

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

9 June 2016

11.00am

**Board Room
Grey Hospital – Corporate Office**

**AGENDA AND
MEETING PAPERS**

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

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 9 June 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 April 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 *11.45am – 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 – 13 May 2016
- 2016 HAC Workplan (Working Document)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 28 July 2016

Corporate Office, Board Room at Grey Base Hospital.

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.

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 28 April 2016, commencing at 10.30am

PRESENT

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

APOLOGIES

Paula Cutbush and Joseph Thomas.

IN ATTENDANCE

Elinor Stratford

MANAGEMENT SUPPORT

Mark Newsome (General Manager, Grey/Westland); Kathleen Gavigan (General Manager, Buller); and Kay Jenkins (Minutes)

APOLOGIES

Apologies for absence were received and accepted from Paula Cutbush and Joseph Thomas (ex-officio)

WELCOME

Richard Wallace led the Karakia

1. INTEREST REGISTER

There were no changes to the interests register

There were no interests declared for items on today's agenda.

There were no perceived conflicts of interest.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (9/16)

(Moved: Kevin Brown/Seconded: Richard Wallace – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 10 March 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

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

Mark Newsome, General Manager, Grey/Westland, presented this report which was taken as read. He highlighted the following most notable features of the report:

- Sustained decrease in DNAs
Staff continue to contact people who do not attend appointments to ascertain if there is any way the DHB can improve in this area.
- Continued ESPI compliance
One orthopaedic and two respiratory patients are showing as non-compliant against the maximum 120 days' wait time for First Specialist Appointment (ESPI2) in February. The orthopaedic patient has been seen and both respiratory patients are booked in the next clinic.
- Strengthening of Clinical Nurse Specialist (CNS) workforce
The CNS Stroke Nurse position has been filled with the appointee working 0.5FTE in this role and working in collaboration with other CNSs. Recruitment is underway for a Rheumatology CNS who will enhance and support the transalpine Rheumatology service. Recruitment is also taking place for a Fusion Nurse who will run day cases out of Hannan Ward.

Mr Newsome also commented on the following:

- 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 the DHB has a solid strategy in place around this.
- The Associate Director of Allied Health, Jane George, commenced her role in March and was present at the meeting to meet the Committee. This position reports to the General Manager, Grey/Westland on an operational basis and to the Director of Allied Health clinically.
- Discussions are commencing with Canterbury DHB around how we can continue to provide surgical services on the West Coast.
- The transformation project undertaken around Maternity Services on the West Coast has been entered into the 2016 IPANZ Awards.
- The Allied Health team participated in the emergency response in Franz Josef in late March when the Waiho River burst its banks.
- Challenges continue around recruitment in Paediatric physiotherapy services and a 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.
- Recruitment for a Compressed Pharmacist is ongoing due to a lack of applicants to date.
- An update was provided on Industrial Relations negotiations.

A query was made regarding anaesthesia and the Committee noted that the Anaesthetic Group is very settled.

Discussion took place around the induction rates in maternity and the Committee noted that the national data in this area shows a different picture to what we believe is actually taking place. It was noted that some caution should be used in this respect particularly with the changes that have taken place in the maternity area.

Discussion also took place in relation to the changes in the Air New Zealand timetable and the Committee noted that there was concern amongst clinical groups regarding the amount of time they will now be able to spend on the West Coast.

In regard to a query around Hospital Services Incidents recorded in Safety 1st the Committee noted that all incidents are reviewed by the Incident Review Group and there are no alarming trends identified. It was also noted that the reporting culture has seen a significant improvement; however there is always room for more improvement in this area.

The Committee noted that there seems to be an increase in the trend towards medical specialty services and a downward trend for surgical specialty services. This seems to be due to our ageing population requiring more medical care.

Resolution (10/16)

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

- i. That the Committee notes the Management Report.

5. FINANCE REPORT

Mark Newsome, General Manager Grey/Westland, provided the Committee with an update of the financial position as at the end of March 2016.

The Committee noted that 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.

Mr Newsome commented that the General Manager Finance is optimistic that the DHB will meet the year end predicted outcome.

The Board Chair provided the Committee with an update on the current position with the Facilities Project.

The Committee noted that a lot of time has been spent with local media explaining the models of care the DHB is moving to but there still appears to be a lack of understanding on their part and the reporting is inconsistent with the information we are providing.

Resolution (11/16)

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

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

6. CLINICAL LEADERS REPORT

Stella Ward, Executive Director of Allied Health, presented this report which was provided to the Board at their last meeting.

The Committee noted that the Nursing Workforce Strategy 2015-18 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.

The Committee also noted that Stella Ward and Mr Pradu Dayaram, Medical Director Facilities Development, and the Board Chair had attended the Director General's Health Symposium where

the Minister of Health released the new Health Strategy “Powering Up Our Future”. Ms Ward advised that a lot of the focus was on the consumer voice and both days commenced with a consumer story. Technology was also a big part of the two days and how this is changing the way health is responding and operating in New Zealand.

The Committee noted that the strategy is on-line along with the Action Plan for 2016.

Resolution (12/16)

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

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

INFORMATION ITEMS

- Chair’s report to last Board meeting.
- Board Agenda – 1 April 2016
- West Coast DHB Meeting Schedule 2016
- HAC Work Plan for 2016

There being no further business the meeting closed at 11.55am.

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: 9 June 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:

- Continued decrease in DNAs
- Allied Health contributions at National Conference
- Positive recruitment for RMOs

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 10-month period to the end of April 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	934.24	807.13	-127.11	-13.6%
Elective	1027.29	974.0	-53.29	-5.2%
Sub-Total Surgical:	1961.53	1781.13	-180.40	-9.2%
Medical				
Acute	1160.09	1402.44	242.35	20.9%
Elective	0	0	0	0%
Sub-Total Medical:	1160.09	1402.44	242.35	20.9%
TOTALS:	3121.62	3183.57	61.95	1.98%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services are down for the year to date to 30 April by 17.8% (2113 attendances) from expected volumes overall. Throughput was 20.3% under contracted volume for surgical specialty services and 13.7% 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, urology, general medicine, dermatology and respiratory).

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	2813	2442	-371	-13.2%
Sub. Visit	4517	3398	-1119	-24.8%
Sub-Total Surgical:	7330	5840	-1490	-20.3%
Medical				
1 st Visit	1345	1080	-265	-19.7%
Sub. Visit	3205	2847	-358	-11.2%
Sub-Total Medical:	4550	3927	-623	-13.7%
TOTALS:	11880	9767	-2113	-17.8%

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]
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%
April 2016	1678	1588	90	5.36%
13 month rolling totals	21517	20042	1475	6.86% Average

- Overall the total of DNA's continues to decrease.
- Maori DNA rates have also decreased.

