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

HOSPITAL ADVISORY COMMITTEE MEETING

27 April 2017

11.00am

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 27 April 2017 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**
   10 March 2017
3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS — 11.10am

4.	**Management Report**	Philip Wheble *Interim General Manager Grey | Westland*	*11.10am – 11.30am*
5.	**Finance Report**	Justine White *General Manager, Finance*	*11.30am – 11.45am*
6.	**Clinical Leaders Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*11.45am – 12.00pm*
7.	**General Business**	Michelle Lomax *Chair*	*12.00noon – 12.10pm*

ESTIMATED FINISH TIME — 12.10pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 24 March 2017**
- **2017 HAC Workplan (Working Document)**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING:

Date of Next Meeting: 8 June 2017
Board Room at Corporate Office, Grey Base Hospital, Greymouth

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
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
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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 • Justice of the Peace
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

Member	Disclosure of Interests
	• Kaumatua/Cultural Advisor for Child Youth & Family (Greymouth and 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

DRAFT

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Friday 10 March 2017, commencing at 11am

PRESENT
Michelle Lomax (Chair); Chris Auchinvole; Paula Cutbush; Gail Howard; Chris Lim; Nigel Ogilvie; and Jenny Black.

APOLOGIES
Apologies were received and accepted from Kevin Brown, Richard Wallace & Chris Mackenzie

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

IN ATTENDANCE
Elinor Stratford

WELCOME
Everyone joined in the Karakia

1. INTEREST REGISTER

Paula Cutbush advised an addition to the interest register that she is a Justice of the Peace.

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 (1/17)
(Moved: Paula Cutbush/Seconded: Chris Lim – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 1 December 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

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

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

- Welcome to the new recruitment specialist – John Ray;
- The FIRST (Flexible Integrated Rehabilitation Support Teams) pilot is fast approaching.
- New Rural Hospital Medicine Specialist has commenced.

He also spoke regarding Outpatient Clinics – with the statistics indicating an increase in DNAs he advised that he has requested the team to look at the trend here. There is some great work being done in this area so there is a need to understand what is taking place.

Discussion took place regarding transfers to Christchurch in the Maternity area. The Committee noted that in 2016 13 pregnant women were transferred to a tertiary centre and 12 of them birthed appropriately while there.

Discussion also took place regarding inpatient and outpatient volume statistics and it was noted that the West Coast often achieves electives but not case weights as the surgeries carried out here are generally less complex cases. Mr Wheble commented that from the Board's perspective it is important to ensure we have the right mix and ensure we have the ability to achieve this.

A query was made regarding vacancies and the Committee noted that these are across the whole DHB.

The report was noted.

5. FINANCE REPORT

Justine White, General Manager Finance, presented this report which showed that 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 Committee noted that the February results are in the process of being finalised and look to be on track. It was also noted that there are pressures on personnel costs which are a little fragile due to changes to rosters and locum costs. There is a continued focus on the use of locums.

The Committee also noted that there is pressure in the Revenue area, particularly ACC where revenue is down and management are following up on this.

Ms White commented that as we ramp up into winter it will be a challenge to claw back the year to date variance.

Discussion took place regarding the work that has taken place in Primary Care and it was noted that some challenges still remain here particularly around the payment of accounts.

The report was noted.

6. CLINICAL LEADERS REPORT

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

The Committee noted that there is a lot of innovation being carried out in relation to workforce and nursing. She provided the Committee with updates on: Prescribing; Advanced Recovery

After Surgery; transalpine transfers; maternity and the "end PJ paralysis" project.

The update was noted.

7. 2017 DRAFT COMMITTEE WORK PLAN

The Committee discussed the draft 2017 work plan and members noted that this is a working document and feedback can be provided to the Chair at any time. Suggestions regarding presentations are to be forwarded to the Chair/Board Secretary.

INFORMATION ITEMS

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

There being no further business the meeting closed at 12.30pm

Confirmed as a true and correct record.

_____ _____

Michelle Lomax, Chair Date

CARRIED FORWARD/ACTION ITEMS

West Coast
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(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: **27 April 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 Director of Midwifery, Norma Campbell
- Increased focus on communication in the medical ward.
- The endoscopy service has continued its strong performance following transformations in the last 6 months.

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 9-month period to 31 March 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 2.7%.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	840.82	708.31	-132.51	-15.8%
Elective	924.56	748.54	-176.02	-19.0%
Sub-Total Surgical:	**1765.38**	**1456.85**	**-308.53**	**-17.5%**
Medical				
Acute	1044.08	1430.09	368.01	37.0%
Elective	0	0	0	0%
Sub-Total Medical:	**1044.08**	**1430.09**	**368.01**	**37.0%**
TOTALS:	**2809.46**	**2886.94**	**77.48**	**2.7%**

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services in the 9 months to 31 March is down 9.2 % from expected volumes overall (980 attendances). Among surgical specialities, the shortfall in locally-delivered outpatient First Specialist Assessments (FSAs) and follow-ups is in orthopaedics, with numbers in ENT and urology attendances also down to a lesser degree. Medical outpatient clinics are largely on track; the overall shortfall being largely driven by a lack of dermatology and gastroenterology clinics in the current year.

The overall split between 1st visit and subsequent visit during the nine months to 31 March 2017 was as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1st Visit	2531	2385	-146	-5.8%
Sub. Visit	4065	3528	-537	-13.2%
Sub-Total Surgical:	**6596**	**5913**	**-683**	**-10.4%**
Medical				
1st Visit	1211	1049	-162	-13.3%
Sub. Visit	2885	2750	-135	-4.7%
Sub-Total Medical:	**4096**	**3797**	**-297**	**-7.2%**
TOTALS:	**10,692**	**9,712**	**-980**	**-9.2%**

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]
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%
February 2017	1675	1570	105	6.27%
March 2017	1528	1424	104	6.81%
13 month rolling totals	**21040**	**19719**	**1321**	**6.28% Average**

- Endoscopy Service – The West Coast endoscopy has continued its strong performance following transformations in the last 6 months. February data has it at number 2 in NZ against the MoH colonoscopy indicators. An Endoscopy Nurse coordinator has been employed to continue the transformation into a patient focused service and support the work towards the accreditation needed in preparation for a bowel screening program rollout.

