



West Coast

– District Health Board –

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

26 October 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



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

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*)

EXECUTIVE SUPPORT

Philip Wheble (*General Manager, West Coast DHB*)
Gary Coghlan (*General Manager, Maori Health*)
Carolyn Gullery (*General Manager, Planning & Funding*)
Karyn Bousfield (*Director of Nursing*)
Justine White (*General Manager, Finance*)
Kay Jenkins (*Governance*)

AGENDA



WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING To be held in the Board Room at Corporate Office, Grey Base Hospital, Greymouth Thursday 26 October 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 July 2017
3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS

11.10am

- | | | | |
|----|--------------------------------|---|---------------------|
| 4. | Management Report | Philip Wheble
<i>General Manager, West Coast DHB</i> | 11.10am – 11.30am |
| 5. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.30am – 11.45am |
| 6. | Clinical Leaders Update | Karyn Bousfield
<i>Director of Nursing</i> | 11.45am – 12.00noon |
| 7. | General Business | Michelle Lomax
<i>Chair</i> | 12.00noon – 12.10pm |

ESTIMATED FINISH TIME

12.10pm

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 29 September 2017
- 2017 HAC Workplan (Working Document)
- West Coast DHB 2017 Meeting Schedule

NEXT MEETING:

Date of Next Meeting: 23 November 2017

Board Room at Corporate Office, Grey Base Hospital, Greymouth

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o
kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini
mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time
so that we may work together in the spirit of oneness on behalf of the people
of the West Coast.

INTEREST REGISTER

Member	Disclosure of Interests
Michelle Lomax Chair Board Member	<ul style="list-style-type: none"> West Coast Community Trust – Trustee St John Youth – Area Youth Manager Employee - Damien O'Connor's Electorate Office Daughter is a recipient of WCDHB Scholarship
Kevin Brown Deputy Chair Board Member	<ul style="list-style-type: none"> West Coast Electric Power Trust - Trustee Wife works part time at CAMHS West Coast Diabetes – Patron & Member West Coast Juvenile Diabetes Association – Trustee President Greymouth Riverside Lions Club Justice of the Peace Hon Vice President West Coast Rugby Football League
Chris Auchinvole Board Member	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Owner and stakeholder of Alfresco Eatery and Accommodation Daughter involved in Green Prescriptions Justice of the Peace
Gail Howard	<ul style="list-style-type: none"> Buller Electric Power Trust - Trustee Energy Trust New Zealand – Director
Chris Lim	<ul style="list-style-type: none"> No interests to declare
Nigel Ogilvie (Board Member)	<ul style="list-style-type: none"> Chairman, Life Education Trust Managing Director, Westland Medical Centre Shareholder/Director, Thornton Bruce Investments Ltd Shareholder, Hokitika Seaview Ltd Shareholder, Tasman View Ltd White Ribbon Ambassador for New Zealand Wife is General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre. Sister is employed by Waikato DHB
Richard Wallace	<ul style="list-style-type: none"> Upoko, Te Runanga o Makawhio Negotiator for Te Rau Kokiri Trustee Kati Mahaki ki Makawhio Limited Honorary Member of Maori Women's Welfare League Wife is employed by West Coast District Health Board Trustee West Coast Primary Health Organisation Kaumatua Health Promotion Forum New Zealand Member of the National Asthma Foundation Maori Reference Group Kaumatua/Cultural Advisor for Child Youth & Family (Greymouth and Nelson)

Member	Disclosure of Interests
Jenny Black (ex-officio)	<ul style="list-style-type: none"> • Nelson Marlborough District Health Board – Chair • Diabetes New Zealand – Life Member • South Island Alliance Board – Chair • National DHB Chairs - Chair
Chris Mackenzie (ex-officio)	<ul style="list-style-type: none"> • Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust – Trustee • Christchurch Mayors External Advisory Group - Member

DRAFT

MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING held in the Board Room, Grey Base Hospital, Corporate Office, on Thursday 27 July 2017, commencing at 11am

PRESENT

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

APOLOGIES

Apologies were received and accepted from Gail Howard and Richard Wallace.

MANAGEMENT SUPPORT

Hamish Brown (Operations Manager, Grey/Westland); Karyn Bousfield (Director of Nursing); Justine White (General Manager, Finance); and Kay Jenkins (Minutes)

IN ATTENDANCE

Elinor Stratford

WELCOME

Everyone joined together in the Karakia

1. INTEREST REGISTER

Nigel Ogilvie advised an addition to the Interest Register – “Sister works for Waikato DHB”

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 (10/17)

(Moved: Chris Auchinvole/Seconded: Nigel Ogilvie – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 8 June 2017 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

HAC Chair & General Manager to discuss and review the information being provided in the HAC papers in relation to Outpatient Clinics.

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

Hamish Brown, Operations Manager, presented the report. He highlighted the most notable features as:

- The Rural Generalist Medical Workforce project will commence in the coming weeks;
- A recruitment campaign is currently being developed to bring West Coast DHB Allied Health positions to the attention of a wider range of candidates. This should be up and running in August; and
- West Coast people awaiting Bone Density Imaging are being offered appointments at Grey Hospital following the purchase of a Dexa scanner.

