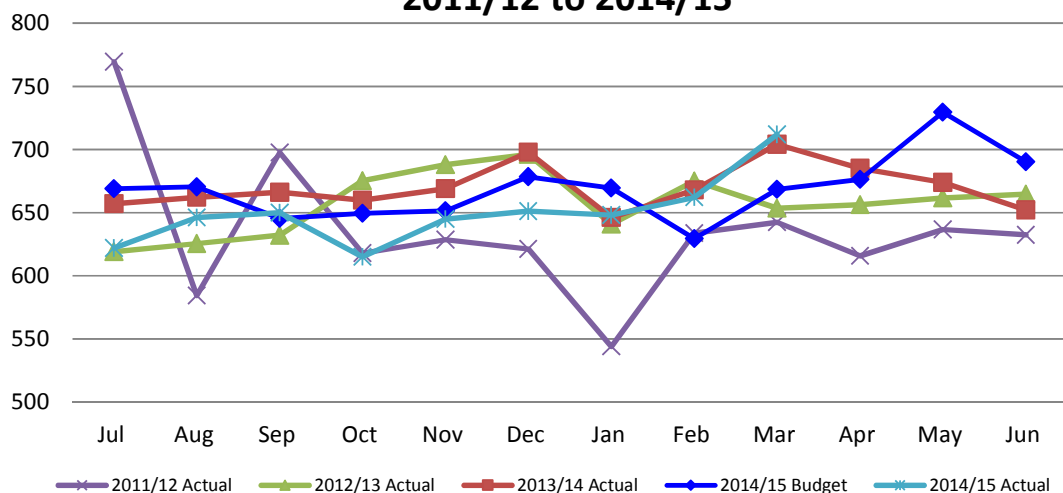
## KEY RISKS AND ISSUES

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 \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Nursing	347	319	(28)	-9%	✗	325	322	(3)	-1%	✗
Allied Health	174	151	(23)	-15%	✗	153	143	(10)	-7%	✗
Support	20	26	6	23%	✓	22	27	5	19%	✓
Management & Admin	130	128	(2)	-2%	✗	113	124	11	9%	✓
<b>Total</b>	<b>712</b>	<b>669</b>	<b>(47)</b>			<b>650</b>	<b>659</b>	<b>3</b>		

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



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

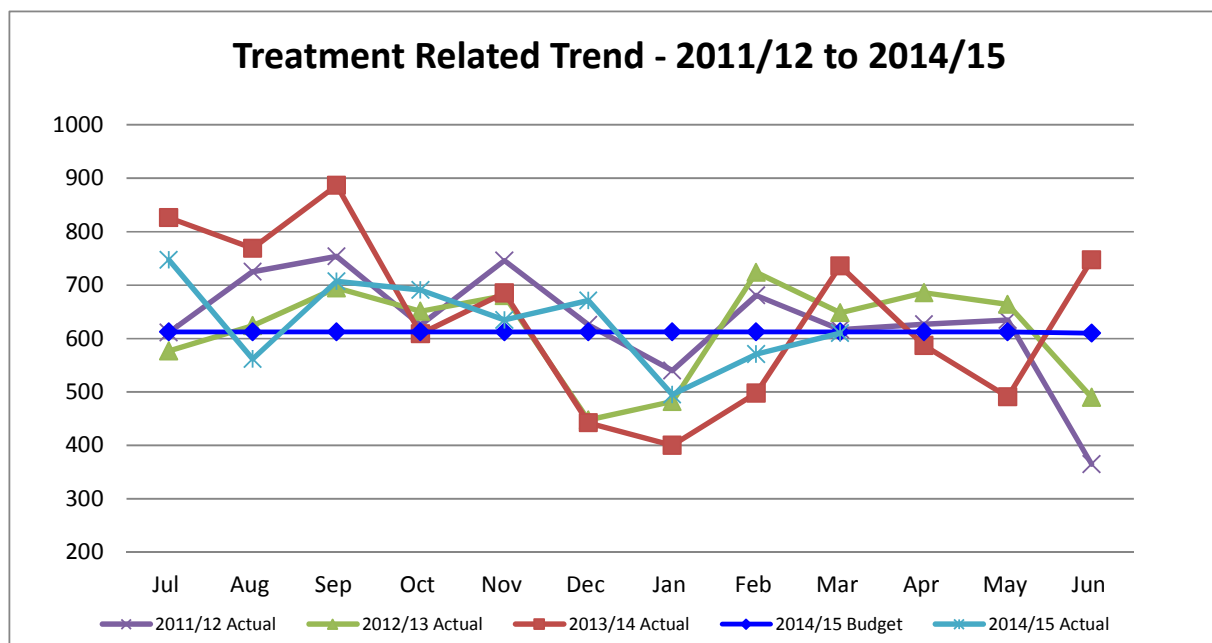
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

