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

HOSPITAL ADVISORY COMMITTEE MEETING

10 March 2017

11.15am

Board Room, Corporate Office
Grey Base Hospital

AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

AGENDA

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

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth
Friday 10 March 2017 commencing at 11.15 am

ADMINISTRATION			**11.15am**
	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** *1 December 2016*		
3.	**Carried Forward/Action Items**		
REPORTS/PRESENTATIONS			**11.20am**
4.	**Management Report**	Philip Wheble *Interim General Manager Grey | Westland*	*11.20am – 11.40am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.40am – 11.55am*
6.	**Clinical Leaders Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.55am – 12.05pm*
7.	**2017 Draft Work Plan**	*Board Secretariat*	*12.05pm – 12.15pm*
8.	**General Business**	Michelle Lomax *Chair*	*12.15pm – 12.25pm*
ESTIMATED FINISH TIME			**12.25pm**

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 10 February 2017**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 27 April 2017
Corporate Office, Board Room at Grey Base Hospital.

ATTENDANCE & PURPOSE

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

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**
Michelle Lomax *(Chair)* Kevin Brown *(Deputy Chair)* Chris Auchinvole Paula Cutbush Gail Howard Nigel Ogilvie Richard Wallace Chris Lim Jenny Black *(ex-officio)* Chris Mackenzie *(ex-officio)*	Philip Wheble *(Interim General Manager Grey|Westland)* Gary Coghlan *(General Manager, Maori Health)* Carolyn Gullery *(General Manager, Planning & Funding)* Karyn Bousfield *(Director of Nursing & Midwifery)* Justine White *(General Manager, Finance)* Kathleen Gavigan *(General Manager, Buller)* Kay Jenkins *(Governance)*

KARAKIA

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

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

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

Member	Disclosure of Interests
Michelle Lomax **Chair** **Board Member**	• West Coast Community Trust – Trustee • Buller High School Board of Trustees – Chair • St John Youth Leader • Employee - Damien O'Connor's Electorate Office • Chair, West Coast/Tasman Labour Electorate Committee
Kevin Brown **Deputy Chair** **Board Member**	• Grey District Council – Councillor • West Coast Electric Power Trust - Trustee • Wife works part time at CAMHS • West Coast Diabetes – Patron & Member • West Coast Juvenile Diabetes Association – Trustee • President Greymouth Riverside Lions Club • Justice of the Peace • Hon Vice President West Coast Rugby Football League
Chris Auchinvole **Board Member**	• Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Trustee, Moana Holdings Heritage Trust • Member, Institute of Directors • Justice of the Peace • Daughter-in-law employed by Otago DHB
Paula Cutbush	• Owner and stakeholder of Alfresco Eatery and Accommodation • Daughter involved in Green Prescriptions
Gail Howard	• Buller Electric Power Trust - Trustee • Energy Trust New Zealand – Director
Chris Lim	• No interests to declare
Nigel Ogilvie **(Board Member)**	• Chairman, Life Education Trust • Managing Director, Westland Medical Centre • Shareholder/Director, Thornton Bruce Investments Ltd • Shareholder, Hokitika Seaview ltd • Shareholder, Tasman View Ltd • Wife is General practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre.
Richard Wallace	• 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

Member	Disclosure of Interests
	Nelson)
Jenny Black **(ex-officio)**	• Nelson Marlborough District Health Board – Chair • Diabetes new Zealand – Life Member • South Island Board – Chair • National DHB Chairs - Chair
Chris Mackenzie **(ex-officio)**	• Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust - Trustee

MINUTES – HOSPITAL ADVISORY COMMITTEE

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

DRAFT

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 1 December 2016, commencing at 11am

PRESENT
Sharon Pugh (Chair); Kevin Brown; Paula Cutbush; Chris Lim; Peter Neame; and Peter Ballantyne.

APOLOGIES
Apologies were received and accepted from Gail Howard & Richard Wallace

MANAGEMENT SUPPORT
Philip Wheble (Interim, General Manager, Grey/Westland); Karen Bousfield (Director of Nursing & Midwifery); Justine White, (General Manager, Finance) (via video conference); Sandy McLean (Planning & Funding); and Kay Jenkins (Minutes)

IN ATTENDANCE
Elinor Stratford

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 (25/16)
(Moved: Kevin Brown/Seconded: Peter Ballantyne – carried)

i. That the minutes of the meeting of the Hospital Advisory Committee held on 27 October 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted that there is continuous ongoing work around how the DHB can better utilise the resources we have and it was agreed that this would be removed from the carried forward list.

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

Philip Wheble, Interim General Manager, Grey/Westland presented the report. He highlighted the following most notable features as:

- Strategic planning for discharge planning;
- Releasing Time to Lead training for our leaders; and
- Elective Service Patient Indicators (ESPI) improvements.

Mr Wheble provided the Committee with a demonstration of dashboard reports from the intranet which are continuously updated approximately every 30 minutes and show the current status on services. These reports were developed in conjunction with Information Technology and Canterbury DHB Decision Support.

He also spoke regarding:

- The discharge planning discussions that have been taking place and the intention to take this to the next level ensuring that discharged patients have the necessary support around them with the groups involved being both hospital and community based.

- Releasing Time to Lead training. A number of leaders went on this training and the feedback was very positive creating some really good outcomes.

- ESPIs – There are improvements over previous reports on ESPI 2. Further work is taking place to improve this however this will probably affect ESPI 5 later in the year. The Committee noted that a lot of work is taking place around orthopaedics and plastics with all of the South Island DHBs being involved in discussions on how to improve this.

Discussion took place regarding numbers of surgical transfers and the Committee noted that this is mainly about the appropriate place for care and complexity.

Discussion also took place regarding the falls statistics and the Committee noted that the high figures in June and July were related to the same person.

Resolution (26/16)
(Moved: Paula Cutbush/Seconded: Kevin Brown – carried)

i. That the Committee notes the Management Report.

5. FINANCE REPORT

Justine White, General Manager, Finance, presented this report which was taken as read.

She advised that 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 Committee noted that management are reasonably comfortable with the results to date however it was noted that we are always susceptible to small changes.

Resolution (27/16)
(Moved: Peter Ballantyne/Seconded: Chris Lim – carried)

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

6. CLINICAL LEADERS REPORT

Karyn Bousfield, Director of Nursing & Midwifery, presented this report.

The Committee noted that there is a lot of activity taking place across the health system.

Ms Bousfield advised that 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 which is a component of "Releasing time to Care"

The Committee noted that the medical workforce continues to have some vacancies with further recruitment planned.

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.

The Products Evaluation Committee is to be transformed into the New Products/Technology and Treatment Committee which 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.

Resolution (28/16)
(Moved: Chris Lim/Seconded: Paula Cutbush - carried)

i. That the Committee notes the Clinical Leaders Report.

GENERAL BUSINESS

The Chair provided the Committee with an update on the facilities project.

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 12noon

Confirmed as a true and correct record.

