

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

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**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**10 March 2016**

**11.00AM**

**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.

<b>HOSPITAL ADVISORY COMMITTEE MEMBERS</b>	<b>EXECUTIVE SUPPORT</b>
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 10 March 2016 commencing at 11.00 am**

## 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**

*28 January 2016*

3. **Carried Forward/Action Items**

## REPORTS/PRESENTATIONS

**11.10am**

4. **Management Report**

Mark Newsome *11.10am – 11.30am*  
*General Manager Grey | Westland*

5. **Finance Report**

Justine White *11.30am – 11.45am*  
*General Manager, Finance*

6. **Clinical Leaders Update**

Karyn Bousfield *11.45pm – 12noon*  
*Director of Nursing & Midwifery*

7. **General Business**

Sharon Pugh *12noon – 12.10pm*  
*Chair*

## ESTIMATED FINISH TIME

**12.10pm**

## INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 12 February 2016
- West Coast DHB 2016 Meeting Schedule

## NEXT MEETING:

**Date of Next Meeting:** 28 April 2016  
Corporate Office, Board Room at Grey Base Hospital.

# INTEREST REGISTER

Member	Disclosure of Interests
Sharon Pugh <b>Chair</b> <b>Board Member</b>	<ul style="list-style-type: none"> <li>▪ New River Bluegums Bed &amp; Breakfast - Shareholder</li> </ul>
Kevin Brown <b>Deputy Chair</b> <b>Board Member</b>	<ul style="list-style-type: none"> <li>▪ Grey District Council – Councillor</li> <li>▪ West Coast Electric Power Trust - Trustee</li> <li>▪ Wife works part time at CAMHS</li> <li>▪ West Coast Diabetes – Patron &amp; Member</li> <li>▪ West Coast Juvenile Diabetes Association – Trustee</li> <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>▪ Daughter is a Board Member of both the West Coast DHB and Canterbury DHB</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>• 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> </ul>

**DRAFT**  
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Grey Base Hospital, Corporate Office,**  
**on Thursday 28 January 2016, commencing at 10.30am**

The meeting commenced with two presentations to both the Hospital Advisory Committee and the Community & Public Health & Disability Support Advisory Committee:

1. Mana Tamariki Programme                      Moya Beech-Harrison, General Manager, Poutini Waioira
2. Child & Youth Health                              Wayne Turp, Project Specialist, Planning & Funding

The meeting continued at 11.45am.

## **PRESENT**

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

## **IN ATTENDANCE**

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## **MANAGEMENT SUPPORT**

Mark Newsome (General Manager, Grey/Westland); Carolyn Gullery (General Manager, Planning & Funding); Karyn Bousfield (Director of Nursing & Midwifery); Kathleen Gavigan (General Manager, Buller); Michael Frampton (Programme Director); Daniel Chee (Programme Director, People & Capability); and Kay Jenkins (Minutes)

## **APOLOGIES**

An apology for absence was received and accepted from Joseph Thomas (ex-officio).

## **WELCOME**

Richard Wallace led the Karakia

Michael Frampton, Programme Director, introduced Daniel Chee, Programme Director, People & Capability who will be working across both Canterbury and the West Coast in the People & Capability area.

## **1. INTEREST REGISTER**

Richard Wallace advised of three deletions to his interests:

- Kaumatua, West Coast DHB Mental Health Service;
- Kaumatua o te Runanga o Aotearoa NZNO; and
- Te Runanga o Aotearoa NZNO.

Peter Ballantyne advised that his spouse is no longer an employee of the Canterbury DHB

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 (1/16)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 3 December 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:

- The reduction in DNAs. The Committee noted that 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.
  - Out Patients Department 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. The key points of this were:
    - 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.
- Nursing Workforce: Hospital Services has 17 FTE less than this time 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.

Chris Black, long service Clinical Nurse Educator, has retired after 30 years' service. This role will be advertised in the near future.

- Medical Workforce: 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.

Recruitment is ongoing across the junior doctor workforce with some vacancies following the late withdrawal of two candidates.

Two Rural Hospital Medicine Specialists have commenced since November and another is likely to commence mid-year.

- The process for recruitment of a new Associate Director of Allied Health is nearing completion.
- The Buller Occupational Therapist has recently resigned and recruitment for this position has commenced.
- The physiotherapy service is still unable to fill the paediatric position and continues to look at alternative ways to provide this coast-wide service.
- The temporary Manager at Granger House and Kowhai Manor ceased work in November with the new facility Manager commencing on a one year fixed term. This Manager is working with the team to build on the progress staff have already made and will report to the Ministry and the DHB on progress against HealthCert's Inspection findings.
- There have been a lot of trauma cases on the West Coast over the last few months with some of these cases leading to a lot of publicity.

A query was made regarding how the transalpine service is progressing. The Committee noted that whilst this is not without its problems it is working well and is improving all the time. A Clinical Nurse Specialist was recently employed into orthopaedics (half time with plastics) and is working well with orthopaedic surgeons.

A query was made regarding the patient transfer contract and the Committee noted that this service is well embedded and as with most of our services we continue to look at how this can be improved.

A query was made regarding the facilities project and Michael Frampton, Programme Director provided the Committee with an update on the current position of the project.

#### **Resolution (2/16)**

(Moved: Peter Ballantyne/Seconded: Gail Howard – carried)

- i. That the Committee notes the Management Report.

## **5. FINANCE REPORT**

Michael Frampton, Programme Director, presented the Finance Report for the month ending December 2015. 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 Committee noted that Personnel Costs for the period were higher than expected due to MECA settlements which were back paid from 1 July 2015.

The Committee also noted that management are confident that the DHB will meet the 800k deficit submitted in the Annual Plan although a number of areas remain under pressure.



Mr Frampton provided the Committee with an update on the facilities project. A query was made as to why there has not been any activity since the blessing and the Committee noted that this is at the discretion of the HRPG. Management will seek some clarity around this at the HRPG meeting to be held in Christchurch tomorrow.

**Resolution (3/16)**

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

- i. That the Committee notes the financial result and related matters for the period ended December 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 around workforce development;
- 34 students applied for the Scholarship Awards with 20 being selected. The Committee noted that 6 of these were of Maori or Pacific Island heritage.
- In the Quality & Safety area Clinical Leaders have been participating in the Quality and Patient Safety walk arounds. This activity ensures the focus on quality continues and is well supported by the Executive Management Team.

**Resolution (4/16)**

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

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

**7. 2016 HOSPITAL ADVISORY COMMITTEE WORKPLAN**

The Board Secretariat presented the Committee with the draft 2016 Committee Work Plan which was discussed. The Committee noted that this is a working document.

There being no further business the meeting closed at 12.35pm

Confirmed as a true and correct record.