## 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	610	612	2	0%	✓	5,689	5,508	(181)	-3%	✗



Year to date treatment related costs are overspent due to a number of factors, most of this year to date overspend is volume related theatre disposables increases.

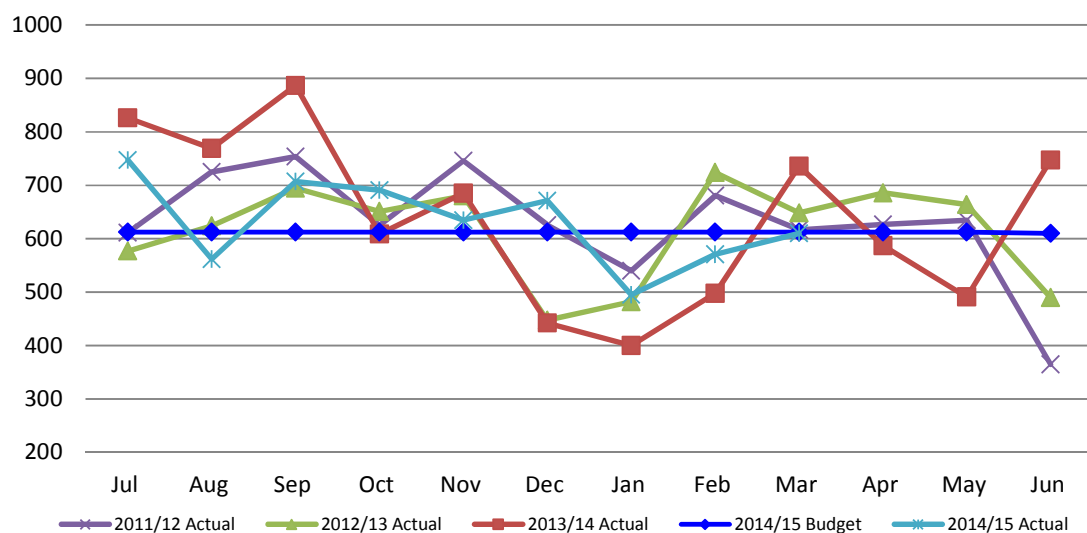
## KEY RISKS AND ISSUES

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	
Treatment related costs	610	612	2	0% ✓	5,689	5,508	(181)	-3% ✗

