

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

---



# **HOSPITAL ADVISORY COMMITTEE MEETING**

**28 January 2016**

**PLEASE NOTE EARLY START TIME OF  
10.00AM**

**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> ) Joseph Thomas ( <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 28 January 2016 commencing at **10.00 am**

**PRESENTATIONS IN CONJUNCTION WITH COMMUNITY & PUBLIC HEALTH AND DISABILITY  
SUPPORT ADVISORY COMMITTEE**

Child & Youth Health Presentation	Wayne Turp <i>Project Specialist, Planning &amp; Funding</i>	10.00am - 10.30am
Mana Tamariki Programme Presentation	Moya Beech-Harrison <i>General Manager, Poutini Waiora</i>	10.30am - 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**  
*3 December 2015*
3. **Carried Forward/Action Items**

**REPORTS/PRESENTATIONS 11.10am**

- |  |   |                   |
|--|---|-------------------|
| 4. <b>Management Report</b>                            | Mark Newsome<br><i>General Manager Grey   Westland</i>        | 11.10am – 11.30am |
| 5. <b>Finance Report</b>                               | Michael Frampton<br><i>Programme Director</i>                 | 11.30am – 11.40am |
| 6. <b>Clinical Leaders Update</b>                      | Karyn Bousfield<br><i>Director of Nursing &amp; Midwifery</i> | 11.40pm – 11.50pm |
| 7. <b>2016 Committee Workplan<br/>(for discussion)</b> | Board Secretariat   | 11.50pm – 12noon  |
| 8. <b>General Business</b>                             | Sharon Pugh<br><i>Chair</i>                                   | 12noon – 12.10pm  |

**ESTIMATED FINISH TIME 12.10pm**

**INFORMATION ITEMS**

- Chair's Report to last Board meeting
- Board Agenda – 11 December 2015
- West Coast DHB 2016 Meeting Schedule

**NEXT MEETING:**

**Date of Next Meeting:** 10 March 2016  
Corporate Office, Board Room at Grey Base Hospital.

# INTEREST REGISTER

Member	Disclosure of Interests
Sharon Pugh <b>Chair Board Member</b>	<ul style="list-style-type: none"> <li>▪ New River Bluegums Bed &amp; Breakfast - Shareholder</li> </ul>
Kevin Brown <b>Deputy Chair 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> <li>▪ President Greymouth Riverside Lions Club</li> <li>▪ Justice of the Peace</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> </ul>
Joseph Thomas <b>Board Deputy Chair</b> ex-officio	<ul style="list-style-type: none"> <li>▪ Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair</li> <li>▪ Motuhara Fisheries Limited – Director</li> <li>▪ Ngati Mutunga o Wharekauri Iwi Trust – Trustee and Member</li> <li>▪ New Zealand Institute of Management Inc – Member (Associate Fellow)</li> <li>• New Zealand Institute of Chartered Accountants – C A, Member</li> <li>▪ Te Kawhai Tumata – Committee Member</li> </ul>

**DRAFT**  
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Grey Base Hospital, Corporate Office,**  
**on Thursday 22 October 2015, commencing at 11.00am**

## **PRESENT**

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

## **IN ATTENDANCE**

Elinor Stratford

## **MANAGEMENT SUPPORT**

Mark Newsome (General Manager, Grey/Westland) Phil Wheble (Team Leader, Planning & Funding); Karyn Bousfield (Director of Nursing & Midwifery); Kathleen Gavigan (General Manager, Buller) via video conference); and Kay Jenkins (Minutes)

## **APOLOGIES**

An apology for lateness was received and accepted from Richard Wallace (11.20am)

## **WELCOME**

The meeting joined together in the Karakia

## **1. INTEREST REGISTER**

There were no changes 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 (29/15)**

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

That the minutes of the meeting of the Hospital Advisory Committee held on 22 October 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 commented in particular on:

- A decrease in DNAs – work continues in this area to better understand the reasons for this. The Committee noted that the problems with e-texting have now been solved.
- The announcement of Medical Director Roles:
  - Mr Pradu Dayaram, Medical Director Facilities Development
  - Dr Graham Roper, Medical Director Patient Safety and Outcomes
  - Dr Cameron Lacey, Medical Director Medical Council, Legislative Compliance and National Representation
- The successful recruitment of Medical staff with two part-time Rural Hospital Specialists being employed and a third full-time candidate coming on board.

Discussion took place regarding the desired levels of employment in this area and it was noted that this level may be 8 or 9 and the current recruitment will bring the level to 6. It was also noted that the West Coast is getting a good reputation in the market for these types of roles.

Discussion also took place regarding the challenge around medical coverage in Buller over the Christmas period and it was noted that our recruitment is undertaken in a “Coast Wide” way which has assisted in relieving this problem.

##### **Resolution (30/15)**

(Moved: Peter Neame/Seconded: Gail Howard – 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 October 2015 was a deficit of \$0.202m, which was \$0.128m unfavourable against the budgeted deficit of \$0.074m. The year to date position is now \$0.197m favourable.

The meeting noted that Hospital Services now have 14 less FTE than this time last year which has been achieved by natural attrition.

It was noted that treatment related costs are up and some work will commence in the New Year to better understand what is driving these costs.

##### **Resolution (31/15)**

(Moved: Sharon Pugh/Seconded: Kevin Brown – carried)

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

## 6. CLINICAL LEADERS REPORT

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

The Committee noted that:

- Work continues on writing Workforce Action Plans for Allied Health and Nursing.
- Recruitment for Nurse Entry to Practice (NETP), Nurse Entry to Special Practice (NESP) and Midwifery First Year of Practice (MFYP) has commenced. It is intended to employ five NETP, one or two NESP and one or two MFYP graduates for 2016. As the year progresses the DHB will continue to review vacancies and bring more graduate nurses on to the NETP programme.
- The Health & Disability Commission have praised the improvement in the DHBs serious and sentinel event investigation reporting and follow up actions. This demonstrates an enhanced culture of patient safety and quality improvement across the health system and the great work undertaken by the Quality Improvement Team.

### **Resolution (32/15)**

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

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

## 7. REVISED TERMS OF REFERENCE

The Board Secretariat presented the Committee with the revised Terms of Reference which were discussed and recommended to the Board for approval.

### **Resolution (33/15)**

(Moved Gail Howard/Seconded Kevin Brown)

That the Committee:

- i. Review the Terms of Reference and provide feedback; and
- ii. Recommend to the Board that they formally adopt the revised Terms of Reference for the Hospital Advisory Committee with the minor change discussed on page 3, paragraph 2.

There being no further business the meeting closed at 12.05pm

Confirmed as a true and correct record.

---

Sharon Pugh, Chair

---

Date



## CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	3 December 2015	<b>Did Not Attends (DNAs)</b> An update on progress regarding DNAs to be provided to the Committee.		Updates will be provided at each meeting.