Workforce Update

Nursing

- Managers continue to monitor variance and ensure they react positively to negative variance. Work continues with integrating the Kahurangi Dementia Service onto the TrendCare acuity system.
- Sick leave continues to be managed on a daily basis. Comparison with last year shows no significant change in sick leave numbers.
- The CNS Stroke Nurse has commenced her new role, working from The Corner House, and beginning the process of establishing the new service.
- Recruitment is underway to identify 5-6 NETP nurses and 1 NESP nurse, to commence employment into currently vacant positions in September.
- Recruitment is underway for a Rheumatology CNS/ Infusion Nurse 0.5 FTE. This is a new role and will enable shared care with the visiting Rheumatologist, and coordination of the Day Stay Infusion service.

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 has closed and we have had a number of suitable applicants that we are in the process of vetting and shortlisting.
- We offered a job to a General Physician who has declined. We have received a resignation from an Anaesthetist.

Maternity Services

- A consumer feedback morning tea was held in Kawatiri on 5 May, which coincided with International Midwives Day. The morning was well attended by women from Buller and some excellent feedback about maternity care was shared. We are planning to run 2-3 more sessions on the Coast over the next few weeks. This feedback opportunity enabled more detail to supplement the excellent feedback already provided by the “we care about your care” feedback survey from women receiving maternity care.
- International Midwives Day was celebrated in McBrearty Ward with afternoon tea for past and present midwives. The NZ College of Midwives sponsored the afternoon tea and approximately 20 midwives came.
- The STABLE course was conducted in Westport last week with a group of health professionals from different areas (including RM’s, RN’s, Dr’s and RNS’s) attending. On 25 May the Prompt Course will be held in Greymouth; we are expecting about 16 health professionals to attend.
- Countdown Kids Appeal fundraising is well into the planning stage with the hope of purchasing an electronic birthing bed for Kawatiri as the big item.
- New records were reached in April when we had 100% fully breastfed babies discharged from McBrearty Ward. The result is a combination of education from Lactation Consultants, continuity of care and consistent information being given to mothers and families.

Reefton Health

- *Medical Centre* – GP cover has been confirmed through to the end of June. A new Practice Manager starts within the coming weeks. Engagement with the community continues.
- *Aged Residential Care* – Currently 8 hospital level and 4 residential level residents.

Buller Health

- The relocated Palliative Care Unit is working well. The new patient lounge on Foote Ward is also serving as a place for people to sit while having transfusions. The desirability of such an area was recognised during the concept design process for the Buller IFHC.
- Discussions are taking place with St John on ways in which the timeliness of inter-hospital transfers can be improved.
- A consumer feedback workshop was held at Kawatiri Birthing Unit on International Midwives Day. This was well attended by users of the service and they provided very valuable feedback which will assist with quality improvement.
- Staff clinics have been held for flu vaccinations. Vaccinations are still available by appointment through Buller Medical. Uptake remains lower than we would like.
- Planning is underway for participation in Exercise Tangaroa, a national emergency management exercise that commences at the end of August which will respond to a tsunami event. This will provide a valuable opportunity to practice the coordination and communication between our Incident Control Team, the WCDHB Emergency Operations Centre (EOC) and local Civil Defence EOCs. We will also finalise and test out our evacuation planning during the exercise.
- O’Conor Home has announced a delay to its building expansion programme. Staff, residents and families have been contacted reiterating that Dunsford Ward would only close when the new facilities are available at O’Conor Home.

Allied Health

- Staff representing various Allied Health professions across the West Coast DHB attended the National Allied Health Conference held in Auckland in May. The presentations given by our staff were very well received, with multiple requests by colleagues for further detail on the various projects;
 - *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*

Staff also participated in the wide range of presentations and various professional group meetings. Learnings gained will provide opportunities to further develop frontline services in paediatrics, delivering outpatient services in General Practice, and the utilisation of professional students and interns in various community settings. The conference also presented an opportunity for WCDHB to strengthen connections and networks across the DHBs; frontline staff in attendance have identified some Collabor8 projects that they will be able to implement, to remain connected with colleagues across the country.

- Allied Health continue to work closely with the Recruitment team around the ongoing vacancies in Physiotherapy, Occupational Therapy and Pharmacy. Initial reports from the Recruitment team who represented WCDHB at a Rural Health job fair in Birmingham, UK are that there was a good amount of interest from the Allied Health workforce. Allied Health will work with Recruitment to make personal contact with all those who registered an interest, to ensure potential candidates have all the information they need to make the best choice.
- Offering telehealth clinics to clients receiving nutrition and dietetic services continue, and Speech Language Therapy are now scoping opportunities for their client group, in conjunction with the telehealth project specialist.
- A competition has been run across Allied Health to design a logo which represents who we are and what we do. This has generated great discussion across the various teams and professional groups, as well as a good number of entries. Medical Illustrations will be giving the 'winning' entry a professional polishing over the next few weeks and Allied Health look forward to presenting this to the Committee in due course. It is our intention that this logo will be used on internal communications, such as on an increased intranet presence, and to sit alongside the WCDHB logo on presentations at conferences.
- The Allied Health leadership will be coming together next month to review the recent AHL Current State Review and MoH Health Strategy to ensure that our workplans and goals align with the requirements of our funders, as well as of our community.

Industrial Relations

Negotiations Update:

- West Coast Pharmacy SECA (First Unions) – SECA being implemented.
- West Coast Information Technology SECA (APEX) – APEX will not be initiating bargaining.
- South Island Clerical Workers MECA (PSA) – Ratification meetings will take place mid to late June 2016.
- West Coast Home Based Support SECA (PSA) – Formal offer being presented to PSA.
- RMO MECA (RDA) - DHBSS will prepare a presentation for the Chief Executives meeting on 16 June 2016. RDA is holding stop work meetings on 10 June 2016.

- SMO MECA (ASMS) – The DHBs responded to the ASMS claims at bargaining 20 May 2016 and advised costs were unaffordable. ASMS has indicated it is prepared to consider a longer term. Next bargaining scheduled for 2 and 3 May.

