

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

28 July 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 28 July 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**

9 June 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 – 24 June 2016
- 2016 HAC Workplan (Working Document)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 8 September 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"> ▪ White 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 9 June 2016, commencing at 10.30am

PRESENT

Sharon Pugh (Chair) (via video conference); Paula Cutbush; Gail Howard; Peter Neame and Peter Ballantyne (ex-officio).

APOLOGIES

Kevin Brown; Chris Lim; Richard Wallace; and Joseph Thomas.

IN ATTENDANCE

Elinor Stratford

MANAGEMENT SUPPORT

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

WELCOME

Everyone joined in the Karakia

1. INTEREST REGISTER

Peter Neame asked that the spelling of his interest be changed from “Wite” to “White”

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 (13/16)

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

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

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

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 as:

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

In addition Mr Newsome drew the Committees attention to inpatient volumes which showed that the throughput for the 10 month period to the end of April 2016 shows that the overall case-weighted discharges from Grey Hospital remains behind target for the year for surgical specialty services (particularly in orthopaedics). This is offset by higher throughputs in medical specialty services. The Committee noted that this is not anything to be concerned about as it reflects the throughput of the hospital.

In the Workforce area:

- the Clinical Nurse Specialist Stroke Nurse has commenced her new role 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 current vacant positions in September;
- recruitment is also 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;
- Recruitment is ongoing for junior doctors and several new doctors have been confirmed for Q3 & Q4 of the medical year. Annual recruitment has closed for the 2017 year and a number of suitable job applicants are in the process of being shortlisted;
- There has been agreement that Anaesthesia will move to a transalpine service with Canterbury undertaking to recruit for a Canterbury/West Coast Anaesthetist.

Discussion took place regarding issues with patients receiving mail and the Committee noted that a piece of work is being led by Mr Pradu Dayaram, Medical Director, reviewing the processes in the Clinical Booking Unit.

The Committee congratulated all involved on getting the Grey facility build across the line, acknowledging the work involved in getting to this point, and look forward to exciting developments as the build progresses.

Resolution (14/16)

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

- i. That the Committee notes the Management Report.

4. FINANCE REPORT

Justine White, General Manager Finance, provided the Committee with an update of the financial position as at the end of April 2016.

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 Committee noted that Personnel costs are unfavourable for the month with Locums continuing to be a necessary but unfavourable to budget cost. 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 required more reliance on short term placements which are more expensive than permanent staff.

Treatment related costs are above expected levels for the month due to high Pharmaceutical costs.

Resolution (15/16)

(Moved: Peter Neame/Seconded: Paula Cutbush – carried)

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

5. 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 a lot of work is taking place from a workforce perspective to ensure the right roles are in the right place for the models of care. Work is also taking place looking at where nursing fits in the transalpine model, particularly for Clinical Nurse Specialists.

A lot of work is also taking place in the Quality & Safety area with the Health Quality & Safety Commission rolling out new programmes.

Resolution (16/16)

(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 – 13 May 2016.
- 2016 HAC Work Plan (Working Document)
- West Coast DHB Meeting Schedule 2016.

There being no further business the meeting closed at 12.05pm

Confirmed as a true and correct record.

Sharon Pugh, Chair

Date

CARRIED FORWARD/ACTION ITEMS

(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 July 2016

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

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. Notes the Management Report.

3. SUMMARY

This report is intended to:

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

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

The following are the most notable features of the report:

- Met contracted elective targets
- Successful recruitment of physiotherapist
- Continued low rate of DNAs

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 volumes below are provisional results for the 2015-16 financial year.

Inpatient Volumes

Throughput for the year to 30 June 2016 show overall case-weighted discharges [CWD] from Grey Base Hospital were behind target for the year for surgical specialty services (particularly in acute Orthopaedics); offset by higher throughputs in medical specialty services. Overall, net delivery was virtually matched to contracted caseweights (down superficially by 0.37%).

The split between acute and electives was as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	1121.09	946.27	-174.82	-15.6%
Elective	1232.75	1154.46	-78.29	-6.3%
Sub-Total Surgical:	2353.84	2100.73	-253.11	-10.7%
Medical				
Acute	1392.11	1659.20	267.09	19.2%
Elective	0	0	0	0%
Sub-Total Medical:	1392.11	1659.20	267.09	19.2%
TOTALS:	3745.95	3759.93	13.98	0.37%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services are down for the year to 30 June 2016 by 18.8% (2692 attendances) from expected volumes overall. Throughput was 23% under contracted volume for surgical specialty services and 12.2% 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 the year was as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	3375	2824	-511	-16.3%
Sub. Visit	5420	3944	-1476	-27.2%
Sub-Total Surgical:	8795	6768	-2027	-23.0%
Medical				
1 st Visit	1614	1280	-344	-20.7%
Sub. Visit	3846	3515	-311	-8.6%
Sub-Total Medical:	5460	4795	-665	-12.2%
TOTALS:	14,255	11,563	-2692	-18.8%

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]
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%
May 2016	1729	1648	81	4.68%
June 2016	1256	1173	83	6.61%
13 month rolling totals	21288	19882	1406	6.60% Average

- DNA rates continue to remain low with Maori DNA rates making single figures. The DNA working group are now focusing on the appointment letters sent out to patients.
- E-texting continues to be popular with a number of patients reporting the reminder is an excellent way of communicating.

4.2 Workforce Update

Nursing

- Resources continue to be matched to patient activity. Sick leave is down 11% compared with last month.
- Staff are moving freely between wards, with some staff now taking their own initiative and looking where the need is, noting their colleagues busy in other wards and going to help. This has been a big culture shift within hospital services.
- Three new staff members started in August. This will help with the ability to react to any negative variance.
- Annual leave accrual continues to decrease with nearly 3000 hours taken for the month. Staff are continuing to attend education sessions with a total of 104 hours for June.
- Advertising for the Rheumatology/Infusion Clinical Nurse Specialist position has closed and interviews are due to take place at the end of the month.
- The medical ward occupancy has continued to be high with an average of 93%. Barclay Ward have taken medical overflows as per planning. CCU occupancy has also increased over the month.
- Discharge planning continues to have positive results with data analysis suggesting over the last 6 months patients return rates are well down from last year. The group continues to roll out the IDEAL (Include, Discuss, Educate, Assess, Listen) tool throughout the hospital, they have established a community referral form in the ISBAR (Identify, Situation,

Background, Assessment, Response/Recommendation) format which has shown to be an effective tool for safe communication between secondary services and community.