_____ _____

Sharon Pugh, Chair Date

CARRIED FORWARD/ACTION ITEMS

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

(There are no carried forward items)

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS

MANAGEMENT REPORT

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

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **General Manager Grey Westland | General Manager Buller**

DATE: **10 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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:

- Welcome to our new recruitment specialist, John Ray.
- The FIRST (Flexible Integrated Rehabilitation Support Teams) pilot is fast approaching.
- New RHM specialist has commenced.

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 7-month period to 31 January 2017.

Inpatient Volumes

Overall case-weighted discharge [CWD] throughput from Grey Base Hospital remained well behind YTD contracted volumes for surgical specialty services; offset by significantly higher throughputs in medical specialty services. Overall, net delivery of contracted case-weights was up by 6.7%.

The split between acute and electives was as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	653.97	535.18	-118.79	-18.2%
Elective	719.10	608.10	-111.00	-15.4%
Sub-Total Surgical:	**1373.07**	**1143.28**	**-229.79**	**-16.7%**
Medical				
Acute	812.06	1188.38	376.32	46.3%
Elective	0	0	0	0%
Sub-Total Medical:	**812.06**	**1188.38**	**376.32**	**46.3%**
TOTALS:	**2185.13**	**2331.66**	**146.53**	**6.7%**

Outpatient Volumes

While Provider Arm outpatient delivery for specialist surgical and medical services in the first 7 months of the year is down 9.8 % from expected volumes overall (818 attendances), 61% of these were follow-ups. While outpatient First Specialist Assessments (FSAs) are down in a number of specialities compared to year-to-date contract volumes, only 17 orthopaedic and 7 plastic surgery cases were over the target 120-day maximum waiting time to be seen at the end of December.

The split between 1st visit and Subsequent visit during the seven months to 31 January 2017 was as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1st Visit	1969	1841	-128	-6.5%
Sub. Visit	3162	2825	-337	-10.6%
Sub-Total Surgical:	**5131**	**4666**	**-465**	**-9.1%**
Medical				
1st Visit	942	754	-188	5.8%
Sub. Visit	2244	2079	-165	-7.3%
Sub-Total Medical:	**3186**	**2833**	**-353**	**-11.1%**
TOTALS:	**8317**	**7499**	**-818**	**-9.8%**

Outpatient Clinics

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
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%
November 2016	1553	1455	98	6.31%
December 2016	1758	1640	118	6.71%
January 2017	1447	1338	109	7.53%
13 month rolling totals	**20754**	**19473**	**1281**	**6.17% Average**

- It has been recognised that DNAs tend to increase over holiday periods.

4.2 Workforce Update

Nursing

- The new Health Care Assistants commenced in the wards late February and will make a difference to the churn of the wards. Staff are excited about these positions as they feel this will bring some relief to the busiest wards. It will also give us the ability to cover the ward clerks when they are on leave.
- A number of positions have been filled in the medical and surgical wards; all of whom are working between wards.
- We have recently filled one vacancy for ED. The successful applicant is moving from Whangarei with her husband and two children and is looking forward to living on the West Coast. She is a senior nurse and will commence on 10 April. We still continue to recruit into ED nursing positions. The DHB continues to utilise CDHB staff to fill vacancies and get junior staff to a level which is appropriate for the unit.
- Annual leave has increased this month by 58% which is expected over this period.
- The medical ward has had an 8% decrease in occupancy, but these figures don't include the 10 patients that were overflowed to Barclay over the period. Overall the hospital, although tight at times, continues to have capacity at all times.

Medical

- Our locum General Surgeon and General Physician have commenced.
- There is strong interest in our general surgery vacancy and we are moving to interview stage.
- We are screening two applicants for our Anaesthetist position.
- Our new RHM specialist has commenced.

- The junior doctor workforce is fully recruited this quarter and we have our first placement from CDHB into our community based attachment.

Reefton Health

- *Medical Centre* – Integration and work across practice, primary, community and ARC is continuing. The proposal for change has been completed and points the way for future work. The CNM of the hospital wing has been seconded into the CNM for the whole facility whilst the final structure for an IFHC is decided upon.
- *Aged Residential Care* – Currently 9 hospital level and 3 residential level residents.

Allied Health

- Allied Health service areas are well under way to 'Dump the Junk' as we prepare for the big move. This process has provided great opportunities for staff to talk about how we will work as well as where we will work.
- Allied Health hosted a Wheelchair Seating Assessment programme this month at Grey Base Hospital. WCDHB Occupational Therapy and Physiotherapy staff and students were joined by colleagues from CDHB and SCDHB. The "Seating to Go" programme, contracted by the Ministry of Health (MOH), forms part of the competency pathway requirements for the Wheeled Mobility and Postural Management accreditation.
- The FIRST (Flexible Integrated Rehabilitation Support Teams) pilot is fast approaching with much of the operational planning complete. Once the initial client is identified, a smaller project group will commence the Calderdale Framework service analysis to identify which tasks Allied Health Professionals (AHPs) can delegate to Home Based Support and Allied Health Assistant (AHA) staff. Because of the links with the UK based Calderdale team and the Queensland team, we anticipate that the tasks we identify will already have robust Clinical Task Instructions which we will use as the basis for training and assessing staff competency.
- Work continues through the Supervision Co-ordination group to formalise the organisational expectations of frequency and format of Clinical, Professional and Administrative Supervision for all Nursing and Allied Health staff. A database of trained supervisors has also been centralised and training opportunities for future supervisors, and refreshing current supervisors continue to be explored.
- Allied Health leaders continue to work in partnership with Canterbury colleagues and across Primary and Community services on the West Coast to find ways that Allied Health can enhance service delivery outside the hospital environment. Workstreams currently underway involve Podiatry, Physiotherapy in General Practice and a single point of entry to Nutrition and Dietetic Services.
- Discussions are underway between Allied Health and ISG as to how we can support the safe and appropriate use of 'apps' and cloud based assessment tools, supported by the CDHB Allied Health Informatics Clinical Lead. Aspects that need to be considered are protection of patient information when stored on smart devices which link to cloud storage, that tools are clinically viable, evidence based and not going to do harm, and ensuring the DHB is not seen to promote or endorse particular general market based tools.
- Our Recruitment team are about to undertake some research into the numbers around frequency of recruitment, the time it takes to recruit and which professions required more often. This will help us to better understand where we should be focusing our efforts first, when encouraging Allied Health Professionals to work on the West Coast.

Recruitment

New Vacancies	28
Total Open Vacancies	30
Total FTE Recruiting	30.3
Appointed Vacancies	8.7
Total FTE Appointed	10

- We are experiencing an increased amount of activity in the recruitment space with 30 open vacancies and 28 new vacancies since the last report. There has been a lot of activity on the nursing portfolio, after a period of being fairly quiet.
- A new recruitment specialist, John Ray has commenced. He will be the main point of contact for all recruitment needs across the WCDHB. Based in Canterbury he will be spending an increased amount of time over in the region working with hiring managers and the People and Capability team members in Greymouth. The recruitment specialists previously working in the various portfolios will provide back up and expertise as required.

