

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



HOSPITAL ADVISORY COMMITTEE MEETING

11.00 am, 04 June 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

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

EXECUTIVE SUPPORT

Michael Frampton (*Programme Director*)
Gary Coghlan (*General Manager, Maori Health*)
Carolyn Gullery (*General Manager, Planning & Funding*)
Karyn Bousfield (*Director of Nursing & Midwifery*)
Justine White (*General Manager, Finance*)
Kathleen Gavigan (*General Manager, Buller*)
Mark Newsome (*General Manager Grey | Westland*)
Kay Jenkins (*Governance*)

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 04 June 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**

23 April 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 – 8 May 2015
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 23 July 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"> ▪ Wite Wreath Action Against Suicide - Member
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 23 April 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).

IN ATTENDANCE

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MANAGEMENT SUPPORT

Mark Newsome (General Manager, Grey/Westland); Michael Frampton (Programme Director); Karyn Bousfield (Director of Nursing & Midwifery); Kathleen Gavigan (General Manager, Buller); and Kay Jenkins (Minutes).

APOLOGIES

There were no apologies.

WELCOME

Richard Wallace led the Karakia.

1. INTEREST REGISTER

There were no additions or alterations to the interest register.

There were no interests declared for items on today's agenda.

There were no perceived conflicts of interest.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (9/15)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 12 March 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

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

Mr Newsome introduced Lara Bakes-Denman, Associate Director of Allied Health to the Committee. Ms Bakes-Denman spoke to the Committee about her new role on the West Coast.

Mr Newsome highlighted the following points:

- DNA rates have slipped back and work is taking place to analyse this data to ascertain why this has occurred.
- Services previously provided in the Hannan AT&R Ward and the Morice Ward have now been reconfigured. The Committee noted that there had been a proposal for change regarding this reconfiguration. After considering all feedback the following changes have been made:
 - the integration of Hannan Ward, its current service provision and staffing into Morice Ward;
 - the relocation of oncology services to the Hannan Ward lounge from the Morice Ward; and
 - the relocation of day-case infusion services to the Hannan Ward from Morice Ward.
- Earlier this week the Health & Disability Commissioner released his report around the tragic death of 15 year old Matthew Gunter in November 2012 at Grey Hospital. The DHB has accepted all the HDCs findings. The Committee noted that all of the recommendations made by the Health & Disability Commissioner have already been implemented and an audit is currently taking place to ensure that these are still in place.
- The new Maternity Services model of care has been fully implemented with seven self-employed midwives providing primary maternity care on the West Coast. The new model has now been in place for two months and there have been no issues or matters of concern raised.
- Planned primary birthing was re-introduced at Kawatiri in March. There was a birth there this week and there are a number of women booked for planned births in the coming months.
- The new electronic based incident management system “Safety 1st” has now been introduced and has been picked up really well by our clinical staff.
- A physiotherapist has now been appointed in Buller.

Discussion took place regarding the Patient Journey pages in the report and whether the information provided in them is what the Committee requires. Mr Newsome will look at these for the next meeting.

The report was noted

Resolution (10/15)

(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 March 2015. 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 Committee noted that the DHB continues to be under pressure in its ability to deliver the target at year end. A range of efforts are being made to pull the 500k deficit back.

The Committee noted that some of the amounts shown in the report were incorrect. A revised

report will be e-mailed to members.

Resolution 11/15)

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

- i. That the Committee notes the financial result and related matters for the period ended 31 March 2015 with the proviso that an amended report be forwarded to members showing the correct figures.

6. CLINICAL LEADERS REPORT

Karyn Bousfield, Director of Nursing & Midwifery, presented this report which was provided to the Board at their last meeting.

She highlighted that the 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.

The Committee noted that 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.

A query was made regarding the Chief Medical Officer position and the Committee noted that this will be discussed at the SMO engagement day to be held on 1 May.

Resolution (12/15)

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

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

There being no further business the meeting closed at 12.10pm

Confirmed as a true and correct record.

Sharon Pugh, Chair

Date

CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	23 April 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	23 April 2015	Did Not Attends (DNAs) An update on progress regarding DNAs to be provided to the Committee.		Updates will be provided at each meeting.

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager Grey Westland | General Manager Buller

DATE: 04 June 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:

- Appointment to Pharmacy Manager role
- Patient Transfer Service successful start
- Integration of AT&R services into Morice ward.

4. DISCUSSION

4.1 Activity

The following pages contain graphics summarising patient journeys.

The Committee is asked to note that the Patient Journey diagrams have been removed for this meeting as they are being reviewed and updated to provide more meaningful information.

Volumes

This Provider Arm Report includes base service level agreement additional electives initiative volumes. The volume results below are for the ten months of the 2014-15 financial year to 31 April 2015.

Inpatient Volumes

Throughput for the 10-month period to the end of April 2015 show overall case-weighted [CWD] still 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
Surgical				
Acute	934.24	744.36	-189.88	-20.32%
Elective	1027.29	1051.08	23.79	2.32%
Sub-Total Surgical:	1961.53	1795.44	-166.09	-8.47%
Medical				
Acute	1160.09	1187.65	27.56	2.38%
Elective	0	0.42	0.42	100%
Sub-Total Medical:	1160.09	1188.07	27.98	2.41%
TOTALS:	3121.62	2983.51	-138.61	-4.42%

Outpatient Volumes

For the first ten months of 2014-15 to 30 April, outpatient delivery was down by 878 patients (7.39%) variant from expected volumes overall. Throughput was 9.7% under contracted volume for surgical specialty services, due largely to fewer follow-up appointments; and 3.6% 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
Surgical				
1 st Visit	2813	2729	-84	-2.79%
Sub. Visit	4517	3888	-629	-13.92%
Sub-Total Surgical:	7329	6617	-712	-9.72%
Medical				
1 st Visit	1345	1072	-273	-20.30%
Sub. Visit	3205	3312	107	3.34%
Sub-Total Medical:	4550	4384	-166	-3.65%
TOTALS:	11879	11001	-878	-7.39%

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]
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%
April 2015	1570	1458	112	7.13%
13 month rolling totals	23364	21577	1787	7.65% Average

It is noted that DNA rates have reduced for April but not back to the previous levels. Work continues in this area.

