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

HOSPITAL ADVISORY COMMITTEE MEETING

8 June 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

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)* Justine White *(General Manager, Finance)* Kathleen Gavigan *(General Manager, Buller)* Kay Jenkins *(Governance)*

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 8 June 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**
   27 April 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*	*11.45am – 12.00noon*
7.	**Case Weights & Production Planning**	Peter McIntosh *Planning & Funding*	*12.00noon – 12.10pm*
8.	**General Business**	Michelle Lomax *Chair*	*12.10pm – 12.20pm*

ESTIMATED FINISH TIME — 12.20pm

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Board Agenda – 12 May 2017**
- **2017 HAC Workplan (Working Document)**
- **West Coast DHB 2017 Meeting Schedule**

NEXT MEETING:

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

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**	• 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 • 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 27 April 2017, commencing at 11am

PRESENT

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

APOLOGIES

Apologies were received and accepted from Richard Wallace & Chris Mackenzie

MANAGEMENT SUPPORT

Philip Wheble (Interim General Manager, Grey/Westland); Karyn Bousfield (Director of Nursing); Justine White, (General Manager, Finance); 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 (2/17)
(Moved: Paula Cutbush/Seconded: Gail Howard – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 10 March 2017 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 Director of Midwifery – Norma Campbell;
- Increased focus on communication on the medical ward; and
- The endoscopy service has continued its strong performance following transformations in the last 6 months.

He expanded on the increased focus on communication and the Committee noted that this focus is across the service as a whole and is a real focus for this year. It was also noted that the majority of complaints received by the DHB have a communication aspect to them. Mr Wheble advised that Brian Dolan, Director of Service Improvement, Canterbury DHB, came to the West Coast and spoke with staff around how we communicate with patients, families and each other which has proved to be very beneficial. In addition the Clinical Nurse Specialist in Morice Ward has been undertaking a lot of work in this area.

In regard to the endoscopy service, Mr Wheble highlighted that the West Coast has continued its strong performance in this area following transformations in the last 6 months. February data has it at number 2 nationally against the Ministry of Health 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.

Discussion took place regarding DNA rates and the Committee noted that management are looking to see what can be done differently and how we communicate with our patients in a timely manner. Some work has been undertaken around getting appointment advice out earlier and this appears to be impacting on the DNA rates.

Discussion also took place regarding transport options and whether these are detailed in the advice letters. The Committee noted that this is mainly provided for patients travelling to Christchurch under the National Transport Agreement however we are reviewing whether we are providing the correct information and if it is in a timely manner.

A query was made regarding the provision of an advocate when patients do not have support and it was noted that the DHB does try to encourage this and is part of the whole communication package.

Discussion took place regarding the communication being provided to patients who are referred back to their GP for treatment when they do not meet the criteria for surgery and updates on this will be provided as required.

The Committee asked for some reassurance that there is some mitigation taking place around ESPI compliance and it was noted that work is continuing around this with teams in Christchurch regarding solutions. Whilst the DHB will not be "red" in month 4, there is no assurance of a sustainable solution as yet.

Resolution (3/17)
(Moved: Nigel Ogilvie/Seconded: Chris Lim – carried)
That the Committee:

i. Notes the management report.

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 March 2017 was a deficit of $93k, which was $72k unfavourable to budget. The year to date position is $161k unfavourable.

Ms White advised that there are essentially two concerns currently: personnel costs; and patient revenue.

Contributing to the personnel costs is the additional work required to meet ESPI targets and in the revenue area a lot of work is being undertaken to understand why this is lower than expected and the outturn for the rest of the year.

A query was made regarding how the DHB prioritises where the money is spent and it was noted that Clinicians make collective decisions around where we put our resources. There is also the tension of individual treatment versus the whole system and we try to put the patient at the centre of these decisions.

Resolution (4/17)
(Moved: Nigel Ogilvie/Seconded: Chris Lim – carried)
That the Committee

i. Notes the finance result and related matters for the period ending 31 March 2017.

6. CLINICAL LEADERS REPORT

Karyn Bousfield, Director of Nursing, presented this report.

The Committee noted that South Island Nursing leaders have agreed to develop a framework around the Nurse Prescribing process with a working group from across the system and with Otago University postgraduate school of nursing being supported by the South Island Alliance workforce team.

Ms Bousfield highlighted the great success story in Quality & Safety around how many aged care patients have had their InterRAI assessments completed.

The Committee also noted that feedback from Granger House last week has been really good.

Discussion took place regarding the effect of the closure of Kowhai Manor on access to Aged Residential Care and the Committee noted that this is not an issue currently however this is being closely monitored.

Resolution (5/17)
(Moved: Nigel Ogilvie/Seconded: Gail Howard – carried)
That the Committee

i. Notes the Clinical Leaders' Update

INFORMATION ITEMS

- Chair's report to last Board meeting.
- Board Agenda – 24 March 2017
- 2017 HAC Workplan
- West Coast DHB Meeting Schedule 2017.

There being no further business the meeting closed at 12.10pm

Confirmed as a true and correct record.

_____ _____

Michelle Lomax, 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: **8 June 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 six 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:

- Rural Generalist Medical Workforce project starting soon
- Central Booking Unit looking at DNAs
- ESPI results improve but there will be ongoing challenges

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 10-month period to 30 April 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 caseweights was up by 3.2%.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	934.24	773.53	-160.71	-27.3%
Elective	1027.29	824.82	-202.47	-19.7%
Sub-Total Surgical:	**1961.53**	**1598.35**	**-363.18**	**-18.5%**
Medical				
Acute	1160.09	1622.98	462.89	39.9%
Elective	0	0	0	0%
Sub-Total Medical:	**1160.09**	**1622.98**	**462.89**	**39.9%**
TOTALS:	**3121.63**	**3221.33**	**99.7**	**3.2%**

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services in the 10 months to 30 April remains down 9.2 % from expected volumes overall (down 1094 attendances). Among surgical specialities, there have been fewer locally-delivered outpatient orthopaedic, ENT and urology attendances, along with fewer general surgery follow-ups. Individually, medical department outpatient clinics are largely on track; the overall shortfall being largely driven by a lack of dermatology and gastroenterology clinics in the current year, as well as fewer general medical follow-ups appointments

The overall split between 1st visit and subsequent visit during the nine months to 30 April 2017 was as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1st Visit	2813	2603	-210	-7.4%
Sub. Visit	4517	3969	-548	-12.1%
Sub-Total Surgical:	**7330**	**6572**	**-758**	**-10.3%**
Medical				
1st Visit	1345	1170	-175	-13.0%
Sub. Visit	3205	3044	-161	-5.0%
Sub-Total Medical:	**4550**	**4214**	**-336**	**-7.4%**
TOTALS:	**11880**	**10786**	**-1094**	**-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]
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%
April 2017	1520	1410	110	7.24%
13 month rolling totals	**21004**	**19663**	**1341**	**6.38% Average**

- The DNA project has been reinvigorated with a media release in May. This is to notify patients that we will be ringing them when they miss appointments. Staff will be working from a script so we can establish if there are any processes we need to change to ensure people make it to specialist appointments.

4.2 Workforce Update

Nursing

- Improved staff levels and processes have seen nursing work in an efficient and effective way to provide care. Examples of this are better integration with teams such as allied and CCCN to provide safe discharge of patients into the community.
- A recent audit on falls throughout the DHB saw a number of wards obtain between 95-100% accuracy in assessing and recording falls risk. This resulted in a cake being delivered to nurses on the wards which was gratefully received and gave everyone a lift in spirits.
- It is pleasing to note that casual and sick leave hours have decreased this month by 6.5%. This has allowed the ability to offer annual leave which has increased by 12%. 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.
- The wards continue to work on improving "End PJ Paralysis" and IDEAL. Posters are being rotated on walls to keep these projects alive in the hope it will be embedded into staffs every day work.