Recruitment

New Vacancies	6
Total Open Vacancies	10
Total FTE Recruiting	11
Appointed Vacancies	1
Total FTE Appointed	1

- Recruitment had six new roles with total open vacancies at ten
- A Psychiatrist has been placed at Greymouth commencing July/August
- Two Registered Nurses have been placed in the TACT team

4.2 Patient





Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals dropped back from 64 transfers in January 2016 to 37 in February 2016. The majority of the February 2016 transfers were for orthopaedic and medical patients, with the principal methods of transportation being via pressurised aircraft and ambulance respectively.
- The main reason for the transfers in February 2016 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base the numbers rose slightly with 26 transfers in February 2016 (from 20 transfers in January 2016). Most of these transfers were for medical patients, and the majority were transported to Grey Base via ambulance.
- The number of patient transfers from Reefton to Grey Base for January 2016 remained steady, being 4 for February 2016 (3 in January 2016). These transfers were for mainly orthopaedic 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%	99.2%	95%	✓	The West Coast DHB continues to achieve impressive results against the shorter stays in ED health target, with 99.2% 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 YTD	1,130 YTD	1,442 YTD	1,371 YTD	✓	1,442 elective surgical cases were delivered to Coasters in the year-to-date March 2016, meeting target at 105.2% of our year-to-date target delivery.
	Faster Cancer Treatment 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%	75%	85%	✗	Work around the faster cancer treatment health target continues, with 75% of patients (9/12) having received their first cancer treatment or other management within 62 days of being referred (in the rolling 6 months to March 2016). All non-compliant patients were complex cases with comorbidities or were delayed due to patient choice.
	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 Greymouth Emergency Department only

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 ²	97.8%	91.1%	96.4%	93.9%	95%	✗	West Coast DHB staff provided 93.9% of hospitalised smokers with smoking cessation advice and support, a disappointing decrease after meeting the secondary care better help for smokers to quit target last quarter. 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%	82%	90%	✗	Performance disappointingly continued to decrease in Quarter 3, with 81.7% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. All best practices continue including; the Smokefree Services Coordinator (SSC) meeting with practices; widespread use of regular performance data; ongoing training and practice support; and reminder, prompting, and IT tools such as TXT2Remind all in use.
	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%	90.3%	90%	✓	Although continuing a slight downward trend, the target has been maintained in Quarter 3 with 90% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

² Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

Six ophthalmology and two rheumatology patients are showing as non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in March. All patients have been either seen or booked to be seen.

ESPI 5 (Treatment)

One ophthalmology, four orthopaedics, and one plastics patient are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in March. Two Orthopaedic patients remain non-compliant however, we are booking a June date for them – there have been significant disruptions to the orthopaedic service both in Canterbury and on the West Coast. The plastic surgery patient has been booked for May. The ophthalmology patient procedure has been completed and we are updating the patient files currently.

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			2016			2016			2016					
	Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar		
	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 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	16 of 16	100.0%	0			
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	8	1.3%	-8
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			
5.Patients given a commitment to treatment but not treated within the required timeframe.	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	2.2%	-4	5	2.9%	-5	6	3.1%	-6
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.	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	131	100.0%	0

Data Warehouse Refresh Date: 29/Apr/2016

Report Run Date: 02/May/2016

Notes:

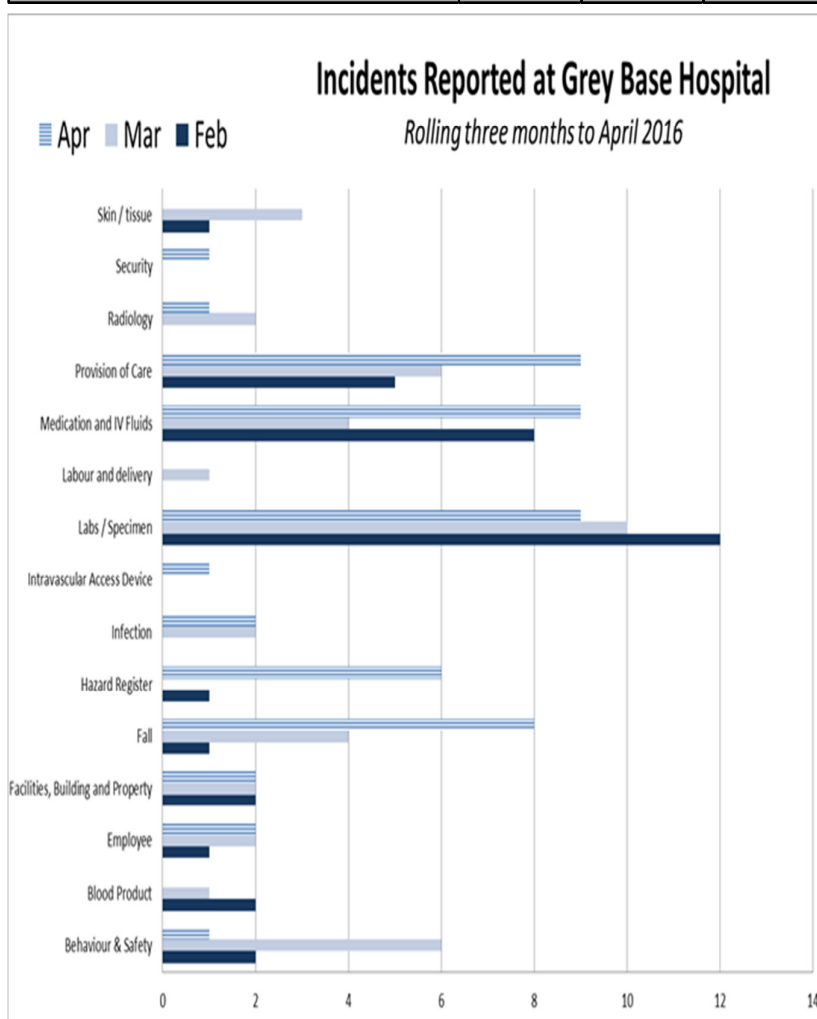
- Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 is 5 months and from January 2015 the required timeframe for ESPI 2 is 4 months.
- Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, 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 February – April 2016



Grey / Westland			
Grey Base Hospital	Feb	Mar	Apr
Behaviour & Safety	2	6	1
Blood Product	2	1	0
Employee	1	2	2
Facilities, Building and Property	2	2	2
Fall	1	4	8
Hazard Register	1	0	6
Infection	0	2	2
Intravascular Access Device	0	0	1
Labs / Specimen	12	10	9
Labour and delivery	0	1	0
Medication and IV Fluids	8	4	9
Provision of Care	5	6	9
Radiology	0	2	1
Security	0	0	1
Skin / tissue	1	3	0
Totals	35	43	51



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 9 May 2016 the West Coast DHB has been 159 days CLAB free.