Discussion took place regarding DNAs and the comment was made that it is pleasing to see the development of the script for staff to ensure that patients are not feeling that they are being targeted when asked the reason for non-attendance. The Committee noted that an additional reminder text is being sent to patients at the 14 day point. Mr Brown advised that a report is being pulled together to book six weeks in advance and a mapping process is taking place to compare this against DNA rates and cancellations.

Discussion took place regarding the Ending PJ Paralysis project and it was noted that this is continuing to have a positive outcome.

Discussion also took place regarding facilities in Buller and the Committee noted that a lot of consultation took place with the community back in 2013 however due to the delay of the project it may seem that the consultation has not continued.

A point was raised in regard to physiotherapy and whether there is an alternative or a back-up plan if this treatment is not available. Feedback regarding this will be provided at the next meeting.

The situation regarding ESPI 2 was raised and the Committee noted that it is hoped that the measure will have a “yellow” rating for July which will negate the financial penalty.

Resolution (11/17)

(Moved: Nigel Ogilvie/Seconded: Chris Auchinvole – 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 June 2017 was a deficit of \$34k, which was \$55k favourable to budget. The year to date position of a net deficit of \$800k is \$246 unfavourable to budget; however this is \$50k favourable to our latest forecast.

The Committee noted that revenue is an area of disappointment and a lot of work has been undertaken to ensure the DHB is claiming everything appropriately. It was recognised that with all the funding being put into prevention this is having an effect on this area of revenue.

Resolution (12/17)

(Moved: Kevin Brown/Seconded: Nigel Ogilvie – carried)

That the Committee

- i. Notes the finance result and related matters for the period ending 30 June 2017.

6. CLINICAL LEADERS REPORT

Karyn Bousfield, Director of Nursing, presented this report.

Ms Bousfield provided the Committee with an update around “HealthLearn” where a Canterbury based expert has recently provided some teaching and support to Clinical Nurse Managers, Nurse Managers, Learning and Development and the staff at the Rural Learning Centre. The Committee noted that “HealthLearn” is an IT platform that provides online learning and education to clinical staff, including mandatory training as well as profession specific clinical education.

The Committee also noted that many Allied Health disciplines are considering the Ministry of Health consultation for their voluntary bonding scheme with a number of staff working with their registering bodies to complete submissions.

Ms Bousfield spoke about the plans underway to roll out the Health Quality & Safety Commission Deteriorating Patient Programme where the West Coast has already reviewed current processes in place to form part of this programme, including updating the Early Warning Score escalation plan.

A query was made regarding Aged Residential Care and Ms Bousfield provided an update on this.

Resolution (13/17)

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

That the Committee

- i. Notes the Clinical Leaders’ Update

INFORMATION ITEMS

- Chair’s report to last Board meeting
- Board Agenda – 23 June 2017
- 2017 HAC Workplan
- West Coast DHB Meeting Schedule 2017

There being no further business the meeting closed at 12.05pm

Confirmed as a true and correct record.

Michelle Lomax, Chair

Date

CARRIED FORWARD/ACTION ITEMS

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	27 July 2017	Review of information contained in HAC papers in regard to Outpatient Clinics.	HAC Chair to work with General Manager to review this.	Work in Progress

MANAGEMENT REPORT

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager West Coast DHB

DATE: 26 October 2017

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

This is a standing report to the West Coast District Health Board Hospital Advisory Committee. It outlines progress in relation to service delivery across the District Health Board's Provider Arm.

2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. Notes the Management Report.

3. SUMMARY

This report is intended to:

- provide greater insights into the nature and flow of activity in, and through, the secondary care component of the West Coast health system;
- reflect a patient-centric view of services, being the 'patient journey' through the system; and
- provide greater clarity of, and focus on, key metrics.

The report is broken into 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:

- Project underway to improve timeliness in communicating appointments to our community.
- New Clinical Nurse Manager joining our team for the inpatient ward.
- Rural Generalist Medical Workforce project has progressed and a draft document is being reviewed.

4. DISCUSSION

4.1 Activity

Volumes

This Provider Arm Report includes base service level agreement volumes against delivery for the 2017-18 financial year to 31 August (excluding ACC-funded activity).

Inpatient Volumes

Overall case-weighted discharge [CWD] throughput from Grey Base Hospital was down in the first two months of 2017/18. Throughput in surgical specialties is down overall, with fewer acute orthopaedic and elective gynaecology patients to date. This was offset by significantly higher throughputs in general medical and paediatric medical specialty services. Spikes of this nature are not unusual due to increased respiratory related illness and seasonal fluctuations in demand during the winter month periods. Overall, net delivery of contracted caseweights was up by 5.5%.

The split between acute and electives was as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	186.85	137.63	-49.22	-26.3%
Elective	205.46	192.00	-13.46	-6.5%
Sub-Total Surgical:	392.31	329.63	-62.68	-16%
Medical				
Acute	232.02	329.01	96.99	41.8%
Elective	0	0	0	0%
Sub-Total Medical:	232.02	329.01	96.99	41.8%
TOTALS:	624.33	658.64	34.31	5.5%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical First Specialist Assessment services were up overall during the first two months of 2017/18, but down for follow-ups. Among individual specialities, there have been fewer locally-delivered outpatient orthopaedic, general surgery and rheumatology follow-up attendances. Attendance was up notably against year-to-date targets in orthopaedic first specialist assessments as well as general medicine, cardiology, renal medicine, and ophthalmology. Most other specialities tracked around anticipated volume; however, there were no dermatology, gastroenterology or radiation oncology clinics conducted during July and August.

