



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

HOSPITAL ADVISORY COMMITTEE MEETING

27 October 2016

11.00am

**Board Room, Corporate Office
Grey Base Hospital**

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 27 October 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**

8 September 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 – 23 September 2016
- 2016 HAC Workplan (Working Document)
- West Coast DHB 2016 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 1 December 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"> ▪ 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 Member of the Board of the 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 8 September 2016, commencing at 10.30am

PRESENT

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

APOLOGIES

Peter Ballantyne due to road closure, and Joseph Thomas.

MANAGEMENT SUPPORT

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

WELCOME

Richard Wallace commended the meeting with a Karakia

1. INTEREST REGISTER

Richards Wallace asked that reference to his daughter being a Board member for West Coast DHB be removed.

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: Kevin Brown/Seconded: Richard Wallace – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 28 July 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:

- Physiotherapy and Occupational Therapy now fully staffed;
- First community-based attachment for RMO;
- The Maternity Quality & Safety Programme Annual Report (MQSP) has been submitted to the Ministry of Health.

Mr Newsome also spoke about the following:

- The case-weighted discharges are still down as discussed at the last meeting;
- Outpatient volumes for specialist surgical and medical services in July was down 26.5% from expected volumes overall;
- Throughput of First Specialist Assessments by residential services was fairly well on track overall with the decreases being largely attributable to many periodically visiting specialties not having any scheduled clinics during July;
- Recruiting is currently underway for Registered Nurse positions in the Emergency Department;
- A Rheumatology CNS has been successfully recruited and she will commence at the end of September. This nurse will also be employed 0.5FTE in the Emergency Department as she has experience as an emergency nurse;
- Medical occupancy has been high reflecting the influence of winter illnesses. Planning for this meant we were well prepared;
- Annual recruitment for Junior Doctors has taken place and we have not yet filled all of our vacancies. We are working closely with the CDHB Resident Doctor Support team to ensure the vacancies in both DHBs are filled;
- Two anaesthetists have been shortlisted for the anaesthetic vacancy;
- Industrial Relations Negotiations are ongoing with an update being provided;
- The report provided an update on ESPI's and it should be noted that there are some issues around orthopaedics. Management are working to address this including looking at Regional solutions;

Discussion took place regarding the GP position in Reefton and the Committee noted that we are continuing to try to recruit to this position.

The Committee noted that the DHB has a lot of nurses who will reach retirement age over the next few years and a strategy has been developed to deal with this.

Discussion also took place regarding discharge planning and an overview of the process was provided to the Committee.

Resolution (18/16)

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

- i. That the Committee notes the Management Report.

5. FINANCE REPORT

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 Committee noted a good start to the year financially although it is early days yet. An Annual Plan with a planned deficit of \$554k has been submitted for approval.

Personnel costs are favourable for the month with Locums continuing to be a necessary cost. Budgets have been realigned to recognise this.

Work is taking place across the whole organisation to set achievable targets and then work to meet these.

The year-end audit is taking place and nothing has been raised by the Auditors to date.

Resolution (19/16)

(Moved: Peter Neame/Seconded: Chris Lim – carried)

- i. That the Committee notes the financial result and related matters for the period ended July 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 a lot of work is taking place around workforce alignment.

It was also noted that the DHB is 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.

Allied Health Leadership across the DHB had a very successful leadership and planning session on 30 June to forge connections and set the work plan 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 work plan.

Resolution (20/16)

(Moved: Peter Neame/Seconded: Richard Wallace– carried)

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

INFORMATION ITEMS

- Chair's report to last Board meeting.
- Board Agenda – 12 August 2016.
- 2016 HAC Work Plan (Working Document)
- West Coast DHB Meeting Schedule 2016.

There being no further business the meeting closed at 11.50am

Confirmed as a true and correct record.

Sharon Pugh, Chair

Date

CARRIED FORWARD/ACTION ITEMS



Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1	8 September 2016	Update on surgery possibilities.	An update on work undertaken around the possibility of new types of surgery being undertaken on the West Coast.	When new information is available

MANAGEMENT REPORT



TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager Grey Westland | General Manager Buller

DATE: 27 October 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:

- Achievement of Safe Sleep Audit
- Successful recruitment of Anaesthetist
- Positive feedback for Maternity Quality and Safety Programme plan

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 3-month period to 30 September 2016.

Inpatient Volumes

Overall case-weighted discharge [CWD] throughput from Grey Base Hospital was well behind YTD contracted volumes for surgical specialty services; offset by significantly higher throughputs in medical specialty services. Overall, net delivery of contracted caseweights was down by 17.9%.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	280.27	217.64	-62.63	-22.3%
Elective	308.19	262.97	-45.22	-14.7%
Sub-Total Surgical:	588.46	480.61	-107.85	-18.3%
Medical				
Acute	348.03	619.79	271.76	78.1%
Elective	0	0	0	0%
Sub-Total Medical:	348.03	619.71	271.76	78.1%
TOTALS:	936.49	1100.04	163.91	-17.5%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services in the first 3 months of the year were down 7.1% from expected volumes overall (253 attendances). The decrease is largely attributable to fewer follow up appointments being required and the fact that there have been no dermatology or gastroenterology clinics during the period; with most other services on track or even up against FSA volumes against year to date contract.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	844	835	-9	-1.0%
Sub. Visit	1355	1230	-125	-9.2%
Sub-Total Surgical:	2199	2065	-134	-6.1%
Medical				
1 st Visit	404	340	-64	-15.7%
Sub. Visit	962	907	-55	-5.7%
Sub-Total Medical:	1366	1247	-119	-8.6%
TOTALS:	3565	3312	-253	-7.1%

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]
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%
August 2016	1718	1604	114	6.64%
September 2016	1726	1620	106	6.14%
13 month rolling totals	21233	19909	1324	6.24% Average

- DNA project – Outpatient letters have been amended consistent with the South Island Alliance work. Letters to patients are much easier to read with less information on them.