Medical

- Recruitment is ongoing for junior doctors and several new doctors are commencing in August. Annual recruitment interviews have been completed and offers will go out to candidates in the coming weeks. We are working closely with the CDHB Resident Doctor Support team to ensure the vacancies in both DHBs are filled. Progress has been made on the accreditation of a community based attachment with support from CDHB.
- We are continuing to recruit for RHM specialists and are scheduling an interview in the coming weeks for a strong candidate. Recruitment into the anaesthetic position is almost complete with several candidates applying.
- Discussions have commenced with Ashburton Hospital around building a strong rural network of training registrars in Rural Hospital Medicine.

Reefton Health

- *Medical Centre* – GP cover has been confirmed through to the end of September. Engagement with the community continues. Integration and work across practice, primary, community and ARC is continuing.
- *Aged Residential Care* – Currently 9 hospital level and 3 residential level residents.

Allied Health

- Allied Health Leadership met in Greymouth at the end of June to finalise work on the coming year's strategy. The Executive Director of Allied Health, Stella Ward, supported the leaders to ensure the plans align with the Ministry's refreshed Health Strategy and our model of care. Leaders found the day helpful in making new connections with each other, and being able to offer support to core projects underway.
- Allied Health has been invited to present at the upcoming SARRAH conference in Port Lincoln, Australia. SARRAH (Services for Rural and Remote Allied Health) will be holding a 3 day conference examining how a 'village approach' can strengthen and enhance health outcomes and thriving communities. The WCDHB will present on Telehealth and Diversional Therapy initiatives.
- The incoming AOD Coordinator for the district has commenced some joint work with both Corrections and the West Coast Needle Exchange, which we hope will enhance the ways we work together.
- Pharmacy internships for the 2017 year are in the process of being finalised. This has been another great opportunity to work in partnership with the community pharmacies, and we look forward to supporting professional development in this way. Our 2016 pharmacy interns are currently transitioning between their hospital and community placements.
- We are pleased to be welcoming a new Physiotherapist to the team, after significant challenges recruiting. This clinician will commence work in Buller, to cover annual leave, but will ultimately be based across the Grey/Westland community.
- We have also welcomed a new Occupational Therapist this month who will be based in Westport, once she has completed her Greymouth based orientation. We look forward to welcoming further staff to the Greymouth team in the next few months.
- Rachel Neame and Sue Donaldson have been recognised by the South Island Alliance for their work on the Calderdale Framework. This workforce development tool is assisting us to create a more flexible and competent allied health workforce, across all health settings.

- Our senior speech language therapist is working with the communications team to capture the recent therapeutic successes using technology. This is a component of a larger body of work being undertaken to ensure service delivery reaches across the community.
- An audit was undertaken of our Child and Family Safety Alerts system last week, and the WCDHB have been commended for the thoroughness of our preparation. We await the official outcome of this audit, which we expect to be positive.

Industrial Relations

Negotiations Update:

- South Island Clerical Workers MECA (PSA) – GMHRs have finalised and approved the new Clinical Coders and Clerical salary scales. The ratification process is likely to occur mid July 2016.
- West Coast Home Based Support SECA (PSA) – Offer has gone to union. Awaiting union response.
- RMO MECA (RDA) – Regional workshops scheduled 5/7/8 July 2016. Chief Executives to consider the feedback on 12 July 2016.
- SMO MECA (ASMS) - CE's have written to union outlining DHB bargaining approach and will await response from union. Next bargaining 14/15 July 2016.

Recruitment

No update available

4.3 Patient





Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals remained steady with 39 transfers in March 2016 and 39 patients in April 2016. The majority of the March and April 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 March and April 2016 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base the numbers dropped slightly with 21 transfers in April 2016 (from 26 transfers in March 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 rose slightly, being 8 for April 2016 (4 in March 2016). These transfers were for mainly medical patients.
- All figures provided include those recorded as transferring via private motor vehicle.




4.4 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	1,583 YTD Apr	526	✓	1,583 elective surgical cases were delivered to Coasters in the year-to-date April 2016, meeting target at 104% 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 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)

One Orthopaedic and 17 Plastic Surgery patients were non-compliant against the maximum 120 days' wait time target for their FSA in May. They have all since been booked and seen.

ESPI 5 (Treatment)

One Ophthalmology, two Orthopaedics, one Plastics and one Urology patient exceeded the 120-day maximum wait times from FSA to surgical treatment in May. The two Orthopaedic patients have since been operated on. The Ophthalmology patient has been treated. Both the Plastics and the Urology patient have been treated.

May has been a challenging month with weather affecting many lists and disruptions to the Orthopaedic service due to requirements in CDHB. The Plastics Surgeons did additional days in June to accommodate the non-compliant patients and combined this with an education session to primary care.

Looking forward, we are anticipating pressure to remain on Plastics and Orthopaedics, both ESPI2 and ESPI5. Additionally Rheumatology is under pressure for ESPI2. Ophthalmology continues to be challenging but is largely around data collection.

MoH Elective Services Online

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

DHB Name: West Coast

	2015			2015			2015			2015			2015			2015			2016			2016			2016			2016			2016					
	Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within ten working days.	18 of 18	100.0%	0	17 of 17	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 18	94.4%	1	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	16 of 16	100.0%	0	16 of 16	100.0%	0	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	4	0.6%	-4	17	2.5%	-17
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.	1	0.6%	-1	2	1.3%	-2	2	1.4%	-2	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	2	1.1%	-2	3	1.6%	-3	3	1.6%	-3	4	2.0%	-4	5	2.3%	-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.	138	100.0%	0	137	100.0%	0	125	100.0%	0	134	100.0%	0	123	100.0%	0	164	100.0%	0	101	100.0%	0	101	100.0%	0	110	100.0%	0	130	100.0%	0	102	100.0%	0	136	100.0%	0

Data Warehouse Refresh Date: 02/Jul/2016

Report Run Date: 04/Jul/2016

Notes:

1. 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.
2. 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.
3. ESPIs that apply from 1 January 2015.
4. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
5. ESPIs 3 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
6. Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
7. ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
8. 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.
9. 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.
10. 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.
11. 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.
12. From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.

