

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

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**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**11.00 am, 23 July 2015**

**Board Room  
Grey Hospital – Corporate Office**

**AGENDA AND  
MEETING PAPERS**

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

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

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

## ATTENDANCE & PURPOSE

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

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

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

HOSPITAL ADVISORY COMMITTEE MEMBERS	EXECUTIVE SUPPORT
Sharon Pugh ( <i>Chair</i> ) Kevin Brown Paula Cutbush Gail Howard Peter Neame Richard Wallace Chris Lim Peter Ballantyne ( <i>ex-officio</i> )	Michael Frampton ( <i>Programme Director</i> ) Gary Coghlan ( <i>General Manager, Maori Health</i> ) Carolyn Gullery ( <i>General Manager, Planning &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 July 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**

*04 June 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 – 26 June 2015
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

## NEXT MEETING:

**Date of Next Meeting:** 10 September 2015  
Corporate Office, Board Room at Grey Base Hospital.



# 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 4 June 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).

**IN ATTENDANCE**

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**MANAGEMENT SUPPORT**

Mark Newsome (General Manager, Grey/Westland); Michael Frampton (Programme Director); Karyn Bousfield (Director of Nursing & Midwifery); Justine White (General Manager, Finance) (via video); and Kay Jenkins (Minutes).

**APOLOGIES**

There were no apologies.

**WELCOME**

The meeting commenced with 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 (13/15)**

(Moved: Peter Neame/Seconded: Paula Cutbush – 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 advised that the patient flow diagrams are being worked on in consultation with Planning & Funding to give more context around what we are trying to illustrate. These should appear again in the papers in the next few months.

Mr Newsome highlighted the following points:

- DNA rates have lowered since the last meeting and work is continuing around this;
- Patient Transfer Service - There is now a daily service between Greymouth and Christchurch which is door to door and this has had a successful start;
- The integration of AT&R into Morice Ward appears to be working well;
- The DHB has joined a national service “Language Line” for translation services;
- Work continues around the CMO role with this being discussed at the SMO conference held last month. It was agreed that this role would be split and work is being undertaken with the General Manager People & Capability around filling these roles;
- The Safety1st database for Quality & Safety went live on 30 March and staff feedback has been positive;
- There is some pressure in the industrial relations area with some national arrangements being stepped through. The West Coast, along with Canterbury, will be looking very carefully at this.

Discussion took place regarding the SMO meeting and Michael Frampton, Programme Director, provided the Committee with an overview of this.

Discussion also took place regarding Industrial Relations negotiations.

Committee member Gail Howard applauded management for the work being undertaken in trying to find a West Coast solution.

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

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

- i. That the Committee notes the Management Report.

### **5. FINANCE REPORT**

Justine White, General Manager, Finance, presented the Finance Report for the month ending April 2015. 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 Committee noted that there has been a change to the Annual Plan in relation to transitional funding with the target for year-end now being a \$1.1m deficit. It was also noted that the financial position is currently \$500k over where we want to be and a number of initiatives are being worked on to try to pull this back.

#### **Resolution 15/15)**

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

- i. That the Committee notes the financial result and related matters for the period ended April 2015.

### **6. CLINICAL LEADERS REPORT**

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

The Committee noted that there is a lot of work taking place in the transalpine space. These projects are all at different stages of the journey with anaesthesia being the most advanced. Weaving through this is the Rural Hospital Medicine Specialists and how they can provide some of these services from a distance.

**Resolution (16/15)**

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

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

There being no further business the meeting closed at 12.15pm

Confirmed as a true and correct record.

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Sharon Pugh, Chair

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Date

DRAFT

## CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	04 June 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	04 June 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 July 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:

- Cross system support of Aged Residential Care capacity issues
- Continued ESPI compliance
- Further embedding of Maternity model of care.

## 4. DISCUSSION

### 4.1 Activity

The following pages will 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. It is hoped that these revised diagrams will be available by September.

## Volumes

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

### Inpatient Volumes

Throughput for the 11-month period to the end of May 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
<b>Surgical</b>				
Acute	1027.67	820.82	-206.85	-20.13%
Elective	1130.02	1147.27	17.25	1.53%
<b>Sub-Total Surgical:</b>	<b>2157.69</b>	<b>1968.09</b>	<b>-189.60</b>	<b>-8.79%</b>
<b>Medical</b>				
Acute	1276.10	1316.37	40.27	3.16%
Elective	0	0.42	0.42	100%
<b>Sub-Total Medical:</b>	<b>1276.10</b>	<b>1316.79</b>	<b>40.69</b>	<b>3.19%</b>
<b>TOTALS:</b>	<b>3433.79</b>	<b>3284.88</b>	<b>-148.91</b>	<b>-4.34%</b>

### Outpatient Volumes

For the first eleven months of 2014-15 to 31 May, outpatient delivery was down by 661 patients (5.06%) variant from expected volumes overall. Throughput was 10% under contracted volume for surgical specialty services, due largely to fewer follow-up appointments; and 2.7% down against 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	3094	3068	-26	-0.83%
Sub. Visit	4968	4470	-498	-10.03%
<b>Sub-Total Surgical:</b>	<b>8062</b>	<b>7538</b>	<b>-524</b>	<b>-6.50%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1480	1188	-292	-19.70%
Sub. Visit	3525	3680	155	4.38%
<b>Sub-Total Medical:</b>	<b>5005</b>	<b>4868</b>	<b>-137</b>	<b>-2.74%</b>
<b>TOTALS:</b>	<b>13067</b>	<b>12406</b>	<b>-661</b>	<b>-5.06%</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]
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%
May 2015	1644	1523	121	7.36%
June 2015	1825	1675	150	8.22%
<b>13 month rolling totals</b>	<b>22893</b>	<b>21166</b>	<b>1727</b>	<b>7.54% Average</b>

There has been a slight rise in DNAs. Work in this space continues. E-texting of appointments planned to go live on 1 August 2015.

## 4.2 Workforce Update

### Nursing

- Grey Hospital continues to manage staffing on a day to day basis. Nursing leadership have presented a paper to EMT on operational strategies to manage staffing levels to ensure resource matches activity.
- Nursing staff from within the hospital are supporting staffing levels at Granger House and at Reefton Hospital as we continue to manage Aged Residential Care beds across the West Coast as a result of the flooding that has closed Allen Bryant Rest Home.
- A number of projects are still being implemented, such as discharge planning, Enhanced Recovery After Surgery [ERAS] and Did Not Attend [DNAs]. The discharge planning work group will implement the IDEAL [Inclusion, Discussion, Education, Assessment, Learnings] framework which is consistent with nursing practice and ensures staff spend time with patients getting to know their capabilities and what support is needed to get them home. ERAS continues to do great work and is now embedded within practice on the wards.
- The new Patient Transfer Service has settled in and patients and staff appreciate a well-coordinated approach to inter-hospital transfer. The other positive is good data is being collected so at the end of the year we will be able to analyse and see if this contract is financially sustainable. We continue to collect data as this service continues to ensure that we maximise the opportunities that the service provides with the investment that has been made.