Medical

- We are offering a position to a General Surgeon in the coming weeks.
- We have interviewed an Anaesthetist and are checking references but this is very positive.
- We have had further interest in our RHM vacancy.
- We are interviewing a General Physician this month.

- 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 has commenced and we have strong interest so far.
- Rural Generalist Medical Workforce project starting soon.

Reefton Health

- *Medical Centre* – Integration and work across practice, primary, community and ARC is continuing with functional elements becoming more integrated. Work continues on the leadership structure for the Reefton IFHC however this is influenced by the end result of the West Coast DHB leadership document and the primary community project feedback.
- *Aged Residential Care* – Currently 8 hospital level and 3 residential level residents and one palliative patient.

Allied Health

- Work continues exploring and updating the frameworks for triaging across Allied Health services. While this is still in its early stages, opportunities are already being identified to better prioritise referrals and communicate more effectively with referrers.
- Use of "dashboards" to present data in meaningful ways will allow us to bring visibility to a range of measures around how well we are responding to referrals for service. The first dashboard to be made available on the intranet will make it possible for staff to see how many people are using a service, some of the demographics of these people such as age range or gender, and the referral reasons. Providing "all the time" access to staff to engage with this information has been shown to improve their understanding of how their activity supports the health system goals, and invites staff to identify opportunities to improve the system.
- A survey of all Allied Health staff and the ways they engage with managerial/administrative, clinical and professional supervision has just been undertaken. Once the results are collated, these will be published for staff, and used to support development of local supervision training opportunities.
- Our Social Work staff will be gathering together, along with their colleagues from statutory and non-government organisations, to workshop how health social work could be delivered in meaningful ways that reach people who need them throughout the district. This workshop will explore the current context, consider the proposed Primary and Community Model of Care, and the Future State for Mental Health services.
- This workshop model will then be used with other Allied Health professions, such as Occupational Therapy and Physiotherapy, as we work together to prepare for the new facilities and ways of working.

Industrial Relations

Negotiations Update:

- SMO MECA (ASMS) – 12 May 2017: formal bargaining recommences on 15 May 2017.
- Nurses MECA (NZNO) – 28 April 2017: DHBs are continuing the analysis of the Workforce Assessment report and the Ministry expects to receive the bargaining strategy towards the end of May 2017.

Recruitment

New Vacancies	7
Total Open Vacancies	32
Total FTE Recruiting	37.8
Appointed Vacancies	7
Total FTE Appointed	3.3
Casual	2

- Approximately half of the currently listed roles have closed, with about half of those in the final stages of recruitment, i.e. reference checks or appointment forms to be finalised.
- Recent interviews for a General Surgeon yielded two suitable applicants, of which one will be offered a position.
- Recent interview for an Anaesthetist looks positive, with verbal reference checks currently underway.
- Nursing recruitment continues to be the majority of roles being advertised, with some challenges experienced in recruiting more senior or specialist roles.
- Corporate roles remain steady as does the number of applicants for these vacancies.
- GP locums becoming harder to source. Agencies confirm there are fewer locums around nationally than in past years.

4.3 Patient

Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller hospitals decreased from 48 transfers in March to 37 transfers in April. The majority of transfers in March were for orthopaedic and surgical patients and in April evenly for surgical, orthopaedic and medical patients, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in March and April was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base, the numbers increased from 18 transfers in March to 35 transfers in April. Most of these transfers were for medical and surgical patients, and the majority were transported to Grey Base via ambulance in March and hospital board car in April 2017.
- There was an increase in patient transfers from Reefton to Grey Base from 1 in March to 6 in April. The transfer in March was for a medical patient and the April transfers were for mainly 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	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Target	Current Status	Progress
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours[1]	100%	99%	99%	100%	95%	✓	The West Coast continues to achieve the ED health target, with 99.6% of patients admitted, discharged or transferred from ED within 6 hours during quarter three.
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,942	480	991	1,441	1,906	✓	This quarter, West Coast DHB provided 1,441 elective surgical discharges, delivering 105.5% of planned discharges.
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	80%	63%	76%	83%	85%	✗	Performance increased this quarter to 83.3% 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 challenging with this result reflecting only four non-compliant patients. Audits into patient pathways have taken place with no capacity issues identified.
Increased Immunisation Eight-month-olds fully immunised	78%	76%	80%	91%	95%	✗	During quarter three, 91.4% of all eight-month-olds were fully immunised with just one child missed. Coverage by ethnicity was achieved for all groups, with 100% of Maori and Asian children vaccinated and 96.4% of NZE children. Opt-off (5) and declines (1) increased slightly this quarter to a combined 7.4%. This continues to make meeting the target impossible. We are pleased 99% of our consenting population were immunised.

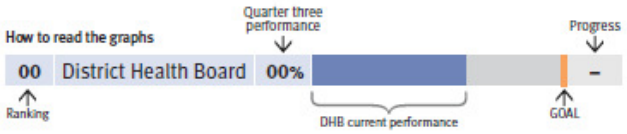
[1] Greymouth Emergency Department only

Target	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Target	Current Status	Progress
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[2]	79%	84%	91%	92%	90%	✓	West Coast health practitioners have reported giving 4,888 smokers cessation advice in the 18 months ending March 2017. This represents 92% of smokers against the 90% target. The DHB is pleased to have exceeded the target this quarter not only for total population but also for Maori and High Needs
Raising Healthy Kids Percent of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle interventions	New	40%	0%	17%	95%	✗	This quarter, six children were identified as obese with two referred. Of the two referrals, one declined and one was not acknowledged. This is counted as 1/6 children referred—17%. While this is disappointing, technical issues are contributing to this with three of those four missed children having had an incorrect BMI calculation. Key staff have met and investigated this result, identifying challenges in accessing the correct BMI at the B4 School Check (B4SC) due to limited database access from poor internet connectivity at clinic sites. This issue is being discussed at a national level and the DHB continues to work to find an off-line digital solution. Meanwhile, a hard copy chart is in use and B4SC staff are encouraged to offer referrals to children close to the 98th centile.

[2] Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

My District Health Board

2016/17 QUARTER THREE (JANUARY–MARCH 2017) RESULTS



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

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

		Quarter three performance (%)	Change from previous quarter
1	West Coast	100	–
2	Wairarapa	98	▲
3	Waitemata	97	–
4	Bay of Plenty	96	–
5	South Canterbury	96	–
6	Tairawhiti	95	–
7	Nelson Marlborough	95	–
8	Counties Manukau	95	–
9	Auckland	95	–
10	Whanganui	94	–
11	Canterbury	94	–
12	Hawke's Bay	94	–
13	Lakes	94	–
14	Hutt Valley	93	▼
15	Northland	92	–
16	Southern	92	▼
17	Capital & Coast	92	▲
18	Taranaki	92	▼
19	MidCentral	91	▼
20	Waikato	88	–
	All DHBs	94	–

95%

Improved access to Elective Surgery

Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 142,690 discharges for the year to date, and have delivered 5,394 more.

		Quarter three performance (%)	Progress against plan (discharges)
1	Taranaki	113	▲
2	Northland	113	▲
3	Waikato	110	▲
4	Whanganui	109	▲
5	Waitemata	108	▲
6	Counties Manukau	107	▲
7	Hutt Valley	106	▲
8	Tairawhiti	106	▲
9	West Coast	105	▲
10	MidCentral	105	▲
11	Nelson Marlborough	104	▲
12	Bay of Plenty	104	▲
13	Lakes	104	▲
14	Wairarapa	102	▲
15	Hawke's Bay	99	▼
16	Southern	98	▼
17	Canterbury	98	▼
18	Capital & Coast	98	▼
19	South Canterbury	96	▼
20	Auckland	96	▼
	All DHBs	104	▲

100%

Faster Cancer Treatment

Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks. Results cover those patients who received their first cancer treatment between 1 October 2016 and 31 March 2017.