4.2 Workforce Update

Nursing

- Patient transport to Christchurch is now via the Patient Transfer Service, the daily door to door transfer service. This new service commenced on 4 May, and currently St John and Greymouth Hospital staff are working together to develop a functional and comfortable service for patients who require transalpine transport. Nursing staff are escorting the patients on these trips.
- The Dedicated Education Unit (DEU) students have almost completed their 10 week rotation through surgical and medical wards at Grey Base Hospital. Feedback from ward staff is that the DEU is a significant improvement for all staff involved compared to the previous Preceptor model.

Ward Activity

- Trendcare Inter-rater reliability has been deferred for now. This will be revisited towards the end of the year.
- Kahurangi are now using the Trendcare roster and are also working on adopting the Falls Risk assessment process within Trendcare. The acuity process continues to develop as other Dementia units advise us on its best application.
- The integration of the AT&R service into Morice ward was announced last month and continues to work well. The Hannan space is being developed with Oncology and Medical Day Stay occupying the space. It is also being used for the Breakfast Club and Sit and Be Fit classes.

- The Enhanced Recovery After Surgery (ERAS) project concluded with a conference in Auckland in early May. The components of the project continue to be used in the surgical ward with outstanding results.
- The Health Quality and Safety Commission project aimed at reducing opioid related harm continues. Data collection continues with patients being asked for feedback prior to and after discharge, in relation to their opioid use and bowel function during their hospital stay.
- Lippincott procedure went live as planned on 8 May. Development of specific WCDHB policies that are different to those online are being reviewed at a South Island level via expert user groups which include representatives from all DHBs.

Maternity Services

- The maternity service continues with the new model and women are supporting the change. There are currently 10 self-employed midwives working in the community to cover the West Coast and they are providing support to each other.
- March saw the reintroduction of planned primary birthing in Kawatiri; there have now been 2 births with a number of women booked for planned births in the coming months.
- Ongoing education continues and includes breastfeeding education, neonatal and adult CPR, foetal monitoring and neonatal emergency care.
- International Midwives Day was celebrated on the Coast with an afternoon tea and a gathering of staff and health professionals from other support areas.
- The introduction of the maternity data system (MCIS) has been pushed back to early 2016 to allow staff time to settle into the new model of care and to finalise documentation.

Reefton Health

- *District Nursing* - The workload remains steady, including palliative care. CCCN meetings to discuss community patients continue to work well.
- *Hospital* – Rosters are being closely monitored to ensure staffing levels are appropriate for the workload.
- *Aged Residential Care* – Down to 10 residents with one admission expected within 3 weeks.
- *General* – All staff are being encouraged to have the flu vaccination with uptake this year better than last. There is one vacancy across Reefton Health. Regular annual leave is being taken by staff.

Allied Health

- VIP program will be providing independent and locum midwives with training and information about local Family Violence Intervention pathways.
- Two of our recently graduated Allied Health Assistants will be attending the Allied Health Assistant conference in Christchurch. Margot van Mulligen, a WCDHB Physiotherapist who was their Assessor, will provide a presentation about the Allied Health Assistants' role at this conference.
- Occupational Therapy and Physiotherapy groups (Breakfast Club, Sit and Be Fit) are no longer running out of the chapel. They are now running out of the lounge area on Hannan ward.
- A new Dietitian has commenced, Kimberly Browning. Kimberley participated in the WCDHB Incubator Programme.
- Calderdale Framework training took place late April. Two facilitators received training. Given the resource intensive nature of these projects, one instead of two projects will

proceed. Preference has been given to the Allied Health Assistants skill delegation project. The two facilitators will collaborate to conduct this project.

- The Language Line service has gone live with training for managers provided on 18 May. Resources to advise staff on how to utilise the Line will be made available in print and online.
- The Social Work department has begun preliminary work to define the scope of Social Work practice and tasks associated with being an advanced practitioner within the WCDHB.
- Three separate projects have been initiated by participants in the Allied Health & Nursing Innovation & Leadership Groups.
- Dietitians will be rolling out the Malnutrition Universal Screening Tool (MUST) in wards over the next couple of months. This will enable nursing staff on the wards to identify patients who are malnourished, or are at risk of becoming malnourished, so that actions can be incorporated into the patient's care plan.

Industrial Relations

Negotiations Update:

- *Nurses MECA (NZNO)* – NZNO have rejected offer – DHBs will meet with NZNO on 28 May 2015 and will discuss reasons for rejection and possible solutions. Further bargaining is scheduled for 5, 11 and 12 June.
- *PSA nursing* – Negotiations are underway; reasonable progress has been made.
- *Allied & Technical MECA (PSA)* – Bargaining took place on 12 May 2015. The parties are making steady progress.
- *Midwives MECA (MERAS)* – DHBs have submitted bargaining strategy for consultation which has been supported by the Ministry.
- *West Coast Pharmacy (First Unions)* – Negotiations have been put on hold.

Recruitment

New Vacancies	5
Total Open Vacancies	12
Total FTE Recruiting	12.8
Appointed Vacancies	13
Total FTE Appointed	10.23

- We are actively recruiting to 13 vacancies, (Allied Health 2, Corporate and Support 1, RMO 4, SMO 4, Nursing 1).
- Clinical Pharmacist and Pharmacy Manager roles have both been filled after being considered hard to recruit to over the past few months.
- Two Rural Hospital Medicine Specialists have been interviewed, and are progressing through the offer process.
- The nursing vacancy is for a Registered Nurse for Haast.