4.3 Patient

Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased with 35 transfers in November 2016 and 45 transfers in December 2016. The majority of transfers in November 2016 were for orthopaedic and medical patients and in December 2016 for surgical and medical patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in November and December 2016 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base the numbers increased from 17 transfers in November 2016 to 26 transfers in December 2016. Most of these transfers were for medical and surgical patients, and the majority were transported to Grey Base via ambulance in November 2016 and ambulance and hospital board car in December 2016.
- There were 2 patient transfers from Reefton to Grey Base in both November and December 2016. These transfers were for surgical patients.
- All figures provided include those recorded as transferring via private motor vehicle.

4.4 Health Targets

Health Target progress

Quarterly & progress data

Target	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	99%	100%	99%	99%	95%	✓	The West Coast continues to achieve the ED health target, with 99.8% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,442	1,942	480	991	1,906	✓	This quarter, West Coast DHB provided 991 elective surgical discharges, delivering 106.7% 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	75%	80%	63%	76%	85%	✗	Performance against the health target has increased this quarter to 76.2% 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 five patients whose treatment was non-compliant with target. Audits into patient pathways have taken place with no capacity issues identified. West Coast continues to achieve against the former health target, shorter waits for cancer treatment, with 100% of patients ready for radiation or chemotherapy receiving treatment within four weeks.
Increased Immunisation Eight-month-olds fully immunised	89%	78%	76%	80%	95%	✗	During quarter two, 80% of all eight-month-olds were fully immunised. Opt-offs (11) and declines (3) increased slightly this quarter to a combined total of 14 or 16.3%. This continues to make meeting the target impossible. Only three children were missed this quarter.

[1] Greymouth Emergency Department only

Target	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Target	Current Status	Progress
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[2]	82%	79%	84%	91%	90%	✓	West Coast health practitioners have reported giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against the 90% target. The DHB is pleased to have improved performance by 7% since the previous quarter and to once again meet the national Health Target
Raising Healthy Kids Percent of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle interventions	New	New	40%	0%	95%	✗	This quarter, six children were identified as obese and not referred. It was expected (due to our small numbers) that results would fluctuate against this new target as the approach is embedded. However this result is a concern for us and we have made contact with the Ministry team to discuss this directly. We have also met locally to understand this result and staff have identified issues with the accuracy of identifying the correct BMI at the time of the B4 School Check (B4SC) as access to the database is limited by poor connectivity at many of the West Coast clinic sites and the hard copy chart is open to error. This issue has been discussed at a national level and we will be looking to improve database access to allow the result for those children close to 98th centile to be confirmed. B4SC staff will also be encouraged to offer referral to children who come close to the 98th centile.

[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)

Seventeen orthopaedic and seven plastic surgery patients remained non-compliant against the maximum 120 days' wait time target for their FSA in December 2016. A number of patients who were non-compliant at the end of December have been seen in the interim. 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. Plastic surgery has a recovery plan and we anticipate a February recovery of this situation.

ESPI 5 (Treatment)

Five plastic surgery patients exceeded the 120-day maximum wait times from FSA to surgical treatment in December 2016. As above, plastic surgery has a recovery plan and we anticipate a February recovery of this situation.

MoH Elective Services Online

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

DHB Name: West Coast

	2016 Jan			2016 Feb			2016 Mar			2016 Apr			2016 May			2016 Jun			2016 Jul			2016 Aug			2016 Sep			2016 Oct			2016 Nov			2016 Dec		
	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.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	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	16 of 16	100.0%	0	16 of 16	100.0%	0	12 of 12	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	0	0.0%	0	6	0.7%	-6	24	2.4%	-24
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5.Patients given a commitment to treatment but not treated within the required timeframe.	2	1.1%	-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	5.7%	-12	7	3.0%	-7	9	3.8%	-9	3	1.7%	-3	5	2.6%	-5
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	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	124	100.0%	0	108	100.0%	0	109	100.0%	0

Data Warehouse Refresh Date: 07/Feb/2017

Report Run Date: 08/Feb/2017

Notes:
1. 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.
2. 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.
3. 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.
4. 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' staus for ESPI 1 is temporarily removed for the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow
5. 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.
6. 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.
7. 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.
8. 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.
9. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
10. 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 3 months to January 2017

GREY / WESTLAND			
Grey Base & Reefton Hospitals	**Nov**	**Dec**	**Jan**
Behaviour & Safety	2	0	2
Blood Product	1	0	0
Employee	4	0	3
Facilities, Building & Property	0	1	0
Fall	5	8	8
Hazard Register	0	0	0
Labs / Specimen	4	7	3
Labour and delivery	3	0	0
Medication and IV Fluids	9	5	7
Provision of Care	4	5	3
Radiology	4	2	1
Skin / tissue	0	1	3
Totals	**36**	**29**	**30**

- Overall numbers are relatively stable.

Discharge Planning

Actions from the strategic planning meeting held in December last year are now being rolled out. Work has begun on IDEAL (Include, Discuss, Educate, Assess, Listen) with Brian Dolan visiting the wards and discussing with the CNMs the importance of moving this forward. A decision was made to roll out IDEAL gradually, starting with Include. The WCDHB is also leading the way with "End PJ Paralysis". This is part of discharge planning and stopping deconditioning of patients. We have many followers on Twitter who are excited to see us take this concept up. Discussions have also started on patient stories which will not only give us an idea of how we are going as a hospital, but it will also give us a base-line in 6 months time to see if we have improved.

Maternity

- There has been a very busy start to 2017 with McBrearty ward activity at 84%. Consumer feedback overall remains very positive and women are feeling supported in the service.
- Data from 2016 is being reviewed and the maternity service continues to improve to meet national targets. Induction of labour rates remains lower than the national average but caesarean section rates are higher. The clinical team reviews each caesarean section to ensure appropriate clinical decision making occurred. Data tells us that all caesarean sections were appropriate and performed within the guidelines. The slightly higher than average intervention rate is to ensure best outcomes for neonates as we do not have a tertiary neonatal service on the West Coast. Women and babies who are identified as high risk are transferred to a tertiary centre before birth. In 2016 there were 13 pregnant women transferred to a tertiary centre, and 12 of them birthed appropriately while there.

- There were 276 births on the West Coast last year with 217 in McBrearty Ward, 26 in the Kawatiri Primary Birthing Unit and 33 home births.
- In February we employed another new graduate from the midwifery satellite program. We have now had a total of four midwives complete their training in Christchurch who have returned to Greymouth to work, either as self-employed or as core midwives for the District Health Board. While these numbers appear small, these midwives will ensure future sustainability for maternity services.
- The Buller Midwives Practice continues to provide a service to the Buller region and have just filled their last vacant position, with a midwife from the Nelson area. Bookings and births are increasing each year and the women who birth in Greymouth are returning to Kawatiri for postnatal care. Feedback from women continues to be very positive about this primary birthing service.