		Quarter three performance (%)	Change from previous quarter
1	Waitemata	92	▲
2	Canterbury	87	▲
3	Auckland	87	▼
4	Waikato	86	–
5	Nelson Marlborough	85	–
6	West Coast	83	▲
7	Southern	83	–
8	Northland	83	–
9	Bay of Plenty	82	▼
10	South Canterbury	81	▼
11	Lakes	80	▼
12	Wairarapa	79	▼
13	Tairawhiti	79	▼
14	Capital & Coast	78	▼
15	Counties Manukau	76	▲
16	MidCentral	75	▼
17	Taranaki	72	▼
18	Hutt Valley	70	▲
19	Whanganui	69	▼
20	Hawke's Bay	69	▲
	All DHBs	82	–

85%

Increased Immunisation

Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between 1 January and 31 March 2017 and who were fully immunised at that stage.

		Quarter three performance (%)	Change from previous quarter
1	South Canterbury	96	▲
2	Canterbury	94	–
3	Hawke's Bay	94	–
4	Auckland	94	–
5	Southern	94	–
6	Counties Manukau	94	–
7	MidCentral	93	▼
8	Wairarapa	93	▼
9	Whanganui	93	–
10	Capital & Coast	93	▼
11	Hutt Valley	93	▼
12	Taranaki	92	–
13	Waitemata	92	–
14	West Coast	91	▲
15	Lakes	91	▼
16	Waikato	90	▼
17	Nelson Marlborough	89	▼
18	Northland	88	▼
19	Bay of Plenty	86	–
20	Tairawhiti	85	▼
	All DHBs	92	–

95%

Better help for Smokers to Quit

Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

		Quarter three performance (%)	Change from previous quarter
1	West Coast	92	–
2	Tairawhiti	92	▲
3	Bay of Plenty	90	–
4	Lakes	90	–
5	Counties Manukau	89	–
6	Wairarapa	89	▲
7	Hutt Valley	89	–
8	Auckland	88	–
9	Waitemata	88	–
10	MidCentral	87	▲
11	Canterbury	87	▲
12	Hawke's Bay	86	–
13	Waikato	86	–
14	Capital & Coast	86	–
15	Taranaki	86	–
16	South Canterbury	85	▼
17	Nelson Marlborough	84	▼
18	Whanganui	84	–
19	Northland	82	–
20	Southern	73	▼
	All DHBs	86	–

90%

Raising Healthy Kids

Raising healthy kids

The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School Checks occurring in the six months between 1 September 2016 to 28 February 2017.

		Quarter three performance (%)	Change from previous quarter
1	Waitemata	100	–
2	Whanganui	100	▲
3	Auckland	99	▲
4	Canterbury	93	▲
5	Hutt Valley	91	–
6	Counties Manukau	91	▲
7	MidCentral	89	–
8	Wairarapa	88	▲
9	Waikato	84	▲
10	Northland	83	▲
11	Hawke's Bay	81	▲
12	Lakes	79	▲
13	South Canterbury	79	▼
14	Southern	78	▲
15	Capital & Coast	73	▲
16	Tairawhiti	70	▲
17	Nelson Marlborough	67	▲
18	Taranaki	61	▲
19	Bay of Plenty	55	▲
20	West Coast	17	▲
	All DHBs	86	▲

95%

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There was just one orthopaedic patient waiting over 120 days for their outpatient First Specialist Assessment as at the end of March, following a concerted effort during the month to get outstanding non-complaint cases seen and assessed. Periodic delays in orthopaedic wait times for assessment referrals remains an ongoing issue and will likely continue in the immediate future due to transalpine staffing and service constraints.

ESPI 5 (Treatment)

The DHB exceeded the 120-day maximum wait times from FSA to surgical treatment for two orthopaedic and one plastic surgery patient as at end of March 2017. This result was within compliance tolerance levels, at 1.7% of total wait listed cases.

MoH Elective Services Online

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

DHB Name: West Coast

	2016 Apr			2016 May			2016 Jun			2016 Jul			2016 Aug			2016 Sep			2016 Oct			2016 Nov			2016 Dec			2017 Jan			2017 Feb			2017 Mar		
	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	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	16 of 16	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	45	5.3%	-45	62	8.4%	-62	1	0.1%	-1
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.	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	1.8%	-3	5	2.9%	-5	8	5.7%	-8	6	3.3%	-6	3	1.7%	-3
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	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	139	100.0%	0

Data Warehouse Refresh Date: 28/Apr/2017

Report Run Date: 01/May/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
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 April 2017

GREY / WESTLAND			
Grey Base & Reefton Hospitals	**Feb**	**Mar**	**Apr**
Drain and Tube	0	0	1
Employee	4	7	1
Fall	5	10	4
Hazard Register	2	0	0
Infection	0	0	1
Labs / Specimen	7	4	5
Labour and delivery	1	0	0
Medication and IV Fluids	2	9	10
Provision of Care	1	3	4
Radiology	0	2	5
Security	0	1	0
Skin / tissue	2	0	1
Totals	**24**	**36**	**32**

- Medication Errors are a focus for the KPIs of the CNMs at the moment; so increased reporting has occurred. The errors themselves are not serious – low level with no harm to the patients.

Maternity

- Midwives day was celebrated on 5 May. The theme this year was "Midwives, Mothers and Families Partners for Life". We combined that with a farewell afternoon tea for Chris Davey, our Clinical Midwifery Manager, who has left the role to pursue more maternity challenges overseas. There was a group photo of the midwives in the local Messenger as well.
- Recruitment is well underway for a suitable replacement. Emails were sent country-wide to all the College of Midwives members, advertising the position.
- Norma Campbell, the new Director of Midwifery for Canterbury and West Coast, made her first visit to Grey Base Hospital since taking up her role. This will bring closer maternity links with our transalpine alliance. It is great to have Norma on board and she will be a wonderful asset to our maternity team.
- There have been 24 births this month to date with a few more due before the end of May.
- Kawatiri has been quieter this month with one birth and several women who birthed in McBrearty from Westport returning for postnatal care.
- We held the STABLE (post-resuscitation/pre-transport stabilisation care of sick infants) course in May with 17 participants from midwives to RMOs. Our thanks to Maggie Meeks and Bronwyn Dixon, Neonatologists from Christchurch Women's, giving up their time freely to travel and teach on the West Coast. This was a great learning opportunity for those involved with stabilising sick infants.

Report prepared by: Philip Wheble, Interim GM Grey | Westland
Report approved for release by: Michael Frampton, Programme Director

FINANCE REPORT FOR THE PERIOD ENDED 30 APRIL 2017

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

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

SOURCE: **Finance**

DATE: **8 June 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 30 April 2017.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of April 2017 was a deficit of $145k, which was $86k unfavourable to budget. The year to date position is $247 unfavourable.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,635	7,004	(369)	×	68,864	69,960	(1,096)	×
Governance & Administration	69	69	(0)	×	689	770	(81)	×
Funder	4,781	5,014	(233)	×	49,563	50,140	(577)	×
	11,485	12,087	(602)	×	119,116	120,870	(1,754)	×
EXPENSES								
Provider								
Personnel	5,754	5,244	(510)	×	53,510	52,297	(1,213)	×
Outsourced Services	0	2	2	√	(9)	26	35	√
Clinical Supplies	651	698	47	√	6,965	6,550	(415)	×
Infrastructure	1,049	815	(234)	×	10,471	8,341	(2,130)	×
	7,454	6,759	(695)	×	70,937	67,214	(3,723)	×
Governance & Administration	69	69	0	√	689	770	81	√
Funder	3,929	4,802	873	√	44,130	48,096	3,966	√
Total Operating Expenditure	11,452	11,630	178	√	115,756	116,080	324	√
Surplus / (Deficit) before Interest, Depn & Cap Charge	33	457	(424)	×	3,360	4,790	(1,430)	×
Interest, Depreciation & Capital Charge	178	516	338	√	3,978	5,160	1,182	√
Net surplus/(deficit)	(145)	(59)	(86)	×	(617)	(370)	(247)	×

