



West Coast
— District Health Board —

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

1 December 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>) Philip Wheble (<i>Interim 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 1 December 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**

27 October 2016

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Philip Wheble *11.10am – 11.30am*
Interim 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 – 4 November 2016
- 2016 HAC Workplan (Working Document)
- West Coast DHB 2017 Meeting Schedule (to be confirmed)

NEXT MEETING:

Date of Next Meeting: 26 January 2017

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 27 October 2016, commencing at 10.30am

PRESENT

Kevin Brown (Acting Chair); Sharon Pugh (via teleconference); Paula Cutbush; Gail Howard; Chris Lim; Peter Neame; and Peter Ballantyne.

APOLOGIES

An apology was received and accepted from Richard Wallace

MANAGEMENT SUPPORT

Philip Wheble (Interim General Manager, Grey/Westland); Mark Newsome (Director Capability Development); Kathleen Gavigan (General Manager, Buller) (via video conference); Sandy McLean (Planning & Funding); and Kay Jenkins (Minutes)

WELCOME

Everyone joined in the Karakia

1. INTEREST REGISTER

There were no changes to the 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 (21/16)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 8 September 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

A Committee member related an experience in the Outpatients Department which was discussed and the Committee noted that there is a Patient Management System in place in this area and that management welcomed any issues being fed back to them so they can be addressed.

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

Mark Newsome, Director Capability Development, presented this report which was taken as read.

He highlighted the most notable features as:

- Achievement of Safe Sleep Audit;

- Successful recruitment of Anaesthetist; and
- Positive feedback for Maternity Quality & Safety Programme plan.

Mr Newsome also spoke about the following:

- The downward trend in surgical volumes and increase in medical volumes;
- Less follow-up appointments in line with contemporary practice;
- The employment of a specialist in Rheumatology (half time) which will back up and re-enforce transalpine services;
- The hospital has been busy in medical wards with the overflow of patients going into surgical wards as planned. The Committee noted that the hospital has not been at full capacity this year;
- The position regarding recruitment which was detailed in the report;
- The recent Collabor8 project undertaken by Tara Jopson from Occupational Therapy to rationalise and reduce storage needs for Allied Health on the Grey Hospital campus. The facilities team have adopted her learnings to work with other areas of service in preparation for the new facilities;
- The participation of staff in the first series of West Coast Disability Resource Service Workshops, looking to identify opportunities and strengthen our community by building on our strengths;
- In the Elective Services area we continue to work with Canterbury regarding orthopaedics which is a challenge across the whole South Island;
- The West Coast was the first of the South Island DHBs to complete the first audit of the safe sleeping policy implementation.

Discussion took place regarding the impact of the RMO strike and the Committee noted that the impact on the West Coast was minimal.

Discussion also took place regarding ESPI 2 & 5 and the Committee noted that everything that can be done is being done to ensure these do not stay “red”.

Resolution (22/16)

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

- That the Committee notes the Management Report.

5. FINANCE REPORT

Mark Newsome also presented this report which showed that the consolidated West Coast District Health Board financial result for the month of September 2016 was a deficit of \$0.184m, which was \$0.012m favourable against budget. The year to date position is \$0.142m unfavourable.

Discussion took place regarding the deficit that would occur once the new facilities were handed over to the DHB.

Resolution (23/16)

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

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

6. CLINICAL LEADERS REPORT

Mark Newsome presented this report which was provided to the Board at their last meeting.

Mr Newsome advised that in September there was a change in legislation which now allows certain nurses to prescribe medication. Work is being undertaken around how this will occur.

He also advised that the Director of Nursing & Midwifery is working on a workforce plan for our rural nurses to ensure we have nursing range and experience in rural areas.

In the Allied Health space a very successful leadership and planning session was held 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.

In regard to recruitment, for the first time in a number of years the DHB has recruited to all Junior Doctor vacancies.

In the Quality & Safety space a Serious Incident Review Group has been formed which is a new initiative that will have oversight of RCAs and ensure that recommendations are appropriate. This brings a very keen clinical eye over clinical incidents.

Resolution (24/16)

(Moved: Peter Ballantyne/Seconded: Chris Lim - carried)

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

7. GENERAL BUSINESS

Discussion took place regarding staffing levels in rest homes and also around monitoring and the audit process.

The meeting thanked Mark Newsome for his contribution to the Hospital Advisory Committee as the General Manager, Grey/Westland and wished him well in his new role with the DHB.

8. INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda – 23 September 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	27 October 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: 1 December 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:

- Strategic planning for discharge planning
- Releasing time to lead training for our leaders
- Elective Service Patient Indicators (ESPI) improvements

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 4-month period to 30 October 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 14.1%.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	373.70	294.92	-78.78	-21.1%
Elective	410.92	339.34	-71.58	-17.4%
Sub-Total Surgical:	784.62	634.26	-150.36	-19.2%
Medical				
Acute	464.04	790.44	326.4	70.3%
Elective	0	0	0	0%
Sub-Total Medical:	464.04	790.44	326.4	70.3%
TOTALS:	1248.66	1424.70	176.04	14.1%

Outpatient Volumes

While Provider Arm outpatient delivery for specialist surgical and medical services in the first 4 months of the year was down 9.5 % from expected volumes overall (451 attendances), the bulk of these were follow-ups. Overall, volumes for First Specialist Assessments (FSAs) were on track against year to date contract; with slightly fewer general surgery, orthopaedic, and ENT attendances to date being offset by increased numbers of ophthalmology and gynaecology FSAs.

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

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	1125	1111	-14	-1.2%
Sub. Visit	1807	1621	-186	-10.3%
Sub-Total Surgical:	2932	2732	-200	-6.8%
Medical				
1 st Visit	538	569	31	5.8%
Sub. Visit	1282	1000	-282	-22.0%
Sub-Total Medical:	1820	1569	-251	-13.8%
TOTALS:	4752	4301	-451	-9.5%

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]
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%
October 2016	1675	1572	103	6.15%
13 month rolling totals	21072	19790	1282	6.08% Average

- DNA project –The amended outpatient letters have been well received. The letters have made it easier for patients to see the date and times for their appointments.