# MANAGEMENT REPORT

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

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

**DATE:** 28 January 2016

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:

- Sustained decrease in DNAs
- Maintained ESPI compliance
- Two Rural Hospital Medicine Specialists have begun work

## 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. Work continues to progress.

## 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 5-month period to the end of November 2015 show overall case-weighted discharges [CWD] from Grey Base Hospital was slightly behind target 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
<b>Surgical</b>				
Acute	476.12	420.79	-46.33	-9.9%
Elective	513.65	520.40	6.75	1.1%
<b>Sub-Total Surgical:</b>	<b>980.77</b>	<b>941.19</b>	<b>-39.58</b>	<b>-4.0%</b>
<b>Medical</b>				
Acute	580.05	758.47	178.42	30.7%
Elective	0	0	0	0%
<b>Sub-Total Medical:</b>	<b>580.05</b>	<b>758.47</b>	<b>178.42</b>	<b>30.7%</b>
<b>TOTALS:</b>	<b>1560.82</b>	<b>1699.66</b>	<b>138.84</b>	<b>8.9%</b>

### Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services remains down for the year to date by 11.9% (736 attendances) from expected volumes overall. Throughput was 12.2% under contracted volume for surgical specialty services and 12.6% down against contracted volume for medical specialty services. There have been fewer First Specialist Appointments (FSAs), as well as fewer subsequent follow-up attendances, among both service groups.

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	1406	1327	-79	-5.6%
Sub. Visit	2258	1889	-369	-16.3%
<b>Sub-Total Surgical:</b>	<b>3664</b>	<b>3216</b>	<b>-448</b>	<b>-12.2%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	673	532	-141	-20.9%
Sub. Visit	1603	1456	-147	-9.1%
<b>Sub-Total Medical:</b>	<b>2276</b>	<b>1988</b>	<b>-288</b>	<b>-12.6%</b>
<b>TOTALS:</b>	<b>5940</b>	<b>5204</b>	<b>-736</b>	<b>-12.4%</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]
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%
October 2015	1717	1601	116	6.76%
November 2015	1745	1642	103	5.90%
<b>13 month rolling totals</b>	<b>22508</b>	<b>20886</b>	<b>1622</b>	<b>7.21% Average</b>

The DNA group continue to work across this space including:

- Refining the e-texting system and analysing data continues. To date we have had at least three occasions when the system has not sent out the reminders. As a consequence, we will extend the data collection period for another two months before analysing the data.
- Continuing to ensure that patient appointment letters are sent well in advance to ensure adequate notice. When we have short notice clinics, patients should be confirmed first prior to getting onto the lists.
- The team has finished reviewing letters to ensure important information is immediately recognisable. Dates and times of appointments should be easily visible to patients.
- OPD staff continue to monitor DNA rates and ring patients who do DNA to find out why.
- We now have a report that differentiates DNAs between Maori and non-Maori. We are confident this new report has reliable data which will enable us to further understand cultural issues.
- The Nurse Manager Operations attended the National DNA meeting via teleconference.

Key points:

- The system has to be patient focused. Dunedin has gone to weekend clinics to allow people who work Monday to Friday to get to appointments without taking time off work. This was a big shift for them but was very successful.
- Ask patients which is the better way to contact them.
- Some DHBs send no letters sending text messages instead and this has been successful.
- The group talked about a national campaign on DNAs showing the costs associated and health issues that may occur.

## 4.2 Workforce Update

### Nursing

- Grey Base continues to support community nursing where possible, no longer having to support Granger House as they have recruited staff. Hospital services have Enrolled Nurses seconded into a number of areas such as District, Outpatients and Kahurangi.
- Hospital Services has 17 FTE less than at the same point last year and resource continues to match activity and throughput. We are now at the point of building up a small casual pool who will work across the DHB. We will continue to monitor our variance and utilisation to ensure we remain in positive variance.
- Sick leave has continued over the Christmas period putting some strain on services, but staff have continued to work well through this period. Staff have been flexible with their rosters, adjusting as required to ensure their colleagues have the support they need.
- New Graduates from 2015 have been placed in the DHB starting their new positions the week of 8 February. We have one New Graduate starting in each ward for 2016 commencing February. Annual leave balances continue to be managed.
- The 0.5 FTE Clinical Nurse Specialist Stroke position is currently being recruited for.
- The Trendcare Coordinator position has been advertised and we are currently referee checking an applicant.
- It is with great regret to the DHB that Chris Black, long serving Clinical Nurse Educator, is retiring after more than 30 years. She has done a fantastic job, always remaining professional in her approach and well respected by her colleagues. She will be missed by many. We will be advertising to fill this role in the near future.

### 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.
- Work has been done to expand a RHM registrar to better support Mental Health and Geriatrics and we will be recruiting for this position.
- Recruitment is ongoing across the junior doctor workforce with some vacancies following the late withdrawal of two candidates.
- Interviews and offers to RHM specialists are ongoing. Two have commenced since November and another likely mid-year.
- An offer of employment has been given to a General Physician.
- Work with CDHB to better support junior doctors is occurring, particularly around accreditation of clinical attachments and training and will progress further in the next few months.

### Administration

- A report on administration engagement is being prepared for EMT.
- Strong focus on supporting transalpine linkages and integration of services, to ensure administration/clerical resources support clinical models of care.
- Work continues in this space.

### **Ward Activity**

- Over the last month the hospital actual utilisation has remained similar to the last two months, CCU remained static at 58%, Morice on average sat at 85% and Barclay was 77%, with a dip towards the end of December for the shut-down period.
- Kahurangi patient levels remained stable over the December period but dropped to 13 in January. Hospital Services are supporting Kahurangi with adequate staffing levels by seconding a number of Enrolled Nurse staff to the area.
- ED nursing staffing remains challenging. Advertising for experienced staff continues.

### **Maternity Services**

- The WCDHB Maternity service is currently advertising for 2 part-time new graduate midwives for 2016, we have had 2 applications already which is positive. We have had interest for another experienced midwife to join the team in the New Year; this will bring the unit up to full staffing.
- Quality activities continue with an audit on reasons for caesarean section in Prima gravida in 2014. Almost all items in the Maternity Quality Safety Group [MQSG] workplan have been completed and the 2016 workplan has been developed.
- Two women in the community have raised funds and donated two Cosy Cots to McBrearty for families of babies that have died. The cots keep the baby cool while the family can spend time with them.
- Education activities continue. There will be a summary of all education conducted this year completed in January. The rollout of the Breastfeeding Talk Cards continues with PHO staff and RNS's.
- The Maternity Quality Safety Co-ordinator position is currently being advertised for a three year term. Significant progress has been made in embedding quality in maternity services, and with the completion of the 2015 workplan we should be at "established" status.

### **Reefton Health**

- *Hospital* – Collaboration is continuing across all services including District, Medical Centre and the ARC facility, and building Reefton Hospital into a cohesive team.
- *Aged Residential Care* – 8 hospital level and 3 residential. 1 palliative and 1 respite.
- No current vacancies.
- Settled over the holiday period.

### **Allied Health**

- Janette Anderson is currently providing part time cover for the Associate Director of Allied Health (ADAH) position (3 days/week). Initial interviews have been completed for the permanent ADAH role.
- The Pharmacy intranet page is working well and the pharmacy staff feel communication throughout the DHB has improved because of this.
- The new computer has been installed in the Buller Health physiotherapy department but we are waiting on the connection point being made active. This should be completed by the end of January.
- The Occupational Therapy department, have completed a hospital bed mattress audit. A total of 247 mattresses were assessed (with only 3 not being assessed). A recommended replacement plan has been developed which will need to be considered as we move towards our new facility.