4.2 Workforce Update

Nursing

- The DHB welcomes a number of new staff into the organisation, filling vacancies in surgical, medical and ED. We have also had an applicant interested in the CNS Orthopaedic/Plastic role which is very exciting.
- We also welcome Natalie Brough into a fixed term position as CNM for ED and Outpatients. Natalie has experience with managing and leading teams.
- Annual leave has decreased this month by 51% which has helped cover the increase in sick leave.
- The medical ward has had a 7.3% increase in occupancy, with the surgical ward also increasing by 3.5%, again this is due to medical overflows.
- Communication, not only with the patients but also their significant others, has been a focus for the medical ward with some great work happening in this space. This includes IDEAL training with Brian Dolan, the Clinical Nurse Manager conducting training with staff and review of our template letters to patients.
- "End PJ Paralysis" is a concept taken from the NHS where patients who are able are dressed in their clothes through the day and not left in their pyjamas. This has proven to be great for the wellbeing of the patient and also stopped staff treating people as patients. The realisation of muscle wasting with patients in hospital has also been a focus of staff.

Medical

- We have interviewed two general surgeons and are moving to reference stage.
- We are screening an applicant for an anaesthetist position.
- We have had further interest in our RHM vacancy.
- The junior doctor workforce is fully recruited this quarter and we are filling vacancies for later in the year. The annual recruitment cycle for 2018 will commence shortly.

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 – work continues.
- *Aged Residential Care* – Currently 9 hospital level and 4 residential level residents and one palliative patient.

Allied Health

- Our Medical Technicians delivered Plaster Casting training to Emergency Department Nursing and Medical staff this month, and plan to offer another session next month. This ensures that staff who are required to apply casts when there is limited assistance available from our team, can do so with confidence and a good level of skill. These are also fun sessions and further strengthens the relationship between our Medical Technicians and Emergency Department staff.
- The FIRST pilot has offered service to it's initial client, and undertaken a variety of the operational tasks. 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. We will be surveying staff over coming weeks, to find out how we can better support staff participating in and providing (or wanting to provide) supervision.
- 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. The current focus for these groups is on utilising clear triage processes and ensuring we have quality data available from our patient management systems.
- Radiology and Physiotherapy are the first of our service areas to review the way that referrals are triaged, to ensure they align with the categories used in other parts of the Health System. This work, which will roll out through the other service areas, is essential to being consistent and transparent with how service is offered and when people need to wait, and why.

Industrial Relations

Negotiations Update:

- SMO MECA (ASMS) - 7 April 2017: DHBs will be refreshing the bargaining strategy on 18 April 2017 to reflect progress made during informal discussions. Bargaining is set to recommence on 15 May 2017 with two further dates scheduled for 24 and 31 May 2017.
- Nurses MECA (NZNO) - 31 March 2017: DHBs are meeting with the GMs HR and COOs on 12 April 2017 as part of the bargaining strategy development process.
- RMOs MECA (NZRDA) - 17 March 2017: Settlement has been ratified by union members and expires on 28 February 2018.
- WC Home Based Support SECA (PSA) - 10 February 2017: The DHB advises that the offer has been ratified by union members.

Recruitment

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

- We are currently recruiting to 28 roles with an FTE of 30.3.
- There are 2 General Surgeons within the interview and reference phase of the recruitment process for a vacant position in general surgery.
- We are currently advertising for an Anaesthetist, a Psychiatrist and a General Physician.
- Nursing recruitment is steady, with a number of new vacancies over the past few weeks. Specialist roles are proving challenging to recruit into.
- Steady flow of administration roles, which have good applicant numbers and are proving less challenging to fill than other areas. The Emergency Planner role remains vacant, but interviews are being planned for mid-April.
- A new recruitment specialist, John Ray has commenced. He will be the main point of contact for all recruitment needs across the WCDHB.

4.3 Patient

Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased with 36 transfers in January 2017 to 53 transfers in February 2017. The majority of transfers in January 2017 were for orthopaedic and surgical patients and in February 2017 for surgical and medical patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in January and February 2017 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base the numbers increased from 23 transfers in January 2017 to 29 transfers in February 2017. Most of these transfers were for medical and surgical patients, and the majority were transported to Grey Base via ambulance in January 2017 and evenly via ambulance, hospital board car and private vehicle in February 2017.

- There were 3 patient transfers from Reefton to Grey Base in January 2017 and 2 in February 2017. The transfers in January 2017 were for 2 medical and 1 ophthalmology patients and in February 2017 was for 1 surgical and 1 orthopaedic patient.
- 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)

For the third month in a row, West Coast DHB was non-compliant against the maximum 120-days' wait time target, with 49 orthopaedic and 13 plastic surgery patients overdue for FSA as at 28 February 2017. A concerted effort was undertaken to get these overdue patients seen in March and it is anticipated that this will reflect us being back within overall ESPI compliance tolerance levels once month-end data is confirmed. Delays in assessment for orthopaedic referrals remains an issue, due to transalpine staffing and service constraints.

ESPI 5 (Treatment)

Performance against ESPI 5 was more positive with only 6 patients exceeding the 120-day maximum wait times as at the end of February 2017 (five orthopaedic and one plastic surgery patient). This is within ESPI compliance tolerance levels. We anticipate a March recovery for the overdue cases once final month-end data is confirmed.

