

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



**HOSPITAL ADVISORY
COMMITTEE MEETING**

8 September 2016

11.00am

**Board Room
Grey Hospital – Corporate Office**

**AGENDA AND
MEETING PAPERS**

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

AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Thursday 8 September 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 July 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 – 12 August 2016
- 2016 HAC Workplan (Working Document)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 27 October 2016

Corporate Office, Board Room at Grey Base Hospital.

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>)

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 & Research Officer
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 July 2016, commencing at 10.30am

PRESENT

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

APOLOGIES

Gail Howard and Joseph Thomas.

IN ATTENDANCE

Elinor Stratford

MANAGEMENT SUPPORT

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

WELCOME

Richard Wallace led the Karakia

1. INTEREST REGISTER

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

There were no perceived conflicts of interest.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution (17/16)

(Moved: Peter Ballantyne/Seconded: Peter Neame – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 9 June 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 as:

- Contracted elective Targets were met
- Successful recruitment of physiotherapist
- Continues low rate of DNAs

Mr Newsome also spoke about the following:

- The patient flow diagrams are close to coming back into the report with a lot of work having been done around dashboards.
- These volumes 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%).
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).
- Grey Hospital occupancy has been high with Barclay Ward taking medical overflows as per the plan put in place earlier in the year.
- Workforce
 - It is hoped that all Junior Medical staff vacancies will be filled over the next few months and we are working closely with Canterbury in this area.
 - Discussions have commenced with Ashburton Hospital around building a strong rural network of training registrars in Rural Hospital Medicine.
 - A decision was made that the West Coast would recruit directly for Anaesthesia and 8 applications were received.
- Allied Health – Allied Health Leaders met in Greymouth at the end of June to finalise work on the coming year's strategy. This also ensured the plans align with the Ministry's refreshed Health Strategy and our models of care.
- The incoming AOD coordinator for the District has commenced some joint work with both Corrections and the West Coast Needle Exchange which will hopefully enhance the ways we work together.
- After significant challenges recruiting it is pleasing to welcome a new physiotherapist to the team.
- A new Occupational Therapist has also commenced this month and will be based in Westport once she has completed her orientation.
- ESPI Compliance – May has been a challenging month with weather affecting many lists and disruptions to the Orthopaedic Service. The Plastic Surgeons did additional days in June to accommodate the non-compliant patients and combined this with an education session to primary care.

A query was made regarding ENT and management advised that last time they looked at bringing this surgery to the West Coast there was not enough volume however it is timely to look at this again.

Discussion took place regarding falls in Kahurangi. Management commented that whilst there have been a number of falls this number was bolstered by a number of falls by one person. The Committee noted that falls are taken very seriously and a reinvigoration of the falls group is taking place.

In regard to the facilities project the Committee noted that piling has commenced on site. The contractors are very easy to deal with and continued communication is taking place. They are also trying to employ as many local people as possible.

Resolution (18/16)

(Moved: Kevin Brown/Seconded: Paula Cutbush – carried)

- i. That the Committee notes the Management Report.

5. FINANCE REPORT

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

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 Committee noted that this is a provisional year end result with the Auditors coming back in a couple of weeks' time.

Ms White commented that she did not foresee any issues that would change the result substantially.

The Committee also noted that June has shown a continuation of the pressures that have experienced in previous months with the trade-off between Treatment Related expenses and Infrastructure.

Resolution (19/16)

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

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

6. CLINICAL LEADERS REPORT

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

The Committee noted that Gary Coghlan will represent the West Coast on the South Island Workforce Development Hub. This group is part of the South Island Alliance and is fundamental in supporting well-coordinated workforce development across the Alliance.

An Enrolled Nurse focus day on 12 July was very well attended. The attendees worked through an interactive series of sessions to develop a vision and strategy and complete some education sessions.

Resolution (20/16)

(Moved: Chris Lim/Seconded: Paula Cutbush– carried)

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

INFORMATION ITEMS

- Chair's report to last Board meeting.
- Board Agenda – 24 June 2016.
- 2016 HAC Work Plan (Working Document)
- West Coast DHB Meeting Schedule 2016.

There being no further business the meeting closed at 11.55am

Confirmed as a true and correct record.

Sharon Pugh, Chair

Date

DRAFT

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: 8 September 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:

- Physiotherapy and Occupational Therapy now fully staffed
- First community-based attachment for RMOs
- MQSP report submitted to the Ministry of Health

4. DISCUSSION

4.1 Activity

Volumes

This Provider Arm Report includes base service level agreement volumes against year-to-date delivery for the 2016-17 financial year (excluding ACC-funded activity). This report covers the month of July 2016 only.

Inpatient Volumes

Throughput for the first month of the new 2016-17 financial year show overall case-weighted discharges [CWD] from Grey Base Hospital at this early stage in the year was behind YTD contracted volumes overall for surgical specialty services; offset slightly by higher throughputs in medical specialty services. Overall, net delivery of contracted caseweights was down by 7.9%.

The split between acute and electives was as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	93.42	64.65	-28.77	-30.8%
Elective	102.73	72.59	-30.14	-29.3%
Sub-Total Surgical:	196.15	137.24	-58.91	-30.0%
Medical				
Acute	116.01	150.08	34.07	29.4%
Elective	0	0	0	0%
Sub-Total Medical:	116.01	150.08	34.07	29.4%
TOTALS:	312.16	287.32	-24.84	-7.9%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services in July was down 26.5% from expected volumes overall (315 attendances). Throughput of First Specialist Assessments by residential services was fairly well on track overall; the decreases being largely attributable to the fact that many periodically visiting specialties did not have any scheduled clinics during July.

The split between 1st visit and Subsequent visit during the month was as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	281	255	-26	-9.3%
Sub. Visit	452	329	-123	-27.2%
Sub-Total Surgical:	733	584	-149	-20.3%
Medical				
1 st Visit	135	99	-36	-26.4%
Sub. Visit	321	191	-130	-40.4%
Sub-Total Medical:	456	290	-166	-36.4%
TOTALS:	1189	874	-315	-26.5%

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]
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%
July 2016	1741	1621	120	6.89%
13 month rolling totals	21204	19828	1376	6.49% Average

- DNA rates are slightly up from last month; this is possibly due to midwinter sickness within the community and continues to be on a par to other DHBs.