4.2 Workforce Update

Nursing

- Maggie Boote, one of our long term Duty Nurse Managers, has retired from her position. She has given the WCDHB over 40 years of service, starting as an Enrolled Nurse and moving on to be one of the most well respected senior nurses in the organisation. We wish her well for the future. Maggie will be residing in Wellington but has agreed to help out if we are short and she is on the West Coast.
- We welcome two new members to the surgical/medical team this month. Both come with experience and have fitted into their teams well. They will start their orientation in the surgical ward.
- We have two nurses starting next month in the medical ward, one of who will orientate straight into CCU. ED continues to recruit and utilise nurses from CDHB. All nurses coming from Canterbury are enjoying the experience and ED Grey are very appreciative of the extra experience as we grow our own.
- The medical ward occupancy remains high at 90% whilst the surgical ward declines to 68% from 70% last month. There were 26 medical patients overflowed to Barclay ward for the month. Overall the hospital continues to manage beds well with no gridlock experienced so far for the year.
- *Discharge planning* – A strategic planning meeting was held mid-November. Discussions will be held with staff on how we better improve the patient experience using IDEAL (Include, Discuss, Educate, Assess, Listen) model.

Medical

- We have two 6-month locums commencing in December. One in General Surgery and one in General Medicine.
- We have had a resignation from an anaesthetist and are currently recruiting into this. We have recruited the original vacancy and depending on immigration and MCNZ, hope to have them start early in the New Year.
- There has been interest from 3 overseas general surgeons in coming to the West Coast. Recruitment is working with them currently.
- The junior doctor workforce is near fully recruited for the first quarter of next year and we continue to have strong interest in our vacancies.

Reefton Health

- *Medical Centre* – Integration and work across practice, primary, community and ARC is continuing. The results of a recent trial between St John and Reefton Health are being collated.
- *Aged Residential Care* – Currently 9 hospital level and 2 residential level residents.

Buller Health

- We are recruiting for nursing positions in ED/Foote Ward at Buller. One appointment has been made and one is pending.
- We have successfully recruited 2.4 FTE General Practitioners in Buller and another full-time G.P. is in the contracting process. With the return of a Registrar completing vocational registration as a RHMS, this will provide stable medical staffing in 2017 and reduce reliance on locums.

Allied Health

- 'Text to remind' technology is being expanded into Radiology Services next month following its success in other areas of service.
- Work is underway across Allied Health to review the aspects of work that we use to measure how well staff are undertaking their duties. This includes response times for new referrals, time spent updating skills and how the service they provide is rated by the people that use it.
- Some of the Allied Health Clinical Leads have commenced a training programme this month, which will enhance their skills at managing their workloads and 'Releasing Time to Lead'. This is being facilitated by Brian Dolan, who also facilitates our Particip8, Collabor8 and Xceler8 programmes; utilising Lean Thinking and empowering staff to innovate to work smarter.
- Our Associate Director has recently returned from presenting some of the great work being undertaken on the Coast, at conferences in South Australia and Auckland. It was interesting to see how rural and remote communities are utilising Telehealth, the Calderdale Framework and other strategies to reach their populations, and reassuring to know that we are working towards similar systems here.
- Allied Health are progressing a district wide review of the services we offer in the community. This review has two main areas of focus. The first is to make sure that we are not duplicating services offered by others, so that those resources can be used to meet currently unmet needs. The second aim is to make sure any services we offer are aligned to the best evidence available.

Industrial Relations

Negotiations Update:

- West Coast Home Based Support SECA (PSA) – 28 October 2016: Revised offer has been sent to the Union and DHB is awaiting response.
- RMO MECA (RDA) – Strike action cancelled 23/24 November due to earthquakes – negotiations now being held on these dates.
- SMO MECA (ASMS) - 28 October 2016: DHBs will request the offer is circulated to members at the ASMS Conference in November 2016.

Recruitment

- We are currently recruiting to 23 roles with an FTE of 25.6.
- Medical recruitment has been busy with Reefton, Greymouth and Westport being well sourced over next winter, leaving South Westland as the priority to place doctors from April onwards.
- An Anaesthetist has been successfully placed, there is still advertising for another Anaesthetist and there has been interest from candidates from the US.
- We have pre-screened three applicants for General Surgery and we are waiting on feedback.
- Nursing recruitment has been busy with 10 roles currently being worked on. Re-advertising for the RNS role in South Westland is underway due to candidate suitability. Reefton roles have received some good candidates so far and recruitment continues in Greymouth.
- Recruitment into non clinical areas has been quiet.

4.3 Patient





Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased from 35 transfers in September 2016 to 45 transfers in October 2016. The September 2016 transfers were mainly surgical with the October 2016 transfers being predominantly medical. The principal methods of transportation were via ambulance and pressurised aircraft.
- The main reason for the transfers in September and October 2016 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base the numbers remained steady with 25 transfers in September 2016 and 26 transfers in October 2016. The majority of these transfers were for medical patients. Transport used during September 2016 was spread fairly evenly across ambulance, private vehicle, ISS and helicopter. Those transported to Grey Base in October 2016 were predominantly via ambulance.
- There were 2 medical patient transfers from Reefton to Grey Base in October 2016, down from 4 (1 medical and 3 surgical) in September 2016.
- All figures provided include those recorded as transferring via private motor vehicle.



4.4 Health Targets

Health Target progress

Quarterly & progress data

Target		Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours ¹	100%	99%	100%	99%	95%	✓	The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter one.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	978	1,442	1,942	480	1,889	✓	This quarter, West Coast DHB provided 480 elective surgical discharges, delivering 103.7% of planned discharges against 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	71%	75%	80%	63%	85%	✗	Performance against the health target has decreased this quarter with 63.2% 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 and this result reflects only four patients whom were non-compliant. Audits into patient pathways have taken place with no capacity issues identified
	Increased Immunisation Eight-month-olds fully immunised	81%	89%	78%	76%	95%	✗	During quarter one, 76% of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%) and Asian (100%). Opt-offs (12.9%) and declines (7.1%) increased slightly this quarter to a combined 20%, this continues to make meeting the target impossible. Only three children were missed this quarter

¹ Greymouth Emergency Department only

Target		Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Target	Current Status	Progress
	Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ²	85%	82%	79%	84%	90%	✗	West Coast health practitioners have reported giving 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target. The DHB is pleased to have improved performance by 5% against this target since the previous quarter.
	Raising Healthy Kids Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle interventions	New	New	New	40%	95%	✗	This quarter, 40% of four-year-olds identified as in above the 98th percentile for their BMI (a ratio measure of height to weight) were referred for clinical assessment and healthy lifestyle intervention.