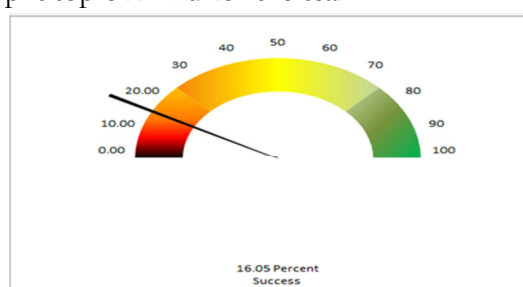
The overall split between 1st visit and subsequent visit during the year was as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
Surgical				
1 st Visit	563	60	38	6.7%
Sub. Visit	903	760	-143	-15.9%
Sub-Total Surgical:	1466	1360	-106	-7.2%
Medical				
1 st Visit	269	302	33	12.3%
Sub. Visit	641	581	-60	-9.4 %
Sub-Total Medical:	910	883	-27	-3.0%
TOTALS:	2376	2243	-133	-5.6%

Outpatient Clinics

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
September 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%
May 2017	1782	1670	110	6.17%
June 2017	1476	1406	70	4.74%
July 2017	1558	1458	100	6.42%
August 2017	1921	1799	122	6.35%
September 2017	1593	1493	100	6.28%
13 month rolling totals	21212	19855	1355	6.39% Average

- DNA rates overall have continued to drop slightly since the spike in July following the re-launch of the project. DNA rates for Maori patients have seen a small decrease this month by 0.2% down to 13.8%. We will continue to monitor with the hope we get Maori DNA rates under 10%.
- There is a project underway to improve timeliness in communicating appointments to our community. Below is a dashboard we have indicating appointments booked greater than 42 days in advance to keep it top of mind for the team.



4.2 Workforce Update

Nursing

- We have a new Clinical Nurse Manager joining our team for the inpatient ward; Randy Gopalla will be arriving from Mauritius in November and comes with a wealth of experience in management and nursing.
- Patient stories have now been completed. Two of these will be selected for the on-line training package. Presentations will then start with staff in Buller. IDEAL is not a new concept, it is an acronym which builds on basic nursing principles.
- Work continues on hand hygiene and falls prevention with a trial in the medical ward of a Trendcare based assessment tool; so far feedback has been positive from staff.

- Occupancy within hospital services has increased overall this month; however, sick leave for nursing has continued to decrease.

Medical

- An offer is out to a General Surgeon, one of our locum surgeons is interested in a permanent appointment.
- A transalpine Anaesthetist has been appointed and commenced on our roster. We are working with another Anaesthetist around a part time appointment.
- We have commenced discussions around a transalpine General Physician model.
- Our junior workforce is fully recruited for the first part of next year.
- Rural Generalist Medical Workforce project has progressed and a draft document is being reviewed.

Maternity

- Over the last 3 months we have had 62 births in McBrearty.
- In August we held an Emergency Skills day for midwives as part of their recertification education.
- In September we held PROMPT (Practical Obstetric Multi-professional Training). This was attended by 12 multi-professionals including midwives, RMOs and SMOs.
- The Midwifery Manager position for Grey Base continues to remain vacant despite recruitment advertisements. We are planning on advertising at the Joan Donley Research Forum in Christchurch at the end of October as there will be midwives from throughout New Zealand attending this to try and get some interest. Linda Monk continues to cover the role in the interim.

Reefton Health

- *Medical Centre* – Integration and work across practice, primary, community and Aged Residential Care is continuing with functional elements integrating from 1 July – single cost code, stores, administration team, etc. A nurse has been recruited following a resignation and interviews are underway for a pending retirement. 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.

Allied Health

- The Occupational Therapy service are hosting an Art Therapy Intern from this month. While there is one Art Therapist, working as an AOD Counsellor in our CAMHS service, this is the first time we have supported an intern to work within our Hospital and Community Services space.
- Allied Health Therapy Services farewelled the OT Technician Kevin McGready this month, as he headed off to enjoy a well earned retirement. Recruitment is underway to extend the Allied Health Assistant workforce, so that the technician skills can be incorporated into that workforce, thus providing better service coverage across the district and reducing the reliance on one sole practitioner.
- The Greymouth and Westport services are currently hosting Social Work students from Ara in Canterbury for their 60 day placements. Hosting students is a great way for us to showcase what it is like to work on the West Coast, and we hope to welcome students from other Allied Health professions in 2018.

- Associate Director Jane George was admitted as a Fellow into the Australasian College of Health Services Managers this month after successfully completing her viva, following a year of study. Jane is the first West Coast DHB employee on record to have achieved this, and one of the first Allied Health qualified Health Service Executives.
- We are recruiting to a variety of hospital and community service roles at the moment, across a range of professional groups including pharmacy, physiotherapy, occupational therapy, radiology and AOD counselling.