Maternity Services Annual Report

Work is almost complete on the first draft of the WCDHB Maternity Services Annual Report which will be submitted to the Ministry of Health mid-May 2016. The WCDHB is providing an individual Annual Report, not combined with CDHB as it was last year, due to the fact that the WCDHB is in the 'emerging' phase and CDHB is in the 'established' phase. However, reference is made to the transalpine model of care and collaborative way in which the two DHBs work together.

Consumer Engagement – Forums for West Coast Mums

The Clinical Midwifery Manager and newly appointed Maternity Quality Safety Programme Coordinator have facilitated one session with Buller mothers who have used WCDHB maternity services within the past 12-18 months to gain their feedback on their experience of the service. Some good suggestions for improvement have been noted. Overwhelmingly, the feedback was very positive. The Communications Advisor videoed some of the forum and this is available on the WCDHB intranet, on the external website and on the maternity pages. Further forums are planned for Hokitika and South Westland and we have been invited to meet with the mums at Gloriavale Christian Community.

Survey Monkey – Feedback on Midwifery Changed Model of Care

The model of midwifery care changed in 2015. It is timely to review how this model of care has impacted on the health professionals working with and interacting with maternity services. To this end, a survey monkey questionnaire has been developed and will be sent to GPs, allied health professionals, diagnostic services, senior medical staff and other groups that interact closely with maternity services.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 APRIL 2016

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 9 June 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 30 April 2016.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of April 2016 was a deficit of \$0.105m, which was \$0.002m unfavourable against the budgeted deficit of \$0.103m. The year to date position is now \$0.160m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,736	7,010	(274)	x	69,147	70,168	(1,021)	x
Governance & Administration	69	69	0	v	761	690	71	v
Funds & Internal Eliminations	4,791	4,721	70	v	47,644	47,213	431	v
	11,596	11,800	(204)	x	117,552	118,071	(519)	x
EXPENSES								
Provider								
Personnel	5,356	5,045	(311)	x	51,498	50,450	(1,048)	x
Outsourced Services	(11)	8	19	v	11	80	69	v
Clinical Supplies	760	617	(143)	x	7,408	6,170	(1,238)	x
Infrastructure	754	821	67	v	8,813	8,210	(603)	x
	6,859	6,491	(368)	x	67,730	64,910	(2,820)	x
Governance & Administration	69	69	0	v	761	690	(71)	x
Funds & Internal Eliminations	4,223	4,759	536	v	44,610	47,559	2,949	v
Total Operating Expenditure	11,151	11,319	168	v	113,101	113,159	58	v
Surplus / (Deficit) before Interest, Depn & Cap Charge	445	481	(36)	x	4,451	4,912	(461)	x
Interest, Depreciation & Capital Charge	550	584	34	v	5,539	5,840	301	v
Net surplus/(deficit)	(105)	(103)	(2)	x	(1,088)	(928)	(160)	x

4. APPENDICES

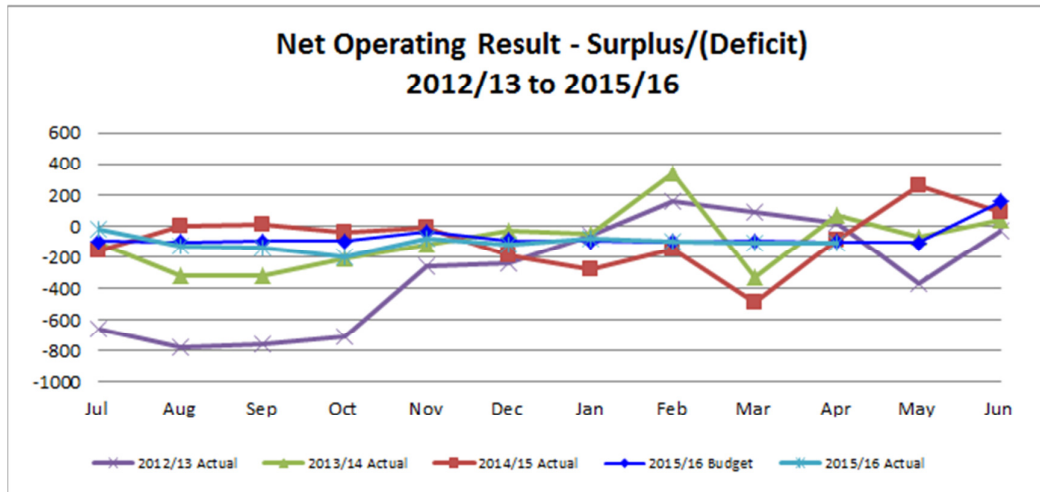
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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 – APRIL 2016

	Month Actual \$'000	Month Budget \$'000	Month Variance		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(105)	(103)	(2)	2% ✗	(1,088)	(928)	(160)	17% ✗

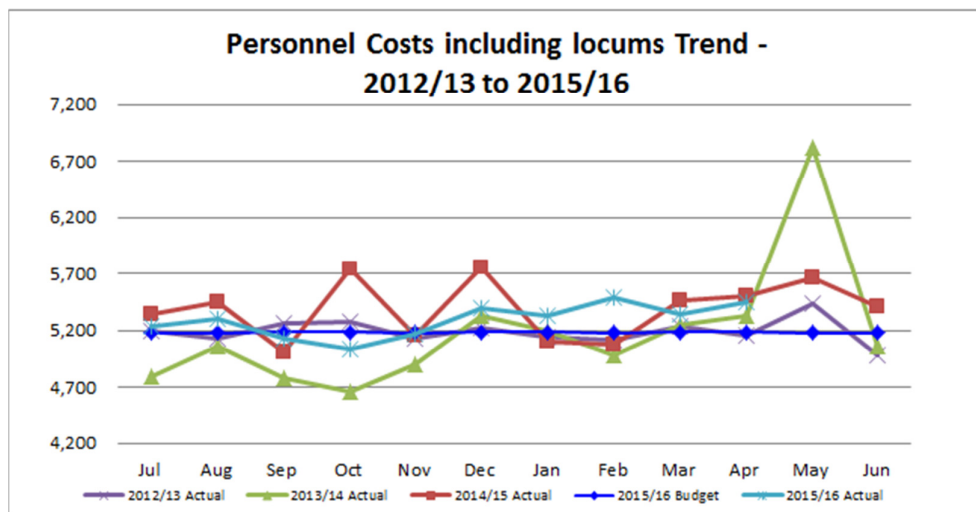


We have submitted an Annual Plan with a planned deficit of \$878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. The YTD result reflects a significant cost incurred in October in relation to redundancies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

