

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

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**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**11.00 am, 10 September 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 10 September 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 July 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 – 7 August 2015
- 2015 HAC Work Plan (Working Document)
- West Coast DHB 2015 Meeting Schedule

## NEXT MEETING:

**Date of Next Meeting:** 22 October 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 23 July 2015, commencing at 11.00am

**PRESENT**

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

**IN ATTENDANCE**

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**MANAGEMENT SUPPORT**

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

**APOLOGIES**

Apologies were received and accepted from Sharon Pugh, Gail Howard and Richard Wallace.

**WELCOME**

The meeting joined together 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 (17/15)**

(Moved: Peter Neame/Seconded: Chris Lim – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 4 June 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 which was taken as read.

Mr Newsome highlighted the following notable features:

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

He advised that the patient flow diagrams that were considered to be outdated at the April meeting are still 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:

- DNAs – there has been a slight increase since the last report and management are trying to understand the reasons for this. E-texting of appointments is planned to go live on 1 August 2015.
- The new patient transfer service has settled in and patients and staff are appreciating the well-coordinated approach to inter-hospital transfers.
- The Allen Bryant Rest Home closure has meant that 46 rest home beds were lost overnight. All staff have been working to support this extraordinary closure due to flooding. Nursing staff from within the hospital are supporting staffing levels at both Granger House and Reefton Hospital as we continue to manage Aged Residential Care beds across the West Coast. The old Hannan Ward space is also being used to accommodate Allen Bryant residents.
- Due to the accommodation required for Allen Bryant residents, Chemotherapy has been moved to the Kahurangi meeting room.
- The Nurses MECA offer is out for ratification of members.

Discussion took place regarding the Faster Cancer Treatment Health Target. It was noted that this is a multi-factorial area and is dependent on Canterbury. A meeting has been set up to determine what can be done to improve this and there is confidence that we will see an upward trend.

##### **Resolution (18/15)**

(Moved: Peter Neame/Seconded: Chris Lim – carried)

- i. That the Committee notes the Management Report.

#### 5. FINANCE REPORT

Mark Newsome, General Manager, Grey/Westland, presented the Finance Report for the month ending May 2015. 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.

Mr Newsome advised that the main variances are in personnel costs which are likely to continue. The Committee noted that this is monitored on a daily basis to ensure we are not overstaffing areas with an intention to reduce locum usage.

The Committee also noted that as with nursing there is also a medical Strategic Plan which has just

been circulated to EMT.

Mr Newsome commented that going forward the financial position is incredibly tight. The budgets have not yet been loaded down to cost centre managers however this work is taking place currently. In order to meet our commitment to the Minister to live within our means the organisation will be working very hard to achieve savings.

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 19/15)**

(Moved: Peter Neame/Seconded: Chris Lim – carried)

- i. That the Committee notes the financial result and related matters for the period ended May 2015 and the unaudited year end result.

### **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 the Clinical Quality Improvement Team has met to re-scope and reframe the purpose and focus of the 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-over of quality and safety initiatives.

#### **Resolution (16/15)**

(Moved: Peter Neame/Seconded: Chris Lim – carried)

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

### **7. GENERAL BUSINESS**

The Board Chair provided an update to the Committee on the Facilities project.

There being no further business the meeting closed at 12 noon.

Confirmed as a true and correct record.

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Kevin Brown, Deputy Chair

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Date



## CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	23 July 2015	<b>Did Not Attend (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:** 10 September 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 continues
- Continued successful medical recruitment
- Publication of Maternity Quality Safety Annual Report.

## 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 years end. Work on them is progressing.

## Volumes

This Provider Arm Report includes base service level agreement additional electives initiative volumes. The volume results below are for the 2014-15 financial year.

### Inpatient Volumes

Throughput for the 12-month period to the end of June 2015 show overall case-weighted [CWD] down for the year for surgical specialty services; and 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	1121.09	899.16	-221.93	-19.80%
Elective	1232.75	1250.90	18.15	1.47%
<b>Sub-Total Surgical:</b>	<b>2353.84</b>	<b>2150.06</b>	<b>-203.78</b>	<b>-8.66%</b>
<b>Medical</b>				
Acute	1392.11	1442.18	50.07	3.60%
Elective	0	.42	0.42	100%
<b>Sub-Total Medical:</b>	<b>1392.11</b>	<b>1442.6</b>	<b>50.49</b>	<b>3.63%</b>
<b>TOTALS:</b>	<b>3745.95</b>	<b>3592.66</b>	<b>-153.29</b>	<b>-4.09%</b>

### Outpatient Volumes

In 2014-15, outpatient delivery was down by 1,077 patients (7.55%) from expected volumes overall. Throughput was 10% under contracted volume for surgical specialty services, due largely to fewer follow-up appointments; and 3.24% down against contracted volume for medical specialty services with fewer First Specialist Assessments being undertaken.

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	3375	3287	-88	-2.61%
Sub. Visit	5420	4608	-812	-14.98%
<b>Sub-Total Surgical:</b>	<b>8795</b>	<b>7895</b>	<b>-900</b>	<b>-10.23%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	1614	1309	-305	-18.90%
Sub. Visit	3846	3974	128	3.33%
<b>Sub-Total Medical:</b>	<b>5460</b>	<b>5283</b>	<b>-177</b>	<b>-3.24%</b>
<b>TOTALS:</b>	<b>14,255</b>	<b>13,178</b>	<b>-1077</b>	<b>-7.55%</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]
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%
July 2015	1698	1546	152	8.95%
<b>13 month rolling totals</b>	<b>22950</b>	<b>21210</b>	<b>1740</b>	<b>7.58% Average</b>

DNAs remain at level to previous month. E-texting of appointments went live on 1 August 2015.

## 4.2 Workforce Update

### Nursing

- Grey Hospital continues to support Reefton and Granger House where possible with Registered Nurses. Secondary services have staff seconded into areas such as District and Kahurangi.
- Winter illnesses have been prevalent with up to 12% sick leave at times through this month. Staff have been flexing up to cover and we have utilised casuals in areas such as CCU and Paediatrics.
- The new graduates have changed areas of work and have now finished their two weeks of orientation. All new graduates have settled in well to their new wards.
- All nursing staff with annual leave balances over 200 hours have plans in place to decrease their balances.