Industrial Relations

Negotiations Update:

- *PSA Allied and Technical MECA:* Discussions continued with bargaining on 27/28 September 2017 and were positive and constructive. Parties worked through a number of joint issues and some of these have been moved into small working groups to progress. Bargaining will resume on 15/16 November 2017.
- *NZNO MECA:* Bargaining continued on 28/29 September 2017 with progress being made on some minor issues. Discussions will continue on Pay Equity and CCDM outside of bargaining and on 12 October 2017 parties will resume discussions.

Recruitment

New Vacancies	18
Total Open Vacancies	42
Appointed Vacancies	9

- There was a rise in roles being advertised during September, mainly from Allied Health.
- Consultant and GP roles remain hard to fill and continue to be advertised.
- GP locums have been sourced relatively successfully to back fill the need of the rural GP practices.
- Nursing roles have steadily been filled but continue to become available at the same rate.
- General skilled corporate roles continue to have many applicants but more specialised roles are harder to attract good applicants.

4.3 Patient






Patient Transfers


- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased from 47 transfers in July 2017 to 60 transfers in August 2017. The majority of transfers in July were for medical and orthopaedic patients and in August evenly between surgical, medical and orthopaedics, with the principal methods of transportation being via ambulance and pressurised aircraft.
- For patients transferred from Buller to Grey Base the numbers decreased from 22 transfers in July to 17 transfers in August. The majority of these transfers were for medical patients and were transported to Grey Base via ambulance in July and helicopter and ambulance in August.
- There was an increase in patient transfers from Reefton to Grey Base from 1 in July to 4 in August. These transfers were mostly for medical patients and were all transported to Grey Base via ambulance.

4.4 Health Targets

Health Target progress

Quarterly & progress data

Target		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Target	Current Status	Progress
	Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours <i>(Greymouth Emergency Department only)</i>	99%	99%	100%	99%	95%	✓	The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter four.
	Improved Access to Elective Surgery West Coast's volume of elective surgery	480	991	1,441	1,979	1,906	✓	This quarter, the West Coast DHB provided 1,979 elective surgical discharges, delivering 103.8% of planned discharges and meeting the year-end 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	63%	76%	83%	56%	85%	✗	Performance decreased this quarter to 56% 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. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, and diagnostically challenging.
	Increased Immunisation Eight-month-olds fully immunised	76%	80%	91%	80%	95%	✗	During quarter four 80% of all eight-month-olds were fully immunised. Opt-off and declines doubled this quarter to a combined 15% (12 children). This continues to make meeting the target impossible. We are pleased that 94% of our consenting population were immunised this quarter, with just four children missed.
	Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months <i>(Results may vary due to coding processes. Reflects result as at time of reporting to MoH).</i>	84%	91%	92%	91%	90%	✓	West Coast health practitioners have reported giving 4,743 smokers cessation advice in the 15 months ending June 2017. This represents 91% 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 Māori and High Needs. A number of practices have shown significant improvements and have been supported by the Smokefree Services Coordinator and PHO Clinical Manager.

Target		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Target	Current Status	Progress
	Raising Healthy Kids Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle	40%	0%	17%	81%	95%	✗	<p>This quarter, 16 children were identified as obese with three referred, two acknowledged, and 11 declined. This represents 81% coverage: a huge 64% increase on the previous quarter.</p> <p>We are pleased to have had a significant increase in our identification and referral of obese children but recognise that the large number of declines needs to be addressed. This is something the DHB is working on in conjunction with the PHO who have committed to supporting this target with their Dietician.</p>

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 14 orthopaedic patients waiting over 120 days for their outpatient First Specialist Assessment as at the end of August. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints, with the problem extending into September. Work is currently being undertaken to schedule additional outpatient clinics to help clear the current backlogs.

ESPI 5 (Treatment)

One dental case exceeded the 120-day maximum wait time from FSA to surgical treatment as at the end of August 2017, but the patient has subsequently been provided with their surgery.

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

DHB Name: West Coast

	2016			2016			2016			2016			2017			2017			2017			2017			2017			2017			2017			2017		
	Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	18 of 18	100.0%	0	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	16 of 18	88.9%	2	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	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	22	2.5%	-22	24	2.8%	-24	40	4.0%	-40	1	0.1%	-1	14	1.7%	-14
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	2	0.1%	-2	1	0.1%	-1	0	0.0%	0	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	7	3.0%	-7	9	3.9%	-9	3	1.0%	-3	5	2.9%	-5	8	5.7%	-8	6	3.3%	-6	1	0.6%	-1	1	0.5%	-1	3	1.7%	-3	2	1.1%	-2	7	4.6%	-7	1	0.5%	-1
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	0.0%	0	0	0.0%	0	0	X	0	0	X	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	149	100.0%	0	124	100.0%	0	108	100.0%	0	108	100.0%	0	95	100.0%	0	145	100.0%	0	139	100.0%	0	154	100.0%	0	118	100.0%	0	130	100.0%	0	108	100.0%	0	181	100.0%	0

Data Warehouse Refresh Date: 29/Sep/2017

Report Run Date: 02/Oct/2017

Notes:

- Before July 2016 the required timeframe for ESPI 1 is 10 working days, and from July 2016 the required timeframe for ESPI 1 is 15 calendar days.
- Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
- ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
- Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed for the 2016/17 and 2017/18 years so from July 2018 ESPI 1 will be Green if 100%.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
- ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.