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Sharon Pugh, Chair

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Date

## CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	28 January 2016	<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:** 10 March 2016

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

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

## 2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. Notes the Management Report.

## 3. SUMMARY

This report is intended to:

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

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

The following are the most notable features of the report:

- Sustained decrease in DNAs
- Successful recruitment of Associate Director of Allied Health
- Successful GP recruitment into Buller

## 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 7-month period to the end of January 2016 show overall case-weighted discharges [CWD] from Grey Base Hospital was behind target for the year for surgical specialty services (particularly in orthopaedics); with higher throughputs in medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	653.97	567.49	-86.48	-13.2%
Elective	719.10	700.59	-18.51	-2.6%
<b>Sub-Total Surgical:</b>	<b>1373.07</b>	<b>1268.08</b>	<b>-104.99</b>	<b>-7.65%</b>
<b>Medical</b>				
Acute	812.06	1020.39	208.33	25.6%
Elective	0	0	0	0%
<b>Sub-Total Medical:</b>	<b>812.06</b>	<b>1020.39</b>	<b>208.33</b>	<b>25.6%</b>
<b>TOTALS:</b>	<b>2185.13</b>	<b>2288.47</b>	<b>103.34</b>	<b>4.7%</b>

### Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services are down for the year to date by 17.7% (1476 attendances) from expected volumes overall. Throughput was 18.6% under contracted volume for surgical specialty services and 16.3% 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	1969	1742	-227	-11.5%
Sub. Visit	3162	2432	-730	-23.1%
<b>Sub-Total Surgical:</b>	<b>5131</b>	<b>4174</b>	<b>-957</b>	<b>-18.6%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	942	683	-259	-27.5%
Sub. Visit	2244	1984	-260	-11.6%
<b>Sub-Total Medical:</b>	<b>3186</b>	<b>2667</b>	<b>-519</b>	<b>-16.3%</b>
<b>TOTALS:</b>	<b>8317</b>	<b>6841</b>	<b>-1476</b>	<b>-17.7%</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]
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%
December 2015	1614	1507	107	6.63%
January 2016	1198	1128	70	5.84%
<b>13 month rolling totals</b>	<b>21751</b>	<b>20183</b>	<b>1568</b>	<b>7.21% Average</b>

- DNA rates for Maori are lower for the first two months of 2016 in comparison to the same period in 2015.
- Previous problems with e-texting seem to be resolved and e-texting continues to be a positive initiative.
- The WCDHB DNA group has connected with the National DNA group and attended its first teleconference meeting. National initiatives are being utilised to decrease DNAs on the West Coast.
- Pleasing continued downward trend from September 2015.

## Workforce Update

### Nursing

- Nursing management continue to match resource to demand in keeping with staff staffing standards.
- Six new graduate nurses have commenced and are working across community, dementia and hospital services. A second intake is expected in September to ensure we meet our obligation of eleven new graduates per year.
- Annual leave and sick leave continue to be managed on a daily basis with emphasis going on planning to ensure appropriate staffing cover, especially as we approach the winter months.
- The DHB has invested in a CNS stroke nurse position. This will not only benefit patients in the acute stage of stroke, but also in the long term rehabilitation phase. This position is currently being advertised.

## **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.
- Recruitment is ongoing for junior doctors and a strategy and timeline has been developed with CDHB to better support the annual recruitment process.
- We have had a resignation from one of the General Surgeons; short term we will cover with locums and continue to advertise for a replacement along with working with CDHB.
- Work with CDHB to better support junior doctors is progressing, particularly around accreditation of clinical attachments and training.
- Ongoing interest from RHM Specialists wishing to work at Grey Hospital.

## **Administration**

- A report on administration engagement has been prepared for EMT consideration.
- 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**

- Ward utilisation rates remain static in Morice ward at 76%. Barclay ward was down for the month at 60.5%. There was a slight rise for the Brian Waterson Unit from 39% to 44%. CCU and Parfitt were both in the mid 30% range. In contrast, McBrearty ward had a significant increase from 55% to 81%. Kahurangi remained static at 79%.
- The gap between hours required and hours available has reduced to between 4-6 hours for all acute wards with the exception of Parfitt and CCU which remained at 13-15 hours positive variance. This demonstrates that we are using our workforce appropriately.
- Sick leave for the hospital is high for this time of the year at 3.5%.
- Recruitment for senior nursing staff in ED continues to be a challenge, advertising continues. Staff are working over their normal FTE with casual staff filling gaps in the roster until positions are filled.

## **Maternity Services**

- Staffing continues to be stable with the new graduate nurse who commenced in February and a fixed term contract completed.
- Quality activities continue with the audit of the 2015 Birth Data showing a decrease in Induction of Labour to <18%; this is now below the national average.
- January and February have been busy months for both units.
- The Maternal Mental Health forum was held last week with attendance from multi-disciplinary groups including Mental Health Nurses, Social Workers, Midwives, and Well Child providers. People came from Nelson and Christchurch to attend. Feedback from the day was very positive.
- Interviews have been held for the Maternity Quality Safety Coordinator position; no appointment has been made yet.
- The next contract for Kawatiri Unit has been completed and the handover will commence shortly. There have been some changes in the LMC positions but all areas have good cover and women are still able to make a choice about their care.

## Reefton Health

- *Hospital* – Collaboration between the Hospital and the ARC facility is continuing, and building Reefton Hospital into a cohesive team, and evidenced by feedback from recent certification visit.
- *Aged Residential Care* – Currently 8 hospital level and 3 residential level residents with 2 respite residents and an ACC resident. A short term nursing vacancy has been filled.

## Allied Health

- Recruitment for the Associate Director of Allied Health has been successful and Jane George will join the Allied Health teams on 21 March. Jane brings a wealth of experience from previous leadership roles in both New Zealand and the United Kingdom.
- Progression continues with the interdisciplinary pressure care project and the recommendation to adopt the improved, updated policy was presented to the Clinical Quality Improvement Team (CQIT) this month.
- Occupational Therapy has been successful with recruitment for Buller Health and a new OT started work on 29 February.
- The Allied Health service is in the early stages of a current state review and working with ISG to refine the data that is being collected across the different departments to better reflect the actual work that is being done by the teams.
- Concerns have been raised again about the fluoroscopy machine, as the quality of the images continues to deteriorate and the need for a replacement machine prior to the new facility being built is increasing, meaning additional, unexpected costs.
- Allied Health are working with Planning and Funding to progress the use of telehealth for clinical work. The Nutrition Service is the department that will pilot this and it is hopeful that these clinics will start before the end of March.