MoH Elective Services Online

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

DHB Name: West Coast

	2016 Mar			2016 Apr			2016 May			2016 Jun			2016 Jul			2016 Aug			2016 Sep			2016 Oct			2016 Nov			2016 Dec			2017 Jan			2017 Feb		
	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.	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	18 of 18	100.0%	0	16 of 16	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	8	1.3%	-8	4	0.6%	-4	17	2.5%	-17	9	1.2%	-9	19	2.5%	-19	23	2.8%	-23	3	0.3%	-3	0	0.0%	0	6	0.7%	-6	24	2.4%	-24	45	5.3%	-45	62	8.4%	-62
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.	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	3.9%	-9	3	1.6%	-3	5	2.9%	-5	8	5.7%	-8	6	3.3%	-6
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.	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	108	100.0%	0	94	100.0%	0	145	100.0%	0

Data Warehouse Refresh Date: 31/Mar/2017

Report Run Date: 03/Apr/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 if 90% or less.
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 March 2017

Grey Base & Reefton Hospitals	Jan	Feb	Mar
Behaviour & Safety	2	0	0
Employee	3	4	7
Facilities, Building & Property	0	0	0
Fall	8	5	10
Hazard Register	0	2	0
Labs / Specimen	3	7	4
Labour and delivery	0	1	0
Medication and IV Fluids	7	2	9
Provision of Care	3	1	3
Radiology	1	0	2
Security	0	0	1
Skin / tissue	3	2	0
Totals	**30**	**24**	**36**

Maternity

- The West Coast DHB has been accepted by the Midwifery Council of New Zealand to become an approved provider of continuing midwifery education. This application was submitted by the Midwifery Educator to provide recertification education for the West Coast midwives.
- The New-born Metabolic Screening Programme (NMSP) transit time report shows good results with 8% improvement in 4 day transit time.
- A new poster has been developed so that newly pregnant women know what 5 things they have to do within the first ten weeks. This can help ensure that they are booking early with an LMC. By doing this we can get their ultrasounds and antenatal screening done in a timely manner.
- Our new Director of Midwifery, Norma Campbell, will be starting on 3 April 2017. We are excited to have her join the team; she brings with her lots of experience and knowledge, including rural. Norma's role for the WCDHB will be Professional and Clinical Leadership. Chris Davey, Clinical Midwifery Manager and Phil Wheble, Interim General Manager Grey | Westland, will continue to have operational responsibility on the West Coast, which is different from Norma's responsibility at Canterbury DHB. Norma's first visit to the West Coast will be on 26 and 27 April. We look forward to welcoming her.
- The Midwives held a forum at the end of March. The smoking cessation coordinators spoke about ways to help pregnant women who smoke reduce or give up. They demonstrated the use of the CO machine to show nicotine levels in smokers. This may be a tool we can use to encourage pregnant women who smoke to give up. The Pregnancy and Parenting Education (formerly antenatal classes) Manager from Christchurch also spoke about how we can utilise and fill these classes on the West Coast. We need to try to increase the uptake of these classes for new parents.
- So far this year we have had 7 births at Kawatiri. There are 3 LMC midwives taking on the caseload of women in the Buller district.

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 MARCH 2017

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

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

SOURCE: **Finance**

DATE: **27 April 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 March 2017.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of March 2017 was a deficit of $93 thousand, which was $72 thousand unfavourable to budget. The year to date position is $161 thousand unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,008	6,999	9	√	62,229	62,956	(727)	×
Governance & Administration	69	69	(0)	×	620	701	(81)	×
Funder	4,854	5,014	(160)	×	44,782	45,126	(344)	×
	11,931	12,082	(151)	×	107,631	108,783	(1,152)	×
EXPENSES								
Provider								
Personnel	5,461	5,216	(245)	×	47,756	47,053	(703)	×
Outsourced Services	(15)	2	17	√	(9)	24	33	√
Clinical Supplies	720	683	(37)	×	6,313	5,852	(461)	×
Infrastructure	1,034	815	(219)	×	9,422	7,526	(1,896)	×
	7,201	6,716	(485)	×	63,483	60,455	(3,028)	×
Governance & Administration	69	69	0	√	620	701	81	√
Funder	4,339	4,802	463	√	40,201	43,294	3,093	√
Total Operating Expenditure	11,609	11,587	(22)	×	104,304	104,450	147	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	322	495	(172)	×	3,327	4,333	(1,006)	×
Interest, Depreciation & Capital Charge	415	516	101	√	3,799	4,644	845	√
Net surplus/(deficit)	(93)	(21)	(72)	×	(472)	(311)	(161)	×

4. APPENDICES

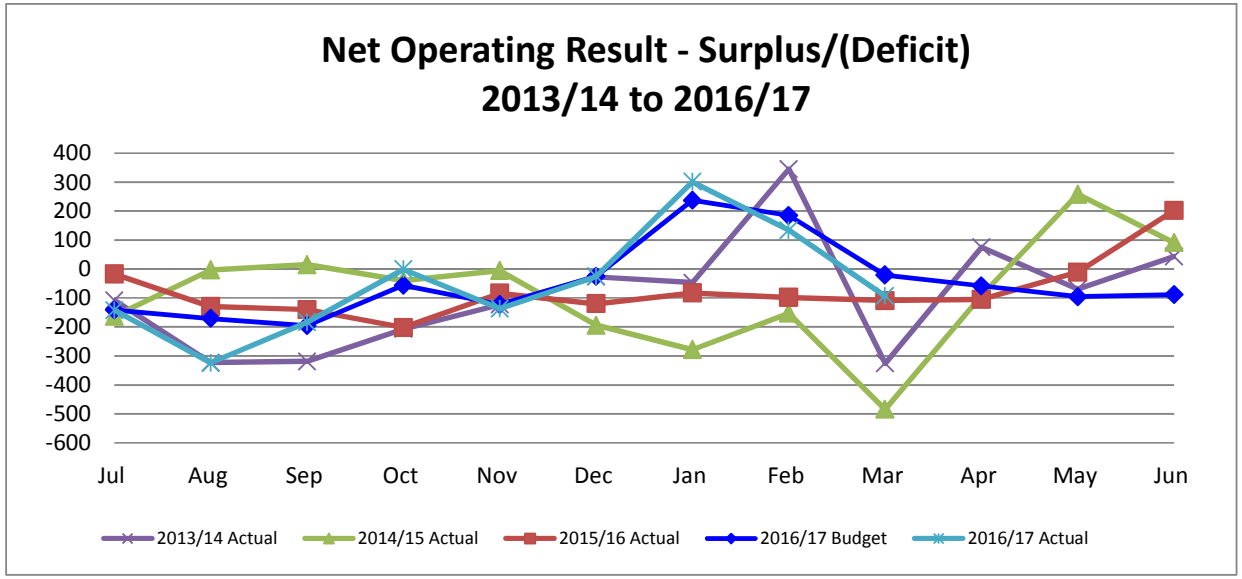
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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 – MARCH 2017