4.3 Patient





Patient Transfers

- The number of tertiary patient transfers for the month of March 2015 increased slightly to 40 transfers, and there were 38 transfers for April 2015. The majority of the March transfers were for orthopaedic patients, followed by coronary and medical patients. The most frequent methods of transportation in March were via ambulance and pressurised aircraft. In April 2015 the majority of transfers were for orthopaedic patients, and the most frequent methods of transportation were also via ambulance and pressurised aircraft.
- The main reason for transfers in March and April 2015 was for 'Specialty Care not available at Grey Base Hospital'.
- The number of patients transferred from Buller to Grey Base decreased from 22 patients in February to 15 patients in March and 16 patients in April 2015. For March, the patients were predominantly medical and surgical patients with the main method of transportation being via ambulance. In April most of the transfers were for medical patients and as per the previous month, the main method of transportation was via ambulance.
- The number of patient transfers from Reefton to Grey Base had also decreased for March and April 2015, being three patients and one patient respectively. Ambulances were the main method of transportation.
- 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
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.6%	99.6%	99.4%	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 3.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	1,695	425 YTD	878 YTD	1,288 YTD	1,157 YTD	✓	The West Coast DHB met the Improved Access to Elective Surgery Health Target during Quarter 3, exceeding target by 131 discharges. 1,288 discharges against our 1,157 YTD target mean we achieved 111.3%.
	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	72.7%	62.5%	85%	✗	This is the second quarter for the revised Faster Cancer Treatment Health Target . Work is ongoing to improve the capture and quality of this data, and we expect there may be variation of results in the initial quarters ahead.
	Increased Immunisation 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 Increased Immunisation Health Target , vaccinating 89% of our eligible population. Opt-off & declines were lower this quarter at a combined total of 10%—an 8% drop on the previous quarter which is reflected in our improved results. 99% of the reachable population were immunised with only one child overdue at their milestone age due to clinical reasons.

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		Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Target	Current Status	Progress
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	95%	93%	92.8% ₃	97.8%	95%	✓	During Quarter 3, West Coast DHB staff provided 97.8% 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. Result reflects 99.7% of discharges coded.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit ⁴	61.9%	71.3%	78.3%	94%	90%	✓	Performance against the Primary Care Smokers Better Help to Quit Health Target has improved 15.7% during Quarter 3, meeting and exceeding target with a result of 94%. The DHB is very pleased to have met target for the first time, attributing success to the install of patient dashboard as well as long standing best practice initiatives.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years ⁵	76.6%	78.9%	82.6%	90.3%	90%	✓	Performance against the More Heart and Diabetes Checks Health Target has increased 7.6% this quarter, meeting the target for with a result of 90.3%. The DHB is very pleased to have met target for the first time, attributing success to the install of patient dashboard as well as long standing best practice initiatives.

³ This was previously reported as 94.7%, when 97% of discharges had been coded. This result has changed due to 100% completion of coded discharges.

⁴ 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]

17 patients exceeded the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in March 2015; including 15 orthopaedic patients, 1 plastic surgery and 1 urology patient. Four plastic surgery patients exceed the 4-month maximum waiting time from First Specialist Assessment to surgical treatment (ESPI 5) in March 2015.

A number of ESPI non-compliant patients from March and in to April have since been seen or treated. All remaining ESPI non-compliant patients have FSA appointments or surgical dates confirmed in May.

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

DHB Name: West Coast

	2014			2014			2014			2014			2014			2014			2014			2014			2015			2015			2015					
	Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar		
	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	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	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	0	0.0%	0	0	0.0%	0	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	17	2.6%	-17
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	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	0	0.0%	0
5.Patients given a commitment to treatment but not treated within the required timeframe.	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	4	1.8%	-4
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	X	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.	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	116	100.0%	0	128	100.0%	0	178	100.0%	0

Data Warehouse Refresh Date: 01/May/2015

Report Run Date: 04/May/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 90% 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 0.39%, 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 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).

4.5 Quality

Incidents

Incident Category	Mar Incomplete Month	April	May To 21/05
Behaviour and Safety	-	1	1
Blood and Body fluid	-	1	0
Employee	-	1	4
Fall	-	3	2
Facilities, Building & Property	-	1	1
Infection	-	-	1
Labs, Specimen	1	7	7
Medication and IV fluids	1	7	5
Provision of Care	2	7	4
Security	-	2	-
Skin Tissue	-	1	-
Totals for month	4	31	25
Year to date (Mar – May 21)	<u>4</u>	<u>35</u>	<u>60</u>

Comments

This is the first time that figures from this database have been provided for HAC. Safety1st went live in Buller on 26 March and across the rest of the DHB on 30 March 2015. The figures collected above for March therefore relate to an incomplete month. Figures for May are as at 21 May 2015. The figures above relate to Hospital Services only.

Complaints | Compliments

For the month of April, 4 new patient complaints and 2 compliments were received.

CLAB (Central line associated bacterium)

Currently we are 1037 days CLAB free.

Maternity

- *“We Care About Your Care” Maternity Feedback Form* - Results for March and April indicate that around 50% of West Coast women are booking with their LMC during the first trimester of pregnancy. Word of mouth remains the method most women use when looking for an LMC, however we are starting to see increasing numbers of people using the Find Your Midwife website. All women who responded felt that they were treated with respect.
- *West Coast DHB Maternity Quality and Safety Group* - Current focus is on the annual report, linking in to the national group for maternity co-ordinators and streamlining processes and systems to enhance safety.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 APRIL 2015

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 4 June 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 30 April 2015.