4.2 Workforce Update

Nursing

- Currently recruiting into Registered Nurse positions in ED, Medical and Surgical. Have successfully recruited a Rheumatology CNS who will start at the end of September. She will also be employed to a 0.5 FTE position in ED as she has experience as an emergency nurse.
- Trendcare data shows sick leave has decreased by 9% in July despite having Norovirus in Morice. This was managed well by all staff and managers with the outbreak confined and dealt with effectively.
- The Trendcare coordinator has started benchmarking throughout the services over the last three months and feeding results back to the managers in preparation for the roll-out of the Care Capacity and Demand component of Safe Staffing Healthy Workplaces.
- Annual leave balances continues to decrease with nearly 3000 hours taken for the month.
- The medical ward occupancy has continued to be high with an average of 91%. Barclay Ward have continued to take medical overflows as per planning, with an increase from last month due to Norovirus in Morice Ward. CCU occupancy has also increased over the month.
- *Discharge planning* – an IDEAL (Include, Discuss, Educate, Assess, Listen) teaching package is now available on the intranet for staff. The group continues to roll out the IDEAL tool throughout the hospital. The established community referral form in the ISBAR format has shown to be an effective tool for safe communication between secondary services and community.

Medical

- Annual recruitment for junior doctors has been completed for 2017 and we have had a number of candidates accept positions already. We are working closely with the CDHB Resident Doctor Support team to ensure the vacancies in both DHBs are filled. We have tentatively filled our first community based attachment with a junior doctor from CDHB.
- We are continuing to recruit for RHM specialists and have offered a job to a UK trained Doctor. Two anaesthetists have been shortlisted for the anaesthetic vacancy.
- 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

- WCDHB Social Work Services and Community Public Health have been working with local educators and “*It’s Not OK*” Campaigner Vic Tamati to spread the Family Violence “*it’s OK to ask for help*” message in schools.
- NTA Travel Coordination in Buller region has seen a steady increase in demand over recent months. The move of the travel coordinator into an allied health assistant role has created an opportunity to review this workload, and we are currently recruiting to provide an increased service provision.
- Two Collabor8 presentations were given in Christchurch this month. Tara Jopson from Occupational Therapy has presented her project to rationalise and reduce storage need for Allied Health on Grey Base campus, and Mohammed Osman from Pharmacy presented his project to streamline ordering, storing and stocking wards with fluids. Tara and Osman provide great examples of the innovative work that is coming from our Allied Health workforce as we prepare for working in the new facilities.
- Physiotherapy new graduate recruitment is underway in conjunction with CDHB, for next year. A ‘recruitment centre’ puts graduating physios through their paces in a number of settings, and allows us to identify those graduates who would benefit from undertaking their first rotation employment opportunity in our DHB setting.
- The Occupational Therapy department have held a service development session to identify roles, responsibilities and opportunities to undertake new learning and projects. We will look forward to updating the Board about some of these initiatives as they develop.
- We have welcomed more new staff and roles across Allied Health recently. Physiotherapy and Occupational Therapy are now fully staffed after a long period of reduced staffing. We look forward to welcoming a new Dietitian next month.
- The AHL Communications Plan is being shaped up currently, to align with a number of work programmes and the wider communications strategy. This will include the work already underway on intranet and internet based communication, standardising written information provision, and capturing great staff and patient stories.
- Occupational Therapy and Community Nursing have commenced a programme of work to streamline access to appropriate equipment when patients are palliative. This programme is already identifying some timesaving activity that they can undertake in partnership to reduce

the flow of health professionals through people's homes, whilst adding value to the service they are delivering.

Industrial Relations

Negotiations Update:

- South Island Clerical Workers MECA (PSA) – 26 August 2016: Ratification meetings are continuing and will finish on 2 September 2016. DHBs have received positive feedback on meetings.
- West Coast Home Based Support SECA (PSA) – 26 August 2016: Union responded on 23 August 2016. DHB is preparing a response to union.
- RMO MECA (RDA) – 26 August 2016: Mediation 12 September 2016.
- SMO MECA (ASMS) - 12 August 2016: Bargaining continued on 5 August 2016. The DHBs have responded to all the union non cost claims and requested it prioritise the cost claims prior to bargaining scheduled for 8/9 September 2016.
- Medical Laboratory Workers MECA - 26 August 2016: Productive bargaining occurred 23/24 August 2016. The parties will meet outside of bargaining over the next two weeks to progress.

Recruitment

New Vacancies	18
Total Open Vacancies	29
Total FTE Recruiting	24.7
Appointed Vacancies	15
Total FTE Appointed	13.7

- Permanent Psychiatrist appointed and starting in August
- Five eligible Anaesthetists have been shortlisted for one vacancy
- Advertising continues for General Surgeon and General Physician

4.3 Patient





Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased with 33 transfers in May 2016 and 38 transfers in June 2016. The majority of the May and June 2016 transfers were for medical and orthopaedic patients, with the principal methods of transportation being via ambulance and pressurised aircraft respectively.
- The main reason for the transfers in May and June 2016 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base the numbers increased slightly with 30 transfers in June 2016 (from 28 transfers in May 2016). Most of these transfers were for medical and surgical patients, and the majority were transported to Grey Base via ambulance.
- There were no patient transfers from Reefton to Grey Base in June 2016, down from 1 in May. This transfer was for a surgical patient.
- All figures provided include those recorded as transferring via private motor vehicle.




4.4 Health Targets

Health Target progress

Quarterly & progress data

Target		Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	100%	100%	99%	100%	95%	✓	The West Coast continues to achieve the ED health target, with 99.6% (100%) of patients admitted, discharged or transferred from ED within 6 hours during quarter four. The ED team continues to work closely with community organisations, our discharge planning group and acute admitting wards to ensure the smooth flow of patients. Frail elderly pathways are being established to better support this high-need group of patients.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	480	978	1,442	1,942	1,889	✓	The DHB has exceeded the 2015/16 elective surgery target with 1,942 elective surgical discharges delivered, meeting 103% of our national target. This meant 53 more people were able to benefit from surgery than expected.
	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%	71%	75%	80%	85%	✗	Performance against the health target has increased this quarter with 80% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge with this result reflecting just two out of ten patients were non-compliant. Audits into patient pathways have taken place with no capacity issues identified. West Coast continues to achieve against the former health target, shorter waits for cancer treatment, with 100% of patients ready for radiation or chemotherapy receiving treatment within four weeks.
	Increased Immunisation Eight-month-olds fully immunised	88%	81%	89%	78%	95%	✗	During quarter four, 78% of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%), Asian (100%) and New Zealand European (96%). Opt-offs and declines increased this quarter to 21.7% and