- The NETP programme is coming to the end of the first six months and to date everyone is working well and have enjoyed their placements.
- Excess annual leave balances continue to be managed. Sick leave rates have been high this month.

### **Ward Activity**

- Trendcare Inter-rater reliability suggests we are well within the required range of benchmarks. We are now working with this data to establish appropriate staffing levels.
- Kahurangi have started using the acuity tool within Trendcare and continue to use Trendcare for rostering purposes. Both the in-patient unit and Kahurangi attend staffing meetings each morning so staff can be flexed across the whole hospital.
- The Hannan ward space has reopened to accommodate the Allen Bryant residents. This ward is stand alone and has not required any of our services. As a consequence, chemotherapy has now been moved to a permanent position in the Kahurangi meeting room.
- The Lippincott procedure roll-out has been received well by the West Coast nursing team with a high number of hits in the first month of its release.
- The ensuite in CCU has been completed and now in use.

### **Maternity Services**

- We are now in the final week of planning for the new facilities for Greymouth. The final plans are looking great and the facility should provide excellent infrastructure for the maternity service. Buller hospital has also been planning the new birthing area; plans are in the early stages.
- The WCDHB Maternity service has almost 2 FTE vacancies for core midwives; these positions are currently being advertised. Linda Monk was the successful applicant for the Midwifery Educator's position and commenced permanently in this position on 1 July.
- Birthing in Westport is increasing in numbers with 7 births since the re-opening. A work plan is being developed to reach business as usual by August 2016. Feedback from the mothers birthing at the unit (via the We Care About Your Care maternity feedback form) is positive.
- Quality activities continue in both Kawatiri and McBrearty in the areas of Induction of Labour, documentation, and equipment checking.
- The Midwifery Educator also continues to provide education to LMCs, registered nurses, doctors, core midwives and ENs. Upcoming education includes PROMPT, STABLE and CPR.
- The quality team have been working towards raising awareness of health professionals and the community on how to find a midwife. The WCDHB purse cards will be reprinted and distributed in areas where women can purchase pregnancy tests. The West Coast LMC's attended a playgroup fund raiser to promote the "*find your midwife*" website.
- Maternity quality planning activities have been developed for Kawatiri Unit and are being incorporated into the West Coast Maternity Quality Safety Group's annual work plan.
- The MOH has committed to ongoing funding for the role of the Maternity Quality Safety Group Co-ordinators for a further three year term, via amendment to the Service Specifications. Self-assessment using the MoH tool puts the WCDHB in the "emerging" category with some aspects of "established" achieved. Significant progress has been made in embedding quality in maternity services, but we are not yet at the "excelling" or "business as

usual” stage and to maintain momentum the continued funding and resourcing of this role is crucial.

- Discharge summaries for women residing in rural areas are being provided to LMCs, GPs and Rural Nurse Specialists to improve communication and ensure they are aware that these mothers have returned to the community.

### **Reefton Health**

- *Hospital* – Rosters continue to be closely monitored to ensure staffing levels are appropriate for the workload.
- *Aged Residential Care* – There are currently 7 hospital level and 6 rest home level residents. This includes one resident relocated from Allen Bryant Rest Home. This means the facility is over capacity by one resident, so are utilising a GP bed. Staff levels are maintained at the normal rostering level as there is sufficient staffing on each duty to safely cover the number of residents and any admissions into the GP beds.
- *General* – Across Reefton Health, there has been a 68% uptake of the flu vaccination.

### **Allied Health**

- The review of the WCDHB Child Protection service has been completed. The Executive Management Team endorsed the report prior to it being provided to internal and external key stakeholders. The report included 11 recommendations, which included:
  - Clarification of roles and responsibilities, reporting lines and clinical leadership
  - Professional development and health leadership mentoring

The implementation plan is in the process of being rolled out. This plan is being overseen by a Steering Committee made up of the HR Advisor, General Manager Grey|Westland and the Associate Director of Allied Health.

- Calderdale Framework project facilitators have instigated stage 1 of the Framework: “*awareness rising*”. Information sessions have been facilitated for Allied Health, Nursing and Rural Learning Centre staff. The facilitators have also started work on developing a project plan. The project will focus on Allied Health Assistant skill delegation in Occupational Therapy and Physiotherapy departments.
- Allied Health & Nursing Innovation & Leadership Groups continues to meet monthly. Two separate projects are progressing well.
  - One project aims to develop a consolidated and innovative strategy for enhancing workforce development that meets service and individual needs. It was acknowledged that some staff do not want to become managers and require tailored development pathways. Pathways to be developed will factor in individual needs, responsibilities associated with their role, service area requirements, organisations requirements (i.e. mandatory training) and professional body/regulatory bodies requirements (i.e. continuing professional education). Resources developed (e.g. development template) will be shared with Allied Health and nursing staff.
  - The other project aims to develop, implement and evaluate a new discharge planning approach on Morice Ward to improve patient journey. Education sessions on IDEAL model (Inclusion Discussion, Education, Assessment, Learnings) will be delivered on Morice Ward by Julie Lucas and Gary Coghlan (GM – Maori Health). Nursing and Allied Health staff will be invited to attend. Group are working on creating benchmarks so that impact of implementing new model can be measured.

- The Occupational Therapist from Mental Health will be meeting with the Clinical Manager of OT and Physio and the Clinical Nurse Manager of Kahurangi regarding looking at ways to collaborate to share expertise and resources to create optimal outcomes for mental health patients.
- The Medical Technicians are offering hearing aids to the community at subsidised rates. They also offer a minor repair service free of charge. This is an important service as many community members cannot afford the prices currently charged by private audiologists, as reported in the local media recently. The Charge Medical Technician also provides other services including hearing aid servicing to local aged care facilities.
- Allied Health is to play a pivotal role in supporting residents, and their families, from Allen Bryant Aged Care Residential Facility.

## **Industrial Relations**

### ***Negotiations Update:***

- Nurses MECA (NZNO) – DHBs made a formal settlement on 6 July 2015. Union will hold ratification meetings over the next six weeks.
- Allied & Technical MECA (PSA) – Further bargaining expected on 22/23 July 2015.
- Midwives MECA (MERAS) – Terms of settlement being prepared.
- West Coast Pharmacy (First Unions) – No further progress.
- Public, Mental health and Community Nurses MECA (PSA) – Bargaining continues on 24 July 2015.