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



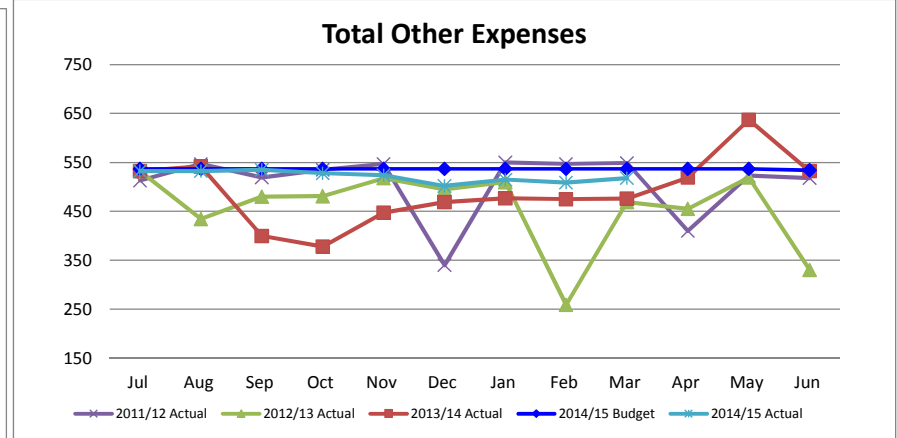
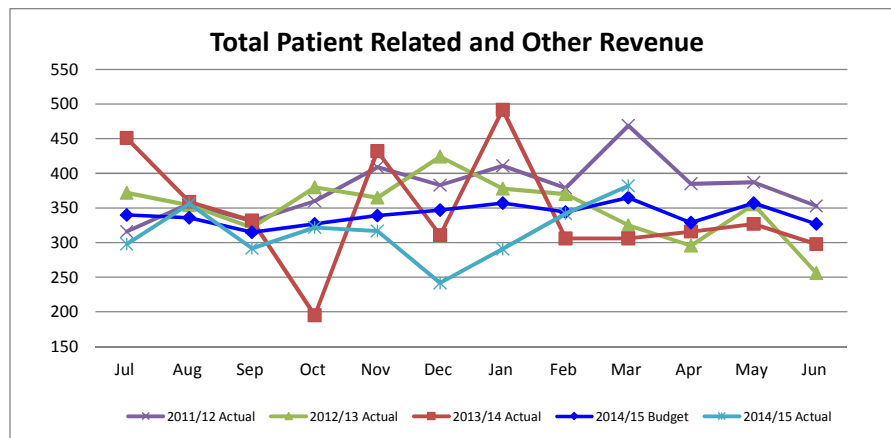
Year to date treatment related costs are overspent due to a number of factors, most of this year to date overspend is volume related theatre disposables increases.

## 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.

## OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	25	49	(24)	-49%	✗	373	441	(68)	-15%	✗
Donations	-	-	-	0%	✓	62	-	62	0%	✓
Rental	14	15	(1)	-7%	✗	141	135	6	4%	✓
Other	33	46	(13)	100%	✗	264	414	(150)	100%	✗
<b>Total Other Revenue</b>	<b>72</b>	<b>110</b>	<b>(38)</b>	<b>-35%</b>	<b>✗</b>	<b>840</b>	<b>990</b>	<b>(150)</b>	<b>-15%</b>	<b>✗</b>
Interest Expense	64	114	50	44%	✓	565	2,616	2,051	78%	✓
Depreciation	385	327	(58)	-18%	✗	3,539	912	(2,627)	-288%	✗
Capital Charge Expense	65	96	31	32%	✓	591	768	177	23%	✓
<b>Total Other Costs</b>	<b>514</b>	<b>537</b>	<b>23</b>	<b>4%</b>	<b>✓</b>	<b>4,695</b>	<b>4,296</b>	<b>(399)</b>	<b>-9%</b>	<b>✗</b>



## 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			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000
Equity	8,792	19,044	(10,252)	-54%	✗	72,537		
Cash	8,081	9,019	(938)	-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