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 JANUARY 2017

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

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **Finance**

DATE: **10 March 2017**

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 January 2017.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of January 2017 was a surplus of $0.301m, which was $0.064 favourable to budget. The year to date position is $0.038m unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,020	6,999	21	√	48,480	48,958	(478)	×
Governance & Administration	69	69	0	√	482	563	(81)	×
Funder	4,902	5,014	(112)	×	34,907	35,098	(191)	×
	11,991	12,082	(91)	×	83,869	84,619	(750)	×
EXPENSES								
Provider								
Personnel	5,137	4,997	(140)	×	37,014	36,701	(313)	×
Outsourced Services	0	2	2	√	6	20	14	√
Clinical Supplies	574	636	62	√	4,884	4,579	(305)	×
Infrastructure	964	823	(141)	×	7,316	5,928	(1,388)	×
	6,675	6,458	(217)	×	49,220	47,228	(1,992)	×
Governance & Administration	69	69	0	√	482	563	81	√
Funder	4,485	4,802	317	√	31,533	33,691	2,158	√
Total Operating Expenditure	11,229	11,329	100	√	81,235	81,482	247	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	762	753	10	√	2,634	3,137	(503)	×
Interest, Depreciation & Capital Charge	461	516	55	√	3,147	3,612	465	√
Net surplus/(deficit)	301	237	64	√	(513)	(475)	(38)	×

4. APPENDICES

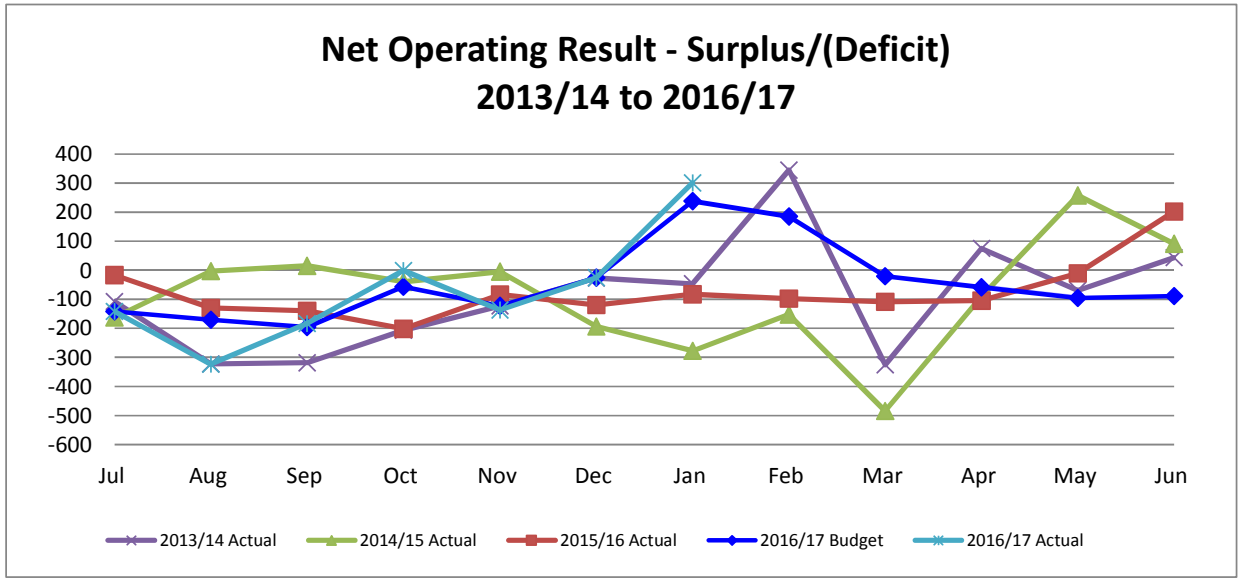
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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 – JANUARY 2017

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	301	237	64	27% ✓	(513)	(475)	(38)	8% ✗



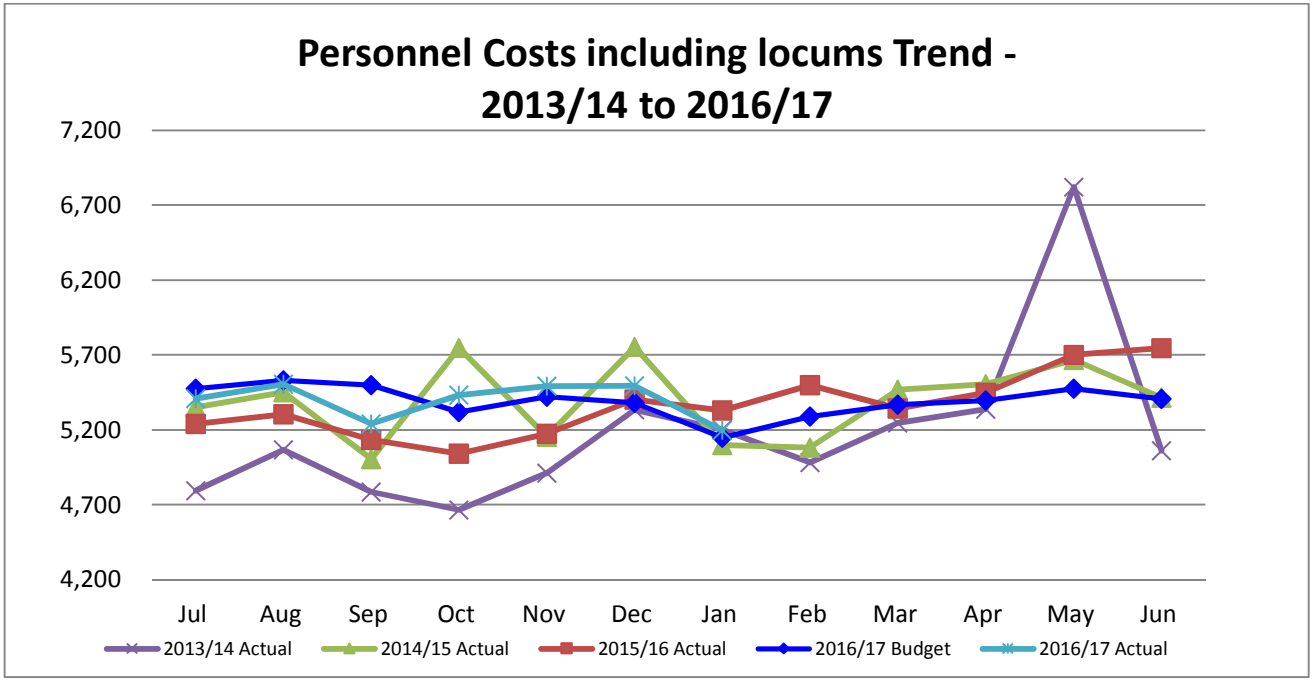
We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016.

