

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

11.00 am, 22 October 2015

**Board Room
Grey Hospital – Corporate Office**

**AGENDA AND
MEETING PAPERS**

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

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

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

ATTENDANCE & PURPOSE

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

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

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

HOSPITAL ADVISORY COMMITTEE MEMBERS	EXECUTIVE SUPPORT
Sharon Pugh (<i>Chair</i>) Kevin Brown Paula Cutbush Gail Howard Peter Neame Richard Wallace Chris Lim Peter Ballantyne (<i>ex-officio</i>)	Michael Frampton (<i>Programme Director</i>) Gary Coghlan (<i>General Manager, Maori Health</i>) Carolyn Gullery (<i>General Manager, Planning & Funding</i>) Karyn Bousfield (<i>Director of Nursing & Midwifery</i>) Justine White (<i>General Manager, Finance</i>) Kathleen Gavigan (<i>General Manager, Buller</i>) Mark Newsome (<i>General Manager Grey Westland</i>) Kay Jenkins (<i>Governance</i>)

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 22 October 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**

10 September 2015

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Hamish Brown *11.10am - 11.30am*
Acting Operations Manager

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 – 25 September 2015
- 2015 HAC Workplan (Working Document)
- West Coast DHB 2015 & 2016 Meeting Schedules

NEXT MEETING:

Date of Next Meeting: 3 December 2015
Corporate Office, Board Room at Grey Base Hospital.

INTEREST REGISTER

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

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 10 September 2015, commencing at 11.00am

PRESENT

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

IN ATTENDANCE

Elinor Stratford

MANAGEMENT SUPPORT

Mark Newsome (General Manager, Grey/Westland); Karyn Bousfield (Director of Nursing & Midwifery); and Kay Jenkins (Minutes).

APOLOGIES

An apology was received and accepted from Richard Wallace.

WELCOME

The meeting joined together with the Karakia

1. INTEREST REGISTER

Kevin Brown advised that he is now President of the Grey Riverside Lions Club

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 (21/15)

(Moved: Kevin Brown/Seconded: Paula Cutbush – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 23 July 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. He highlighted the following notable features:

- Cross system support of Aged Residential Care capacity issues;
- Continued successful medical recruitment; and

- The publication of the Maternity Quality Safety Annual Report

He advised that he is working to create a meaningful graphic reporting template for inclusion in the Committee reports.

In addition the Committee noted the following:

- DNAs – the DNA rates are the same as the last few months which is both concerning and disappointing. Work is being undertaken to try to ascertain the reasons for this.
- An engagement process is underway Coast-wide with administration staff in order to understand the scope and breadth of work undertaken in these important positions and what resourcing it may require.
- A consultation paper for changing nursing contracts to reflect the model of care we are working towards has recently been released. Some old contracts dating back as far as the 1970s are no longer valid as we move towards a more flexible workforce. This is causing a little anxiety for some and management are working with staff around this.
- Offers of employment have been made to 2 Rural Hospital Medicine Specialists.
- Hannan Ward remains open for Allen Bryant clients.
- At a recent national conference the West Coast was asked to present regarding the work undertaken in Maternity. This resulted in good complimentary feedback.
- Industrial Relations – the Nurses MECA has been settled.
- Patient transport is working well and on days when it is not required to go to Christchurch it is being used to go to Buller.

Discussion took place regarding: Outpatient waiting times; redeployment of staff at Kynnersley; elective thresholds; resignation of Doctors in South Westland.

Resolution (22/15)

(Moved: Peter Neame/Seconded: Kevin Brown – 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 July 2015. 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 \$0.082m favourable.

Mr Newsome advised that the DHB is still under pressure to find efficiencies in the system. Staff have been challenged around this and are working hard to find efficiencies. The highest costs are still in personnel with the use of locums and short term placements.

The Board Chair advised that the Annual Plan has not yet been signed off by the Minister of Health.

Resolution (23/15)

(Moved: Kevin Brown/Seconded: Chris Lim – carried)

- i. That the Committee notes the financial result and related matters for the period ended July 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 the proposal to move nurses to a more generic contract in line with new models of care being developed for the new facilities.

A lot of work is taking place in the Quality & Safety arena with the latest maternity quality survey registering a return rate of 53%.

The third round of students under the Dedicated Education Unit (DEU) model arrive this month 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.

Resolution (24/15)

(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 11.50am.

Confirmed as a true and correct record.

Sharon Pugh, Chair

Date

CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	10 September 2015	Did Not Attend (DNAs) An update on progress regarding DNAs to be provided to the Committee.		Updates will be provided at each meeting.

MANAGEMENT REPORT

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager Grey Westland | General Manager Buller

DATE: 22 October 2015

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

1. ORIGIN OF THE REPORT

This is a standing report to the West Coast District Health Board Hospital Advisory Committee. It outlines progress in relation to service delivery across the District Health Board's Provider Arm.

2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. Notes the Management Report.

3. SUMMARY

This report is intended to:

- provide greater insights into the nature and flow of activity in, and through, the secondary care component of the West Coast health system;
- reflect a patient-centric view of services, being the 'patient journey' through the system; and
- provide greater clarity of, and focus on, key metrics.

The report is broken into eight sections: 4.1 - Activity, 4.2 - Workforce Updates, 4.3 - Patient, 4.4 - Health Targets, 4.5 - Quality, 4.6 - Specific Requests [when applicable]. Further changes to graphics and content will occur as well, including the graphic representation of primary care in the acute patient's journey.

The following are the most notable features of the report:

- The return of Allen Bryant residents to their home
- The establishment of Maternal Care and Unborn Wellbeing [MCAUW] team.
- Establishment of Maternity Operations Group.

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 2015-16 financial year.

Inpatient Volumes

Throughput for the 2-month period to the end of August 2015 show overall case-weighted [CWD] virtually on track for the year for surgical specialty services; with higher throughputs in medical specialty services, which are anticipated during winter periods.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	186.8	176.7	-10.1	5.4%
Elective	205.5	213.3	7.8	3.8%
Sub-Total Surgical:	392.3	390.0	-2.3	-0.6%
Medical				
Acute	232.0	287.2	55.2	23.8%
Elective	0	0	0	0%
Sub-Total Medical:	232.0	287.2	55.2	23.8%
TOTALS:	624.3	677.2	52.9	8.7%

Outpatient Volumes

In 2015-16, outpatient delivery was down by 323 patients (-13.6%) from expected volumes overall. Throughput was 15.9% under contracted volume for surgical specialty services, due largely to fewer follow-up appointments; and 9.9% 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
Surgical				
1 st Visit	563	508	-55	-9.7%
Sub. Visit	903	725	-178	-19.7%
Sub-Total Surgical:	1466	1233	-233	-15.9%
Medical				
1 st Visit	269	194	-75	-27.9%
Sub. Visit	641	626	-15	-2.3%
Sub-Total Medical:	910	820	-90	-9.9%
TOTALS:	2376	2053	-323	-13.6%

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]
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%
August 2015	1717	1597	120	6.99%
September 2015	1836	1691	145	7.90%
13 month rolling totals	22609	20983	1626	7.40% Average

DNAs remain disappointingly high. The slight increase in September is likely due to the fact that there were issues with 'text to remind'. The text message service was not running correctly over a two week period but ISG have corrected this and put in an 'alarm system' to alert them if the programme drops out. Traditionally in September and October there is a higher DNA rate on the West Coast. The Committee will be provided a more detailed report at the next meeting on steps being taken in an effort to address this.

