

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

28 April 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.

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 & Funding</i>) Karyn Bousfield (<i>Director of Nursing & Midwifery</i>) Justine White (<i>General Manager, Finance</i>) Kathleen Gavigan (<i>General Manager, Buller</i>) Mark Newsome (<i>General Manager Grey Westland</i>) Kay Jenkins (<i>Governance</i>)

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 28 April 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**

10 March 2016

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS 11.10am

- | | | | |
|----|--------------------------------|---|-------------------|
| 4. | Management Report | Mark Newsome
<i>General Manager Grey Westland</i> | 11.10am – 11.30am |
| 5. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.30am – 11.45am |
| 6. | Clinical Leaders Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 11.45am – 12noon |
| 7. | General Business | Sharon Pugh
<i>Chair</i> | 12noon – 12.10pm |

ESTIMATED FINISH TIME 12.10pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 1 April 2016
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 9 June 2016

Corporate Office, Board Room at Grey Base Hospital.

INTEREST REGISTER

Member	Disclosure of Interests
Sharon Pugh Chair Board Member	<ul style="list-style-type: none"> ▪ New River Bluegums Bed & Breakfast - Shareholder
Kevin Brown Deputy Chair Board Member	<ul style="list-style-type: none"> ▪ Grey District Council – Councillor ▪ West Coast Electric Power Trust - Trustee ▪ Wife works part time at CAMHS ▪ West Coast Diabetes – Patron & Member ▪ West Coast Juvenile Diabetes Association – Trustee ▪ President Greymouth Riverside Lions Club ▪ Justice of the Peace ▪ Hon Vice President West Coast Rugby Football League
Paula Cutbush	<ul style="list-style-type: none"> ▪ Owner and stakeholder of Alfresco Eatery and Accommodation ▪ Daughter involved in Green Prescriptions
Gail Howard	<ul style="list-style-type: none"> ▪ Buller Electric Power Trust - Trustee ▪ Energy Trust New Zealand – Director
Chris Lim	<ul style="list-style-type: none"> ▪ No interests to declare
Peter Neame Board Member	<ul style="list-style-type: none"> ▪ Wite Wreath Action Against Suicide - Member
Richard Wallace	<ul style="list-style-type: none"> ▪ Upoko, Te Runanga o Makawhio ▪ Negotiator for Te Rau Kokiri ▪ Trustee Kati Mahaki ki Makawhio Limited ▪ Honorary Member of Maori Women's Welfare League ▪ Wife is employed by West Coast District Health Board ▪ Trustee West Coast Primary Health Organisation ▪ Kaumatua Health Promotion Forum New Zealand ▪ Daughter is a Board Member of both the West Coast DHB and Canterbury DHB ▪ Member of the National Asthma Foundation Maori Reference Group ▪ Kaumatua/Cultural Advisor for Child Youth & Family (Greymouth and Nelson)
Peter Ballantyne Board Chair ex-officio	<ul style="list-style-type: none"> ▪ Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB ▪ Retired Partner, Deloitte ▪ University of Canterbury - Member of Council ▪ Bishop Julius Hall of Residence - Trust Board Member • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Joseph Thomas Board Deputy Chair ex-officio	<ul style="list-style-type: none"> ▪ Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair ▪ Motuhara Fisheries Limited – Director ▪ Ngati Mutunga o Wharekauri Iwi Trust – Trustee and Member ▪ New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member • Chief Executive, Ngai Tahu Seafood

DRAFT

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING held in the Board Room, Grey Base Hospital, Corporate Office, on Thursday 10 March 2016, commencing at 11.00am

PRESENT

Sharon Pugh (Chair) (via video conference); Kevin Brown (Deputy Chair); Paula Cutbush; Gail Howard; Chris Lim; Peter Neame; and Richard Wallace.

APOLOGIES

Peter Ballantyne and Joseph Thomas

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 lateness was received from Paula Cutbush (11.15am)

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

WELCOME

Richard Wallace led the Karakia

1. INTEREST REGISTER

Kevin Brown advised that he is Hon Vice President, West Coast Rugby League.

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 (5/16)

(Moved: Gail Howard/Seconded: Sharon Pugh – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 28 January 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The carried forward/action items were noted.

It was agreed that DNAs were sufficiently covered in the report each meeting so can be removed from the carried forward list.

4. HOSPITAL AND SPECIALIST SERVICE (H&SS) MANAGEMENT REPORT

Mark Newsome, General Manager, Grey/Westland, presented this report which was taken as read.

Mr Newsome highlighted the following most notable features:

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

The Committee noted that there has been a resignation which leaves the West Coast with 1 General Surgeon. Discussions have commenced with Canterbury to push forward with the transalpine model of care in this area. Management confirmed that the position would still be advertised but it is also important to progress the transalpine service.

The Committee also noted that Jane George commences as Associate Director of Allied Health on 21 March 2016.

Discussion took place in regard to ESPI compliance. The Committee noted that there were a number of non-compliant patients but these have now had appointments and the West Coast remains compliant in this area.

Paula Cutbush joined the meeting at 11.15am

Discussion also took place regarding DNAs and whether the amount of time and effort being put into reductions in this area is adding value as it appears possible that the West Coast, due to small numbers and a number of different reasons might just sit above the average.

A query was made regarding the fluoroscopy machine and it was noted that this is one of the complexities of the facility development. It had been planned to install the new machine into the new premises but the current machine will now need to be replaced before the completion of the new facility. This is unfortunate as it will probably incur an additional cost of approximately \$200,000.

Resolution (6/16)

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

- i. That the Committee notes the Management Report.

5. FINANCE REPORT

Justine White, General Manager Finance, presented the Finance Report for the month ending January 2016.

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

The Committee also noted that financial trends are as expected although there is a slight overspend in personnel costs due to public holidays.

Discussion took place regarding treatment related costs which are attributable to additional volumes to achieve ESPI compliance.

The West Coast is still on target to meet year end budget.

Resolution (7/16)

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

- i. That the Committee notes the financial result and related matters for the period ended January 2016.