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

4.5 Quality

Hospital Services Incidents recorded in Safety1st for the 3 months to September 2017



GREY / WESTLAND			
Grey Base & Reefton Hospitals	Jul	Aug	Sep
Behaviour & Safety	0	2	0
Blood Product	0	0	0
Drain and Tube	0	0	0
Employee	2	3	0
Facilities, Building & Property	1	0	1
Fall	8	8	15
Hazard Register	0	0	1
Infection	0	0	0
Intravascular Access Device	1	0	0
Labs / Specimen	8	8	10
Labour and delivery	5	4	3
Medication and IV Fluids	5	9	8
Provision of Care	5	7	5
Radiology	3	1	2
Restraint	0	0	0
Security	0	0	0
Skin / tissue	1	0	2
Totals	39	42	47

- Falls and Lab/specimens are areas of increase over the past month. Falls Prevention Group have detailed data for analysis.

Maternity

- The Maternity Annual Report draft has been sent through to the Ministry of Health.
- The Maternity Services work plan for 2017/18 has been submitted; allocation of work about to commence.
- Discussion with St John regarding clarification of mode of patient transport has occurred; as well as clarification around pain relief.
- The Maternity Quality and Safety Advisory Group has outlined its plan for 2017/18:
 - Actively Seek Consumer Feedback/Engagement:** The WCDHB has a continual challenge to deliver equitable maternity services despite a small population spread across a large geographical area. In order to ensure we continue to address the needs of our women it is important to talk to our women so we can learn about their experiences. We plan to continue regular consumer forums where we go to our women, in their rural setting, to gather their feedback. We have also set up a Facebook page to post information and links back to our maternity website. As noted earlier in this report, the feedback form is currently under review and is being updated for ease of response from our women.
 - Young Maori Women and Access to Services:** Around 19% of our mothers are Maori, yet they are under-represented in the feedback we receive about our services. We will work with Poutini Waiora (our local Maori health services provider) and our WCDHB Maori Health team to address the needs of our young Maori women and to

ensure that our services are culturally appropriate. Our aim is to raise the voice of young Maori women in maternity services. Our Maori women are not engaging in PPE and this is also an area of focus.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2017



TO: Chair and Members
Hospital Advisory Committee

SOURCE: Finance

DATE: 26 October 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 September 2017.

3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of September 2017 was a deficit of \$99k, which was \$1k unfavourable to budget. The year to date position of a net deficit of \$693k is \$15k favourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,299	7,021	278	✓	21,561	21,112	449	✓
Governance & Administration	86	69	17	✓	224	207	17	✓
Funder	5,150	5,282	(131)	✗	15,435	15,819	(384)	✗
	12,536	12,372	164	✓	37,220	37,138	82	✓
EXPENSES								
Provider								
Personnel	5,327	5,373	46	✓	16,488	16,426	(62)	✗
Outsourced Services	23	12	(11)	✗	52	35	(17)	✗
Clinical Supplies	761	699	(62)	✗	2,206	2,103	(103)	✗
Infrastructure	1,242	1,059	(183)	✗	3,462	2,733	(729)	✗
	7,352	7,142	(209)	✗	22,208	21,297	(911)	✗
Governance & Administration	86	69	(18)	✗	224	206	(18)	✗
Funder	4,837	4,852	15	✓	14,296	15,121	825	✓
Total Operating Expenditure	12,274	12,063	(212)	✗	36,728	36,624	(104)	✗
Surplus / (Deficit) before Interest, Depn & Cap Charge	261	309	(48)	✗	492	514	(22)	✗
Interest, Depreciation & Capital Charge	360	407	47	✓	1,185	1,222	37	✓
Net surplus/(deficit)	(99)	(98)	(1)	✗	(693)	(708)	15	✓