4.2 Workforce Update

Nursing

- We welcome Maureen Anderson, Rheumatology/Infusion CNS. Maureen will work 0.5 FTE Rheumatology and 0.5 FTE Emergency Department.
- A number of positions have been filled in the medical and surgical wards.
- We continue to recruit into ED nursing positions. At present the ED is working a transalpine approach with nurses from CDHB coming across to work with nurses at Grey Hospital ED. The senior nurses from Canterbury are working alongside younger nurses coaching them and providing a level of seniority. This has been very successful for all parties as it has built up healthy relationships between each service.
- Annual leave taken this month is up from last month by 800 hours with sick leave decreasing from 1345 hours to 769, a decrease of 42%.
- The medical ward occupancy for the month remains high at 93% up 2% from last month. The surgical ward was at 70% from 91% having also taken a number of medical overflows. Overall the hospital has not been at full capacity this year.
- The nursing flexibility meeting, held in conjunction with our partners NZNO, was well received by staff. Staff are feeling comfortable about moving between wards and services in order to react to negative variance.
- *Discharge planning* – A strategic planning meeting is going to be held towards the end of November in order to reinvigorate the discharge planning project. IDEAL (Include, Discuss,

Educate, Assess, Listen) continues to be the basis of this project ensuring that all groups are involved will be the key to its success.

Medical

- An RHM is commencing in February 2017.
- A position has been offered to an anaesthetist.
- The junior doctor workforce is near fully recruited for the first quarter of 2017. We continue to develop strong ties with the Resident Doctor Support Team in Christchurch and are sharing a number of RMO's throughout next year.

Reefton Health

- *Medical Centre* – Integration and work across practice, primary, community and ARC is continuing.
- *Aged Residential Care* – Currently 9 hospital level and 4 residential level residents.

Allied Health

- Many of the Allied Health professions have celebrations planned at this time of year. These events are an opportunity to thank staff for their contribution, as well as raise awareness of how each profession works across our health system. We have recently celebrated World Physio Day, World Pharmacist Day and Social Work Day, with Occupational Therapy week and World Radiology Day coming up soon.
- Our Buller based NTA co-ordinator is due to commence in role imminently. We have also welcomed a new Dietitian this month.
- Following a recent Collabor8 project undertaken by Tara Jopson from Occupational Therapy to rationalise and reduce storage need for Allied Health on Grey Base Campus, the Facilities team have adopted her learnings to work with other areas of service preparing for the new facilities.
- Staff participated in the first of a series of West Coast Disability Resource Service Workshops recently, looking to identify opportunities to strengthen our community by building on our strengths. Allied Health look forward to continuing to contribute to this forum as it develops over the next few months.
- Allied Health Leadership come together to review the larger projects in process across the health system. These include Health Informatics, Workforce Development and community based service provision opportunities
- Dietetic and Nutrition Services across the health system are working together to identify ways that they can better reach across our communities; ensuring that referrals get to the right part of the system in a timely way, and any gaps in service can be identified to inform service development in the future.
- Allied Health staff are working on a number of projects within and across disciplines currently. These projects link to their professional development plans, which encourage staff to be up to date with the best evidence for practice so that they can provide the best services possible to our community. Some examples of these are providing physiotherapy and occupational therapy in ED and primary practice settings, stroke education, capturing the evidence of effective rehabilitation after injury and using telehealth in innovative ways.
- We are working in partnership with the Ministry of Health, CYF, Corrections, NZ Police and various community agencies to develop opportunities for delivering more joined up models when working with at risk children and families.

- Calderdale Framework Foundation training is due to be offered again to our new staff, as well as other disciplines with an interest. The Calderdale Framework aims to identify tasks that can be shared across disciplines, or delegated to assistants in order to reduce the repetition of questions and assessments patient experience when working with multiple Allied Health therapies.

Industrial Relations

Negotiations Update:

- South Island Clerical Workers MECA (PSA) - 9 September 2016: Settlement was ratified on 5 September 2016 and is within approved parameters over a nominal 40 month term. Term is 30 September 2015 to 31 January 2019.
- West Coast Home Based Support SECA (PSA) – 14 October, 2016: After changes made to the agreement by the union and advice sought, DHB is finalising revised offer to the Union.
- RMO MECA (RDA) – 48 hour strike action – 18th/19 October, 2016.
- SMO MECA (ASMS) - 7 October 2016: ASMS have not agreed to take offer to members at present but will discuss at ASMS conference in November 2016.
- Medical Laboratory Workers MECA - 30 September 2016: Settlement has been ratified. Settlement provides 3 increases over a 36 month term expiring 6 September 2019.

Recruitment

New Vacancies	11
Total Open Vacancies	9
Total FTE Recruiting	11
Appointed Vacancies	20
Total FTE Appointed	18

- Over the past month we have had a total of 11 new vacancies, and appointed 18 FTE.
- We have placed an Anaesthetist who will be starting in the New Year, the applicant is coming from Germany and her daughter lives in Barrytown. Advertising will be underway shortly for another Anaesthesia role.
- We continue to advertise for General Surgeon and General Physician roles.
- Allied Health recruitment is quiet with just 4 roles. Attraction collateral is being distributed at the Services for Australian Rural and Remote Allied Health conference at the end of this month to promote Allied Health roles in the region.
- The Corporate space is also on the quieter side with just 2 vacancies, including the Senior Leadership Position within Planning and Funding. So far we have received 3 applications for this position and are utilising video and social media to attract people to apply.
- Nursing is busier than it has been with 13 active roles. There are also 2 roles pending which will be for the new Reefton Integrated Health Service.
- We have recruited 4 GPs for Greymouth over the last month who can commit to between 6 and 12 month durations from early next year. Reefton have GP cover until the end of February; South Westland until end of June with a permanent GP in the pipeline for next year and Westport are at full capacity for the first quarter of next year and the focus remains on winter cover.
- Our 'GP Story' project has kicked off with design work and content for E Book, Careers Page strategic brochure content.