¹ Greymouth Emergency Department only

Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Target	Current Status	Progress
							continue to make meeting the target impossible. 100% of the eligible (consenting) population were immunised.
 Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ²	91%	96%	94%	97%	95%	✓	West Coast DHB staff provided 97% of all hospitalised smokers with smoking cessation advice and support – achieving the target this quarter. The target was almost met for our Māori population – 93% - with just two patients being missed. The effects of small numbers remain challenging but best practice initiatives continue. The Smokefree Services Coordinator continues to investigate every missed smoker and discusses each case with both the Ward Champions and Clinical Nurse Managers.
 Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	84%	85%	82%	79%	90%	✗	West Coast health practitioners have reported giving 4,364 smokers cessation advice in the 15 months ending June 2016. This represents 79% of smokers against our 90% target. The DHB is disappointed not to have improved performance against this target. Three of our eight practices are performing above target. The remaining practices have individual action plans in place to close the gap. Best practice initiatives continue to be supported including dashboards, education, and clinical leadership.
 More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91%	91%	90%	91%	90%	✓	West Coast general practices have maintained coverage this quarter, with 91% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. We are pleased to continue to meet target. A range of approaches to increase performance continue, including identified CVD champions within general practices; nurse led CVD Risk Assessment clinics in practices, evening clinics and protected appointment time allocations for checks. All three Poutini Waiora nurses collaborate with general practices and conduct checks at local events. Text2Remind and Patient Dashboard IT tools are available in all West Coast DHB MedTech Practices.

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)

Four orthopaedic and 5 plastic surgery patients were non-compliant against the maximum 120 days' wait time target for their FSA in June. Plastics remained behind in spite of undertaking an additional session in June. This position will worsen for the July result as the specialists were unable to attend a scheduled visit due to poor weather and were unable to provide an additional "catch up" clinic in July due to leave and other commitments. Compliance for plastics should resolve by August. Delays in waiting time to assessment for orthopaedic referrals remain an issue and will likely grow in the immediate future due to transalpine staffing and service constraints.

ESPI 5 (Treatment)

One ophthalmology patient and four orthopaedic patients showed as exceeding the 120-day maximum wait times from FSA to surgical treatment in June. The ophthalmology case shown as non-compliant was due to a data error which has now been corrected. Orthopaedics remains a current issue and likely to continue for the meantime for the reasons outlined above.

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			2016		
	Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun		
	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.	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	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	9	1.2%	-9
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.	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	1.8%	-3	3	1.6%	-3	4	2.1%	-4	5	2.3%	-5	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.	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	131	100.0%	0

Data Warehouse Refresh Date: 30/Jul/2016

Report Run Date: 01/Aug/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.

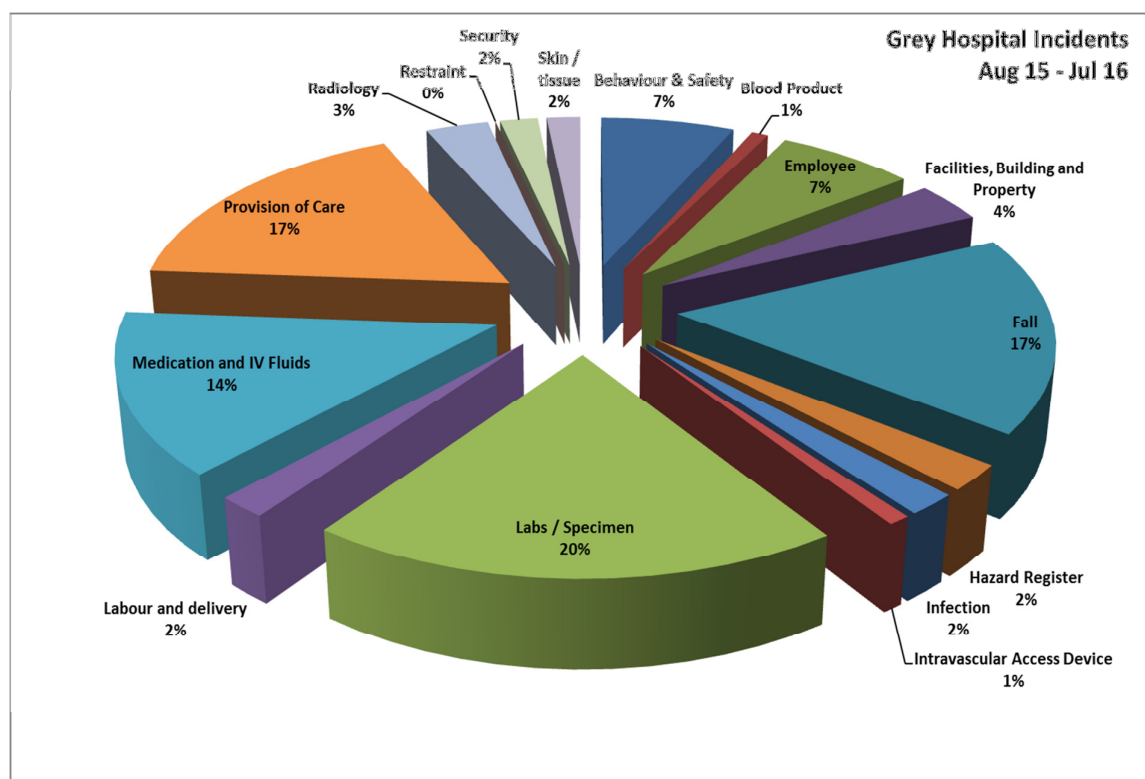
Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.5 Quality

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



GREY / WESTLAND	Q1		Q2			Q3			Q4			Q1	
Grey Base Hospital	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Total
Behaviour & Safety	5	3	3	4	2	2	2	6	1	0	3	1	32
Blood Product	0	0	0	0	0	1	2	1	0	0	0	0	4
Employee	5	3	3	2	3	2	1	2	2	4	4	2	33
Facilities, Building and Property	0	3	3	0	0	0	2	2	2	1	2	2	17
Fall	6	10	5	6	9	6	1	4	8	4	12	11	82
Hazard Register	0	0	0	0	0	0	1	0	6	2	1	1	11
Infection	0	0	0	0	0	2	0	2	2	3	0	0	9
Intravascular Access Device	0	0	0	0	0	1	0	0	1	2	0	0	4
Labs / Specimen	8	8	8	2	7	3	12	10	9	3	17	6	93
Labour and delivery	0	2	0	2	1	3	0	1	0	0	0	0	9
Medication and IV Fluids	8	3	2	5	4	5	8	4	9	6	9	4	67
Provision of Care	11	5	4	4	9	3	5	6	9	11	10	4	81
Radiology	2	0	1	0	1	1	0	2	1	2	2	3	15
Security	2	1	0	2	0	0	0	0	1	1	2	0	9
Skin / tissue	0	1	1	1	0	0	1	3	0	0	0	1	8
Totals	47	39	30	28	36	29	35	43	51	39	62	35	474



- Labs and Specimens have decreased, as the effects of having to resubmit samples when documentation is not satisfactory takes hold.
- Falls are on a par with last.
- 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 29 August 2016 the West Coast DHB has been 361days CLAB free.