4.2 Workforce Update

Nursing

- A Clinical Nurse Specialist has been appointed for the Orthopaedic and Plastic services, commencing late October.
- The 2015 NETP nursing staff are finalising their positions following near completion of their NETP programme.
- Recruitment is currently underway for Graduate nurses for the 2016 programme, which has been reduced to 5 nurses.
- Sick leave remains high due to ongoing winter illnesses and at least 3 nurses on long term ACC.
- There has been less ability to provide staffing assistance to Reefton and Granger House due to high occupancy, high sick leave and reducing FTE.
- The consultation period for the Proposal for Change in aligning all nursing contracts is complete, with many individual submissions being received.
- Trendcare rostering trial project has commenced on 5 October until 29 November. Areas include Primary Care, Grey and Reefton; District Nursing Grey and Hokitika.

- Latest Trendcare monthly data confirms reducing positive variance in Medical and Surgical Wards due to attrition, high sick leave and high occupancy. This gives reassurance that we are matching resource to activity.

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.
- We continue to advance the Junior Workforce plan with only one vacancy remaining for December 2015 RMO intake. Additional work has been done to expand a RHM registrar to better support Mental Health and Geriatrics and we will be recruiting for this position shortly.
- Interviews and offers to RHM specialists are ongoing at present.
- Work with CDHB to better support junior doctors is occurring.
- The combined Medical Director [CMO] role interviews have been completed with announcements pending.

Administration

- This engagement process continues.

Ward Activity

- Allen Bryant residents have returned to their home in Hokitika.
- The chemotherapy service has been returned to Hannan Ward.
- Utilisation has been high in the Medical ward for August and September with occupancy requiring overflow of patients to other wards on several days.
- The Emergency Department Nursing staff remains at less than optimal levels. Recruitment continues for experienced ED nurses.
- The proposed Medical Day Unit can now be reconsidered with the space being available in Hannan ward.

Maternity Services

- The WCDHB Maternity service have employed 1 part-time experienced midwife and is currently advertising for 2 part-time new graduate midwives for 2016. This year we had 2 new graduates who have blended into the team well and have benefited from the national First Year of Practice Program for Midwives conducted by the NZ College of Midwives.
- Quality activities continue in both Kawatiri and McBrearty with 47% of clients completing the survey over the past 3 months. The results demonstrate a high level of satisfaction for all areas of the service. The West Coast has met the MOH target for women registering with an LMC in the first trimester.
 - *General Satisfaction* – Overall satisfaction rates have increased as the year has progressed.
 - *Supported with feeding baby / pepi?* - 99% of the respondents felt supported with feeding their baby – 1 felt that she was given conflicting advice regarding feeding (May) and 1 was unhappy about her care generally (became a complaint in February).
 - *Staff respectful of cultural and spiritual needs?* - All women who responded felt staff were respectful of their cultural and spiritual needs.
 - *Visiting Hours met Family / Whanau needs?* - All women who birthed at our facilities felt the visiting hours met their and their whanau's needs

- *Privacy maintained?* - 2 women responded “to some extent”: 97% of women felt their privacy was maintained.
- *Friendly staff responding quickly to mum and baby’s needs?* - 99% felt staff were quick to respond to their and their baby’s needs and were friendly.
- *Given enough information about going home with baby?* - 97% felt they were definitely given enough information about going home with their baby.
- The Maternity Manager is being interviewed by NZ College of Midwives for the Midwifery News publication on the topic “West Coast Maternity Service” in describing the implementation of the new model and its success.
- The Midwifery Educator continues with education sessions being held in Buller, Franz Josef and Greymouth. This month there has been a focus on breastfeeding education for non-midwives, which has involved the presentation of the MOH funded breastfeeding teaching cards to all Rural Nurse Specialists. The sessions have been very well received.
- The MoH has committed to ongoing funding for the role of the Maternity Quality Safety Group Co-ordinator 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.
- The roll out of the maternity care information system (MCIS) is set for February/March 2016. The business case has been approved and we will be looking at advertising for a coordinator for the project soon.

Reefton Health

- *Hospital* – Collaboration and team work between the Hospital and the ARC facility is increasing.
- *Aged Residential Care* – Currently 8 hospital level and 6 rest home level residents. Palliative care beds have been used to support the local community and ease the pressure on district nursing.
- *General* – There are no issues currently of any concern being raised across Reefton Health.

Allied Health

- Critical issues impacting upon the functioning of medication administration software used by Pharmacy (WinDose) have now been resolved. The Associate Director of Allied Health acknowledges the significant role the Chief Information Officer played in seeing this considerable scope of works through to completion.
- Links between the WCDHB Pharmacy Manager, CDHB Pharmacy Team and e-Medicines Project Manager have been made. This has enabled the WCDHB Pharmacy Manager to participate in the development of transalpine approaches required to transition into the proposed new facilities.
- Work on a three year WCDHB Allied Health Workforce Action Plan continues to progress. The Associate Director of Allied Health recently attended two meetings in Christchurch (with the Executive Director of Allied Health, a Principal Project Officer and CDHB Directors of Allied Health) to ensure that this plan aligns with the CDHB Allied Health Workforce Action Plan and facilitates further transalpine initiatives.

- Staff from CDHB Adult Specialist Mental Health team will facilitate two days of training on how to work effectively with people with vulnerable personalities (including people with borderline and narcissistic personality disorders). The need for this training has arisen via staff consultation, a training needs analysis and out of a formal investigation into a SAC1 event. WCDHB staff and staff from relevant non-government key stakeholder organisations will be invited to attend. One day will focus on working with children and young people, the other on working with adults and older people.
- The Associate Director of Allied Health is now a member of the West Coast Alliance Support Group and the WCDHB Mental Health Leadership Group.
- The 2015 VIP evaluation for the period 1 July 2014 - 30 June 2015 is due to commence shortly. This evaluation will be coordinated by members of the WCDHB and CDHB Violence Intervention Programme team. A transalpine approach will be taken where appropriate.
- A Maternal Care & Unborn Wellbeing (MCAUW) Interdisciplinary Team began accepting cases on 18 August 2015. The MCAUW initiative is included in the MoH service specifications nationally and the WCDHB's strategic plan for the Violence Intervention Programme. This initiative is designed to support and promote early identification and integration of services, with a preventative focus, for women and babies with wellbeing, care and protection issues. Dr Emma Boddington GP, Greymouth Medical Centre plays the 'lead role' on the Team. Her role includes facilitating meetings and co-ordinating smooth collaboration and good information sharing between primary, secondary and community services. The Team meets fortnightly. Since accepting cases, 2 families have engaged, with another two expected to engage in the near future. To date the Team has achieved the following type of outcomes for the families they have assisted: engaging families successfully with health and community providers; advocacy with Housing NZ for home insulation; improved communication and collaboration has occurred within health and with community providers; implementing dual visits as best practice i.e. health worker introduces community provider to family and effective pathways between primary and secondary care have been developed. Members of the Violence Intervention Programme will review the roll out of this Initiative on a quarterly basis.
- A Responding to Patients at Risk of Abuse, Harm and/or Neglect flow chart for WCDHB staff, detailing different roles and responsibilities of the following positions, is currently being finalised:
 - WCDHB Social Workers;
 - WCDHB Child Protection Coordinator;
 - WCDHB Violence Intervention Program Coordinator; and
 - Child, Youth and Family Service Social Worker in Hospital.