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)

Non-complaint ESPI 2 patient numbers have dropped from 23 in August to 3 in September. Two orthopaedic and one ophthalmology patient remained non-compliant against the maximum 120 days' wait time target for their FSA in September. The ophthalmology non-compliance case was due to patient-led delay (not being able to attend their scheduled FSA appointment). While this is completely beyond the DHB's control, this nevertheless still gets counted toward ESPI non-compliance by the Ministry of Health. This patient was subsequently seen at clinic during the first week of October. 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)

Non-complaint ESPI 5 patient numbers dropped from 16 in August to 7 in September. One dental, three general surgery, two plastic and one paediatric surgical patient exceeded the 120-day maximum wait times from FSA to surgical treatment in September. The two plastic surgery cases were due to capacity issues for visiting specialist operating time. Plans are in place to resolve outstanding treatments for patients waiting longer than 120 days for these services. The remaining cases were patient-led delays, where the patients were either sick or otherwise unavailable for surgery that was offered to them. Such cases continue to be counted toward ESPI non-compliance for our DHB, as they remain on the list of patients waiting to be provided with surgery.

MoH Elective Services Online

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

DHB Name: West Coast

	2015			2015			2015			2016			2016			2016			2016			2016			2016			2016			2016			2016		
	Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep		
	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.	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	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	0.3%	-3
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	0	0.0%	0	0	0.0%	0	2	1.1%	-2	3	1.6%	-3	3	1.7%	-3	4	2.1%	-4	4	2.0%	-4	2	1.0%	-2	12	5.0%	-12	12	5.6%	-12	7	3.0%	-7
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.	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	120	100.0%	0	152	100.0%	0	149	100.0%	0

Data Warehouse Refresh Date: 05/Nov/2016

Report Run Date: 07/Nov/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 90% or less.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
- 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.

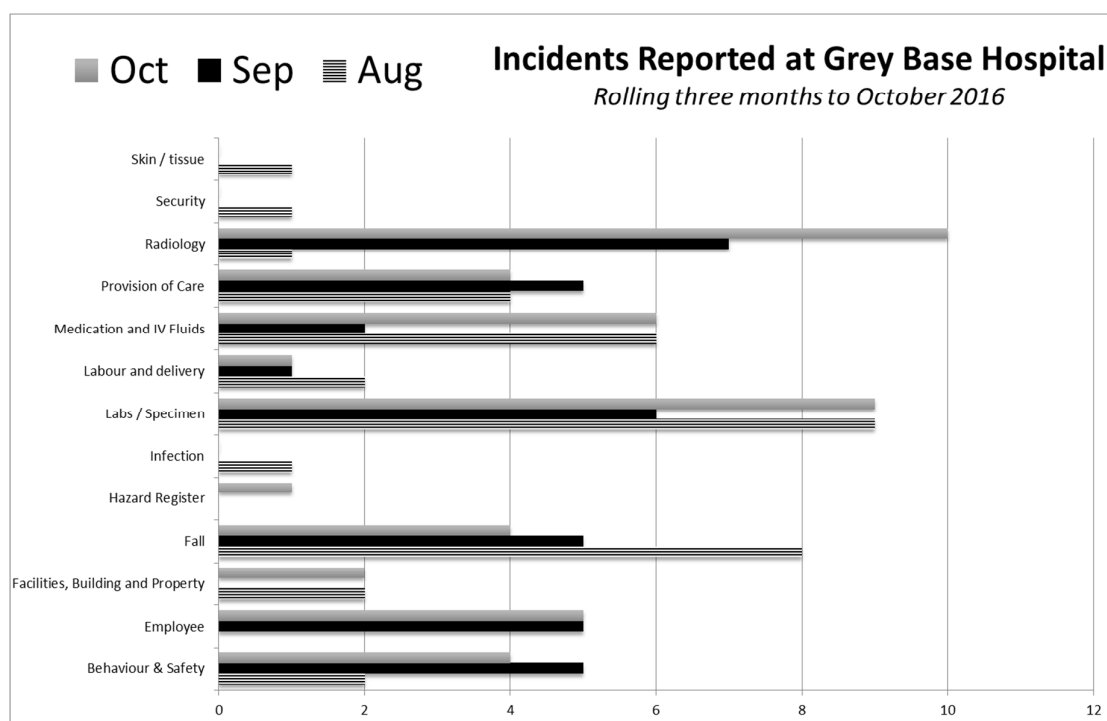
Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

4.5 Quality

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



GREY / WESTLAND	Q3			Q4			Q1			
Grey Base Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Behaviour & Safety	2	2	6	1	0	3	1	2	5	4
Employee	2	1	2	2	4	4	2	0	5	5
Facilities, Building and Property	0	2	2	2	1	2	2	2	0	2
Fall	6	1	4	8	4	12	11	8	5	4
Hazard Register	0	1	0	6	2	1	1	0	0	1
Infection	2	0	2	2	3	0	0	1	0	0
Labs / Specimen	3	12	10	9	3	17	6	9	6	9
Labour and delivery	3	0	1	0	0	0	0	2	1	1
Medication and IV Fluids	5	8	4	9	6	9	4	6	2	6
Provision of Care	3	5	6	9	11	10	4	4	5	4
Radiology	1	0	2	1	2	2	3	1	7	10
Security	0	0	0	1	1	2	0	1	0	0
Skin / tissue	0	1	3	0	0	0	1	1	0	0
Totals	29	35	43	51	39	62	35	37	36	46



- 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 down for the month.
- Radiology events have increased primarily due to waiting list issues where West Coast patients are put on Canterbury’s list, then transferred across. Safety1st has provided a means for measuring and tracking these events and has led to a plan of how to address these issues. We expect to see a decrease in these event types in the near future.

Maternity

- Maternity has been busy over the past few months and continues to receive positive feedback in surveys. There is an increase in the number of women accessing an LMC through the “*Find Your Midwife*” website.
- November celebrated the great work midwives and nurses do with premature babies; a morning tea was held to celebrate.
- A new LMC is starting in Westport in December who has very good experience as an LMC and core secondary midwife. This will strengthen the team in Buller as they continue to provide an effective service in the area.
- The involvement of outside support services is increasing with more services visiting the maternity units providing an opportunity for women to meet them while in hospital.
- More women are accessing the Maternity webpages for information. The Facebook page is linked to these pages and provides another forum for information sharing.
- The Maternity Quality Safety Programme is on track.