- Due to the number of requests for advice on Enduring Power of Attorney, one of the Social Workers has been approved to attend the annual Elder Law Conference and workshop (Capacity Assessment of Older Patients) in February.
- The Buller Health Occupational Therapist has recently resigned and recruitment for this has begun.
- The physiotherapy service is still unable to fill the paediatric position and continue to look at alternative ways to provide this coast-wide service.
- The Calderdale Framework pilot project is progressing with the 67 identified community physiotherapy tasks prioritised down to just 2 to ensure full completion by the end of April. The other physiotherapy tasks, plus the community occupational therapy tasks, will continue to be considered and processed after April. The Calderdale Framework is an evaluation programme which identifies tasks that can be delegated or shared – a workforce model for skill sharing across the range of health professionals.
- Supported early discharge and the FIRST model of care for the over 65s is progressing.
- The VIP team are updating their policies and procedures to align with CDHB.

## **Industrial Relations**

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

- West Coast Pharmacy (First Unions) – Options still being considered by First Union
- Public, Mental Health and Community Nurses MECA (PSA) – Ratified
- South Island Clerical Workers MECA (PSA) – Currently costing positions following a mapping exercise in December. Meeting on 20 January to discuss these results (DHBs)
- West Coast EPMU Support Services SECA – Settled
- RMO MECA (RDA) – Initiation of Bargaining received

## **Recruitment**

New Vacancies	12
Total Open Vacancies	16
Total FTE Recruiting	16.8
Appointed Vacancies	12
Total FTE Appointed	7.5

- Recruitment remains steady with 12 new roles bringing the total open vacancies to 16.
- An offer has been made to a General Physician for Grey; we await a response.

## **4.3 Patient**

### **Patient Transfers**

- The number of tertiary patient transfers from Grey Base and Buller Hospitals decreased from 43 transfers in September to 37 transfers in October 2015. The majority of the October transfers were for orthopaedic, surgical and maternity patients, with the principal methods of transportation being via pressurised aircraft and ambulance.
- The main reason for these transfers in October 2015 was for 'Specialty Care not available at Grey Base Hospital'.





- For patients transferred from Buller to Grey Base the numbers remained steady with 18 transfers in October 2015. Most transfers were for surgical patients. Both private motor vehicles and ambulances were the main methods of transportation in the transferral of patients to Grey Base in this period.
- The number of patient transfers from Reefton to Grey Base for October 2015 was 7. These transfers were for patients under a variety of specialties, and the majority of these patients were transferred via private motor vehicle.
- All figures provided include those recorded as transferring via private motor vehicle.



## 4.4 Health Targets

### Health Target progress




#### Quarterly & progress data

Target		Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Target	Current Status	Progress
	<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours <sup>1</sup>	99.4%	99.7%	99.7%	99.7	95%	✓	The West Coast DHB continues to achieve impressive results against the <b>shorter stays in ED health target</b> , with <b>99.6%</b> of patients admitted, discharged or transferred from ED within six hours during Quarter 2.
	<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	1,288 YTD	1,721	480 <sup>2</sup>	802 Nov	824 YTD	✗	<b>802</b> elective surgical cases were delivered to Coasters in the year to date November 2015, representing 97% of our year-to-date target delivery. At just 22 discharges short of our year-to-date target, it is not anticipated there will be any difficulty in making up this shortfall next quarter.
	<b>Faster Cancer Treatment<sup>3</sup></b> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	62.5%	50%	50%	TBC	85%	✗	Work around the <b>faster cancer treatment health target</b> continues, with 50% of patients (4/8) having received their first cancer treatment or other management within 62 days of being referred. While improvement against this target is a significant priority, small numbers remain challenging. All four non-compliant patients were complex cases with comorbidities.
	<b>Increased Immunisation</b> Eight-month-olds fully immunised	89%	85%	88.4%	80.9%	95%	✗	While West Coast DHB has not met the <b>increased immunisation health target</b> , we are pleased to have vaccinated 99% of the eligible consenting population with only one child missed. Opt-off & declines increased this quarter at a combined total of 18%--which is reflected in our reduced results, making the target impossible to reach

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

<sup>2</sup> Coding delays have meant this result is preliminary. More recent results show 487 discharges were complete as at the end of September 2014, reflecting 94.2% of target.

<sup>3</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		Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Target	Current Status	Progress
								this quarter.
	<b>Better Help for Smokers to Quit</b> Hospitalised smokers receiving help and advice to quit <sup>4</sup>	97.8%	97.8%	91.1%	TBC	95%	✗	During Quarter 1, West Coast DHB staff provided 91.1% of hospitalised smokers with smoking cessation advice and support –missing the target by just eleven smokers. This follows stable performance in previous quarters as well as the first two months of Quarter 1. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator investigates each missed smoker
	<b>Better Help for Smokers to Quit</b> Smokers offered help to quit smoking by a <b>primary care</b> health care practitioner in the last 15 months	94%	90.2%	84.5%	TBC	90%	✗	Performance against the <b>primary care better help for smokers to quit health target</b> shows a decrease in Quarter 1, not meeting the target at 84.5%. This drop was expected following a national definition change, with the target's focus now not only on smokers expected to present to general practice, but the West Coast population as a whole. Internal preliminary data suggests performance will be maintained in Quarter 2.
	<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	90.3%	91.1%	91%	TBC	90%	✓	Performance against the <b>more heart and diabetes checks health target</b> was maintained in Quarter 1, once again meeting the target. Data for Quarter 2 is expected in the coming weeks.

<sup>4</sup> Results may vary slightly due to coding timeframes

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

Eleven plastics patients exceeded the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in October. This was due to more acute patients being booked ahead of these longer wait patients. All eleven patients were seen by 27 November 2015.

All patients were compliant against First Specialist Assessment to surgical treatment (ESPI 5) as at the end of October 2015.

Preliminary results for November (as run by the Ministry of Health on 22 December), indicate that no patients exceeded the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) or First Specialist Assessment to surgical treatment (ESPI 5) as at the end of November 2015.

## MoH Elective Services Online

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

DHB Name: West Coast

	2014			2014			2015			2015			2015			2015			2015			2015			2015			2015			2015					
	Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within ten working days.	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 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	18 of 18	100.0%	0	17 of 18	94.4%	1
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	6	0.0%	-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	0	0.0%	0	11	1.8%	-11
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	4	1.8%	-4	7	3.4%	-7	0	0.0%	0	1	0.6%	-1	2	1.3%	-2	2	1.4%	-2	0	0.0%	0	0	0.0%	0
6. Patients in active review who have not received a clinical assessment within the last six months.	0	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.	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	138	100.0%	0	137	100.0%	0	127	100.0%	0	134	100.0%	0	123	100.0%	0

Data Warehouse Refresh Date: 05/Dec/2015

Report Run Date: 07/Dec/2015

#### Notes:

- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 is 5 months and from January 2015 the required timeframe for ESPI 2 is 4 months.
- Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 5 is 4 months.
- ESPIs that apply from 1 January 2015.
- ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
- ESPIs 3 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
- Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
- ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
- 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](mailto:elective_services@moh.govt.nz)).