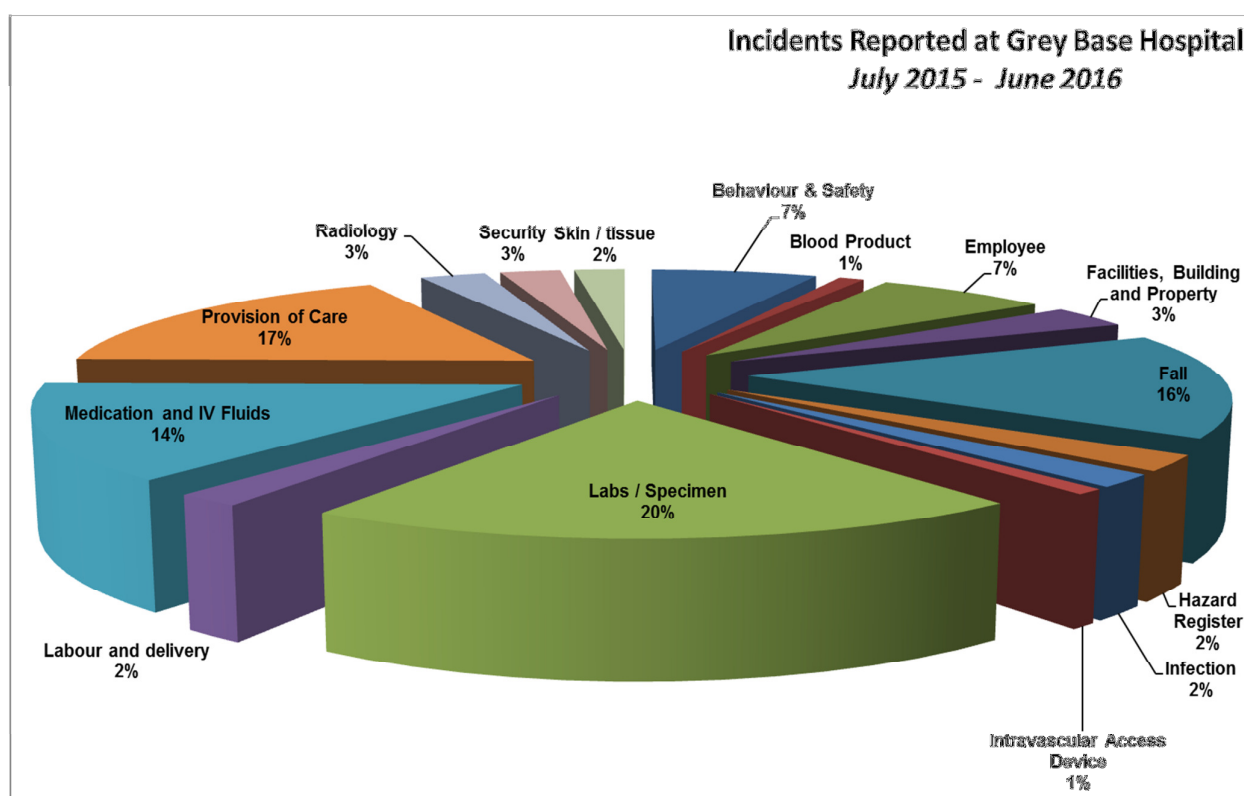
Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.5 Quality

Hospital Services Incidents recorded in Safety1st for the period July 2015 – June 2016



Grey / Westland	Qtr 1			Qtr 2			Qtr 3			Qtr 4			
Grey Base Hospital	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Behaviour & Safety	3	5	3	3	4	2	2	2	6	1	0	2	33
Blood Product	1	0	0	0	0	0	1	2	1	0	0	0	5
Employee	3	5	3	3	2	3	2	1	2	2	4	4	34
Facilities, Building and Property	1	0	3	3	0	0	0	2	2	2	1	2	16
Fall	4	6	10	5	6	9	6	1	4	8	4	12	75
Hazard Register	0	0	0	0	0	0	0	1	0	6	2	2	11
Infection	0	0	0	0	0	0	2	0	2	2	3	0	9
Intravascular Access Device	0	0	0	0	0	0	1	0	0	1	2	0	4
Labs / Specimen	8	8	8	8	2	7	3	12	10	9	3	17	95
Labour and delivery	0	0	2	0	2	1	3	0	1	0	0	0	9
Medication and IV Fluids	6	8	3	2	5	4	5	8	4	9	6	8	68
Provision of Care	6	11	5	4	4	9	3	5	6	9	11	10	83
Radiology	1	2	0	1	0	1	1	0	2	1	2	2	13
Security	3	2	1	0	2	0	0	0	0	1	1	2	12
Skin / tissue	3	0	1	1	1	0	0	1	3	0	0	0	10
Totals	39	47	39	30	28	36	29	35	43	51	39	61	477



- Labs and Specimens have increased, due to the increased reporting by Laboratory staff in an effort to “retrain” staff providing insufficient information with test samples.

- Falls are up for the month; the bulk of these occurred in Kahurangi. Staff are reviewing ways to reduce falls in this area.
- Most other general event types are tracking along; with low numbers it is difficult to determine any major trends.

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 11 July 2016 the West Coast DHB has been 222 days CLAB free.

Maternity Services Annual Report

The completed Maternity Services Annual Report has been submitted to the Ministry of Health. The report is combined with CDHB (as last year) although there are two distinct sections for each of the DHBs.

Consumer Engagement – Maternity Quality Safety Programme Coordinator Facebook Page

The Facebook page continues to engage West Coast women. It is being used as a vehicle to get health information out to women and as a means of encouraging some consumer representation.

2016/2017 Maternity Services Work Plan

The West Coast DHBs Maternity Safety Work Plan for the 2016/17 financial year has been submitted to and approved by the Maternity Clinical Governance Group. Priorities incorporate the goals and recommendations from various groups, including the Ministry, National Maternity Monitoring Group, Perinatal Maternity Morbidity Review Committee, etc. and will also incorporate the local goals of the DHB.