3. FINANCIAL RESULT

Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of April 2015 was a deficit of \$0.091m, which was \$3.0k unfavourable against the budgeted deficit of \$0.088m. The year to date position is now \$0.516m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,850	6,957	(107)	x	68,417	69,570	(1,153)	x
Governance & Administration	126	69	57	√	748	690	58	√
Funds & Internal Eliminations	4,816	4,572	244	√	47,311	45,720	1,591	√
	11,792	11,598	194	√	116,476	115,980	496	√
EXPENSES								
Provider								
Personnel	5,371	4,949	(422)	x	52,364	49,490	(2,874)	x
Outsourced Services	19	73	54	√	68	730	662	√
Clinical Supplies	550	612	62	√	6,238	6,120	(118)	x
Infrastructure	1,041	723	(318)	x	9,440	7,230	(2,210)	x
	6,981	6,357	(624)	x	68,110	63,570	(4,540)	x
Governance & Administration	126	69	(57)	x	748	690	(58)	x
Funds & Internal Eliminations	4,558	4,723	165	√	44,101	47,230	3,129	√
Total Operating Expenditure	11,665	11,149	(516)	x	112,959	111,490	(1,469)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	127	449	(322)	x	3,517	4,490	(973)	x
Interest, Depreciation & Capital Charge	218	537	319	√	4,913	5,370	457	√
Net surplus/(deficit)	(91)	(88)	(3)	x	(1,396)	(880)	(516)	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

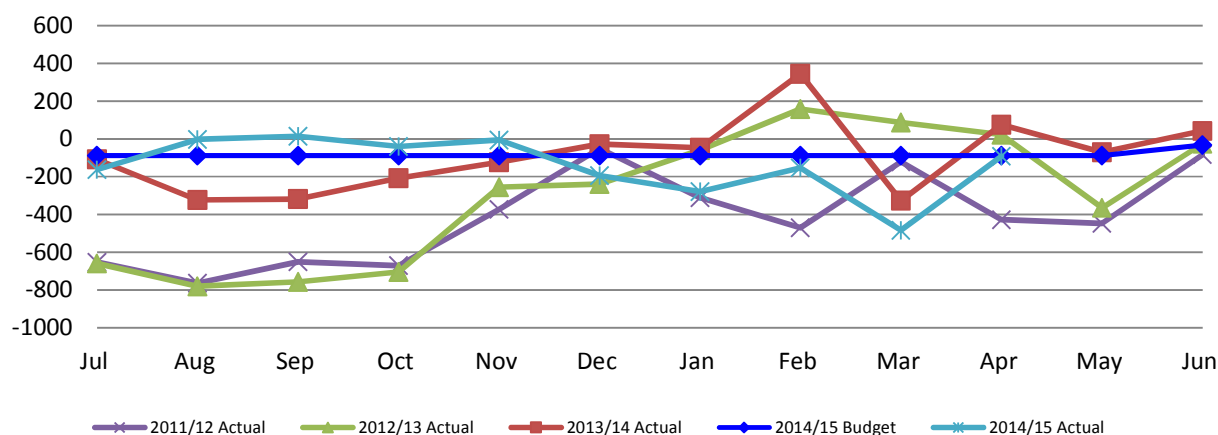
Report prepared by:	Justine White, General Manager Finance
Report approved for release by:	David Meates, Chief Executive

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – APRIL 2015

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(91)	(88)	(3)	3%	✗	(1,396)	(880)	(516)	59%	✗

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



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, which was been approved in May. The comparative in this graph has been adjusted to reflect the removal of \$1m transitional funding as instructed.

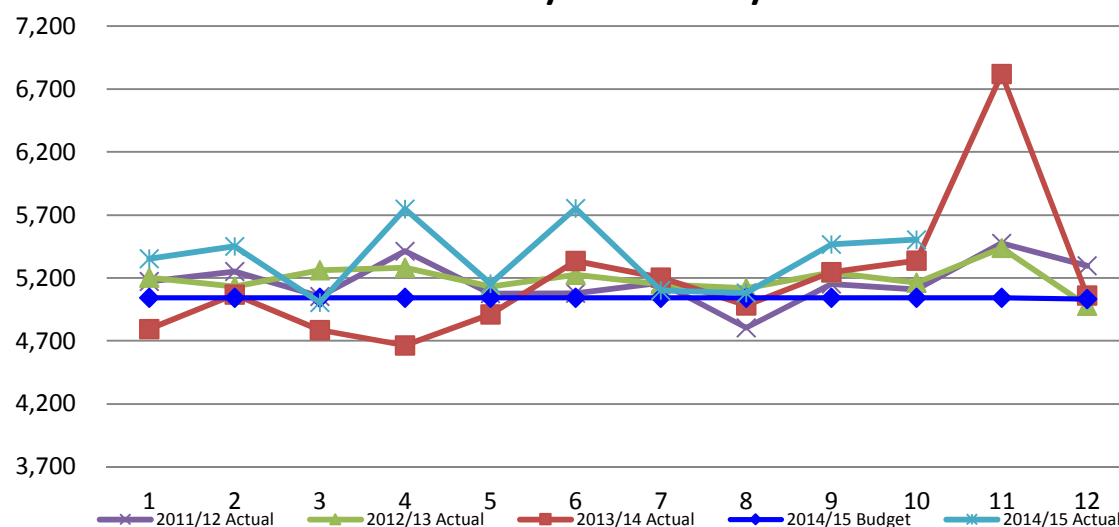
KEY RISKS AND ISSUES

The April 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	1,317	1,387	70	5%	✓	13,935	13,870	(65)	0% ✗
Nursing	2,534	2,175	(359)	-17%	✗	23,716	21,750	(1,966)	-9% ✗
Allied Health	888	729	(159)	-22%	✗	8,330	7,290	(1,040)	-14% ✗
Support	96	117	21	18%	✓	943	1,170	227	19% ✓
Management & Admin	669	635	(34)	-5%	✗	6,691	6,350	(341)	-5% ✗
Total	5,504	5,043	(461)			53,615	50,430	(3,185)	

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



Personnel costs continue to be unfavourable for the month, following similar trends throughout the year, of being 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.