6. CLINICAL LEADERS REPORT

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

The Committee noted that there is still a lot of work underway:

- The Department of Nursing is working with local management and the University of Otago to provide and prioritise West Coast nurses to access Health Workforce New Zealand funded postgraduate studies without leaving the Coast. Initial planning has commenced to run the Advanced 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.
- 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 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.

Resolution (8/16)

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

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

INFORMATION ITEMS

- Chair's report to last Board meeting.
- Board Agenda – 12 February 2016.
- West Coast DHB Meeting Schedule 2016.
- HAC Work Plan for 2016

There being no further business the meeting closed at 11.35am.

Confirmed as a true and correct record.

Sharon Pugh, Chair

Date

CARRIED FORWARD/ACTION ITEMS

(There are no carried forward items)

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS

MANAGEMENT REPORT

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager Grey Westland | General Manager Buller

DATE: 28 April 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
- Continued ESPI Compliance
- Strengthening of CNS workforce.

4. DISCUSSION

4.1 Activity

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 8-month period to the end of February 2016 show overall case-weighted discharges [CWD] from Grey Base Hospital remains behind target for the year for surgical specialty services (particularly in orthopaedics); offset by higher throughputs in medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	747.39	648.48	-98.91	-13.2%
Elective	821.83	796.99	-24.84	-3.0%
Sub-Total Surgical:	1569.22	1445.47	-123.75	-7.9%
Medical				
Acute	928.07	1145.6	217.53	23.4%
Elective	0	0	0	0%
Sub-Total Medical:	928.07	1145.6	217.53	23.4%
TOTALS:	2497.29	2591.07	93.78	3.75%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services are down for the year to date by 17.6% (1676 attendances) from expected volumes overall. Throughput was 19.1% under contracted volume for surgical specialty services and 15.3% 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 (most notably in general surgery, orthopaedics, ENT, general medicine, and dermatology).

The split between 1st visit and Subsequent visit during this year to date period were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	2250	1971	-279	-12.4%
Sub. Visit	3613	2774	-839	-23.2%
Sub-Total Surgical:	5863	4745	-1118	-19.1%
Medical				
1 st Visit	1076	820	-256	-23.8%
Sub. Visit	2564	2262	-302	-11.8%
Sub-Total Medical:	3640	3082	-558	-15.3%
TOTALS:	9503	7827	-1676	-17.6%

Outpatient Clinics

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
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%
February 2016	1719	1620	99	5.76%
March 2016	1556	1466	90	5.78%
13 month rolling totals	21676	20143	1533	7.07% Average

- Overall, Quarter 3 saw a decrease in DNAs compared with the same quarter for last year.
- E-texting seems to be working well with positive results.
- Outpatient clinics continue to be monitored regarding DNA rates. CBU continue work on rostering, ensuring letters go to patients in a timely manner.
- Work continues in ensuring there are no obstacles to access to clinics for the Maori population.

Workforce Update

Nursing

- Managers continue to monitor variance and ensure they react positively to negative variance.
- The new graduate nurses are settling into their new placements with positive feedback from CNMs. The move to have two intakes a year has been positive ensuring skill mix does not get diluted.
- 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 CNS Stroke Nurse position has been recruited to. The appointee will work 0.5FTE in this role and will work in collaboration with other CNSs.
- We have appointed a Nurse Educator who will commence in May 2016.
- Currently recruitment is underway for a Rheumatology CNS, who will enhance and support the transalpine Rheumatology service. Also recruiting for a Fusion Nurse who will run day cases out of Hannan Ward. Reviewing use of the space in the former Hannan Ward and how we may use this for day infusion cases freeing up inpatient beds.

Medical

- Recruitment is ongoing for junior doctors and several new doctors have been confirmed for Q3 and Q4 of the medical year. Annual recruitment for 2017 is about to commence and we have a solid strategy around this.
- We are interviewing two candidates for a role as a General Physician in the coming weeks.

Administration

- A report on administration engagement has been prepared for EMT consideration and this was recently endorsed by the Executive Management Team.
- Work continues in this space.

Maternity Services

- Quality activities continue with an audit of the 2015 Emergency Caesareans and planning for some Consumer feedback sessions in May. During May we have planned some consumer feedback morning teas, to meet with women and families who have had a baby since the change in model to get face to face feedback on their experience and ideas. The first session is in Westport on 5 May, International Midwives Day.
- Monthly monitoring of the birth data is continuing to show a reduction in the induction of labour rates on the West Coast.
- Education is continuing with a number of courses being held in Westport this year to allow staff from Foote ward, the PHO and other Buller services to attend. The Midwifery Educator has also been working with other educators to provide CPR training to rural areas.
- A new wireless CTG machine has arrived, purchased from Countdown Kids Appeal Funding. The women are very happy with it as it allows them to walk around and use the birthing pool while being monitored in labour.

Reefton Health

- *Hospital* – GP cover has been confirmed through to the end of June. A recent clinic held at the hospital to vaccinate eligible members of the community against influenza and provide CVD checks was a success.
- *Aged Residential Care* – Currently 8 hospital level and 4 residential level residents.

Allied Health

- The Associate Director of Allied Health commenced her role in March.
- Three abstracts have been accepted for the upcoming National Allied Health Conference to be held in Auckland in May. These abstracts cover the topics of:
 - *Inpatient discharge planning – a functional approach*
 - *Community diversional therapy to address social isolation in a rural town*
 - *Pressure care project – ensuring pressure care is managed appropriately to meet patient need*They will be presented by members of the Speech Language Therapy and Occupational Therapy teams, including the Diversional Therapist. The theme of this year's conference is "Leading The Change".
- Social Work participated in the Emergency Response in Franz Josef in late March, when the Waiho River burst its bank, causing the evacuation of more than 180 people.
- Allied Health staff across all services have participated in Motivational Interviewing training this month.