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(93)	(21)	(72)	352% ✕	(472)	(311)	(161)	52% ✕



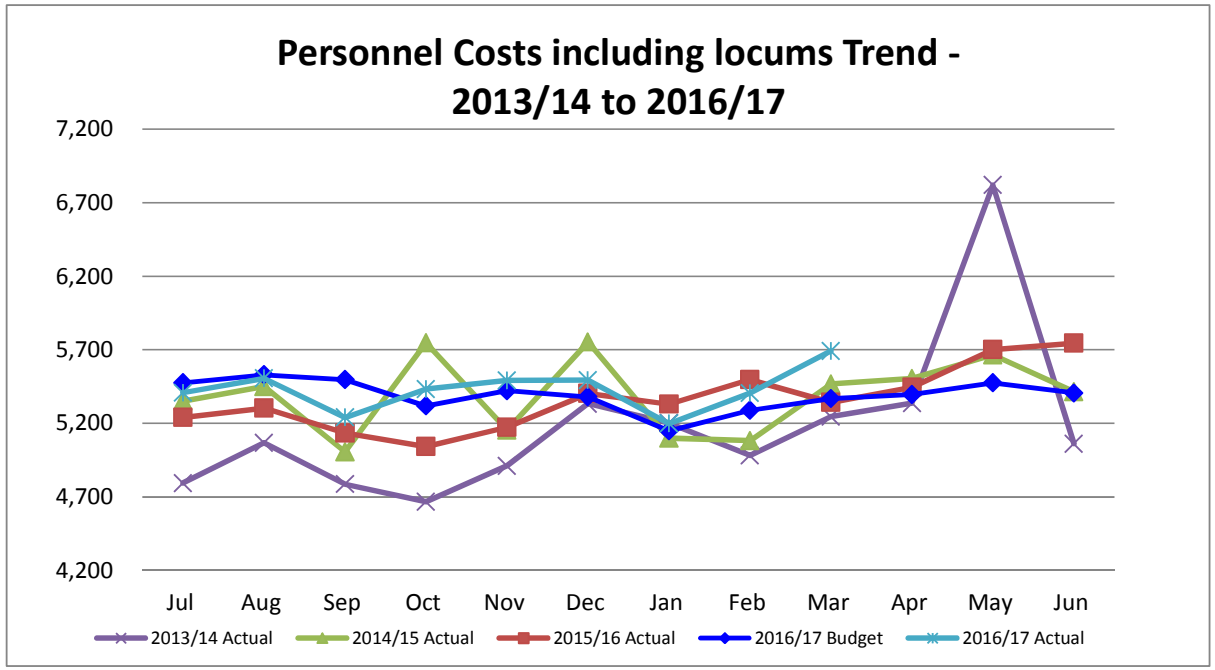
We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016. At this stage we are forecasting a year end result largely on budget.

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	1,594	1,392	(202)	-15%	✗	13,197	12,391	(806)	-7%	✗
Nursing	2,313	2,295	(18)	-1%	✗	20,680	20,876	196	1%	✓
Allied Health	922	877	(45)	-5%	✗	8,029	8,124	95	1%	✓
Support	95	98	3	3%	✓	665	833	168	20%	✓
Management & Admin	768	704	(65)	-9%	✗	6,296	6,176	(120)	-2%	✗
Total	**5,692**	**5,366**	**(326)**			**48,867**	**48,400**	**(467)**		



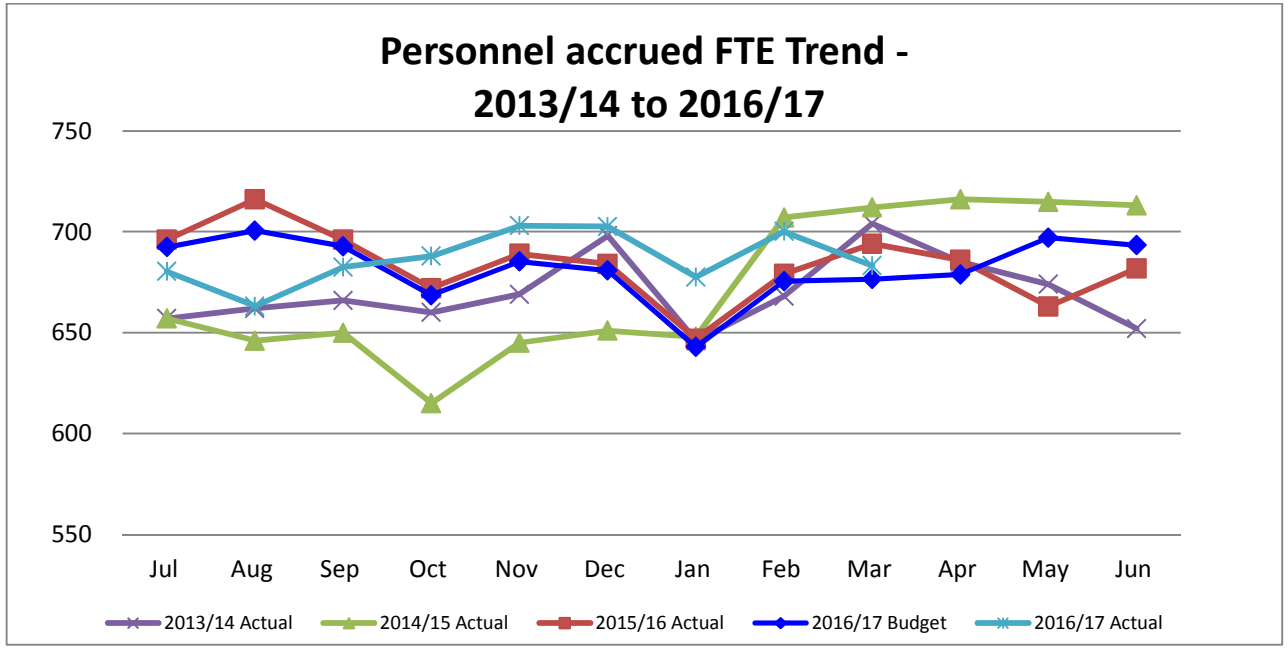
Personnel costs are unfavourable for the month, the level of the combined personnel costs is a concern, noting that locum costs are included therefore there will always be a level of fluctuation in this category. Finance is working closely with managers to understand the drivers for the increase costs, and to manage the impacts of this going forward.