## Industrial Relations

### *Negotiations Update:*

- West Coast Pharmacy (First Unions) – Further bargaining expected to take place in March 2016
- South Island Clerical Workers MECA (PSA) – Formal bargaining dates to be set in March
- West Coast Home Based Support SECA (PSA) – Bargaining to commence week beginning 14 March 2016
- RMO MECA (RDA) – Further bargaining scheduled for 21/22 March 2016. Mark Newsome is on the bargaining team for this MECA.
- SMO MECA (ASMS) – Bargaining scheduled to commence 6/7 May 2016

## Recruitment

New Vacancies	12
Total Open Vacancies	10
Total FTE Recruiting	12
Appointed Vacancies	11
Total FTE Appointed	12

- Recruitment remains steady with 12 new roles - total open vacancies are at 10.

- We have had enquiries for the General Surgical role and General Physician role and are waiting to hear regarding their eligibility for Provisional Vocational registration.
- An offer has been sent out to a General Practitioner for Buller this week.

## 4.2 Patient

### Patient Transfers





- The number of tertiary patient transfers from Grey Base and Buller Hospitals rose to 49 in November 2015, and dropped back to 38 transfers for December 2015. The majority of the November transfers were for medical, orthopaedic, and surgical patients, with the principal methods of transportation being via ambulance and pressurised aircraft. The December transfers were predominantly for orthopaedic, surgical and medical patients, with the principal methods of transportation being the same as for November.
- The main reason for the transfers in November and December 2015 were for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base the numbers remained steady with 19 transfers for each month of November and December 2015. Most transfers were for medical patients. Private motor vehicles were the main method of transportation to Grey Base in November 2015, and ambulances were the main method of transportation for December 2015.
- The number of patient transfers from Reefton to Grey Base for November 2015 was 6, dropping to 3 transfers for December 2015. In November these transfers were for mainly surgical patients, with ambulances being the predominant method of transport. In December 3 different modes of transportation were used for mainly medical patients.
- All figures provided include those recorded as transferring via private motor vehicle.



### 4.3 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%	99.6%	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> YTD	978 YTD	959 YTD	✓	<b>978</b> elective surgical cases were delivered to Coasters in the year-to-date December 2015, meeting target at 102% of our year-to-date target delivery.
	<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%	71.4%	85%	✗	Work around the <b>faster cancer treatment health target</b> continues, with 71.4% of patients (5/7) having received their first cancer treatment or other management within 62 days of being referred. Both non-compliant patients were complex cases with comorbidities. While improvement against this target is a significant priority, small numbers remain challenging.
	<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 and made meeting the target impossible. The single missed child has since been immunised.

<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
	<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%	96.4%	95%	✓	During Quarter 2, West Coast DHB staff provided 96.4% of hospitalised smokers with smoking cessation advice and support, meeting target. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every 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%	84.8%	90%	✗	Performance against the <b>primary care better help for smokers to quit health target</b> shows a slight increase in Quarter 2, not meeting the target at 84.8%. This drop was expected in the second quarter 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.
	<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%	90.8%	90%	✓	Performance against the <b>more heart and diabetes checks health target</b> shows the target was maintained in Quarter 2.

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

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

Four Neurology patients were non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in December 2015. Two Orthopaedics patients are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in December. All patients either have since been seen, referred to their GP or now have an appointment.

Preliminary results for January 2016 (as run by the Ministry of Health on 29 February) indicate that four Orthopaedic patients exceeded the maximum 120 days' wait time target from First Specialist Assessment to surgical treatment for those patients accepted for surgery (ESPI 5). No patients are showing as breaching target for waiting times to First Specialist Assessment (ESPI 2) as at the end of January 2016.

# MoH Elective Services Online

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

DHB Name: West Coast

	2015			2015			2015			2015			2015			2015			2015			2015			2015			2015			2015			2015		
	Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec		
	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	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	18 of 18	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	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	0	0.0%	0	4	0.6%	-4
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	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	0	0.0%	0	2	1.0%	-2
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.	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	164	100.0%	0	102	100.0%	0

Data Warehouse Refresh Date: 29/Jan/2016

Report Run Date: 01/Feb/2016

### Notes:

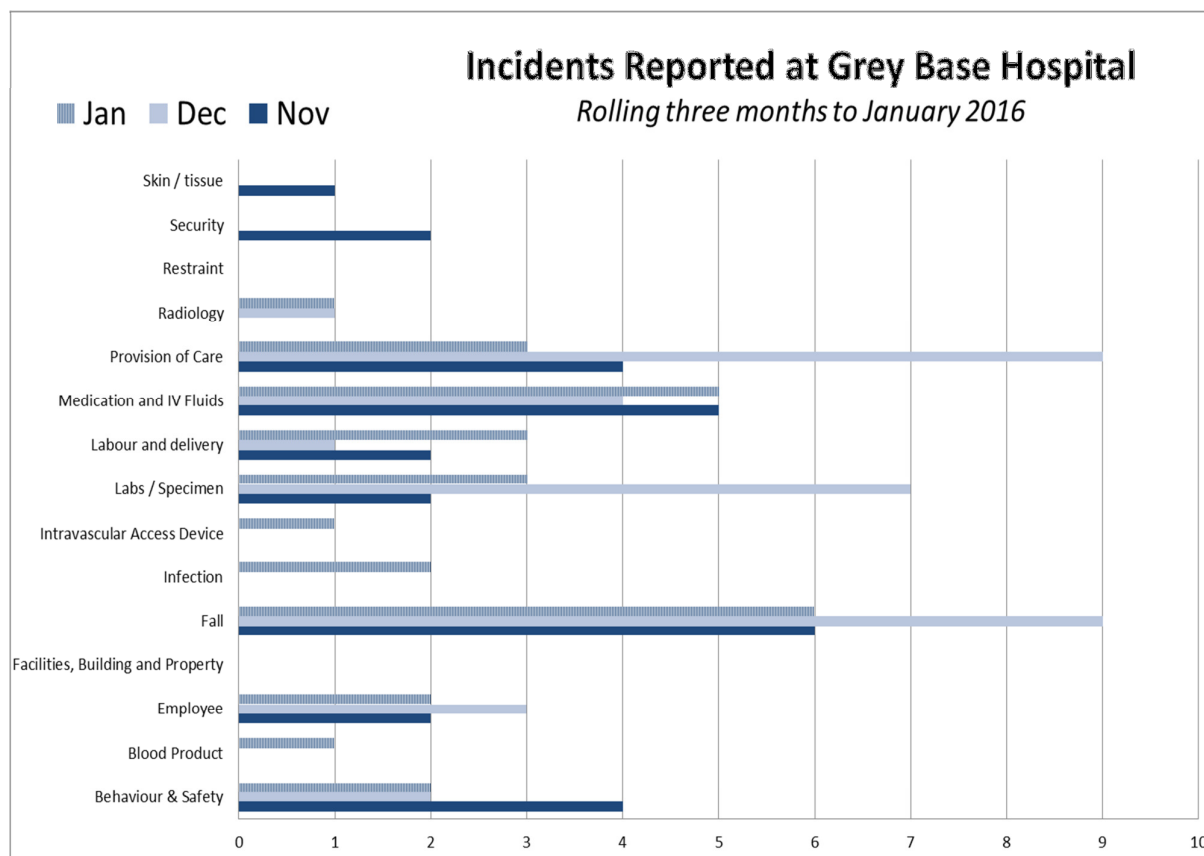
- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 is 5 months and from January 2015 the required timeframe for ESPI 2 is 4 months.
- Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, 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)).