Maternity Services Annual Report

The completed Maternity Services Annual Report has been updated to include the 2014 Maternity clinical indicators which were not available from the MOH when originally submitted. Maternity services are focussing on the following projects over the coming twelve months:

- Increasing consumer engagement
- Identifying barriers to access for young Maori women to maternity services, addressing these barriers and increasing their engagement
- Addressing maternal smoking rates

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2016

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 8 September 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

The purpose of this paper is to provide a regular monthly report of the financial results of the West Coast District Health Board and other financial related matters.

2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the period ended 31 July 2016.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of July 2016 was a deficit of \$0.142m, which was in line with budget. The year to date position is \$0.142m unfavourable.

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

4. APPENDICES

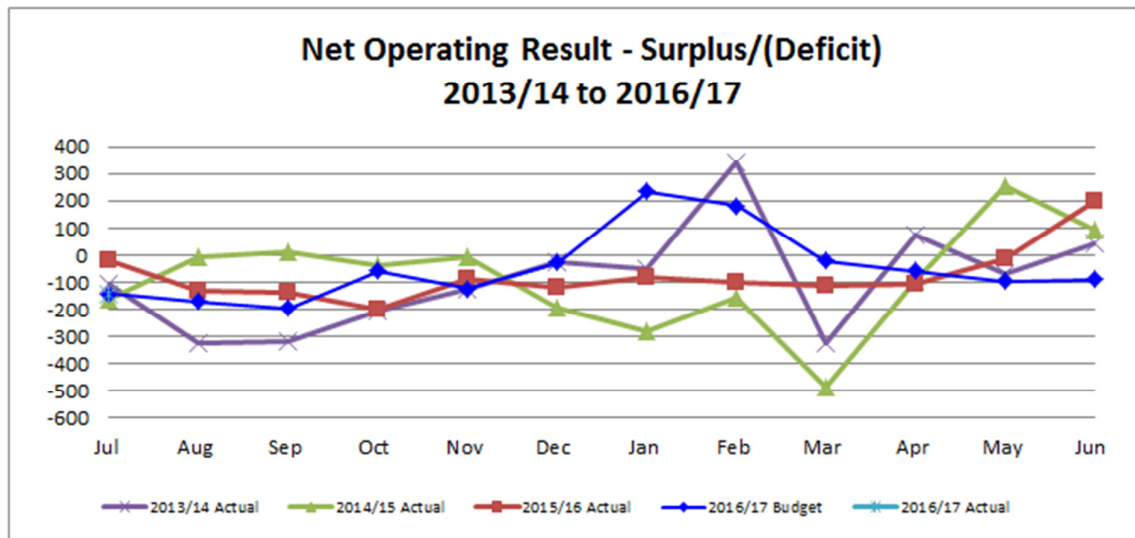
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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 – JULY 2016

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(142)	(142)	(0)	0%	✗	(142)	(142)	(0)	0%	✗

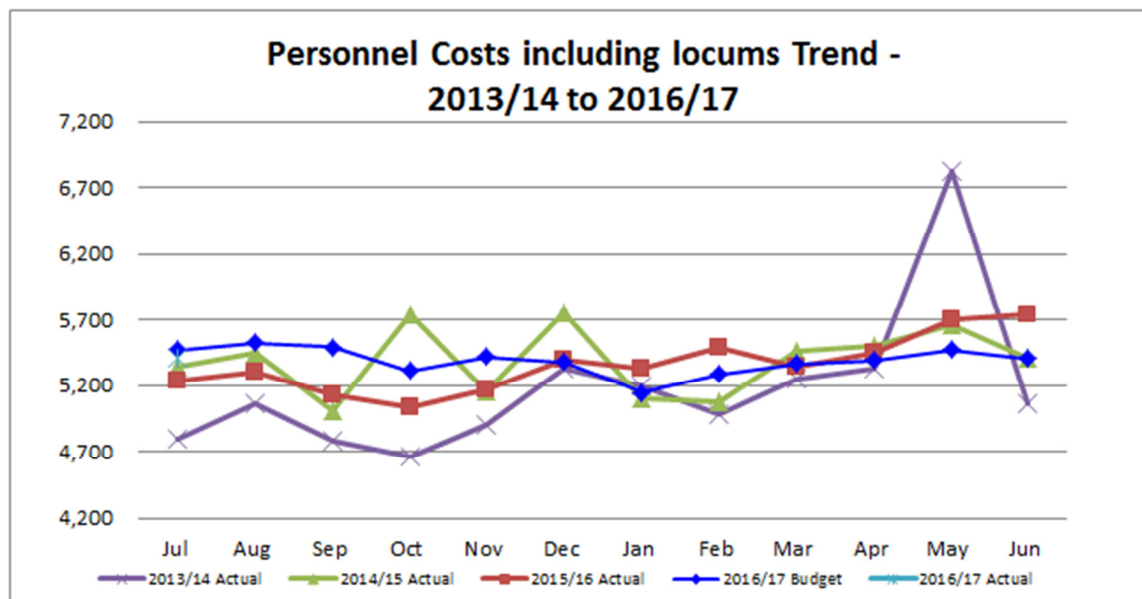


We have submitted an Annual Plan with a planned deficit of \$554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

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	1,532	1,390	(142)	-10%	✗	1,532	1,390	(142)	-10%	✗
Nursing	2,347	2,395	48	2%	✓	2,347	2,395	48	2%	✓
Allied Health	878	896	18	2%	✓	878	896	18	2%	✓
Support	(1)	89	90	101%	✓	(1)	89	90	101%	✓
Management & Admin	652	702	50	7%	✓	652	702	50	7%	✓
Total	5,408	5,472	64			5,408	5,472	64		