4. APPENDICES

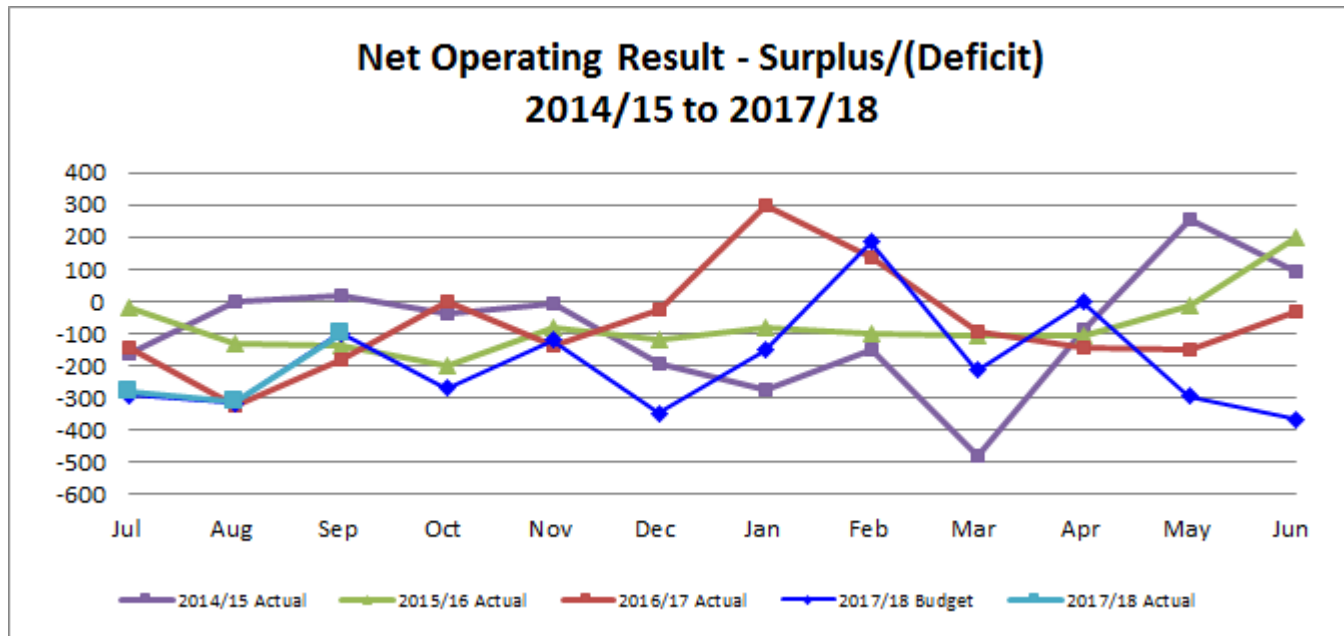
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – SEPTEMBER 2017

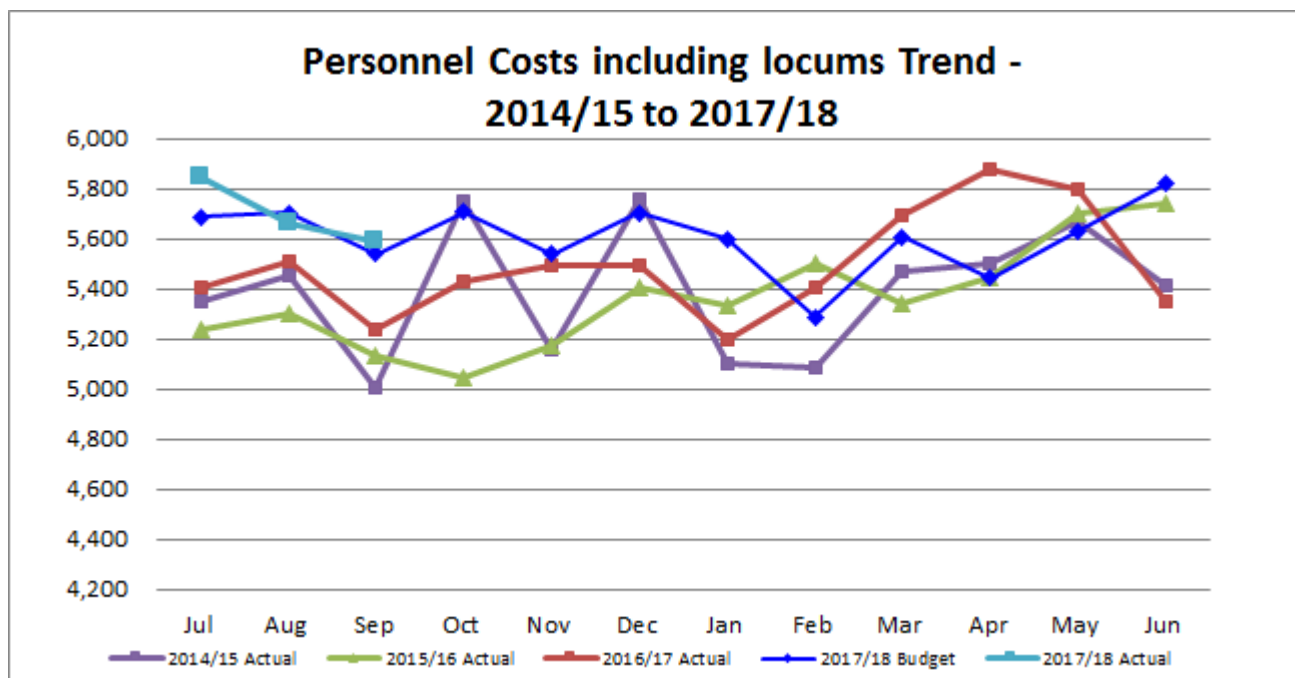
	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(99)	(98)	(1)	1%	✗	(693)	(708)	15	-2%	✓



We have submitted an Annual Plan with a planned deficit of \$2,041k, 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, the actual funding provided for the 2017/18 year, and the anticipated delays in regard to plans for ARC/Dunsford Ward in Buller.

PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,625	1,465	(160)	-11%	×	4,554	4,488	(66)	-1%	×
Nursing	2,335	2,311	(23)	-1%	×	7,141	7,048	(93)	-1%	×
Allied Health	880	956	76	8%	✓	2,795	2,934	139	5%	✓
Support	94	96	2	2%	✓	286	284	(2)	-1%	×
Management & Admin	654	730	76	10%	✓	2,320	2,230	(90)	-4%	×
Total	5,588	5,558	(30)			17,096	16,984	(112)		

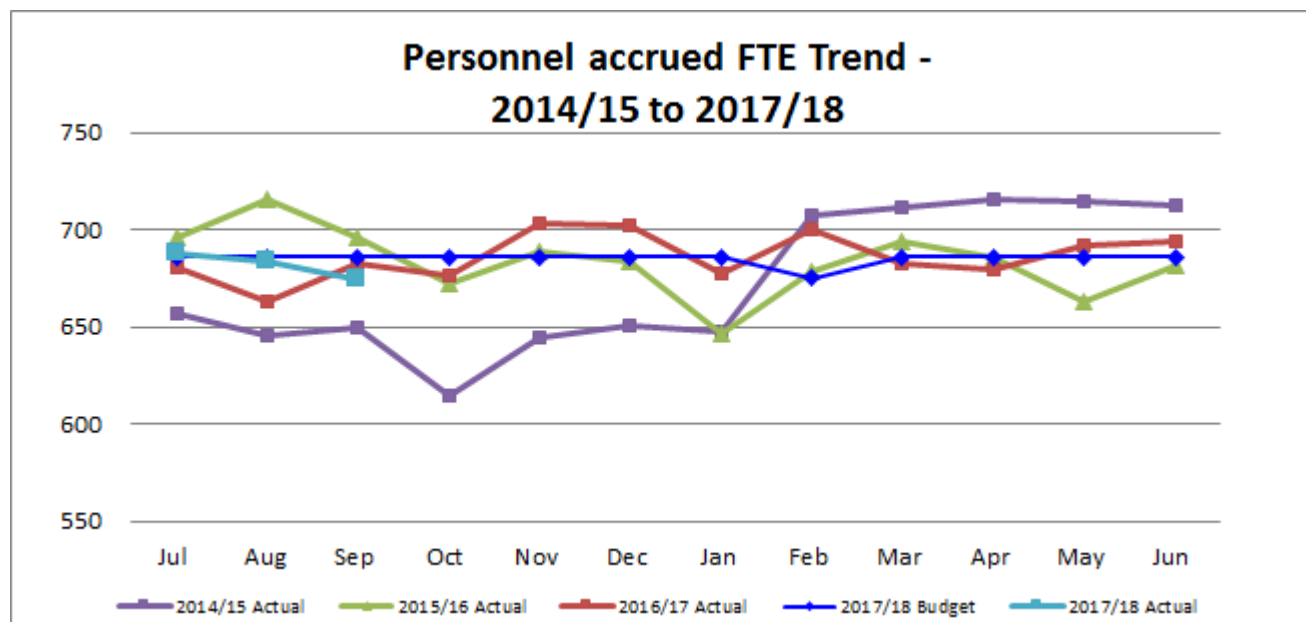


Personnel costs are unfavourable for the month. The underlying level of the combined personnel costs is not a cause for concern at this stage. While we have rebalanced the expected budget between personnel costs and locum categories to reflect the experience of last year, this is an area that will be watched closely between Finance and operational leaders to understand the drivers for the increased 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 continued 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	39	0	1%	✓	39	39	(0)	-1% ✗
Nursing	320	325	5	2%	✓	322	325	3	1% ✓
Allied Health	168	178	10	6%	✓	172	178	6	4% ✓
Support	18	18	(0)	-2%	✗	18	18	(0)	-2% ✗
Management & Admin	129	126	(3)	-3%	✗	130	126	(4)	-3% ✗
Total	675	686	12			682	686	4	



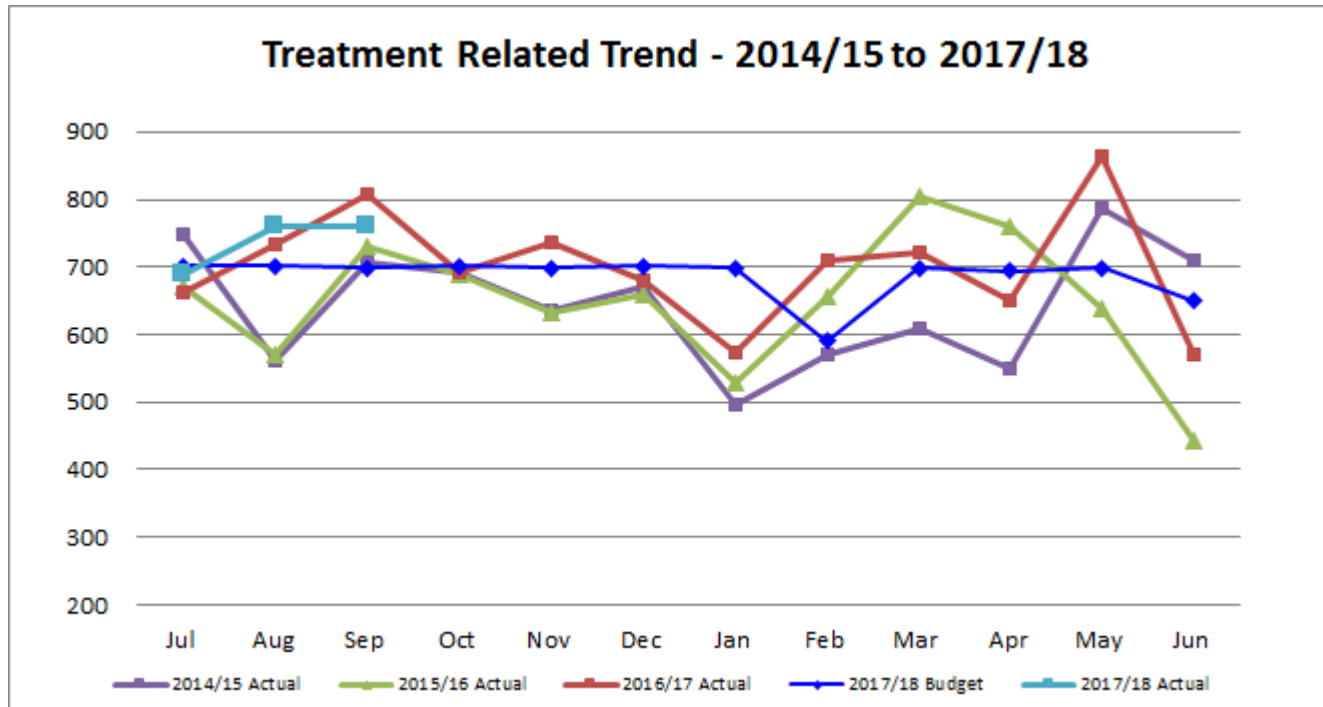
Accrued FTE is influenced by leave taken throughout the period, the current period results are impacted by general employee churn and recruitment of staff in the Buller region.