## **Recruitment**

<b>New Vacancies</b>	4
<b>Total Open Vacancies</b>	11
<b>Total FTE Recruiting</b>	13.2
<b>Appointed Vacancies</b>	1
<b>Total FTE Appointed</b>	0.6

- Recruitment activity has slowed down considerably with just 4 new vacancies in June, bringing total recruitment to 11 vacancies.
- RMO Annual recruitment has yielded 6 applications, which are currently being screened by the RMO Coordinator.
- Recruitment is ongoing for the Physician and Surgeon. There has been interest from an Australian based surgeon, which is being progressed.
- A decision has been made for hard to fill roles requiring a new 'Approval to Appoint' every 12 months to ensure the position is still required.

## **4.3 Patient**

### **Patient Transfers**

- The number of tertiary patient transfers from Grey Hospital increased from 38 transfers in April to 54 transfers for the month of May 2015. The vast majority of the May transfers





were for orthopaedic patients with the most frequent methods of transportation being via ambulance and pressurised aircraft.

- The main reasons for transfers in May 2015 were for 'Specialty Care not available at Grey Hospital', 'Severity of Illness' and 'Special Procedure not done at Grey'.
- For patients transferred from Buller to Grey, the number rose slightly from 16 patients in April to 18 patients in May 2015. For May, the transfers were for predominantly surgical and medical patients with the main method of transportation being via ambulance.
- The number of patient transfers from Reefton to Grey increased for May 2015; with 8 patients having been transferred (one patient was transferred in April 2015). The transfers were for medical and surgical patients, and the main method of transportation was via ambulance.
- All figures provided include those recorded as transferring via private motor vehicle.

## 4.4 Health Targets




### Health Target progress

#### Quarterly & progress data

Target		Q1 14/15	Q2 14/15	Q3 14/15	Q4 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%	99.4%	99.4%	99.7%	95%	✓	The West Coast DHB continues to achieve impressive results against the <b>Shorter Stays in ED Health Target</b> , with <b>99.7%</b> of patients admitted, discharged or transferred from ED within six hours during Quarter 4.
	<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	425 YTD	878 YTD	1,288 YTD	1,555 YTD May	1,443 YTD	✓	The West Coast DHB met the <b>Improved Access to Elective Surgery Health Target</b> during Quarter 3, exceeding target by 131 discharges. 1,288 discharges against our 1,157 YTD target mean we achieved 111.3%. Results through to May remain positive, exceeding target by 112 discharges.
	<b>Faster Cancer Treatment<sup>2</sup></b> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	New	72.7%	62.5%	TBC	85%	✗	This is the second 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 the initial quarters ahead.
	<b>Increased Immunisation</b> Eight-month-olds fully immunised	77%	82%	89%	85%	95%	✗	West Coast DHB has not met the <b>Increased Immunisation Health Target</b> , vaccinating 85% of our eligible population in Quarter 4. Opt-off & declines increased this quarter at a combined total of 16.6%—6.6% increase on the previous quarter which is reflected in our reduced results. 98% of the reachable population were immunised with only two children overdue at their milestone age.

<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.

Target		Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Target	Current Status	Progress
	<b>Better Help for Smokers to Quit</b> Hospitalised smokers receiving help and advice to quit	93%	92.8% <sup>3</sup>	97.8%	TBC	95%	✓	During Quarter 3, West Coast DHB staff provided <b>97.8%</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. Result reflects 99.7% of discharges coded.
	<b>Better Help for Smokers to Quit</b> Smokers attending <b>primary</b> care receive help and advice to quit <sup>4</sup>	71.3%	78.3%	94%	TBC	90%	✓	Performance against the <b>Primary Care Smokers Better Help to Quit Health Target</b> 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.
	<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>	78.9%	82.6%	90.3%	TBC	90%	✓	Performance against the <b>More Heart and Diabetes Checks Health Target</b> 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. Preliminary internal data suggests this trend continues through May.

<sup>3</sup> 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.

<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 maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in May 2015. One orthopaedic patient was shown on the Ministry of Health's May ESPI Final Results tables as having exceeded the 4-month maximum waiting time from First Specialist Assessment to surgical treatment (ESPI 5) as at the end of May 2015. However, this transpired to be a data error relating to an ACC patient; so no publicly funded patients were non-complaint in ESPI 5 in May. The record has since been corrected.

# MoH Elective Services Online

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

DHB Name: West Coast

	2014			2014			2014			2014			2014			2014			2015			2015			2015			2015			2015					
	Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May		
	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	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	18 of 18	100.0%	0	17 of 18	94.4%	1
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	0	0.0%	0	0	0.0%	0	2	0.2%	-2	0	0.0%	0	0	0.0%	0	6	0.8%	-6	0	0.0%	0	0	0.0%	0	0	0.0%	0	17	2.6%	-17	35	4.7%	-35	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	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	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	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	4	1.8%	-4	8	3.8%	-8	1	0.6%	-1
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	X	0	0	X	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.	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	129	100.0%	0	180	100.0%	0	136	100.0%	0	150	100.0%	0

Data Warehouse Refresh Date: 03/Jul/2015

Report Run Date: 06/Jul/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 5 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](mailto:elective_services@moh.govt.nz)).



## 4.5 Quality



- Hospital Services Incidents recorded in Safety1st for the period April - June 2015

General Event Type	Apr	May	Jun
Labs / Specimen	7	10	7
Medication and IV Fluids	7	8	6
Fall	3	3	1
Security	2	1	1
Behaviour & Safety	1		3
Blood Product	1		1
Employee	1	4	4
Facilities, Building and Property	1	1	1
Infection		1	
Provision of Care	7	8	6
Skin / tissue	1		
Total Incidents April – June 2015	31	36	30

### CLAB (Central line associated bacterium)

As of 6 July 2015 the West Coast DHB has been 1082 days CLAB free!!

### Maternity

- **Web pages:** Maternity web pages continue to be updated reflecting changed model of care – independent LMCs
- **Feedback “We Care About Your Care Feedback Form”:** Feedback received is analysed and provided to Maternity Quality Safety Group on a monthly basis.