### Medical

- A medical workforce plan has been developed; bringing various pieces of work into one document that describes activities within each specialty area and plans for the advancement of some transalpine services.
- Offers of employment have been made to two Rural Hospital Medicine Specialists.

### Administration

- An engagement process is underway, coast-wide, with our administration staff in order to understand the scope and breadth of work undertaken in these important positions and what resourcing it may require.

### **Ward Activity**

- The Hannan ward space remains open for Allen Bryant residents. This ward is stand alone and has not required any of our services.
- Chemotherapy is working well out of Kahurangi meeting room with staff and patients much happier.
- The Emergency Department nursing staffing remains challenging with recruitment continuing.
- At times through the last month, Morice and Barclay wards have had near 100% utilisation; this has been managed well and staff have coped with the increased workloads.

### **Maternity Services**

- The WCDHB Maternity service has almost 2 FTE vacancies for core midwives; interviews are currently underway.
- Quality activities continue in both Kawatiri and McBrearty with client satisfaction survey results demonstrating a high level of satisfaction for all areas of the service.
- The Maternity Manager recently presented at the National Maternity Conference in Wellington. The topic was the “West Coast Maternity Service” in describing the implementation of the new model and its success.
- The Midwifery Educator also continues to provide education to LMCs, registered nurses, doctors, core midwives and ENs. Recent training has included 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 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. Recruitment for a MQSP facilitator will soon commence.

### **Reefton Health**

- *Hospital* – Rosters have been closely monitored and levels have been appropriate to the workload. Use of casuals has been kept to a minimum, annual leave has been taken and sick leave has increased slightly related to cold and flu-like symptoms.
- *Aged Residential Care* – Currently 8 hospital level and 5 rest home level residents and one resident from Allen Bryant Rest Home. Respite care is being provided for one person and day-care is being provided for one 5 days per week. Staff levels are able to maintain this within normal rostering levels. There is still one GP bed which can be used for palliative etc. with staffing able to be maintained at a safe level.
- *General* – There are no issues currently of any concern being raised across Reefton Health.

### **Allied Health**

- Calderdale Framework project facilitators have submitted a project plan to the Associate Director of Allied Health for final review. This is a significant achievement as it is one of very few Calderdale Framework projects to have been progressed to this stage across the

South Island. Once finalised, this plan will be provided to the Executive Director of Allied Health for endorsement.

- The Associate Director of Allied Health recently participated in the South Island Directors of Allied Health meeting, chaired by the Executive Director of Allied Health. Calderdale Framework projects scheduled for implementation across the South Island were discussed. A number of joint initiatives will be pursued to support the successful implementation of these projects, in addition to sustaining the benefits realised and outcomes achieved post implementation.
- Two new Allied Health & Nursing Innovation & Leadership Group projects have been initiated. The first project aims to improve the physical health of people with a diagnosed chronic mental illness, whilst the second project aims to introduce an inter-disciplinary meeting that focuses on the holistic care being provided to people with a mental illness. These two new projects are joint initiatives between WCDHB primary and secondary health service providers.
- The Dietician team are working on a business case to offer a telemedicine clinic in Franz Josef.
- The Speech Language Therapy team have introduced a new way of assisting non-verbal patients to communicate using an iPad, an app and a device that functions similarly to a mouse.
- A paediatric physiotherapist has been contracted to provide services to WCDHB patients. This arrangement will be in place for approximately three months, allowing adequate time to recruit to a recently vacated position based in Buller. This contractor will also assist the physiotherapy team to enhance their skills in providing clinical services to paediatric patients in addition to providing input into a new model of paediatric physiotherapist services on the West Coast.
- The Radiology on-call roster is now available on the WCDHB intranet. This enables all staff to be aware of who is on-call, not just the operators.
- Family Violence Intervention Refresher Training will be offered to midwives on 27 August. This will feature a specific mental health and cultural component.
- A Family Safety Collaborative meeting has been established. These meetings take place once a week for 30 minutes. The purpose of these meetings is to provide a sustainable and effective family safety service to families on the West Coast.
- A new Medical Technician has been appointed. The successful candidate is due to commence by the end of August.
- Key Allied Health staff have been involved in signing off on the design and contents of relevant rooms to be used by Allied Health in the new Greymouth facility.
- Allied Health provided significant feedback during the staff consultation process regarding proposed changes to services provided to older persons in Allied Health.
- Particular Allied Health staff have participated in the review of administration positions currently underway.
- The Associate Director of Allied Health recently met with a group of third year medical students from University of Otago and discussed the role of Allied Health broadly and specifically within DHBs.
- Work on a three year Allied Health workforce strategy has commenced. This will connect with the CDHB Allied Health workforce strategy also currently in the early stages of development.

- WCDHB Allied Health leaders have commenced initial discussions in regards to the development, implementation and evaluation of new models of service that will be required as we transition from our current facilities to new facilities in Buller and Greymouth.
- Allied Health staff will contribute to the review of CCCN IDT meetings facilitated in Greymouth.
- Significant progress is being made to implement new patient centred discharge planning processes in Morice ward. This is a joint initiative between Allied Health and Nursing.

## **Industrial Relations**

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

- Nurses MECA (NZNO) – Union members have ratified settlement which is within approved parameters over a 29.5 month term expiring 31 July 2017.
- Allied & Technical MECA (PSA) – Settlement offer was sent to union on 14 August 2015. The union has advised that ratification will finish on 11 September 2015.
- Midwives MECA (MERAS) – Terms of settlement still being developed.
- West Coast Pharmacy (First Unions) – Further bargaining took place on 26 August 2015. Offer being drafted and costed.
- Public, Mental Health and Community Nurses MECA (PSA) – Bargaining continued on 27 August 2015. The parties discussed a potential settlement offer. Union is considering a response. Next bargaining scheduled 16 September 2015.