4.6 Specific Requests

Visiting Specialist Clinics

Specialty	Clinics in last calendar year
Cardiology	17
• Pacemaker	11
Dental	
• Child	3
• Child Theatre	15
• Adult	1
• Adult Theatre	8
ECHO	11
ENT	32
Haematology	6

Musculoskeletal	21
Nephrology	9
Neurology	6
Oncology (not including telehealth)	36
Ophthalmology	24
Ophthalmology Buller	11
Orthopaedic	80
Paediatric Medical	
▪ Greymouth	107
▪ Hokitika	32
▪ Reefton	11
▪ Whataroa	3
▪ Buller	38
▪ Karamea	2
▪ Fox Glacier	3
▪ Haast	6
▪ Franz Josef	7
Paediatric Surgical	
▪ Outpatients	3
▪ Theatre	7
Plastic Surgery	9
▪ Theatre	15
Respiratory	9
▪ Nurse led	18
Rheumatology	58
Urology	20
▪ Nurse led	29
▪ Theatre	17

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 JUNE 2016

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 28 July 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 June 2016.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of June 2016 was a surplus of \$0.202m, which was \$0.046m favourable against the budgeted surplus of \$0.156m. The year to date position attained was \$0.019m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,776	6,993	(217)	x	82,856	84,171	(1,315)	x
Governance & Administration	70	68	2	v	900	827	73	v
Funds & Internal Eliminations	4,873	4,997	(124)	x	57,533	56,927	606	v
	11,719	12,058	(339)	x	141,289	141,925	(636)	x
EXPENSES								
Provider								
Personnel	5,589	5,045	(544)	x	62,589	60,540	(2,049)	x
Outsourced Services	(7)	8	15	v	30	96	66	v
Clinical Supplies	(266)	617	883	v	7,780	7,404	(376)	x
Infrastructure	2,087	815	(1,272)	x	12,037	9,846	(2,191)	x
	7,403	6,485	(918)	x	82,436	77,886	(4,550)	x
Governance & Administration	70	68	(2)	x	900	827	(73)	x
Funds & Internal Eliminations	3,787	4,765	978	v	52,649	57,082	4,433	v
Total Operating Expenditure	11,260	11,318	58	v	135,985	135,795	(190)	x
Surplus / (Deficit) before Interest, Depn & Cap Charge	459	740	(281)	x	5,304	6,130	(826)	x
Interest, Depreciation & Capital Charge	257	584	327	v	6,201	7,008	807	v
Net surplus/(deficit)	202	156	46	v	(897)	(878)	(19)	x

4. APPENDICES

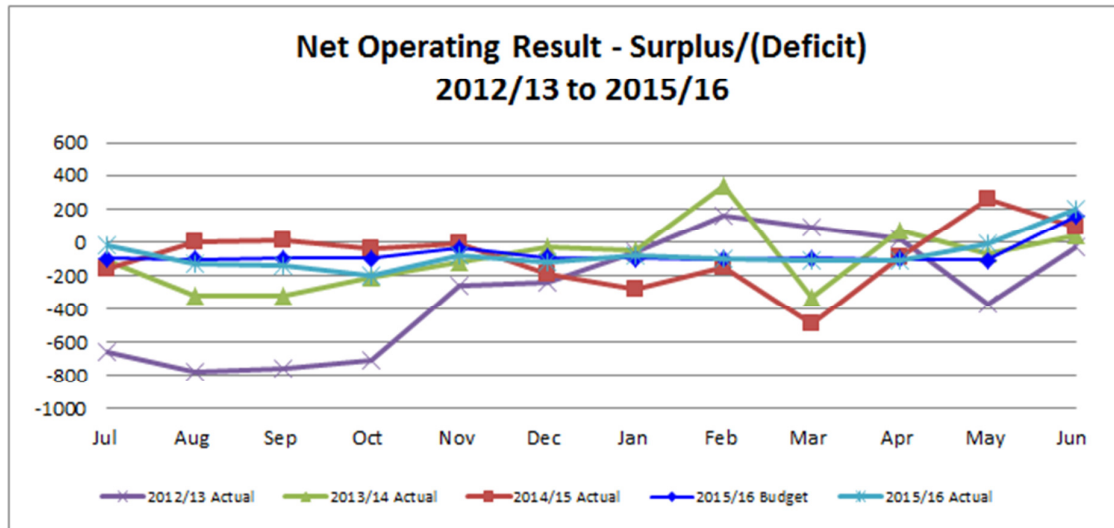
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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 – JUNE 2016

	Month Actual \$'000	Month Budget \$'000	Month Variance			YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	202	156	46	29%	✓	(897)	(878)	(19)	2% ✗

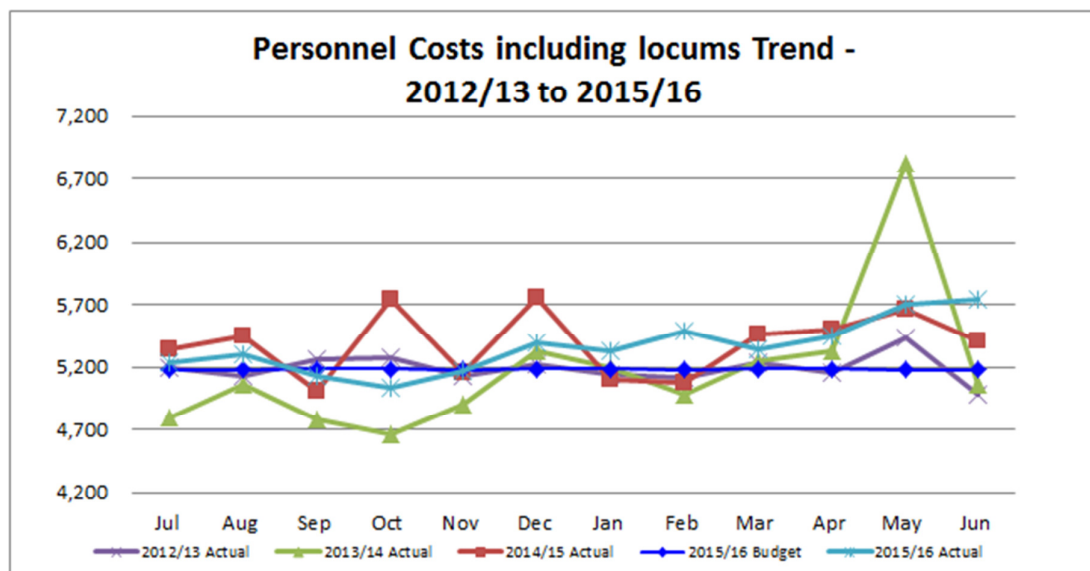


We have submitted an Annual Plan with a planned deficit of \$878k, which reflects the financial results anticipated in the facilities business case, after adjustment for the increased revenue as notified in July 2015. The YTD result reflects a significant cost incurred in October in relation to redundancies 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	1,539	1,280	(259)	-20% ✗	16,635	15,360	(1,275)	-8% ✗
Nursing	2,468	2,361	(107)	-5% ✗	27,603	28,352	749	3% ✓
Allied Health	898	800	(98)	-12% ✗	10,685	9,600	(1,085)	-11% ✗
Support	104	93	(11)	-12% ✗	1,092	1,116	24	2% ✓
Management & Admin	735	650	(85)	-13% ✗	8,381	7,800	(581)	-7% ✗
Total	5,744	5,184	(560)		64,396	62,228	(2,168)	