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	1,375	1,354	(21)	-2%	✗	10,205	9,703	(502)	-5%	✗
Nursing	2,219	2,189	(30)	-1%	✗	15,983	16,287	304	2%	✓
Allied Health	885	874	(11)	-1%	✗	6,252	6,338	86	1%	✓
Support	84	91	7	8%	✓	489	646	157	24%	✓
Management & Admin	635	639	4	1%	✓	4,840	4,775	(65)	-1%	✗
Total	**5,198**	**5,147**	**(51)**			**37,769**	**37,749**	**(20)**		



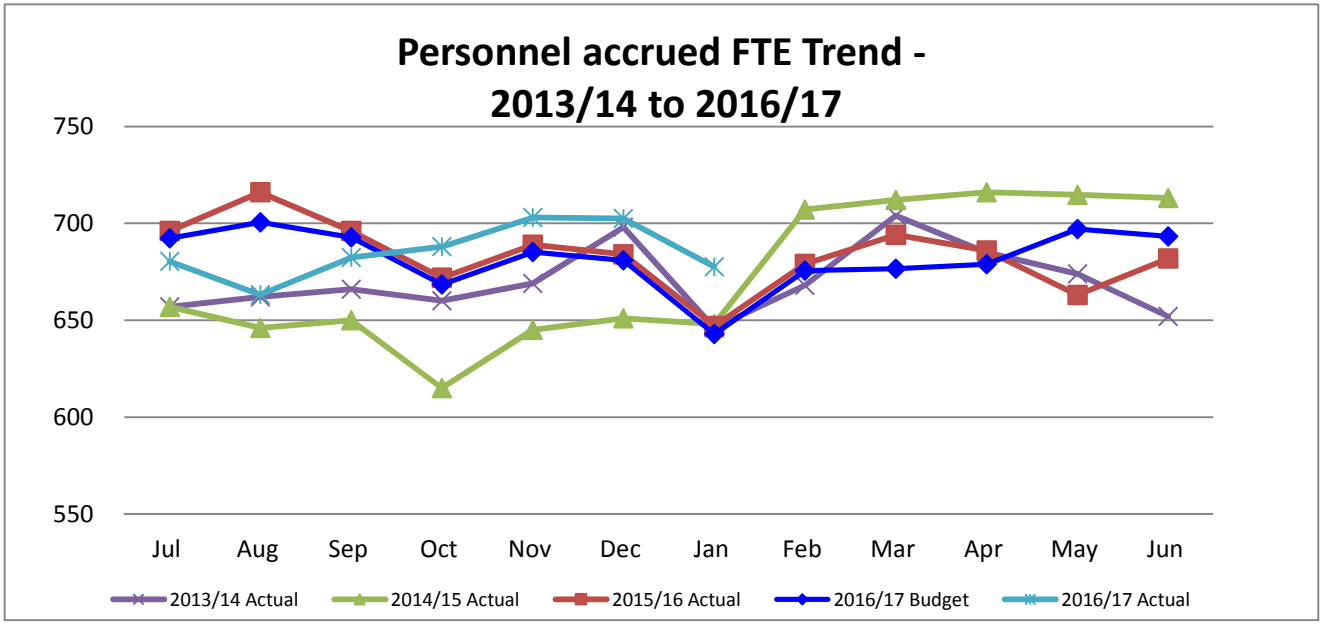
Personnel costs are slightly unfavourable for the month.

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	40	39	(1)	-2%	✗	39	41	1	3%	✓
Nursing	328	302	(26)	-9%	✗	323	321	(1)	0%	✗
Allied Health	174	171	(2)	-1%	✗	177	177	(0)	0%	✗
Support	17	18	0	2%	✓	19	18	(0)	-2%	✗
Management & Admin	118	113	(6)	-5%	✗	126	123	(3)	-2%	✗
Total	**678**	**643**	**(35)**			**684**	**680**	**(3)**		



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

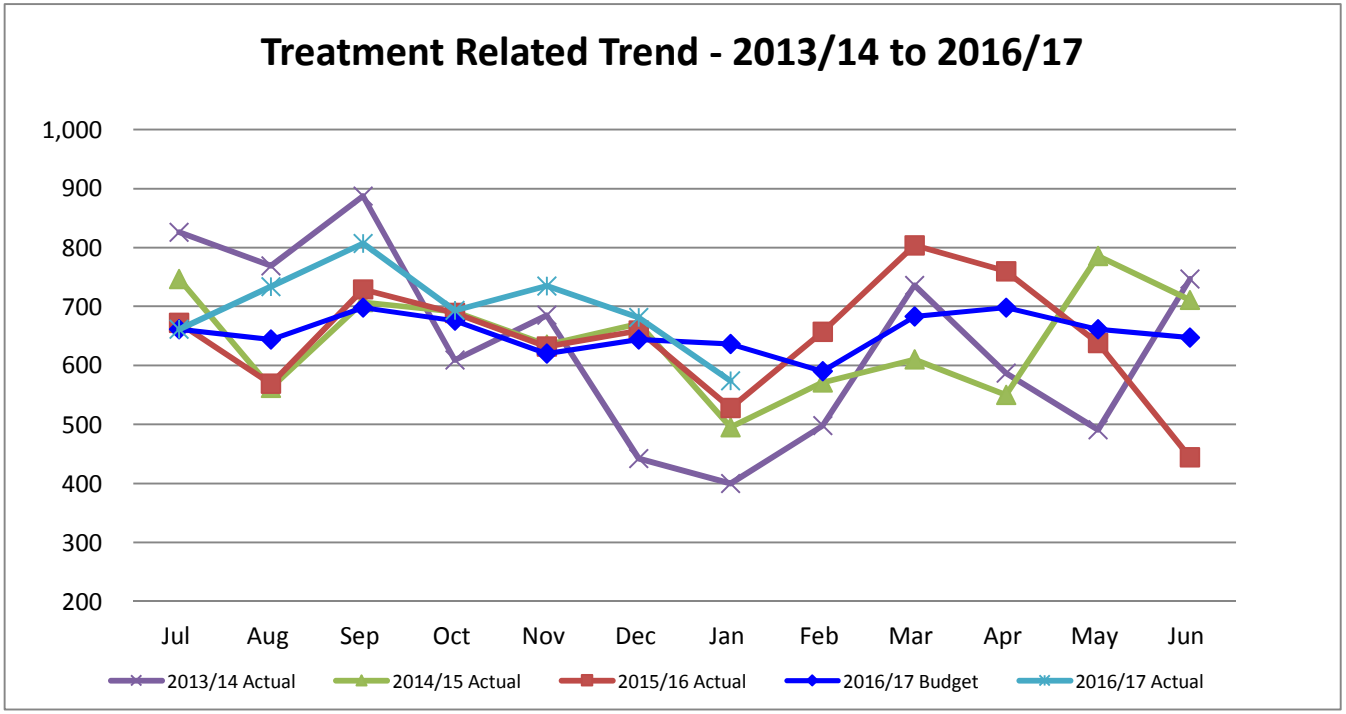
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	574	636	62	10% ✓	4,885	4,579	(306)	-7% ✗



Treatment related costs are favourable 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.