## **Recruitment**

<b>New Vacancies</b>	16
<b>Total Open Vacancies</b>	24
<b>Total FTE Recruiting</b>	22.7
<b>Appointed Vacancies</b>	6
<b>Total FTE Appointed</b>	5.7

- Recruitment activity has picked up in the past month with 16 new vacancies in July, bringing total recruitment to 24 vacancies, over double that of June.
- Job offers have been sent to the two rural hospital medicine specialists, and work is progressing to arrange Medical Council registration and Immigration New Zealand clearances ahead of a start date anticipated for later in the year.
- A general surgeon vacancy has progressed from an initial screening discussion, and we are awaiting confirmation on whether to advance this candidate for the 12 month fixed term vacancy.
- Annual recruitment is continuing in the RMO space for the 2 available vacancies for house officers.
- After a bit of difficulty in sourcing appropriate candidates, we now have 2 candidates being interviewed for positions within the midwifery space. All other nursing remains quiet.
- Allied Health have placed 3 intern roles within Pharmacy and Labs, but have been experiencing some concerns regarding hiring managers not arranging contracts for candidates in a timely manner. One waited 4 months and then withdrew due to no contract, and another had been left waiting 6 weeks.

### 4.3 Patient





#### Patient Transfers

- The number of tertiary patient transfers from Grey Hospital has steadily decreased from the peak of 54 transfers in May to 43 in June and 33 in July. The majority of June transfers were for orthopaedic and medical patients, and for July the majority were for surgical and medical patients. There was a significant decrease in orthopaedic transfers for July 2015. The principal methods of transportation for the months of June and July were via ambulance and pressurised aircraft.
- The main reasons for transfers in June were for 'Specialty Care not available at Grey Hospital', and 'Special Procedure not done at Grey'. For July, the main reason was for 'Specialty Care not available at Grey Hospital'.
- For patients transferred from Buller to Greymouth, the numbers remained steady, being 17 transfers for June and 16 for July. Most transfers for both months were for medical patients. Ambulances were used predominantly in June to transfer patients to Grey Hospital, with helicopter transfers being used for the majority of transfers in July.
- The number of patient transfers from Reefton to Grey Hospital for June was 10, decreasing in July to 5 patients. These transfers were for mainly medical patients and the method of transportation was mostly 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	1,721	1,592	✓	The West Coast DHB exceeded the <b>improved access to elective surgery health target</b> for the 2014/15 year by 129 discharges, representing 108.1% of target.
	<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%	50%	85%	✗	Work around the <b>faster cancer treatment health target</b> continues, with 50% of patients (8/16) having received their first cancer treatment or management within 62 days of being referred. Small numbers remain challenging with 6 of the 8 non-complaint patients exceeding the timeframe due to clinical or other justifiable reasons.
	<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. Therefore 98% of the reachable population was 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 <sup>3</sup>	93%	92.8%	97.8%	97.8%	95%	✓	During Quarter 4, 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.
	<b>Better Help for Smokers to Quit</b> Smokers attending <b>primary</b> care receive help and advice to quit	71.3%	78.3%	94%	90.2%	90%	✓	Performance against the <b>primary care better help for smokers to quit health target</b> has decreased slightly in Quarter 4, at 90.2%. The DHB is pleased to meet target once again.
	<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	78.9%	82.6%	90.3%	91.1%	90%	✓	Performance against the <b>more heart and diabetes checks health target</b> has increased this quarter, once again meeting the target with a result of 91.1%.

<sup>3</sup> Results may vary slightly due to coding timeframes

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

Two ophthalmology patients exceeded the maximum 120 days' wait time targets in June 2015 – with one exceeding the waiting time for First Specialist Assessment (ESPI 2) and exceeding the 4-month maximum waiting time for patients from the time they have been given certainty of treatment to provision of surgery (ESPI 5).

## MoH Elective Services Online

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

DHB Name: West Coast

	2014			2014			2014			2014			2014			2015			2015			2015			2015			2015								
	Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun		
	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	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	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	0	0.0%	0	2	0.2%	-2	0	0.0%	0	0	0.0%	0	6	0.6%	-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	1	0.2%	-1
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	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	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	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	4	1.8%	-4	7	3.3%	-7	0	0.0%	0	1	0.6%	-1
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	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	0	X	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	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	179	100.0%	0	136	100.0%	0	150	100.0%	0	139	100.0%	0

Data Warehouse Refresh Date: 01/Aug/2015

Report Run Date: 03/Aug/2015

#### Notes:

1. 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.
2. 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.
3. ESPIs that apply from 1 January 2015.
4. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
5. ESPIs 3 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
6. Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
7. ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
8. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.30%, and Red if 0.4% or higher.
9. 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.
10. 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.
11. 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 - July 2015

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

### CLAB (Central line associated bacterium)

As of 24 August 2015 the West Coast DHB has been **1131** days CLAB free!!

### Maternity

- **Annual Report:** The CDHB and WCDHB Maternity Quality Safety Programme Annual Report for 2014/15 has been completed and is now available on the maternity pages of the WCDHB website and on the intranet.
- **Feedback “We Care About Your Care Feedback Form”:** The form has been updated to reflect the month baby/pepi was born so the form return rate can be ascertained.

### Safety1st

- **Reporting:** Currently reports are being designed by the local Systems Administrator. However, managers have access to designing simple reports of their own to meet their needs. More in depth training on the report design function has been requested by SI Systems Administrators and this is expected to take place in October.
- **Regional Systems Administrator [RSA]:** Systems Administrators from all of the South Island DHBs meet via weekly teleconference to raise any issues and to fine tune process. The current focus is on Requests for Change and project end.

- **System Upgrade to latest release:** The latest release of Safety1st went live on 10 August. With no issues of note, we continue to be in a business as usual phase.

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

The ACC Treatment Injury Resource pack is currently out for consultation prior to submission to the Clinical Quality Improvement Team [CQIT] for ratification. At our request, ACC now provide information on claims status which improves patient care and access to services, allows us to collect appropriate revenue and to ensure treatment injuries are reviewed as part of our incident review system.