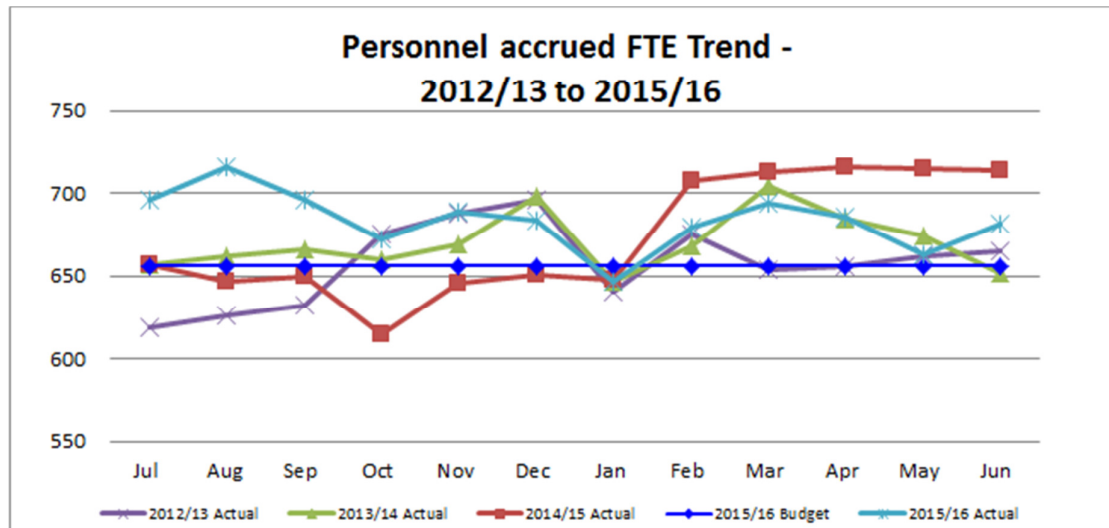
Personnel costs are unfavourable for the month. Locums continue to be a necessary, but unfavourable to budget, personnel cost.

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	35	42	7	16%	✓	39	42	3	7% ✓
Nursing	328	328	(0)	0%	✗	324	328	4	1% ✓
Allied Health	178	147	(31)	-21%	✗	178	147	(31)	-21% ✗
Support	18	22	4	19%	✓	18	22	4	19% ✓
Management & Admin	123	118	(5)	-4%	✗	126	118	(8)	-7% ✗
Total	682	656	(26)			684	656	(27)	



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.

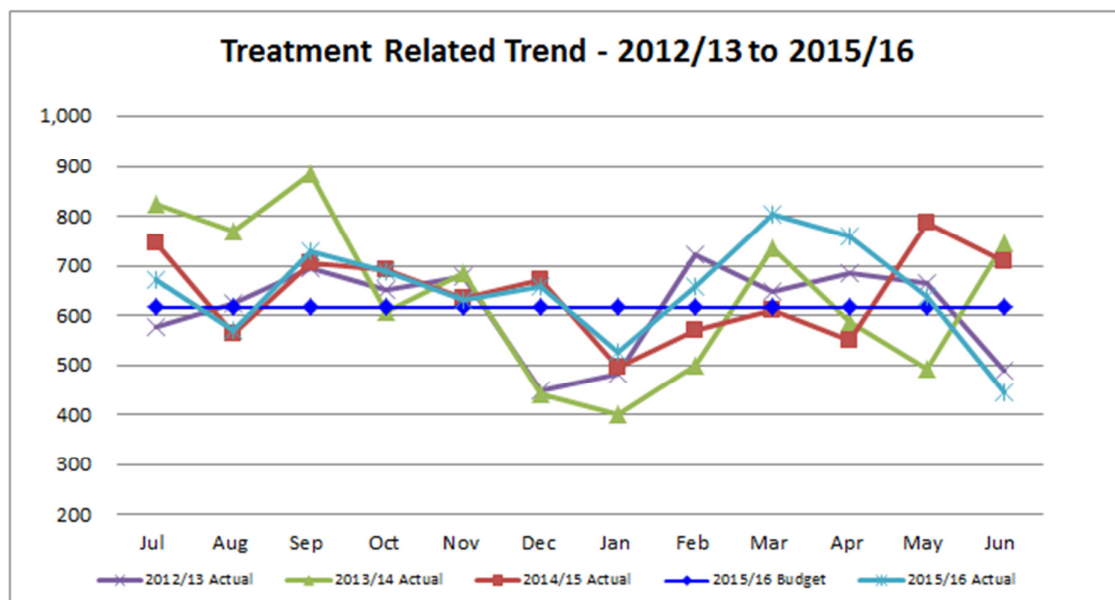
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	444	617	173	28%	✓	7,781	7,404	(377)	-5%	✗