4. APPENDICES

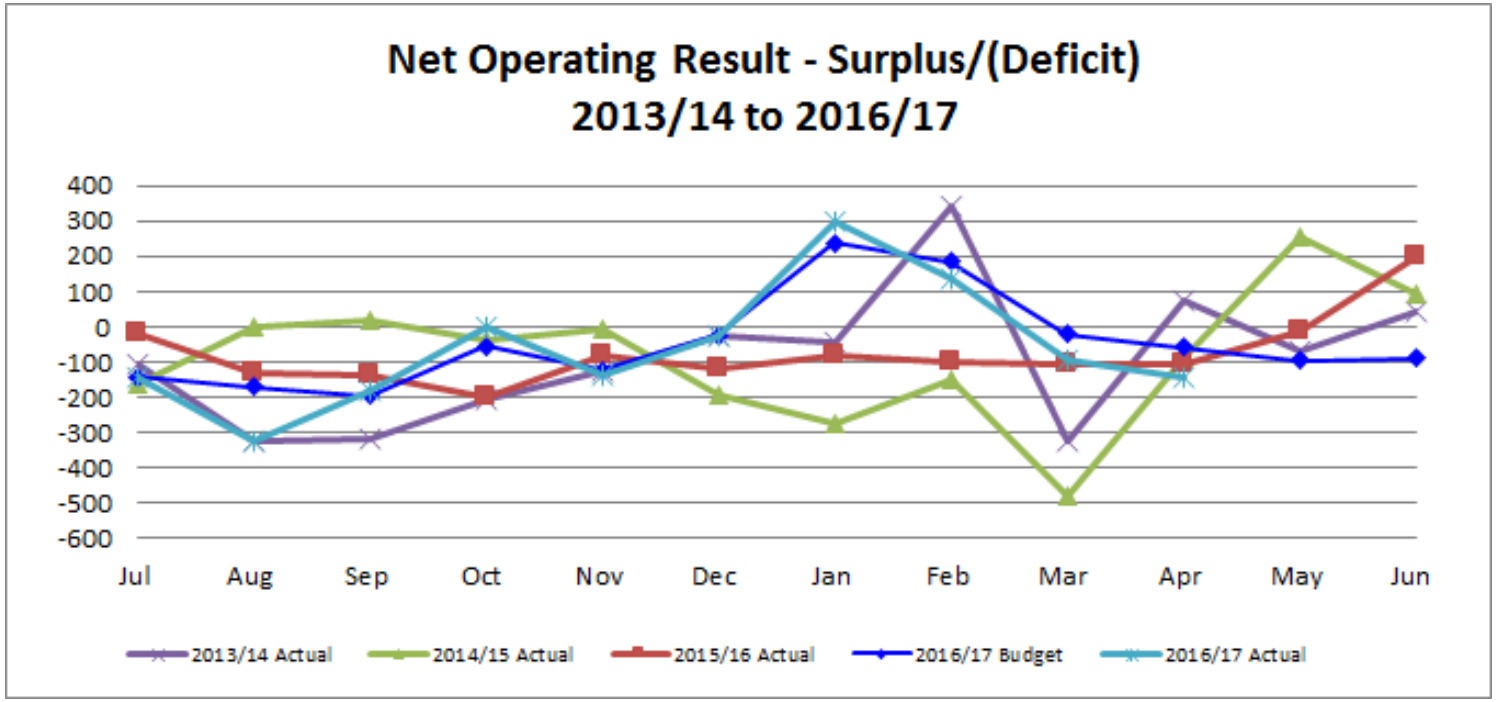
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

Report prepared by: Justine White, General Manager Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – APRIL 2017

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(145)	(59)	(86)	148% ✕	(617)	(370)	(247)	67% ✕



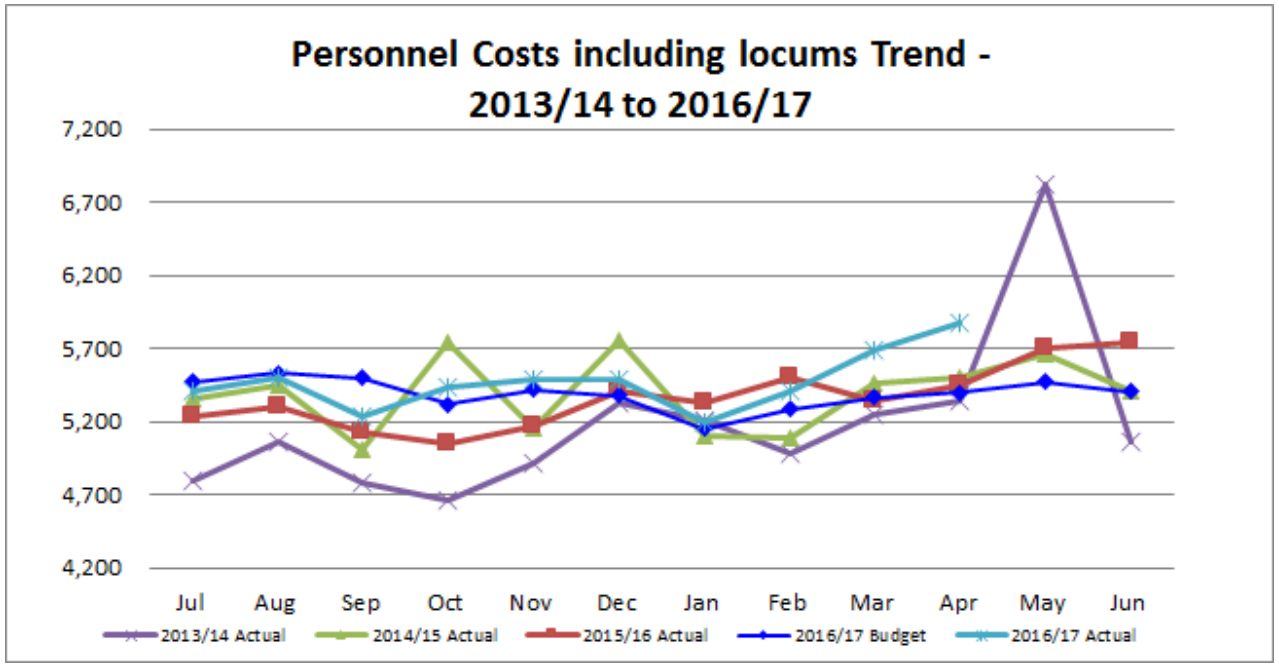
We have submitted an Annual Plan with a planned deficit of $554k, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016. At this stage we are forecasting a year end result of $850k deficit which is a deterioration to budget; this reflects the remainder of the year largely on plan, but an inability to improve from that plan to offset the year to date variance.

Revenue from ACC and Patient related sources is significantly lower than both budget and prior year's levels – we are continuing to examine the causes of this reduction.