### Safety1st

- **Reporting:** Reports have been developed to meet the needs of identified user groups e.g. medication safety committee. These are being fine-tuned as required.
- **Regional Systems Administrator [RSA]:** The Quality Facilitator is being trained as an RSA for the West Coast region which means that changes can be made at the local level in terms of adding new users, setting up notifications and alerts, etc.
- **System Upgrade to latest release:** Testing is underway of the latest release of RL6 (Safety1st software) across the South Island prior to the release being rolled out. DHBs have been allocated specific forms for testing. “Testers” have been identified at the WCDHB. Their role will be to test the forms in the test system function.

### **ACC Treatment Injury Resource Pack**

The Quality Facilitator and ACC Revenue Co-ordinator have developed an ACC Treatment Injury Resource pack which will be placed in each clinical area. The pack contains guides, flow charts, patient information leaflet and the ACC forms that need to be completed in order for a treatment injury to be lodged with ACC. The role of the ACC Revenue Co-ordinator has been included in the process flow chart to ensure that guidance for staff is available at a local level and that the WCDHB can ensure we are billing appropriately for ACC related expenses, when a claim is accepted.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 MAY 2015

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

**SOURCE:** Finance

**DATE:** 23 July 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. The June results will be tabled at the Hospital Advisory Committee meeting

## 2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the periods ended 31 May 2015 and 30 June 2015.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of May 2015 was a surplus of \$0.258m, which was \$0.346m favourable against the budgeted deficit of \$0.088m. The year to date position is now \$0.170m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	7,086	6,957	129	√	75,503	76,527	(1,024)	×
Governance & Administration	65	188	(123)	×	2,478	2,068	410	√
Funds & Internal Eliminations	4,628	4,453	175	√	50,274	48,983	1,291	√
	11,779	11,598	181	√	128,255	127,578	677	√
<b>EXPENSES</b>								
Provider								
Personnel	5,558	4,949	(609)	×	57,922	54,439	(3,483)	×
Outsourced Services	(1)	73	74	√	67	803	736	√
Clinical Supplies	786	612	(174)	×	7,024	6,732	(292)	×
Infrastructure	748	723	(25)	×	10,188	7,953	(2,235)	×
	7,091	6,357	(734)	×	75,201	69,927	(5,274)	×
Governance & Administration	65	188	123	√	2,478	2,068	(410)	×
Funds & Internal Eliminations	3,851	4,604	753	√	46,287	50,644	4,357	√
<b>Total Operating Expenditure</b>	11,007	11,149	142	√	123,966	122,639	(1,327)	×
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	772	449	323	√	4,289	4,939	(650)	×
<b>Interest, Depreciation &amp; Capital Charge</b>	514	537	23	√	5,427	5,907	480	√
<b>Net surplus/(deficit)</b>	258	(88)	346	√	(1,138)	(968)	(170)	×

#### **4. APPENDICES**

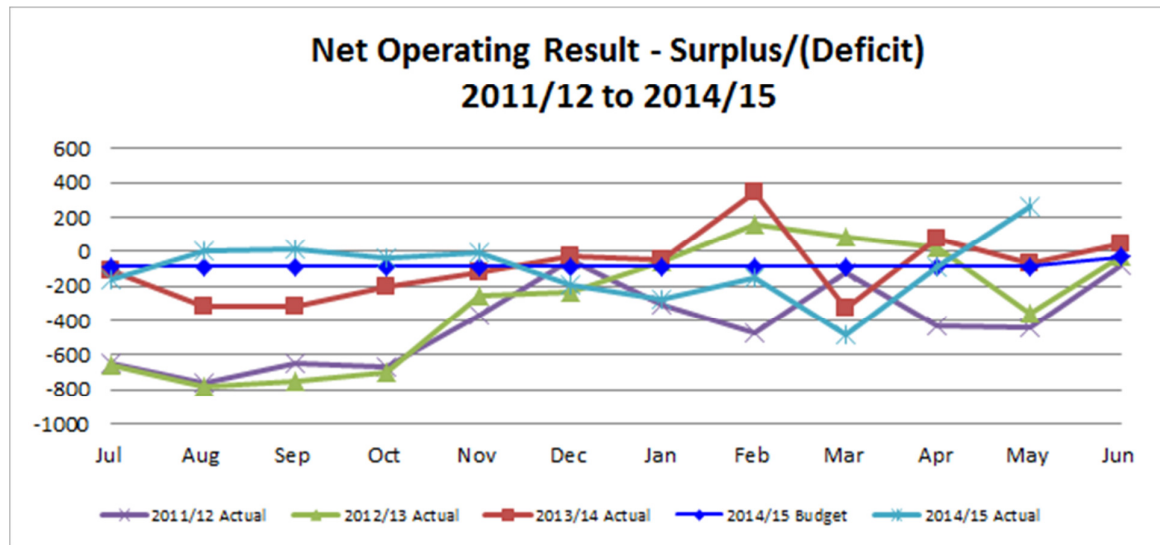
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – MAY 2015

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	258	(88)	346	-393% ✓	(1,138)	(968)	(170)	18% ✗



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.

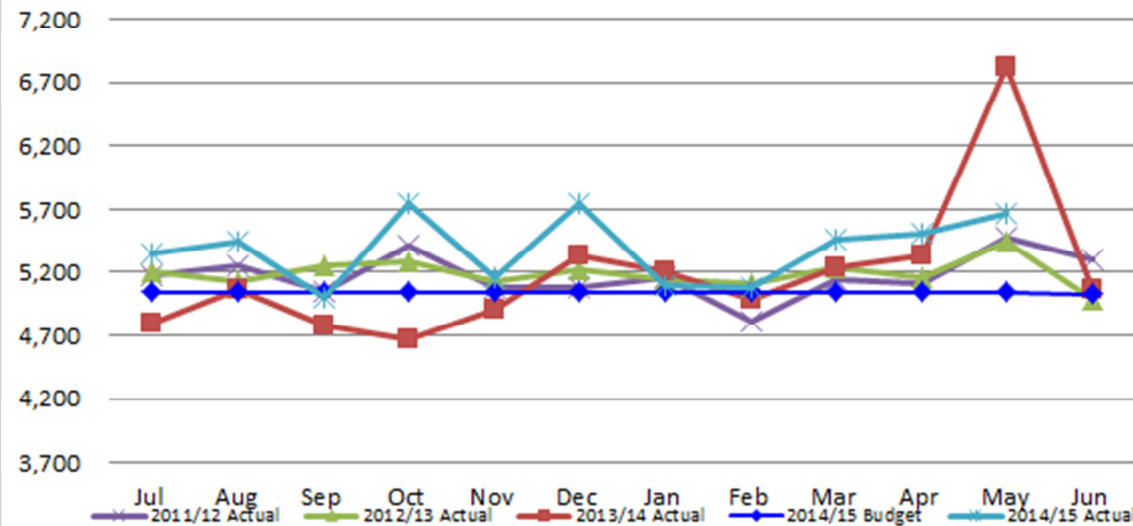
### KEY RISKS AND ISSUES

The May 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	1,370	1,387	17	1%	15,305	15,257	(48)	0%
Nursing	2,362	2,175	(187)	-9%	26,078	23,925	(2,153)	-9%
Allied Health	917	729	(188)	-26%	9,247	8,019	(1,228)	-15%
Support	88	117	29	25%	1,031	1,287	256	20%
Management & Admin	927	635	(292)	-46%	7,618	6,985	(633)	-9%
<b>Total</b>	<b>5,664</b>	<b>5,043</b>	<b>(621)</b>		<b>59,279</b>	<b>55,473</b>	<b>(3,806)</b>	