- Difficulties recruiting to speciality positions prevail for Physiotherapy (i.e. the Paediatric position). As there were no suitable candidates for the West Coast position applying through CDHB's recent recruitment round, the decision has now been made to recruit a generalist physiotherapist.
- The first of the Nutrition Service telehealth clinics has been held, as part of a pilot project.
- The current state review of Allied Health has been completed, with feedback sessions and formal reporting under development.
- The recently recruited to position in Occupational Therapy has fallen through; the new round of recruitment is to include back-fill of FTE moving from the Grey team to FIRST.
- A Service Accreditation process is underway for provision of basic equipment, initially in outlying areas.
- Recruitment for a Compressed Pharmacist is ongoing, due to a lack of applicants to date.
- A Request for Proposal is under development for a Fluoroscopy replacement, with the aim for this to be ready for the tender process around November.

Industrial Relations

Negotiations Update:

- West Coast Pharmacy (First Unions) – Offer has been ratified by Union members.
- South Island Clerical Workers MECA (PSA) – Bargaining commenced 20/21 April.
- West Coast Home Based Support SECA (PSA) – Offer being checked to ensure within financial parameters.
- RMO MECA (RDA) – Further bargaining occurred on 4 April. The bargaining approach was reviewed by ERSB on 7 April and endorsed by the Chief Executives on 14 April.
- SMO MECA (ASMS) – Bargaining strategy has been approved by the Chief Executives. Bargaining scheduled to commence 6/7 May.

Recruitment

New Vacancies	4
Total Open Vacancies	9
Total FTE Recruiting	5
Appointed Vacancies	6
Total FTE Appointed	4.7

- Recruitment had four new roles with total open vacancies at nine.
- There have been three interviews arranged for General Physicians this month.
- A General Practitioner for Buller has accepted and commences in September.

4.2 Patient

Patient Transfers





- The number of tertiary patient transfers from Grey Base and Buller Hospitals rose significantly from 38 transfers in December 2015 to 64 transfers in January 2016. The vast majority of the January 2016 transfers were for orthopaedic patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in January 2016 was for 'Specialty Care not available at Grey Base Hospital'.

- For patients transferred from Buller to Grey Base, the numbers remained steady with 20 transfers for January 2016. Most of these transfers were for medical, surgical and orthopaedic patients. The majority of patients were transported to Grey Base via ambulance.
- The number of patient transfers from Reefton to Grey Base for January 2016 also remained steady, being 3 for January 2016. These transfers were 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		Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	99.7%	99.7%	99.6%	99.6%	95%	✓	The West Coast DHB continues to achieve impressive results against the shorter stays in ED health target , with 99.6% of patients admitted, discharged or transferred from ED within six hours during Quarter 3.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	1,721	480 ² YTD	1,130 YTD	1,282 YTD Feb	1,223 YTD Feb	✓	1,282 elective surgical cases were delivered to Coasters in the year-to-date January 2016, meeting target at 105% of our year-to-date target delivery.
	Faster Cancer Treatment³ Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	50%	50%	71.4%	TBC	85%	✗	Work around the faster cancer treatment health target 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.
	Increased Immunisation Eight-month-olds fully immunised	85%	88.4%	80.9%	89.3%	95%	✗	While West Coast DHB has not met the increased immunisation health target , we are pleased to have vaccinated 97% of the eligible consenting population with only two children missed. Opt-offs decreased 10% this quarter to 8%, which is reflected in our improved results, although continues to make meeting the target impossible.

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

² 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.

³ 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		Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Target	Current Status	Progress
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ⁴	97.8%	91.1%	96.4%	TBC	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
	Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	90.2%	84.5%	84.8%	TBC	90%	✗	Performance against the primary care better help for smokers to quit health target showed a slight increase in Quarter 2, not meeting the target at 84.8%. It is disappointing to see this trend continue downwards, with preliminary results suggesting a further decrease expected for Quarter 3.
	More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91.1%	91%	90.8%	TBC	90%	✓	Performance against the more heart and diabetes checks health target shows the target was maintained in Quarter 2.

⁴ Results may vary slightly due to coding timeframes

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2: First Specialist Assessment (FSA)

One orthopaedic and two respiratory patients are showing as non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in February. The orthopaedic patient has been seen and both respiratory patients are booked in the next clinic.

ESPI 5: Treatment

One general surgery and four orthopaedics patients are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in February. The Orthopaedic patients have been seen. The general surgery patient had their operation cancelled as the surgeon was unable to land due to weather; he has is now booked for mid-April.

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			2016			2016					
	Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within ten working days.	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 18	94.4%	1	18 of 18	100.0%	0	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	18 of 18	100.0%	0			
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	12	1.7%	-12	3	0.5%	-3
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.	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	4	2.1%	-4	5	2.8%	-5
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.	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	101	100.0%	0	112	100.0%	0

Data Warehouse Refresh Date: 02/Apr/2016

Report Run Date: 04/Apr/2016

Notes:

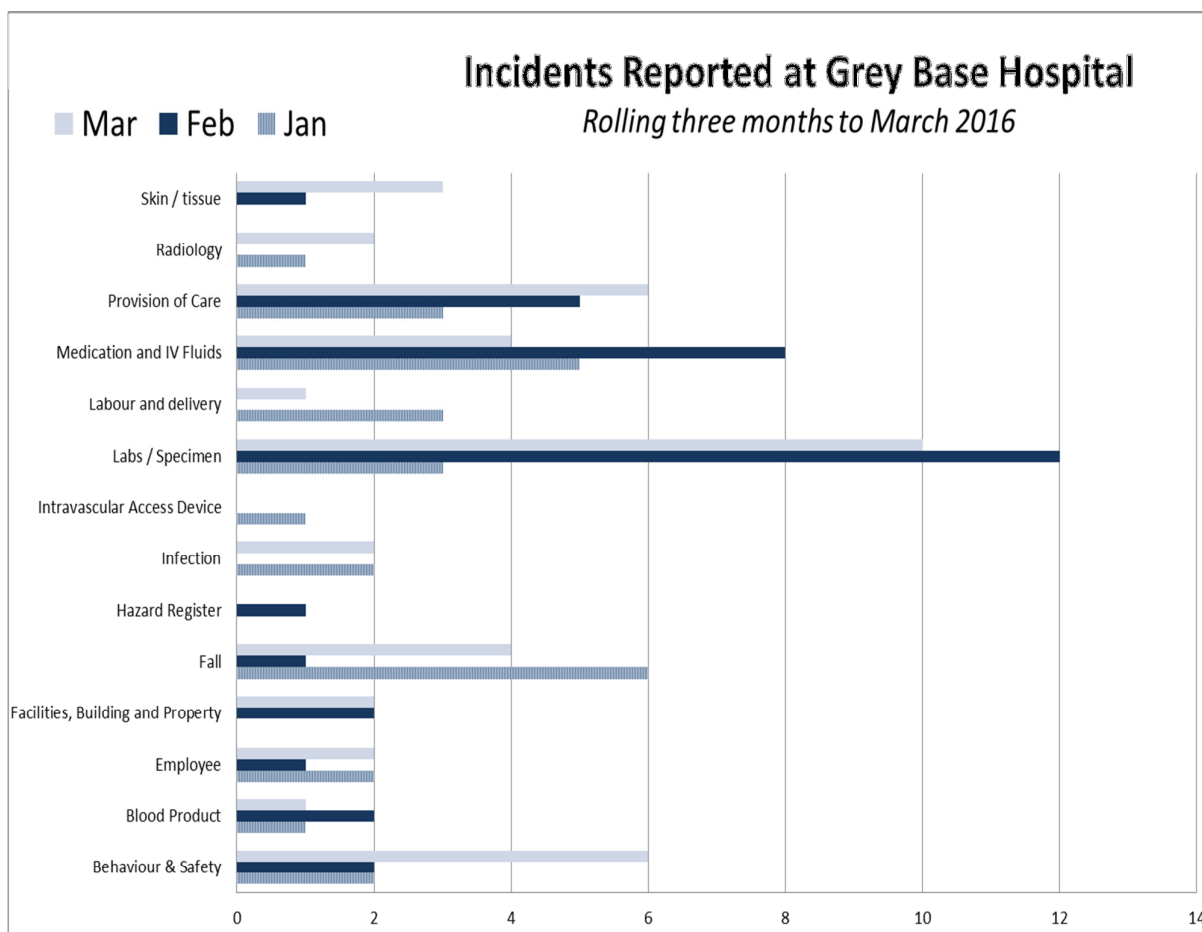
- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 is 5 months and from January 2015 the required timeframe for ESPI 2 is 4 months.
- Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months,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

4.4 Quality

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



Grey / Westland	Q3 15/16		
Grey Base Hospital	Jan	Feb	Mar
Behaviour & Safety	2	2	6
Blood Product	1	2	1
Employee	2	1	2
Facilities, Building and Property	0	2	2
Fall	6	1	4
Hazard Register	0	1	0
Infection	2	0	2
Intravascular Access Device	1	0	0
Labs / Specimen	3	12	10
Labour and delivery	3	0	1
Medication and IV Fluids	5	8	4
Provision of Care	3	5	6
Radiology	1	0	2
Skin / tissue	0	1	3
Totals	29	35	43



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 5 April 2016 the West Coast DHB has been 124 days CLAB free.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 2016



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 28 April 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 period ended 31 March 2016.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of March 2016 was a deficit of \$0.109m, which was \$0.010m unfavourable against the budgeted deficit of \$0.099m. The year to date position is now \$0.158m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,956	7,012	(56)	x	62,411	63,158	(747)	x
Governance & Administration	67	69	(2)	x	692	621	71	v
Funds & Internal Eliminations	4,769	4,719	50	v	42,853	42,492	361	v
	11,792	11,800	(8)	x	105,956	106,271	(315)	x
EXPENSES								
Provider								
Personnel	5,174	5,045	(129)	x	46,142	45,405	(737)	x
Outsourced Services	0	8	8	v	22	72	50	v
Clinical Supplies	804	617	(187)	x	6,648	5,553	(1,095)	x
Infrastructure	893	821	(72)	x	8,059	7,389	(670)	x
	6,871	6,491	(380)	x	60,871	58,419	(2,452)	x
Governance & Administration	67	69	2	v	692	621	(71)	x
Funds & Internal Eliminations	4,414	4,755	341	v	40,387	42,800	2,413	v
Total Operating Expenditure	11,352	11,315	(37)	x	101,950	101,840	(110)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	440	485	(45)	x	4,006	4,431	(425)	x
Interest, Depreciation & Capital Charge	549	584	35	v	4,989	5,256	267	v
Net surplus/(deficit)	(109)	(99)	(10)	x	(983)	(825)	(158)	x

4. APPENDICES

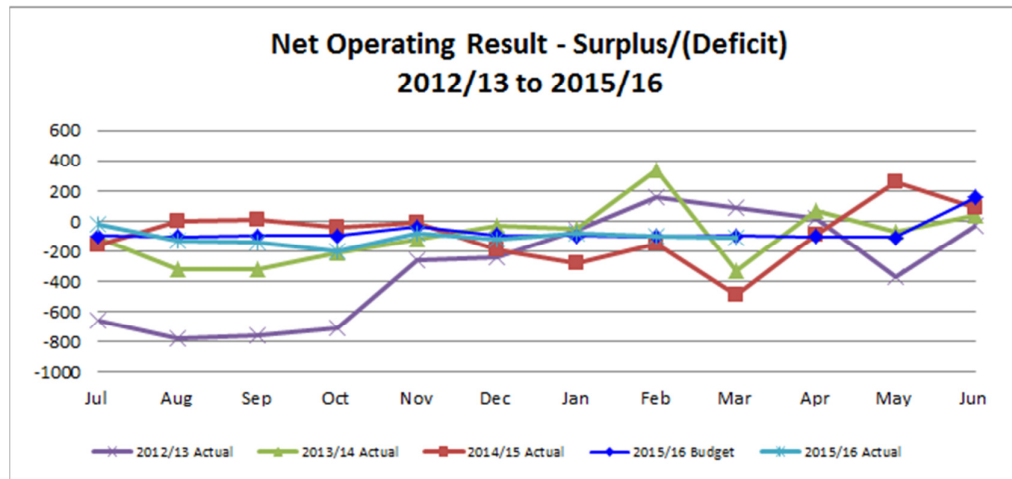
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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 – MARCH 2016