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	1,356	1,395	39	3% ✓	14,554	13,786	(768)	-6% ✗
Nursing	2,616	2,329	(287)	-12% ✗	23,296	23,205	(91)	0% ✗
Allied Health	951	897	(54)	-6% ✗	8,980	9,021	41	0% ✓
Support	254	88	(166)	-189% ✗	919	921	2	0% ✓
Management & Admin	698	685	(13)	-2% ✗	6,994	6,861	(133)	-2% ✗
Total	**5,876**	**5,394**	**(482)**		**54,743**	**53,794**	**(949)**	

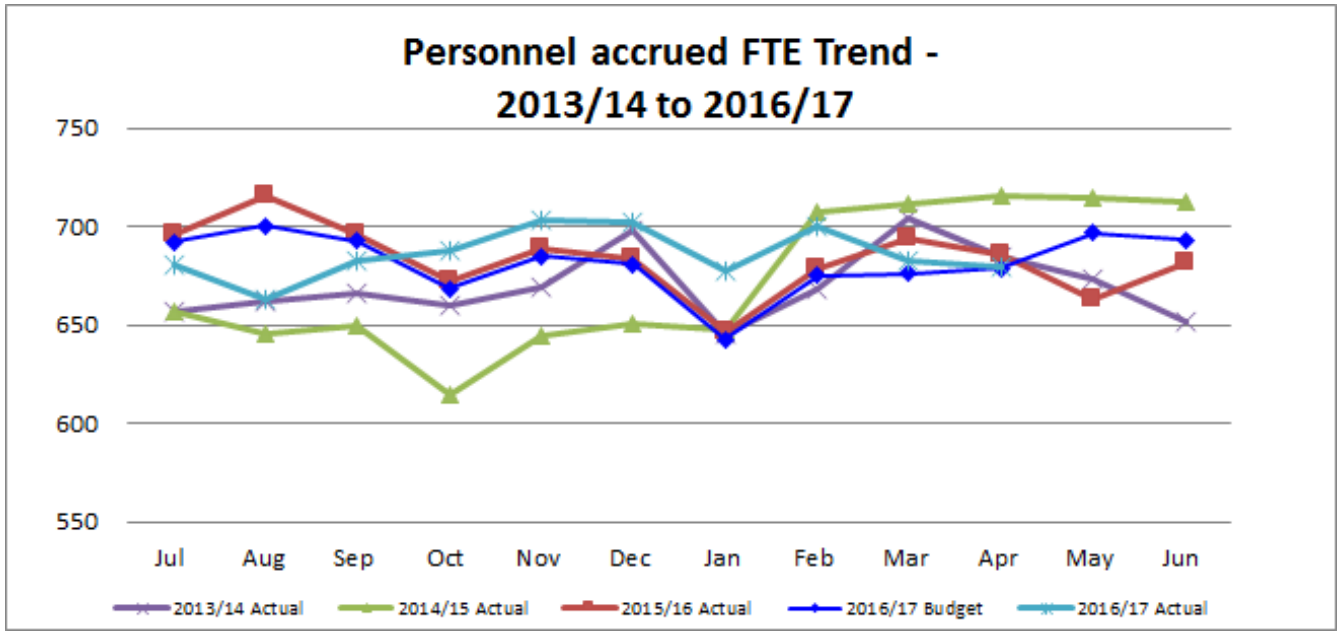


Personnel costs are unfavourable for the month, the level of the combined personnel costs is a continuing concern, noting that locum costs are included therefore there will always be a level of fluctuation in this category. Finance continues to work closely with managers to understand the drivers for the increase costs, and to manage the impacts of this going forward, this includes detailed reviews of resource capacity and demand activity matching and roster analysis.

KEY RISKS AND ISSUES: Although better use of stabilised rosters and leave planning has been embedded within the business, this stability is frustrated by unexpected turnover, and planned leave in the smaller services, this requires reliance on short term placements, which are more expensive than permanent staff.

PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance		YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance	
Medical	39	41	2	5% ✓	39	40	1	3% ✓
Nursing	325	322	(3)	-1% ✗	325	320	(4)	-1% ✗
Allied Health	178	176	(2)	-1% ✗	178	177	(1)	-1% ✗
Support	16	17	1	7% ✓	18	18	0	0% ✓
Management & Admin	122	123	1	1% ✓	125	124	(1)	-1% ✗
Total	**680**	**679**	**(1)**		**685**	**679**	**(5)**	



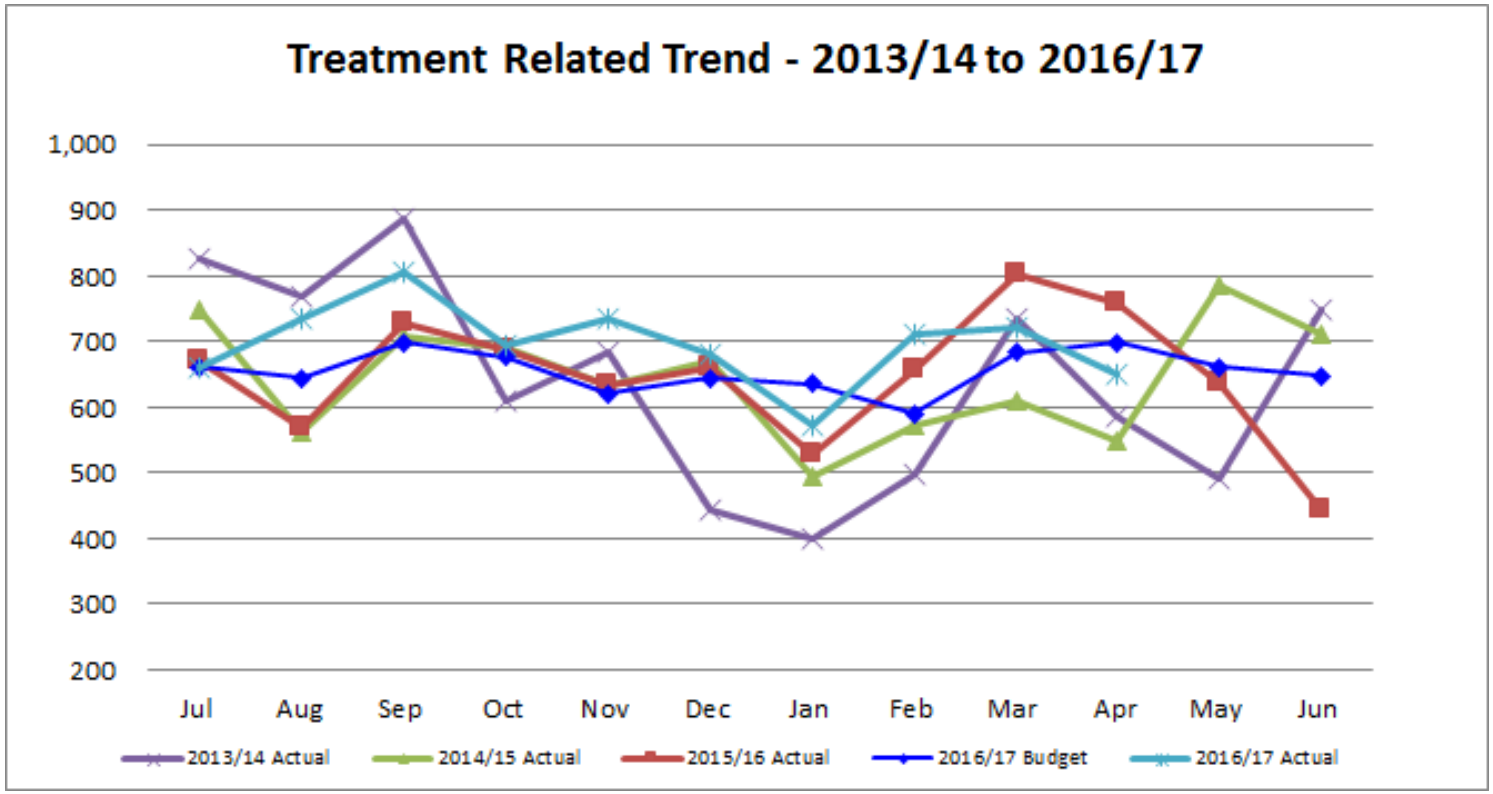
Accrued FTE is influenced by leave taken throughout the period, the current period results are impacted by general employee churn and recruitment of staff in the Buller region.