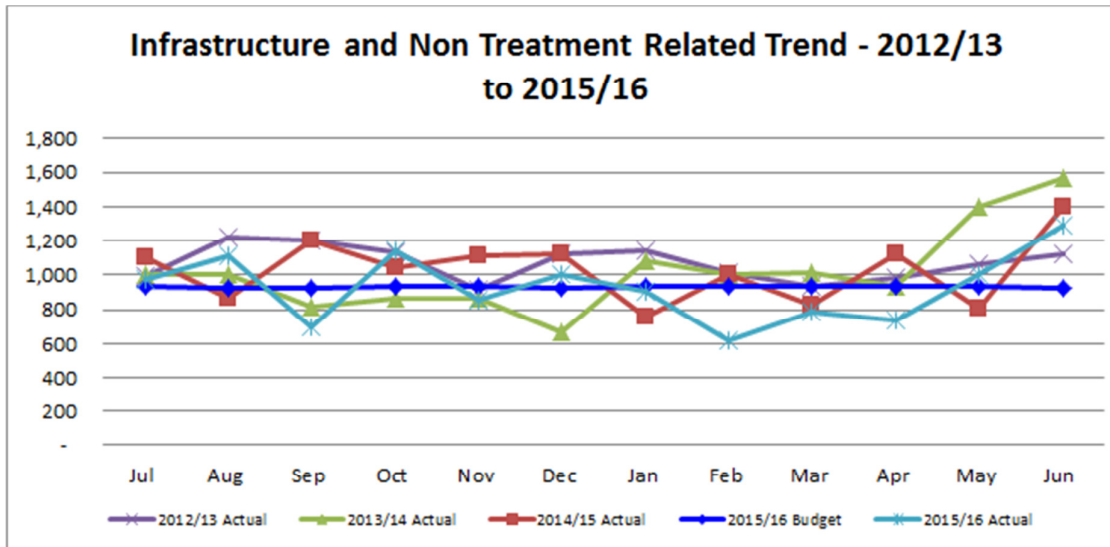
Treatment related costs are favourable to budget for the month.

KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels, despite fluctuations on a month to month basis. We continue to refine contract management practices to generate savings in these areas.

INFRASTRUCTURE AND NON TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Non Treatment related costs	1,292	926	(366)	-40% ✗	11,129	11,157	28	0% ✓



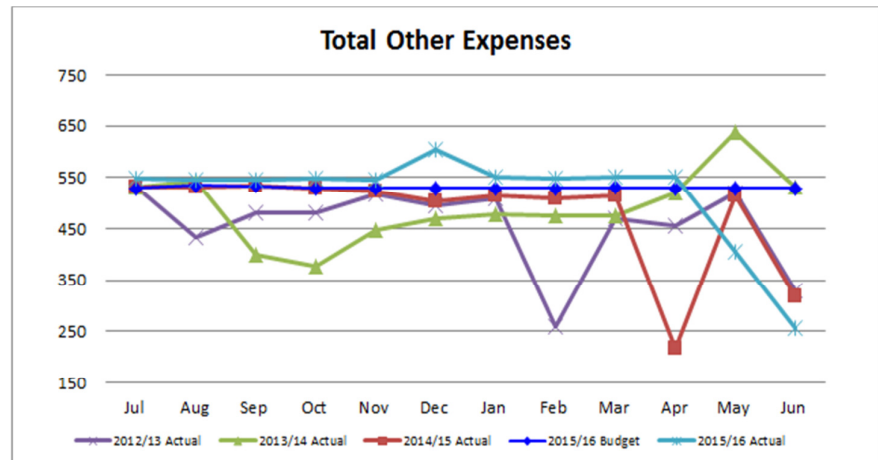
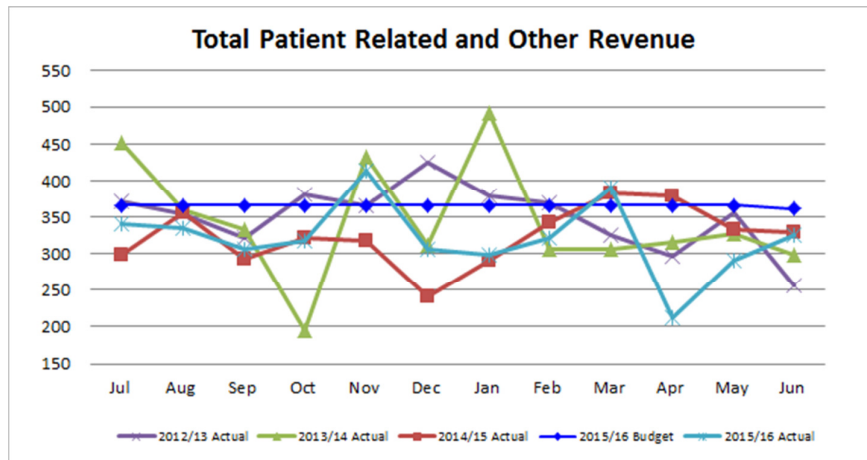
Expenses in this category continue to be closely monitored with savings being made as and where available.

KEY RISKS AND ISSUES

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

OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance			YTD Actual \$'000	YTD Budget \$'000	YTD Variance		
Interest Received	35	44	(9)	-20%	✗	327	528	(201)	-38%	✗
Donations	3	-	3	0%	✓	9	60	(51)	0%	✗
Rental	18	16	2	13%	✓	172	192	(20)	-10%	✗
Other	52	39	13	100%	✓	476	468	8	2%	✓
Total Other Revenue	108	99	9	9%	✓	984	1,248	(264)	-21%	✗
Interest Expense	54	68	14	21%	✓	651	828	177	21%	✓
Depreciation	153	395	242	61%	✓	4,572	4,740	168	4%	✓
Capital Charge Expense	50	66	16	24%	✓	978	792	(186)	-23%	✗
Total Other Costs	257	529	272	51%	✓	6,201	6,360	159	3%	✓