	Month Actual \$'000	Month Budget \$'000	Month Variance		YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	(109)	(99)	(10)	10%	(983)	(825)	(158)	19%

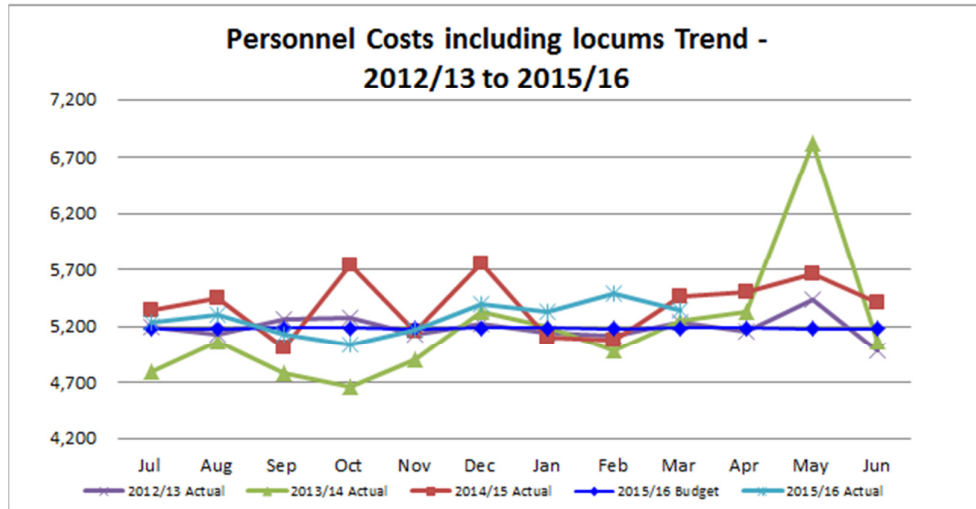


We have submitted an Annual Plan with a planned deficit of \$878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. The YTD result reflects a significant cost incurred in October in relation to redundancies 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	1,150	1,280	130	10% ✓	11,818	11,520	(298)	-3% ✗
Nursing	2,454	2,363	(91)	-4% ✗	20,434	21,268	834	4% ✓
Allied Health	889	800	(89)	-11% ✗	8,172	7,200	(972)	-14% ✗
Support	94	93	(1)	-1% ✗	809	837	28	3% ✓
Management & Admin	756	650	(106)	-16% ✗	6,272	5,850	(422)	-7% ✗
Total	5,343	5,186	(157)		47,505	46,675	(830)	



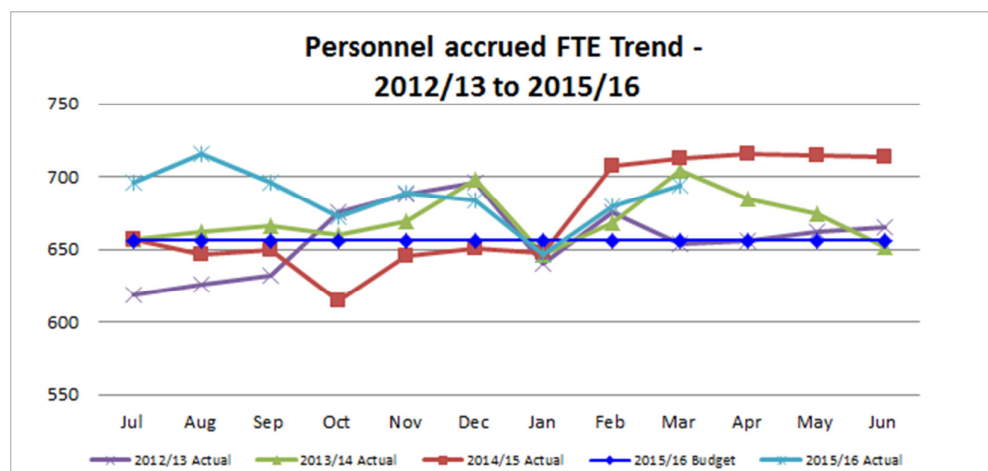
Personnel costs are unfavourable for the month; this reflects the public holiday impacts of Easter. Locums continue to be a necessary, but unfavourable to budget, personnel cost.

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	41	42	0	0%	✓	39	42	2	6%	✓
Nursing	324	328	5	1%	✓	326	328	2	1%	✓
Allied Health	172	147	(26)	-18%	✗	178	147	(31)	-21%	✗
Support	19	22	3	13%	✓	18	22	4	18%	✓
Management & Admin	137	118	(19)	-16%	✗	125	118	(7)	-6%	✗
Total	694	656	(38)			686	656	(30)		



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 holiday season which is traditionally slower.