## 4.5 Quality

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



WCDHB Total Incidents	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Trend	Total
Behaviour & Safety	10	6	12	31	26	19	15	11	21		151
Blood Product	1	0	1	1	0	0	0	0	0		3
Drain and Tube	1	0	0	0	0	0	0	0	0		1
Employee	15	14	9	9	11	10	9	9	15		101
Facilities, Building and Property	4	5	4	3	3	4	3	0	2		28
Fall	29	24	16	16	28	20	20	17	23		193
Hazard Register	0	0	0	0	0	0	0	0	1		1
Infection	0	2	0	0	0	1	0	0	0		3
Intravascular Access Device	0	0	0	2	1	0	0	0	0		3
Labs / Specimen	17	11	15	11	14	14	12	7	13		114
Labour and Delivery	0	0	0	0	0	3	0	3	1		7
Medication and IV Fluids	9	8	12	9	16	13	4	12	8		91
Provision of Care	11	14	9	15	17	16	14	13	14		123
Radiology	0	0	0	1	2	0	1	0	4		8
Restraint Register	1	0	2	3	2	1	0	0	5		14
Security	2	3	1	5	2	3	2	2	3		23
Skin / tissue	4	3	0	5	1	9	5	7	6		40
<b>TOTALS</b>	<b>104</b>	<b>90</b>	<b>81</b>	<b>111</b>	<b>123</b>	<b>113</b>	<b>85</b>	<b>81</b>	<b>116</b>		<b>904</b>

#### Trends

December saw an increase in reporting, with the majority of these being Behaviour and Safety events. Other event types remained relatively stable.

#### Complaints

No new HDC complaints for past six months inclusive of January.

To facilitate a more detailed report for Buller and Grey / Westland CQIT, the Patient Safety Officer is currently aligning the complaint report to that of Safety 1<sup>st</sup> i.e. Primary Services, Buller and Grey / Westland – broken down into specific clinical areas.

#### Compliments

General Practice and Labs have received the highest number of compliments to date for the 2015/16 financial period.

#### Release of Patient Information Project Work

The Corporate Solicitor and Patient Safety Officer provided a one-off training session for Heads of Department and administration staff. The revised policy and form will be out for consultation this month, and for sign off and implementation February.

#### Debrief Survey

An overall response rate of 35% was achieved. The results of the survey are currently being collated, with a feedback presentation to staff scheduled for 28 January. These results will reveal what the training needs are and identify those who have debrief skills.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2015

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

**SOURCE:** Finance

**DATE:** 28 January 2016

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 December 2015.

## 3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of December 2015 was a deficit of \$0.120m, which was \$0.027m unfavourable against the budgeted deficit of \$0.093m. The year to date position is now \$0.167m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,776	7,014	(238)	x	41,669	42,129	(460)	x
Governance & Administration	125	69	56	v	487	414	73	v
Funds & Internal Eliminations	4,899	4,718	181	v	28,542	28,326	216	v
	<b>11,800</b>	<b>11,801</b>	<b>(1)</b>	<b>x</b>	<b>70,698</b>	<b>70,869</b>	<b>(171)</b>	<b>x</b>
<b>EXPENSES</b>								
Provider								
Personnel	5,248	5,045	(203)	x	30,526	30,270	(256)	x
Outsourced Services	0	8	8	v	22	48	26	v
Clinical Supplies	659	617	(42)	x	3,950	3,702	(248)	x
Infrastructure	1,075	821	(254)	x	6,198	4,926	(1,272)	x
	<b>6,982</b>	<b>6,491</b>	<b>(491)</b>	<b>x</b>	<b>40,696</b>	<b>38,946</b>	<b>(1,750)</b>	<b>x</b>
Governance & Administration	125	69	(56)	x	487	414	(73)	x
Funds & Internal Eliminations	4,209	4,750	541	v	26,869	28,531	1,662	v
<b>Total Operating Expenditure</b>	<b>11,316</b>	<b>11,310</b>	<b>(6)</b>	<b>x</b>	<b>68,052</b>	<b>67,891</b>	<b>(161)</b>	<b>x</b>
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	<b>484</b>	<b>491</b>	<b>(7)</b>	<b>x</b>	<b>2,646</b>	<b>2,978</b>	<b>(332)</b>	<b>x</b>
<b>Interest, Depreciation &amp; Capital Charge</b>	<b>604</b>	<b>584</b>	<b>(20)</b>	<b>x</b>	<b>3,339</b>	<b>3,504</b>	<b>165</b>	<b>v</b>
<b>Net surplus/(deficit)</b>	<b>(120)</b>	<b>(93)</b>	<b>(27)</b>	<b>x</b>	<b>(693)</b>	<b>(526)</b>	<b>(167)</b>	<b>x</b>

#### **4. APPENDICES**

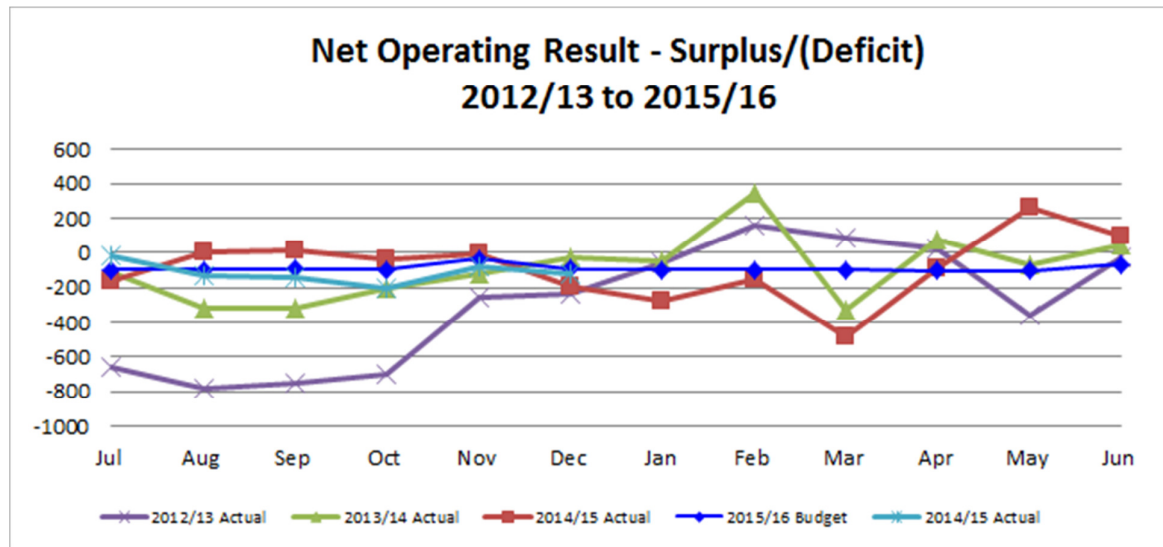
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – DECEMBER 2015

	Month Actual \$'000	Month Budget \$'000	Month Variance		YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	(120)	(93)	(27)	29% X	(693)	(526)	(167)	32% X