4.3 Patient





Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals remained much the same with 32 transfers in July 2016 and 35 transfers in August 2016. The July and August 2016 transfers were spread fairly evenly over medical, surgical and orthopaedic patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in July and August 2016 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base the numbers decreased slightly with 23 transfers in August 2016 (down from 26 transfers in July 2016). Most of these transfers were for medical and surgical patients. Transport used during July 2016 was spread fairly evenly across ISS, ambulance, private vehicle and helicopter. Those transported to Grey Base in August 2016 were predominantly via ambulance and ISS.
- There was 1 medical patient transfer from Reefton to Grey Base in August 2016, down from 5 in July 2016. These transfers were for surgical and orthopaedic patients.
- 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	99.7%	99.6%	99.2%	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.
 Improved Access to Elective Surgery West Coast's volume of elective surgery	480 YTD	1,130 YTD	1,583 YTD	1,942	1,889	✓	The DHB has exceeded the 2015/16 elective surgery target with 1,942 elective surgical discharges delivered, 103% of our national target.
 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%	71.4%	75%	80%	85%	✗	<p>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.</p> <p>Small numbers are a challenge with this result reflecting just two out of ten patients who were non-compliant. Audits into patient pathways have taken place with no capacity issues identified.</p> <p>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.</p>
 Increased Immunisation Eight-month-olds fully immunised	88.4%	80.9%	89.3%	78%	95%	✗	<p>During quarter four, 78% of all eight-month-olds were fully immunised. Strong results were also achieved for Pacific (100%), Asian (100%) and New Zealand European (96%).</p> <p>Opt-offs and declines increased this quarter to 21.7% and continue to make meeting the target impossible. However, 100% of the eligible (consenting) population were immunised which is a great reflection on the work of the teams.</p>

¹ Greymouth Emergency Department only

Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Target	Current Status	Progress
 Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ²	91.1%	96.4%	93.9%	97%	95%	✓	<p>West Coast DHB staff provided 97% of all hospitalised smokers with smoking cessation advice and support and we achieved the target this quarter. The target was almost met for our Māori population at 93%, with just two patients being missed.</p> <p>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.</p>
 Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	84.5%	84.8%	82%	79%	90%	✗	<p>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 this quarter.</p> <p>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.</p>
 More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91%	90.8%	90.3%	91%	90%	✓	<p>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.</p> <p>This is the fourth quarter in a row where the teams have met the national target and West Coast received an outstanding rating from the Ministry in the final quarter of the year. A pleasing reflection on the work being done to engage our community.</p>

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)

Twenty orthopaedic and 3 plastic surgery patients were non-compliant against the maximum 120 days' wait time target for their FSA in August. All of the plastics patients who were overdue for FSA as at the end of August were subsequently seen in September, as were all but 5 of the 20 orthopaedic patients. Delays in waiting time to assessment for orthopaedic referrals remain an issue and will likely continue in the immediate future due to transalpine staffing and service constraints.

ESPI 5 (Treatment)

One dental, 2 ophthalmology, 7 plastic and 6 orthopaedic patients showed as exceeding the 120-day maximum wait times from FSA to surgical treatment in August. Plans are in place to resolve outstanding treatments for patients waiting longer than 120 days for these services, although orthopaedics remains a concurrent 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			2016			2016			2016			2016			2016			2016			2016			2016		
	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug		
	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 required timeframe.	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	15 of 15	100.0%	0	16 of 16	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	19	2.5%	-19	23	2.6%	-23
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	2	1.1%	-2	3	1.8%	-3	3	1.7%	-3	4	2.1%	-4	5	2.4%	-5	3	1.4%	-3	14	5.8%	-14	16	7.4%	-16
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.	134	100.0%	0	123	100.0%	0	164	100.0%	0	101	100.0%	0	101	100.0%	0	109	100.0%	0	130	100.0%	0	101	100.0%	0	133	100.0%	0	129	100.0%	0	121	100.0%	0	146	100.0%	0

Data Warehouse Refresh Date: 01/Oct/2016

Report Run Date: 03/Oct/2016

Notes:

- Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
- Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
- ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
- Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed for the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
- ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- 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.

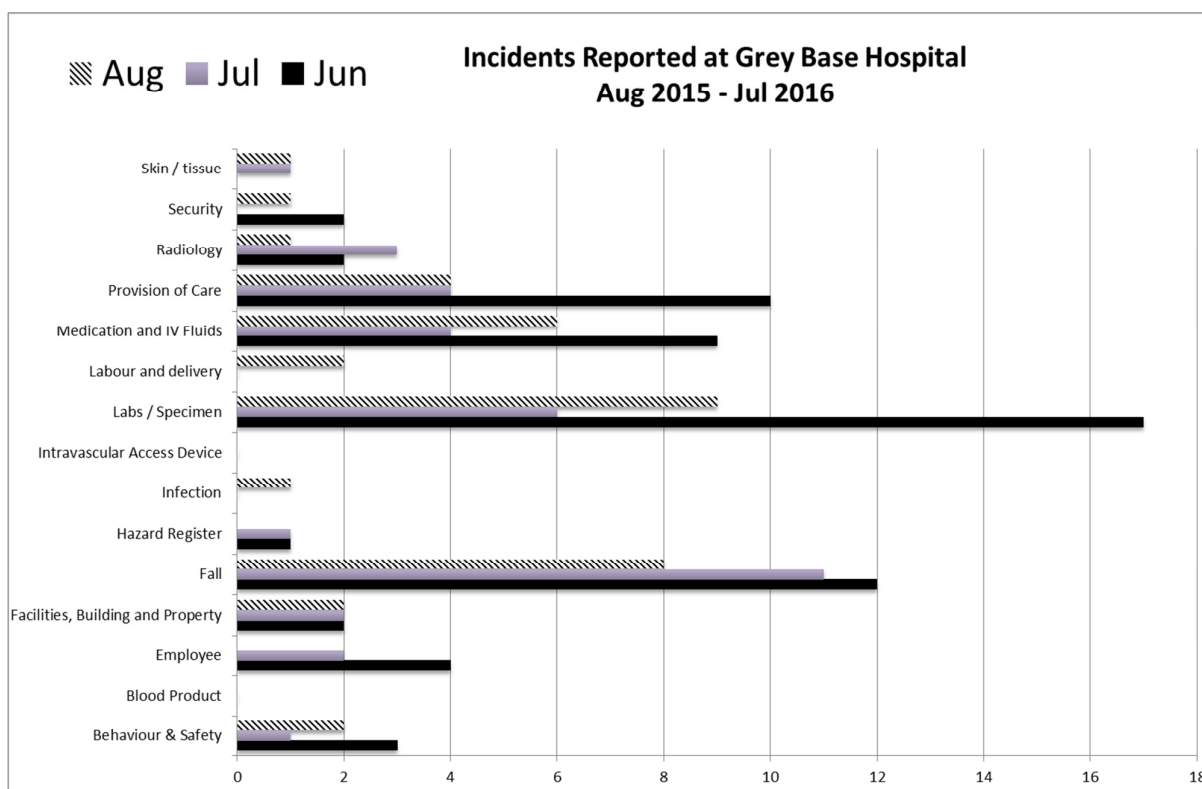
Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.5 Quality