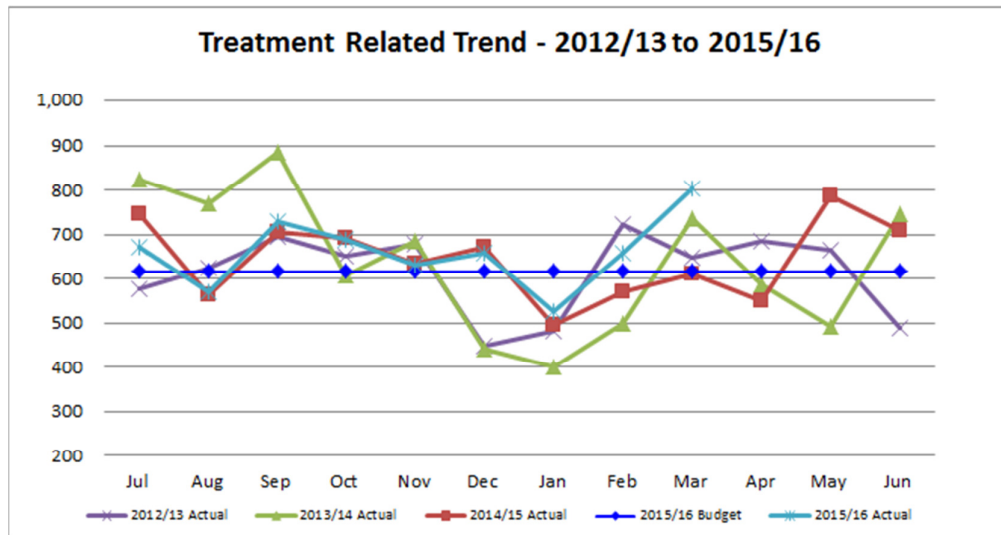
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	804	617	(187)	-30% X	5,939	5,553	(386)	-7% X



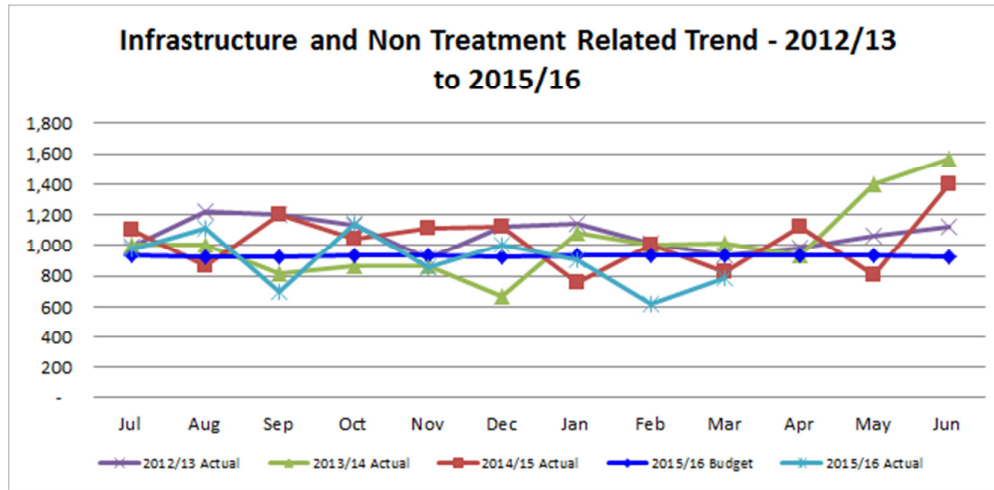
Treatment related costs are above expected levels for the month due to high Pharmaceutical costs for the dispensing of Infliximab, Rituximab and Caspofungin.

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	788	929	141	15% ✓	8,097	8,366	269	3% ✓



Expenses in this category continue to be closely monitored with savings being made as and where available. Energy consumption (both Electricity and Coal) are below plan for March by almost \$50k as actual invoices came in lower than forecast. IS costs were also under budget as the realisation of actual programme costs came in lower than anticipated.

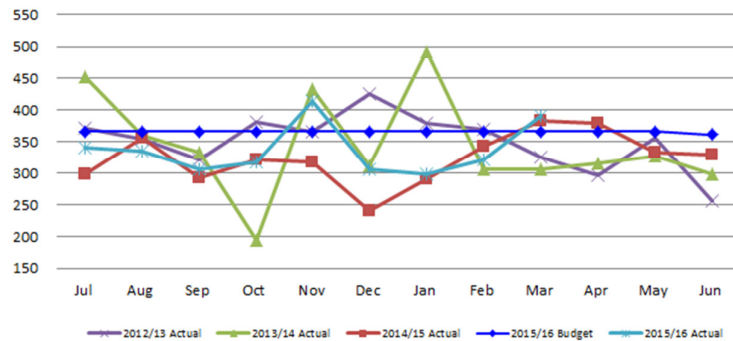
KEY RISKS AND ISSUES

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

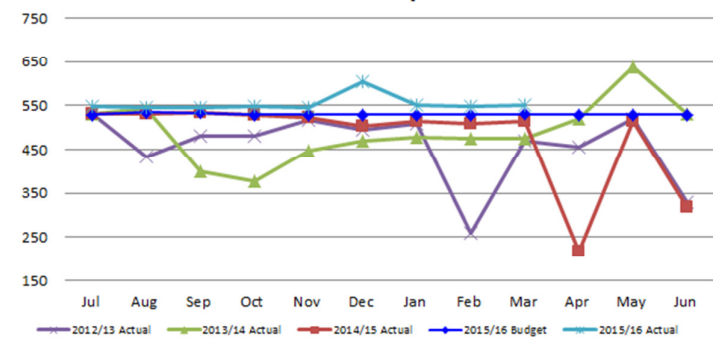
OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Interest Received	122	44	78	177% ✓	352	396	(44)	-11% ✗
Donations	1	-	1	0% ✓	2	60	(58)	0% ✗
Rental	16	16	-	0% ✓	124	144	(20)	-14% ✗
Other	39	39	-	100% ✓	382	351	31	9% ✓
Total Other Revenue	178	99	79	80% ✓	860	951	(91)	-10% ✗
Interest Expense	55	70	15	21% ✓	489	624	135	22% ✓
Depreciation	416	395	(21)	-5% ✗	3,736	3,555	(181)	-5% ✗
Capital Charge Expense	81	66	(15)	-23% ✗	764	594	(170)	-29% ✗
Total Other Costs	552	531	(21)	-4% ✗	4,989	4,773	(216)	-5% ✗

Total Patient Related and Other Revenue



Total Other Expenses



KEY RISKS AND ISSUES

Other revenue for the month is significantly above target due to interest received.

FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	11,513	8,204	3,309	40% ✓	9,083
Cash	4,635	9,289	(4,654)	-50% ✗	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 March 2016

	Monthly Reporting				Year to Date				Full Year 15/16	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,285	11,331	(46)	(0.4%)	101,788	101,980	(192)	(0.2%)	135,973	134,166
Inter DHB Revenue	(8)	5	(13)	(260.0%)	29	45	(16)	(35.6%)	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	1,111	1,152	(41)	(3.6%)	1,560	1,497
Patient Related Revenue	212	262	(50)	(19.1%)	2,170	2,358	(188)	(8.0%)	3,144	3,000
Other Revenue	178	74	104	140.8%	858	736	122	16.5%	1,188	1,162
Total Operating Revenue	11,792	11,800	(8)	(0.1%)	105,956	106,271	(315)	(0.3%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,343	5,113	(230)	(4.5%)	47,505	46,018	(1,487)	(3.2%)	61,352	64,688
Outsourced Services	0	8	8	100.0%	22	72	50	69.4%	96	82
Treatment Related Costs	804	617	(187)	(30.3%)	6,649	5,553	(1,096)	(19.7%)	7,404	7,736
External Providers	3,092	3,097	5	0.2%	27,374	27,873	499	1.8%	37,190	35,196
Inter District Flows Expense	1,322	1,531	209	13.7%	13,013	13,784	771	5.6%	18,368	14,789
Outsourced Services - non clinical	0	73	73	100.0%	0	657	657	100.0%	876	325
Infrastructure and Non treatment related costs	788	929	141	15.2%	7,387	8,366	979	11.7%	11,157	12,350
Total Operating Expenditure	11,349	11,368	19	0.2%	101,950	102,323	373	0.4%	136,443	135,166
Result before Interest, Depn & Cap Charge	443	432	11	2.5%	4,006	3,948	(58)	(1.5%)	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	55	70	15	21.4%	489	624	135	21.6%	828	732
Depreciation	416	395	(21)	(5.3%)	3,736	3,555	(181)	(5.1%)	4,740	4,238
Capital Charge Expenditure	81	66	(15)	(22.7%)	764	594	(170)	(28.6%)	792	772
Total Interest, Depreciation & Capital Charge	552	531	(21)	(4.0%)	4,989	4,773	(216)	(4.5%)	6,360	5,742
Net Surplus/(deficit)	(109)	(99)	(10)	(10.1%)	(983)	(825)	(158)	(19.2%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(109)	(99)	(10)	(10.1%)	(983)	(825)	(158)	(19.2%)	(878)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 March 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
24,276	24,481	(205)	(0.8%)	26,210
656	646	10	1.5%	1,131
2,851	1,568	1,283	81.8%	367
567	567	0	0.0%	642
28,350	27,262	1,088	4.0%	28,350
4,635	9,289	(4,654)	(50.1%)	8,081
73	60	13	21.7%	70
994	1,100	(106)	(9.6%)	1,053
11,693	4,218	7,475	177.2%	6,450
0	136	(136)	(100.0%)	136
17,395	14,803	2,592	17.5%	15,790
45,745	42,065	3,680	8.7%	44,140
11,195	11,195	0	0.0%	10,695
2,903	2,895	(8)	(0.3%)	2,884
14,098	14,090	(8)	(0.1%)	13,579
3,250	3,250	0	0.0%	3,750
8,017	7,248	(769)	(10.6%)	7,038
8,919	9,168	249	2.7%	9,538
20,186	19,666	(520)	(2.6%)	20,326
34,284	33,756	(528)	(1.6%)	33,905
71,753	70,693	(1,060)	(1.5%)	70,761
22,082	19,569	(2,513)	(12.8%)	19,569
(82,322)	(82,097)	225	0.3%	(81,577)
0	39	0	0.0%	39
11,513	8,204	(3,309)	(40.3%)	8,792
45,797	41,960	3,837	9.1%	42,697

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

in thousands of New Zealand dollars

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
13,213	11,756	1,457	12.4%	109,045	105,875	3,170	3.0%
(5,944)	(5,113)	(831)	(16.3%)	(48,326)	(46,018)	(2,308)	(5.0%)
(2,002)	(1,637)	(365)	(22.3%)	(18,772)	(14,732)	(4,040)	(27.4%)
(3,128)	(3,097)	(31)	(1.0%)	(27,668)	(27,873)	205	0.7%
(1,286)	(1,531)	245	16.0%	(12,719)	(13,784)	1,065	7.7%
853	378	475	125.7%	1,560	3,468	(1,908)	(55.0%)
(55)	(60)	5	8.3%	(489)	(540)	51	9.4%
57	(66)	123	186.4%	(477)	(594)	117	19.7%
855	252	603	239.3%	594	2,334	(1,740)	(74.6%)
122	44	78	177.3%	352	396	(44)	(11.1%)
0	0	0		0	0	0	0.0%
(284)	(322)	38	11.8%	(2,189)	(2,898)	709	(24.5%)
	0	0			0	0	
(162)	(278)	116	(41.7%)	(1,837)	(2,502)	665	26.6%
0	0	0		0	0	0	0.0%
0	0	0		86	0	86	
0	0	0		86	0	86	
61	0	61		203	0	203	
0	0	0		0	0	0	
61	0	61		289	0	289	
754	(26)	780	(3000.0%)	(954)	(168)	(786)	467.9%
3,939	10,123	(6,184)	(61.1%)	5,648	10,265	(4,617)	(45.0%)
4,693	10,097	(5,404)	(53.5%)	4,694	10,097	(5,403)	(53.5%)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 28 April 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 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

Associate Director Allied Health Jane George started on 21 March and her orientation is well underway. The Allied Health Workforce Strategy is under development as part of a combined Canterbury and West Coast effort. Calderdale projects are well underway to support delegation to the assistants.