### Statement of comprehensive income

For period ending

31 March 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Actual
<b>Operating Revenue</b>									
Crown and Government sourced	9,777	11,126	(1,349)	(12.1%)	100,359	100,134	225	0.2%	131,279
Inter DHB Revenue	1	3	(2)	(66.7%)	33	27	6	22.2%	20
Inter District Flows Revenue	130	129	1	0.8%	1,170	1,161	9	0.8%	1,615
Patient Related Revenue	310	230	80	34.8%	2,282	2,070	212	10.2%	2,880
Other Revenue	72	110	(38)	(34.5%)	840	990	(150)	(15.2%)	1,237
<b>Total Operating Revenue</b>	<b>10,290</b>	<b>11,598</b>	<b>(1,308)</b>	<b>(11.3%)</b>	<b>104,684</b>	<b>104,382</b>	<b>302</b>	<b>0.3%</b>	<b>137,031</b>
<b>Operating Expenditure</b>									
Personnel costs	5,055	4,635	(420)	(9.1%)	43,124	41,715	(1,409)	(3.4%)	55,477
Outsourced Services	402	377	(25)	(6.6%)	4,374	3,393	(981)	(28.9%)	6,373
Treatment Related Costs	610	612	2	0.3%	5,508	5,508	0	0.0%	7,727
External Providers	3,058	2,934	(124)	(4.2%)	25,560	26,406	846	3.2%	34,383
Inter District Flows Expense	217	1,670	1,453	87.0%	12,491	15,030	2,539	16.9%	14,486
Outsourced Services - non clinical	85	129	44	34.1%	1,214	1,161	(53)	(4.6%)	1,608
Infrastructure and Non treatment related costs	833	792	(41)	(5.2%)	9,023	7,128	(1,895)	(26.6%)	12,225
<b>Total Operating Expenditure</b>	<b>10,260</b>	<b>11,149</b>	<b>889</b>	<b>8.0%</b>	<b>101,294</b>	<b>100,341</b>	<b>(953)</b>	<b>(0.9%)</b>	<b>132,279</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>30</b>	<b>449</b>	<b>419</b>	<b>93.3%</b>	<b>3,390</b>	<b>4,041</b>	<b>651</b>	<b>16.1%</b>	<b>4,752</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	64	114	50	43.9%	565	2,730	2,165	79.3%	713
Depreciation	385	327	(58)	(17.7%)	3,539	1,239	(2,300)	(185.6%)	4,373
Capital Charge Expenditure	65	96	31	32.3%	591	864	273	31.6%	753
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>514</b>	<b>537</b>	<b>23</b>	<b>4.3%</b>	<b>4,695</b>	<b>4,833</b>	<b>138</b>	<b>2.9%</b>	<b>5,839</b>
<b>Net Surplus/(deficit)</b>	<b>(484)</b>	<b>(88)</b>	<b>(396)</b>	<b>(450.0%)</b>	<b>(1,305)</b>	<b>(792)</b>	<b>513</b>	<b>(64.8%)</b>	<b>(1,087)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(484)</b>	<b>(88)</b>	<b>(396)</b>	<b>450.0%</b>	<b>(1,305)</b>	<b>(792)</b>	<b>(513)</b>	<b>64.8%</b>	<b>(1,087)</b>

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

### Statement of financial position

As at

31 March 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
25,349	24,798	551	2.22%	26996
1,131	1,316	(185)	-14.06%	1517
367	36,234	(35,867)	-98.99%	74
642	567	75	13.23%	227
27,489	62,915	(35,426)	-56.31%	28814
8,081	5,279	2,802	53.08%	7483
70	60	10	16.67%	79
1,053	1,100	(47)	-4.27%	1010
6,450	4,218	2,232	52.92%	7686
136	136	0	0.00%	136
15,790	10,793	4,997	46.30%	16394
43,279	73,708	(30,429)	-41.28%	45208
10,695	31,695	(21,000)	-66.26%	10695
2,884	2,895	(11)	-0.38%	2636
13,579	34,590	(21,011)	-60.74%	13331
3,750	3,750	0	0.00%	3750
7,811	7,548	263	3.48%	9927
9,347	8,781	566	6.45%	9203
20,908	20,079	829	4.13%	22880
34,487	54,669	(20,182)	-36.92%	36211
70,761	79,761	(9,000)	-11.28%	69661
19,569	19,569	0	0.00%	19569
(81,577)	(80,330)	(1,247)	1.55%	(80,272)
39	39	0	0.00%	39
8,792	19,039	(10,247)	-53.82%	8,997
43,279	73,708	(30,429)	-41.28%	45,208