This flow chart is intended to provide further clarity to the staff currently occupying these roles and their colleagues. It is envisioned the flow chart will also play a key role in improving patient outcomes by facilitating more timely responses to reports of patients at risk of abuse, harm and/or neglect.
- An Elder Abuse and Neglect management procedure was recently ratified by the Clinical Quality Improvement Team. Training on this is due to be rolled out by the end of this year.
- A formal debrief was facilitated by the Patient Safety Officer, to examine events leading up to a potential care and protection issue. Representatives from WCDHB and CFYs were in attendance. An action plan has been developed to address concerns raised. This Plan is in the process of being implemented and reviewed regularly.

- Members of the Allied Health Leadership team have been working closely with: General Manager – Buller; members of CCCN team; Managers of HBSS and District Nursing; and WC/CDHB Service Development Manager (Older Persons' Health Planning and Funding) to realise the strategic direction set by the workstreams (inc. HOP, Buller and Mental Health) regarding WCDHB services provided to older persons in Buller and the remainder of the West Coast District. A management team has subsequently been selected.
- Workshops on rolling out the Flexible Integrated Rehabilitation Support Team (FIRST) model will be offered to relevant frontline staff in Hokitika, Grey and Buller. Workshops will be educational (approach will be described) and strategic (staff will be engaged in strategic discussion re: operationalising approach within their area (Hokitika, Grey and Buller). Frontline Allied Health staff, the Associate Director of Allied Health and the WC/CDHB Service Development Manager (Older Persons' Health Planning and Funding) are expected to co-facilitate these.
- The WC/CDHB Service Development Manager (Older Persons' Health Planning and Funding) will meet with General Manager – Buller monthly and provide updates and dashboard data on progression of FIRST, Falls and Home based supports, Allied health and District Nursing involvement until the model is embedded. These reports will then be issued to the Operational Management Group.
- Following the closure of Kynnersley in September, the recently 'reassigned' Diversional Therapist will now be Line Managed by Clinical Manager of Occupational Therapy. In their new role, the Diversional Therapist will retain responsibility for Diversional Therapy oversight of Dunsford and for running the day care programme until this facility closes sometime next year. They will also be responsible for developing a suite of sustainable activities to reduce social isolation for older people in the Buller area.

Industrial Relations

Negotiations Update:

- Allied & Technical MECA (PSA) – Has been ratified.
- Midwives MECA (MERAS) – Has been ratified.
- West Coast Pharmacy (First Unions) – Costing based on original discussion relating to on-call payments too expensive so reviewing other options.
- Public, Mental Health and Community Nurses MECA (PSA) – Union have agreed to take the offer to ratification.
- South Island Clerical Workers MECA (PSA) – Bargaining strategy meeting to take place in Christchurch on 30 October.
- West Coast EPMU Support Services SECA – Bargaining scheduled for 23 October.

Recruitment

New Vacancies	16
Total Open Vacancies	30
Total FTE Recruiting	38
Appointed Vacancies	5
Total FTE Appointed	5

- In the past month we have recruited to 5 vacancies to a total of 5 FTE.
- One of the Rural Hospital Medicine Specialists has declined his offer at the eleventh hour which is disappointing. We have requested further feedback regarding this but this has not been forthcoming. The other is still progressing through the recruitment process.
- There has been an increase in nursing recruitment into specialised areas.
- The General Surgeon candidate has withdrawn due to injury.
- We have had some interest from a General Physician looking to work for 12 months and work is continuing with the recruitment team around this.
- Annual recruitment is continuing in the RMO space for the 1 remaining vacancy for a house officer. Work is underway to bring RMO recruitment into the centralised recruitment model.
- Allied Health recruitment is steady.

4.3 Patient





Patient Transfers

- The number of tertiary patient transfers from Greymouth and Buller Hospitals has continued to decrease from 33 transfers in July 2015 to 28 transfers in August 2015. The majority of August transfers were for orthopaedic patients and the principal methods of transportation were via ambulance and pressurised aircraft.
- The main reason for these transfers in August 2015 was for 'Specialty Care not available at Greymouth Hospital'.
- For patients transferred from Buller to Greymouth, the numbers remained steady with 18 transfers in August 2015. Most transfers were for medical and surgical patients. Both ambulances and rotary were mainly used to transfer patients to Greymouth Hospital in this period.
- The number of patient transfers from Reefton to Greymouth for August 2015 was 6. 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	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.4%	99.4%	99.7%	99.7%	95%	✓	The West Coast DHB continues to achieve impressive results against the shorter stays in ED health target , with 99.7% of patients admitted, discharged or transferred from ED within six hours during Quarter 1.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	878 YTD	1,288 YTD	1,721	TBC	1,592	✓	The West Coast DHB exceeded the improved access to elective surgery health target for the 2014/15 year by 129 discharges, representing 108.1% of target. Data for August shows we are 4 cases behind target, though we expect to make up for this shortfall in the following month.
	Faster Cancer Treatment² Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	72.7%	62.5%	50%	TBC	85%	✗	Work around the faster cancer treatment health target 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.
	Increased Immunisation Eight-month-olds fully immunised	82%	89%	85%	88.4%	95%	✗	While West Coast DHB has not met the increased immunisation health target , we are pleased to have increased coverage by 3%, vaccinating 88.4% of our eligible population in Quarter 1.

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

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

Target		Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Target	Current Status	Progress
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ³	92.8%	97.8%	97.8%	TBC	95%	✓	During Quarter 4, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the secondary care better help for smokers to quit health target . Best practice initiatives continue, however the effects of small numbers remain challenging.
	Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	78.3%	94%	90.2%	TBC	90%	✓	Performance against the primary care better help for smokers to quit health target has decreased slightly in Quarter 4, at 90.2%. The DHB is pleased to meet target once again. Internal Karo data suggests this drop continues in Quarter 2, which was expected. The definition of this measure has changed to include the wider population instead just expected presentations to general practice. Because of this, the target's focus will be not only on smokers presenting to general practice, but the population as a whole.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	82.6%	90.3%	91.1%	TBC	90%	✓	Performance against the more heart and diabetes checks health target has increased this quarter, once again meeting the target with a result of 91.1%. Internal Karo data indicates we maintained this performance through Quarter 1.

³ Results may vary slightly due to coding timeframes

Elective Services Patient Indicators [ESPI Compliance]

Six plastic surgery patients exceeded the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in August 2015, with four patients also recorded as exceeding the 4-month maximum waiting time from First Specialist Assessment to surgical treatment (ESPI 5) in August 2015.

All six of the plastic surgery patients non-complaint for ESPI2 at the end of August were seen in the visiting specialist clinic on 4 September.

Of the four patients showing as non-complaint for ESPI 5, the paediatric surgery patient was subsequently treated in September; while the other three still showed due to data submission delays. The orthopaedic and ophthalmology patients had both been treated and discharged in August but still appeared on the ESPI lists due to a delay in coding; while the general surgery patient was removed from inpatient waitlist in August as they were unavailable to attend surgery until the end of October. A delay in updating and sending this patient's record to the Ministry of Health files resulted in them still showing as currently active as at the end of August.