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	1,595	1,280	(315)	-25%	✗	13,413	12,800	(613)	-5%	✗
Nursing	2,317	2,362	45	2%	✓	22,751	23,630	879	4%	✓
Allied Health	896	800	(96)	-12%	✗	9,068	8,000	(1,068)	-13%	✗
Support	91	93	2	2%	✓	900	930	30	3%	✓
Management & Admin	547	650	103	16%	✓	6,819	6,500	(319)	-5%	✗
Total	5,446	5,185	(261)			52,951	51,860	(1,091)		



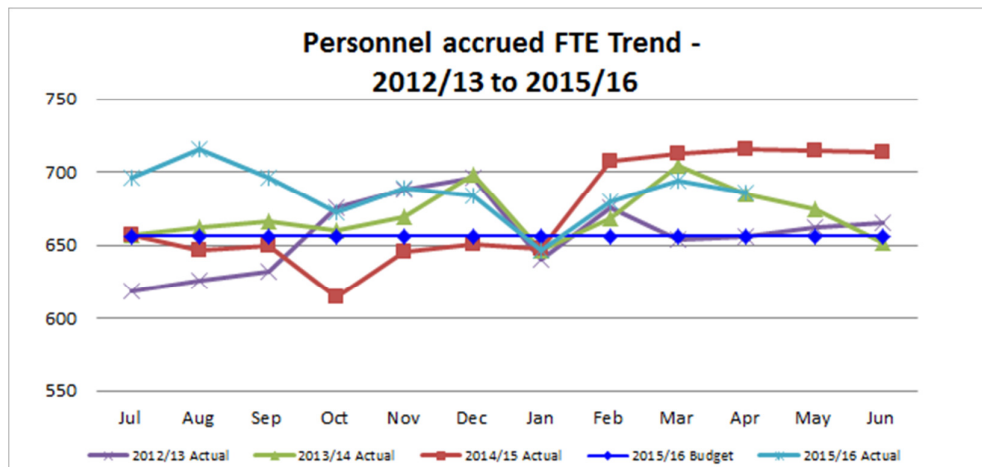
Personnel costs are unfavourable for the month. Locums continue to be a necessary, but unfavourable to budget, personnel cost.

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	42	42	(1)	-1%	✗	39	42	2	5%	✓
Nursing	318	328	10	3%	✓	325	328	3	1%	✓
Allied Health	177	147	(30)	-21%	✗	177	147	(31)	-21%	✗
Support	17	22	5	23%	✓	18	22	4	19%	✓
Management & Admin	132	118	(14)	-12%	✗	126	118	(8)	-7%	✗
Total	686	656	(30)			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.

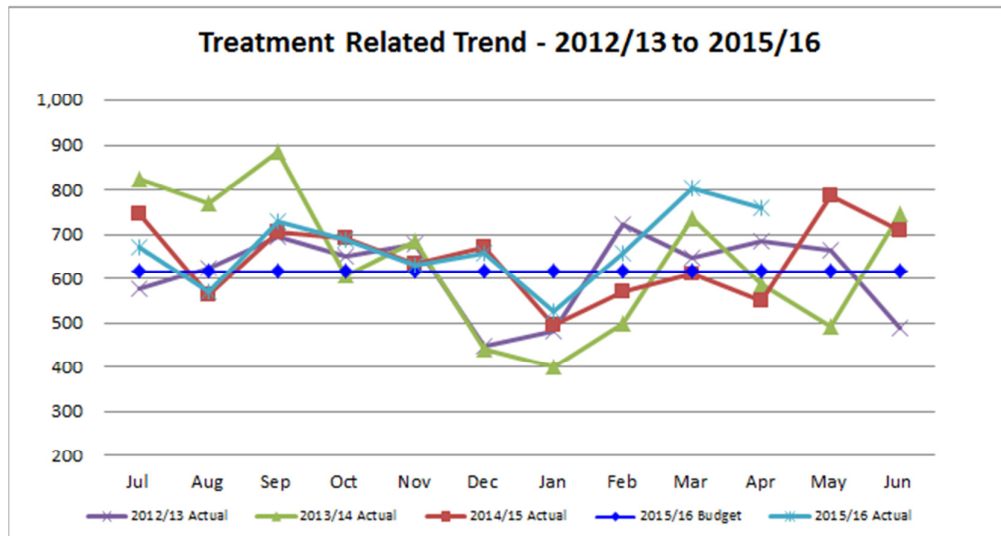
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	760	617	(143)	-23%	✗	6,699	6,170	(529)	-9%	✗



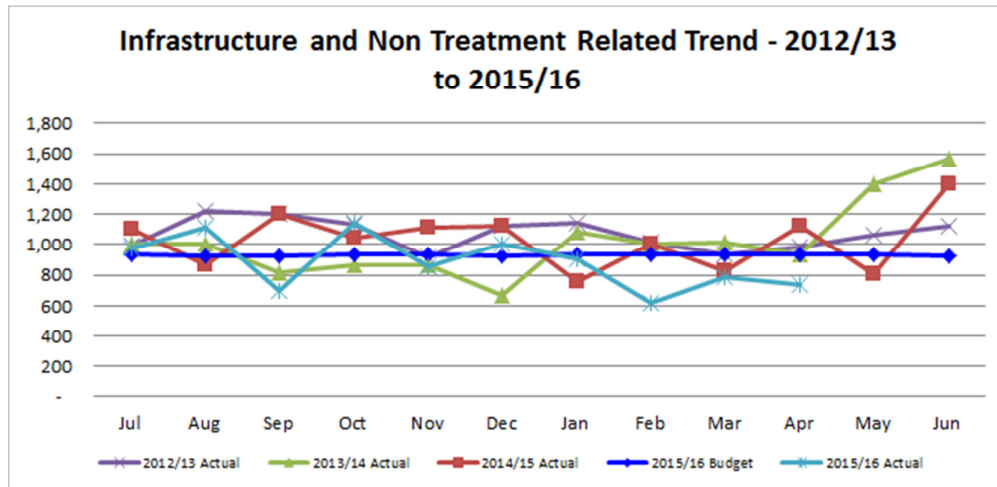
Treatment related costs are above expected levels for the month, due to high Pharmaceutical costs for the dispensing of Infliximab, Rituximab and Tocilizumab.