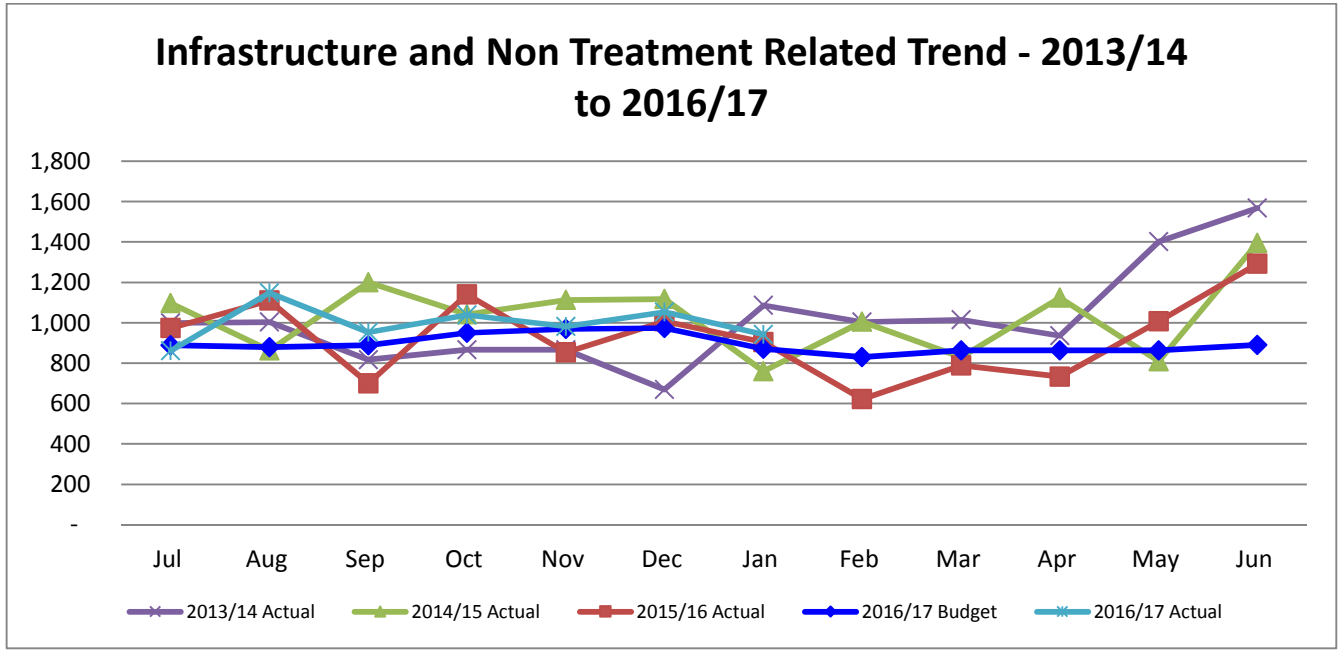
This unfavourable variance over Annual Plan year to date reflects the trend in the use of high cost medicines by some clinicians.

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	941	870	(71)	-8% ✕	6,974	6,417	(557)	-9% ✕



Expenses in this category continue to be closely monitored and we endeavour 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.

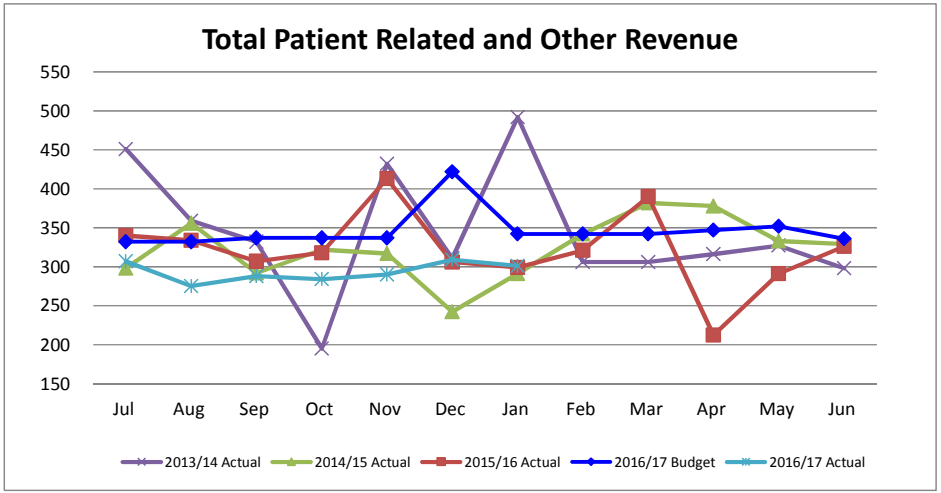
We continue to monitor areas such as Information Technology, Facilities (Maintenance, Utilities, and motor vehicle expenditure) to ensure they remain within budget.

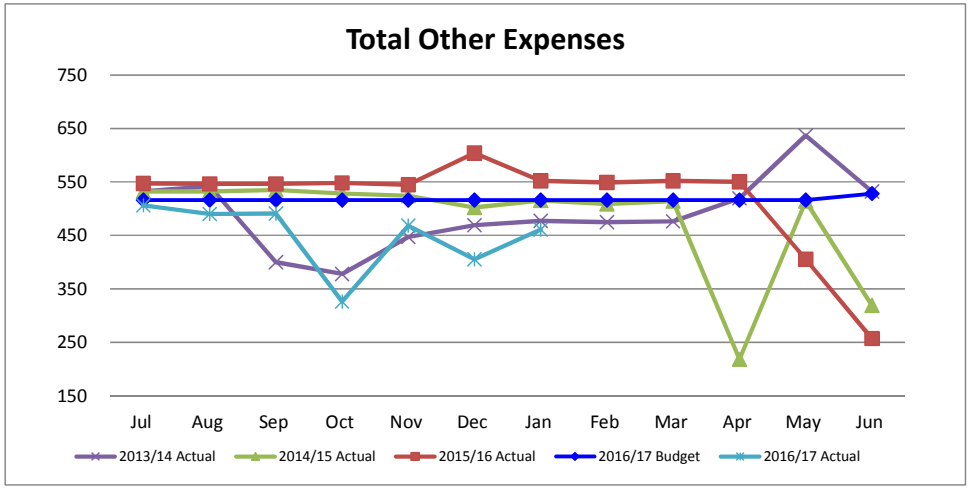
KEY RISKS AND ISSUES

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	50	40	10	25%	✓	249	245	4	2%	✓
Donations	-	3	(3)	0%	✗	-	21	(21)	0%	✗
Rental	12	16	(4)	-25%	✗	101	112	(11)	-10%	✗
Other	-	35	(35)	100%	✗	153	325	(172)	-53%	✗
Total Other Revenue	**62**	**94**	**(32)**	**-34%**	✗	**503**	**703**	**(200)**	**-28%**	✗
Interest Expense	48	54	6	11%	✓	320	378	58	15%	✓
Depreciation	342	380	38	10%	✓	2,356	2,660	304	11%	✓
Capital Charge Expense	71	82	11	13%	✓	471	574	103	18%	✓
Total Other Costs	**461**	**516**	**55**	**11%**	✓	**3,147**	**3,612**	**465**	**13%**	✓





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	11,896	11,934	(38)	0%	✕	12,341
Cash	12,040	13,474	(1,434)	-11%	✕	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 January 2017