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	38	41	3	8%	✓	39	40	1	3%	✓
Nursing	327	317	(10)	-3%	✗	325	320	(5)	-1%	✗
Allied Health	175	172	(3)	-2%	✗	178	177	(1)	0%	✗
Support	18	19	2	8%	✓	18	18	(0)	-1%	✗
Management & Admin	126	128	2	2%	✓	126	124	(2)	-1%	✗
Total	**683**	**677**	**(7)**			**685**	**679**	**(6)**		



Accrued FTE is influenced by leave taken throughout the period, the current period results are impacted by general employee churn and recruitment of staff in the Buller region.

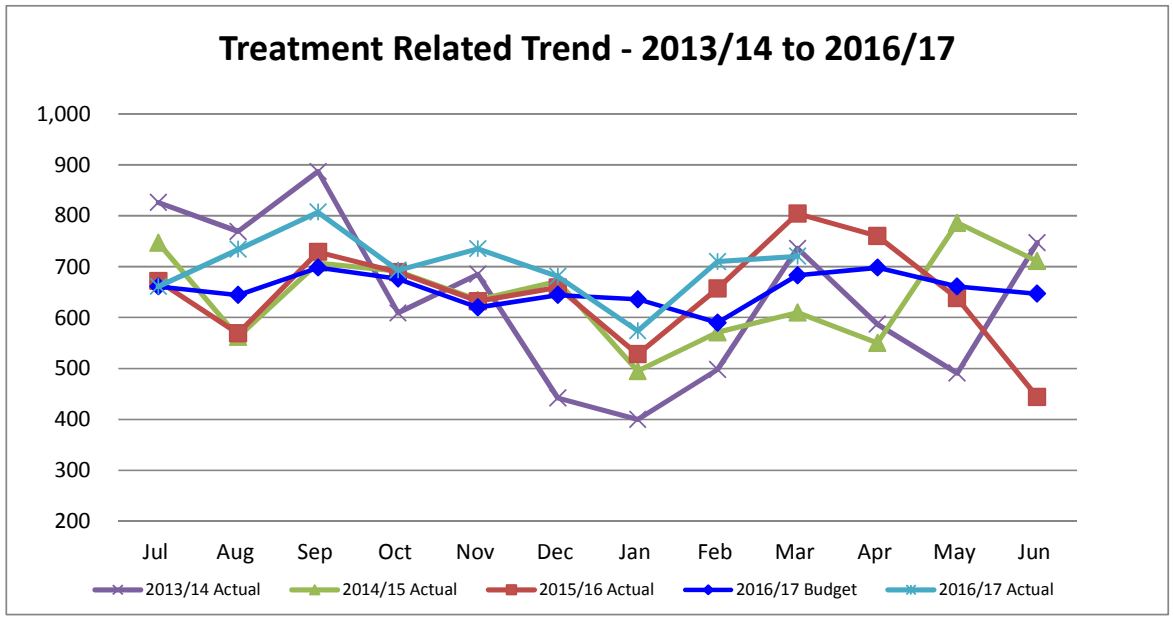
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc.

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	720	683	(37)	-5% ✕	6,315	5,852	(463)	-8% ✕



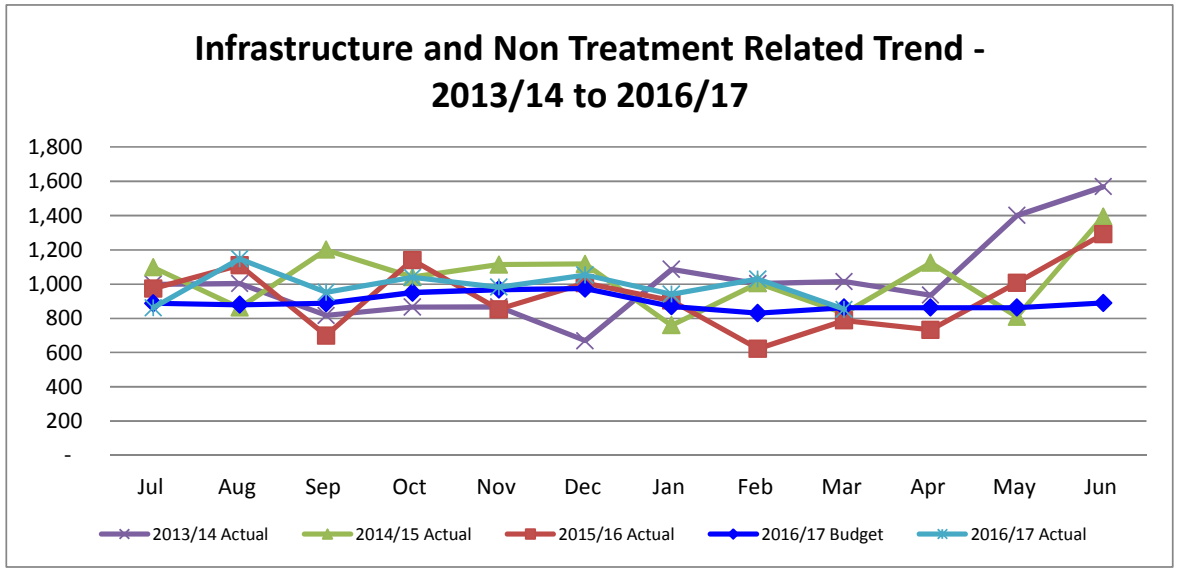
Treatment related costs are favourable to budget for the month. Although the unfavourable variance over Annual Plan year to date reflects the trend in the use of high cost medicines, particularly in Oncology and Rheumatology medicines by some clinicians, there is no sign that this use is abating.