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	651	698	47	7% ✓	6,967	6,550	(417)	-6% ✗

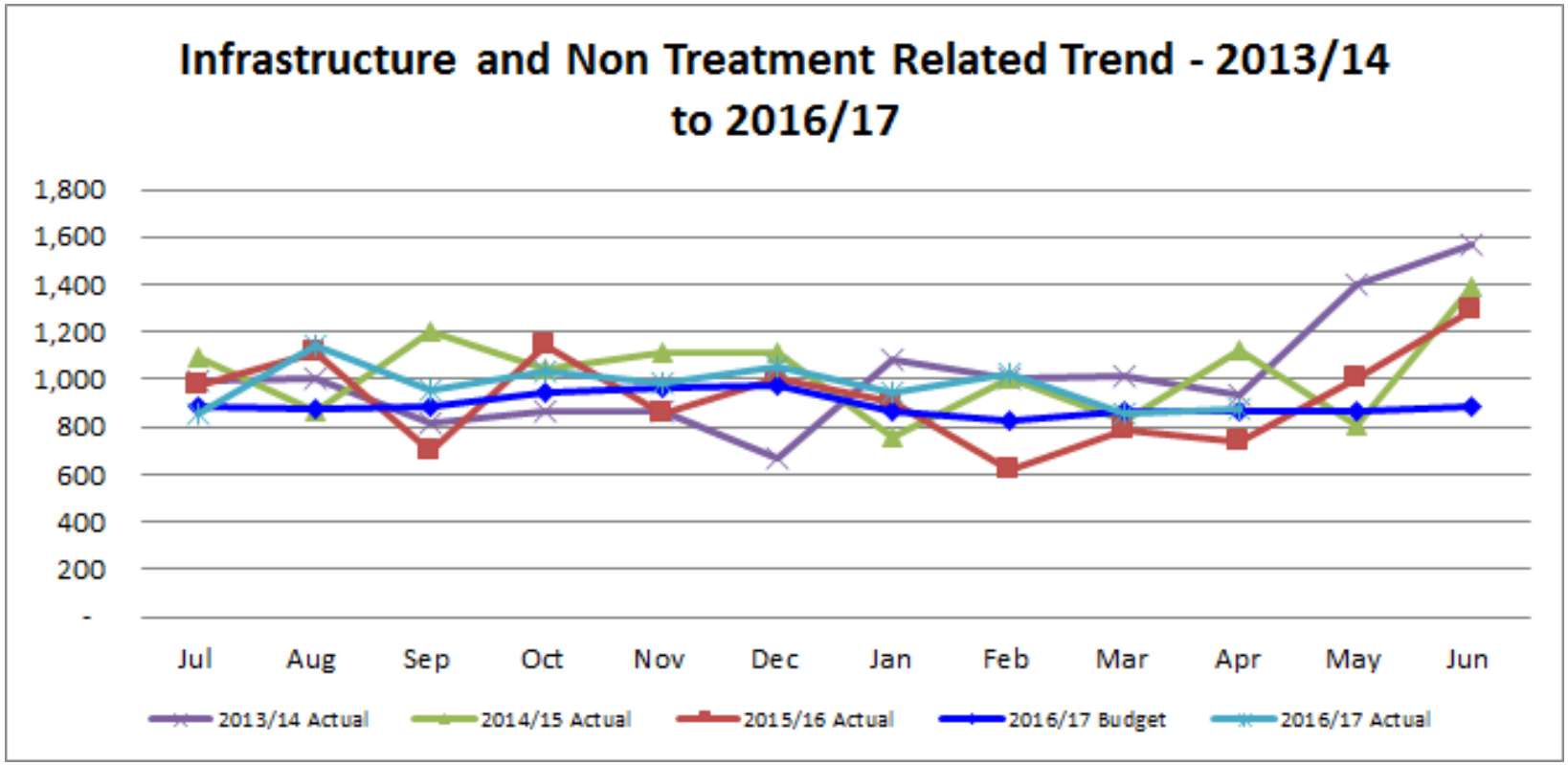


Treatment related costs are favourable to budget for the month. The unfavourable variance over Annual Plan year to date reflects the continued trend in the use of high cost medicines, particularly in Oncology and Rheumatology medicines by some clinicians, there is no sign that this use is abating for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

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	881	862	(19)	-2%	9,737	8,971	(766)	-9%	✗



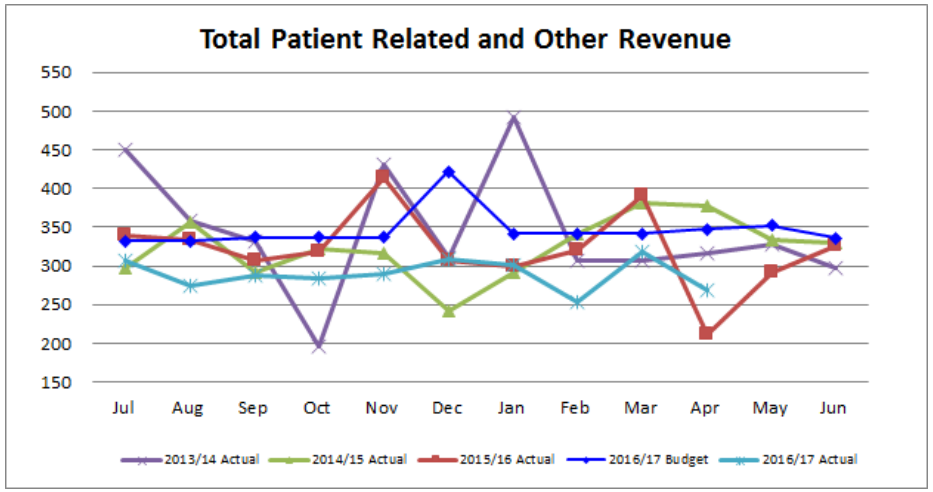
Expenses in this category continue to be closely monitored and we endeavour to make savings and efficiencies as and where available in these categories. This category excludes depreciation and interest expense. (see below).

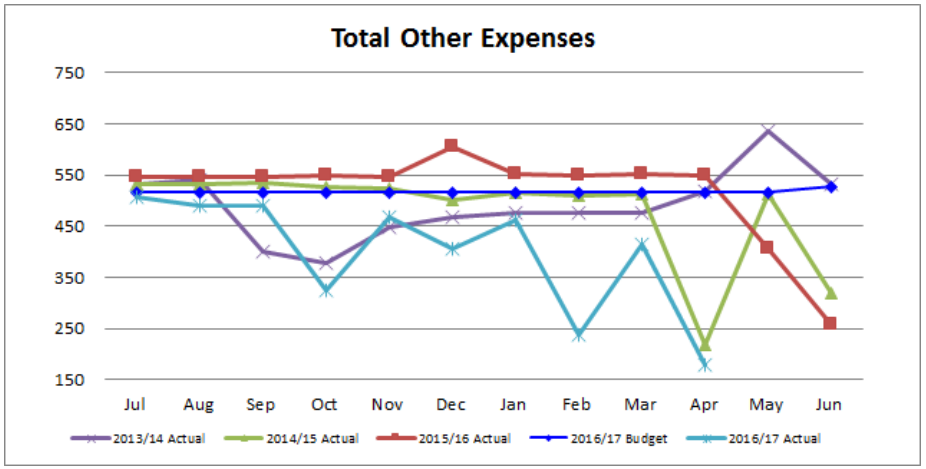
We continue to monitor areas such as Information Technology, Facilities (Maintenance, Utilities, and motor vehicle expenditure) to ensure they remain within budget.

KEY RISKS AND ISSUES: Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

OTHER REVENUE & OTHER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Interest Received	30	45	(15)	-34%	✗	339	370	(31)	-8%	✗
Donations	-	3	(3)	0%	✗	-	30	(30)	0%	✗
Rental	12	16	(4)	-26%	✗	137	160	(23)	-14%	✗
Other	21	35	(14)	100%	✗	202	430	(228)	-53%	✗
Total Other Revenue	**63**	**99**	**(36)**	**-37%**	✗	**678**	**990**	**(312)**	**-32%**	✗
Interest Expense	-	54	54	100%	✓	343	540	197	36%	✓
Depreciation	148	380	232	61%	✓	2,991	3,800	809	21%	✓
Capital Charge Expense	30	82	52	63%	✓	643	820	177	22%	✓
Total Other Costs	**178**	**516**	**338**	**65%**	✓	**3,978**	**5,160**	**1,182**	**23%**	✓





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.