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	733	932	199	21%	✓	8,830	9,298	468	5%	✓



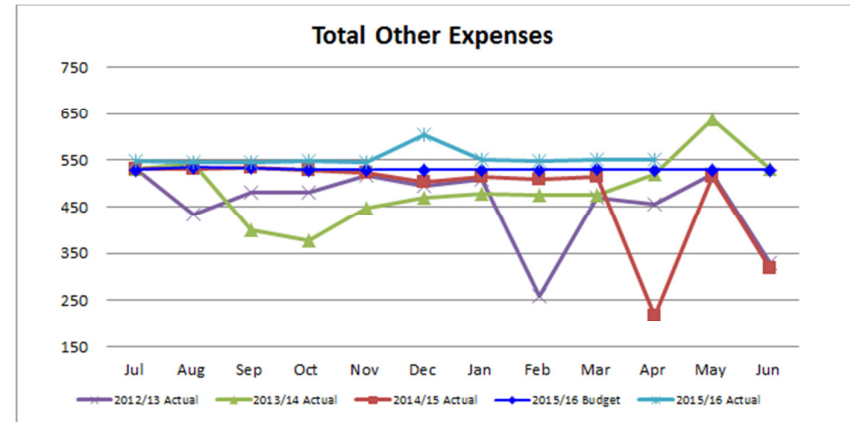
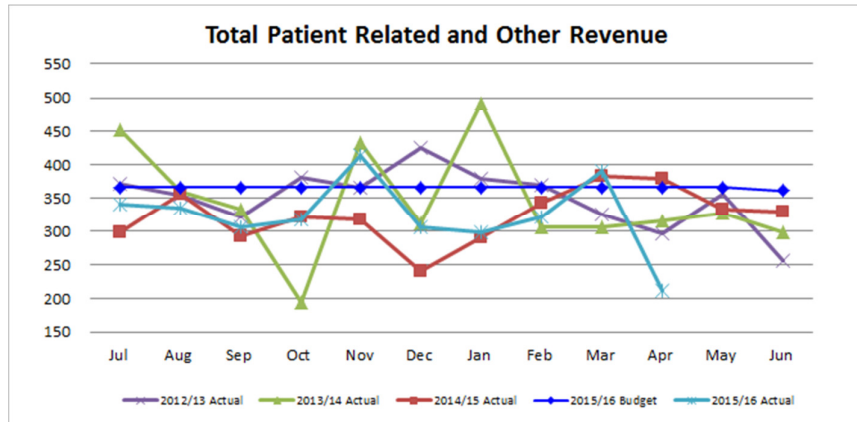
Expenses in this category continue to be closely monitored with savings being made as and where available.

KEY RISKS AND ISSUES

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

OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Interest Received	(72)	44	(116)	-264%	✗	280	440	(160)	-36%	✗
Donations	-	-	-	0%	✓	2	60	(58)	0%	✗
Rental	15	16	(1)	-6%	✗	139	160	(21)	-13%	✗
Other	11	39	(28)	100%	✗	393	390	3	1%	✓
Total Other Revenue	(46)	99	(145)	-146%	✗	814	1,050	(236)	-22%	✗
Interest Expense	53	68	15	22%	✓	542	692	150	22%	✓
Depreciation	415	395	(20)	-5%	✗	4,151	3,950	(201)	-5%	✗
Capital Charge Expense	82	66	(16)	-24%	✗	846	660	(186)	-28%	✗
Total Other Costs	550	529	(21)	-4%	✗	5,539	5,302	(237)	-4%	✗



KEY RISKS AND ISSUES

Other revenue for the month is largely on target.

FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	11,408	8,101	3,307	41% ✓	9,083
Cash	6,525	9,284	(2,759)	-30% ✗	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

30 April 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
Operating Revenue										
Crown and Government sourced	11,232	11,331	(99)	(0.9%)	113,020	113,311	(291)	(0.3%)	135,973	134,166
Inter DHB Revenue	27	5	22	440.0%	56	50	6	12.0%	60	36
Inter District Flows Revenue	125	128	(3)	(2.3%)	1,236	1,280	(44)	(3.4%)	1,560	1,497
Patient Related Revenue	258	262	(4)	(1.5%)	2,428	2,620	(192)	(7.3%)	3,144	3,000
Other Revenue	(46)	74	(120)	(162.2%)	812	810	2	0.2%	1,188	1,162
Total Operating Revenue	11,596	11,800	(204)	(1.7%)	117,552	118,071	(519)	(0.4%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,446	5,112	(334)	(6.5%)	52,951	51,130	(1,821)	(3.6%)	61,352	64,688
Outsourced Services	(11)	8	19	237.5%	11	80	69	86.3%	96	82
Treatment Related Costs	760	617	(143)	(23.2%)	7,409	6,170	(1,239)	(20.1%)	7,404	7,736
External Providers	2,723	3,100	377	12.2%	30,097	30,973	876	2.8%	37,190	35,196
Inter District Flows Expense	1,500	1,532	32	2.1%	14,513	15,316	803	5.2%	18,368	14,789
Outsourced Services - non clinical	0	73	73	100.0%	0	730	730	100.0%	876	325
Infrastructure and Non treatment related costs	733	932	199	21.4%	8,120	9,298	1,178	12.7%	11,157	12,350
Total Operating Expenditure	11,151	11,374	223	2.0%	113,101	113,697	596	0.5%	136,443	135,166
Result before Interest, Depn & Cap Charge	445	426	19	4.5%	4,451	4,374	(77)	(1.8%)	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	53	68	15	22.1%	542	692	150	21.7%	828	732
Depreciation	415	395	(20)	(5.1%)	4,151	3,950	(201)	(5.1%)	4,740	4,238
Capital Charge Expenditure	82	66	(16)	(24.2%)	846	660	(186)	(28.2%)	792	772
Total Interest, Depreciation & Capital Charge	550	529	(21)	(4.0%)	5,539	5,302	(237)	(4.5%)	6,360	5,742
Net Surplus/(deficit)	(105)	(103)	(2)	(1.9%)	(1,088)	(928)	(160)	(17.2%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(105)	(103)	(2)	(1.9%)	(1,088)	(928)	(160)	(17.2%)	(878)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 April 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
23,901	24,409	(508)	(2.1%)	25,372
617	645	(28)	(4.3%)	1,088
2,994	1,568	1,426	90.9%	512
567	567	0	0.0%	643
28,079	27,189	890	3.3%	27,615
6,525	9,284	(2,759)	(29.7%)	6,402
74	60	14	23.3%	70
996	1,100	(104)	(9.5%)	1,078
10,293	4,218	6,075	144.0%	6,869
0	136	(136)	(100.0%)	136
17,888	14,798	3,090	20.9%	14,555
45,967	41,987	3,980	9.5%	42,170
11,195	11,195	0	0.0%	14,195
2,926	2,895	(31)	(1.1%)	2,909
14,121	14,090	(31)	(0.2%)	17,104
3,250	3,250	0	0.0%	250
8,387	7,248	(1,139)	(15.7%)	7,082
8,823	9,168	345	3.8%	9,033
20,460	19,666	(794)	(4.0%)	16,365
34,581	33,756	(825)	(2.4%)	33,469
71,753	70,693	(1,060)	(1.5%)	70,761
22,082	19,569	(2,513)	(12.8%)	19,569
(82,427)	(82,200)	227	0.3%	80,203
0	39	0	0.0%	39
11,408	8,101	(3,307)	(40.8%)	170,572
45,989	41,857	4,132	9.9%	204,041