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



GREY / WESTLAND	Q3			Q4			Q1	
Grey Base Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Behaviour & Safety	2	2	6	1	0	3	1	2
Blood Product	1	2	1	0	0	0	0	0
Employee	2	1	2	2	4	4	2	0
Facilities, Building and Property	0	2	2	2	1	2	2	2
Fall	6	1	4	8	4	12	11	8
Hazard Register	0	1	0	6	2	1	1	0
Infection	2	0	2	2	3	0	0	1
Intravascular Access Device	1	0	0	1	2	0	0	0
Labs / Specimen	3	12	10	9	3	17	6	9
Labour and delivery	3	0	1	0	0	0	0	2
Medication and IV Fluids	5	8	4	9	6	9	4	6
Provision of Care	3	5	6	9	11	10	4	4
Radiology	1	0	2	1	2	2	3	1
Security	0	0	0	1	1	2	0	1
Skin / tissue	0	1	3	0	0	0	1	1
Totals	29	35	43	51	39	62	35	37



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

- Falls are up for the month; the bulk of these 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.

Maternity

- The West Coast DHB was the first of the South Island DHB's to complete the first audit of the safe sleeping policy implementation. Enrolled nurse Janette Greaney has been appointed safe sleep champion for the WCDHB and completed the audit which monitors the information we are providing to parents about placing babies in a safe position to sleep and highlighting the risks of SUDI in babies.
- August saw the beginning of the new partnership/management for Kawatiri. Mieke Seiblink has settled into the position well and the birthing numbers have increased from last year.
- October acknowledges Baby Loss Awareness Week and the maternity staff have the beautiful cooling cots on display for staff to become familiar with. These cots were donated by the community after two women had neonatal loss in McBrearty.
- The annual audiology audit is almost completed and will be submitted to the MOH by the end of October. This audit reviews the service we provide by data analysis, staff assessment and patient feedback.
- The Ministry of Health have approached us to recommend that our Maternity Quality and Safety Programme moves from 'Emerging' to 'Established'. This is in acknowledgment of the progress made against the programme. There was also general positive feedback from the MOH team in regards to our improved maternity service.

Report prepared by:

Mark Newsome, GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2016



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 27 October 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 September 2016.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of September 2016 was a deficit of \$0.184m, which was \$0.012 favourable to budget. The year to date position is \$0.142m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,010	6,994	16	v	20,779	20,972	(193)	x
Governance & Administration	69	69	0	v	207	207	0	v
Funds & Internal Eliminations	4,997	5,014	(17)	x	14,873	15,042	(169)	x
	12,076	12,077	(1)	x	35,859	36,221	(362)	x
EXPENSES								
Provider								
Personnel	5,214	5,344	130	v	15,839	16,043	204	v
Outsourced Services	1	3	2	v	3	9	6	v
Clinical Supplies	807	698	(109)	x	2,202	2,003	(199)	x
Infrastructure	911	841	(70)	x	3,071	2,514	(557)	x
	6,933	6,886	(47)	x	21,115	20,569	(546)	x
Governance & Administration	69	69	0	v	207	207	0	v
Funds & Internal Eliminations	4,767	4,802	35	v	13,700	14,405	705	v
Total Operating Expenditure	11,769	11,757	(12)	x	35,022	35,181	159	v
Surplus / (Deficit) before Interest, Depn & Cap Charge	307	320	(13)	x	837	1,040	(203)	x
Interest, Depreciation & Capital Charge	491	516	25	v	1,487	1,548	61	v
Net surplus/(deficit)	(184)	(196)	12	v	(650)	(508)	(142)	x

4. APPENDICES

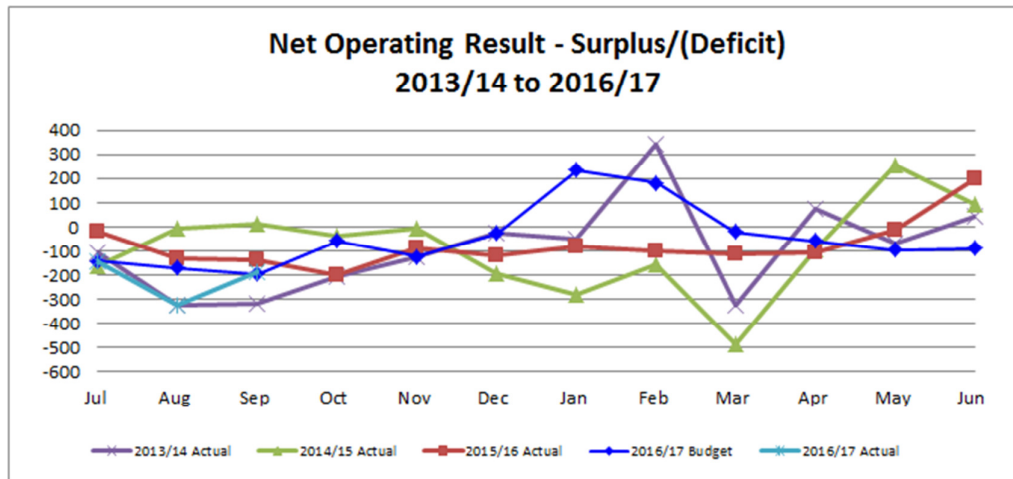
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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 – SEPTEMBER 2016

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(184)	(196)	12	-6%	✓	(650)	(508)	(142)	28% ✗



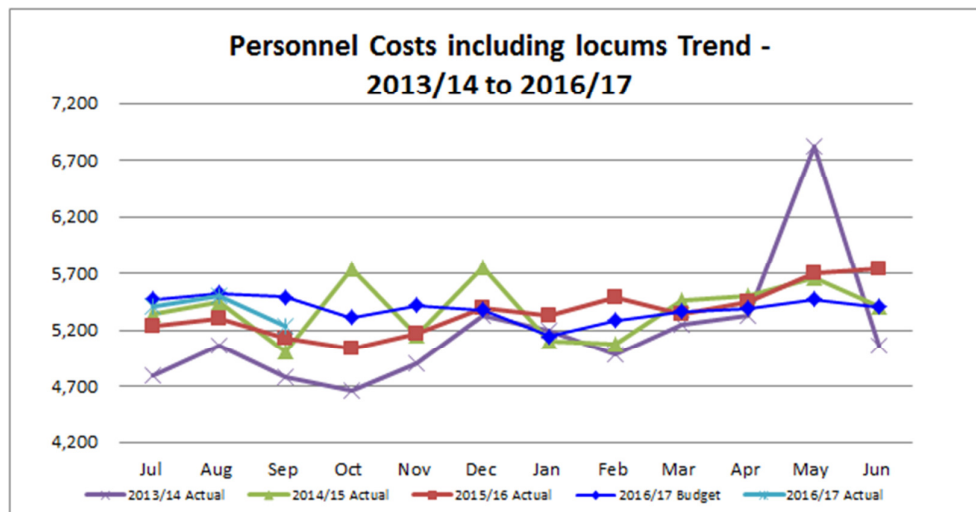
We have submitted an Annual Plan with a planned deficit of \$554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