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	11,551	11,594	(43)	(0.4%)	80,848	81,158	(310)	(0.4%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	49	(47)	(95.9%)	84	76
Inter District Flows Revenue	139	139	0	0.0%	965	973	(8)	(0.8%)	1,744	1,487
Patient Related Revenue	239	248	(9)	(3.6%)	1,551	1,736	(185)	(10.7%)	2,962	2,873
Other Revenue	62	94	(32)	(34.0%)	503	703	(200)	(28.4%)	1,112	984
Total Operating Revenue	11,991	12,082	(91)	(0.8%)	83,869	84,619	(750)	(0.9%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,198	5,147	(51)	(1.0%)	37,769	37,749	(20)	(0.1%)	64,670	64,396
Outsourced Services	0	2	2	100.0%	6	20	14	70.0%	30	30
Treatment Related Costs	574	636	62	9.7%	4,885	4,579	(306)	(6.7%)	7,858	7,781
External Providers	3,134	3,085	(49)	(1.6%)	21,147	21,595	448	2.1%	37,000	36,269
Inter District Flows Expense	1,351	1,589	238	15.0%	10,386	11,123	737	6.6%	19,084	16,380
Outsourced Services - non clinical	31	0	(31)	0.0%	68	0	(68)	0.0%	0	0
Infrastructure and Non treatment related costs	941	870	(71)	(8.2%)	6,974	6,417	(557)	(8.7%)	10,723	11,129
Total Operating Expenditure	11,229	11,329	100	0.9%	81,235	81,483	248	0.3%	139,365	135,985
Result before Interest, Depn & Cap Charge	762	753	9	1.2%	2,634	3,136	502	16.0%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	48	54	6	11.1%	320	378	58	15.3%	648	651
Depreciation	342	380	38	10.0%	2,356	2,660	304	11.4%	4,572	4,572
Capital Charge Expenditure	71	82	11	13.4%	471	574	103	17.9%	984	978
Total Interest, Depreciation & Capital Charge	461	516	55	10.7%	3,147	3,612	465	12.9%	6,204	6,201
Net Surplus/(deficit)	301	237	64	(26.8%)	(513)	(475)	(38)	(8.1%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	301	237	64	(26.8%)	(513)	(475)	(38)	(8.1%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 January 2017

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,465	23,960	(495)	(2.1%)	25,444
Intangible assets	614	394	220	55.8%	681
Work in Progress	2,494	1,981	513	25.9%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	27,140	26,902	238	0.9%	28,106
Current assets					
Cash and cash equivalents	12,040	13,474	(1,434)	(10.6%)	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	1,007	986	21	2.1%	986
Debtors and other receivables	6,555	5,046	1,509	29.9%	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	19,676	19,580	96	0.5%	18,851
Total assets	46,816	46,482	334	0.7%	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	10,945	10,945	0	0.0%	10,945
Employee entitlements and benefits	2,895	2,629	(266)	(10.1%)	2,629
Total non-current liabilities	13,840	13,574	(266)	(2.0%)	13,574
Current liabilities					
Interest-bearing loans and borrowings	3,500	3,500	0	0.0%	3,500
Creditors and other payables	7,674	8,161	487	6.0%	8,161
Employee entitlements and benefits	9,906	9,313	(593)	(6.4%)	9,313
Total current liabilities	21,080	20,974	(106)	(0.5%)	20,974
Total liabilities	34,920	34,548	(372)	(1.1%)	34,548
Equity					
Crown equity	72,563	72,543	(20)	(0.0%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(82,749)	(82,691)	58	0.1%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	11,896	11,934	38	0.3%	12,409
Total equity and liabilities	46,816	46,482	334	0.7%	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 January 2017

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	11,540	12,042	(502)	(4.2%)	83,742	84,374	(632)	(0.7%)
Cash paid to employees	(4,646)	(5,147)	501	9.7%	(37,034)	(37,749)	715	1.9%
Cash paid to suppliers	(1,962)	(1,508)	(454)	(30.1%)	(13,053)	(11,015)	(2,038)	(18.5%)
Cash paid to external providers	(4,338)	(3,085)	(1,253)	(40.6%)	(19,592)	(21,595)	2,003	9.3%
Cash paid to other District Health Boards	(147)	(1,589)	1,442	90.7%	(11,941)	(11,123)	(818)	(7.4%)
Cash generated from operations	447	713	(266)	(37.3%)	2,122	2,892	(770)	(26.6%)
Interest paid	(48)	(54)	6	11.1%	(320)	(378)	58	15.3%
Capital charge paid	(71)	(82)	11	13.4%	(471)	(574)	103	17.9%
Net cash flows from operating activities	328	577	(249)	(43.2%)	1,331	1,940	(609)	(31.4%)
Cash flows from investing activities								
Interest received	50	40	10	25.0%	249	245	4	1.6%
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(173)	(208)	35	16.8%	(1,390)	(1,456)	66	(4.5%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(123)	(168)	45	(26.8%)	(1,141)	(1,211)	70	5.8%
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	
Cash generated from equity transactions	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	205	409	(204)	(49.9%)	190	1,607	(1,417)	(88.2%)
Cash and cash equivalents at beginning of period	11,835	13,065	(1,230)	(9.4%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	12,040	13,474	(1,434)	(10.6%)	12,040	13,474	(1,434)	(10.6%)

CLINICAL LEADERS UPDATE

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

TO: **Chair and Members**
Hospital Advisory Committee

SOURCE: **Clinical Leaders**

DATE: **10 March 2017**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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

With the permanent appointment of a second Nurse Educator, the team has reviewed their portfolios and workplan to ensure a comprehensive approach to workforce development and nurse education. Several projects are underway, including the redesign of the Early Warning Score (EWS) document in preparation for the roll out of the Health Quality and Safety Commission (HQSC) Deteriorating Patient Programme. The West Coast was one of the first District Health Boards to introduce the Early Warning Score process and with the National Programme including a standardised document the West Coast version requires updating and further education to enable best practice.

The Nurse Educators are also developing the work environment processes for the introduction of nurse prescribing. This includes a clinical governance structure that supports safe prescribing, inclusive of policies and procedures, case review, continuing professional development activities, audit, and the development of a system for reporting adverse events or incidents. Prescribing mentors have already been identified and have begun planning to support nurses undertaking the training. These doctors will continue to provide oversight once the nurses have become endorsed to prescribe, and will also be part of the case review process.

A registered nurse working in the Operating Theatre (OT) has commenced postgraduate training to become a 'Registered Nurse First Surgical Assist'. This innovative role requires the nurse to have advanced skills and knowledge in surgical anatomy and physiology, and surgical techniques. This will allow the nurse to assist with aspects of patient management within the Operating Theatre, and will further enhance the theatre team.

We are excited to be welcoming a Transalpine Director of Midwifery in April 2017. Norma Campbell is a very experienced Midwife leader who has held a National Midwifery leadership role with the College of Midwives, is a strong advocate for mothers and babies, midwives and quality. We look forward to working with Norma. The introduction of this new role is the final recommendation to be implemented from the Maternity review.

Allied Health

Allied Health hosted a Wheelchair Seating Assessment programme this month at Grey Base Hospital. West Coast DHB Occupational Therapy and Physiotherapy staff and students were joined by colleagues from Canterbury DHB and South Canterbury DHB. The 'Seating to Go' programme, contracted by the Ministry of Health (MOH), form part of the competency pathway requirements for the Wheeled Mobility and Postural Management accreditation.