Report prepared by:

Philip Wheble, Interim GM Grey | Westland

Report approved for release by:

Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2016



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 1 December 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

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

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of October 2016 was a deficit of \$0.001m, which was \$0.056 favourable to budget. The year to date position is \$0.087m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,991	6,994	(3)	x	27,770	27,966	(196)	x
Governance & Administration	69	69	0	v	276	276	0	v
Funds & Internal Eliminations	4,981	5,014	(33)	x	19,854	20,056	(202)	x
	12,041	12,077	(36)	x	47,900	48,298	(398)	x
EXPENSES								
Provider								
Personnel	5,301	5,165	(136)	x	21,140	21,208	68	v
Outsourced Services	0	3	3	v	3	12	9	v
Clinical Supplies	693	676	(17)	x	2,895	2,679	(216)	x
Infrastructure	1,103	903	(200)	x	4,174	3,417	(757)	x
	7,097	6,747	(350)	x	28,212	27,316	(896)	x
Governance & Administration	69	69	0	v	276	276	0	v
Funds & Internal Eliminations	4,550	4,802	252	v	18,250	19,206	956	v
Total Operating Expenditure	11,716	11,618	(98)	x	46,738	46,798	60	v
Surplus / (Deficit) before Interest, Depn & Cap Charge	325	459	(134)	x	1,162	1,500	(338)	x
Interest, Depreciation & Capital Charge	326	516	190	v	1,813	2,064	251	v
Net surplus/(deficit)	(1)	(57)	56	v	(651)	(564)	(87)	x

4. APPENDICES

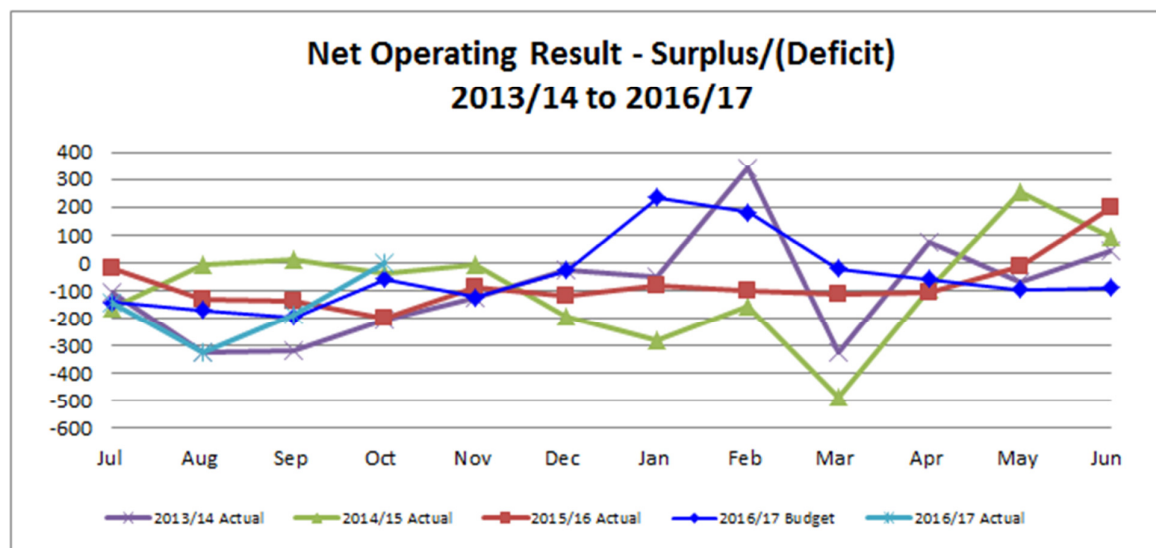
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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 – OCTOBER 2016

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(1)	(57)	55	-98%	✓	(651)	(564)	(87)	15%	✗



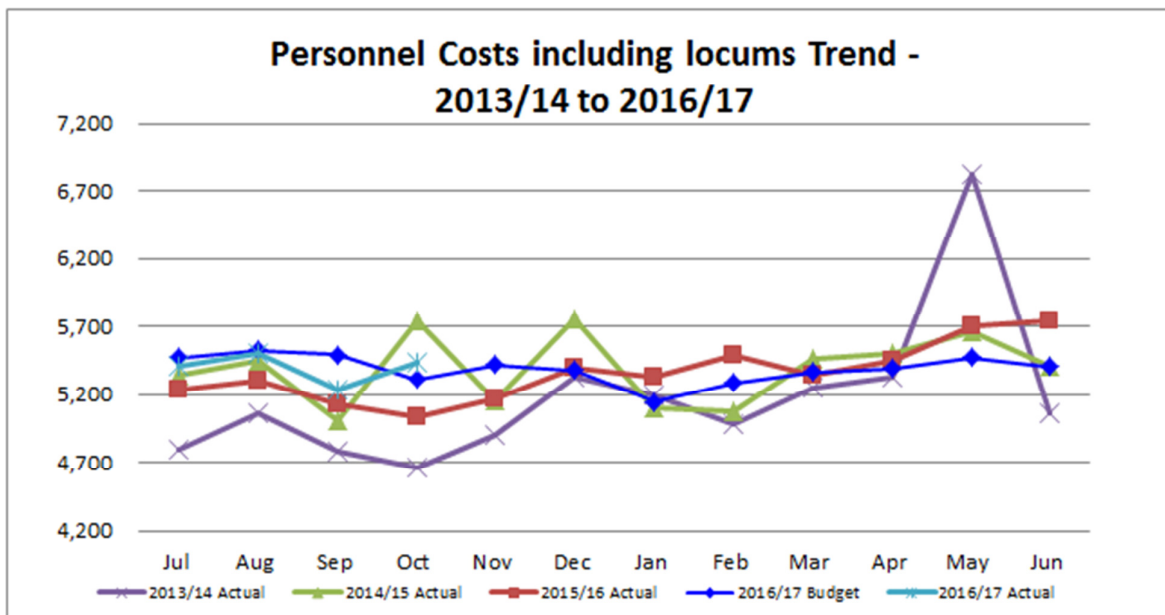
We have submitted an Annual Plan with a planned deficit of \$554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

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	1,346	1,385	39	3%	✓	5,847	5,584	(263)	-5%	✗
Nursing	2,544	2,265	(279)	-12%	✗	9,214	9,465	251	3%	✓
Allied Health	846	903	57	6%	✓	3,553	3,647	94	3%	✓
Support	(1)	84	85	101%	✓	186	355	169	48%	✓
Management & Admin	697	678	(19)	-3%	✗	2,785	2,756	(29)	-1%	✗
Total	5,432	5,315	(117)			21,585	21,807	222		