KEY RISKS AND ISSUES

It is important to note the budget is phased according to activity, with the first quarter of the year anticipated to be the heaviest months of activity, and the third quarter (January – March) the lightest.

PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,545	1,414	(131)	-9%	✗	4,501	4,199	(302)	-7% ✗
Nursing	2,082	2,384	302	13%	✓	6,670	7,200	530	7% ✓
Allied Health	856	925	69	7%	✓	2,707	2,744	37	1% ✓
Support	92	89	(3)	-3%	✗	187	271	84	31% ✓
Management & Admin	665	682	17	2%	✓	2,088	2,078	(10)	0% ✗
Total	5,240	5,494	254			16,153	16,492	339	



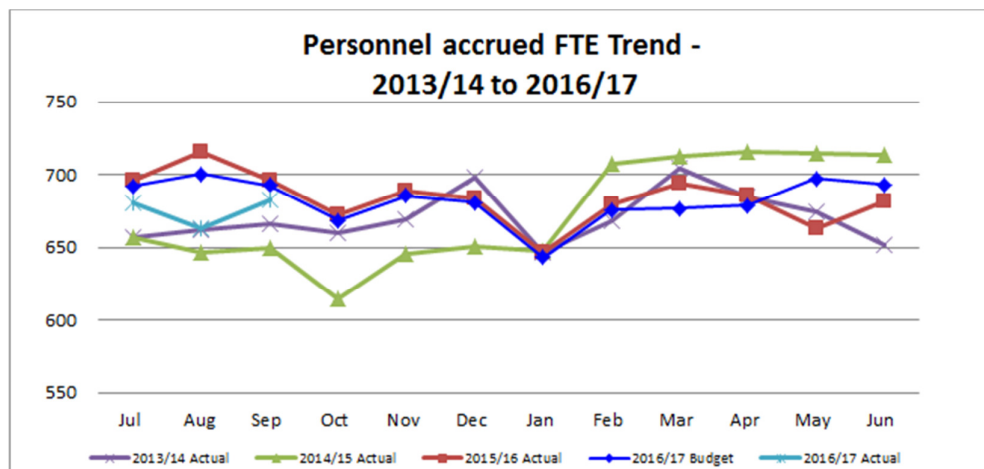
Personnel costs are favourable for the month, this is largely offset by Locum costs, which continue to be necessary cost.

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, and planned leave in the smaller services, this requires 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	39	42	3	6%	36	41	5	12%
Nursing	318	329	11	3%	319	331	13	4%
Allied Health	178	181	3	2%	177	179	2	1%
Support	20	18	(2)	-12%	19	18	(1)	-8%
Management & Admin	128	123	(5)	-4%	125	126	1	1%
Total	682	693	10		675	695	20	



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.

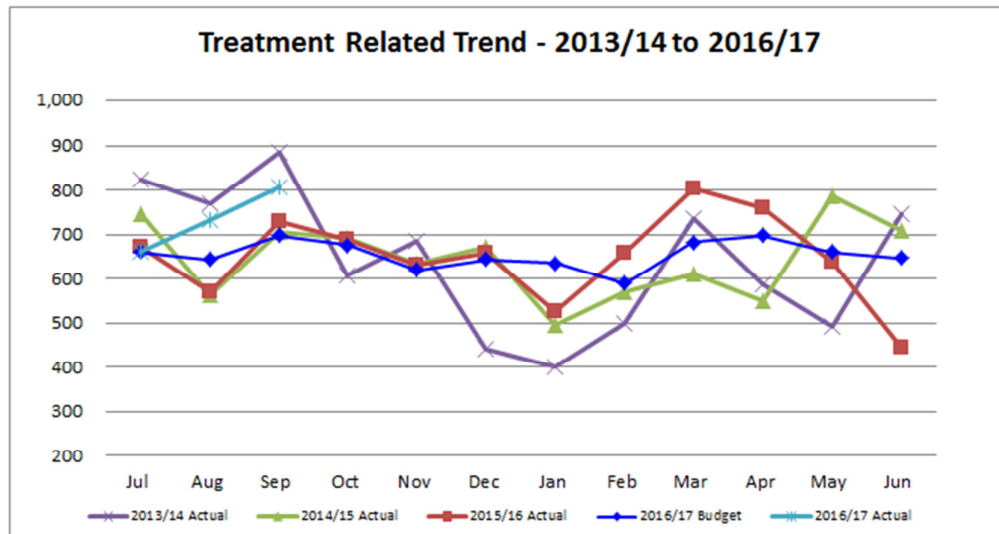
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	807	698	(109)	-16%	X	2,202	2,003	(199)	-10%	X



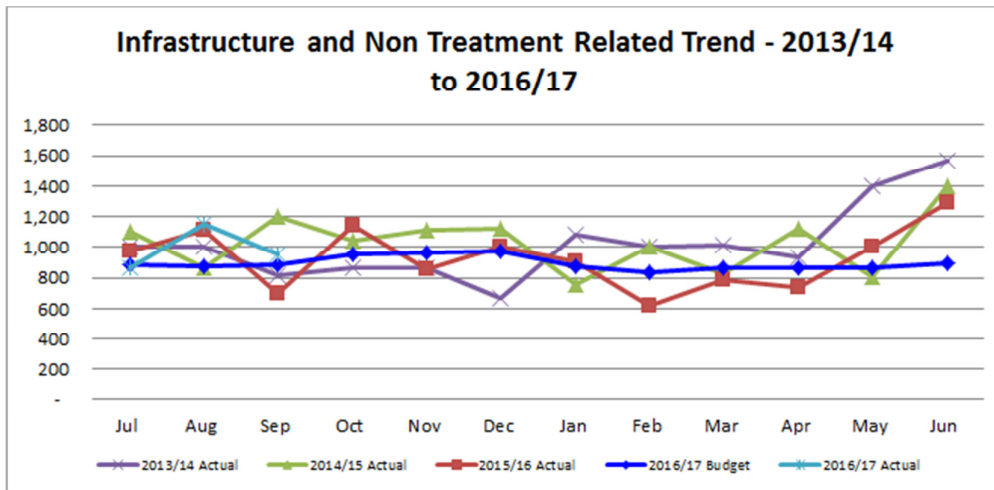
Treatment related costs are unfavourable to budget for the month, this reflects the large volume of activity incurred during the month.