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



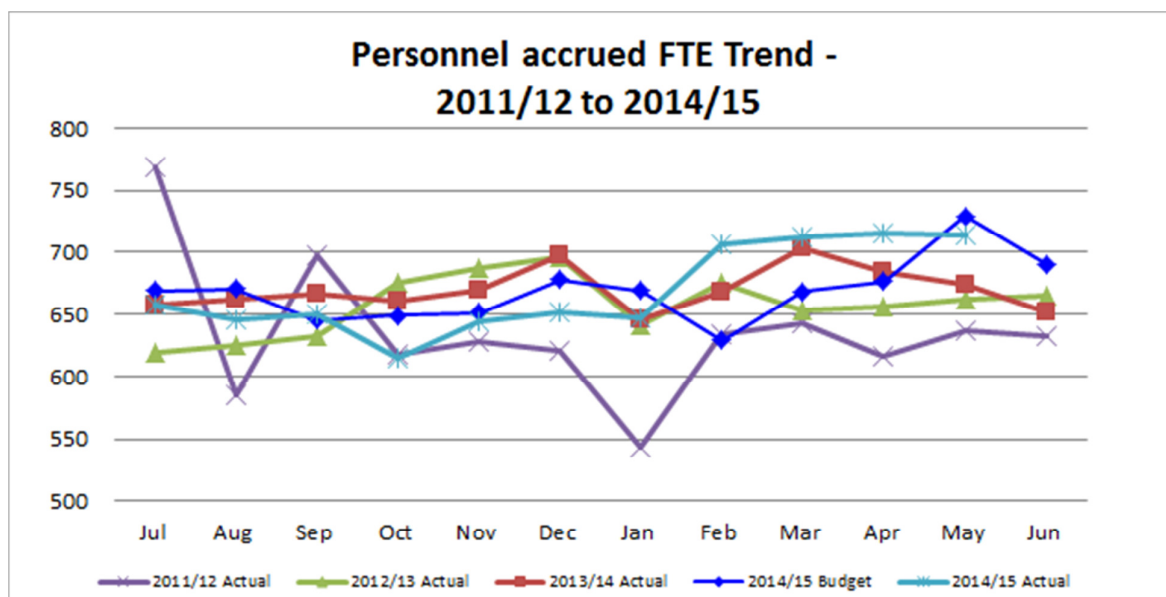
Personnel costs continue to be unfavourable for the month, following similar trends throughout the year, of being well above budget. Despite significant efforts we are still experiencing use of locums and agency staff above the expectations set in the budget to manage and maintain service through periods of leave and turnover, this is not expected to reverse for the remainder of the year.

## 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	(6)	-14%	38	43	5	11%
Nursing	345	337	(8)	-2%	329	327	(2)	-1%
Allied Health	178	152	(27)	-18%	158	146	(12)	-8%
Support	18	25	7	29%	21	27	6	22%
Management & Admin	127	122	(5)	-4%	116	126	10	8%
<b>Total</b>	<b>715</b>	<b>676</b>	<b>(38)</b>		<b>662</b>	<b>669</b>	<b>7</b>	



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

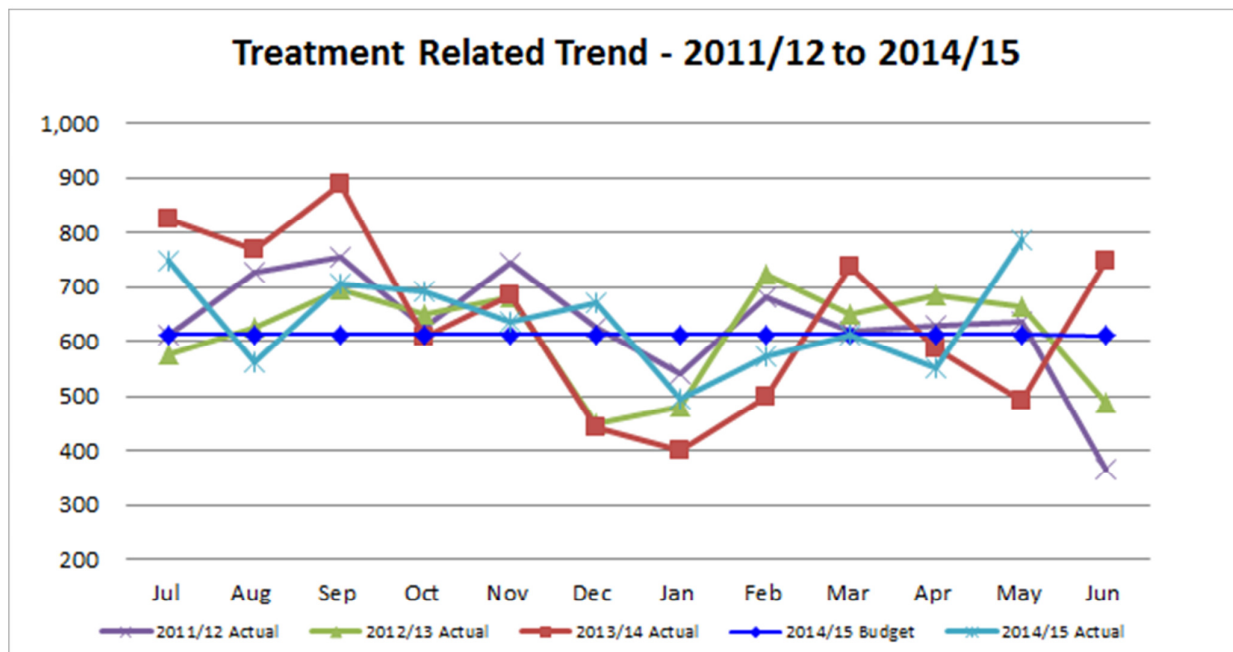
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

## 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	786	612	(174)	-28%	X	7,025	6,732	(293)	-4% X



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.