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 April 2016

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
11,867	11,756	111	0.9%	120,912	117,631	3,281	2.8%
(6,504)	(5,112)	(1,392)	(27.2%)	(54,830)	(51,130)	(3,700)	(7.2%)
(3,900)	(1,638)	(2,262)	(138.1%)	(22,672)	(16,370)	(6,302)	(38.5%)
(2,757)	(3,100)	343	11.1%	(30,425)	(30,973)	548	1.8%
(1,466)	(1,532)	66	4.3%	(14,185)	(15,316)	1,131	7.4%
(2,760)	374	(3,134)	(838.0%)	(1,200)	3,842	(5,042)	(131.2%)
(53)	(60)	7	11.7%	(542)	(600)	58	9.7%
60	(66)	126	190.9%	(417)	(660)	243	36.8%
(2,753)	248	(3,001)	(1210.1%)	(2,159)	2,582	(4,741)	(183.6%)
(72)	44	(116)	(263.6%)	280	440	(160)	(36.4%)
0	0	0	0.0%	0	0	0	0.0%
4,600	(322)	4,922	1528.6%	2,411	(3,220)	5,631	(174.9%)
0	0	0	0.0%	0	0	0	0.0%
4,528	(278)	4,806	(1728.8%)	2,691	(2,780)	5,471	196.8%
0	0	0	0.0%	0	0	0	0.0%
0	0	0	0.0%	86	0	86	0.0%
0	0	0	0.0%	86	0	86	0.0%
81	0	81	0.0%	284	0	284	0.0%
0	0	0	0.0%	0	0	0	0.0%
81	0	81	0.0%	370	0	370	0.0%
1,856	(30)	1,886	(6286.7%)	902	(198)	1,100	(555.5%)
4,693	10,097	(5,404)	(53.5%)	5,648	101,812	(96,164)	(94.5%)
6,549	10,067	(3,518)	(34.9%)	6,550	101,614	(95,064)	(93.6%)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 9 June 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

3. DISCUSSION

Workforce

Nursing workforce action plan activity now well underway. The new graduate nurses are settling into their new placements. The CNS Stroke has been appointed which will see significant support for the implementation of the Complex Clinical Care Network (CCCN) Alliance work plan. We have also welcomed a new Nurse Educator who commenced this month.

Allied Health have had three abstracts accepted to the National Allied Health Conference attended in Auckland. The theme of this year's conference is "Leading the Change". We have successfully recruited to the First fall prevention role for Buller; however challenges remain for Paediatric Physiotherapy which is leading us to review how the RUFUS model currently in place for Dietetics might be adapted. Allied Health are working on increasing the utilisation of telehealth and successfully implemented a pilot for nutrition services.

West Coast Clinical Leaders attended the inaugural South Island interdisciplinary learning workshop which was held last month. The event, held at the Design Lab in Christchurch, was an opportunity for clinical leaders and senior managers across the health system to identify opportunities and agree on key principles to increase interdisciplinary learning across the South Island. The workshop was organised by the South Island Alliance's Workforce Development Hub, in conjunction with the Quality and Safety Service Level Alliance. The day was focused on identifying areas that require change, creating new opportunities, agreeing some common language for interdisciplinary learning across the South Island as well as showcasing a number of activities that are already occurring across the region. The day was attended by a range of health professionals, representing DHBs, PHOs, aged residential care and education providers, who were challenged to think about how they would apply interdisciplinary learning in their everyday practice.

The medical workforce continues to have some vacancies with plans in place to address these. The junior doctor workforce has vacancies in relief, GP and Rural Hospital Medicine rotations, with locums filling these vacancies. These positions will be included in the annual recruitment with Canterbury DHB.

GP recruitment for the West Coast has improved over the last 12 months with 4 permanent GPs recruited. An additional 3 GPs are in negotiation for permanent positions. Strategies to improve recruitment include attendance at national and international conferences. Rural Health Conferences offer a prime marketing opportunity to increase awareness of the GP vacancies at the West Coast DHB as well as expanding networks within the industry and building a talent pool, resulting in reduced agency reliance. The upcoming Primary Care Conference in the UK will be attended by WCDHB/CDHB representatives to target permanent GPs who can commit to 12 months or more. Marketing and advertising collateral has been designed and printed to distribute as well as new advertising templates for international and national recruitment, reflecting the same design themes. An advertising strategy is being rolled out to support this. Within the Hospital secondary services there are several SMO vacancies. There are advertised vacancies in General Surgery (1 FTE), General Medicine (1 FTE), Rural Hospital Medicine (1 FTE).

Quality and Safety

A Site visit by HQSC representatives from *Improving Surgical Team Work & Communication Project*. HQSC met with members of the DHB's project group, Theatre staff and the Quality team to look at progress with implementation of national project goals. Current cohort focus is on establishing robust surgical team briefings prior to surgical lists starting, moving toward paperless surgical safety checklists during each operation, followed by team debriefing post-surgical list completion.

Scope

This is a tool based in Health Connect South which will enable both immediate publishing of operation notes and also audit of surgical procedures and complications. Clinical leaders have been involved in the West Coast steering group. A meeting was held with 2 Canterbury DHB "Scope Champions" to encourage West Coast participation and usage of Scope.

Facilities

Grey Hospital and Integrated Family Health Centre

The West Coast DHB submitted an ICT Facility Plan, for consideration by the IT Health Board on 16 March 2016. This paper had endorsement from the Clinical Leaders Group and the ISGG. The Ministry of Health reviewed this paper internally and no additional information was required. This paper is scheduled to be submitted to the IT Health Board by the Ministry's Investment and Planning Team for the ICT Health Board April meeting.

The Grey Base Hospital and Integrated Family Health Center *Detailed Design* has been completed with significant input from clinicians and was released to Fletchers Construction on 21 March 2016. Fletcher Construction Company has now tendered work packages and will submit a Fixed Price Lump Sum to the Partnership Group in May 2016.