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

### Statement of cash flows

For period ending

31 March 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
<b>Cash flows from operating activities</b>										
Cash receipts from Ministry of Health, patients and other revenue	11,235	11,632	(397)	-3.4%	94,504	104,688	10184	9.7%	139,589	134,187
Cash paid to employees	(5,057)	(5,043)	(14)	0.3%	(47,327)	(45,387)	1940	4.8%	(60,505)	(61,481)
Cash paid to suppliers	(3,761)	(1,502)	(2,259)	150.4%	(7,039)	(13,518)	(6,479)	47.9%	(18,009)	(21,406)
Cash paid to external providers	(3,188)	(2,934)	(254)	8.7%	(26,730)	(26,406)	324	(1.2%)	(35,182)	(35,998)
Cash paid to other District Health Boards	(87)	(1,670)	1,583	-94.8%	(11,321)	(15,030)	(3,709)	24.7%	(20,040)	(12,871)
<i>Cash generated from operations</i>	<i>(858)</i>	<i>483</i>	<i>(1,341)</i>	<i>-277.6%</i>	<i>2087</i>	<i>4347</i>	<i>2260</i>	<i>52.0%</i>	<i>5,853</i>	<i>2,431</i>
Interest paid		(114)	114	-100.0%	(501)	(1,026)	(525)	51.2%	(1,364)	(781)
Capital charge paid	(65)	(96)	31	-32.3%	(591)	(864)	(273)	31.6%	(1,140)	(897)
<b>Net cash flows from operating activities</b>	<b>(923)</b>	<b>273</b>	<b>(1,196)</b>	<b>-438.1%</b>	<b>995</b>	<b>2457</b>	<b>1462</b>	<b>59.5%</b>	<b>3,349</b>	<b>753</b>
<b>Cash flows from investing activities</b>										
Interest received	25	49	(24)	-49.0%	373	441	68	15.4%	588	608
(Increase) / Decrease in investments	0	0	0		0	(402)	-402		(402)	0
Acquisition of property, plant and equipment	(261)	(4,062)	3,801	-93.6%	(1,801)	(36,558)	(34,757)	95.1%	(48,740)	(1,987)
Acquisition of intangible assets		0	0		(2)	0	2		0	5
<b>Net cash flows from investing activities</b>	<b>(236)</b>	<b>(4,013)</b>	<b>3,777</b>	<b>-94.1%</b>	<b>(1,430)</b>	<b>(36,519)</b>	<b>-35,089</b>	<b>96.1%</b>	<b>(48,554)</b>	<b>(1,374)</b>
<b>Cash flows from financing activities</b>										
Proceeds from equity injections	0	0	0		1101	9000	7899	87.8%	18,000	0
Repayment of equity	0	0	0		(68)	0	68		(68)	(68)
<i>Cash generated from equity transactions</i>	<i>0</i>	<i>0</i>	<i>0</i>		<i>1033</i>	<i>9000</i>	<i>7967</i>	<i>88.5%</i>	<i>17,932</i>	<i>(68)</i>
Borrowings raised	0	0	0		0	0	0		28,000	2,000
Repayment of borrowings	0		0		0	21000	21000	100.0%	0	0
Payment of finance lease liabilities										
<b>Net cash flows from financing activities</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>1033</b>	<b>30000</b>	<b>28967</b>	<b>96.6%</b>	<b>45,932</b>	<b>1,932</b>
Net increase in cash and cash equivalents	(1,159)	(3,740)	2,581	-69.0%	598	(4,062)	(4,660)	114.7%	727	1,311
Cash and cash equivalents at beginning of period	9,240	9,019	221	2.5%	7,483	9,341	1858	19.9%	9,341	6,172
<b>Cash and cash equivalents at end of year</b>	<b>8,081</b>	<b>5,279</b>	<b>2,802</b>	<b>53.1%</b>	<b>8,081</b>	<b>5,279</b>	<b>(2,802)</b>	<b>(53.1%)</b>	<b>10,068</b>	<b>7,483</b>