#### 4.4 Quality

Hospital Services Incidents recorded in Safety1st for the period November 2015 – January 2016



Grey / Westland	Q2 15/16		Q3 15/16
Grey Base Hospital	Nov	Dec	Jan
Behaviour & Safety	4	2	2
Blood Product	0	0	1
Employee	2	3	2
Facilities, Building and Property	0	0	0
Fall	6	9	6
Infection	0	0	2
Intravascular Access Device	0	0	1
Labs / Specimen	2	7	3
Labour and delivery	2	1	3
Medication and IV Fluids	5	4	5
Provision of Care	4	9	3
Radiology	0	1	1
Restraint	0	0	0
Security	2	0	0
Skin / tissue	1	0	0
<b>Totals</b>	<b>28</b>	<b>36</b>	<b>29</b>



**CLAB Rate / 1,000 line days**

The West Coast DHB joined the national CLAB project in July 2012 and had a period of over 1,000 days when no CLABs occurred. However, even following using the insertion and maintenance bundles and complying with the CLAB initiative does not mean a CLAB is not possible and after a long period once was experienced in December.

As of 22 February 2016 the West Coast DHB has been 82 days CLAB free.

**Maternity Quarterly Coordinator**

The West Coast DHB has secured MOH funding for the recruitment of a Maternity Quality Coordinator to move from an “emerging” phase in terms of a maternity quality plan to an “established phase.” Interviews have taken place.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

# FINANCE REPORT FOR THE PERIOD ENDED 31 JANUARY 2016



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

**SOURCE:** Finance

**DATE:** 10 March 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 January 2016.

## 3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of January 2016 was a deficit of \$0.083m, which was \$0.016m favourable against the budgeted deficit of \$0.099m. The year to date position is now \$0.151m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,881	7,009	(128)	x	48,550	49,138	(588)	x
Governance & Administration	69	69	0	v	556	483	73	v
Funds & Internal Eliminations	4,824	4,723	101	v	33,366	33,049	317	v
	11,774	11,801	(27)	x	82,472	82,670	(198)	x
<b>EXPENSES</b>								
Provider								
Personnel	5,106	5,045	(61)	x	35,632	35,315	(317)	x
Outsourced Services	(4)	8	12	v	18	56	38	v
Clinical Supplies	527	617	90	v	4,477	4,319	(158)	x
Infrastructure	964	821	(143)	x	7,162	5,747	(1,415)	x
	6,593	6,491	(102)	x	47,289	45,437	(1,852)	x
Governance & Administration	69	69	0	v	556	483	(73)	x
Funds & Internal Eliminations	4,643	4,756	113	v	31,512	33,287	1,775	v
<b>Total Operating Expenditure</b>	11,305	11,316	11	v	79,357	79,207	(150)	x
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	469	485	(16)	x	3,115	3,463	(348)	x
<b>Interest, Depreciation &amp; Capital Charge</b>	552	584	32	v	3,891	4,088	197	v
<b>Net surplus/(deficit)</b>	(83)	(99)	16	v	(776)	(625)	(151)	x

#### **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

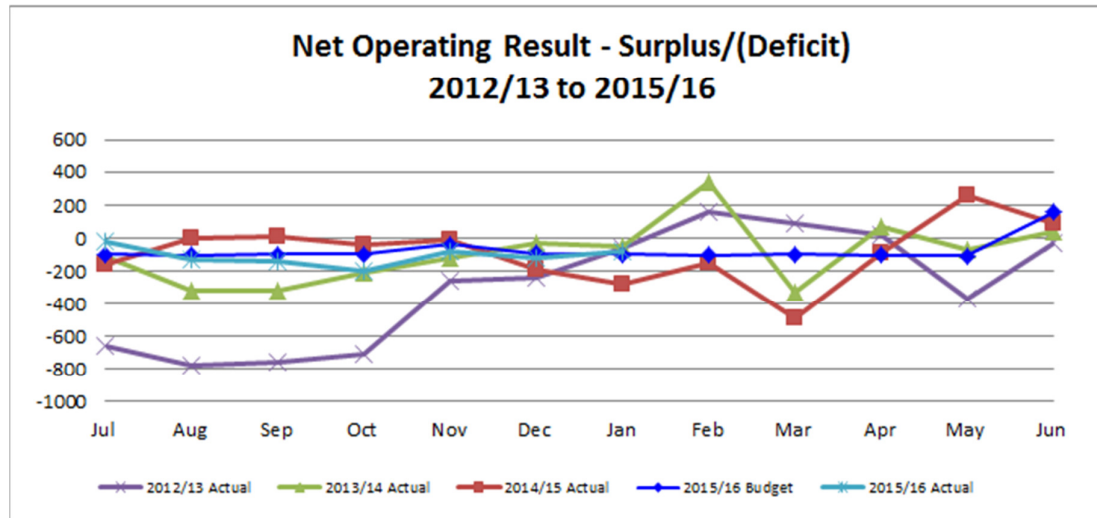
Report prepared by: Justine White, General Manager Finance & Corporate Services  
Report approved for release by: David Meates, Chief Executive



## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – JANUARY 2016

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(83)	(99)	16	-16%	✓	(776)	(625)	(151)	24% ✗