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	12,409	9,083	3,326	37%	✓	9,083
Cash	11,871	10,201	1,670	16%	✓	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 June 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	11,268	11,541	(273)	(2.4%)	135,869	136,183	(314)	(0.2%)	135,973	134,166
Inter DHB Revenue	(0)	5	(5)	(100.0%)	76	60	16	26.7%	60	36
Inter District Flows Revenue	125	151	(26)	(17.2%)	1,487	1,500	(13)	(0.9%)	1,560	1,497
Patient Related Revenue	218	262	(44)	(16.8%)	2,873	3,144	(271)	(8.6%)	3,144	3,000
Other Revenue	108	99	9	9.1%	984	1,038	(54)	(5.2%)	1,188	1,162
Total Operating Revenue	11,719	12,058	(339)	(2.8%)	141,289	141,925	(636)	(0.4%)	141,925	139,861
Operating Expenditure										
Personnel costs	5,744	5,111	(633)	(12.4%)	64,396	61,352	(3,044)	(5.0%)	61,352	64,688
Outsourced Services	(7)	8	15	187.5%	30	96	66	68.8%	96	82
Treatment Related Costs	444	617	173	28.0%	7,781	7,404	(377)	(5.1%)	7,404	7,736
External Providers	2,936	3,118	182	5.8%	36,269	37,190	921	2.5%	37,190	35,196
Inter District Flows Expense	851	1,520	669	44.0%	16,380	18,368	1,988	10.8%	18,368	14,789
Outsourced Services - non clinical	0	73	73	100.0%	0	876	876	100.0%	876	325
Infrastructure and Non treatment related costs	1,292	926	(366)	(39.5%)	11,129	11,157	28	0.3%	11,157	12,350
Total Operating Expenditure	11,260	11,373	113	1.0%	135,985	136,443	458	0.3%	136,443	135,166
Result before Interest, Depn & Cap Charge	459	685	(226)	(33.0%)	5,304	5,482	178	3.2%	5,482	4,695
Interest, Depreciation & Capital Charge										
Interest Expense	54	68	14	20.6%	651	828	177	21.4%	828	732
Depreciation	153	395	242	61.3%	4,572	4,740	168	3.5%	4,740	4,238
Capital Charge Expenditure	50	66	16	24.2%	978	792	(186)	(23.5%)	792	772
Total Interest, Depreciation & Capital Charge	257	529	272	51.4%	6,201	6,360	159	2.5%	6,360	5,742
Net Surplus/(deficit)	202	156	46	(29.5%)	(897)	(878)	(19)	(2.2%)	(878)	(1,047)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	202	156	46	(29.5%)	(897)	(878)	(19)	(2.2%)	(878)	(1,047)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 June 2016

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	24,877	24,263	614	2.5%	27,847
Intangible assets	681	639	42	6.6%	1,002
Work in Progress	1,981	1,568	413	26.3%	718
Other investments	567	567	0	0.0%	643
Total non-current assets	28,106	27,037	1,069	4.0%	30,210
Current assets					
Cash and cash equivalents	11,871	10,201	1,670	16.4%	5,648
Patient and restricted funds	74	60	14	23.3%	70
Inventories	986	1,100	(114)	(10.4%)	984
Debtors and other receivables	5,920	4,218	1,702	40.4%	11,099
Assets classified as held for sale	0	136	(136)	(100.0%)	136
Total current assets	18,851	15,715	3,136	20.0%	17,937
Total assets	46,957	42,752	4,205	9.8%	48,147
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,945	11,195	250	2.2%	11,195
Employee entitlements and benefits	2,629	2,895	266	9.2%	2,661
Total non-current liabilities	13,574	14,090	516	3.7%	13,856
Current liabilities					
Interest-bearing loans and borrowings	3,500	3,250	(250)	(7.7%)	3,250
Creditors and other payables	8,161	7,248	(913)	(12.6%)	8,174
Employee entitlements and benefits	9,313	9,081	(232)	(2.6%)	10,056
Total current liabilities	20,974	19,579	(1,395)	(7.1%)	21,480
Total liabilities	34,548	33,669	(879)	(2.6%)	35,336
Equity					
Crown equity	72,563	71,625	(938)	(1.3%)	71,694
Other reserves	22,082	19,569	(2,513)	(12.8%)	22,397
Retained earnings/(losses)	(82,236)	(82,150)	86	0.1%	(81,319)
Trust funds	0	39	0	0.0%	39
Total equity	12,409	9,083	(3,326)	(36.6%)	12,811
Total equity and liabilities	46,957	42,752	4,205	9.8%	48,147

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 June 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	20,198	11,792	8,406	71.3%	153,293	141,175	12,118	8.6%
Cash paid to employees	(6,113)	(5,111)	(1,002)	(19.6%)	(65,977)	(61,352)	(4,625)	(7.5%)
Cash paid to suppliers	(1,966)	(1,632)	(334)	(20.5%)	(25,854)	(19,641)	(6,213)	(31.6%)
Cash paid to external providers	(2,970)	(3,118)	148	4.7%	(36,666)	(37,190)	524	1.4%
Cash paid to other District Health Boards	(817)	(1,520)	703	46.3%	(15,983)	(18,368)	2,385	13.0%
<i>Cash generated from operations</i>	<i>8,332</i>	<i>411</i>	<i>7,921</i>	<i>1927.2%</i>	<i>8,812</i>	<i>4,624</i>	<i>4,188</i>	<i>90.6%</i>
Interest paid	(54)	(60)	6	10.0%	(651)	(720)	69	9.6%
Capital charge paid	(618)	(66)	(552)	(836.4%)	(978)	(792)	(186)	(23.5%)
Net cash flows from operating activities	7,660	285	7,375	2587.6%	7,183	3,112	4,071	130.8%
Cash flows from investing activities								
Interest received	35	44	(9)	(20.5%)	327	528	(201)	(38.1%)
(Increase) / Decrease in investments	0	0	0		0	0	0	0.0%
Acquisition of property, plant and equipment	(3,475)	(316)	(3,159)	(999.7%)	(2,306)	(3,858)	1,552	(40.2%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(3,440)	(272)	(3,168)	1164.7%	(1,979)	(3,330)	1,351	40.6%
Cash flows from financing activities								
Proceeds from equity injections	1,000	1,100	(100)		0	1,100	(1,100)	0.0%
Repayment of equity	0	(68)	68		86	(68)	154	
<i>Cash generated from equity transactions</i>	<i>1,000</i>	<i>1,032</i>	<i>(32)</i>		<i>86</i>	<i>1,032</i>	<i>(946)</i>	
Borrowings raised								
Repayment of borrowings	(409)	0	(409)		(67)	0	(67)	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	591	0	591		19	0	19	
Net increase in cash and cash equivalents	4,811	1,045	3,766	360.3%	5,223	814	4,409	541.7%
Cash and cash equivalents at beginning of period	7,060	10,034	(2,974)	(29.6%)	5,648	121,913	(116,265)	(95.4%)
Cash and cash equivalents at end of year	11,871	11,079	792	7.1%	10,871	122,727	(111,856)	(91.1%)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 28 July 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 & Midwifery

The Clinical Nurse Specialist (CNS) team is planning a series of education sessions to build knowledge and skills in these areas of specialty within the broader nursing team. This will include local visits to the more rural teams such as South Westland as well as a whole day of sessions based in Greymouth. The CNS group has also begun monthly meetings with primary practices to improve the integration of primary, community and specialty services.