The Nursing Workforce Strategy 2105–2018 has been approved and released. The ongoing development of the West Coast nursing workforce is essential to ensure a fit for purpose Coast-wide nursing team, which includes nursing structure, ways of working and the growth and development of individual nurses. This team will be enabled and supported to provide the care that is required, is best for patient, best for system and best for nursing. Nurses have contributed to the development of the model of care and have been actively involved in the facilities design to support this model of care. The following are the high level priorities that have been identified:

Workforce Data Intelligence: A focus will remain on workforce data intelligence to ensure we have a sustainable and appropriate workforce across the system. This includes recruitment and retention, workforce metrics and the efficient utilisation of TrendCare data and other tools to support staffing decisions and variance management on a shift by shift basis. This priority will include activities such as daily staffing meetings, TrendCare Steering Committee to review and analyse TrendCare data and a collaborative nurse leadership process to discuss and agree strategies around workforce, recruitment and retention and workforce development.

Workforce Capability and Capacity: The ability to ensure we have the right people with the right skills in the right place is essential for the provision of effective and safe care. Well developed education and career plans for individual nurses will support this, alongside succession planning, development of expanded practice roles, ongoing development of the generalist skill-set and connection and engagement with regional and national workforce development activities. This priority also includes the continued development of the flexible nursing workforce where both generalist and specialist nursing skills are enabled to flex to where those skills are required, and where appropriate. This workforce design will support the integrated approach to care across the system, with one key project being the integration of Primary and Community services.

Information Technology Capability and Capacity: Nurses will be encouraged to inform and influence the development and implementation of IT tools. Alongside TrendCare, Patient-Track will be introduced in 2016. Health Pathways will continue to have an increased utilisation with Standing Orders being introduced on this platform for Primary Care.

Change Leadership: To achieve the transformational change required on the West Coast sufficient change leadership is required from nursing. Nursing leadership should focus on developing a culture where issues are raised and conversations had which challenge the status quo and allow professional development and growth. This involves having an inclusive approach to early change conversations, engagement with unions and other stakeholders in meaningful ways. Proposals for Change will be managed well and according to the MECA requirements. There are two Proposals for Change currently on hold, these will progress in 2016: Nursing letters of employment and the Clinical Nurse Manager structure. It is likely that there will be further Proposals for Change as we progress service redesign.

Workforce Engagement: Nurses will provide clinical leadership, and nursing workforce engagement will support the development and implementation of new ways of working. A partnership model will be used where nurses will design nursing. There will be focus groups and development days through the next 18 months. There will be an Enrolled Nurse focus day early 2016 to prepare an Enrolled Nursing Plan that will include succession planning, workforce planning, education and the review of the EN orientation programme.

Healthy Workplace Environments: Over the next 18 months the utilisation and accuracy of TrendCare data will continue to be a focus. The West Coast DHB is committed to the principles of Safe Staffing Healthy Workplaces, and is also committed to the full roll out of Care Capacity Demand Management as we move into the new facilities. 2016 will also see the roll out of Releasing Time to Care.

Quality and Safety

April sees the highlight on falls prevention, with the April Falls campaign from the Health Quality Safety Commission. There will be activities in the clinical areas to increase awareness and improve assessment, documentation and care planning around falls.

Clinical teams are preparing to address the corrective actions from the recent Certification Audit. An action plan will be developed to support this.

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. The Alliance has been involved in the review of the draft Annual Plan and the workstream plans.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by:

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

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 10 MARCH 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 1 April 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 10 March 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 – 10 March 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 March 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.

MANAGEMENT REPORT

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

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

The Committee noted that there has been a resignation which leaves the West Coast with 1 General Surgeon. Discussions have commenced with Canterbury to push forward with the transalpine model of care in this area. Management confirmed that the position would still be advertised but it is also important to progress the transalpine service.

Jane George commences as Associate Director of Allied Health on 21 March 2016.

Discussion took place in regard to ESPI compliance. The Committee noted that there were a number of outlying patients but these have now had appointments and the West Coast remains

compliant in this area.

Discussion also took place regarding DNAs and whether the amount of time and effort being put into reductions in this area is adding value as it appears possible that the West Coast, due to small numbers and a number of different reasons might just sit above the average.

A query was made regarding the fluoroscopy machine and it was noted that this is one of the complexities of the facility development. It had been planned to install the new machine into the new premises but the current machine will now need to be replaced before the completion of the new facility. This is unfortunate as it will probably incur an additional cost of approximately \$200,000.

The report was noted.

FINANCE REPORT

The Committee noted that financial trends are as expected although there is a slight overspend in personnel costs due to public holidays.

The West coast is still on target to meet budget.

CLINICAL LEADERS UPDATE

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

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 10 March 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 1 April 2016 commencing at 10.15am

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

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 12 February 2016
3. Carried Forward/Action List Items

REPORTS**10.20am**

- | | | | |
|-----|--|--|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.20am – 10.30am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.30am – 10.45am |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i>

Stella Ward
<i>Executive Director, Allied Health</i>

Dr Vicky Robertson
<i>Acting Medical Director Patient Safety & Outcomes</i> | 10.45am – 10.55am |
| 7. | Wellbeing, Health & Safety Update | Mark Lewis
<i>Wellness, Health & Safety Manager</i> | 10.55am – 11.05am |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.05am – 11.15am |
| 9. | Health Target Report | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 11.15am – 11.25am |
| 10. | Maori Health Plan Update | Kylie Parkin
<i>Acting General Manager, Maori Health</i> | 11.25am – 11.35am |
| 11. | West Coast DHB Disability Action Plan | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 11.35am – 11.45am |
| 12. | Reports from Committee Meetings | | |
| | - CPH&DSAC
10 March 2016 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 11.45am – 11.55am |
| | - Hospital Advisory Committee
10 March 2016 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 11.55am – 12.05pm |
| 13. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 12.05pm |

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME

12.05pm

NEXT MEETING

Friday 13 May 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
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Hospital Services Management Report Finance Report Clinical 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
PLANNED ITEMS								
PRESENTATIONS	Mana Tamariki Programme Child & Youth Health	As required	As required	As required	As required	As required	As required	As required
GOVERNANCE AND SECRETARIAT	2016 Work Plan							
INFORMATION ITEMS:	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.