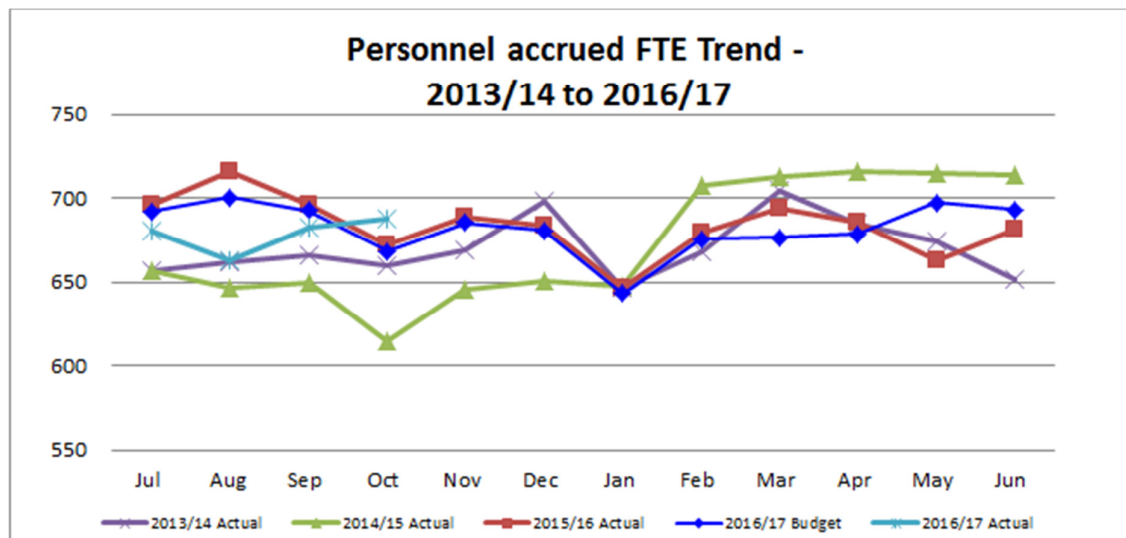
Personnel costs are unfavourable for the month, included in this result is an additional cost arising from an internal review of resourcing.

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	42	41	(1)	-4%	✗	38	41	3	8%	✓
Nursing	318	313	(6)	-2%	✗	319	327	8	2%	✓
Allied Health	176	177	1	0%	✓	177	179	2	1%	✓
Support	17	16	(1)	-6%	✗	19	17	(1)	-7%	✗
Management & Admin	134	122	(12)	-10%	✗	127	125	(2)	-2%	✗
Total	688	669	(19)			678	689	10		



Accrued FTE is influenced by leave taken throughout the period, the current period results reflects lower use of locums, and agency staff this month.

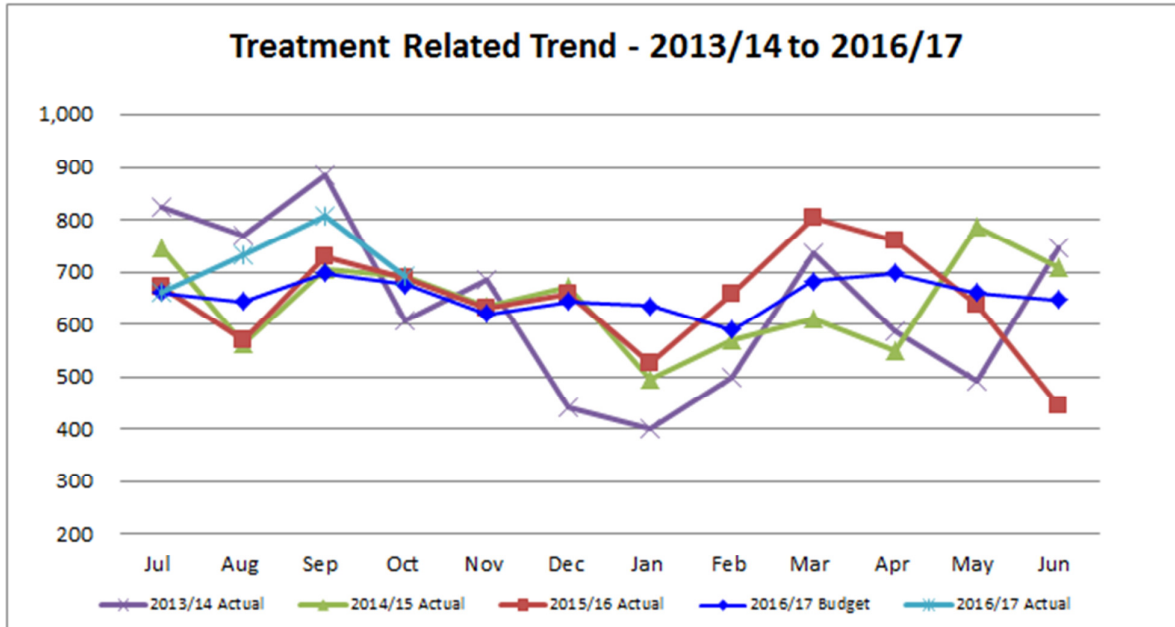
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	693	676	(17)	-3% ✗	2,895	2,679	(216)	-8% ✗



Treatment related costs are slightly unfavourable to budget for the month, this reflects changes in purchasing patterns and activity that have occurred during the month. Use of high cost Oncology and Rheumatism medicines as treatment options, continues to rise.

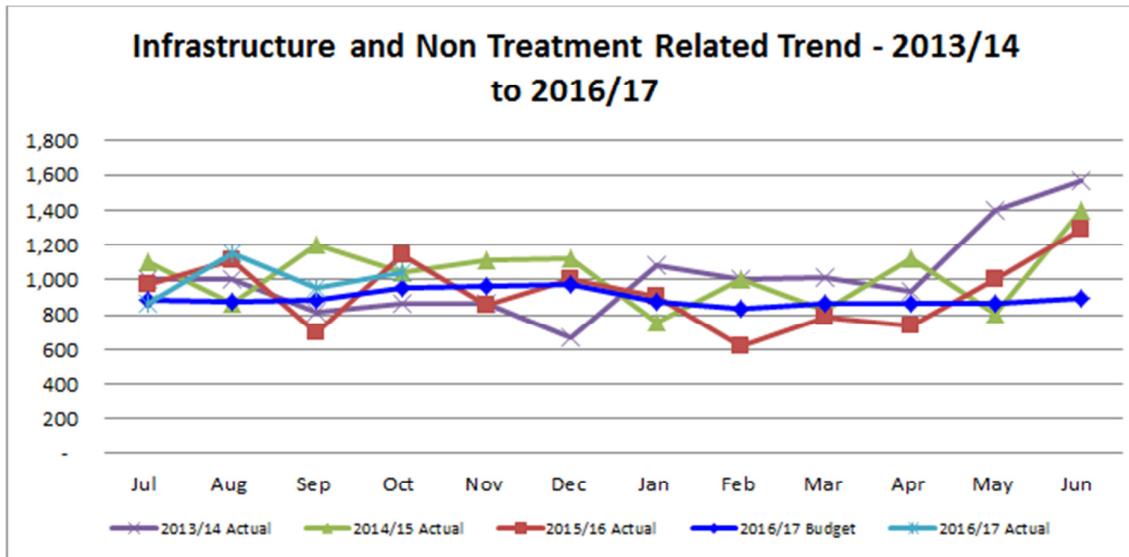
This unfavourable variance over Annual Plan year to date reflects the trend in the use of high cost medicines by some clinicians.