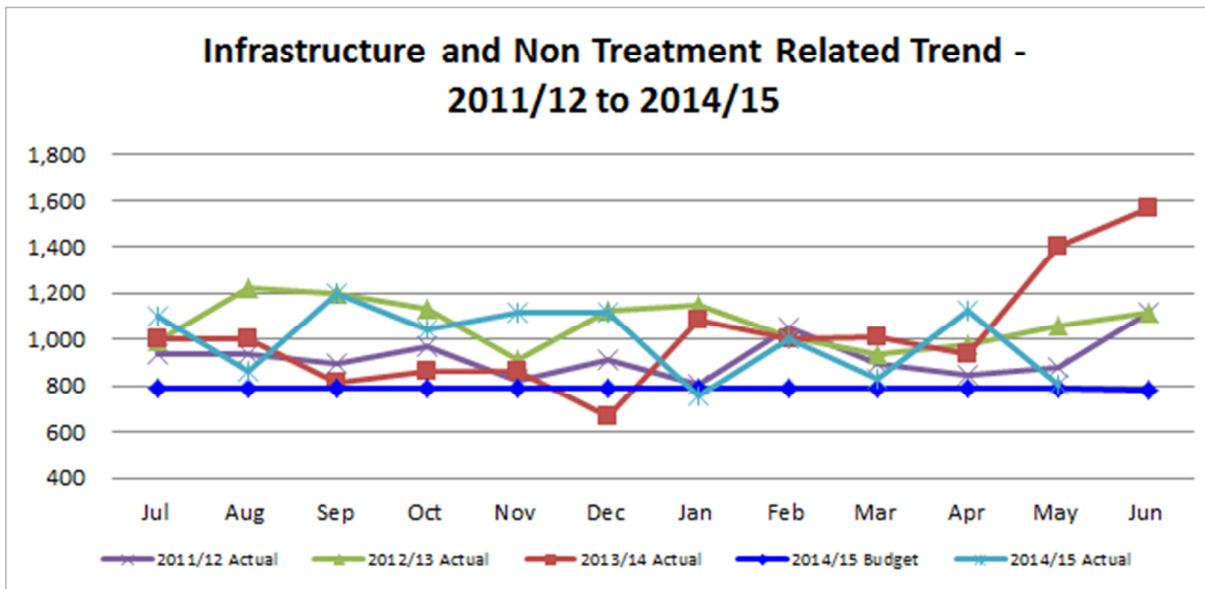
## KEY RISKS AND ISSUES

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	809	792	(17)	-2% X	10,956	8,712	(2,244)	-26% X



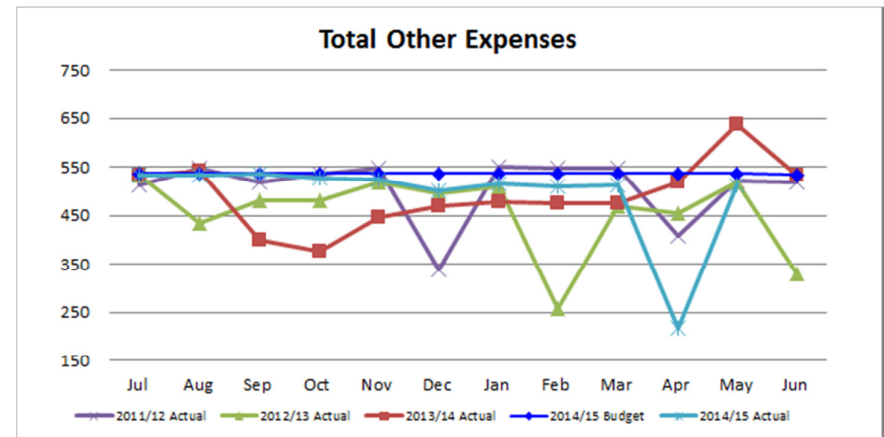
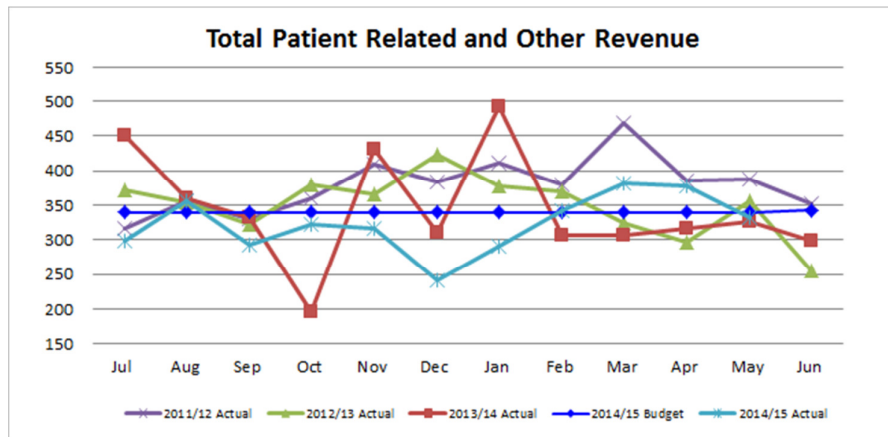
Facilities, IT and telecommunications costs make up the bulk of this category. There have been significant increases in IT and communications costs this year, generally related to regional spend, in addition to higher consultancy costs relating to service reviews. These are being closely monitored with 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	49	49	-	0%	468	539	(71)	-13%
Donations		-	-	0%	62	-	62	0%
Rental	7	15	(8)	-53%	165	165	-	0%
Other	44	46	(2)	100%	385	506	(121)	-24%
<b>Total Other Revenue</b>	<b>100</b>	<b>110</b>	<b>(10)</b>	<b>-9%</b>	<b>1,080</b>	<b>1,210</b>	<b>(130)</b>	<b>-11%</b>
Interest Expense	51	114	63	55%	679	1,254	575	46%
Depreciation	398	327	(71)	-22%	4,026	3,597	(429)	-12%
Capital Charge Expense	65	96	31	32%	722	1,056	334	32%
<b>Total Other Costs</b>	<b>514</b>	<b>537</b>	<b>23</b>	<b>4%</b>	<b>5,427</b>	<b>5,907</b>	<b>480</b>	<b>8%</b>



### KEY RISKS AND ISSUES

Other revenue for the month is below target, This trend is expected to continue for the remainder of the year. We have reviewed depreciation in light of current knowledge of Grey redevelopment (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	8,959	27,116	(18,157)	-67% <span style="color: red;">✗</span>	28,016
Cash	6,762	12,886	(6,124)	-48% <span style="color: red;">✗</span>	10,068