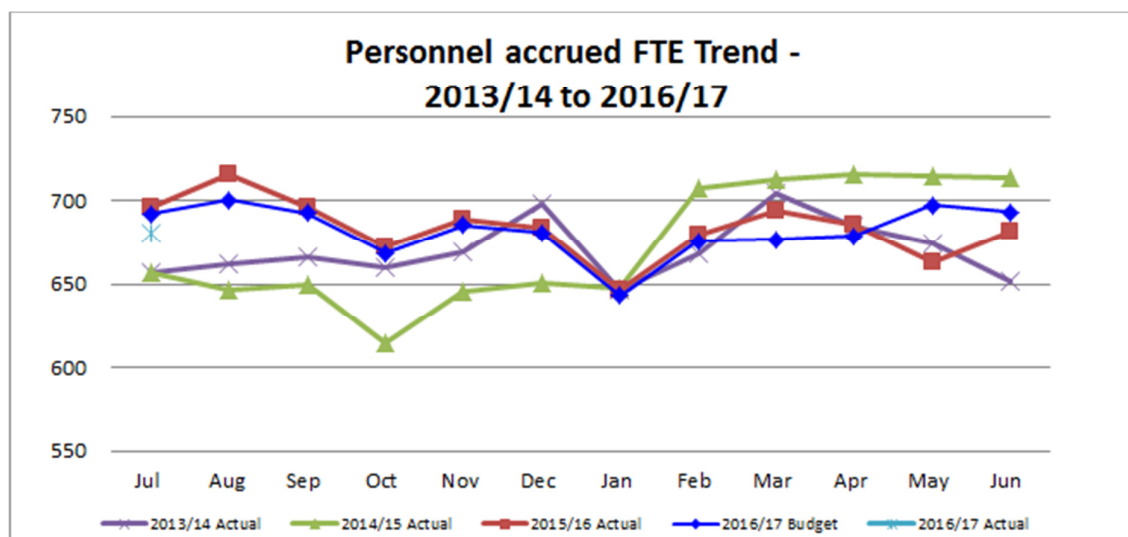
Personnel costs are favourable for the month. Locums continue to be a necessary cost, although the budgets have been realigned to recognise this.

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	37	41	4	10%	✓	37	41	4	10%	✓
Nursing	325	331	6	2%	✓	325	331	6	2%	✓
Allied Health	178	176	(2)	-1%	✗	178	176	(2)	-1%	✗
Support	19	18	(1)	-6%	✗	19	18	(1)	-6%	✗
Management & Admin	123	128	5	4%	✓	123	128	5	4%	✓
Total	680	692	12			680	692	12		



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.

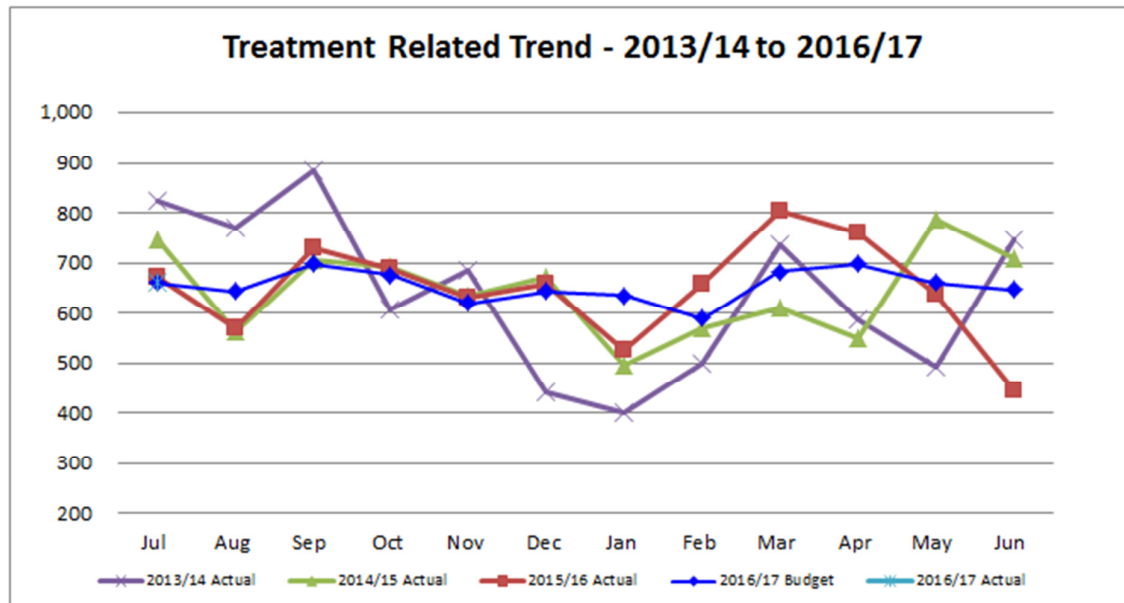
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	661	661	-	0%	661	661	-	0%



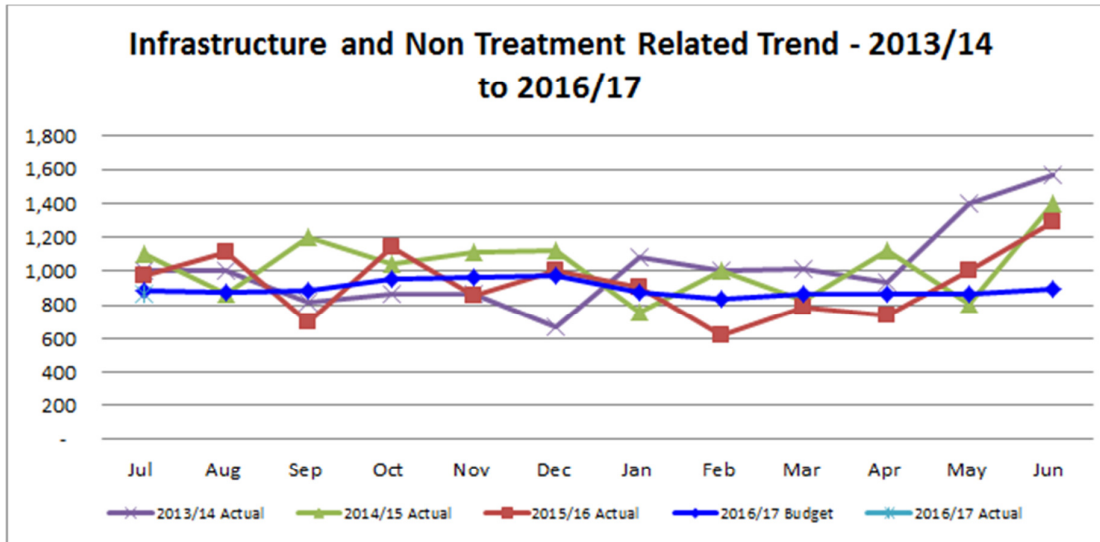
Treatment related costs are in line with budget for the month.