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	952	888	(64)	-7% ✗	2,960	2,655	(305)	-11% ✗



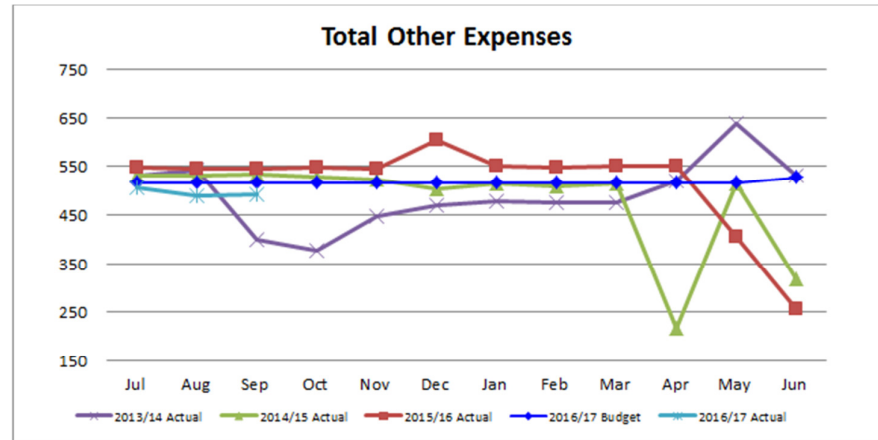
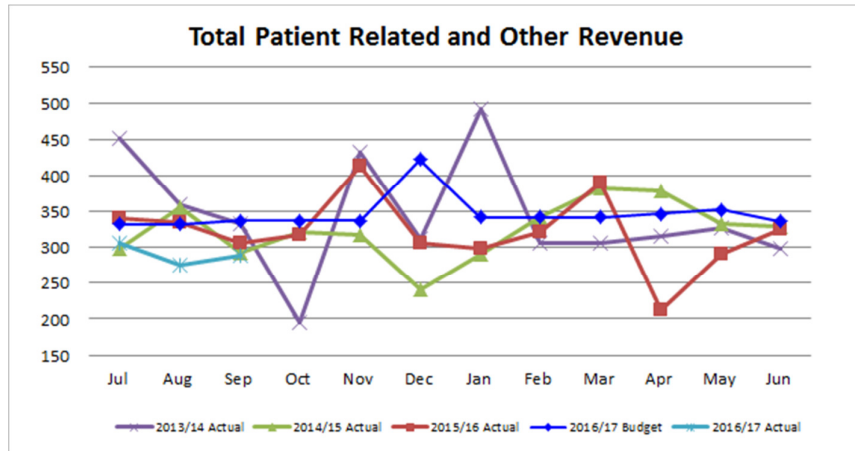
Expenses in this category continue to be closely monitored, while this is largely on target, we continue to make savings and efficiencies as and where available.

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	35	40	(5)	-13%	✗	113	95	18	19%	✓
Donations	-	3	(3)	0%	✗	-	9	(9)	0%	✗
Rental	9	16	(7)	-44%	✗	45	48	(3)	-6%	✗
Other	25	35	(10)	100%	✗	56	105	(49)	-47%	✗
Total Other Revenue	69	94	(25)	-27%	✗	214	257	(43)	-17%	✗
Interest Expense	54	54	-	0%	✓	164	162	(2)	-1%	✗
Depreciation	360	380	20	5%	✓	1,092	1,140	48	4%	✓
Capital Charge Expense	77	82	5	6%	✓	231	246	15	6%	✓
Total Other Costs	491	516	25	5%	✓	1,487	1,548	61	4%	✓



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	11,759	11,901	(142)	-1%	✗	12,341
Cash	11,016	12,753	(1,737)	-14%	✗	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

30 September 2016

in thousands of New Zealand dollars

	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	11,649	11,594	55	0.5%	34,574	34,782	(208)	(0.6%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	0	21	(21)	(100.0%)	84	76
Inter District Flows Revenue	139	139	0	0.0%	415	417	(2)	(0.5%)	1,744	1,487
Patient Related Revenue	219	248	(29)	(11.7%)	656	744	(88)	(11.8%)	2,962	2,873
Other Revenue	69	89	(20)	(22.5%)	214	257	(43)	(16.7%)	1,112	984
Total Operating Revenue	12,076	12,077	(1)	(0.0%)	35,859	36,221	(362)	(1.0%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,240	5,494	254	4.6%	16,153	16,492	339	2.1%	64,670	64,396
Outsourced Services	1	3	2	66.7%	3	9	6	66.7%	30	30
Treatment Related Costs	807	698	(109)	(15.6%)	2,202	2,003	(199)	(9.9%)	7,858	7,781
External Providers	3,258	3,085	(173)	(5.6%)	9,181	9,255	74	0.8%	37,000	36,269
Inter District Flows Expense	1,509	1,589	80	5.0%	4,519	4,767	248	5.2%	19,084	16,380
Outsourced Services - non clinical	2	0	(2)	0.0%	4	0	(4)	0.0%	0	0
Infrastructure and Non treatment related costs	952	888	(64)	(7.2%)	2,960	2,655	(305)	(11.5%)	10,723	11,129
Total Operating Expenditure	11,769	11,757	(12)	(0.1%)	35,022	35,181	159	0.5%	139,365	135,985
Result before Interest, Depn & Cap Charge	307	320	(13)	(4.2%)	837	1,040	203	19.5%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	54	54	0	0.0%	164	162	(2)	(1.2%)	648	651
Depreciation	360	380	20	5.3%	1,092	1,140	48	4.2%	4,572	4,572
Capital Charge Expenditure	77	82	5	6.1%	231	246	15	6.1%	984	978
Total Interest, Depreciation & Capital Charge	491	516	25	4.8%	1,487	1,548	61	3.9%	6,204	6,201
Net Surplus/(deficit)	(184)	(196)	12	6.0%	(650)	(508)	(142)	(28.0%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(184)	(196)	12	6.0%	(650)	(508)	(142)	(28.0%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 September 2016