## 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

For period ending  
in thousands of New Zealand dollars

31 May 2015

	Monthly Reporting				Year to Date				Full Year 14/15	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Operating Revenue</b>										
Crown and Government sourced	11,315	11,126	189	1.7%	122,967	122,386	581	0.5%	133,509	131,279
Inter DHB Revenue	1	3	(2)	(66.7%)	35	33	2	6.1%	34	20
Inter District Flows Revenue	130	129	1	0.8%	1,420	1,419	1	0.1%	1,551	1,615
Patient Related Revenue	233	230	3	1.3%	2,753	2,530	223	8.8%	2,760	2,880
Other Revenue	100	110	(10)	(9.1%)	1,080	1,210	(130)	(10.7%)	1,323	1,237
<b>Total Operating Revenue</b>	<b>11,779</b>	<b>11,598</b>	<b>181</b>	<b>1.6%</b>	<b>128,255</b>	<b>127,578</b>	<b>677</b>	<b>0.5%</b>	<b>139,177</b>	<b>137,031</b>
<b>Operating Expenditure</b>										
Personnel costs	5,665	5,043	(622)	(12.3%)	59,280	55,473	(3,807)	(6.9%)	60,505	61,839
Outsourced Services	(1)	22	23	104.5%	67	242	175	72.3%	264	158
Treatment Related Costs	786	612	(174)	(28.4%)	7,025	6,732	(293)	(4.4%)	7,342	7,727
External Providers	2,824	2,934	110	3.7%	31,335	32,274	939	2.9%	34,757	34,383
Inter District Flows Expense	1,026	1,670	644	38.6%	14,951	18,370	3,419	18.6%	20,465	14,486
Outsourced Services - non clinical	(102)	76	178	234.2%	352	836	484	57.9%	912	1,461
Infrastructure and Non treatment related costs	809	792	(17)	(2.1%)	10,956	8,712	(2,244)	(25.8%)	9,491	12,225
<b>Total Operating Expenditure</b>	<b>11,007</b>	<b>11,149</b>	<b>142</b>	<b>1.3%</b>	<b>123,966</b>	<b>122,639</b>	<b>(1,327)</b>	<b>(1.1%)</b>	<b>133,736</b>	<b>132,279</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>772</b>	<b>449</b>	<b>323</b>	<b>71.9%</b>	<b>4,289</b>	<b>4,939</b>	<b>650</b>	<b>13.2%</b>	<b>5,441</b>	<b>4,752</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	51	114	63	55.3%	679	1,254	575	45.9%	1,364	713
Depreciation	398	327	(71)	(21.7%)	4,026	3,597	(429)	(11.9%)	3,937	4,373
Capital Charge Expenditure	65	96	31	32.3%	722	1,056	334	31.6%	1,140	753
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>514</b>	<b>537</b>	<b>23</b>	<b>4.3%</b>	<b>5,427</b>	<b>5,907</b>	<b>480</b>	<b>8.1%</b>	<b>6,441</b>	<b>5,839</b>
<b>Net Surplus/(deficit)</b>	<b>258</b>	<b>(88)</b>	<b>346</b>	<b>393.2%</b>	<b>(1,138)</b>	<b>(968)</b>	<b>(170)</b>	<b>(17.6%)</b>	<b>(1,000)</b>	<b>(1,087)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>258</b>	<b>(88)</b>	<b>346</b>	<b>393.2%</b>	<b>(1,138)</b>	<b>(968)</b>	<b>(170)</b>	<b>(17.6%)</b>	<b>(1,000)</b>	<b>(1,087)</b>

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

As at

31 May 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
25,040	24,782	258	1.0%	26,996
1,045	1,246	(201)	(16.1%)	1,517
544	43,790	(43,246)	(98.8%)	74
643	567	76	13.4%	227
27,272	70,385	(43,113)	(61.3%)	28,814
6,762	12,886	(6,124)	(47.5%)	7,483
70	60	10	16.7%	79
1,074	1,100	(26)	(2.4%)	1,010
7,998	4,218	3,780	89.6%	7,686
136	136	0	0.0%	136
16,040	18,400	(2,360)	(12.8%)	16,394
43,312	88,785	(45,473)	(51.2%)	45,208
11,195	39,195	28,000	71.4%	10,695
2,937	2,895	(42)	(1.5%)	2,636
14,132	42,090	27,958	66.4%	13,331
3,250	3,250	0	0.0%	3,750
7,996	7,248	(748)	(10.3%)	9,927
8,975	9,081	106	1.2%	9,203
20,221	19,579	(642)	(3.3%)	22,880
34,353	61,669	27,316	44.3%	36,211
70,761	88,761	18,000	20.3%	69,661
19,569	19,569	0	0.0%	19,569
(81,410)	(81,253)	157	0.2%	(80,272)
39	39	0	0.0%	39
8,959	27,116	18,157	67.0%	8,997
43,312	88,785	(45,473)	(51.2%)	45,208

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending  
in thousands of New Zealand dollars

31 May 2015

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
<b>Cash flows from operating activities</b>								
Cash receipts from Ministry of Health, patients and other revenue	10,507	11,549	(1,042)	(9.0%)	116,323	127,039	(10,716)	(8.4%)
Cash paid to employees	(5,722)	(5,043)	(679)	(13.5%)	(59,615)	(55,473)	(4,142)	(7.5%)
Cash paid to suppliers	(480)	(1,502)	1,022	68.0%	(9,261)	(16,522)	7,261	43.9%
Cash paid to external providers	(2,896)	(2,934)	38	1.3%	(32,697)	(32,274)	(423)	(1.3%)
Cash paid to other District Health Boards	(954)	(1,670)	716	42.9%	(13,589)	(18,370)	4,781	26.0%
<i>Cash generated from operations</i>	455	400	55	13.8%	1,161	4,400	(3,239)	(73.6%)
Interest paid	(51)	(114)	63	55.3%	(615)	(1,254)	639	51.0%
Capital charge paid	(65)	(96)	31	32.3%	(722)	(1,056)	334	31.6%
<b>Net cash flows from operating activities</b>	(116)	(210)	94	(44.8%)	(176)	(2,310)	2,134	(92.4%)
<b>Cash flows from investing activities</b>								
Interest received	49	49	0	0.0%	468	539	(71)	(13.2%)
(Increase) / Decrease in investments	0	0	0		0	(402)	402	(100.0%)
Acquisition of property, plant and equipment	(56)	(4,062)	4,006	98.6%	(2,072)	(44,682)	42,610	(95.4%)
Acquisition of intangible assets		0	0		(2)	0	(2)	
<b>Net cash flows from investing activities</b>	(7)	(4,013)	4,006	(99.8%)	(1,606)	(44,545)	42,939	96.4%
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	3,000	0	3,000		4,101	18,000	(13,899)	(77.2%)
Repayment of equity	(2,972)	0	(2,972)		(3,040)	0	(3,040)	
<i>Cash generated from equity transactions</i>	28	0	28		1,061	18,000	(16,939)	
Borrowings raised								
Repayment of borrowings	0	7,000	(7,000)		0	28,000	(28,000)	
Payment of finance lease liabilities	0	0	0		0	0	0	
<b>Net cash flows from financing activities</b>	0	7,000	(7,000)		0	28,000	(28,000)	
Net increase in cash and cash equivalents	(95)	(4,223)	4,128	(97.8%)	(721)	3,545	(4,266)	(120.3%)
Cash and cash equivalents at beginning of period	6,402	4,532	1,870	41.3%	7,483	9,341	(1,858)	(19.9%)
<b>Cash and cash equivalents at end of year</b>	6,307	309	5,998	1941.1%	6,762	12,886	(6,124)	(47.5%)