KEY RISKS AND ISSUES: Ensuring co-payments are recovered is an issue being closely 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.

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: 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		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Outsourced clinical services	115	2	(113)	-5655% ✕	180	26	(154)	-591% ✕

KEY RISKS AND ISSUES: The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

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

For period ending 30 April 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	11,078	11,594	(516)	(4.5%)	114,836	115,940	(1,104)	(1.0%)	139,113	135,869
Inter DHB Revenue	0	7	(7)	(100.0%)	2	70	(68)	(97.1%)	84	76
Inter District Flows Revenue	139	139	(0)	(0.2%)	1,382	1,390	(8)	(0.6%)	1,744	1,487
Patient Related Revenue	206	248	(42)	(16.8%)	2,218	2,480	(262)	(10.6%)	2,962	2,873
Other Revenue	63	99	(36)	(36.5%)	678	990	(312)	(31.5%)	1,112	984
Total Operating Revenue	11,485	12,087	(602)	(5.0%)	119,116	120,870	(1,754)	(1.5%)	145,015	141,289
Operating Expenditure										
Personnel costs	5,876	5,394	(482)	(8.9%)	54,743	53,794	(949)	(1.8%)	64,670	64,396
Outsourced Services	0	2	2	80.7%	(9)	25	34	135.9%	30	30
Treatment Related Costs	651	698	47	6.7%	6,967	6,550	(417)	(6.4%)	7,858	7,781
External Providers	2,878	3,085	207	6.7%	29,718	30,850	1,132	3.7%	37,000	36,269
Inter District Flows Expense	1,051	1,589	538	33.9%	14,411	15,890	1,479	9.3%	19,084	16,380
Outsourced Services - non clinical	115	0	(115)	0.0%	189	0	(189)	0.0%	0	0
Infrastructure and Non treatment related costs	881	862	(19)	(2.2%)	9,737	8,971	(766)	(8.5%)	10,723	11,129
Total Operating Expenditure	11,452	11,630	178	1.5%	115,756	116,080	324	0.3%	139,365	135,985
Result before Interest, Depn & Cap Charge	33	457	(424)	(92.7%)	3,360	4,790	1,430	29.8%	5,650	5,304
Interest, Depreciation & Capital Charge										
Interest Expense	0	54	54	100.0%	343	540	197	36.5%	648	651
Depreciation	148	380	232	61.0%	2,991	3,800	809	21.3%	4,572	4,572
Capital Charge Expenditure	30	82	52	62.9%	643	820	177	21.5%	984	978
Total Interest, Depreciation & Capital Charge	178	516	338	65.4%	3,978	5,160	1,182	22.9%	6,204	6,201
Net Surplus/(deficit)	(145)	(59)	(86)	(147.2%)	(617)	(370)	(247)	(66.8%)	(554)	(897)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(145)	(59)	(86)	(147.2%)	(617)	(370)	(247)	(66.8%)	(554)	(897)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 April 2017

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	23,548	23,698	(150)	(0.6%)	25,444
Intangible assets	696	312	384	123.1%	681
Work in Progress	2,698	1,981	717	36.2%	1,981
Other investments	567	567	0	0.0%	0
Total non-current assets	27,510	26,558	952	3.6%	28,106
Current assets					
Cash and cash equivalents	11,113	13,982	(2,868)	(20.5%)	11,871
Patient and restricted funds	74	74	0	0.0%	74
Inventories	1,017	986	31	3.2%	986
Debtors and other receivables	5,969	5,046	923	18.3%	5,920
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	18,174	20,088	(1,914)	(9.5%)	18,851
Total assets	45,683	46,646	(963)	(2.1%)	46,957
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	10,945	10,945	100.0%	10,945
Employee entitlements and benefits	2,966	2,629	(337)	(12.8%)	2,629
Total non-current liabilities	2,966	13,574	10,608	78.1%	13,574
Current liabilities					
Interest-bearing loans and borrowings	0	3,500	3,500	100.0%	3,500
Creditors and other payables	7,190	8,161	971	11.9%	8,161
Employee entitlements and benefits	9,290	9,313	23	0.2%	9,313
Total current liabilities	16,480	20,974	4,494	21.4%	20,974
Total liabilities	19,447	34,548	15,101	43.7%	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)	(82,853)	(82,527)	326	0.4%	(82,236)
Trust funds	0	0	0	0.0%	0
Total equity	26,237	12,098	(14,139)	(116.9%)	12,409
Total equity and liabilities	45,683	46,646	(962)	(2.1%)	46,957

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 30 April 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	11,246	12,042	(796)	(6.6%)	120,194	120,500	(306)	(0.3%)
Cash paid to employees	(5,465)	(5,366)	(99)	(1.9%)	(54,639)	(53,794)	(846)	(1.6%)
Cash paid to suppliers	(1,086)	(1,547)	460	29.8%	(18,970)	(15,546)	(3,424)	(22.0%)
Cash paid to external providers	(2,572)	(3,085)	513	16.6%	(28,561)	(30,850)	2,289	7.4%
Cash paid to other District Health Boards	(1,357)	(1,589)	232	14.6%	(15,719)	(15,890)	171	1.1%
Cash generated from operations	766	455	310	68.1%	2,305	4,420	(2,115)	(47.9%)
Interest paid	0	(54)	54	100.0%	(343)	(540)	197	36.5%
Capital charge paid	(30)	(82)	52	62.9%	(643)	(820)	177	21.5%
Net cash flows from operating activities	735	319	416	130.1%	1,318	3,060	(1,742)	(56.9%)
Cash flows from investing activities								
Interest received	30	40	(10)	(26.0%)	339	370	(31)	(8.2%)
(Increase) / Decrease in investments	0	0	0		0	0	0	
Acquisition of property, plant and equipment	(689)	(208)	(481)	(231.1%)	(2,395)	(2,080)	(315)	15.1%
Acquisition of intangible assets		0	0			0	0	
Net cash flows from investing activities	(659)	(168)	(491)	292.3%	(2,055)	(1,710)	(345)	(20.2%)
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	76	151	(75)	(49.7%)	(737)	2,228	(2,965)	(133.1%)
Cash and cash equivalents at beginning of period	11,037	13,830	(2,793)	(20.2%)	11,850	11,867	(17)	(0.1%)
Cash and cash equivalents at end of year	11,113	13,982	(2,868)	(20.5%)	11,113	14,095	(2,982)	(21.2%)

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: **8 June 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 Nurse Practitioner and Registered Nurse prescribing workforce development underway, a comprehensive governance and clinical support framework has been further developed. Alongside the governance group for supporting and enabling safe prescribing, a peer review group has been established. Both of these groups have a clinical focus and are designed to ensure ongoing professional development, reflective practice and review of clinical decision-making. These groups include the Nurse Practitioner, a Rural Hospital Medical doctor, a Nurse Educator, the Director of Nursing and nurses on both pathways.

Health Workforce New Zealand (HWNZ) funds post-entry training for the development of a workforce that is able to provide the care that is required to a community. HWNZ has recently proposed a change to the way funding is allocated, with a suggested move to an investment approach with contestable funding. The Clinical Leaders provided feedback to the proposal, with a focus on ensuring the dissemination of HWNZ funding reflects cross sector workforce training requirements, and implements a fair and equitable decision-making process that is transparent. Our feedback also highlighted important rural considerations.

Allied Health

Allied Health are preparing to undertake a programme of workforce analysis and development to ensure we are best placed to respond to the Primary and Community Model of Care, which is currently under consultation. This programme of work will explore clinical and kaiāwhina staff activity, reviewing opportunities and barriers to staff working to the top of their scope, and partnering effectively with other disciplines.

The Calderdale Framework implementation continues with training now being delivered with our kaiāwhina workforce to develop their competence in a range of Clinical Task Instructions (CTI's).