MoH Elective Services Online

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

DHB Name: West Coast

	2014			2014			2014			2014			2015			2015			2015			2015			2015			2015			2015			2015		
	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug		
	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.	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	17 of 17	100.0%	0	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	0	0.0%	0	0	0.0%	0	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	1	0.2%	-1	7	1.1%	-7	6	0.9%	-6
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	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	0	0.0%	0	0	0.0%	0
5.Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	4	1.8%	-4	7	3.3%	-7	0	0.0%	0	1	0.6%	-1	3	1.8%	-3	4	2.7%	-4
6. Patients in active review who have not received a clinical assessment within the last six months.	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	0	X	0	0	X	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	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	138	100.0%	0	127	100.0%	0

Data Warehouse Refresh Date: 06/Oct/2015

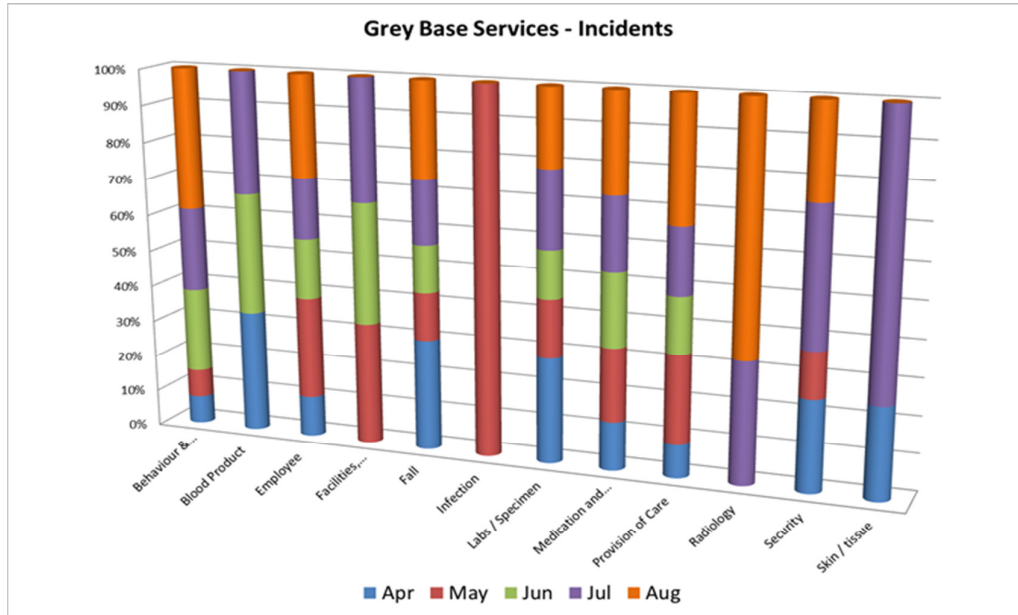
Report Run Date: 06/Oct/2015

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 specialities where patients are prioritised using nationally recognised tools.
 - Medical specialities are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
 - ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
 - ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
 - ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
 - ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
 - ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
 - From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.
- Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.5 Quality

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



Hospital Services (Grey & Reefion Hospitals)						
General Event Type	Apr	May	Jun	Jul	Aug	Total
Behaviour & Safety	1	1	3	3	3	11
Blood Product	1		1	1		3
Employee	2	5	3	3	5	18
Facilities, Building and Property		1	1	1		3
Fall	7	3	3	4	6	23
Infection		1				1
Labs / Specimen	11	6	5	8	8	38
Medication and IV Fluids	4	6	6	6	8	30
Provision of Care	3	8	5	6	13	35
Radiology				1	2	3
Security	2	1		3	2	8
Skin / tissue	1			3		4
Total Incidents Apr – Aug	32	32	27	39	47	177

Trends

There has been an increase in the reported provision of care events occurring during August. The following table breaks these numbers down further:

- Break in sterile technique x 2
- Communication x 2
- Delay to provision of care
- 2 x patients with low temperatures pre and post op
- Fainting patient

There are no other major identifiable trends for the period.

CLAB (Central line associated bacterium)

As of 1 October 2015 the West Coast DHB has been 1168 days CLAB free!!

Maternity

- **Feedback – “We Care About Your Care Feedback Form”:** Feedback continues to be advised to Maternity Quality Safety Group. Following the inclusion of the birth month on the form, we now know the response rate:
 - July – 67%
 - August – 50%

Feedback responses indicate that more than 98% of West Coast women are highly satisfied with their maternity care and the increase in the use of the Find Your Midwife website for women looking for a Lead Maternity Carer (LMC).

- **Maternity Operations Group:** This group has recently been re-established. Terms of reference are currently being developed. The purpose of the group is to operationalise the agreed objectives from the combined WC/CDHB maternity clinical governance group. The focus is on quality, policy development and risk minimisation to improve safety.

Safety1st

- **Reporting:** Reports continue to be developed to meet the needs of management as time goes on. Recently a generic report was added to all Managers' info centres. This generic report will provide an overview of the incidents occurring within each individual Manager's scope.
- **Health, Safety and Wellbeing – OSH:** The team at Canterbury continue to enter retrospective data into Safety1st for the West Coast going back 12 months to enable reporting on trends. Managers may see employee incidents occurring pre-April of this year appearing on their info centres. This is the retrospective data and all that is required of them is that they “sign off” on this data.
- **Employee Feed into Safety1st:** The WCDHB employee feed into Safety1st is now functioning. As new employees are added to the WCDHB HR list, their name and details will automatically populate through into Safety1st. However, at this stage, the manager will still require manual entering. An upgrade to the HR system planned for next year should resolve this last remaining issue.

Complaints

The single point of entry for complaints continues to work well and the recording of feedback (Safety1st) provides a more accurate reflection of consumer feedback than the previous system allowed. General Practice, Mental Health service and the Central Booking Unit remain the highest complaint recipients; with staff, services and communication being the three highest identified complaint themes.

Compliments

The moving of the single box from outside Sexual Health to the main reception area and having 7 new feedback boxes strategically placed around Buller Hospital has seen a 100% increase in their use. All compliments are provided to specific areas, staff and communications for the CEs newsletter.

Release of Patient Information Project Work

The Patient Safety Officer has been working with the WCDHB legal team and medical records to fine-tune a single form and policy for release of patient information. Representation from all areas of medical records has been crucial for this piece of work. A single draft policy and form are nearing completion and it is anticipated this piece of work will be completed by the end of October.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2015

DD

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

SOURCE: **Finance**

DATE: **22 October 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 30 September 2015.