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

**SOURCE:** Clinical Leaders

**DATE:** 23 July 2015

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

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

## 2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

## 3. DISCUSSION

### **Workforce**

Work continues on The Nursing Workforce Strategy with a project underway to develop a plan for future nursing workforce requirements within the model of care and new facilities. Mapping current state and a clearly outlined future state will enable a well organised plan in nursing workforce development. Nursing leadership across the system is engaged in this process.

The Allied and Nursing Leadership and Innovation Group have self selected three priority projects to support changes underway in regard to the model of care and workforce development. One of which is an agreed education mapping framework that ensures individual and service needs are being met, that is able to be used for both allied and nursing professionals. The second project is to develop and refine the restorative rehabilitation model for the medical service with a focus on improving the patient journey and patient outcomes. The third project is focused on improving the integration between hospital services and primary care.

### **Quality and Safety**

The Clinical Quality Improvement Team (CQIT) has met to rescope and reframe the purpose and focus of this group. Paul Norton, Quality Manager has taken over the leadership of this team and the Clinical Leaders will continue to be actively engaged to support clinicians in decision making and the roll out of quality and safety initiatives. CQIT will remain aligned to the Health Quality and Safety Commission priorities for 2015/16 which include falls minimisation, medication safety, surgical safety and hand hygiene.

### **Facilities Planning**

Clinicians continue to be well engaged in all facilities design work streams, with detailed design underway.

## **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 4 JUNE 2015



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 26 June 2015

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Report Status – For:      Decision    ☐      Noting    ☒      Information    ☐

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## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 4 June 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 – 4 June 2015.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 4 June 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**

The carried forward items were noted.

### **MANAGEMENT REPORT**

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

- The appointment to the Pharmacy Manager Role;
- The successful start of the Patient Transfer Service; and
- The Integration of AT&R services into Morice Ward.

He advised that the patient flow diagrams that were considered to be outdated at the last meeting are being worked on in conjunction with Planning & Funding to give more context around what is being illustrated. It is hoped that this information will be available for the next meeting.

In addition the Committee noted the following:

- The DHB has joined a national service “Language Line” for translation services.
- Work continues around the CMO role with this being discussed at the SMO conference held last month. It was agreed that this role would be split and work is being undertaken with the General Manager People & Capability around filling these roles.
- The first database for Quality & Safety went live on 30 March and staff feedback has been positive.
- There is some pressure in the industrial relations area with some national arrangements being stepped through. The West Coast, along with Canterbury, will be looking very carefully at this.

The report was noted

#### **FINANCE REPORT**

Justine White, General Manager, Finance, presented the Finance Report for the month ending April 2015. 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 Committee noted that there has been a change to the Annual Plan in relation to transitional funding with the target for year-end now being a \$1.1m deficit. It was also noted that the financial position is currently \$500k over where we want to be and a number of initiatives are being worked on to try to pull this back.

The report was noted.

#### **CLINICAL LEADERS UPDATE**

Karyn Bousfield, Director of Nursing & Midwifery presented this report which was provided to the Board at their last meeting. The Committee noted that there is still a lot of work taking place in the transalpine space. All the work streams are at different stages of the journey with Anaesthesia being the most advanced

In regard to the new facilities planning the Committee noted that from a nursing perspective the DHB is on track for the new models of care that will be required for this transition.

Discussion took place regarding Clinical Leadership and this will operate going forward.

The report was noted.

#### **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 4 June 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 26 June 2015 commencing at 10.15am**

<b>KARAKIA</b>		<b>10.15am</b>
<b>ADMINISTRATION</b>		<b>10.15am</b>
Apologies		
1.	Interest Register	
2.	Confirmation of the Minutes of the Previous Meetings <ul style="list-style-type: none"> <li>• 8 May 2015</li> </ul>	
3.	Carried Forward/Action List Items	
<b>REPORTS</b>		<b>10.20am</b>
4.	Chair's Update (Verbal Update)	Peter Ballantyne <i>Chairman</i> 10.20am – 10.30am
5.	Chief Executive's Update - Health & Safety	David Meates <i>Chief Executive</i> 10.30am – 10.45am
6.	Clinical Leader's Update	Karyn Bousfield <i>Director of Nursing &amp; Midwifery</i> 10.45am – 10.55am
7.	Finance Report	Justine White <i>General Manager, Finance</i> 10.55am – 11.05pm
8.	Crown Entities Act 2004 - Changes	Justine White <i>General Manager, Finance</i> 11.05pm – 11.15pm
9.	Maori Health Plan Update	Gary Coghlan <i>General Manager, Maori Health</i> 11.15am – 11.25am
10.	Health Target Report – Quarter 3	Phil Wheble <i>Team Leader, Planning &amp; Funding</i> 11.25am – 11.35am
11.	Report from Committee Meetings <ul style="list-style-type: none"> <li>- CPH&amp;DSAC 4 June 2015</li> <li>- Hospital Advisory Committee 4 June 2015</li> </ul>	Elinor Stratford <i>Chair, CPH&amp;DSAC Committee</i> 11.35pm - 11.45pm  Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 11.45pm – 11.55pm
12.	Resolution to Exclude the Public	<i>Board Secretariat</i> 11.55pm
<b>INFORMATION ITEMS</b>		
<ul style="list-style-type: none"> <li>• 2015 Meeting Schedule</li> </ul>		
<b>ESTIMATED FINISH TIME</b>		<b>11.55pm</b>
<b>NEXT MEETING</b>		
Friday 7 August 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.