KEY RISKS AND ISSUES

High costs treatment particularly in oncology and rheumatology medicines is causing significant concern on costs in this category.

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	853	862	9	1% ✓	8,856	8,109	(747)	-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).

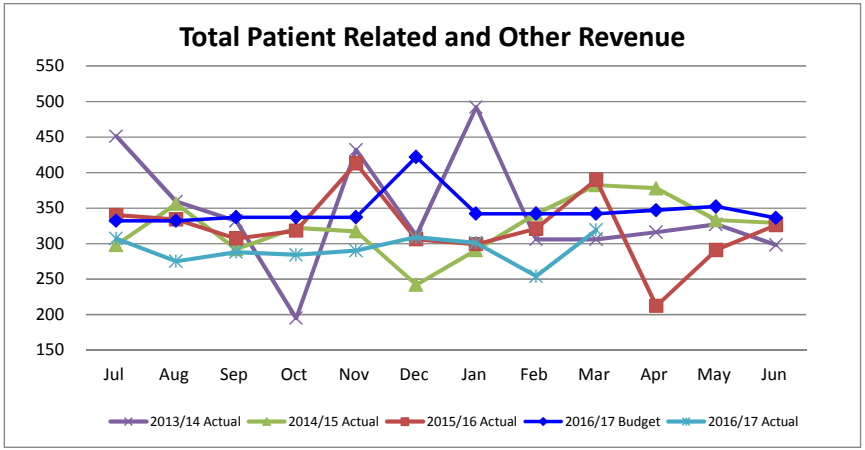
We continue to monitor areas such as Information Technology, Facilities (Maintenance, Utilities, and motor vehicle expenditure) to ensure they remain within budget.

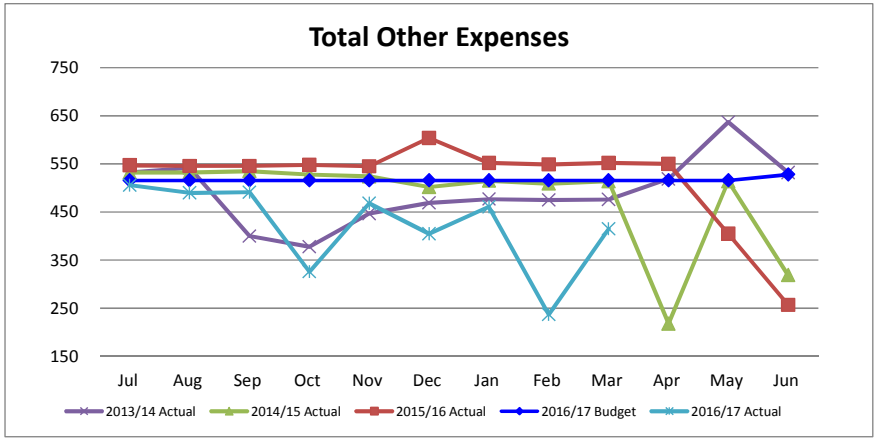
KEY RISKS AND ISSUES

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

OTHER REVENUE & OTHER COSTS

	Month					YTD				
	Actual $'000	Budget $'000	Variance $'000			Actual $'000	Budget $'000	Variance $'000		
Interest Received	32	40	(8)	-20%	✗	310	325	(15)	-5%	✗
Donations	-	3	(3)	0%	✗	-	27	(27)	0%	✗
Rental	12	16	(4)	-24%	✗	125	144	(19)	-13%	✗
Other	22	35	(13)	100%	✗	180	395	(215)	-54%	✗
Total Other Revenue	**66**	**94**	**(28)**	**-30%**	✗	**615**	**891**	**(276)**	**-31%**	✗
Interest Expense	-	54	54	100%	✓	343	486	143	29%	✓
Depreciation	344	380	36	9%	✓	2,843	3,420	577	17%	✓
Capital Charge Expense	71	82	11	13%	✓	613	738	125	17%	✓
Total Other Costs	**415**	**516**	**101**	**20%**	✓	**3,799**	**4,644**	**845**	**18%**	✓





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.

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	26,382	12,098	14,284	118% ✔	12,341
Cash	11,037	13,982	(2,945)	-21% ✘	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 March 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	11,473	11,594	(121)	(1.0%)	103,758	104,346	(588)	(0.6%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	63	(61)	(96.8%)	84	76
Inter District Flows Revenue	139	139	(0)	(0.2%)	1,244	1,251	(7)	(0.6%)	1,744	1,487
Patient Related Revenue	253	248	5	1.9%	2,012	2,232	(220)	(9.9%)	2,962	2,873
Other Revenue	66	94	(28)	(29.5%)	615	891	(276)	(31.0%)	1,112	984
Total Operating Revenue	11,931	12,082	(151)	(1.3%)	107,631	108,783	(1,152)	(1.1%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,692	5,366	(326)	(6.1%)	48,867	48,400	(467)	(1.0%)	64,670	64,396
Outsourced Services	(15)	2	17	871.6%	(9)	24	33	139.3%	30	30
Treatment Related Costs	720	683	(37)	(5.5%)	6,315	5,852	(463)	(7.9%)	7,858	7,781
External Providers	2,828	3,085	257	8.3%	26,840	27,765	925	3.3%	37,000	36,269
Inter District Flows Expense	1,511	1,589	78	4.9%	13,361	14,301	940	6.6%	19,084	16,380
Outsourced Services - non clinical	20	0	(20)	0.0%	74	0	(74)	0.0%	0	0
Infrastructure and Non treatment related costs	853	862	9	1.1%	8,856	8,109	(747)	(9.2%)	10,723	11,129
Total Operating Expenditure	11,609	11,587	(22)	(0.2%)	104,304	104,451	147	0.1%	139,365	135,985
Result before Interest, Depn & Cap Charge	322	495	(173)	(35.0%)	3,327	4,332	1,005	23.2%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	0	54	54	100.0%	343	486	143	29.4%	648	651
Depreciation	344	380	36	9.4%	2,843	3,420	577	16.9%	4,572	4,572
Capital Charge Expenditure	71	82	11	13.5%	613	738	125	16.9%	984	978
Total Interest, Depreciation & Capital Charge	415	516	101	19.6%	3,799	4,644	845	18.2%	6,204	6,201
Net Surplus/(deficit)	(93)	(21)	(72)	(349.8%)	(472)	(312)	(160)	(51.3%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(93)	(21)	(72)	(349.8%)	(472)	(312)	(160)	(51.3%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 March 2017