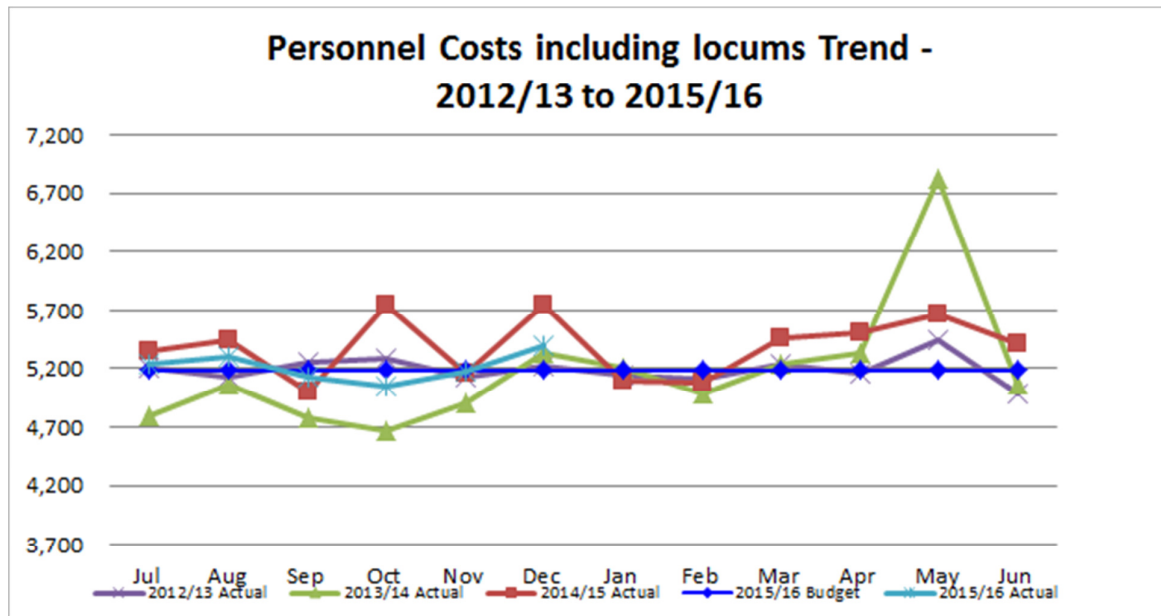
We have submitted an Annual Plan with a planned deficit of \$878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. The YTD result reflects a significant cost incurred in October in relation to redundancies associated with the closure of the Kynnersley rest home in Buller, although these costs were incurred in October these are expected to be recovered over the balance of the financial year.

### 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	
			\$'000				\$'000	
Medical	1,299	1,280	(19)	-1% X	7,852	7,680	(172)	-2% X
Nursing	2,274	2,367	93	4% ✓	13,290	14,180	890	6% ✓
Allied Health	980	800	(180)	-23% X	5,552	4,800	(752)	-16% X
Support	97	93	(4)	-4% X	544	558	14	3% ✓
Management & Admin	752	577	(175)	-30% X	4,017	3,462	(555)	-16% X
<b>Total</b>	<b>5,402</b>	<b>5,117</b>	<b>(285)</b>		<b>31,255</b>	<b>30,680</b>	<b>(575)</b>	



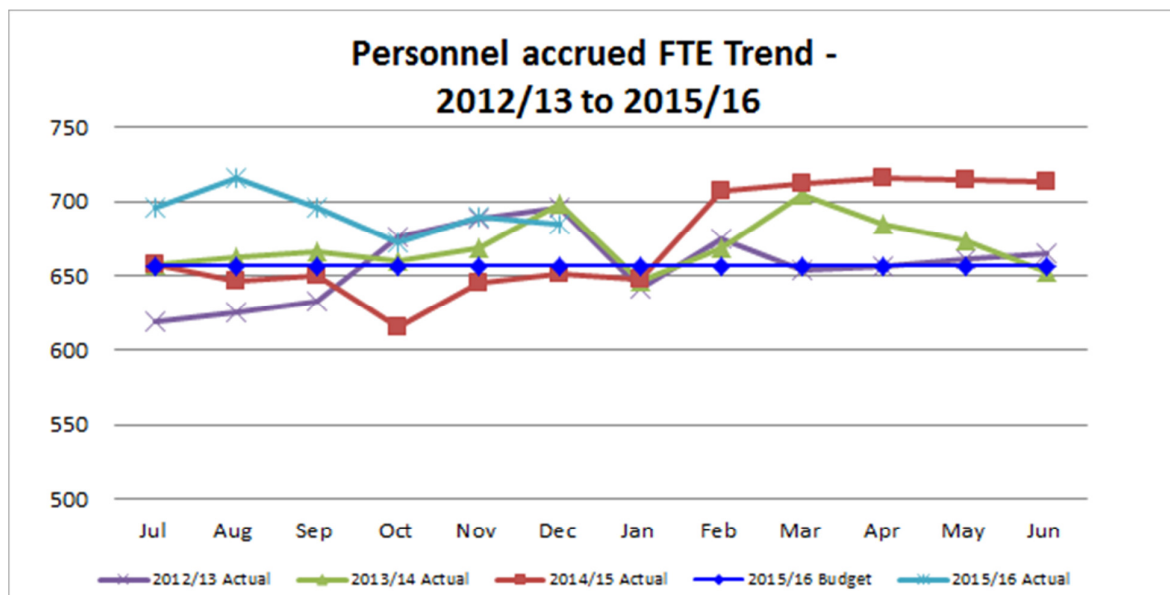
Personnel costs are unfavourable for the month; this reflects increased activity in relation to electives and the impacts of Public Holidays.

## 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	3	7%	✓	39	42	2	5%	✓
Nursing	325	328	3	1%	✓	330	328	(2)	-1%	✗
Allied Health	176	147	(29)	-20%	✗	179	147	(32)	-22%	✗
Support	19	22	3	12%	✓	18	22	4	18%	✓
Management & Admin	126	118	(8)	-6%	✗	125	118	(7)	-6%	✗
<b>Total</b>	<b>684</b>	<b>656</b>	<b>(28)</b>			<b>692</b>	<b>656</b>	<b>(36)</b>		



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.

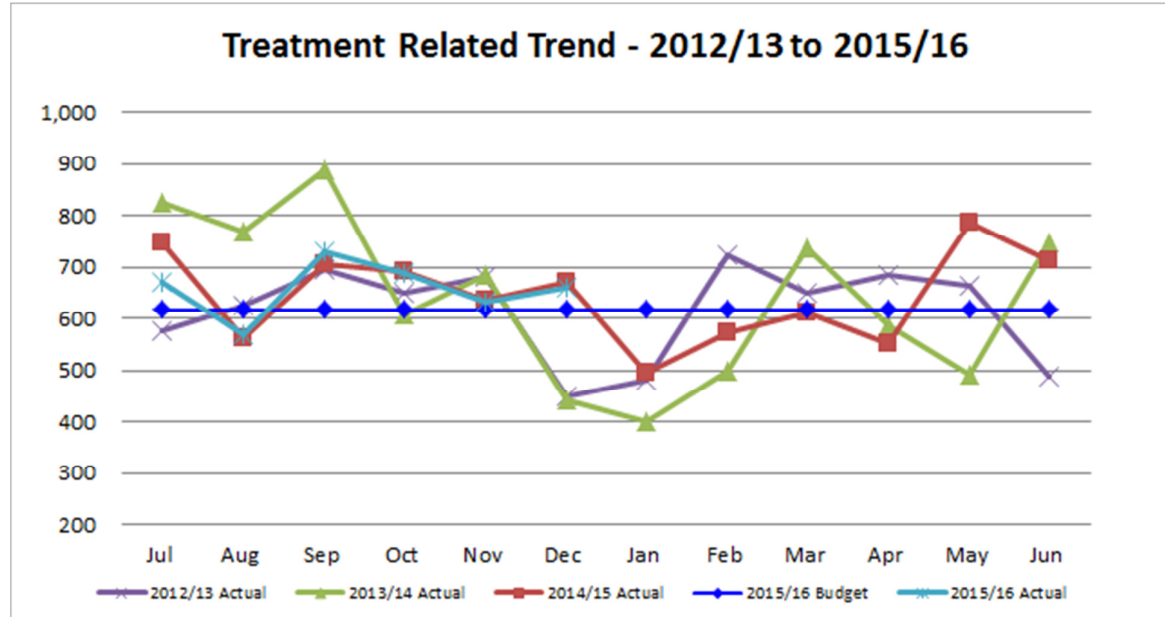
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