KEY RISKS AND ISSUES

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

INFRASTRUCTURE AND NON TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Non Treatment related costs	1,039	950	(89)	-9% ✗	3,999	3,605	(394)	-11% ✗



Expenses in this category continue to be closely monitored and we continue to make savings and efficiencies as and where available in these categories. This category excludes depreciation and interest expense. (see below). This month variance is largely driven by additional costs for professional services in relation to a recent review of internal organisational restructure.

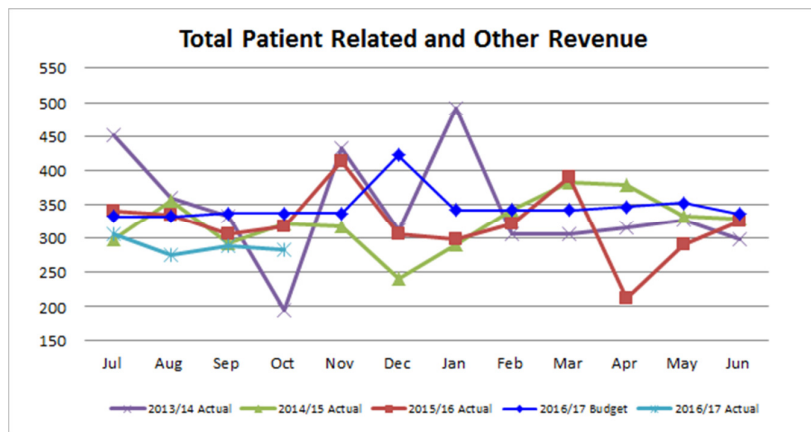
We continue to monitor areas such as Information Technology, Facilities (Maintenance, Utilities, and motor vehicle expenditure) to ensure they remain within budget.

KEY RISKS AND ISSUES

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

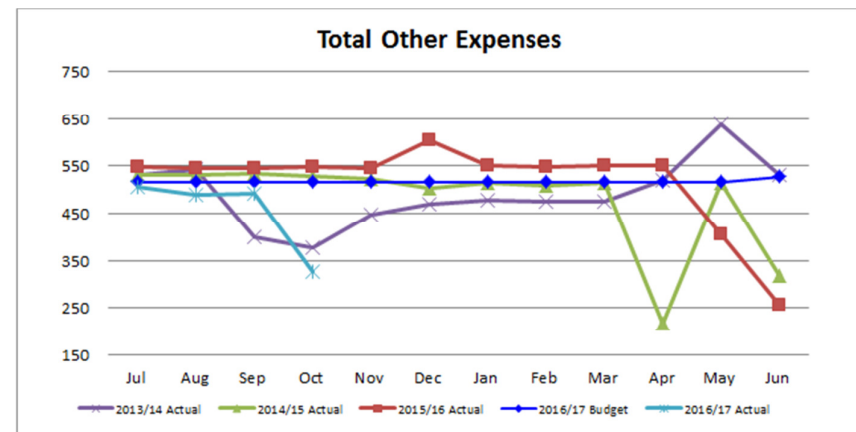
OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Interest Received	35	35	-	0%	148	130	18	14%
Donations	-	3	(3)	0%	-	12	(12)	0%
Rental	18	16	2	13%	63	64	(1)	-2%
Other	19	35	(16)	100%	75	140	(65)	-46%
Total Other Revenue	72	89	(17)	-19%	286	346	(60)	-17%
Interest Expense	13	54	41	76%	177	216	39	18%
Depreciation	236	380	144	38%	1,328	1,520	192	13%
Capital Charge Expense	77	82	5	6%	308	328	20	6%
Total Other Costs	326	516	190	37%	1,813	2,064	251	12%



Other Revenue this month has been impacted by the variable nature of presentations, clinics and other facilities where co-payments are sourced.

Patient revenue continues to be being lower than expected there is a direct impact on the Other Revenue result this year.



The reduction in Other Costs for October was the result of a review of the economic value of motor vehicles within the fixed asset system, this is a one off impact on the financial results. Generally Other Costs are behind budget due to expenditure reduction reviews in particular fixed assets and a drop in the interest rate charged by the NZDMO on MoH loans.

KEY RISKS AND ISSUES

Ensuring co-payments are recovered is an issue being monitored by the WCDHB. Co-payments stretch from contributions to meals on wheels to partial recovery of clinical services and full recovery from non-eligible patients.

KEY RISKS AND ISSUES

Prior to the shift to the new build in 2018, assets not expected to transfer to the new facility will be identified. Any assets not required by the WCDHB in Greymouth will be reallocated to other centres and clinics or otherwise dealt with.

FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	11,845	11,845	-	0%	✓	12,341
Cash	12,869	12,869	-	0%	✓	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