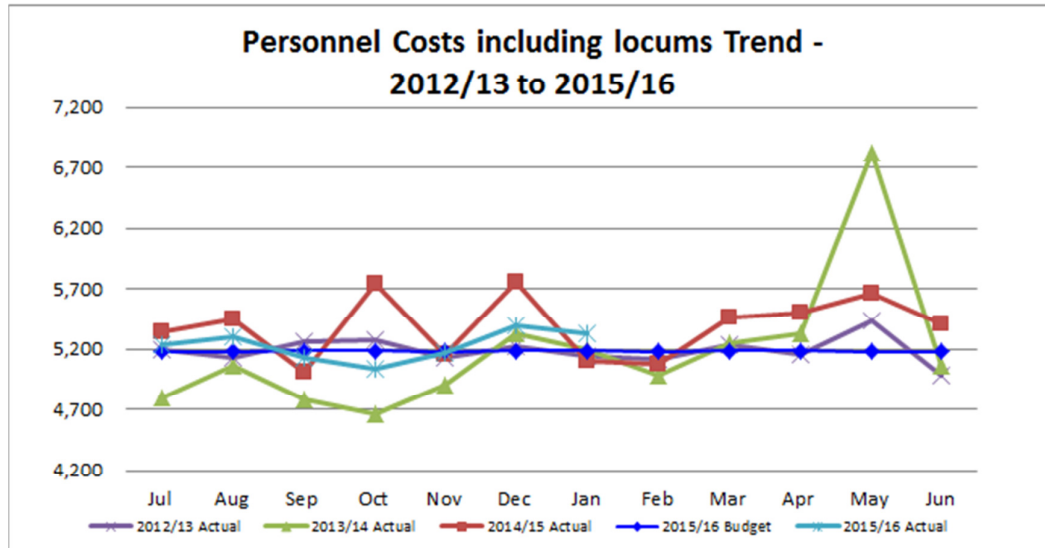


We have submitted an Annual Plan with a planned deficit of \$878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. The YTD result reflects a significant cost incurred in October in relation to redundancies 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 \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,419	1,280	(139)	-11%	✗	9,271	8,960	(311)	-3%	✗
Nursing	2,254	2,364	110	5%	✓	15,544	16,544	1,000	6%	✓
Allied Health	853	800	(53)	-7%	✗	6,405	5,600	(805)	-14%	✗
Support	86	93	7	8%	✓	630	651	21	3%	✓
Management & Admin	718	577	(141)	-24%	✗	4,815	4,039	(776)	-19%	✗
<b>Total</b>	<b>5,330</b>	<b>5,114</b>	<b>(216)</b>			<b>36,665</b>	<b>35,794</b>	<b>(871)</b>		



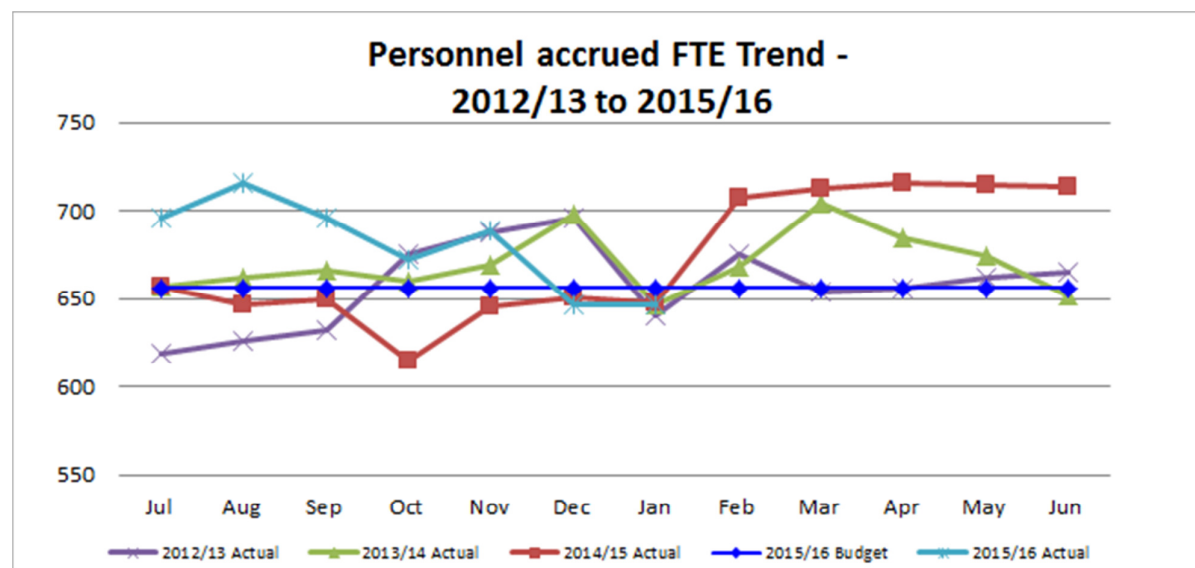
Personnel costs are unfavourable for the month, this reflects increased activity in relation to electives and the impacts of Public Holidays.

## 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	38	42	4	8%	✓	39	42	3	6%	✓
Nursing	308	328	20	6%	✓	327	328	1	0%	✓
Allied Health	172	147	(25)	-17%	✗	178	147	(31)	-21%	✗
Support	18	22	4	18%	✓	18	22	4	18%	✓
Management & Admin	111	118	7	6%	✓	123	118	(5)	-4%	✗
<b>Total</b>	<b>647</b>	<b>656</b>	<b>9</b>			<b>685</b>	<b>656</b>	<b>(29)</b>		



Accrued FTE is influenced by leave taken throughout the period, the current period results reflects lower use of locums, overtime and agency staff this month, partially due to the festive/holiday season which is traditionally slower.

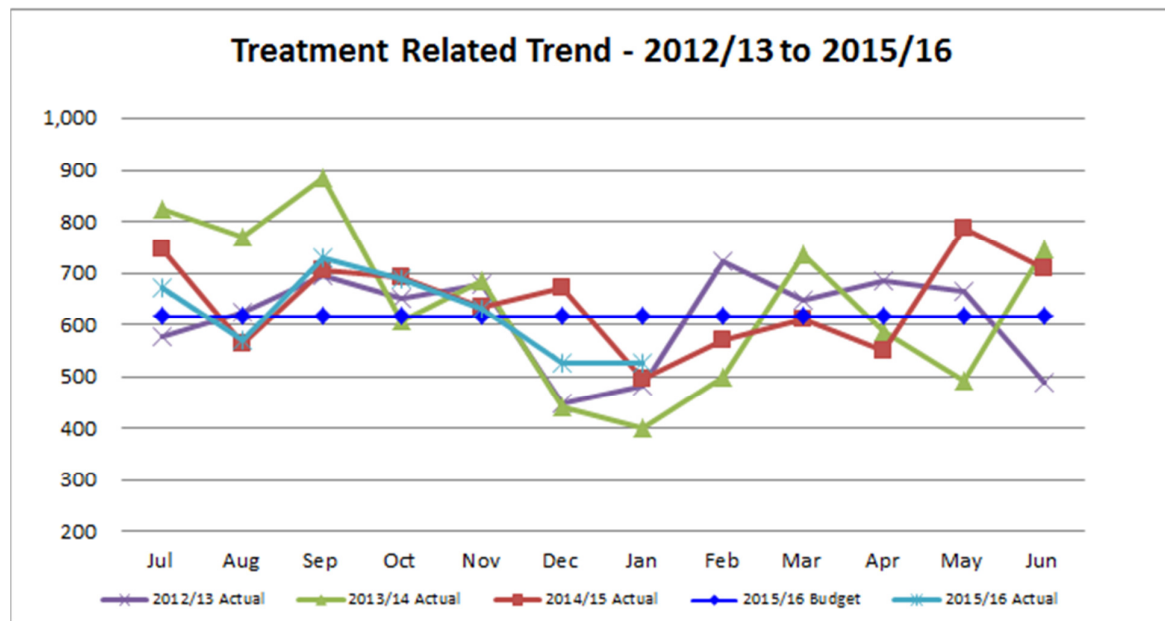
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