Work continues through the Supervision Co-ordination group to formalise the organisational expectations of frequency and format of Clinical, Professional and Administrative Supervision for all Nursing and Allied Health staff. A database of trained supervisors has also been centralised and training opportunities for future supervisors, and refreshing current supervisors continue to be explored.

Medical

Following sustained recruitment efforts the Buller Medical Service will have a full complement of Senior Medical Officers. Ahead of the new facility work is ongoing to develop the model of care to support this. A Rural Focussed Urban Specialist supporting local Rural Hospital Medicine Specialists and Physicians has been very successful in Paediatrics and this model is being explored for other disciplines.

Two West Coast DHB Senior Medical Officers have been appointed to roles in the West Coast Primary Health Organisation (PHO). These appointments will work with and support the PHO and signal a more collaborative approach to reduce the gaps between primary care/general practice and the hospital services. Dr Brendan Marshall was nominated as the second GP/Doctor representative to the PHO Clinical Governance Committee (CGC). Dr Andre Bonny has taken up the role of PHO Medical Director; the purpose of this role is to provide medical and clinical oversight, input and advice to the organisation.

QUALITY & SAFETY

Nursing & Midwifery

A new initiative has been introduced to the medical ward to encourage patients to get up, get dressed and move while in hospital. The concept is well socialised in the surgical service, with Advanced Recovery after Surgery (ERAS) encouraging patients to get moving as soon as possible post operatively. This has led to better recovery, a shorter hospital stay and the maintenance of independence. The introduction of 'End PJ Paralysis' is a campaign, led by a colleague (Brian Dolan) that encourages this elsewhere across the system. #EndPJparalysis is now a twitter campaign that has gained quite a following across New Zealand and the United Kingdom.

Allied Health

The Flexible Integrated Restorative Support Teams (FIRST) pilot is fast approaching with much of the operational planning complete. Once the initial client is identified, a smaller project group will commence the Calderdale Framework service analysis to identify which tasks Allied Health professionals (AHPs) can delegate to Home Based Support and Allied Health Assistant (AHA) staff. Because of the links with the UK based Calderdale team and the Queensland team, we anticipate that the tasks we identify will already have robust Clinical Task Instructions which we will use as the basis for training and assessing staff competency.

Allied Health leaders continue to work in partnership with Canterbury colleagues and across Primary and Community services on the West Coast to find ways that Allied Health can enhance service delivery outside the hospital environment. Workstreams currently underway involve Podiatry, Physiotherapy in General Practice and a single point of entry to Nutrition and Dietetic Services.

Discussions are underway between Allied Health and Information Services Group (ISG) as to how we can support the safe and appropriate use of 'apps' and cloud based assessment tools, supported by the Canterbury DHB Allied Health Informatics Clinical Lead. Aspects that need to be considered are protection of patient information when stored on smart devices which link to cloud storage, that tools are clinically viable, evidence based and not going to do harm, and ensuring the DHB is not seen to promote or endorse particular general market based tools.

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, Executive Director of Allied Health

2017 HOSPITAL ADVISORY COMMITTEE DRAFT WORKPLAN

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

DRAFT WORKPLAN FOR HAC 2017 - BASED ON WEST COAST DHB PRIORITY PLAN (*WORKING DOCUMENT)*

	10 March	27 April	8 June	27 July	14 September	26 October	23 November
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
STANDARD REPORTS	Hospital Services Management Report Finance Report Clinical Advisor Update 2017 Committee Work Plan	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update	Hospital Services Management Report Finance Report Clinical Advisor Update
PLANNED ITEMS							
PRESENTATIONS	As required	As required	As required	As required	As required	As required	As required
GOVERNANCE AND SECRETARIAT							
INFORMATION ITEMS:	Latest Board Agenda Chair's Report to Board from last meeting 2017 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2017 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2017 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2017 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2017 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2017 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2018 Schedule of Meetings

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 1 DECEMBER 2016

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Hospital Advisory Committee**

DATE: **9 December 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 1 December 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 – 1 December 2016.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 1 December 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.

Philip Wheble, Interim General Manager, Grey/Westland presented the report. He highlighted the following most notable features as:

- Strategic planning for discharge planning;
- Releasing Time to Lead training for our leaders; and
- Elective Service Patient Indicators (ESPI) improvements.

Mr Wheble provided the Committee with a demonstration of dashboard reports from the intranet which are continuously updated approximately every 30 minutes and show the current status on services. These reports were developed in conjunction with Information Technology and CDHB Decision Support.

He also spoke about the following:

- The discharge planning discussions that have taking and the intention to take this to the next level ensuring that discharged patients have the necessary support around them with the groups involved being both hospital and community based.

- Releasing Time to Lead training. A number of leaders went on this training and the feedback was very positive creating some really good outcomes.

- ESPIs – There are improvements over previous reports on ESPI 2. Further work is taking place to improve this however this will probably affect ESPI 5 later in the year. The Committee noted that a lot of work is taking place around orthopaedics and plastics with all of the South Island DHBs being involved in discussions on how to improve this.

Discussion took place regarding numbers of surgical transfers and the Committee noted that this is mainly about the appropriate place for care and complexity.

Discussion also took place regarding the falls statistics and the Committee noted that the high figures in June and July were related to the same person.

The report was noted.

FINANCE REPORT

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 Committee noted that management are reasonably comfortable with the results to date however it was noted that we are always susceptible to small changes.

The report was noted.

CLINICAL LEADERS UPDATE

The Clinical Leaders is provided in today's Board papers.

GENERAL BUSINESS

The Board Chair & CEO provided the Committee with an update around facilities development.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 1 December 2016.
Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 10 February 2017 commencing at 10.15am

KARAKIA			
ADMINISTRATION			***10.15am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *9 December 2016*		
3.	**Carried Forward/Action List Items** *(there are no carried forward items)*		
REPORTS			***10.20am***
4.	**Chair's Update (Verbal Update)**	Jenny Black *Chairperson*	*10.20am - 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery* Mr Pradu Dayaram *Medical Director, Facilities Development*	*10.45am – 10.55am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*10.55am – 11.05am*
8.	**Wellness Health & Safety Report**	Michael Frampton *General Manager, People & Capability*	*11.05am – 11.15am*
9.	**Committee Membership**	Jenny Black *Chairperson*	*11.15am – 11.25am*
10.	**Delegations**	Justine White *General Manager, Finance*	*11.25am – 11.35am*
11.	**Loans conversion to Equity**	Justine White *General Manager, Finance*	*11.35am – 11.45am*
12.	**Resolution to Exclude the Public**	*Board Secretary*	*11.45am*

INFORMATION ITEMS

- 2017 Meeting Schedule
- List of Common Acronyms – Working Document

ESTIMATED FINISH TIME ***11.45am***

NEXT MEETING: Friday 24 March 2017

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2017

DATE	MEETING	TIME	VENUE
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Friday 10 March 2017	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Friday 10 March 2017	HAC	11.00am	Boardroom, Corporate Office
Friday 10 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	West Coast PHO Boardroom
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	Arahura Marae
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.