## 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	659	617	(42)	-7%	✗	3,950	3,702	(248)	-7%	✗



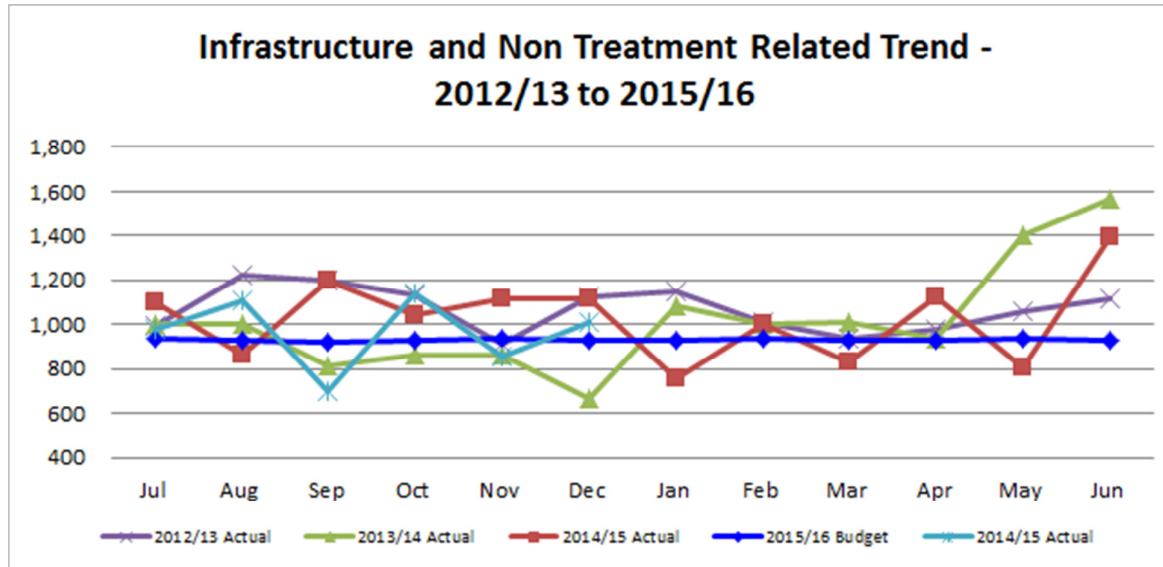
Treatment related costs are above expected levels for the month, partially driven by increased activity to meet elective targets. These categories vary significantly from month to month. It is not expected for these to continue to be greater than budget over the full year.

## 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 \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Non Treatment related costs	1,006	927	(79)	-9% X	5,783	5,574	(209)	-4% X



Expenses in this category continue to be closely monitored with savings being made as and where available. The YTD result includes a cost of \$229k incurred in relation to redundancies associated with the closure of the Kynnersley rest home in Buller, although these costs were incurred in October these are expected to be recovered over the balance of the financial year through reduced ongoing costs.

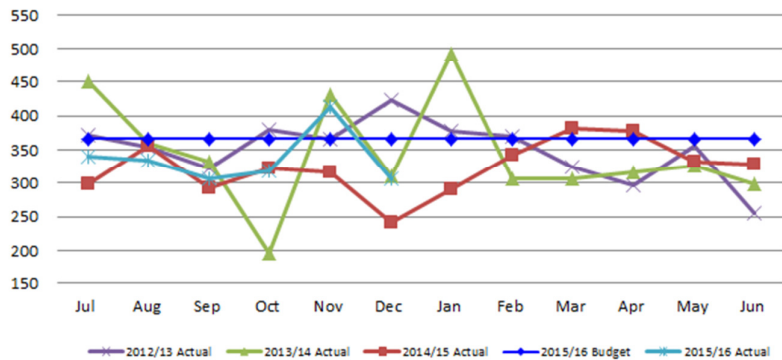
## KEY RISKS AND ISSUES

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

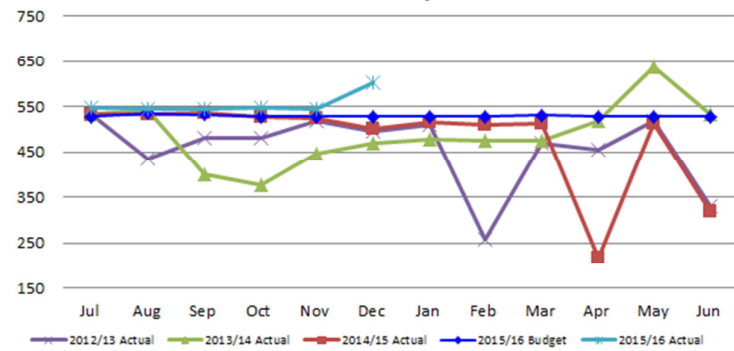
## OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	20	44	(24)	-55%	✗	186	264	(78)	-30%	✗
Donations	-	-	-	0%	✓	1	60	(59)	0%	✗
Rental	(28)	16	(44)	-275%	✗	85	96	(11)	-11%	✗
Other	84	39	45	100%	✓	270	234	36	15%	✓
<b>Total Other Revenue</b>	<b>76</b>	<b>99</b>	<b>(23)</b>	<b>-23%</b>	<b>✗</b>	<b>542</b>	<b>654</b>	<b>(112)</b>	<b>-17%</b>	<b>✗</b>
Interest Expense	55	68	13	19%	✓	327	418	91	22%	✓
Depreciation	415	395	(20)	-5%	✗	2,490	2,370	(120)	-5%	✗
Capital Charge Expense	134	66	(68)	-103%	✗	519	396	(123)	-31%	✗
<b>Total Other Costs</b>	<b>604</b>	<b>529</b>	<b>(75)</b>	<b>-14%</b>	<b>✗</b>	<b>3,336</b>	<b>3,184</b>	<b>(152)</b>	<b>-5%</b>	<b>✗</b>

**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.

## FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	11,803	8,635	3,168	37% ✓	9,083
Cash	16,348	9,250	7,098	77% ✓	10,201