### **Complaints**

There is now a coordinated approach to complaints, a single point of entry and exit which has facilitated greater data collection. There were 12 complaints received over July/August; the highest number by area related to General Practice and highest number by identified theme was staff and service delivery sharing equal representation.

### **Compliments and Feedback**

These have both increased in volume and recording; 11 compliments were received in August. All compliments are provided to specific areas, staff and communications for the CEs newsletter. The new electronic *Please tell us what you think* form, accessible to both internal and external customers, is working well with five of the 12 complaints received via the online form.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2015

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

**SOURCE:** Finance

**DATE:** 10 September 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 periods ended 31 July 2015.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of July 2015 was a deficit of \$0.017m, which was \$0.082m favourable against the budgeted deficit of \$0.099m. The year to date position is now \$0.082m favourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,996	7,012	(16)	x	6,996	7,012	(16)	x
Governance & Administration	69	69	0	√	69	69	0	√
Funds & Internal Eliminations	4,546	4,720	(174)	x	4,546	4,720	(174)	x
	11,611	11,801	(190)	x	11,611	11,801	(190)	x
<b>EXPENSES</b>								
Provider								
Personnel	5,120	5,045	(75)	x	5,120	5,045	(75)	x
Outsourced Services	9	8	(1)	x	9	8	(1)	x
Clinical Supplies	672	617	(55)	x	672	617	(55)	x
Infrastructure	1,052	821	(231)	x	1,052	821	(231)	x
	6,853	6,491	(362)	x	6,853	6,491	(362)	x
Governance & Administration	69	69	0	√	69	69	0	√
Funds & Internal Eliminations	4,156	4,756	600	√	4,156	4,756	600	√
<b>Total Operating Expenditure</b>	11,078	11,316	238	√	11,078	11,316	238	√
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	533	485	48	√	533	485	48	√
<b>Interest, Depreciation &amp; Capital Charge</b>	550	584	34	√	550	584	34	√
<b>Net surplus/(deficit)</b>	(17)	(99)	82	√	(17)	(99)	82	√

#### 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

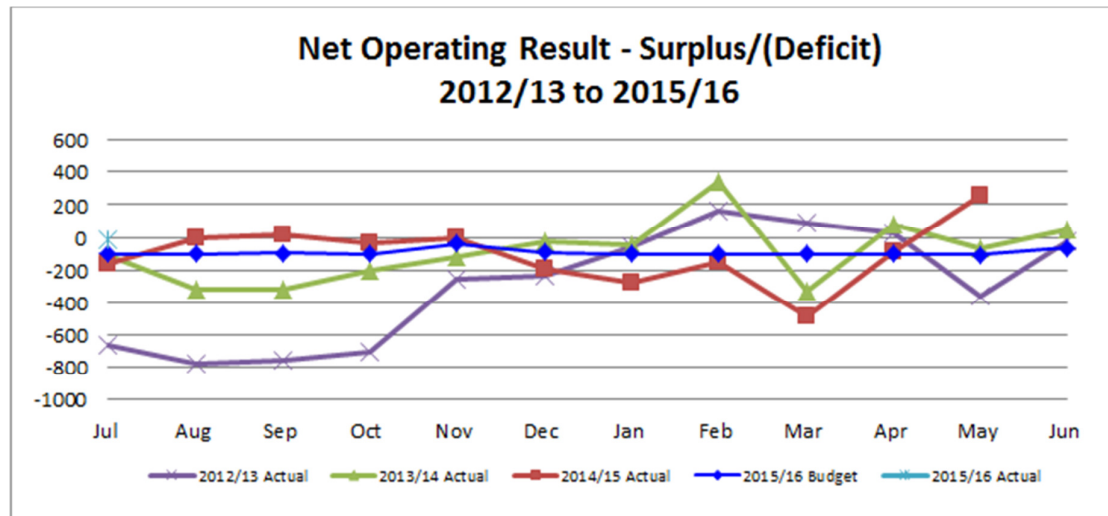
Report prepared by:	Justine White, General Manager Finance
Report approved for release by:	David Meates, Chief Executive



## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – JULY 2015

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(17)	(99)	82	-83%	✓	(17)	(99)	82	-83%	✓

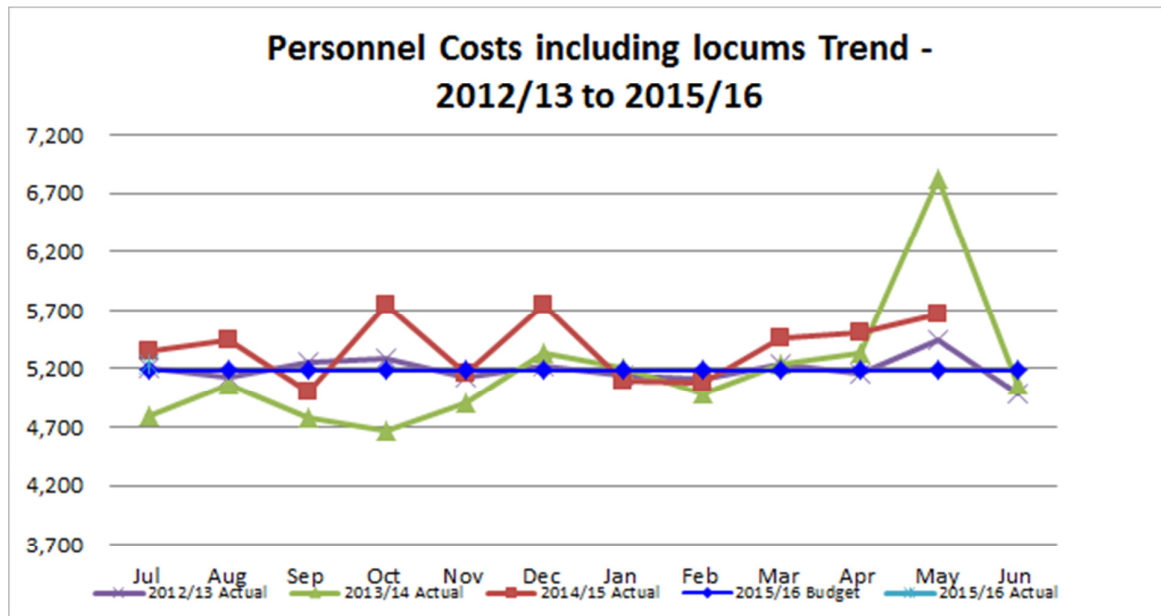


We have submitted an Annual Plan with a planned deficit of \$1.1m, which reflects the financial results anticipated in the facilities business case, after adjustment for the 2014/15 transitional funding reduction of \$1m.