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,050	23,698	(648)	(2.7%)	25,444
Intangible assets	615	312	303	97.2%	681
Work in Progress	2,736	1,981	755	38.1%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	26,969	26,558	411	1.5%	28,106
Current assets					
Cash and cash equivalents	11,037	13,982	(2,945)	(21.1%)	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	1,016	986	30	3.0%	986
Debtors and other receivables	5,906	5,046	860	17.0%	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	18,033	20,088	(2,055)	(10.2%)	18,851
Total assets	45,002	46,646	(1,644)	(3.5%)	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	10,945	10,945	100.0%	10,945
Employee entitlements and benefits	2,928	2,629	(299)	(11.4%)	2,629
Total non-current liabilities	2,928	13,574	10,646	78.4%	13,574
Current liabilities					
Interest-bearing loans and borrowings	0	3,500	3,500	100.0%	3,500
Creditors and other payables	6,605	8,161	1,556	19.1%	8,161
Employee entitlements and benefits	9,087	9,313	226	2.4%	9,313
Total current liabilities	15,692	20,974	5,282	25.2%	20,974
Total liabilities	18,620	34,548	15,928	46.1%	34,548
Equity					
Crown equity	87,008	72,543	(14,465)	(19.9%)	72,563
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(82,708)	(82,527)	180	0.2%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	26,382	12,098	(14,284)	(118.1%)	12,409
Total equity and liabilities	45,002	46,646	(1,643)	(3.5%)	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 March 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	12,433	12,042	391	3.2%	108,948	108,458	490	0.5%
Cash paid to employees	(6,372)	(5,366)	(1,006)	(18.8%)	(49,174)	(48,400)	(774)	(1.6%)
Cash paid to suppliers	(781)	(1,547)	766	49.5%	(17,884)	(13,984)	(3,900)	(27.9%)
Cash paid to external providers	(3,861)	(3,085)	(776)	(25.2%)	(25,989)	(27,765)	1,776	6.4%
Cash paid to other District Health Boards	(628)	(1,589)	961	60.5%	(14,362)	(14,301)	(61)	(0.4%)
Cash generated from operations	791	455	336	73.8%	1,539	4,008	(2,468)	(61.6%)
Interest paid	0	(54)	54	100.0%	(343)	(486)	143	29.4%
Capital charge paid	(71)	(82)	11	13.5%	(613)	(738)	125	16.9%
Net cash flows from operating activities	720	319	401	125.5%	583	2,784	(2,200)	(79.0%)
Cash flows from investing activities								
Interest received	32	40	(8)	(20.2%)	310	325	(15)	(4.6%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(240)	(208)	(32)	(15.4%)	(1,706)	(1,872)	166	(8.9%)
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(208)	(168)	(40)	23.9%	(1,396)	(1,547)	151	9.8%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0		14,445	878	13,567	0.0%
Repayment of equity	0	0	0		0	0	0	
Cash generated from equity transactions	0	0	0		14,445	878	13,567	
Borrowings raised								
Repayment of borrowings	0	0	0		(14,445)	0	(14,445)	
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	512	151	361	238.3%	(813)	2,115	(2,928)	(138.4%)
Cash and cash equivalents at beginning of period	10,525	13,830	(3,305)	(23.9%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	11,037	13,982	(2,944)	(21.1%)	11,037	13,982	(2,945)	(21.1%)

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: **27 April 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

Canterbury and the West Coast are working together to further design and implement systems, processes and policies for the introduction of nurse prescribing. A working group with nurses from across the system and with Otago University postgraduate school of nursing will be supported by the South Island Alliance workforce team.

We recently congratulated Tina Murphy who has achieved Nurse Practitioner status with the Nursing Council. Tina has been the team leader for the South Westland Rural Nurse Specialists and is currently helping us facilitate the design and development of a primary urgent care service in Grey. This is a fantastic achievement and Tina will be helping us in supporting our other Nurse Practitioner interns across the system.

Midwifery Council have approved the Midwife Educator as an accredited provider of continuing midwifery education. This ensures ongoing local provision of high quality midwifery education across the West Coast health system.

Allied Health

Our Medical Technicians delivered Plaster Casting training to Emergency Department Nursing and Medical staff this month, and plan to offer another session next month. This ensures that staff who are required to apply casts when there is limited assistance available from our team, can do so with confidence and a good level of skill. These are also fun sessions and further strengthen the relationship between our Medical Technicians and Emergency Department staff.

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. We will be surveying staff over coming weeks, to find out how we can better support them participating in and providing (or wanting to provide) supervision.

QUALITY & SAFETY

Nursing & Midwifery

InterRai is a tool that is used to assess the needs of aged residential care clients, and informs care planning that is appropriate and customised for each person. We measure each quarter, on our compliance with InterRai use across the West Coast DHB. In the last quarter, the West Coast DHB achieved 100% compliance. This is a fabulous achievement and reflects the amount of work the team has put into this process for our older folk, and standards of care.

The Health Quality and Safety Commission's Safer Surgery Collaborative is underway on the West Coast. Each quarter district health boards are expected to observe and collate data around three key components of safe surgery. These are, 'sign in' which includes checks such as the right patient is identified and documentation is in order. The next is 'time out' which is a moment to stop, pause and check again, just prior to commencing the surgery, that the right patient, surgical procedure and equipment is set up. The third step is 'sign out' which is a final check to ascertain if all went according to plan and is an opportunity for a post operative debrief. At this point documentation and plan of care is also checked to ensure all is completed and available. This initiative is to improve communication within the surgical team, and empowers any member of the team to speak up and question. In the last quarter we achieved our target.