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment
Intangible assets
Work in Progress
Other investments

Total non-current assets

Current assets

Cash and cash equivalents
Patient and restricted funds
Inventories
Debtors and other receivables
Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings
Employee entitlements and benefits

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings
Creditors and other payables
Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity
Other reserves
Retained earnings/(losses)
Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
24,369	24,484	(115)	(0.5%)	25,444
598	558	40	7.2%	681
2,176	1,981	195	9.8%	1,981
567	567	0	0.0%	0
27,710	27,590	120	0.4%	28,106
11,016	12,753	(1,737)	(13.6%)	11,871
74	74	0	0.0%	74
977	986	(9)	(0.9%)	986
6,700	5,046	1,654	32.8%	5,920
0	0	0	0.0%	0
18,767	18,859	(92)	(0.5%)	18,851
46,477	46,449	28	0.1%	46,957
10,945	10,945	0	0.0%	10,945
2,712	2,629	(83)	(3.2%)	2,629
13,657	13,574	(83)	(0.6%)	13,574
3,500	3,500	0	0.0%	3,500
8,546	8,161	(385)	(4.7%)	8,161
9,015	9,313	298	3.2%	9,313
21,061	20,974	(87)	(0.4%)	20,974
34,718	34,548	(170)	(0.5%)	34,548
72,563	72,543	(20)	(0.0%)	72,563
22,082	22,082	0	0.0%	22,082
(82,886)	(82,724)	162	0.2%	(82,236)
0	0	0	0.0%	0
11,759	11,901	142	1.2%	12,409
46,477	46,449	28	0.1%	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

30 September 2016

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date			
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
12,965	12,042	923	7.7%	36,650	36,126	524	1.5%
(5,357)	(5,494)	137	2.5%	(16,523)	(16,492)	(31)	(0.2%)
(3,276)	(1,589)	(1,687)	(106.2%)	(6,308)	(4,667)	(1,641)	(35.2%)
(3,636)	(3,085)	(551)	(17.9%)	(8,043)	(9,255)	1,212	13.1%
(1,131)	(1,589)	458	28.8%	(5,657)	(4,767)	(890)	(18.7%)
(435)	285	(720)	(252.4%)	119	945	(826)	(87.4%)
(54)	(54)	0	0.0%	(164)	(162)	(2)	(1.2%)
(77)	(82)	5	6.1%	(231)	(246)	15	6.1%
(566)	149	(715)	(478.8%)	(276)	537	(813)	(151.4%)
35	35	0	0.0%	113	95	18	18.9%
0	0	0		0	0	0	
(285)	(208)	(77)	(37.0%)	(696)	(624)	(72)	11.5%
	0	0			0	0	
(250)	(173)	(77)	44.5%	(583)	(529)	(54)	(10.2%)
0	878	(878)		0	878	(878)	0.0%
7	0	7		8	0	8	
7	878	(871)		8	878	(870)	
0	0	0		0	0	0	
0	0	0		0	0	0	
7	0	7		8	0	8	
(809)	854	(1,663)	(194.7%)	(851)	886	(1,737)	(196.0%)
11,825	11,899	(74)	(0.6%)	11,867	35,663	(23,796)	(66.7%)
11,016	12,753	(1,737)	(13.6%)	11,016	36,550	(25,534)	(69.9%)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 27 October 2016

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

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

2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders' Update.

3. SUMMARY

WORKFORCE

Nursing & Midwifery

On 20 September 2016 the “Medicines (Designated Prescriber – Registered Nurses) Regulations 2016” came into force. The purpose of these regulations is to authorise registered nurses who have met the requirements for qualifications, training and competence to be designated prescribers for specified prescription medicines. This includes nurses within primary health and specialty teams, and on the West Coast such nursing roles as practice nurses, rural nurse specialists and clinical nurse specialists. There is a set formulary of medicines that have been approved for registered nurse prescribing, and the registered nurse will work with an authorised prescriber (either a doctor or a nurse practitioner) available for consultation. The registered nurse is able to diagnose and treat common conditions such as asthma and diabetes within a collaborative interdisciplinary team. Registered nurses wishing to prescribe must complete a postgraduate diploma in registered nurse prescribing for long-term and common conditions. Work has been underway in preparation for this regulation change with interested nurses completing the relevant postgraduate papers. A collaborative approach will be needed across clinical teams and the system in order to support these nurses to complete the prescribing practicum, including ensuring time with the prescribing mentor (nurse practitioner or doctor).

Work has begun on the clinical nurse specialist (CNS) workforce plan. The team of nurse specialists is integral to the success of the transalpine model of care, and this plan will provide a clear overview of current service, proposed future service requirements and succession planning.

A recent change was undertaken to bring together the nurse education team. Reporting lines of the education team have changed from the Nurse Manager Clinical Services: Operations, to the Associate

Director of Nursing: Clinical Practice Development. This change will support a more cohesive and coordinated nurse education process across the whole district with a one team approach.

Jane O'Malley the Chief Nurse from the Ministry of Health visited on the 15th and 16th of September 2016. This visit was the last in her tour of all District Health Boards to discuss key strategic priorities for nursing and is an opportunity for local nurses to raise issues of note and showcase local initiatives.

Allied Health

Allied Health are contributing to a number of clinical process improvements across the workstreams currently. These include a review of those trained to assess Functional Independence Measures, used in rehabilitation settings, and exploring ways Allied Health can further contribute within the Emergency Department. Calderdale Framework and Allied Health Assistant training continue to be priorities as part of the South Island Allied Health workplan.

The workforce action plan has been distributed to all of the allied health leads for their input and feedback at the next Allied Health Leadership Strategy Session. It will then be shared with the wider staff group.