3. FINANCIAL RESULT

Summary DHB Group Financial Result

The consolidated West Coast District Health Board financial result for the month of September 2015 was a deficit of \$0.140m, which was \$0.045m unfavourable against the budgeted deficit of \$0.095m. The year to date position is now \$0.008m favourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,884	7,015	(131)	x	20,946	21,035	(89)	x
Governance & Administration	69	69	0	√	207	207	0	√
Funds & Internal Eliminations	4,713	4,720	(7)	x	14,166	14,164	2	√
	11,666	11,804	(138)	x	35,319	35,406	(87)	x
EXPENSES								
Provider								
Personnel	5,016	5,045	29	√	15,322	15,135	(187)	x
Outsourced Services	1	8	7	√	10	24	14	√
Clinical Supplies	729	617	(112)	x	1,970	1,851	(119)	x
Infrastructure	771	821	50	√	3,024	2,463	(561)	x
	6,517	6,491	(26)	x	20,326	19,473	(853)	x
Governance & Administration	69	69	0	√	207	207	0	√
Funds & Internal Eliminations	4,674	4,755	81	√	13,434	14,269	835	√
Total Operating Expenditure	11,260	11,315	55	√	33,967	33,949	(18)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	406	489	(83)	x	1,352	1,457	(105)	x
Interest, Depreciation & Capital Charge	546	584	38	√	1,639	1,752	113	√
Net surplus/(deficit)	(140)	(95)	(45)	x	(287)	(295)	8	√

4. APPENDICES

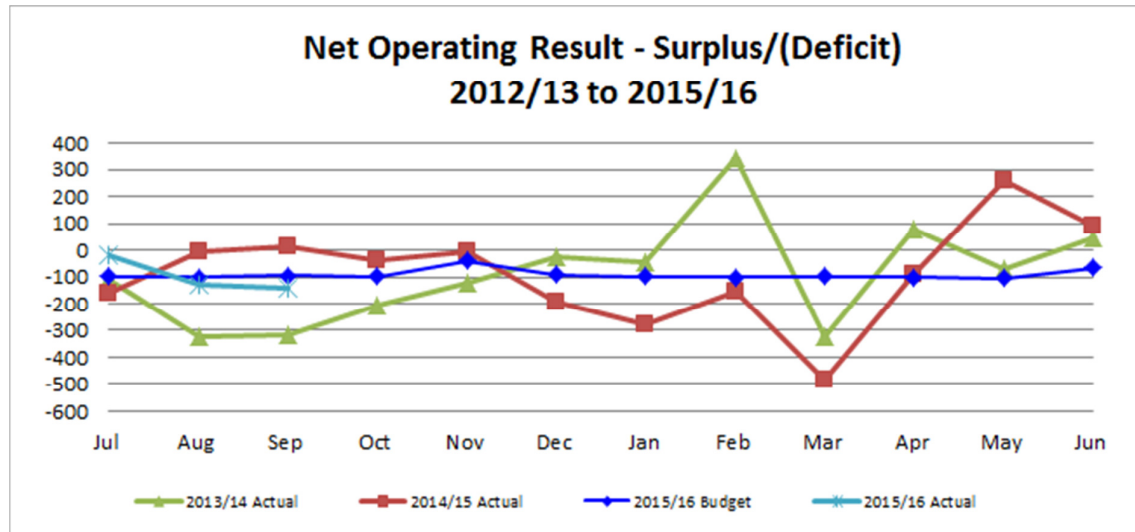
Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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		YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	(140)	(95)	(45)	47% X	(287)	(295)	8	-3% ✓

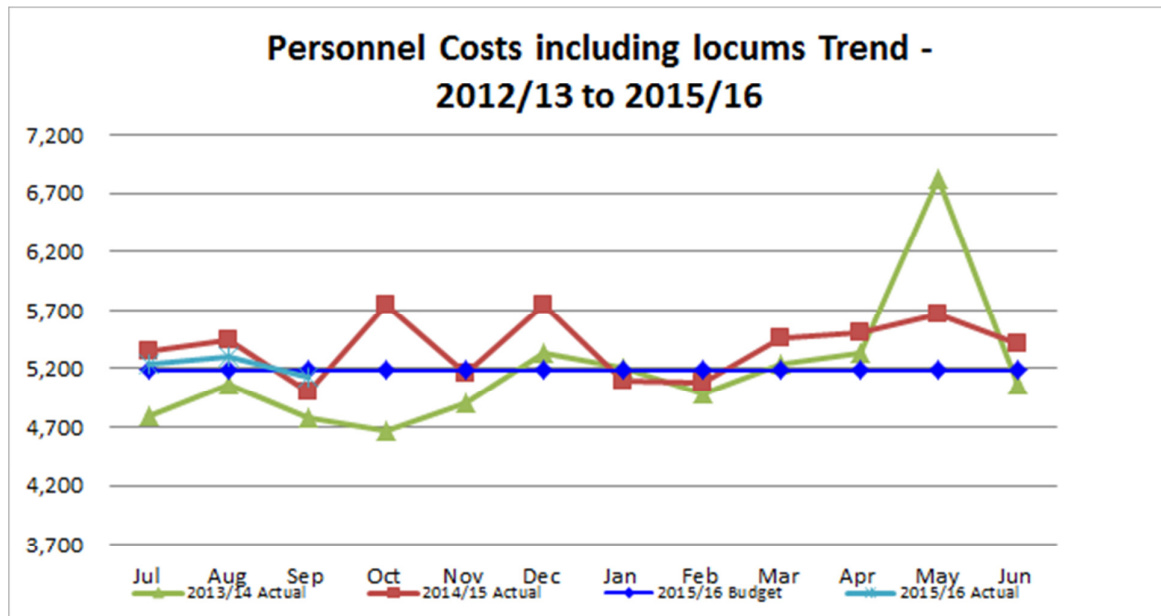


We have submitted an Annual Plan with a planned deficit of \$1.1m, which reflects the financial results anticipated in the facilities business case, after adjustment for the 2014/15 transitional funding reduction of \$1m.

KEY RISKS AND ISSUES

PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,270	1,280	10	1%	✓	3,908	3,840	(68)	-2%	✗
Nursing	2,180	2,361	181	8%	✓	6,701	7,090	389	5%	✓
Allied Health	924	800	(124)	-16%	✗	2,781	2,400	(381)	-16%	✗
Support	89	93	4	4%	✓	266	279	13	5%	✓
Management & Admin	671	577	(94)	-16%	✗	2,022	1,731	(291)	-17%	✗
Total	5,134	5,111	(23)			15,678	15,340	(338)		



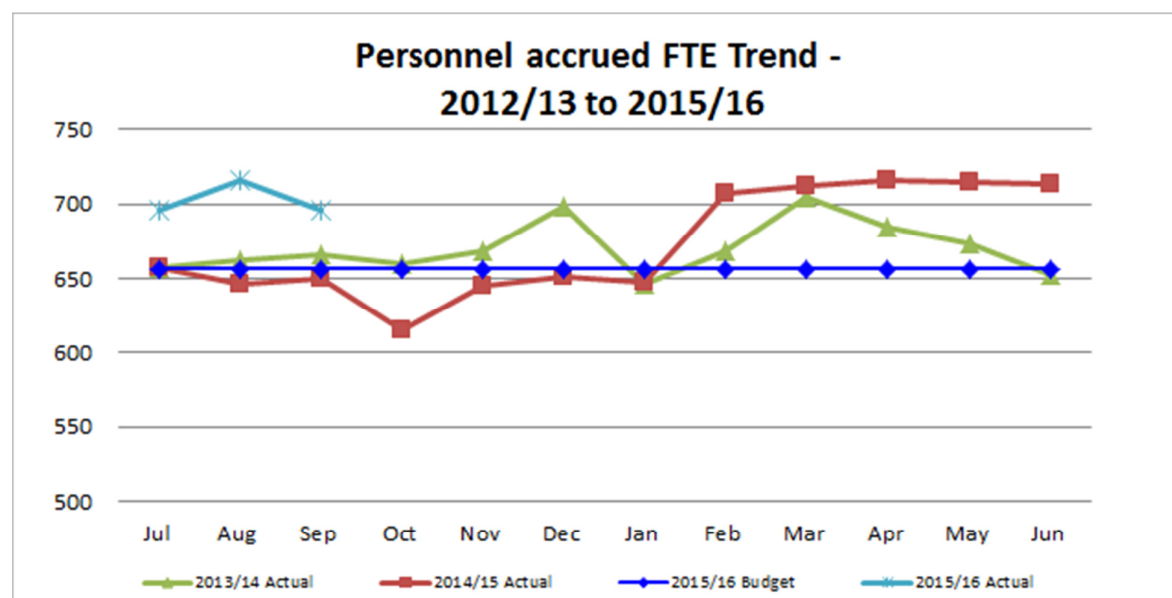
Personnel costs are slightly unfavourable for the month. We are continuing to pursue mechanisms to most efficiently utilise resources to enable effective and appropriate care delivery.