31 October 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	11,625	11,594	31	0.3%	46,199	46,376	(177)	(0.4%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	0	28	(28)	(100.0%)	84	76
Inter District Flows Revenue	132	139	(7)	(5.1%)	547	556	(9)	(1.6%)	1,744	1,487
Patient Related Revenue	212	248	(36)	(14.5%)	868	992	(124)	(12.5%)	2,962	2,873
Other Revenue	72	89	(17)	(19.1%)	286	346	(60)	(17.3%)	1,112	984
Total Operating Revenue	12,041	12,077	(36)	(0.3%)	47,900	48,298	(398)	(0.8%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,432	5,315	(117)	(2.2%)	21,585	21,807	222	1.0%	64,670	64,396
Outsourced Services	0	3	3	100.0%	3	12	9	75.0%	30	30
Treatment Related Costs	693	676	(17)	(2.5%)	2,895	2,679	(216)	(8.1%)	7,858	7,781
External Providers	2,912	3,085	173	5.6%	12,093	12,340	247	2.0%	37,000	36,269
Inter District Flows Expense	1,638	1,589	(49)	(3.1%)	6,157	6,356	199	3.1%	19,084	16,380
Outsourced Services - non clinical	2	0	(2)	0.0%	6	0	(6)	0.0%	0	0
Infrastructure and Non treatment related costs	1,039	950	(89)	(9.4%)	3,999	3,605	(394)	(10.9%)	10,723	11,129
Total Operating Expenditure	11,716	11,618	(98)	(0.8%)	46,738	46,799	61	0.1%	139,365	135,985
Result before Interest, Depn & Cap Charge	325	459	(134)	(29.3%)	1,162	1,499	337	22.5%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	13	54	41	75.9%	177	216	39	18.1%	648	651
Depreciation	236	380	144	37.9%	1,328	1,520	192	12.6%	4,572	4,572
Capital Charge Expenditure	77	82	5	6.1%	308	328	20	6.1%	984	978
Total Interest, Depreciation & Capital Charge	326	516	190	36.8%	1,813	2,064	251	12.2%	6,204	6,201
Net Surplus/(deficit)	(1)	(57)	56	98.1%	(651)	(565)	(86)	(15.3%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(1)	(57)	56	98.1%	(651)	(565)	(86)	(15.3%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 October 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
24,266	24,353	(87)	(0.4%)	25,444
633	517	116	22.4%	681
2,277	1,981	296	14.9%	1,981
567	567	0	0.0%	0
27,743	27,418	325	1.2%	28,106
12,217	12,869	(652)	(5.1%)	11,871
74	74	0	0.0%	74
990	986	4	0.4%	986
5,788	5,046	742	14.7%	5,920
0	0	0	0.0%	0
19,069	18,975	94	0.5%	18,851
46,812	46,393	419	0.9%	46,957
10,945	10,945	0	0.0%	10,945
2,819	2,629	(190)	(7.2%)	2,629
13,764	13,574	(190)	(1.4%)	13,574
3,500	3,500	0	0.0%	3,500
8,529	8,161	(368)	(4.5%)	8,161
9,261	9,313	52	0.6%	9,313
21,290	20,974	(316)	(1.5%)	20,974
35,054	34,548	(506)	(1.5%)	34,548
72,563	72,543	(20)	(0.0%)	72,563
22,082	22,082	0	0.0%	22,082
(82,887)	(82,780)	107	0.1%	(82,236)
0	0	0	0.0%	0
11,758	11,845	87	0.7%	12,409
46,812	46,393	419	0.9%	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

31 October 2016

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	11,723	12,042	(319)	(2.6%)	48,380	48,168	212	0.4%
Cash paid to employees	(5,047)	(5,315)	268	5.0%	(21,570)	(21,807)	237	1.1%
Cash paid to suppliers	(594)	(1,629)	1,035	63.5%	(6,891)	(6,296)	(595)	(9.5%)
Cash paid to external providers	(2,863)	(3,085)	222	7.2%	(10,906)	(12,340)	1,434	11.6%
Cash paid to other District Health Boards	(1,687)	(1,589)	(98)	(6.2%)	(7,344)	(6,356)	(988)	(15.5%)
<i>Cash generated from operations</i>	1,532	424	1,107	260.9%	1,669	1,370	299	21.8%
Interest paid	(13)	(54)	41	75.9%	(177)	(216)	39	18.1%
Capital charge paid	(77)	(82)	5	6.1%	(308)	(328)	20	6.1%
Net cash flows from operating activities	1,442	288	1,153	399.9%	1,184	826	358	43.4%
Cash flows from investing activities								
Interest received	35	35	0	0.0%	148	130	18	13.8%
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(269)	(208)	(61)	(29.3%)	(965)	(832)	(133)	16.0%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(234)	(173)	(61)	35.3%	(817)	(702)	(115)	(16.4%)
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		0	878	(878)	0.0%
Repayment of equity	0	0	0		0	0	0	
<i>Cash generated from equity transactions</i>	0	0	0		0	878	(878)	
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	0	0	0		0	0	0	
Net increase in cash and cash equivalents	1,208	115	1,092	946.6%	367	1,002	(635)	(63.4%)
Cash and cash equivalents at beginning of period	11,009	12,753	(1,744)	(13.7%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	12,217	12,869	(652)	(5.1%)	12,217	12,869	(652)	(5.1%)

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 1 December 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

Planning for the introduction of the Productive Ward Series continues with 12 senior staff attending the Productive Leader workshop in November 2016. This is a year long programme, split into workshops and webinars. The programme is based on the UK NHS “Releasing Time to Lead” programme. The programme includes, but is not limited to, leadership team coaching, email management, workload and meeting management. There are also self development modules on strategic thinking, communicating and influencing, information processing, stress management and problem solving. Staff who attended were excited and stimulated by the information and techniques they were learning and are already demonstrating changes in their leadership practice. This will significantly contribute to the successful roll out of the full programme through 2017.

Allied Health

The FIRST (Flexible, Integrated, Restorative Support Teams) programme continues to be developed by clinical leaders. Next steps include consultation around documentation and pathways, as we work towards a whole of district appropriate service.

Joy Aiton, Clinical Manager Occupational Therapy, has been appointed to the national Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa (OTNZ WNA) council for a two year term.

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).

Four new Resident Medical Officers (RMOs) will commence on 29 November and one on 12 December 2016. Advertisements have been placed in the last month to attract staff to replace two new RMOs who cancelled their positions for 2017, so further recruitment is in process. Two more RMOs have been recruited to start in January and February 2017, so quarter one is fully staffed. Two of the three August 2016 recruits will be leaving at the end of February 2017 so they will be replaced. Currently there are three vacancies in Relief and General Surgery at Grey hospital to fill in quarter 3 and 4 in 2017. Two Rural Hospital Medicine (RHM) registrars will be working 0.5FTE next year in GP positions based in Greymouth but covering a range of outreach clinics.

QUALITY & SAFETY

Nursing & Midwifery

The Products Evaluation Committee is to be transformed into the New Products/Technology and Treatment Committee. This will ensure a cohesive process in the planning, evaluation and introduction of products, technology and treatments into the West Coast health system. The Terms of Reference and membership for the group will be refreshed and documentation will be aligned to newly developed tools out of the South Island Alliance. This will support inclusive decision making with reference to considering impact across the Alliance and partnering DHBs.

Allied Health

A Calderdale Framework Foundation Training session on 10 November 2016 was attended by our newest Allied Health staff, some of our nursing colleagues and Gary Coghlan (GM Māori Health). The session provided a good opportunity for staff to start to think about how skill sharing and delegation is possible, as the framework is designed to identify and mitigate risk where skill sharing or delegation is deemed appropriate.

Each South Island DHB has a clinical lead as well as front line staff trained to facilitate Calderdale work, and our Associate Director of Allied Health Jane George has undertaken training this month to support this work. Jane's participation affirms the commitment the West Coast DHB has in ensuring the right staff are undertaking the right tasks, and that members of our community are not waiting any longer than necessary to access our services.