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	861	888	27	3%	861	888	27	3%



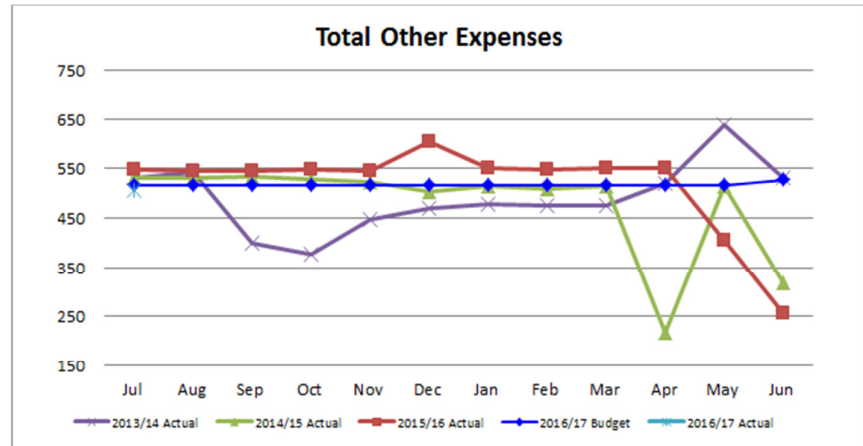
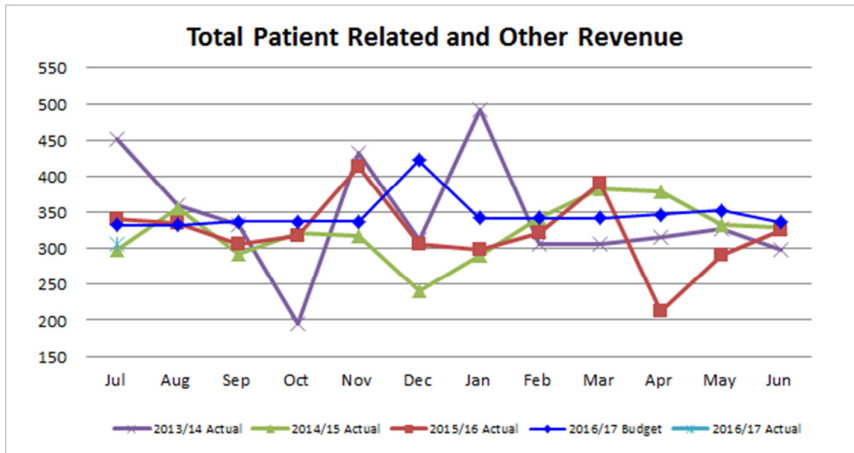
Expenses in this category continue to be closely monitored with savings being made as and where available.

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	42	40	2	5%	✓	42	30	12	40%	✓
Donations	-	3	(3)	0%	✗	-	3	(3)	0%	✗
Rental	18	16	2	13%	✓	18	16	2	13%	✓
Other	22	35	(13)	100%	✗	22	35	(13)	-37%	✗
Total Other Revenue	82	94	(12)	-13%	✗	82	84	(2)	-2%	✗
Interest Expense	55	54	(1)	-2%	✗	55	54	(1)	-2%	✗
Depreciation	374	380	6	2%	✓	374	380	6	2%	✓
Capital Charge Expense	77	82	5	6%	✓	77	82	5	6%	✓
Total Other Costs	506	516	10	2%	✓	506	516	10	2%	✓



KEY RISKS AND ISSUES

Other revenue for the month is slightly below target for the month.

FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	12,267	12,267	(0)	0%	✗	12,341
Cash	12,166	11,897	269	2%	✓	14,195

KEY RISKS AND ISSUES

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE

For period ending
in thousands of New Zealand dollars

31 July 2016

	Monthly Reporting				Year to Date				Full Year 16/17	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,383	11,594	(211)	(1.8%)	11,383	11,594	(211)	(1.8%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	0	7	(7)	(100.0%)	84	76
Inter District Flows Revenue	138	139	(1)	(0.7%)	138	139	(1)	(0.7%)	1,744	1,487
Patient Related Revenue	225	248	(23)	(9.3%)	225	248	(23)	(9.3%)	2,962	2,873
Other Revenue	82	84	(2)	(2.4%)	82	84	(2)	(2.4%)	1,112	984
Total Operating Revenue	11,828	12,072	(244)	(2.0%)	11,828	12,072	(244)	(2.0%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,408	5,472	64	1.2%	5,408	5,472	64	1.2%	64,670	64,396
Outsourced Services	2	3	1	33.3%	2	3	1	33.3%	30	30
Treatment Related Costs	661	661	0	0.0%	661	661	0	0.0%	7,858	7,781
External Providers	3,022	3,085	63	2.0%	3,022	3,085	63	2.0%	37,000	36,269
Inter District Flows Expense	1,509	1,589	80	5.0%	1,509	1,589	80	5.0%	19,084	16,380
Outsourced Services - non clinical	1	0	(1)	0.0%	1	0	(1)	0.0%	0	0
Infrastructure and Non treatment related costs	861	888	27	3.0%	861	888	27	3.0%	10,723	11,129
Total Operating Expenditure	11,464	11,698	234	2.0%	11,464	11,698	234	2.0%	139,365	135,985
Result before Interest, Depn & Cap Charge	364	374	(10)	(2.8%)	364	374	10	2.8%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	55	54	(1)	(1.9%)	55	54	(1)	(1.9%)	648	651
Depreciation	374	380	6	1.6%	374	380	6	1.6%	4,572	4,572
Capital Charge Expenditure	77	82	5	6.1%	77	82	5	6.1%	984	978
Total Interest, Depreciation & Capital Charge	506	516	10	1.9%	506	516	10	1.9%	6,204	6,201
Net Surplus/(deficit)	(142)	(142)	(0)	(0.2%)	(142)	(142)	(0)	(0.2%)	(554)	(897)
Other Comprehensive Income										
Gain/(losses) on revaluation of property										
Total Comprehensive Income	(142)	(142)	(0)	(0.2%)	(142)	(142)	(0)	(0.2%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at
in thousands of New Zealand dollars