The next Clinical Leaders Group Meeting is scheduled for 5 May 2016.

The Minister of Health has provided reassurance that works are expected to commence on site the week commencing 30 May 2016. The date of practical completion of the project remains March 2018.

Buller

The DHB submitted a revised Implementation Business Case [IBC] for the Buller Integrated Family Health Centre [IFHC] to the National Health Board for consideration by the Capital Investment Committee [CIC] at its meeting on 9 March 2016.

The CIC is expected to make a recommendation on the next steps in the coming weeks.

Integrated West Coast Health System

West Coast Clinical leaders attended the recent Health Symposium “Powering Up Our Future” and launch of the New Zealand Health Strategy by the Minister of Health. The key themes of the symposium were “people – technology – wellbeing” and there was a strong emphasis on the importance of the voice of our patient/community in health care system design and delivery.

Clinical Leaders from all parts of the West Coast system continue to be involved in leading the work of the Alliance workstream and ALT and the Clinical Board.

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:

Stella Ward, Executive Director, Allied Health

Mr Pradu Dayaram, Medical Director, Facilities Development

Dr Vicki Robertson, Interim Medical Director, Patient Safety and Outcomes

Dr Cameron Lacey, Medical Director, Medical Council, Legislative Compliance & National Representation

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 28 APRIL 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 13 May 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 28 April 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 April 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 28 April 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
Staff continue to contact people who do not attend appointments to ascertain if there is any way the DHB can improve in this area.
- Continued ESPI compliance
One orthopaedic and two respiratory patients are showing as non-compliant against the maximum 120 days' wait time for First Specialist Appointment (ESPI2) in February. The orthopaedic patient has been seen and both respiratory patients are booked in the next clinic.
- Strengthening of Clinical Nurse Specialist (CNS) workforce
The CNS Stroke Nurse position has been filled with the appointee working 0.5FTE in this role and working in collaboration with other CNSs. Recruitment is underway for a Rheumatology

CNS who will enhance and support the transalpine Rheumatology service. Recruitment is also taking place for a Fusion Nurse who will run day cases out of Hannan Ward.

Mr Newsome also commented on the following:

- 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 the DHB has a solid strategy in place around this.
- The Associate Director of Allied Health, Jane George, commenced her role in March and was present at the meeting to meet the Committee. This position reports to the General Manager, Grey/Westland on an operation basis and to the Director of Allied Health clinically.
- Discussions are commencing with Canterbury DHB around how we can continue to provide surgical services on the West Coast.
- The transformation project undertaken around Maternity Services on the West Coast has been entered into the 2016 IPANZ Awards.
- The Allied Health team participated in the emergency response in Franz Josef in late March when the banks of the Waiho River burst its banks.
- Challenges continue around recruitment in Paediatric physiotherapy services and a 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.
- Recruitment for a Compresses Pharmacist is ongoing due to a lack of applicants to date.
- An update was provided on Industrial Relations Negotiations.

A query was made regarding anaesthesia and the Committee noted that the Anaesthetic Group is very settled.

Discussion took place around the induction rates in maternity and the Committee noted that the West Coast rates have reduced and all data should be looked at in the context that the services is delivered in.

In regard to a query around Hospital Services Incidents recorded in Safety 1st the Committee noted that all incidents are reviewed by the Incident Review Group and there are no alarming trends identified. It was also noted that the reporting culture has seen a significant improvement however there is always room for more improvement in this area.

The Committee noted that there seems to be an increase in the trend towards medical specialty services and a downward trend for surgical specialty services. This seems to be due to our ageing population requiring more medical care.

The report was noted.

FINANCE REPORT

Mark Newsome, General Manager, Grey/Westland, provided the Committee with an update of the financial position as at the end of March 2016.

The Committee noted that 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.

Mr Newsome commented that the General Manager, Finance is optimistic that the DHB will meet the year end predicted outcome.

The Board Chair provided the Committee with an update on the current position with the Facilities Project.

The Committee noted that a lot of time has been spent with local media explaining the models of care the DHB is moving to but there still appears to be a lack of understanding on their part and the reporting is inconsistent with the information we are providing.

The report was noted.

CLINICAL LEADERS UPDATE

Stella Ward, Director of Allied Health, presented this report which was provided to the Board at their last meeting.

The Committee noted that the Nursing Workforce Strategy 2015-2018 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.

The Committee also noted that Stella Ward and Mr Pradu Dayaram, Medical Director Facilities Development, and the Board Chair had attended the Director General's Health Symposium where the Minister of Health released new Health Strategy "Powering Up Our Future". Ms Ward advised that a lot of the focus was on the consumer voice and both days commenced with a consumer story. Technology was also a big part of the two days and how this is changing the way health is responding and operating in New Zealand.

The Committee noted that strategy is on-line along with the Action Plan for 2016.

The update was noted.

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 13 May 2016 commencing at 10.15am

PLEASE ASSEMBLE AT THE LECTURE THEATRE, GREYMOUTH HOSPITAL**10.15am**

Presentation

Telehealth Update

John Garrett

10.20am*Telehealth Clinical Leader, Canterbury/West Coast***PLEASE MOVE TO ST JOHN, WATERWALK ROAD****10.50am****KARAKIA****11.00am****ADMINISTRATION****11.05am**

Apologies

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

REPORTS**11.15am**

- | | | | |
|-----|---|--|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 11.15am – 11.25am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 11.25am – 11.40am |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i>

Mr Pradu Dayaram
<i>Medical Director, Facilities</i> | 11.40am – 11.50am |
| 7. | Wellbeing, Health & Safety Update | Michael Frampton
<i>General Manager, People & Capability</i> | 11.50am – 12noon |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 12noon – 12.10pm |
| 9. | Board Member Media Contact
Policy | Peter Ballantyne
<i>Chairman</i> | 12.10pm – 12.20pm |
| 10. | West Coast DHB Revised Standing
Orders | Peter Ballantyne
<i>Chairman</i> | 12.20pm – 12.30pm |

11. **Reports from Committee Meetings**

- CPH&DSAC
28 April 2016

Elinor Stratford 12.30pm – 12.40pm
Chair, CPH&DSA Committee

- Hospital Advisory Committee
28 April 2016

Sharon Pugh 12.40pm – 12.50pm
Chair, Hospital Advisory Committee

12. **Resolution to Exclude the Public**

Board Secretariat 12.50pm

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME

12.50pm

NEXT MEETING

Friday 24 June 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.