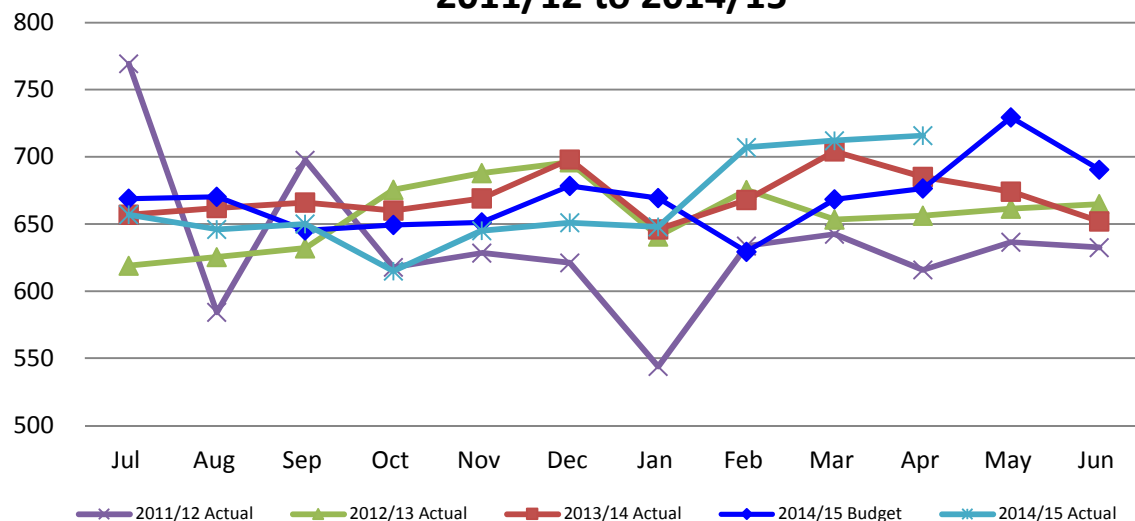
KEY RISKS AND ISSUES

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, in addition we are actively exploring options for our workforce to reposition the resources to areas where they are most required.

PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance			YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance	
Medical	46	41	(5)	-13%	✗	37	43	5	12% ✓
Nursing	351	337	(14)	-4%	✗	328	323	(5)	-1% ✗
Allied Health	174	152	(23)	-15%	✗	159	144	(15)	-10% ✗
Support	21	25	4	17%	✓	22	27	5	18% ✓
Management & Admin	124	122	(2)	-1%	✗	118	124	6	4% ✓
Total	716	676	(40)			665	661	(4)	

**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.

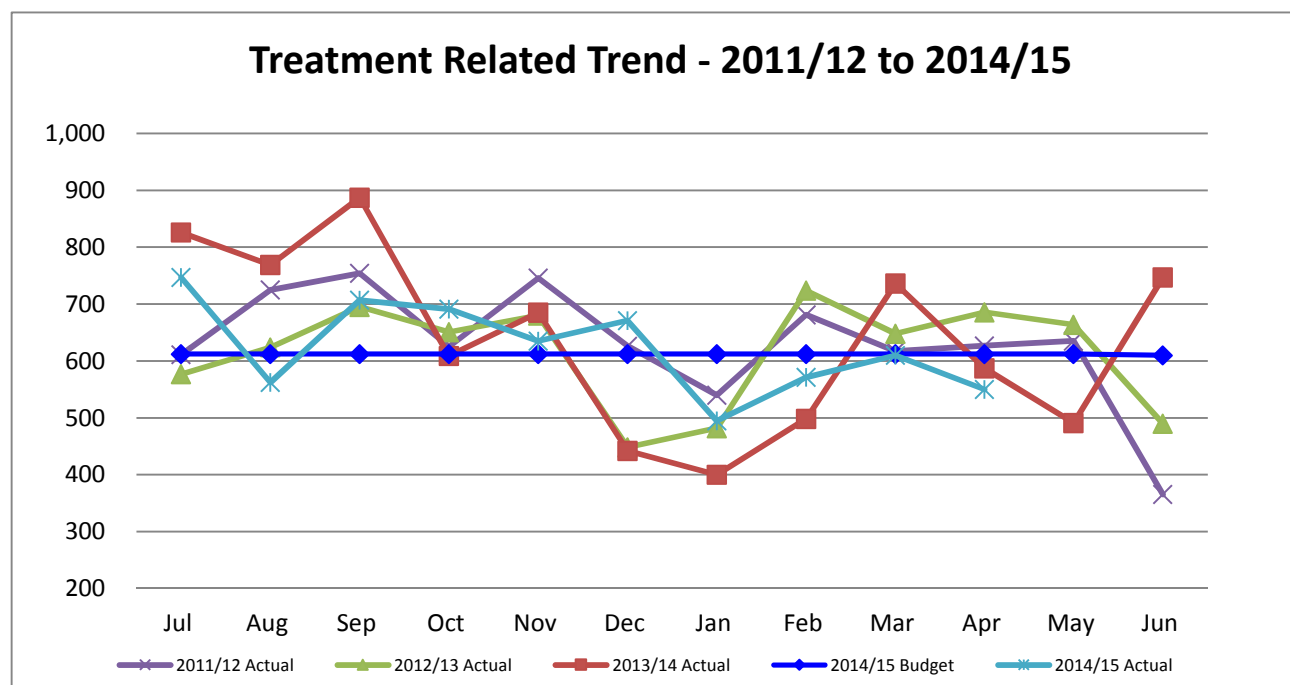
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	550	612	62	10%	✓	6,239	6,120	(119)	-2% ✗



Year to date treatment related costs are largely on target for the month, most of the year to date overspend is volume related theatre disposables increases.