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	40	42	2	4%	✓	40	42	2	5%	✓
Nursing	335	328	(7)	-2%	✗	338	328	(10)	-3%	✗
Allied Health	182	147	(35)	-24%	✗	180	147	(33)	-23%	✗
Support	17	22	5	23%	✓	17	22	5	21%	✓
Management & Admin	122	118	(4)	-3%	✗	128	118	(10)	-8%	✗
Total	696	656	(40)			703	656	(46)		



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

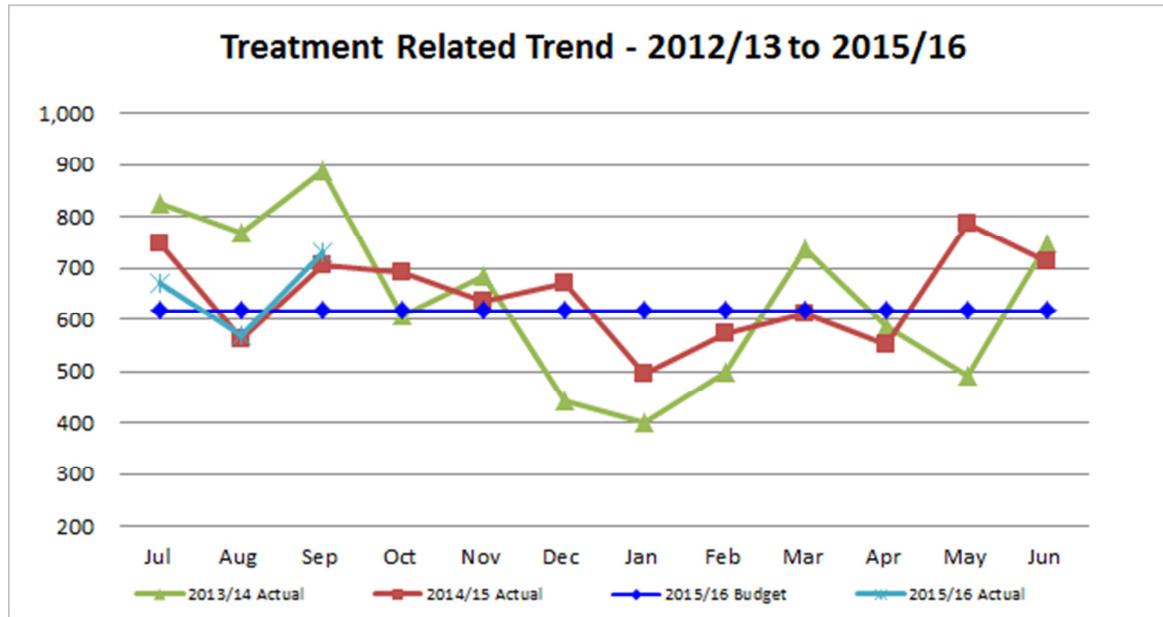
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	729	617	(112)	-18%	×	1,970	1,851	(119)	-6%	×



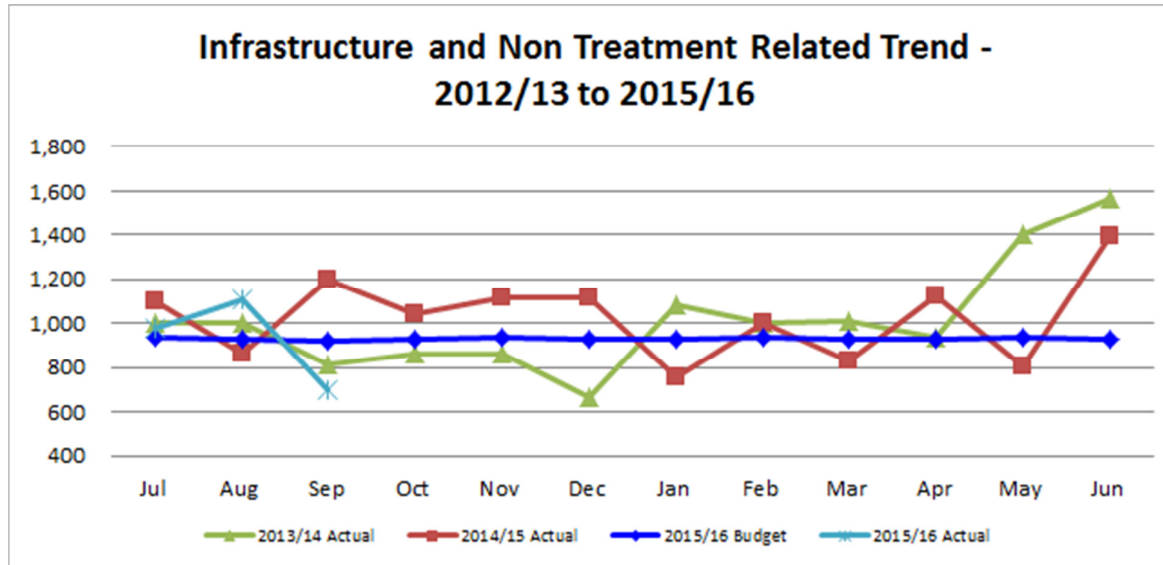
Treatment related costs are above expected levels for the month, however these are not expected to continue to be greater than budget over the full year.