## 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	528	617	89	14%	✓	4,347	4,319	(28)	-1%	✗



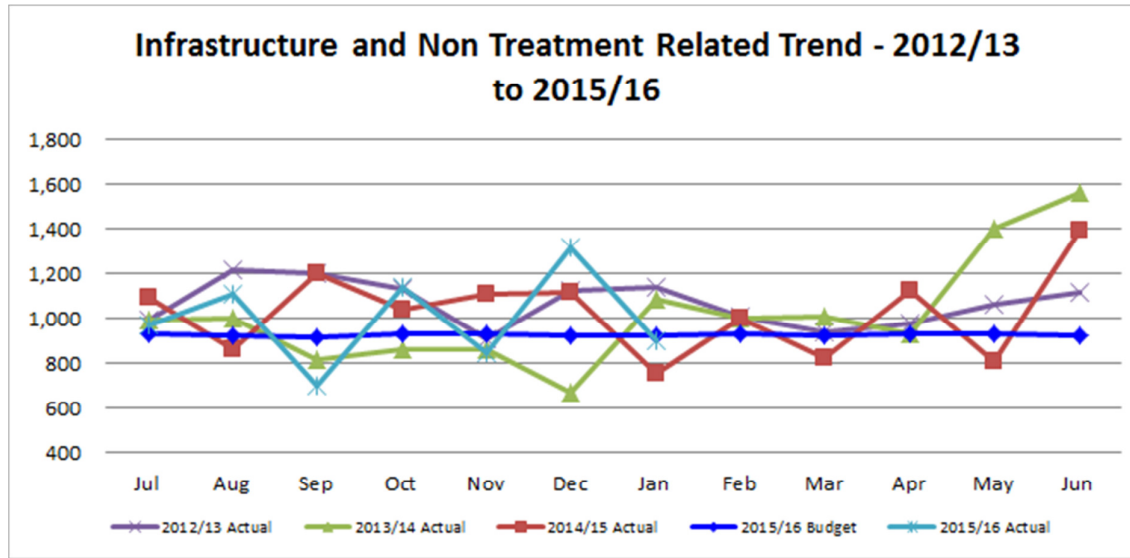
Treatment related costs are below expected levels for the month, this is a reversal of the previous month's trend, and represents a timing variance. These categories vary significantly from month to month. It is not expected for these to continue to be greater than budget over the full year.

## 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	904	930	26	3%	✓	7,000	6,504	(496)	-8%	✗



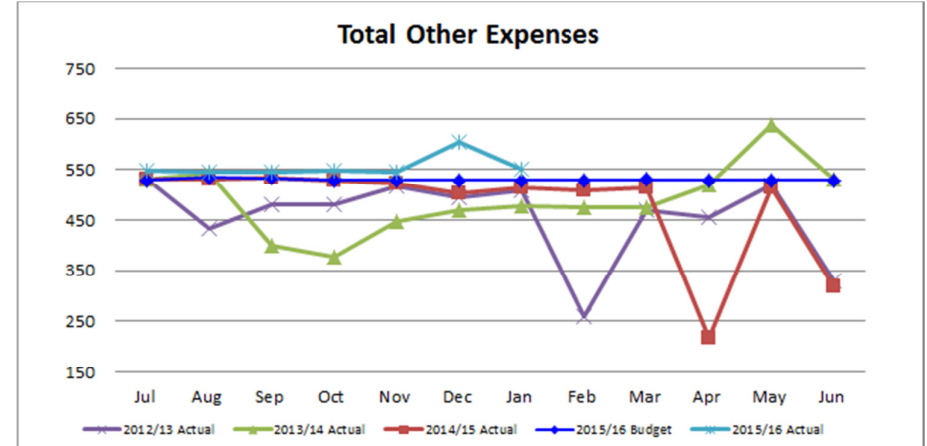
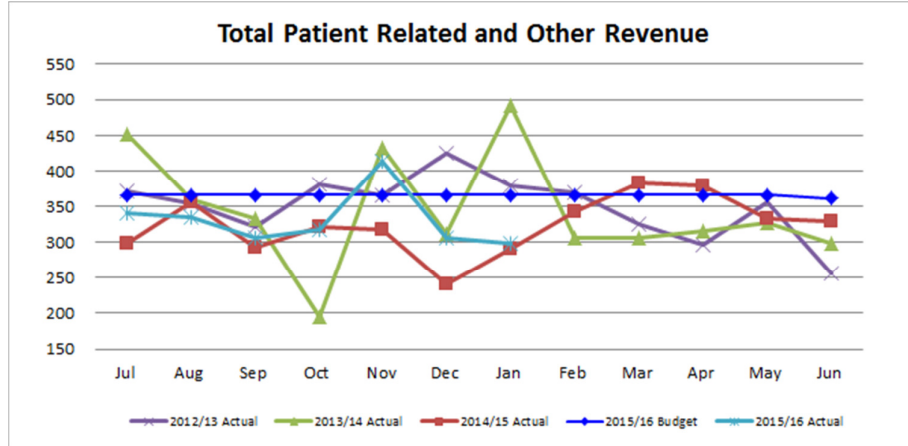
Expenses in this category continue to be closely monitored with savings being made as and where available. The YTD result includes a cost of \$229k incurred in relation to redundancies associated with the closure of the Kynnersley rest home in Buller, although these costs were incurred in October these 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	197	44	153	348% ✓	383	308	75	24% ✓
Donations	-	-	-	0% ✓	1	60	(59)	0% ✗
Rental	-	16	(16)	-100% ✗	62	112	(50)	-45% ✗
Other	(110)	39	(149)	100% ✗	183	273	(90)	-33% ✗
Total Other Revenue	87	99	(12)	-12% ✗	629	753	(124)	-16% ✗
Interest Expense	55	68	13	19% ✓	382	486	104	21% ✓
Depreciation	415	395	(20)	-5% ✗	2,905	2,765	(140)	-5% ✗
Capital Charge Expense	82	66	(16)	-24% ✗	601	462	(139)	-30% ✗
Total Other Costs	552	529	(23)	-4% ✗	3,888	3,713	(175)	-5% ✗



## 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	11,720	8,635	3,085	36% ✓	9,083
Cash	4,286	9,250	(4,964)	-54% ✗	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