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

**SOURCE:** Clinical Leaders

**DATE:** 23 April 2015

---

Report Status – For:      Decision    ☐      Noting    ☒      Information    ☐

---

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

## 3. DISCUSSION

### **Workforce**

Otago University is delivering the Advanced Health Assessment postgraduate paper on the West Coast this semester, due to a high uptake from Nelson Marlborough, Canterbury and the West Coast. This paper is fundamental in supporting registered nurses to work to the full extent of their scope, and in the preparation for advanced nursing roles such as Rural Nurse Specialists and Clinical Nurse Specialists.

Further work continues in the development of the flexible nursing workforce and preparing nurses for innovative roles across the system. New graduate nursing positions this year include Access Home Help, funded by CDHB, a role between maternity and the paediatric service and one in Kahaurangi and Dunsford ward. Nurses are also moving between clinical areas to develop generalist and transferrable skills, such as medical and AT&R nurses working in Reefton and in District nursing.

Our second group of nursing students under the Dedicated Education Unit (DEU) model have commenced placement. This model is proving to be highly successful with the ability to host larger numbers of students with peer teaching, longer placements and effective consolidation of knowledge into clinical practice.

We have this year had our first Enrolled Nurse complete a Master of Nursing with a Thesis topic of: An exploration of the Quality of Health Care for Women Living within the West Coast.

The strategic Nursing Workforce plan is currently being written to provide an overarching guiding document for the broad programme of work underway in the development of the nursing workforce.

Allied Health have celebrated the graduation of 4 Assistants with the Careerforce Certificate.

Planning is underway for the development of the Calderdale Framework which supports improved delegation of tasks to assistants and role sharing between allied health professions. This is part of a regional project.

Allied Health have welcomed the new ADAH and orientation is in full swing.

### **Quality and Safety**

The Clinical Nurse Educators are working closely with the inpatient nursing and Allied Health teams to further develop utilisation of tools and skills that support critical thinking and improve patient safety. Monthly sessions are to commence next month to progress the standardised and consistent use of the Modified Early Warning Score system (MEWS), the professional communication tool for clinical handover (Identify, Situation, Background, Assessment, Recommendation: ISBAR) and the Speak Up initiative that is the framework for raising concerns.

### **Facilities Planning**

Clinicians continue to be well engaged in all Facilities Design Workstreams.

### **Integrated West Coast Health System:**

Clinical leaders from all parts of the West Coast system continue to be involved in leading the work of the Alliance and the Clinical Board. John Garrett has been appointed as the new Clinical Lead/Chair of the Information Systems Governance Group.

### **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 12 MARCH 2015



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 27 March 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 12 March 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 – 12 March 2015.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 12 March 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 some conversations have been taking place over the last few weeks that Canterbury and West Coast have been part of.

### **MANAGEMENT REPORT**

Michael Frampton, Programme Director, and Phil Wheble, Acting General Manager, Grey/Westland presented this report.

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

- Continued compliance with ESPI 2 & 5 and on track to deliver to new time frames.
- The commencement of the Associate Director of Allied Health.
- Continued success in decreasing DNA rates.
- Facilities – we continue to work toward the next round of meetings and clinical teams continue to focus on models of care.
- From a workforce perspective the DHB is fully staffed in a number of areas and work is continuing in ensuring that nursing resource is moved to where the demand is.