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			YTD Actual \$'000	YTD Budget \$'000	YTD Variance		
Non Treatment related costs	700	922	222	24%	✓	2,784	2,782	(2)	0%	✗



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

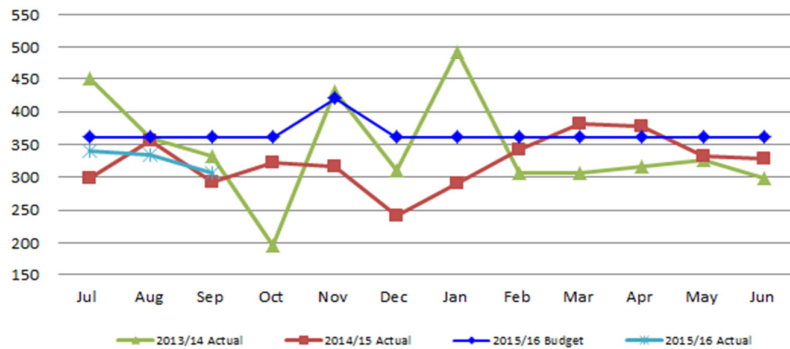
KEY RISKS AND ISSUES

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

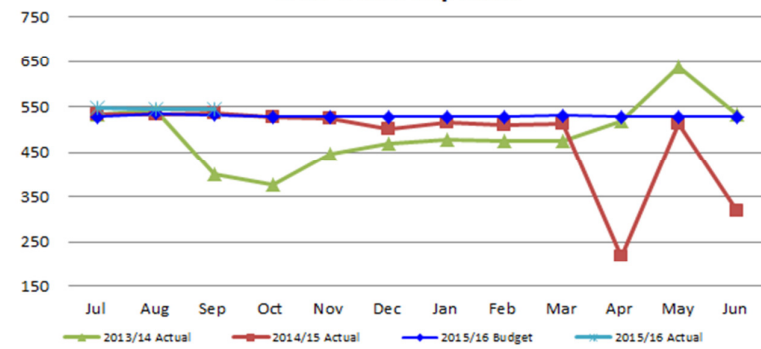
OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	(4)	44	(48)	-109%	✗	87	132	(45)	-34%	✗
Donations	-	-	-	0%	✓	1	-	1	0%	✓
Rental	15	16	(1)	-6%	✗	45	48	(3)	-6%	✗
Other	26	39	(13)	100%	✗	91	117	(26)	-22%	✗
Total Other Revenue	37	99	(62)	-63%	✗	224	297	(73)	-25%	✗
Interest Expense	53	72	19	26%	✓	163	214	51	24%	✓
Depreciation	416	395	(21)	-5%	✗	1,245	1,185	(60)	-5%	✗
Capital Charge Expense	77	66	(11)	-17%	✗	231	198	(33)	-17%	✗
Total Other Costs	546	533	(13)	-2%	✗	1,639	1,597	(42)	-3%	✗

Total Patient Related and Other Revenue



Total Other Expenses



KEY RISKS AND ISSUES

Other revenue for the month is significantly below target due to lower interest received. August was overstated, which impacted September when corrected. .

FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	12,209	9,734	2,475	25%	✓	9,961
Cash	4,966	10,189	(5,223)	-51%	✗	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

30 September 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
Operating Revenue										
Crown and Government sourced	11,359	11,315	44	0.4%	34,086	33,939	147	0.4%	135,751	134,166
Inter DHB Revenue	0	5	(5)	(100.0%)	2	15	(13)	(86.7%)	60	36
Inter District Flows Revenue	0	128	(128)	(100.0%)	250	384	(134)	(34.9%)	1,560	1,497
Patient Related Revenue	270	262	8	3.1%	758	786	(28)	(3.6%)	3,144	3,000
Other Revenue	37	94	(57)	(60.6%)	223	282	(59)	(20.9%)	1,188	1,162
Total Operating Revenue	11,666	11,804	(138)	(1.2%)	35,319	35,406	(87)	(0.2%)	141,703	139,861
Operating Expenditure										
Personnel costs	5,134	5,118	(16)	(0.3%)	15,678	15,340	(338)	(2.2%)	61,352	64,688
Outsourced Services	1	8	7	87.5%	10	24	14	58.3%	96	82
Treatment Related Costs	729	617	(112)	(18.2%)	1,970	1,851	(119)	(6.4%)	7,404	7,736
External Providers	3,015	3,097	82	2.6%	9,105	9,293	188	2.0%	37,190	35,196
Inter District Flows Expense	1,657	1,531	(126)	(8.2%)	4,324	4,595	271	5.9%	18,368	14,789
Outsourced Services - non clinical	24	73	49	67.1%	96	219	123	56.2%	876	325
Infrastructure and Non treatment related costs	700	922	222	24.1%	2,784	2,782	(2)	(0.1%)	11,157	12,350
Total Operating Expenditure	11,260	11,366	106	0.9%	33,967	34,104	137	0.4%	136,443	135,166
Result before Interest, Depn & Cap Charge	406	438	(32)	(7.3%)	1,352	1,302	(50)	(3.8%)	5,260	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	53	72	19	26.4%	163	214	51	23.8%	828	732
Depreciation	416	395	(21)	(5.3%)	1,245	1,185	(60)	(5.1%)	4,740	4,238
Capital Charge Expenditure	77	66	(11)	(16.7%)	231	198	(33)	(16.7%)	792	772
Total Interest, Depreciation & Capital Charge	546	533	(13)	(2.4%)	1,639	1,597	(42)	(2.6%)	6,360	5,742
Net Surplus/(deficit)	(140)	(95)	(45)	(47.4%)	(287)	(295)	8	2.7%	(1,100)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(140)	(95)	(45)	(47.4%)	(287)	(295)	8	2.7%	(1,100)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 September 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
27,104	24,913	2,191	8.8%	26,263
887	652	235	36.0%	1,389
1,442	1,568	(126)	(8.0%)	211
0	567	(567)	(100.0%)	476
29,433	27,700	1,733	6.3%	28,339
4,966	10,189	(5,223)	(51.3%)	7,750
72	60	12	20.0%	79
1,022	1,100	(78)	(7.1%)	1,024
12,807	4,218	8,589	203.6%	8,875
0	136	(136)	(100.0%)	136
18,867	15,703	3,164	20.1%	17,864
48,300	43,403	4,897	11.3%	46,203
11,195	11,195	0	0.0%	10,695
2,746	2,895	149	5.1%	2,727
13,941	14,090	149	1.1%	13,422
3,250	3,250	0	0.0%	3,750
9,886	7,248	(2,638)	(36.4%)	9,445
9,014	9,081	67	0.7%	9,640
22,150	19,579	(2,571)	(13.1%)	22,835
36,091	33,669	(2,422)	(7.2%)	36,257
71,753	71,693	(60)	(0.1%)	70,761
22,082	19,569	(2,513)	(12.8%)	19,569
(81,626)	(81,567)	59	0.1%	(77,299)
0	39	0	0.0%	39
12,209	9,734	(2,475)	(25.4%)	13,070
48,300	43,403	4,897	11.3%	49,327

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

30 September 2015

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue
Cash paid to employees
Cash paid to suppliers
Cash paid to external providers
Cash paid to other District Health Boards
Cash generated from operations

Interest paid
Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received
(Increase) / Decrease in investments
Acquisition of property, plant and equipment
Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections
Repayment of equity
Cash generated from equity transactions

Borrowings raised

Repayment of borrowings
Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents
Cash and cash equivalents at beginning of period
Cash and cash equivalents at end of year