### KEY RISKS AND ISSUES

## PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance			YTD Actual \$'000	YTD Budget \$'000	YTD Variance		
Medical	1,279	1,280	1	0%	✓	1,279	1,280	1	0%	✓
Nursing	2,248	2,361	113	5%	✓	2,248	2,361	113	5%	✓
Allied Health	936	800	(136)	-17%	✗	936	800	(136)	-17%	✗
Support	84	93	9	10%	✓	84	93	9	10%	✓
Management & Admin	693	577	(116)	-20%	✗	693	577	(116)	-20%	✗
<b>Total</b>	<b>5,240</b>	<b>5,111</b>	<b>(129)</b>			<b>5,240</b>	<b>5,111</b>	<b>(129)</b>		



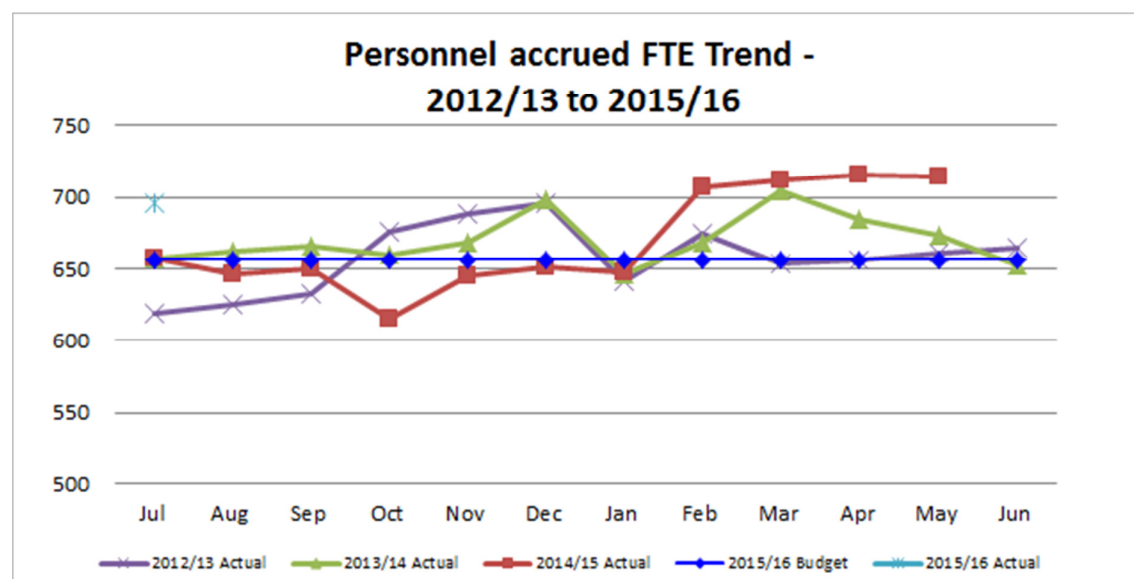
Personnel costs are unfavourable for the month. We are continuing to pursue mechanisms to most efficiently utilise resources to enable effective and appropriate care delivery.

## 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.

## PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance			YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance		
Medical	39	42	2	5%	✓	39	42	2	5%	✓
Nursing	337	328	(9)	-3%	✗	337	328	(9)	-3%	✗
Allied Health	176	147	(30)	-20%	✗	176	147	(30)	-20%	✗
Support	17	22	5	21%	✓	17	22	5	21%	✓
Management & Admin	126	118	(8)	-7%	✗	126	118	(8)	-7%	✗
<b>Total</b>	<b>696</b>	<b>656</b>	<b>(40)</b>			<b>696</b>	<b>656</b>	<b>(40)</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.

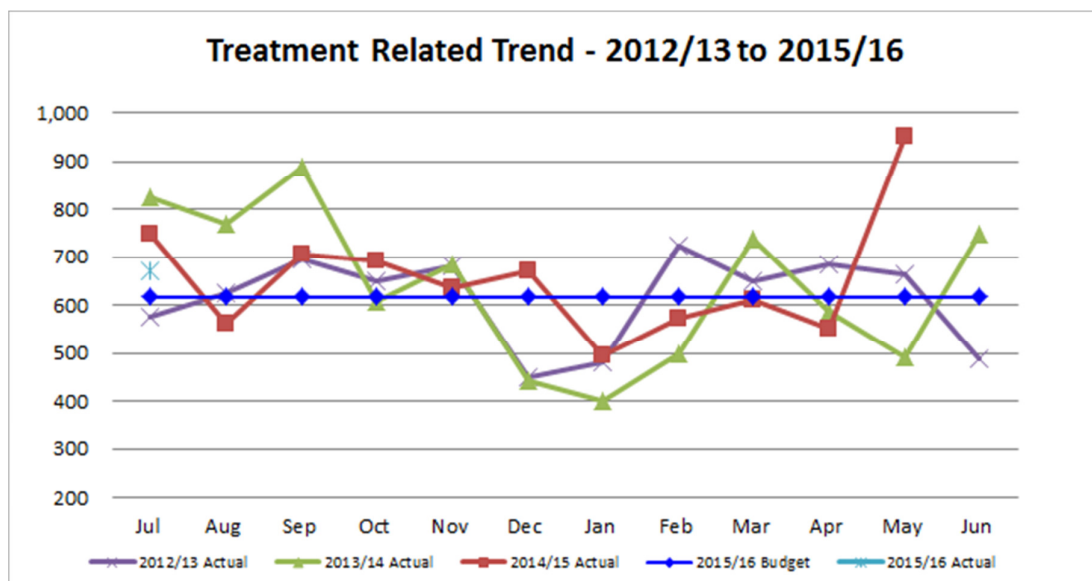
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