31 July 2016

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	24,830	24,746	84	0.3%	25,444
Intangible assets	642	640	2	0.3%	681
Work in Progress	1,966	1,981	(15)	(0.8%)	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	28,005	27,934	71	0.3%	28,106
Current assets					
Cash and cash equivalents	12,166	11,897	269	2.3%	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	966	986	(20)	(2.0%)	986
Debtors and other receivables	5,721	5,924	(203)	(3.4%)	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	18,927	18,881	46	0.2%	18,851
Total assets	46,932	46,815	117	0.2%	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,945	10,945	0	0.0%	10,945
Employee entitlements and benefits	2,661	2,629	(32)	(1.2%)	2,629
Total non-current liabilities	13,606	13,574	(32)	(0.2%)	13,574
Current liabilities					
Interest-bearing loans and borrowings	3,500	3,500	0	0.0%	3,500
Creditors and other payables	8,037	8,161	124	1.5%	8,161
Employee entitlements and benefits	9,522	9,313	(209)	(2.2%)	9,313
Total current liabilities	21,059	20,974	(85)	(0.4%)	20,974
Total liabilities	34,665	34,548	(117)	(0.3%)	34,548
Equity					
Crown equity	72,563	72,543	(20)	(0.0%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(82,378)	(82,358)	20	0.0%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	12,267	12,267	0	0.0%	12,409
Total equity and liabilities	46,932	46,815	117	0.2%	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

31 July 2016

	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	12,322	12,042	280	2.3%	12,322	12,042	280	2.3%
Cash paid to employees	(5,243)	(5,472)	229	4.2%	(5,243)	(5,472)	229	4.2%
Cash paid to suppliers	(1,887)	(1,552)	(335)	(21.6%)	(1,887)	(1,552)	(335)	(21.6%)
Cash paid to external providers	(2,862)	(3,085)	223	7.2%	(2,862)	(3,085)	223	7.2%
Cash paid to other District Health Boards	(1,669)	(1,589)	(80)	(5.0%)	(1,669)	(1,589)	(80)	(5.0%)
<i>Cash generated from operations</i>	661	344	317	91.9%	661	344	317	91.9%
Interest paid	(55)	(54)	(1)	(1.9%)	(55)	(54)	(1)	(1.9%)
Capital charge paid	(77)	(82)	5	6.1%	(77)	(82)	5	6.1%
Net cash flows from operating activities	529	208	321	153.8%	529	208	321	153.8%
Cash flows from investing activities								
Interest received	42	30	12	40.0%	42	30	12	40.0%
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(273)	(208)	(65)	(31.3%)	(273)	(208)	(65)	31.3%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(231)	(178)	(53)	29.8%	(231)	(178)	(53)	(29.8%)
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	0	0	0.0%
Repayment of equity	1	0	1		1	0	1	
<i>Cash generated from equity transactions</i>	1	0	1		1	0	1	
Borrowings raised								
Repayment of borrowings	0	0	0		0	0	0	
Payment of finance lease liabilities	0	0	0		0	0	0	
Net cash flows from financing activities	1	0	1		1	0	1	
Net increase in cash and cash equivalents	299	30	269	883.0%	299	30	269	883.0%
Cash and cash equivalents at beginning of period	11,867	11,867	(0)	(0.0%)	11,867	11,867	(0)	(0.0%)
Cash and cash equivalents at end of year	12,166	11,897	269	2.3%	12,166	11,897	269	2.3%

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 8 September 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. SUMMARY

WORKFORCE

Nursing & Midwifery

A project is underway to align the workforce between the Emergency Department and the Critical Care Unit at Grey Hospital. A shared clinical skill set and education/training template is being developed to support nurses to upskill to work across both clinical areas. This will enable two key outcomes, an increase in nurses who can work flexibly across both areas to manage variance, and to improve the patient journey. This workforce development is also in anticipation of the addition of observation beds in the Emergency Department in the new facility. This flexible approach has been trialed by two staff and has been very successful.

A working group comprising of NZNO staff, delegates and DHB staff are in the process of finalising two key documents to ensure seamless service delivery, and flexibility of nursing staff. One document has the agreed principles of the Safe Staffing Healthy Workplace (SSHW) guidelines which enables nursing to react to variance in workload. This ensures safe delivery of care. The second outlines the agreed principles when nurses may be requested to assist in alternate DHB facilities such as from Grey to Buller. Once finalised these will be formally introduced and in effect immediately.

We are now actively recruiting into several vacancies in Hospital services. Roles that nurses are now being employed into are with a view to future service configuration and care delivery. This includes preparing for the integrated inpatient ward and nurses understanding that their role will be across medical, surgical and AT&R.

Allied Health

Allied Health Leadership across the DHB had a very successful leadership and planning session on 30 June to forge connections and set the workplan for the coming year. There is ongoing work in the implementation of the Calderdale framework and Allied Health Assistance training as part of the South Island Allied Health workplan.

We have had some success in the recruitment of physiotherapy, occupation therapy and a shared dietitian role has been developed with the PHO. The workforce action plan is in draft and will be shared with staff for feedback in the coming weeks.

QUALITY & SAFETY

Nursing & Midwifery

The “My Care Plan” tool has been redeveloped and education has been given to staff. This tool is an interdisciplinary visual bedside care plan that enables patient, family and staff quick reference regarding key needs of the patient. This includes mobility requirements, predicted discharge date, nutrition and who the nurse is for the shift. This tool also encourages and supports patients to be actively involved in their own care planning.

Work continues in improving discharge planning. The Identification, Discussion, Education, Assessment, Listen (IDEAL) framework is being utilised by clinical teams. The Ian Sturgess model is now used in conjunction with IDEAL. This model is based on the principles of preventing “de-conditioning” of patients. This is to maximise the independence of patients for the entire hospital event period to ensure they return home safely and with no loss of independence. The aim of this combined process is to streamline the patient journey with improved continuity, effective service coordination and to minimise the risk of readmission for better patient outcomes.

Allied Health

Work is underway to evaluate and rationalise the variety of equipment held for loan within the Grey Base Hospital environment. This quality initiative has developed out of a need to prepare for the new facilities, and is being led by Tara Jopson, Occupational Therapist as her Collabor8 project.

A ‘Hoarding and Squalor’ working group has been examining the growing issues across the district with keeping people well in their own homes, when those environments are impacted by hazards to residents and health professionals. The group are exploring opportunities to develop a collective response which they hope will support the improvement and maintenance of good health for people in their own homes and communities.

Medical

Morbidity and Mortality Reviews.