Monthly Reporting				Year to Date			
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
11,395	11,760	(365)	(3.1%)	33,703	35,274	(1,571)	(4.5%)
(5,899)	(5,118)	(781)	(15.3%)	(16,572)	(15,340)	(1,232)	(8.0%)
(716)	(1,632)	916	56.1%	(3,354)	(4,910)	1,556	31.7%
(3,048)	(3,097)	49	1.6%	(9,207)	(9,293)	86	0.9%
(1,624)	(1,531)	(93)	(6.1%)	(4,222)	(4,595)	373	8.1%
108	382	(274)	(71.7%)	348	1,136	(788)	(69.4%)
(53)	(60)	7	11.7%	(163)	(180)	17	9.4%
(77)	(66)	(11)	(16.7%)	(231)	(198)	(33)	(16.7%)
(22)	256	(278)	(108.6%)	(46)	758	(804)	(106.1%)
(4)	44	(48)	(109.1%)	87	132	(45)	(34.1%)
0	0	0		0	0	0	0.0%
(196)	(322)	126	39.1%	(742)	(966)	224	(23.2%)
0	0	0		0	0	0	
(200)	(278)	78	(28.1%)	(655)	(834)	179	21.5%
0	0	0		0	0	0	0.0%
25	0	25		86	0	86	
25	0	25		86	0	86	
0	0	0		(67)	0	(67)	
0	0	0		0	0	0	
25	0	25		19	0	19	
(197)	(22)	(175)	795.5%	(682)	(76)	(606)	797.4%
5,163	10,211	(5,048)	(49.4%)	5,163	10,211	(5,048)	(49.4%)
4,966	10,189	(5,223)	(51.3%)	4,481	10,135	(5,654)	(55.8%)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 22 October 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

3. DISCUSSION

Workforce

Allied Health and Nursing leadership teams are in the process of writing Workforce Action Plans. Allied Health leadership teams on the West Coast and Canterbury have collaborated to identify priorities and develop a West Coast Allied Health workforce profile. Some of the priority areas include:

- Developing, implementing and evaluating fit for purpose, integrated models of service delivery;
- Recruiting, retaining and sustaining a diverse workforce to deliver cost-effective services that match future demand;
- Innovating practice;
- Enhancing leadership capability; and
- Embedding transalpine arrangements with the Canterbury DHB.

The Canterbury and West Coast Nursing leadership team are planning a nursing workforce workshop to be held early 2016, to not only ensure the effective roll out of the strategic plans, but to also work collaboratively under the transalpine model for ensuring alignment. The West Coast Nursing Workforce Plan has seven strategic goals that also align with Canterbury DHBs Plan:

- Growing our workforce
- Attracting our workforce
- Enabling our workforce
- Extending our workforce
- Succession planning
- Matching capacity to demand
- Workforce and leadership structure

Quality and Safety

The focus on falls prevention in the hospital is seeing positive results with a significant reduction in falls. Front line clinical staff are expected to maintain a heightened level of vigilance and proactive assessment and intervention to reduce any falls risk. Allied Health teams are collaborating with the CCCN Program, Home Based Support Services, community based District Nurses and nursing staff on the medical wards to implement new approaches to facilitate supported discharge and minimise falls.

Updates required to stabilise the Win Dose program used by Pharmacy is almost complete. Risks have been carefully managed whilst this process has been undertaken.

The Allied Health and Nursing Innovation and Leadership group has identified four quality initiatives. Work on these will continue into the New Year.

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 10 SEPTEMBER 2015



TO: Chair and Members
West Coast District Health Board

SOURCE: Acting Chair, Hospital Advisory Committee

DATE: 25 September 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 10 September 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 – 10 September 2015.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 September 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 successful medical recruitment; and
- The publication of the Maternity Quality Safety Annual Report

He advised that he is working to create a meaningful graphic reporting template for inclusion in the Committee reports.

In addition the Committee noted the following:

- DNAs – the DNA rates are the same as the last few months which is both concerning and disappointing. Work is being undertaken to try to ascertain the reasons for this.
- An engagement process is underway Coast wide with Administration staff in order to understand the scope and breadth of work undertaken in these important positions and what resourcing it may require.
- A consultation paper for changing nursing contracts to reflect the model of care we are working towards has recently been released. Some old contracts dating back as far as the 1970s are no longer valid as we move towards a more flexible workforce. This is causing a little anxiety for some and management are working with staff around this.
- Offers of employment have been made to 2 Rural Hospital Medicine Specialists.
- Hannan Ward remains open for Allen Bryant clients.
- At a recent national conference the West Coast was asked to present regarding the work undertaken in Maternity. This resulted in good complimentary feedback.
- Industrial Relations – the Nurses MECA has been settled.
- Patient transport is working well and on days when it is not required to go to Christchurch it is being used to go to Buller.

In addition discussion took place regarding: Outpatient waiting times; redeployment of staff at Kinnersley; elective thresholds; resignation of Doctors in South Westland.

The update was noted.

FINANCE REPORT

Mark Newsome, General Manager, Grey/Westland, presented the Finance Report for the month ending July 2015. 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 \$0.082m favourable.

Mr Newsome advised that the DHB is still under pressure to find efficiencies in the system. Staff have been challenged around this and are working hard to find efficiencies. The highest costs are still in personnel with the use of locums and short term placements.

The Board Chair advised that the Annual Plan has not yet been signed off by the Minister of Health.

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 the proposal to move nurses to a more generic contract in line with new models of care being developed for the new facilities.

A lot of work is taking place in the Quality & Safety arena with the latest maternity quality survey registering a return rate of 53%.

The third round of students under the Dedicated Education Unit (DEU) model arrive this month 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.

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 – 10 September 2015.

Report prepared by: Sharon Pugh, Chair, Hospital Advisory Committee

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at the West Coast Regional Council, 388 Main South Road, Greymouth
on Friday 25 September 2015 commencing at 10.15am

KARAKIA		10.15am
ADMINISTRATION		10.15am
Apologies		
1.	Interest Register	
2.	Confirmation of the Minutes of the Previous Meetings <ul style="list-style-type: none"> • 7 August 2015 	
3.	Carried Forward/Action List Items	
REPORTS		10.20am
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"> • Health & Safety Update 	Michael Frampton <i>Programme Director</i> 10.30am – 10.45am 10.45am – 10.50am
6.	Clinical Leader's Update	Karyn Bousfield <i>Director of Nursing & Midwifery</i> 10.50am – 11.00am
7.	Mental Health Review Update & Mental Health Presentation	Mark Newsome <i>General Manager, Grey/Westland</i> 11.00am – 11.30am
8.	Finance Report	Justine White <i>General Manager, Finance</i> 11.30am – 11.45am
9.	Maori Health Plan Update	Gary Coghlan <i>General Manager, Maori Health</i> 11.45am – 11.55am
10.	Health Target Q4 Report	Phil Wheble <i>Team Leader, Planning & Funding</i> 11.55am – 12.05pm
11.	Proposed 2016 Meeting Schedule	Board Secretariat 12.05pm – 12.10pm
12.	Report from Committee Meetings <ul style="list-style-type: none"> - CPH&DSAC 10 September 2015 - Hospital Advisory Committee 10 September 2015 	Elinor Stratford <i>Chair, CPH&DSA Committee</i> 12.10pm - 12.20am Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 12.20am – 12.30am
13.	Resolution to Exclude the Public	Board Secretariat 12.30pm
INFORMATION ITEMS		
<ul style="list-style-type: none"> • 2015 Meeting Schedule 		
ESTIMATED FINISH TIME		12.30pm
NEXT MEETING		
Friday 6 November 2015		

2015 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

	29 January	12 March	23 April	4 June	23 July	10 September	22 October	3 December
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update
PLANNED ITEMS								
PRESENTATIONS	As required	As required	As required	As required	As required	As required	As required	As required
GOVERNANCE AND SECRETARIAT	2015 Work Plan							
INFORMATION ITEMS:	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2015 & 2016 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2016 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.

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.