## 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	672	617	(55)	-9%	X	672	617	(55)	-9%	X



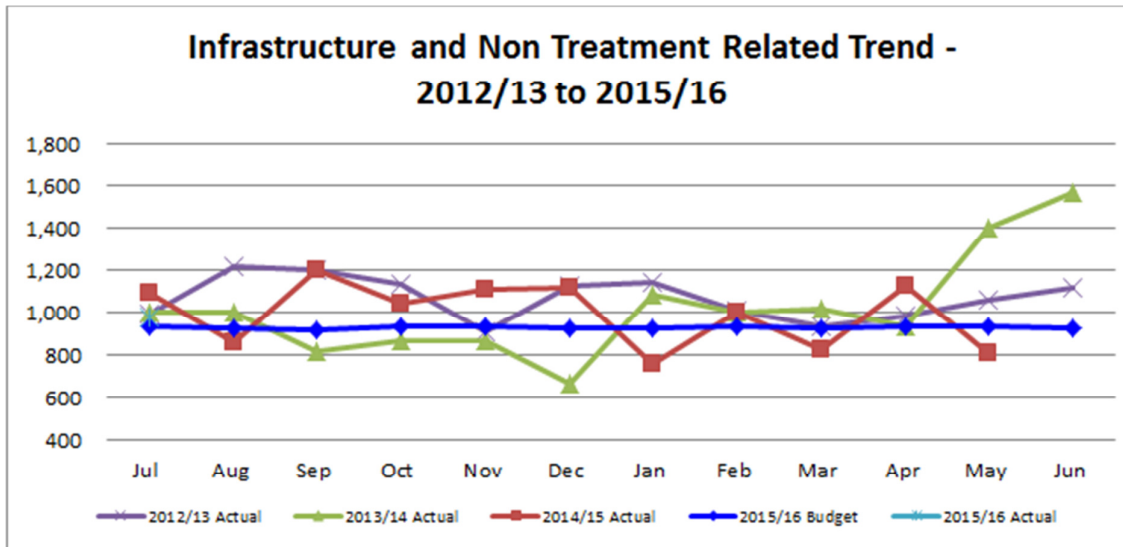
Year to date treatment related costs are slightly above expected levels for the month, however these are not expected to continue to be greater than budget.

## KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, despite fluctuations on a month to month basis. We continue 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	974	933	(41)	-4%	X	974	933	(41)	-4%	X



Expenses in this category continue to be closely monitored with savings being made as and where available.

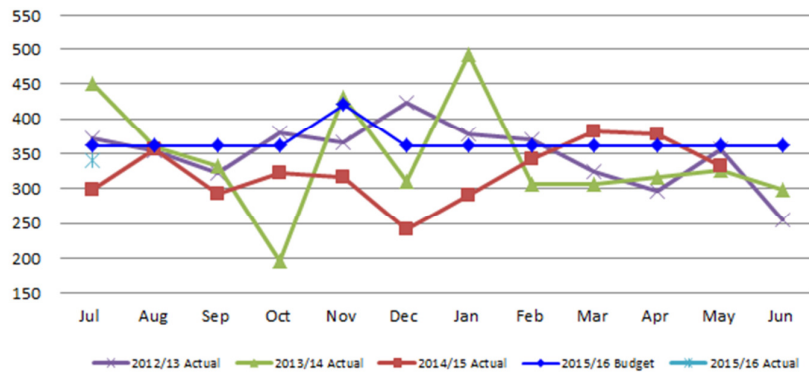
## KEY RISKS AND ISSUES

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

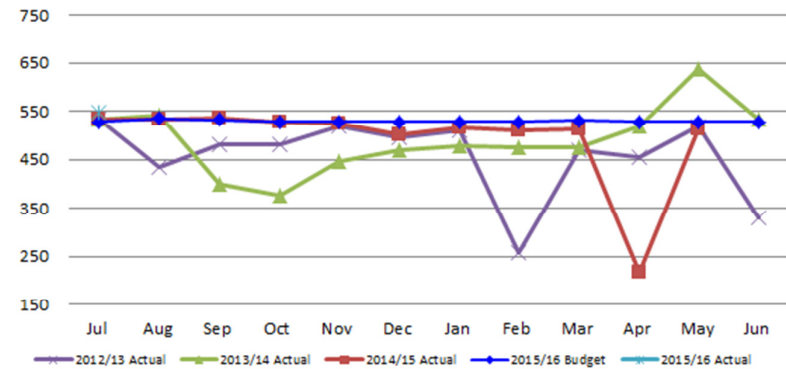
## OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	37	44	(7)	-16%	✗	37	44	(7)	-16%	✗
Donations	1	-	1	0%	✓	1	-	1	0%	✓
Rental	17	16	1	6%	✓	17	16	1	6%	✓
Other	24	39	(15)	100%	✗	25	39	(14)	-36%	✗
<b>Total Other Revenue</b>	<b>79</b>	<b>99</b>	<b>(20)</b>	<b>-20%</b>	<b>✗</b>	<b>80</b>	<b>99</b>	<b>(19)</b>	<b>-19%</b>	<b>✗</b>
Interest Expense	55	68	13	19%	✓	55	68	13	19%	✓
Depreciation	415	395	(20)	-5%	✗	415	395	(20)	-5%	✗
Capital Charge Expense	77	66	(11)	-17%	✗	77	66	(11)	-17%	✗
<b>Total Other Costs</b>	<b>547</b>	<b>529</b>	<b>(18)</b>	<b>-3%</b>	<b>✗</b>	<b>547</b>	<b>529</b>	<b>(18)</b>	<b>-3%</b>	<b>✗</b>

**Total Patient Related and Other Revenue**



**Total Other Expenses**



## KEY RISKS AND ISSUES

Other revenue for the month is below target.

## FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	12,479	9,930	2,549	26% ✓	9,961
Cash	5,489	10,239	(4,750)	-46% ✗	11,079

## 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

31 July 2015

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 15/16	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Operating Revenue</b>										
Crown and Government sourced	11,145	11,312	(167)	(1.5%)	11,145	11,312	(167)	(1.5%)	135,751	134,166
Inter DHB Revenue	1	5	(4)	(80.0%)	1	5	(4)	(80.0%)	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	125	128	(3)	(2.3%)	1,560	1,497
Patient Related Revenue	261	262	(1)	(0.4%)	261	262	(1)	(0.4%)	3,144	3,000
Other Revenue	79	94	(15)	(16.0%)	79	94	(15)	(16.0%)	1,188	1,162
<b>Total Operating Revenue</b>	<b>11,611</b>	<b>11,801</b>	<b>(190)</b>	<b>(1.6%)</b>	<b>11,611</b>	<b>11,801</b>	<b>(190)</b>	<b>(1.6%)</b>	<b>141,703</b>	<b>139,861</b>
<b>Operating Expenditure</b>										
Personnel costs	5,240	5,111	(129)	(2.5%)	5,240	5,111	(129)	(2.5%)	61,352	64,688
Outsourced Services	9	8	(1)	(12.5%)	9	8	(1)	(12.5%)	96	82
Treatment Related Costs	672	617	(55)	(8.9%)	672	617	(55)	(8.9%)	7,404	7,736
External Providers	3,204	3,097	(107)	(3.5%)	3,204	3,097	(107)	(3.5%)	37,190	35,196
Inter District Flows Expense	952	1,532	580	37.9%	952	1,532	580	37.9%	18,368	14,789
Outsourced Services - non clinical	30	73	43	58.9%	30	73	43	58.9%	876	325
Infrastructure and Non treatment related costs	974	933	(41)	(4.4%)	974	933	(41)	(4.4%)	11,157	12,350
<b>Total Operating Expenditure</b>	<b>11,081</b>	<b>11,371</b>	<b>290</b>	<b>2.6%</b>	<b>11,081</b>	<b>11,371</b>	<b>290</b>	<b>2.6%</b>	<b>136,443</b>	<b>135,166</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>530</b>	<b>430</b>	<b>100</b>	<b>23.3%</b>	<b>530</b>	<b>430</b>	<b>(100)</b>	<b>(23.3%)</b>	<b>5,260</b>	<b>4,695</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	55	68	13	19.1%	55	68	13	19.1%	828	732
Depreciation	415	395	(20)	(5.1%)	415	395	(20)	(5.1%)	4,740	4,238
Capital Charge Expenditure	77	66	(11)	(16.7%)	77	66	(11)	(16.7%)	792	772
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>547</b>	<b>529</b>	<b>(18)</b>	<b>(3.4%)</b>	<b>547</b>	<b>529</b>	<b>(18)</b>	<b>(3.4%)</b>	<b>6,360</b>	<b>5,742</b>
<b>Net Surplus/(deficit)</b>	<b>(17)</b>	<b>(99)</b>	<b>82</b>	<b>82.8%</b>	<b>(17)</b>	<b>(99)</b>	<b>82</b>	<b>82.8%</b>	<b>(1,100)</b>	<b>(1,047)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>(17)</b>	<b>(99)</b>	<b>82</b>	<b>82.8%</b>	<b>(17)</b>	<b>(99)</b>	<b>82</b>	<b>82.8%</b>	<b>(1,100)</b>	<b>(1,047)</b>



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

As at

31 July 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
27,155	25,057	2,098	8.4%	26,846
969	654	315	48.2%	1,474
861	1,568	(707)	(45.1%)	141
639	567	72	12.7%	307
29,624	27,846	1,778	6.4%	28,768
5,489	10,239	(4,750)	(46.4%)	5,041
70	60	10	16.7%	79
991	1,100	(109)	(9.9%)	994
11,523	4,218	7,305	173.2%	7,918
136	136	0	0.0%	136
18,209	15,753	2,456	15.6%	14,168
47,833	43,599	4,234	9.7%	42,936
11,195	11,195	0	0.0%	10,695
2,598	2,895	297	10.3%	2,661
13,793	14,090	297	2.1%	13,356
3,250	3,250	0	0.0%	3,750
8,500	7,248	(1,252)	(17.3%)	6,653
9,811	9,081	(730)	(8.0%)	9,243
21,561	19,579	(1,982)	(10.1%)	19,646
35,354	33,669	(1,685)	(5.0%)	33,002
71,694	71,693	(1)	(0.0%)	70,761
22,082	19,569	(2,513)	(12.8%)	19,569
(81,336)	(81,371)	(35)	(0.0%)	(80,435)
39	39	0	0.0%	39
12,479	9,930	(2,549)	(25.7%)	9,934
47,833	43,599	4,234	9.7%	42,936

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending  
in thousands of New Zealand dollars

31 July 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	11,256	11,757	(501)	(4.3%)	11,256	11,757	(501)	(4.3%)
Cash paid to employees	(5,485)	(5,111)	(374)	(7.3%)	(5,485)	(5,111)	(374)	(7.3%)
Cash paid to suppliers	(1,395)	(1,639)	244	14.9%	(1,395)	(1,639)	244	14.9%
Cash paid to external providers	(3,238)	(3,097)	(141)	(4.6%)	(3,238)	(3,097)	(141)	(4.6%)
Cash paid to other District Health Boards	(918)	(1,532)	614	40.1%	(918)	(1,532)	614	40.1%
<i>Cash generated from operations</i>	220	378	(158)	(41.8%)	220	378	(158)	(41.8%)
Interest paid	(55)	(60)	5	8.3%	(55)	(60)	5	8.3%
Capital charge paid	(77)	(66)	(11)	(16.7%)	(77)	(66)	(11)	(16.7%)
<b>Net cash flows from operating activities</b>	88	252	(164)	(65.1%)	88	252	(164)	(65.1%)
<b>Cash flows from investing activities</b>								
Interest received	37	44	(7)	(15.9%)	37	44	(7)	(15.9%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(155)	(322)	167	51.9%	(155)	(322)	167	(51.9%)
Acquisition of intangible assets		0	0			0	0	
<b>Net cash flows from investing activities</b>	(118)	(278)	160	(57.6%)	(118)	(278)	160	(57.6%)
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	0	0	0		0	0	0	
Repayment of equity	(62)	0	(62)		(62)	0	(62)	
<i>Cash generated from equity transactions</i>	(62)	0	(62)		(62)	0	(62)	
Borrowings raised								
Repayment of borrowings	(67)	0	(67)		(67)	0	(67)	
Payment of finance lease liabilities	0	0	0		0	0	0	
<b>Net cash flows from financing activities</b>	(129)	0	(129)		(129)	0	(129)	
Net increase in cash and cash equivalents	(159)	(26)	(133)	511.5%	(159)	(26)	(133)	511.5%
Cash and cash equivalents at beginning of period	5,648	10,265	(4,617)	(45.0%)	5,648	10,265	(4,617)	(45.0%)
<b>Cash and cash equivalents at end of year</b>	5,489	10,239	(4,750)	(46.4%)	5,489	10,239	(4,750)	(46.4%)