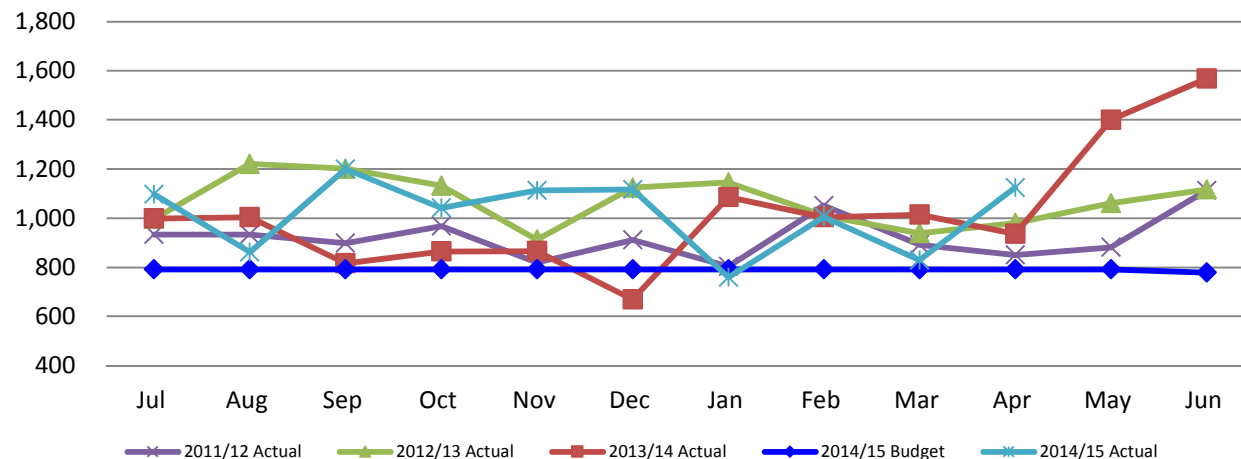
KEY RISKS AND ISSUES

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	
Non Treatment related costs	1,124	792	(332)	-42%	✗	10,147	7,920	(2,227)	-28% ✗

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



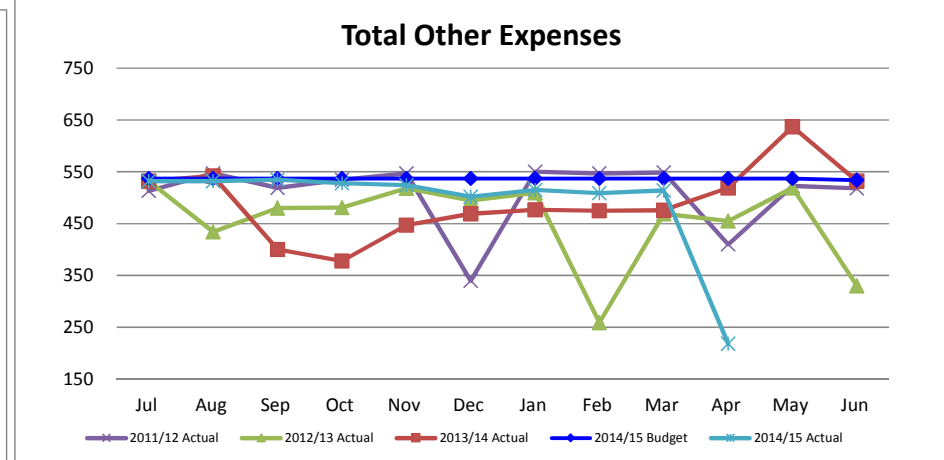
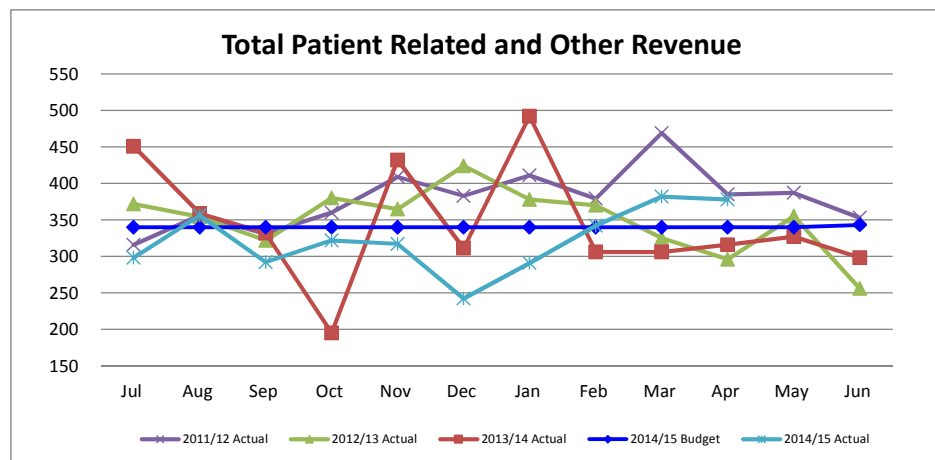
Facilities, IT and telecommunications costs make up the bulk of this category. There have been significant increases in IT and communications costs this year, generally related to regional spend, in addition to higher consultancy costs relating to service reviews. These are being closely monitored with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

KEY RISKS AND ISSUES

Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	46	49	(3)	-6%	✗	419	490	(71)	-14%	✗
Donations	-	-	-	0%	✓	62	-	62	0%	✓
Rental	17	15	2	13%	✓	158	150	8	5%	✓
Other	77	46	31	100%	✓	341	460	(119)	-26%	✗
Total Other Revenue	140	110	30	27%	✓	980	1,100	(120)	-11%	✗
Interest Expense	63	114	51	45%	✓	628	1,140	512	45%	✓
Depreciation	89	327	238	73%	✓	3,628	3,270	(358)	-11%	✗
Capital Charge Expense	66	96	30	31%	✓	657	960	303	32%	✓
Total Other Costs	218	537	319	59%	✓	4,913	5,370	457	9%	✓



KEY RISKS AND ISSUES

Other revenue for the month is above target, due to further one off donations. The trend to date is expected to continue for the remainder of the year. We have reviewed depreciation in light of current knowledge of Grey re-development (remainder life of buildings, and timing of new build) and adjusted accordingly, which has impacted depreciation for the month, however it is still 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	8,701	27,204	(18,503)	-68%	✗	72,537
Cash	6,402	9,709	(3,307)	-34%	✗	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