## 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 COMPREHENSIVE REVENUE & EXPENSE

For period ending  
in thousands of New Zealand dollars

31 December 2015

	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	11,368	11,331	37	0.3%	67,938	67,987	(49)	(0.1%)	135,973	134,166
Inter DHB Revenue	1	5	(4)	(80.0%)	6	30	(24)	(80.0%)	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	736	768	(32)	(4.2%)	1,560	1,497
Patient Related Revenue	230	262	(32)	(12.2%)	1,477	1,572	(95)	(6.0%)	3,144	3,000
Other Revenue	76	75	1	1.4%	541	513	29	5.6%	1,188	1,162
<b>Total Operating Revenue</b>	<b>11,800</b>	<b>11,801</b>	<b>(1)</b>	<b>(0.0%)</b>	<b>70,698</b>	<b>70,869</b>	<b>(171)</b>	<b>(0.2%)</b>	<b>141,925</b>	<b>139,861</b>
<b>Operating Expenditure</b>										
Personnel costs	5,402	5,117	(285)	(5.6%)	31,255	30,680	(575)	(1.9%)	61,352	64,688
Outsourced Services	15	8	(7)	(87.5%)	52	48	(4)	(8.3%)	96	82
Treatment Related Costs	659	617	(42)	(6.8%)	3,950	3,702	(248)	(6.7%)	7,404	7,736
External Providers	2,970	3,093	123	4.0%	18,199	18,580	381	2.1%	37,190	35,196
Inter District Flows Expense	1,239	1,530	291	19.0%	8,670	9,189	519	5.6%	18,368	14,789
Outsourced Services - non clinical	25	73	48	65.8%	146	438	292	66.7%	876	325
Infrastructure and Non treatment related costs	1,006	927	(79)	(8.5%)	5,783	5,574	(209)	(3.7%)	11,157	12,350
<b>Total Operating Expenditure</b>	<b>11,316</b>	<b>11,365</b>	<b>49</b>	<b>0.4%</b>	<b>68,055</b>	<b>68,211</b>	<b>156</b>	<b>0.2%</b>	<b>136,443</b>	<b>135,166</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>484</b>	<b>436</b>	<b>48</b>	<b>11.0%</b>	<b>2,643</b>	<b>2,658</b>	<b>15</b>	<b>0.6%</b>	<b>5,482</b>	<b>4,695</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	55	68	13	19.1%	327	418	91	21.8%	828	732
Depreciation	415	395	(20)	(5.1%)	2,490	2,370	(120)	(5.1%)	4,740	4,238
Capital Charge Expenditure	134	66	(68)	(103.0%)	519	396	(123)	(31.1%)	792	772
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>604</b>	<b>529</b>	<b>(75)</b>	<b>(14.2%)</b>	<b>3,336</b>	<b>3,184</b>	<b>(152)</b>	<b>(4.8%)</b>	<b>6,360</b>	<b>5,742</b>
<b>Net Surplus/(deficit)</b>	<b>(120)</b>	<b>(93)</b>	<b>(27)</b>	<b>(29.0%)</b>	<b>(693)</b>	<b>(526)</b>	<b>(167)</b>	<b>(31.7%)</b>	<b>(878)</b>	<b>(1,047)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>(120)</b>	<b>(93)</b>	<b>(27)</b>	<b>(29.0%)</b>	<b>(693)</b>	<b>(526)</b>	<b>(167)</b>	<b>(31.7%)</b>	<b>(878)</b>	<b>(1,047)</b>



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

As at

31 December 2015

in thousands of New Zealand dollars

#### Assets

##### Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

##### Total non-current assets

##### Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

##### Total current assets

##### Total assets

#### Liabilities

##### Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

##### Total non-current liabilities

##### Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

##### Total current liabilities

##### Total liabilities

#### Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

##### Total equity

##### Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
25,407	24,841	566	2.3%	25,904
771	651	120	18.4%	771
2,194	1,568	626	39.9%	2,194
567	567	0	0.0%	70
28,939	27,627	1,312	4.7%	28,939
16,348	9,250	7,098	76.7%	16,348
73	60	13	21.7%	73
999	1,100	(101)	(9.2%)	999
12,884	4,218	8,666	205.5%	12,884
0	136	(136)	(100.0%)	0
30,304	14,764	15,540	105.3%	30,304
59,243	42,391	16,852	39.8%	59,243
11,195	11,195	0	0.0%	11,195
2,822	2,895	73	2.5%	2,822
14,017	14,090	73	0.5%	14,017
3,250	3,250	0	0.0%	3,250
20,847	7,248	(13,599)	(187.6%)	20,847
9,326	9,168	(158)	(1.7%)	9,326
33,423	19,666	(13,757)	(70.0%)	33,423
47,440	33,756	(13,684)	(40.5%)	47,440
71,753	70,693	(1,060)	(1.5%)	71,753
22,082	19,569	(2,513)	(12.8%)	22,082
(82,032)	(81,666)	366	0.4%	(82,032)
0	39	0	0.0%	0
11,803	8,635	(3,168)	(36.7%)	11,803
59,243	42,391	16,852	39.8%	59,243



## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending  
in thousands of New Zealand dollars

31 December 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	25,344	11,757	13,587	115.6%	82,985	70,605	12,380	17.5%
Cash paid to employees	(5,326)	(5,117)	(209)	(4.1%)	(31,837)	(30,680)	(1,157)	(3.8%)
Cash paid to suppliers	(3,012)	(1,633)	(1,379)	(84.4%)	(11,485)	(9,820)	(1,665)	(17.0%)
Cash paid to external providers	(3,004)	(3,093)	89	2.9%	(18,389)	(18,580)	191	1.0%
Cash paid to other District Health Boards	(1,205)	(1,530)	325	21.2%	(8,480)	(9,189)	709	7.7%
<i>Cash generated from operations</i>	12,797	384	12,413	3232.7%	12,794	2,336	10,458	447.7%
Interest paid	(55)	(60)	5	8.3%	(327)	(360)	33	9.2%
Capital charge paid	(245)	(66)	(179)	(271.2%)	(519)	(396)	(123)	(31.1%)
<b>Net cash flows from operating activities</b>	12,497	258	12,239	4744.0%	11,948	1,580	10,368	656.2%
<b>Cash flows from investing activities</b>								
Interest received	20	44	(24)	(54.5%)	186	264	(78)	(29.5%)
(Increase) / Decrease in investments	0	0	0		0	0	0	0.0%
Acquisition of property, plant and equipment	(243)	(322)	79	24.5%	(1,513)	(1,932)	419	(21.7%)
Acquisition of intangible assets		0	0			0	0	
<b>Net cash flows from investing activities</b>	(223)	(278)	55	(19.8%)	(1,327)	(1,668)	341	20.4%
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	0	0	0		0	0	0	0.0%
Repayment of equity	0	0	0		86	0	86	
<i>Cash generated from equity transactions</i>	0	0	0		86	0	86	
Borrowings raised								
Repayment of borrowings	0	0	0		(7)	0	(7)	
Payment of finance lease liabilities	0	0	0		0	0	0	
<b>Net cash flows from financing activities</b>	0	0	0		79	0	79	
Net increase in cash and cash equivalents	12,274	(20)	12,294	(61472.2%)	10,700	(88)	10,788	(12259.6%)
Cash and cash equivalents at beginning of period	4,074	10,197	(6,123)	(60.0%)	4,074	10,197	(6,123)	(60.0%)
<b>Cash and cash equivalents at end of year</b>	16,348	10,177	6,171	60.6%	14,774	10,109	4,665	46.2%

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

**SOURCE:** Clinical Leaders

**DATE:** 28 January 2016

---

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

---

## 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**

The West Coast DHB assigns \$30,000 annually to the Sponsorship fund, to be given to students studying in an undergraduate, health related career and who have resided on the West Coast. There was great interest in both the Studentship and Scholarship Awards:

- 34 students applied for the Scholarship Awards. Twenty were selected for the \$500.00 funds, 6 of these were of Maori or Pacific Island heritage.
- 18 students applied for the Studentship Programme, of which 4 were selected; 1 of whom is of Maori or Pacific Island heritage. The funds of \$5,000 are paid as wages for work experience for 6 weeks prior to Christmas, and include completing projects that improve clinical practice and improved patient experience.