31 January 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 15/16	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Operating Revenue</b>										
Crown and Government sourced	11,336	11,331	5	0.0%	79,274	79,318	(44)	(0.1%)	135,973	134,166
Inter DHB Revenue	14	5	9	180.0%	20	35	(15)	(42.9%)	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	861	896	(35)	(3.9%)	1,560	1,497
Patient Related Revenue	212	262	(50)	(19.1%)	1,689	1,834	(145)	(7.9%)	3,144	3,000
Other Revenue	87	75	12	16.1%	628	587	41	6.9%	1,188	1,162
<b>Total Operating Revenue</b>	<b>11,774</b>	<b>11,801</b>	<b>(27)</b>	<b>(0.2%)</b>	<b>82,472</b>	<b>82,670</b>	<b>(198)</b>	<b>(0.2%)</b>	<b>141,925</b>	<b>139,861</b>
<b>Operating Expenditure</b>										
Personnel costs	5,330	5,117	(213)	(4.2%)	36,665	35,794	(871)	(2.4%)	61,352	64,688
Outsourced Services	(4)	8	12	150.0%	18	56	38	67.9%	96	82
Treatment Related Costs	528	617	89	14.4%	4,478	4,319	(159)	(3.7%)	7,404	7,736
External Providers	3,133	3,093	(40)	(1.3%)	21,332	21,677	345	1.6%	37,190	35,196
Inter District Flows Expense	1,510	1,530	20	1.3%	10,180	10,721	541	5.0%	18,368	14,789
Outsourced Services - non clinical	(96)	73	169	231.5%	0	511	511	100.0%	876	325
Infrastructure and Non treatment related costs	904	927	23	2.5%	6,687	6,504	(183)	(2.8%)	11,157	12,350
<b>Total Operating Expenditure</b>	<b>11,305</b>	<b>11,365</b>	<b>60</b>	<b>0.5%</b>	<b>79,360</b>	<b>79,582</b>	<b>222</b>	<b>0.3%</b>	<b>136,443</b>	<b>135,166</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>469</b>	<b>436</b>	<b>33</b>	<b>7.6%</b>	<b>3,112</b>	<b>3,088</b>	<b>(24)</b>	<b>(0.8%)</b>	<b>5,482</b>	<b>4,695</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	55	68	13	19.1%	382	486	104	21.4%	828	732
Depreciation	415	395	(20)	(5.1%)	2,905	2,765	(140)	(5.1%)	4,740	4,238
Capital Charge Expenditure	82	66	(16)	(24.2%)	601	462	(139)	(30.1%)	792	772
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>552</b>	<b>529</b>	<b>(23)</b>	<b>(4.3%)</b>	<b>3,888</b>	<b>3,713</b>	<b>(175)</b>	<b>(4.7%)</b>	<b>6,360</b>	<b>5,742</b>
<b>Net Surplus/(deficit)</b>	<b>(83)</b>	<b>(93)</b>	<b>10</b>	<b>10.8%</b>	<b>(776)</b>	<b>(625)</b>	<b>(151)</b>	<b>(24.2%)</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>(83)</b>	<b>(93)</b>	<b>10</b>	<b>10.8%</b>	<b>(776)</b>	<b>(625)</b>	<b>(151)</b>	<b>(24.2%)</b>	<b>(878)</b>	<b>(1,047)</b>



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

As at

31 January 2016

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
25,030	24,841	189	0.8%	25,597
733	651	82	12.6%	733
2,342	1,568	774	49.4%	2,342
567	567	0	0.0%	0
28,672	27,627	1,045	3.8%	28,672
4,286	9,250	(4,964)	(53.7%)	4,286
73	60	13	21.7%	73
999	1,100	(101)	(9.2%)	999
12,951	4,218	8,733	207.0%	12,951
0	136	(136)	(100.0%)	0
18,309	14,764	3,545	24.0%	18,309
46,981	42,391	4,590	10.8%	46,981
11,195	11,195	0	0.0%	11,195
2,856	2,895	39	1.3%	2,856
14,051	14,090	39	0.3%	14,051
3,250	3,250	0	0.0%	3,250
8,537	7,248	(1,289)	(17.8%)	8,537
9,415	9,168	(247)	(2.7%)	9,415
21,202	19,666	(1,536)	(7.8%)	21,202
35,253	33,756	(1,497)	(4.4%)	35,253
71,753	70,693	(1,060)	(1.5%)	71,753
22,082	19,569	(2,513)	(12.8%)	22,082
(82,115)	(81,666)	449	0.5%	(82,115)
0	39	0	0.0%	0
11,720	8,635	(3,085)	(35.7%)	11,720
46,973	42,391	4,582	10.8%	46,973

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending  
in thousands of New Zealand dollars

31 January 2016

### 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
1,436	11,757	(10,321)	(87.8%)	84,421	82,362	2,059	2.5%
(5,202)	(5,117)	(85)	(1.7%)	(37,039)	(35,794)	(1,245)	(3.5%)
(3,631)	(1,633)	(1,998)	(122.4%)	(15,115)	(11,456)	(3,659)	(31.9%)
(3,167)	(3,093)	(74)	(2.4%)	(21,556)	(21,677)	121	0.6%
(1,476)	(1,530)	54	3.5%	(9,956)	(10,721)	765	7.1%
(12,040)	384	(12,424)	(3235.4%)	755	2,714	(1,959)	(72.2%)
(55)	(60)	5	8.3%	(382)	(420)	38	9.0%
(82)	(66)	(16)	(24.2%)	(601)	(462)	(139)	(30.1%)
(12,177)	258	(12,435)	(4819.8%)	(228)	1,832	(2,060)	(112.4%)
197	44	153	347.7%	383	308	75	24.4%
0	0	0		0	0	0	0.0%
(154)	(322)	168	52.2%	(1,667)	(2,254)	587	(26.0%)
	0	0			0	0	
43	(278)	321	(115.5%)	(1,284)	(1,946)	662	34.0%
0	0	0		0	0	0	0.0%
0	0	0		86	0	86	
0	0	0		86	0	86	
72	0	72		65	0	65	
0	0	0		0	0	0	
72	0	72		151	0	151	
(12,062)	(20)	(12,042)	60210.0%	(1,361)	(114)	(1,247)	1093.9%
16,348	10,197	6,151	60.3%	16,348	71,441	(55,093)	(77.1%)
4,286	10,177	(5,891)	(57.9%)	14,987	71,327	(56,340)	(79.0%)

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

**SOURCE:** Clinical Leaders

**DATE:** 10 March 2016

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

## 3. DISCUSSION

### **Workforce**

The Department of Nursing is working with local management and Otago University to provide and prioritise West Coast nurses to access Health Workforce New Zealand (HWNZ) funded postgraduate studies without leaving the Coast. Accessing this level of education is part of preparing our generalist and sometimes isolated workforce for new ways of working. Initial planning has commenced to run the Advance Health Assessment Paper in Buller.