30 April 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Operating Revenue								
Crown and Government sourced	11,293	11,126	167	1.5%	111,652	111,260	392	0.4%
Inter DHB Revenue	1	3	(2)	(66.7%)	34	30	4	13.3%
Inter District Flows Revenue	120	129	(9)	(7.0%)	1,290	1,290	0	0.0%
Patient Related Revenue	238	230	8	3.5%	2,520	2,300	220	9.6%
Other Revenue	140	110	30	27.3%	980	1,100	(120)	(10.9%)
Total Operating Revenue	11,792	11,598	194	1.7%	116,476	115,980	496	0.4%
Operating Expenditure								
Personnel costs	5,504	5,043	(461)	(9.1%)	53,615	50,430	(3,185)	(6.3%)
Outsourced Services	19	22	3	13.6%	68	220	152	69.1%
Treatment Related Costs	550	612	62	10.1%	6,239	6,120	(119)	(1.9%)
External Providers	2,951	2,934	(17)	(0.6%)	28,511	29,340	829	2.8%
Inter District Flows Expense	1,434	1,670	236	14.1%	13,925	16,700	2,775	16.6%
Outsourced Services - non clinical	83	76	(7)	(9.2%)	454	760	306	40.3%
Infrastructure and Non treatment related costs	1,124	792	(332)	(41.9%)	10,147	7,920	(2,227)	(28.1%)
Total Operating Expenditure	11,665	11,149	(516)	(4.6%)	112,959	111,490	(1,469)	(1.3%)
Result before Interest, Depn & Cap Charge	127	449	(322)	(71.7%)	3,517	4,490	973	21.7%
Interest, Depreciation & Capital Charge								
Interest Expense	63	114	51	44.7%	628	1,140	512	44.9%
Depreciation	89	327	238	72.8%	3,628	3,270	(358)	(10.9%)
Capital Charge Expenditure	66	96	30	31.3%	657	960	303	31.6%
Total Interest, Depreciation & Capital Charge	218	537	319	59.4%	4,913	5,370	457	8.5%
Net Surplus/(deficit)	(91)	(88)	(3)	(3.4%)	(1,396)	(880)	(516)	(58.6%)
Other comprehensive income								
Gain/(losses) on revaluation of property								
Total comprehensive income	(91)	(88)	(3)	(3.4%)	(1,396)	(880)	(516)	(58.6%)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

Statement of financial position

As at

30 April 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
25,372	24,790	582	2.3%	26,996
1,088	1,281	(193)	(15.1%)	1,517
512	40,012	(39,500)	(98.7%)	74
643	567	76	13.4%	227
27,615	66,650	(39,035)	(58.6%)	28,814
6,402	9,709	(3,307)	(34.1%)	7,483
70	60	10	16.7%	79
1,078	1,100	(22)	(2.0%)	1,010
6,869	4,218	2,651	62.8%	7,686
136	136	0	0.0%	136
14,555	15,223	(668)	(4.4%)	16,394
42,170	81,873	(39,703)	(48.5%)	45,208
14,195	32,195	18,000	55.9%	10,695
2,909	2,895	(14)	(0.5%)	2,636
17,104	35,090	17,986	51.3%	13,331
250	3,250	3,000	92.3%	3,750
7,082	7,233	151	2.1%	9,927
9,033	9,096	63	0.7%	9,203
16,365	19,579	3,214	16.4%	22,880
33,469	54,669	21,200	38.8%	36,211
70,761	88,761	18,000	20.3%	69,661
19,569	19,569	0	0.0%	19,569
(81,668)	(81,165)	503	0.6%	(80,272)
39	39	0	0.0%	39
8,701	27,204	18,503	68.0%	8,997
42,170	81,873	(39,703)	(48.5%)	45,208

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

Statement of cash flows

For period ending

30 April 2015

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date			
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
11,312	11,549	(237)	(2.1%)	105,816	115,490	(9,674)	(8.4%)
(6,566)	(5,043)	(1,523)	(30.2%)	(53,893)	(50,430)	(3,463)	(6.9%)
(1,742)	(1,502)	(240)	(16.0%)	(8,781)	(15,020)	6,239	41.5%
(3,071)	(2,934)	(137)	(4.7%)	(29,801)	(29,340)	(461)	(1.6%)
(1,314)	(1,670)	356	21.3%	(12,635)	(16,700)	4,065	24.3%
(1,381)	400	(1,781)	(445.3%)	706	4,000	(3,294)	(82.4%)
(63)	(114)	51	44.7%	(564)	(1,140)	576	50.5%
(66)	(96)	30	31.3%	(657)	(960)	303	31.6%
(1,510)	190	(1,700)	(894.7%)	(515)	1,900	(2,415)	(127.1%)
46	49	(3)	(6.1%)	419	490	(71)	(14.5%)
0	0	0		0	(402)	402	100.0%
(215)	(4,062)	3,847	94.7%	(2,016)	(40,620)	38,604	95.0%
	0	0		(2)	0	(2)	
(169)	(4,013)	3,844	(95.8%)	(1,599)	(40,532)	38,933	96.1%
0	9,000	(9,000)	(100.0%)	1,101	18,000	(16,899)	(93.9%)
0	0	0		(68)	0	(68)	
0	9,000	(9,000)	(100.0%)	1,033	18,000	(16,967)	(94.3%)
0	0	0		0	0	0	
0	0	0		0	21,000	(21,000)	(100.0%)
		0				0	
0	0	0		0	21,000	(21,000)	(100.0%)
(1,679)	5,177	(6,856)	(132.4%)	(1,081)	368	(1,449)	(393.8%)
8,081	4,532	3,549	78.3%	7,483	9,341	(1,858)	(19.9%)
6,402	9,709	(3,307)	(34.1%)	6,402	9,709	(3,307)	(34.1%)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 04 June 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

Work continues on the Nursing Workforce Strategy with a group of nurses contributing to the development of this key enabler. Components of this document include an overview of our current nursing workforce, workforce engagement planning, change leadership and an action plan to support the roll out of the strategy. This strategic plan will be supplemented with a second document that will assist in identifying specific nurse roles required to support the evolving system wide model of care. Further to this overarching planning, at a unit level each clinical area has now in place an education plan that outlines specific education and training requirements for nurses working in that specialty, and alongside this orientation plans are being updated to provide a supported orientation for nurses moving between clinical areas. Individually, nurses who are funded by Health Workforce New Zealand (HWNZ) to complete postgraduate education have individual education plans in place and all other nurses complete career/education planning as part of their annual performance appraisal. This comprehensive approach to nursing workforce planning and development is essential to ensure the team is actively preparing a fit for purpose nursing workforce, and to support individual nurses in providing best practice based care.