- We are working with a sense of urgency to bring to life the transalpine arrangements across services.
- A process has just been completed around a proposal for change for the reconfiguration of Hannan Ward. Sitting behind this is the work being undertaken for new models of care for the new facilities. Feedback is expected to be collated in April.
- Work is taking place to ensure the work undertaken over the last 18 months getting people in the right place doing the right thing is still appropriate.

The report was noted

### **FINANCE REPORT**

Justine White, General Manager, Finance presented the Finance Report for the month ending January 2015. 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 Committee noted that it will be a challenge to pull back from the current position to meet our Annual Plan target.

The Board Chair provided the Committee with some background regarding transitional funding and discussion took place around this and the need to have this included into the base funding.

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 the full implementation of the maternity model of care and that this process is going very well. The Committee noted the intention to maintain this as a core team across the system. The Committee also noted the reintroduction of planned birthing at Kawatiri.

The report was noted.

### **GENERAL BUSINESS**

Discussion took place regarding the financial pressures facing the West Coast and Canterbury and the importance of this relationship working properly.

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 12 March 2015.

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 27 March 2015 commencing at 10.15am**

<b>KARAKIA</b>		<b>10.15am</b>
<b>ADMINISTRATION</b>		<b>10.15am</b>
Apologies		
1.	<b>Interest Register</b> <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	<b>Confirmation of the Minutes of the Previous Meeting</b> ▪ 13 February 2015	
3.	<b>Carried Forward/Action List Items</b>	
<b>REPORTS</b>		<b>10.20am</b>
4.	<b>Chair's Update</b> (Verbal Update)	Peter Ballantyne <i>Chairman</i> 10.20am – 10.30am
5.	<b>Chief Executive's Update</b>	<i>Executive Management Team</i> 10.30am – 10.45am
6.	<b>Clinical Leader's Update</b>	Karyn Bousfield, <i>Director of Nursing &amp; Midwifery</i> Stella Ward, <i>Executive Director of Allied Health</i> 10.45am – 10.55am
7.	<b>Finance Report</b>	Justine White <i>General Manager, Finance</i> 10.55am – 11.05am
8.	<b>Maori Health Plan Update – Quarter 2</b>	Gary Coghlan <i>General Manager, Maori Health</i> 11.05am – 11.15am
9.	<b>Health Target Report – Quarter 2</b>	Carolyn Gullery <i>General Manager, Planning &amp; Funding</i> 11.15am – 11.25am
10.	<b>Disability Action Plan</b>	Carolyn Gullery <i>General Manager, Planning &amp; Funding</i> 11.25am – 11.35am
11.	<b>Maternity Review Update</b> (deferred until next meeting)	Karyn Bousfield <i>Director of Nursing &amp; Midwifery</i> 11.35am – 11.45am
12..	<b>Report from Committee Meetings</b>	
-	CPH&DSAC 29 January 2015	Elinor Stratford <i>Chair, CPH&amp;DSAC Committee</i> 11.45am - 11.55am
-	Hospital Advisory Committee 29 January 2015	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 11.55am – 12.05am
-	Tatau Pounamu Advisory Group 29 January 2015	Elinor Stratford <i>Board Representative to Tatau Pounamu</i> 12.05am – 12.15pm
13.	<b>Resolution to Exclude the Public</b>	<i>Board Secretariat</i> 12.15pm

**INFORMATION ITEMS**

- 2015 Meeting Schedule

**ESTIMATED FINISH TIME****12.15pm****NEXT MEETING**

Friday 8 May 2015



## 2015 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

	29 January	12 March	23 April	4 June	23 July	10 September	22 October	3 December
<b>STANDING ITEMS</b>	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items
<b>STANDARD REPORTS</b>	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
<b>PLANNED ITEMS</b>								
<b>PRESENTATIONS</b>	As required	As required	As required	As required	As required	As required	As required	As required
<b>GOVERNANCE AND SECRETARIAT</b>	2015 Work Plan							
<b>INFORMATION ITEMS:</b>	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.