Planning continues for ongoing nurse and midwife education into 2016, with career planning, professional development planning, certification and service requirements informing the plans. Where appropriate and possible, courses are delivered on the West Coast for improved access and reduced travel for clinicians.

### **Quality and Safety**

Clinical Leaders have been participating in the Quality and Patient Safety walk arounds. This is an opportunity for teams to highlight to senior managers any quality initiatives they have undertaken and for senior managers to review and observe quality in action. Managers may take the opportunity to speak with patients as well as staff. This activity ensures the focus on quality continues and is well supported by the Executive Management Team.

A project has been underway to develop a single electronic standing orders package for Canterbury and West Coast Rural and Urban Primary Care. The Canterbury West Coast Standing Orders Development Group in association with HealthPathways and HealthLearn have begun the launch of the standing orders package in Canterbury. The West Coast version of the standing orders will be released on the West Coast early in 2016. Standing orders will be released in phases as they are made available on HealthPathways. The West Coast PHO is currently planning additional training for Rural Nurse Specialists to further support clinical expertise and skill sets as part of the new sustainable approach to Standing Orders.

### **Facilities Planning**

For Greymouth, detailed design continues with the architects working hard on these drawings.

For Buller, there has been significant engagement and planning with the local clinical teams re the new facilities with the implementation business case submitted to the Capital Investment Committee.

### **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 Clinical Board vacancies are currently being filled including consumer roles.

## **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 3 DECEMBER 2015



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

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

**DATE:** 11 December 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 3 December 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 – 3 December 2015.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 3 December 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 which was taken as read.

Mr Newsome commented in particular on:

- A decrease in DNAs – work continues in this area to better understand the reasons for this. The Committee noted that the problems with e-texting have now been solved.
- The announcement of Medical Director Roles:
  - Mr Pradu Dayaram, Medical Director Facilities Development
  - Dr Graham Roper, Medical Director Patient Safety and Outcomes
  - Dr Cameron Lacey, Medical Director Medical Council, Legislative Compliance and National Representation

- The successful recruitment of Medical staff with two part-time Rural Hospital Specialists being employed and a third full-time candidate coming on board.

Discussion took place regarding the desired levels of employment in this area and it was noted that this level may be 8 or 9 and the current recruitment will bring the level to 6. It was also noted that the West Coast is getting a good reputation in the market for these types of roles.

Discussion also took place regarding the challenge around medical coverage in Buller over the Christmas period and it was noted that our recruitment is undertaken in a “Coast Wide” way which has assisted in relieving this problem.

The report was noted.

### **FINANCE REPORT**

Mark Newsome, General Manager, Grey/Westland, presented the Finance Report for the month ending October 2015. The consolidated West Coast District Health Board financial result for the month of October 2015 was a deficit of \$0.202m, which was \$0.128m unfavourable against the budgeted deficit of \$0.074m. The year to date position is now \$0.197m unfavourable.

The meeting noted that Hospital Services now have 14 less FTE than this time last year which has been achieved by natural attrition.

It was noted that Treatment related costs are up and some work will commence in the New Year to better understand what is driving these costs.

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 report was noted.

### **REVISED TERMS OF REFERENCE**

The revised Terms of Reference are included on today’s Board Agenda

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 3 December 2015.

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

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held at St John, Waterwalk Road, Greymouth**  
**on Friday 11 December 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>• 6 November 2015</li> </ul>	
3.	Carried Forward/Action List Items	
<b>REPORTS</b>		<b>10.20am</b>
4.	Chair's Update (Verbal Update)	Peter Ballantyne Chairman 10.20am – 10.30am
5.	Chief Executive's Update	David Meates Chief Executive 10.30am – 10.45am
6.	Clinical Leader's Update	Karyn Bousfield Director of Nursing & Midwifery 10.45am – 10.55am
7.	Wellbeing, Health & Safety Update	Michael Frampton Programme Director
8.	Finance Report	Justine White General Manager, Finance 10.55am – 11.05pm
9.	Revised Terms of Reference – Community & Public Health & Disability Support Advisory Committee (Any feedback from the CPH&DSAC Committee will be provided at the meeting)	Board Secretariat 11.05pm – 11.15pm
10.	Revised Terms of Reference – Hospital Advisory Committee (Any feedback from the Hospital Advisory Committee will be provided at the meeting)	Board Secretariat 11.15am – 11.25am
11.	Revised Terms of Reference – Quality, Finance, Audit & Risk Committee (Any feedback from the QFARC Committee will be provided at the meeting)	Board Secretariat 11.25am – 11.35am
12.	Memorandum of Understanding with Tatau Pounamu	Michael Frampton Programme Director 11.35am – 11.45am

13. **Reports from Committee Meetings**

- CPH&DSAC  
3 December 2015  
(Late paper due to timing of meetings)
- Hospital Advisory Committee  
3 December 2015  
(Late paper due to timing of meetings)

Elinor Stratford  
*Chair, CPH&DSAC Committee*

11.45am - 11.55am

Sharon Pugh  
*Chair, Hospital Advisory Committee*

11.55am – 12.05pm

14. **Resolution to Exclude the Public**

*Board Secretariat*

12.05pm

**INFORMATION ITEMS**

- 2016 Meeting Schedule

.

**ESTIMATED FINISH TIME**

**12.05pm**

**NEXT MEETING**

Friday 12 February 2016

## 2016 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

### DRAFT WORKPLAN FOR HAC 2016 - BASED ON WEST COAST DHB PRIORITY PLAN (*WORKING DOCUMENT*)

	28 January	10 March	28 April	9 June	28 July	8 September	27 October	1 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 Leaders Update	Hospital Services Management Report Finance Report Clinical Leaders Update	Hospital Services Management Report Finance Report Clinical Leaders Update	Hospital Services Management Report Finance Report Clinical Leaders Update	Hospital Services Management Report Finance Report Clinical Leaders Update	Hospital Services Management Report Finance Report Clinical Leaders Update	Hospital Services Management Report Finance Report Clinical Leaders Update	Hospital Services Management Report Finance Report Clinical Leaders Update
<b>PLANNED ITEMS</b>								
<b>PRESENTATIONS</b>	Mana Tamariki Programme Child & Youth Health	As required	As required	As required	As required	As required	As required	As required
<b>GOVERNANCE AND SECRETARIAT</b>	2016 Work Plan							
<b>INFORMATION ITEMS:</b>	Latest Board Agenda Chair's Report to Board from last meeting 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings



## 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.