Allied Health have begun the Regional Calderdale Framework project with foundation and facilitator training completed this month. The West Coast has two projects – skill sharing and skill delegation and will be sharing the developments of these with our regional colleagues. This builds on the Allied Health Assistant training that was completed earlier this year. There have been a number of successful recruitments in Occupational Therapy; Dietetics and Pharmacy. Work is underway to develop an Allied Health falls prevention role to support the nursing fracture liaison role.

Quality and Safety

Auditing continues with a specific focus on quality documentation with real-time feedback to staff in order to improve standards. Clinical teams are working to roll out the implementation of recommendations from all completed RCAs. The importance of embedded and sustainable change has been highlighted to ensure change translates to improved systems as well as improved outcomes for patients.

The WCDHB has been funded and allocated 82 bed licences by the Ministry of Health, for the Productive Ward Programme. This programme is based on the principles of quality and productivity with many principles already well understood by team members who have completed the Xcelr8 and Collabor8 training. Productive Ward compliments the Care Capacity Demand Management and Safe Staffing Healthy Workplaces programmes.

The new incident management tool Safety First has been successfully rolled out.

Facilities Planning

Clinicians continue to be well engaged in all facilities design work streams. Recent meetings have been held to determine more specific and detailed requirements for rooms and clinical areas in order to be prepared for the next round with the design team.

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. The renewed focus of the Clinical Board has it aligned to regional and national quality initiatives such as reducing harm from falls and consumer engagement. There are a number of vacancies that are currently being filled including consumer roles.

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 - 23 APRIL 2015



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 8 May 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 West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 23 April 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 – 23 April 2015.

3. SUMMARY

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

Patient Ambulance Transport - The Committee noted that the contract for this service was presented to the SI Alliance earlier this week. The contract has not yet been signed but will commence on 4 May. It was also noted that there is a lot of coordination work to be undertaken before the contract commences.

MANAGEMENT REPORT

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

Mr Newsome introduced Lara Bakes-Denman, Associate Director of Allied Health to the Committee. Ms Bakes-Denman spoke to the Committee about her new role on the West Coast.

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

- DNA rates have slipped back and work is taking place to analyse this data to ascertain why this has occurred.
- Services previously provided in the Hannan AT&R Ward and the Morice Ward have now been reconfigured. The Committee noted that there had been a proposal for change regarding this reconfiguration. After considering all feedback the following changes have been made:

- the integration of Hannan Ward, its current service provision and staffing into Morice Ward;
 - the relocation of oncology services to the Hannan Ward lounge from the Morice Ward; and
 - the relocation of day-case infusion services to the Hannan Ward from Morice Ward.
- Earlier this week the Health & Disability Commissioner released his report around the tragic death of 15 year old Matthew Gunter in November 2012 at Grey Hospital. The DHB has accepted all the HDCs findings. The Committee noted that all of the recommendations made by the Health & Disability Commissioner have already been implemented and an audit is currently taking place to ensure that these are still in place.
 - The new Maternity Services model of care has been fully implemented with seven self-employed midwives providing primary maternity care on the West Coast. The new model has now been in place for two months and there have been no issues or matters of concern raised.
 - Planned primary birthing was re-introduced at Kawatiri in March. There was a birth there this week and there are a number of women booked for planned births in the coming months.
 - The new electronic based incident management system “Safety 1st” has now been introduced and has been picked up really well by our clinical staff.
 - A physiotherapist has now been appointed in Buller.

Discussion took place regarding the Patient Journey pages in the report and whether the information provided in them is what the Committee requires. Mr Newsome will look at these for the next meeting.

The report was noted

FINANCE REPORT

Michael Frampton, Programme Director, presented the Finance Report for the month ending March 2015. 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 Committee noted that the DHB continues to be under pressure in its ability to deliver to the end of year target as stated in the Annual Plan. A range of efforts are underway to try to pull back the unfavourable year to date figure of \$0.513m the Committee also noted that this is in addition to the \$1m the DHB has been instructed to deduct from its transitional 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 commented in particular regarding the need to continue to employ new graduate nurses to ensure the future of the nursing workforce on the West Coast.

The report was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 23 April 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 8 May 2015 commencing at 10.15am

PLEASE ASSEMBLE AT THE LECTURE THEATRE, GREYMOUTH HOSPITAL 10.15am

- | | | | |
|----|--------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. | Telehealth Presentation | Michael Frampton
<i>Programme Director</i>
John Garrett
<i>Telehealth Clinical Leader, Canterbury/West Coast</i> | 10.20am |
|----|--------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------|

PLEASE MOVE TO ST JOHN, WATERWALK ROAD 10.50am

KARAKIA 11.00am
ADMINISTRATION 11.05am

- Apologies
- 2. Interest Register
- 3. Confirmation of the Minutes of the Previous Meetings
 - 27 March 2015
 - 23 April 2015
- 4. Carried Forward/Action List Items

REPORTS 11.15am

- | | | | |
|-----|--------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------|
| 5. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 11.15am – 11.25am |
| 6. | Chief Executive's Update
- Health & Safety | David Meates
<i>Chief Executive</i> | 11.25am – 11.45am |
| 7. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 11.45am – 11.55am |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.55am – 12.05pm |
| 9. | Maternity Review Update | Michael Frampton
<i>Programme Director</i> | 12.05pm – 12.15pm |
| 10. | Report from Committee Meetings | | |
| | - CPH&DSAC
23 April 2015 | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | 12.15pm - 12.20pm |
| | - Hospital Advisory Committee
23 April 2015 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 12.20pm – 12.25pm |
| | - Tatau Pounamu Advisory Group
16 April 2015
(to be provided separately) | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | 12.25am – 12.30pm |

11. Resolution to Exclude the Public

Board Secretariat

12.35pm

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME

12.35pm

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
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.