There was an Enrolled Nurse Focus Day on July 12th, where enrolled nurses worked through an interactive series of sessions to develop a vision and strategy and complete some education sessions. This day was also an opportunity for three of our enrolled nurses to present to the wider group on a topic of their choosing. This valuable section of our nursing workforce is well poised to work in innovative ways across our health system and integrated planning will enable a well engaged workforce.

The Associate Director of Nursing & Midwifery has joined the South Island Workforce Development Hub as the West Coast representative on this group. This group is part of the South Island Alliance and is fundamental in supporting well-coordinated workforce development across the Alliance.

Medical

Reports from the recruitment initiative to attend the UK conference was a great success. There was a great deal of interest from primary care medical professionals from a variety of specialties. There did seem to be a large number of midwives and podiatrists at the conference and it will be interesting to receive the attendance stats from the organisers. Contact was made with at least 500 people and some of these people provided their contact details while others took away flyers and business cards. The range of professionals expressing an interest included midwives, Rural Nurse Specialists, GPs, an orthopaedic surgeon and trainees. Those who expressed interest have received a follow-up email and further outcomes will be reported.

Allied Health

Allied Health Leadership across the DHB joined together on 30 June to forge connections and set the workplan for the coming year. This presented a great opportunity for Mental Health Leaders in particular to connect with and receive support from their colleagues; as they have not previously been part of the Allied Health Leadership Group.

West Coast DHB staff were recognised at the recent Calderdale Framework Workshop, for completion of the Facilitator training and the programme of work they are undertaking within Occupational Therapy and Physiotherapy. This work is ongoing across the South Island, where our staff are able to work in partnership with colleagues in the various DHBs.

QUALITY & SAFETY

Nursing & Midwifery

The utilisation of the online Lippincott Nursing Procedures Manual continues to increase and a link will be included on Health Pathways to allow increased access across the system to this valuable resource.

A new initiative has been introduced in Operating Theatre (OT), following communication concerns identified during a caesarean section, where the core midwife was not easily recognised. The “red hat” initiative was developed and now the core midwife, who is responsible for the woman, wears a red surgical hat so she is easily identified. This ensures that other staff in OT know who they should be communicating with and this initiative has vastly improved information flow in OT.

Access to the West Coast DHB’s maternity web pages increased 33% during the period March to May 2016. Visitors to the site accessed the following pages most often: West Coast DHB services, facilities and the “I’m pregnant, what next?” indicating what visitors are looking for when they visit the site. The increase in access to the pages coincides with the recent introduction of a Facebook page for the role of the MQSP Co-coordinator, where there is a direct link to the web pages. Statistics are monitored and reviewed monthly by the Maternity Quality Safety Group.

Allied Health

A number of initiatives are being tested across Allied Health at the present time. These include a ‘trolley vs bed’ trial for those inpatients requiring Radiology, various ‘set up’ processes undertaken by Medical Technicians and Radiologists and development of a transalpine Birth Plan document involving Social Work, VIP and CYFS.

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 of Allied Health
Karyn Bousfield, Director of Nursing & Midwifery
Cameron Lacey, Medical Director

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 9 JUNE 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 24 June 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 9 June 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 – 9 June 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 9 June 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

This report is intended to:

- provide the Committee with 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 the Committee with greater clarity of, and focus on, key metrics.

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

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

In addition Mr Newsome drew the Committees attention to inpatient volumes which showed that the throughput for the 10 month period to the end of April 2016 shows that the overall case-weighted discharges from Grey Hospital remains behind target for the year for surgical specialty services (particularly in orthopaedics). This is offset by higher throughputs in medical specialty services. The Committee noted that this no anything to be concerned about as it reflects the throughput of the hospital.

In the Workforce area:

- the Clinical Nurse Specialist Stroke Nurse has commenced her new role 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 current vacant positions in September;
- recruitment is also 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;
- Recruitment is ongoing for junior doctors and several new doctors have been confirmed for Q3 & Q4 of the medical year. Annual recruitment has closed for the 2017 year and a number of suitable job applicants are in the process of being shortlisted;
- There has been agreement that Anaesthesia will move to a transalpine service with Canterbury undertaking to recruit for a Canterbury/West Coast Anaesthetist.

Discussion took place regarding issues with patients receiving mail and the Committee noted that a piece of work is being let by Mr Pradu Dayaram, Medical Director, reviewing the processes in the Clinical Booking Unit.

The Committee congratulated all involved on getting the Grey facility build across the line, acknowledging the work involved in getting to this point, and look forward to exciting developments as the build progresses.

The report was noted.

FINANCE REPORT

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 Committee noted that Personnel costs are unfavourable for the month with Locums continuing to be a necessary but unfavourable to budget cost. 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 required more reliance on short term placements which are more expensive than permanent staff.

Treatment related costs are above expected levels for the month due to high Pharmaceutical costs.

The report was noted.

CLINICAL LEADERS UPDATE

The Committee noted that a lot of work is taking place from a workforce perspective to ensure the right roles are in the right place for the models of care. Work is also taking place looking at where nursing fits in the transalpine model, particularly for Clinical Nurse Specialists.

A lot of work is also taking place in the Quality & Safety area with the Health Quality & Safety Commission rolling out new programmes.

The update was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 9 June 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 24 June 2016 commencing at 10.15am

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

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 13 May 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
- Wellbeing Health & Safety Update - Verbal | Michael Frampton
<i>Programme Director</i> | 10.30am – 10.45am |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i>

Dr Cameron Lacey
<i>Medical Director</i> | 10.45am – 10.55am |
| 7. | Finance Report | Michael Frampton
<i>Programme Director</i> | 10.55am – 11.05am |
| 8. | Health Target Report – Q3 | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 11.05am – 11.15am |
| 9. | Maori Health Plan Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 11.15am – 11.25am |
| 10. | West Coast DHB Disability Action Plan – Proposed Amendment to Governance Structure | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 11.25am – 11.35am |
| 11. | Reports from Committee Meetings | | |
| | - CPH&DSAC
9 June 2016 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 11.35am – 11.45am |
| | - Hospital Advisory Committee
9 June 2016 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 11.45am – 11.50pm |
| 12. | Delegations for Annual Accounts | Michael Frampton
<i>Programme Director</i> | 11.50am – 11.55am |
| 13. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 11.55am |

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME

11.55am

NEXT MEETING

Friday 12 August 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.