Discussion following the national Australian Rehabilitation Outcomes Centre (AROC) Quality Forum in November 2016 highlighted the need for more staff to have better knowledge of AROC and be competent with the use of Functional Independence Measures (FIM). To assist with this, Margot van Mulligan, Senior Physiotherapist, is being trained as a Facilitator. Once trained, Margot hopes to get more West Coast DHB clinical staff FIM trained and work towards more accurate data collection. A plan to increase the engagement and communication of FIM across hospital (and community) services is being developed.

The Communities of Wellbeing project is underway in Buller. It is modelled on Children's Teams, with community agencies formally committing to working in partnership with each other and developing a robust collaboration that supports families to best access the services available across the region. This

work is well timed with the Ministry of Social Development announcing new legislation in relation to information sharing to support vulnerable children.

Social Work are leading a working group across the district to look at best evidence in supporting people who live in unsanitary or unsafe accommodation. This work includes Community and Public Health, Grey District Council and other health partners.

Medical

Credentialing

The psychiatrists in the Mental Health service will be next up for credentialing and we have commissioned a credentialing subcommittee to perform this. The Credentialing and Audit Facilitator and the Medical Director Patient Safety and Outcomes met with them recently to talk them through the process and provide them with information packs. As some of the team are away, it is likely that this will take place in February 2017.

Once this is underway we plan to credential the Paediatric service followed by Primary Care.

The Credentialing reports on Obstetrics and Gynaecology, and ED have been signed out, with certificates sent to the credentialed practitioners. The Credentialing and Audit Facilitator will meet with the Clinical Leads for these departments to review progress of the departments towards the outcomes agreed in the Departmental Credentialing reports.

Morbidity and Mortality

The finalised review of the terms of reference for these groups has been ratified and will be published on the intranet.

The final few meetings for the year are taking place and we will review the calendar for next year, including consideration of timing for meetings to enable more clinicians to attend these.

Serious Incidents Review Group (SIRG)

The Serious Incident Review Group set up to review reported SAC 1 and 2 events is running well after the first few months of weekly meetings. All SAC 1 and 2 events reported via Safety1st are reviewed by this group to determine the appropriate SAC rating. If an event is confirmed as SAC 1 or 2 and harm has occurred then the events are reportable. Pleasingly, we are starting to see reports of near misses and these are coded as potential SAC 1/2 events which are not required to be reported. We are however, using these events as opportunities to improve our systems and RCA and London Protocol reviews are being performed on these events to determine their causes and seek recommendations to improve practice and avoid repeated events.

Many of the reports reaching this group are finally coded as SAC 3 and 4 and are referred to the Incident Review Group for further management; however, when we observe common themes we are providing direction to the Incident Review Group (IRG) regarding this review and requesting that outcomes are reported back to the clinical leaders who make up the SIRG.

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 27 OCTOBER 2016



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 4 November 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 West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 27 October 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 – 27 October 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 October 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:

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

Mr Newsome also spoke about the following:

- The downward trend in surgical volumes and increase in medical volumes.
- Less follow-up appointments inline with contemporary practice
- The employment of a specialist in Rheumatology (half time) which will back up and re-enforce transalpine services;
- The hospital has been busy in medical wards with the overflow of patients going into surgical wards as planned. The Committee noted that the hospital has not been at full capacity this year.
- The position regarding recruitment which was detailed in the report;
- The recent Collabor8 project undertaken by Tara Jopson from Occupational Therapy to rationalise and reduce storage needs for Allied Health on the Grey Hospital campus. The facilities team have adopted her learnings to work with other areas of service in preparation for the new facilities;
- Staff participated in the first series of West Coast Disability Resource Service Workshops, looking to identify opportunities and strengthen our community by building on our strengths;
- In the Elective Services area we continue to work with Canterbury regarding orthopaedics which is a challenge across the whole South Island.
- The West Coast was the first of the South Island DHBs to complete the first audit of the safe sleeping policy implementation.

Discussion took place regarding the impact of the RMO strike and the Committee noted that the impact on the West Coast was minimal.

The report was noted.

FINANCE REPORT

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

Discussion took place regarding the deficit that would occur once the new facilities were handed over to the DHB.

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.

GENERAL BUSINESS

Discussion took place regarding residential care and the Committee noted that Grainger House & Kowhai Manor are no longer in temporary management.

4. APPENDICES

Appendix 1:	Agenda - Hospital Advisory Committee – 27 October 2016.
Report prepared by:	Kevin Brown, Deputy Chair, Hospital Advisory Committee

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 4 November 2016 commencing at 10.15am

KARAKIA		
ADMINISTRATION		10.15am
Apologies		
1.	Interest Register	
2.	Confirmation of the Minutes of the Previous Meetings	
	• 23 September 2016	
3.	Carried Forward/Action List Items	
	(There are no carried forward items)	
REPORTS		10.20am
4.	Chair's Update (Verbal Update)	Peter Ballantyne Chairman 10.20am – 10.30am
5.	Chief Executive's Update	David Meates Chief Executive 10.30am – 10.45am
6.	Clinical Leaders' Update (Verbal Update)	Karyn Bousfield Director of Nursing & Midwifery 10.45am – 10.55am
7.	Finance Report	Justine White General Manager, Finance 10.55am – 11.05am
8.	Reports from Committee Meetings	
	- CPH&DSAC 27 October 2016 (to be circulated separately due to timing of meetings)	Elinor Stratford Chair, CPH&DSA Committee 11.05am – 11.15am
	- Hospital Advisory Committee 27 October 2016 (to be circulated separately due to timing of meetings)	Sharon Pugh Chair, Hospital Advisory Committee 11.15am – 11.25am
9.	Resolution to Exclude the Public	Board Secretariat 11.25am
INFORMATION ITEMS		
<ul style="list-style-type: none"> • 2016 Meeting Schedule • 2017 Proposed Schedule of Meetings 		
ESTIMATED FINISH TIME		11.25am
NEXT MEETING: Friday 9 December 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

DRAFT**THESE DATES ARE STILL TO BE APPROVED BY THE NEW BOARD IN
DECEMBER 2016****WEST COAST DHB – MEETING SCHEDULE****JANUARY – DECEMBER 2017**

DATE	MEETING	TIME	VENUE
Thursday 26 January 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 January 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 January 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 March 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 March 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 April 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 April 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 April 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 May 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 8 June 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 June 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 June 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 June 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 July 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 July 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 July 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 August 2017	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 14 September 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 14 September 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 14 September 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 September 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 26 October 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 October 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 October 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 3 November 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 November 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 November 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 November 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 December 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.