Medical

The Joint Consulation Committee was held on 5 May 2017 and attended by SMO's, Association of Salaried Medical Specialists (ASMS) and West Coast DHB Executive Management Team representatives. Items discussed included the West Coast Leadership and Management decision document, national ASMS SMO workforce intentions survey, ASMS burnout survey, HWNZ proposed funding model for vocational training. In the afternoon session the SMO engagement workshop was well attended and focussed on developing a medical workforce strategy for future staffing. Presentations on the facilities developments and overview of the Rural Hospital Medicine specialist programme preceded group discussion.

QUALITY & SAFETY

Nursing & Midwifery

The Nurse Manager Community and Primary Services has been working with local aged residential care facilities to formalise an out of hours process to enable clinical and general advisory support to these facilities. The process includes a pathway for access to the Duty Nurse Manager, so that nursing advice and support can be given when required. It also includes a communication pathway for advice from the emergency department medical team, out of hours. It is anticipated this will enable residents to remain in their home while receiving care, and reduce unnecessary presentations to the emergency department. The plan also includes an escalation plan to the Duty Manager for support for more urgent or serious situations, such as advice for managing civil emergencies. This will further enhance the collaborative approach and support to our partnering aged residential care facilities.

A workshop was recently held to demonstrate the e-meds platform. This electronic tool is designed for inpatient areas and replaces paper based medication charts. The system has demonstrated quality and patient safety benefits including legibility of prescription, and a flag system for when medication doses are due or have been missed. It is currently being utilised within Canterbury Hospital services.

Allied Health

The Calderdale Framework also offers us opportunities to enhance quality and safety through standardisation of practice; this has been a significant feature of the most recent workshop for Calderdale Framework Facilitators of which the DHB has three. Pathways will be developed to support staff through the analysis and articulation of processes which would benefit from standardisation. These, along with all other Calderdale Framework CTI's and learning tools are now available within the HealthLearn application.

A workshop has been developed to examine the scope and reach of Clinical Social Work within the health setting. This workshop brings together DHB staff, NGO and statutory Social Work partners and funders to understand the current context, the proposed Primary and Community Model of Care, the

Future State for Mental Health services and how services can be delivered in meaningful ways that reach people who need them throughout the district.

Medical

Hospital HealthPathways is about to be released to use within the DHB. Until recently the "Blue Book" was used to offer guidance for management of medical conditions within hospital services, however this was discontinued in December 2016 in favour of Hospital HealthPathways. At this point the pathways are Canterbury DHB based and will be flagged as such, however within a year we expect to be able to localise them to provide clear guidance to our clinicians about local adaptations to practice. This may include areas such as which service admits a particular group of patients, which will be different to Canterbury DHB practice, or alterations based on local drug availability etc. Until we are able to progress this second stage of work, Hospital HealthPathways will still provide valuable evidence based guidelines for management of many medical conditions for our clinicians and help to ensure that patients are provided with the best care available for their condition. Training sessions for medical, nursing and allied practitioners are being provided in association with the release.

The new eTriage system has been released for use in General Surgery, Gynaecology and Plastic Surgery. This enables clinicians to triage new referrals from primary care within an entirely electronic system ensuring that referrals are monitored and maintained at every step of the process. A referral is commenced in primary care and arrives electronically into the booking system. This is then triaged for urgency by a secondary services clinician and the patient is then booked for their appointment. Previously this has been a paper based system with a risk of misplacement of referrals and significant paper handling required at a number of points. It has been difficult for staff to identify what point a referral has reached previously but with the new system, referrals are continually tracked, cannot be misplaced and staff can easily view where the referral process has reached. We intend to extend the services using eTriage once the current services are up and running successfully.

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 27 APRIL 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: **12 May 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 27 April 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 – 27 April 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 April 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 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 Director of Midwifery – Norma Campbell;
- Increased focus on communication on the medical ward; and
- The endoscopy service has continued its strong performance following transformations in the last 6 months.

He expanded on the increased focus on communication and the Committee noted that this focus is across the service as a whole and is a real focus for this year. It was also noted that the majority of complaints received by the DHB have a communication aspect to them. Mr Wheble advised that Brian Dolan, Director of Service Improvement, Canterbury DHB, came to the West Coast and spoke with staff around how we communicate with patients, families and each other which has proved to be very beneficial. In addition the Clinical Nurse Specialist in Morice Ward has been undertaking a lot of work in this area.

In regard to the endoscopy service Mr Wheble highlighted that the West Coast has continued its strong performance in this area following transformations in the last 6 months. February data has it at number 2 nationally against the Ministry of Health 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.

Discussion took place regarding DNA rates and the Committee noted that management are looking to see what can be done differently and how we communicate with our patients in a timely manner. Some work has been undertaken around getting appointment advice out earlier and this appears to be impacting on the DNA rates.

Discussion took place regarding transport options and whether these are detailed in the advice letters. The Committee noted that this is mainly provided for patients travelling to Christchurch under the National Transport Agreement however we are reviewing whether we are providing the correct information and if it is in a timely manner.

A query was made regarding the provision of an advocate when patients do not have support and it was noted that the DHB does try to encourage this and is part of the whole communication package.

Discussion took place regarding the communication being provided to patients who are referred back to their GP for treatment when they do not meet the criteria for surgery and updates on this will be provided as required.

The Committee asked for some reassurance that there is some mitigation taking place around ESPI compliance and it was noted that work is continuing around this with teams in Christchurch regarding solutions. Whilst the DHB will not be "red" in month 4, there is no assurance of a sustainable solution as yet.

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 March 2017 was a deficit of $93k, which was $72k unfavourable to budget. The year to date position is $161k unfavourable.

Ms White advised that there are essentially two concerns currently: personnel costs; and patient revenue.

Contributing to the personnel costs is the additional work required to meet ESPI targets and in the revenue area a lot of work is being undertaken to understand why this is lower than expected and the outturn for the rest of the year.

A query was made regarding how the DHB prioritises where the money is spent and it was

noted that Clinicians make collective decisions around where we put our resources. There is also the tension of individual treatment versus the whole system and we try to put the patient at the centre of these decisions.

The report was noted.

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

4. APPENDICES

Appendix 1: Agenda - Hospital Advisory Committee – 27 April 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 St John, Waterwalk Road, Greymouth
on Friday 12 May 2017 commencing at 10.00am

Visit to Facilities Site ***Please meet at the site entrance in Waterwalk Road where there is car parking. Please ensure you wear sturdy footwear with closed in toes and bring your hard hat and jacket if you took one home with you after the last visit.***	***10.00am to 10.30am***

KARAKIA

ADMINISTRATION ***10.40am***

Apologies

1. **Interest Register**
2. **Confirmation of the Minutes of the Previous Meetings**
   - *16 March 2017*
3. **Carried Forward/Action List Items**

REPORTS FOR NOTING ***10.45am***

4.	**Chair's Update (Verbal Update)**	Jenny Black *Chair*	*10.45am – 10.55am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.55am – 11.10am*
6.	**Clinical Leader's Update**	Mr Pradu Dayaram *Medical Director, Facilities Development* Cameron Lacey *Medical Director*	*11.10am – 11.20am*
7.	**Mental Health Update**	Cameron Lacey *Medical Director*	*11.20am – 11.40am*
8.	**Finance Report**	Justine White *General Manager, Finance*	*11.40am – 11.50am*
9.	**Wellbeing Health & Safety Update**	Michael Frampton *General Manager, People & Capability*	*11.50am – 12noon*
10.	**Reports from Committee Meetings** - CPH&DSAC *27 April 2017*	Elinor Stratford *Chair, CPH&DSA Committee*	*12noon – 12.10pm*
	- Hospital Advisory Committee *27 April 2017*	Michelle Lomax *Chair, Hospital Advisory Committee*	*12.10pm – 12.20pm*
11.	**Resolution to Exclude the Public**	*Board Secretariat*	*12.20pm*

INFORMATION ITEMS

- 2017 Meeting Schedule

ESTIMATED FINISH TIME ***12.20pm***

NEXT MEETING: Friday 23 June 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	West Coast Regional Council
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.