Medical

The medical workforce continues to have some vacancies with further recruitment planned. For Senior Medical Officers (SMOs) we are currently seeking to fill positions in Rural Hospital Specialists (3FTE), General Surgery (2FTE), Anaesthesia (1.35FTE), and General Medicine (1FTE). Resident Medical Officer (RMO) workforce recruitment has been successful with one vacancy in Westport General Practice. Three new RMOs have commenced in August and six new RMOs will commence in November 2016, filling all positions. Community based attachments for RMOs are under development and are anticipated to offer options for Canterbury District Health Board RMOs to gain experience in rural community settings at West Coast District Health Board. Review and updating of RMO clinical attachments to align with the future facility is planned to begin in the coming month.

QUALITY & SAFETY

Nursing & Midwifery

A number of nurses are involved in Health Quality and Safety Commission (HQSC) programmes including surgical site infection improvement, falls, pressure injury, and hand hygiene. Planning is underway to include the deteriorating patient and the multidisciplinary operating room simulation (MORSIM) programmes. These programmes are run nationally and are designed to improve patient care, patient outcomes and healthcare systems. The Director of Nursing and Midwifery and Nurse Manager Clinical Services: Strategic, regularly participate in the two-day Health Quality and Safety Commission adverse events training to present the Matt Gunter patient story alongside his mother Heather. This is received well, with the key learnings identified by attendees as integral to safe practice.

Allied Health

The work that Tara Jopson from Occupational Therapy has undertaken regarding storage of therapy equipment is now expanding to Physiotherapy, Dietetics and Speech Language Therapy. A shared

storage area has been identified, and the aim is to accommodate all Allied Health equipment within that space.

Conversations are underway with Enable New Zealand, in collaboration with our South Island Alliance partners, to move to an electronic tracking system for all equipment so that appropriate equipment can be accessed in a timely fashion and to reduce disruption for patients, where more than one funder is involved in the provision of one piece of equipment.

Medical

Serious Incidents Review Group (SIRG)

Recently the Clinical Leaders and the Quality and Patient Safety Manager met to discuss the development of a Serious Incident Review Group. This group meets weekly to discuss any incident coming through Safety 1st that is initially rated as Severity Assessment Code (SAC) 1 or 2. We receive a report on the incident from the manager of the area and then discuss the appropriate SAC level for the case and either confirm the level or reassign it appropriately. This will mean a standardised and clinically led process for all Safety 1st reports across the organisation. If a report is confirmed as a SAC 1 or 2 then we also discuss the make up of the team who will perform the investigation of the incident. The group also reviews all ongoing Root Cause Analysis (RCA) processes and the recommendations arising out of these to ensure an organisation wide response. The Incident Review Group (IRG) reviews all SAC 3 and 4 incidents so with the initiation of Serious Incidents Review Group we now have overview of all incidents reported through Safety 1st.

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

Karyn Bousfield, Director of Nursing and Midwifery

Cameron Lacey, Medical Director

Vicki Robertson, Medical Director

Stella Ward, Director of Allied Health

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 8 SEPTEMBER 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 23 September 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 8 September 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 – 8 September 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 8 September 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:

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

Mr Newsome also spoke about the following:

- The case-weighted discharges are still down as discussed at the last meeting;
- Outpatient volumes for specialist surgical and medical services in July was down 26.5% from expected volumes overall;
- Throughput of First Specialist Assessments by residential services was fairly well on track overall with the decreases being largely attributable to many periodically visiting specialties did not have any scheduled clinics during July;
- Recruiting is currently underway for Registered Nurse positions in the Emergency Department;
- A Rheumatology CNS has been successfully recruited and she will commence at the end of September. This nurse will also be employed 0.5FTE in the Emergency Department as she has experience as an emergency nurse;
- Medical occupancy has been high reflecting the influence of winter illnesses. Planning for this meant we were well prepared;
- Annual recruitment for Junior Doctors has taken place and we have not yet filled all of our vacancies. We are working closely with the CDHB Resident Doctor Support team to ensure the vacancies in both DHBs are filled;
- Two anaesthetists have been shortlisted for the anaesthetic vacancy;
- Industrial Relations Negotiations are ongoing with an update being provided;
- The report provided an update on ESPI's and it should be noted that there are some issues around orthopaedics. Management are working to address this including looking at Regional solutions;

Discussion took place regarding the GP position in Reefton and the Committee noted that we are continuing to try to recruit to this position.

The Committee noted that the DHB has a lot of nurses who will reach retirement age over the next few years and a strategy has been developed to deal with this.

Discussion also took place regarding discharge planning and an overview of the process was provided to the Committee.

The report was noted.

FINANCE REPORT

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 Committee noted a good start to the year financially although it is early days yet. An Annual Plan with a planned deficit of \$554k has been submitted for approval.

Personnel costs are favourable for the month with Locums continuing to be a necessary cost. Budgets have been realigned to recognise this.

Work is taking place across the whole organisation to set achievable targets and then work to meet these.

The year end audit is taking place and nothing has been raised by the Auditors to date.

The report was noted.

CLINICAL LEADERS UPDATE

The Clinical Leaders Update provided to the Board at their last meeting was presented to the Committee.

The update was noted.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 8 September 2016.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

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.

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 23 September 2016 commencing at 10.15am

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

Apologies

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

REPORTS**10.20am**

- | | | |
|---|---|-------------------|
| 4. Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.20am – 10.30am |
| 5. Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.30am – 10.45am |
| 6. Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 10.45am – 10.55am |
| 7. Finance Report | Mark Newsome
<i>General Manager, Grey/ Westland</i> | 10.55am – 11.05am |
| 8. Maori Health Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 11.05am – 11.15am |
| 9. Disability Action Plan Update | Stella Ward
<i>Disability Lead, Executive Management Team</i> | 11.15am – 11.25am |
| 10. Health Target Q4 Report | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 11.25am – 11.35am |
| 11. Presentation – Home Based
Support Services | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 11.35am – 11.50am |
| 12. 2017 Proposed Meeting Dates | Peter Ballantyne
<i>Chairman</i> | 11.50am – 11.55am |
| 13. Reports from Committee Meetings | | |
| - CPH&DSAC
8 September 2016 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 11.55am – 12.00pm |
| - Hospital Advisory Committee
8 September 2016 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 12.00pm – 12.05pm |
| 14. Resolution to Exclude the Public | Board Secretariat | 12.05pm |

INFORMATION ITEMS

- 2016 Meeting Schedule
- Approval of Annual Plan – Letter from Minister of Health

ESTIMATED FINISH TIME**12.05pm**

NEXT MEETING: Friday 4 November 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.