Regular meetings are held to discuss cases where there may be learnings to be taken from reviews of care provided to patients who either had unanticipated outcomes (morbidity) or who died (mortality). While the majority of these are expected and there was nothing that could be done to prevent them, there are some cases which provoke significant discussion amongst medical staff and enable us to review the ways that we provide care in order to improve them. Reviews are held in Medicine and Surgery (general surgery, orthopaedics, obstetrics and gynaecology, plastics and urology). Issues arising out of these may go to an All Clinicians meeting (which involves all of the medical staff) or to an MDT meeting (Multi-Disciplinary Team) which involves medical, nursing and allied health staff. Cases referred to these meetings enable a wider discussion and a system based approach to improving patient outcomes. A review of the terms of reference for Morbidity and Mortality Meetings is underway with a review document having been completed and about to be reviewed by the All Clinicians Morbidity and Mortality meeting.

Credentialing

Credentialing of clinicians is a process undertaken to ensure that a clinician is appropriately trained and experienced to undertake the work for which she/he is employed. It also ensures that the individuals scope of practice aligns with the requirements of the DHB and the safe and appropriate practice within the West Coast environment. Emergency Department, Anaesthesia and Obstetrics and Gynaecology have recently been credentialed. The next department to undergo credentialing will be Orthopaedics and this should be undertaken later this year.

FACILITIES

Grey Base Hospital and Integrated Family Health Centre

As previously reported Fletcher Construction Company [FCC] commenced work on 30 May 2016. FCC are now fully established on site with site sheds having arrived and the fencing of the site. Bulk earthworks are underway and piling equipment is already arriving on site.

Fortnightly Campus Interface Meetings have been established with WCDHB, Ministry of Health, Project Managers and FCC representatives all in attendance. These meetings provide an update of site Health and Safety reporting as well as programme updates and also specifically address any hospital and construction interfaces. The WCDHB project redevelopment team continues to work together with all parties to mitigate any impact of the construction on the existing hospital site.

A recent example of a hospital construction|interface was the requirement for the Rural Learning Centre sewers to be temporarily disconnected as part of the early construction phase. These services will be connected to the new facility development services once this is established. In order to mitigate the effect on the staff and students who continue to use the Rural Learning Centre, a robust path has been built connecting the Rural Learning Centre and the Corporate Services building to enable the use of services in the Corporate Services building.

Staff will have also noticed the recent closure of the northern car park outside of the Corporate Services building as this area has become part of the construction site. Note a temporary carpark for staff and visitors has been developed in order to mitigate the loss of these car parks and it is located off Waterwalk Road to the north of the existing car park in this area.

Buller

The Hospital Redevelopment Partnership Group are now providing project governance to oversee the Buller redevelopment alongside the Grey Base Hospital and Integrated Family Health Centre project. The Ministry of Health are continuing to step through exploring the feasibility of a third party funding the facility and leasing the building back to the DHB with a long-term lease. Until these negotiations are complete there is no certainty in regards to the timeline or the budget.

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: Clinical Leaders

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 28 JULY 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 12 August 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 July 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 July 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 28 July 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:

- Contracted elective Targets were met
- Successful recruitment of physiotherapist
- Continues low rate of DNAs

Mr Newsome also spoke about the following:

- The patient flow diagrams are close to coming back into the report with a lot of work having been done around dashboards.
- These volumes 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%).
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).
- Grey Hospital occupancy has been high with Barclay Ward taking medical overflows as per the plan put in place earlier in the year.
- Workforce
 - It is hoped that all Junior Medical staff vacancies will be filled over the next few months and we are working closely with Canterbury in this area.
 - Discussions have commenced with Ashburton Hospital around building a strong rural network of training registrars in Rural Hospital Medicine.
 - A decision was made that the West Coast would recruit directly for Anaesthesia and 8 applications were received.
- Allied Health – Allied Health Leaders met in Greymouth at the end of June to finalise work on the coming year's strategy. This also ensured the plans align with the Ministry's refreshed Health Strategy and our models of care.
- The incoming AOD coordinator for the District has commenced some joint work with both Corrections and the West Coast Needle Exchange which will hopefully enhance the ways we work together.
- After significant challenges recruiting it is pleasing to welcome a new physiotherapist to the team.
- A new Occupational Therapist has also commenced this month and will be based in Westport once she has completed her orientation.
- ESPI Compliance – May has been a challenging month with weather affecting many lists and disruptions to the Orthopaedic Service. The Plastic Surgeons did additional days in June to accommodate the non-compliant patients and combined this with an education session to primary care.

A query was made regarding ENT and management advised that last time they looked at bringing this surgery to the West Coast there was not enough volume however it is timely to look at this again.

Discussion took place regarding falls in Kahurangi. Management commented that whilst there have been a number of falls this number was bolstered by a number of falls by one person. The Committee noted that falls are taken very seriously and a reinvigoration of the falls group is taking place.

In regard to the facilities project the Committee noted that piling has commenced on site. The contractors are very easy to deal with and continued communication is taking place. They are also trying to employ as many local people as possible.

The report was noted.

FINANCE REPORT

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 Committee noted that this is a provisional year end result with the Auditors coming back in a couple of weeks' time.

Ms White commented that she did not foresee any issues that would change the result substantially.

The Committee also noted that June has shown a continuation of the pressures that have experienced in previous months with the trade off between Treatment Related expenses and Infrastructure.

The report was noted.

CLINICAL LEADERS UPDATE

The Committee noted that Gary Coghlan will represent the West Coast on the South Island Workforce Development Hub. This group is part of the South Island Alliance and is fundamental in supporting well-coordinated workforce development across the Alliance.

An enrolled Nurse Focus day on 12 July was very well attended. The attendees worked through an interactive series of sessions to develop a vision and strategy and complete some education sessions.

The update was noted.

4. APPENDICES

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

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 12 August 2016 commencing at 10.15am

Visit to Facilities Site	10.00am
<i>Please meet at the site entrance in Waterwalk Road where there is car parking.</i>	to
<i>Please ensure you wear sturdy footwear with closed in toes.</i>	10.30am

KARAKIA	
ADMINISTRATION	10.40am

Apologies

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

REPORTS	10.45am
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- | | | | |
|-----|---|---|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.45am – 10.55am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.55am – 11.10am |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 11.10am – 11.20am |
| 7. | Matt Gunter Patient Story | Karen Bousfield
<i>Director of Nursing & Midwifery</i> | 11.20am – 12noon |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 12noon – 12.10pm |
| 9. | Maori Health Action Plan 2016/17 | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 12.10pm – 12.20pm |
| 10. | Reports from Committee Meetings | | |
| | - CPH&DSAC
28 July 2016 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 12.20pm – 12.30pm |
| | - Hospital Advisory Committee
28 July 2016 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 12.30pm – 12.40pm |
| 11. | Resolution to Exclude the Public | Board Secretariat | 12.40pm |

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME	12.40pm
NEXT MEETING	

Friday 23 September 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.