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

**SOURCE:** Clinical Leaders

**DATE:** 10 September 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**

Workplans are being written to support the implementation of new ways of working for the developing nursing workforce and structure. The nursing leadership team have worked together to propose innovations to enable the transition; elements include the introduction of TrendCare to new clinical areas such as community nursing and more effective rostering.

The third round of students under the DEU model arrived in August with 10 students in the medical and surgical clinical areas. There will be a full review and evaluation of the DEU model at the completion of this round of students.

### **Quality and Safety**

In conjunction with the Health Quality and Safety Commission (HQSC), the WCDHB is working on a project to reduce harm from opioids. The goal is to reduce harm by 25% nationally by June 2016. The harm identified by the WCDHB and 10 other DHBs is constipation, which is a common side effect of opioid pain relief, and can cause significant harm.

The focus on falls prevention in the hospital is seeing positive results with no falls reported in clinical areas for over 30 days. Front line clinical staff are expected to maintain a heightened level of vigilance and proactive assessment and intervention to reduce any falls risk.

One of our nurses, who is undertaking the Nga Manukura o Apopo Maori Nursing Leadership training, has identified a quality initiative to improve care from a cultural perspective. This project will produce resources and direction for ongoing care of patients who have identified cultural requirements, and to support health professionals to provide appropriate care.

### **Facilities Planning**

The developed design phase is nearing completion with the formal engagement between clinical teams and design team concluded at the end of July. The next phase is detailed design with the architects working hard on detailed design drawings.

### **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:

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

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 23 JULY 2015



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

**SOURCE:** Acting Chair, Hospital Advisory Committee

**DATE:** 7 August 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 2 July 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 July 2015.

## 3. SUMMARY

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

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

He advised that the patient flow diagrams that were considered to be outdated at the April meeting are still 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:

- DNAs – there has been a slight increase since the last report and management are trying to understand the reasons for this. E-texting of appointments is planned to go live on 1 August 2015.
- The new patient transfer service has settled in and patients and staff are appreciating a well coordinated approach to inter-hospital transfers.
- The Allen Bryant Rest Home closure has meant that 46 rest home beds were lost overnight. All staff have been working to support this extraordinary closure due to flooding. Nursing staff from within the hospital are supporting staffing levels at both Grainger House and Reefton Hospital as we continue to manage Aged Residential Care beds across the West Coast. The old Hannan Ward space is also being used to accommodate Allen Bryant residents.
- Due to the accommodation required for Allen Bryant residents Chemotherapy has been moved to the Kahurangi meeting room.
- The Nurses MECA offer is out for ratification of members.

The report was noted

### **FINANCE REPORT**

Mark Newsome, General Manager, Grey/Westland, presented the Finance Report for the month ending May 2015. 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.

Mr Newsome advised that the main variances are in personnel costs which are likely to continue. The Committee noted that this is monitored on a daily basis to ensure we are not overstaffing areas with an intention to reduce locum usage

The Committee also noted that as with nursing there is also a medical Strategic Plan which has just been circulated to EMT.

Mr Newsome commented that going forward the financial position is incredibly tight. The budgets have not yet been loaded down to cost centre managers however this work is taking place currently. In order to meet our commitment to the Minister to live within our means the organisation will be working very hard to achieve savings.

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 the Clinical Quality Improvement Team has met to re-scope and reframe the purpose and focus of the 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.

The report was noted.

### **GENERAL BUSINESS**

The Board Chair provided the Committee with an update on the facilities development project.

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 4 June 2015.

Report prepared by: Kevin Brown Acting Chair, Hospital Advisory Committee

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held at St John, Waterwalk Road, Greymouth**  
**on Friday 7 August 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>• 26 June 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 <ul style="list-style-type: none"> <li>• Health &amp; Safety Update</li> </ul>	David Meates <i>Chief Executive</i> 10.30am – 10.45am Michael Frampton <i>Programme Director</i> 10.45am – 10.50am
6.	Clinical Leader's Update	Karyn Bousfield <i>Director of Nursing &amp; Midwifery</i> 10.50am – 11.00am
7.	Finance Report	Justine White <i>General Manager, Finance</i> 11.00am – 11.10pm
8.	Maternity Review Update	Mark Newsome <i>General Manager, Grey/Westland</i> 11.10am – 11.20am
9.	Report from Committee Meetings <ul style="list-style-type: none"> <li>- CPH&amp;DSAC 23 July 2015</li> <li>- Hospital Advisory Committee 23 July 2015</li> </ul>	Elinor Stratford <i>Chair, CPH&amp;DSA Committee</i> 11.20am - 11.30am Kevin Brown <i>Deputy Chair, Hospital Advisory Committee</i> 11.30am – 11.40am
10.	Resolution to Exclude the Public	Board Secretariat 11.40am
<b>INFORMATION ITEMS</b>		
<ul style="list-style-type: none"> <li>• 2015 Meeting Schedule</li> <li>• Vulnerable Children's Act Information</li> </ul>		
<b>ESTIMATED FINISH TIME</b>		<b>11.40am</b>
<b>NEXT MEETING</b>		
Friday 25 September 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.