An initiative is being developed to increase the visibility and accessibility of staff involved with clinical practice development in outlying areas. The plan includes working with staff located in the West Coast's remote areas to determine professional development needs and taking a 'cluster-care' approach to efficiently deliver face-to-face, on-site training, education, and professional support to isolated staff who cannot easily leave their clinical posts. This cluster includes the Maternity Educator, Resuscitation Service Leader, Nurse Educator and the Associate Director of Nursing: Clinical Practice Development.

The recruitment process for the Associate Director of Allied Health is complete. West Coast and Canterbury Allied Health staff are continuing to work together on the development of the Allied Health Strategic Workforce plan. The Calderdale framework implementation projects are well underway and there is very good networking and regional collaboration occurring.

### **Quality and Safety**

The midwifery team have re-engaged with the Quality Leadership Programme (QLP) with an aim for 90% – 100% completion within the team. This programme is similar to the nursing Professional Development and Recognition Programme (PDRP) which enables clinicians to develop a professional portfolio to document clinical proficiency and competencies with a quality and leadership focus. For

midwifery, this aligns with the portfolios that all midwives submit for the biannual standards review process with the College of Midwives.

The WCDHB supported the provision of 57 multidisciplinary maternity courses locally in 2015, to support ongoing clinical excellence in the service.

A review has commenced to look at the effectiveness and improvement of the maternity service following the implementation of the Maternity Review recommendations one year on. Feedback from women continues to be positive with the satisfaction rates at 95% – 100% from consumers who have fed back via the ‘we care about your care’ patient satisfaction survey.

This year the service will also be running consumer feedback forums in Buller, Greymouth and Hokitika. This is to encourage further feedback from women who have had babies during 2015.

A project is underway to refine existing processes for accessing Controlled Drug medications urgently in rural areas, for clinical situations that fall outside of the PRIME emergency response and associated Standing Orders. This project is aimed at maintaining safe medication practices that are ‘best-for-patient’.

### **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 clinical vacancies are filled and we have been successful in filling one consumer role.

## **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 28 JANUARY 2016



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 12 February 2016

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 28 January 2016.

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 – 28 January 2016.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 28 January 2016. 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:

- The reduction in DNAs. The Committee noted that 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.
- Out Patients Department 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. The key points of this were:
  - o 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.
  - o Ask patients which is the better way to contact them.
  - o Some DHBs send no letters sending text messages instead and this has been successful.
  - o The group talked about a national campaign on DNAs showing the costs associated and health issues that may occur.
- Nursing Workforce: Hospital Services has 17 FTE less than this time 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.

Chris Black, long service Clinical Nurse Educator, has retired after 30 years service. This role will be advertised in the near future.

- Medical Workforce: 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.

Recruitment is ongoing across the junior doctor workforce with some vacancies following the late withdrawal of two candidates.

Two Rural Hospital Medical Specialists have commenced since November and another is likely to commence mid year.

- The process for recruitment of a new Associate Director of Allied Health is nearing completion.
- The Buller Occupational Therapist has recently resigned and recruitment for this position has commenced.
- The physiotherapy service is still unable to fill the paediatric position and continues to look at alternative ways to provide this coast-wide service.
- The temporary Manager at Granger House and Kowhai Manor ceased work in November with the new facility Manager commencing on a one year fixed term. This Manager is working with the team to build on the progress staff have already made and will report to the Ministry and the DHB on progress against HealthCert's Inspection findings.
- There have been a lot of trauma cases on the West Coast over the last few months with some of these cases leading to a lot of publicity.

A query was made regarding how the transalpine service is progressing. The Committee noted that whilst this is not without its problems it is working well and is improving all the time. A Clinical Nurse Specialist was recently employed into orthopaedics (half time with plastics) and is working

well with orthopaedic surgeons.

A query was made regarding the patient transfer contract and the Committee noted that this service is well embedded and as with most of our services we continue to look at how this can be improved.

The report was noted.

#### **FINANCE REPORT**

Michael Frampton, Programme Director, presented the Finance Report for the month ending December 2015. 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 Committee noted that Personnel Costs for the period were higher than expected due to MECA settlements which were back paid from 1 July 2015.

The Committee also noted that management are confident that the DHB will meet the 800k deficit submitted in the Annual Plan although a number of areas remain under pressure.

Mr Frampton provided the Committee with an update on the facilities project. A query was made as to why there has not been any activity since the blessing and the Committee noted that this is at the discretion of the HRPG. Management will seek some clarity around this at the HRPG meeting to be held in Christchurch tomorrow.

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.

#### **2016 COMMITTEE WORK PLAN**

The meeting noted the 2016 Committee Workplan and made some suggestions regarding presentations they would like to see. These will be added to the carried forward list and added to the Work Plan once dates are confirmed.

#### **PRESENTATIONS**

In conjunction with the Community & Public Health & Disability Support Advisory Committee, the Committee received 2 presentations. The first presented by Moya Beech-Harrison, General Manager, Poutini Waiora, on the Mana Tamariki Programme and the second from Wayne Turp, Planning & Funding in Canterbury around Child and Youth Health.

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 28 January 2016.

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 12 February 2016 commencing at 10.15am**

**KARAKIA****ADMINISTRATION****10.15am**

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
  - 11 December 2015
3. Carried Forward/Action List Items

**REPORTS****10.20am**

- |  |  |                   |
|--|--|-------------------|
| 4. Chair's Update<br>(Verbal Update)             | Peter Ballantyne<br><i>Chairman</i>  | 10.20am – 10.30am |
| 5. Chief Executive's Update                      | David Meates<br><i>Chief Executive</i>   | 10.30am – 10.45am |
| 6. Clinical Leader's Update                      | Karyn Bousfield<br><i>Director of Nursing &amp; Midwifery</i><br><br>Stella Ward<br><i>Executive Director, Allied Health</i> | 10.45am – 10.55am |
| 7. Wellbeing, Health & Safety Update             | Michael Frampton<br><i>Programme Director</i>  | 10.55am – 11.05pm |
| 8. Finance Report                                | Justine White<br><i>General Manager, Finance</i>   | 11.05pm – 11.15pm |
| 9. Clinical Board Presentation                   | Stella Ward<br><i>Executive Director, Allied Health</i>  | 11.15am – 11.35am |
| 10. Reports from Committee Meetings              |  |                   |
| - CPH&DSAC<br>28 January 2016                    | Elinor Stratford<br><i>Chair, CPH&amp;DSA Committee</i>  | 11.35am – 11.45am |
| - Hospital Advisory Committee<br>28 January 2016 | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i>   | 11.45am – 11.55am |
| 11. Resolution to Exclude the Public             | <i>Board Secretariat</i>   | 11.55am           |

**INFORMATION ITEMS**

- 2016 Meeting Schedule
- .

**ESTIMATED FINISH TIME****11.55am****NEXT MEETING**

Friday 1 April 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.