The Associate Director of Nursing Workforce Development recently liaised with all local aged residential care facilities to inform them that they are able to access the South Island wide e-learning platform. This will enable access to HealthLearn for professional development and learning opportunities, and also the Lippincott nursing policy and procedure manual.

Allied Health

The FIRST pilot has offered service to its initial client, and undertaken a variety of the operational tasks. 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. The current focus for these groups is on utilising clear triage processes and ensuring we have quality data available from our patient management systems.

Discussions continue between Allied Health and Information Systems 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.

Medical

ETriage or electronic triage is due to start shortly. A referral to hospital services is generated within Medtech in primary care and is transmitted electronically to Central Booking Unit. Currently these referrals are printed out and physically given to the triaging clinician with the resultant risk of misplacement of the paper copies and challenges in timely response to primary care particularly if this is a request for advice. The information that the clinician documents on this referral is only captured if the referral is rescanned into Health Connect South (HCS) which wastes resources. With eTriage, the entire process is electronic and there is no risk of losing any of the referrals or of losing information about the triage process all of which will be captured electronically and permanently stored. Three services (Plastics, General Surgery and Gynaecology) will trial this process locally commencing in early May 2017, with the same services already using eTriage in Canterbury DHB. The intention is to roll out eTriage to other services once the processes are working effectively in the three trial services.

Medical Director | Patient Safety and Outcomes attended the Choosing Wisely Implementation meeting recently, despite the Wellington weather bomb. This was enabled by use of a webinar, as it was not otherwise possible to reach Wellington. The meeting provided information about the Choosing Wisely programme commencing in New Zealand. This is an international movement designed to encourage the careful use of our limited resources by choosing to use tests and treatments which have evidence of benefit. For further information see http://choosingwisely.org.nz/. Nationally the Chief Medical Officer group is reviewing local implementation of Choosing Wisely around the country. Our use of Healthpathways, and the localisation of this, along with the newly developed Hospital Health Pathways (which we will join shortly), are local examples of these programmes.

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
Cameron Lacey, Medical Director
Vicki Robertson, Medical Director
Stella Ward, Executive Director of Allied Health

HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 10 MARCH 2017

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: **24 March 2017**

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 10 March 2017.

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 – 10 March 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 10 March 2017. 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:

- Welcome to the new recruitment specialist – John Ray;
- The FIRST (Flexible Integrated Rehabilitation Support Teams) pilot is fast approaching.
- New Rural Hospital Medicine Specialist has commenced.

He also spoke regarding Outpatient Clinics – with the statistics indicating an increase in DNAs he advised that he has requested the team to look at the trend here. There is some great work being done in this area so there is a need to understand what is taking place.

Discussion took place regarding transfers to Christchurch in the Maternity area. The Committee noted that in 2016 13 pregnant women were transferred to a tertiary centre and 12 of them birthed appropriately while there.

Discussion also took place regarding inpatient and outpatient volume statistics and it was noted that the West Coast often achieves electives but not case weights as the surgeries carried out here are generally less complex cases. Mr Wheble commented that from the Board's perspective it is important to ensure we have the right mix and ensure we have the ability to achieve this.

A query was made regarding vacancies and the Committee noted that these are across the whole DHB.

The report was noted.

FINANCE REPORT

Justine White, General Manager, Finance, presented this report which showed that 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 Committee noted that the February results are in the process of being finalised and look to be on track. It was also noted that there are pressures on personnel costs which are a little fragile due to changes to rosters and locum costs. There is a continued focus on the use of locums.

The Committee also noted that there is pressure in the Revenue area, particularly ACC where revenue is down and management are following up on this.

Ms White commented that as we ramp up into winter it will be a challenge to claw back the year to date variance.

Discussion took place regarding the work that has taken place in Primary Care and it was noted that some challenges still remain here particularly around the payment of accounts.

The report was noted.

CLINICAL LEADERS UPDATE

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

2017 COMMITTEE WORK PLAN

The Committee discussed the draft 2017 work plan and members noted that this is a working document and feedback can be provided to the Chair at any time. Suggestions were made regarding some presentations.

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 10 March 2017
Report prepared by: Michelle Lomax 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 West Coast PHO Board Room, 163 Mackay Street, Greymouth
on Friday 24 March 2017 commencing at 10.15am

KARAKIA
ADMINISTRATION — *10.15am*

Apologies

1. **Interest Register**

2. **Confirmation of the Minutes of the Previous Meetings**
   - *10 February 2017*

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* Stella Ward *Executive Director Allied Health* Mr Pradu Dayaram *Medical Director, Facilities Development*	*10.45am – 10.55am*
7.	**Finance Report**	David Meates *Chief Executive*	*10.55am – 11.05am*
8.	**Wellness Health & Safety Report**	Michael Frampton *General Manager, People & Capability*	*11.05am – 11.15am*
9.	**Disability Action Plan Update**	Melissa Macfarlane *Team Leader, Planning & Funding*	*11.15am – 11.25am*
10.	**Health Target Report – Quarter 2**	Melissa Macfarlane *Team Leader, Planning & Funding*	*11.25am – 11.35am*
11.	**Maori Health Update**	Gary Coghlan *General Manager, Maori Health*	*11.35am – 11.45am*
12.	**Draft West Coast DHB Public Health Plan 2017-18**	Cheryl Brunton *Medical Officer of Health* Claire Robertson *Team Leader, Community & Public Health*	*11.45am – 11.55am*

13. **Reports from Committee Meetings**

- CPH&DSAC *10 March 2017*	Elinor Stratford *Chair, CPH&DSA Committee*	*11.55am – 12.05pm*
- Hospital Advisory Committee *10 March 2017*	Michelle Lomax *Chair, Hospital Advisory Committee*	*12.05pm – 12.15pm*
14. **Resolution to Exclude the Public**	*Board Secretary*	*12.15pm*

INFORMATION ITEMS

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

ESTIMATED FINISH TIME *12.15pm*

NEXT MEETING: Friday 12 May 2017

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	Case Weights Production Planning and Prioritisation	Population Based Funding	Mental Health Update	Aged Care Update	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 Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2018 Schedule of Meetings

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.