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	759	699	(60)	-9% ✗	2,206	2,103	(103)	-5% ✗

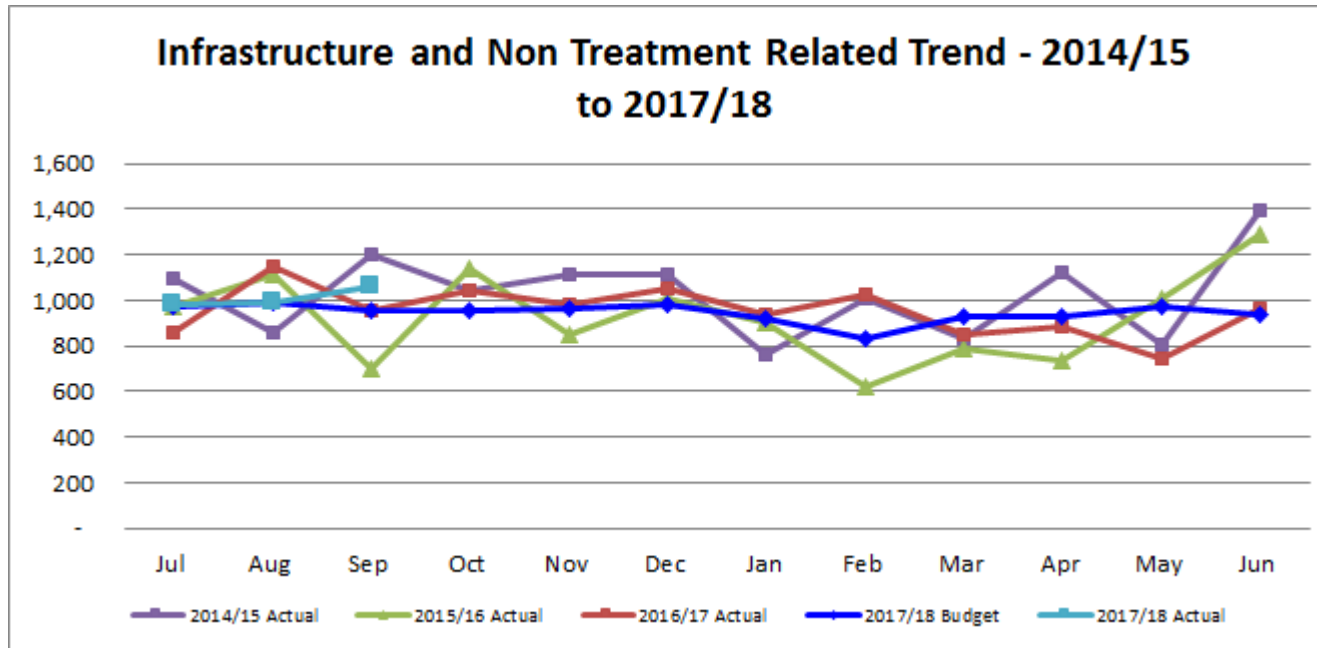


Treatment related costs are unfavourable to budget for the month. The unfavourable variance over Annual Plan year to date reflects the continued trend in the use of high cost medicines, particularly in Oncology and Rheumatology medicines by some clinicians, there is no sign that this use will abate so we have factored an increased spend into this year's budgets, however we may have underestimated this level of increase. In addition there have been high cost patient transfers this month.

KEY RISKS AND ISSUES: High costs treatment particularly in oncology and rheumatology medicines has caused significant concern on costs in this category, we are continuing to review to define areas for cost reductions.

INFRASTRUCTURE AND NON TREATMENT RELATED COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Non Treatment related costs	1,061	954	(107)	-11% ✗	3,038	2,918	(120)	-4% ✗

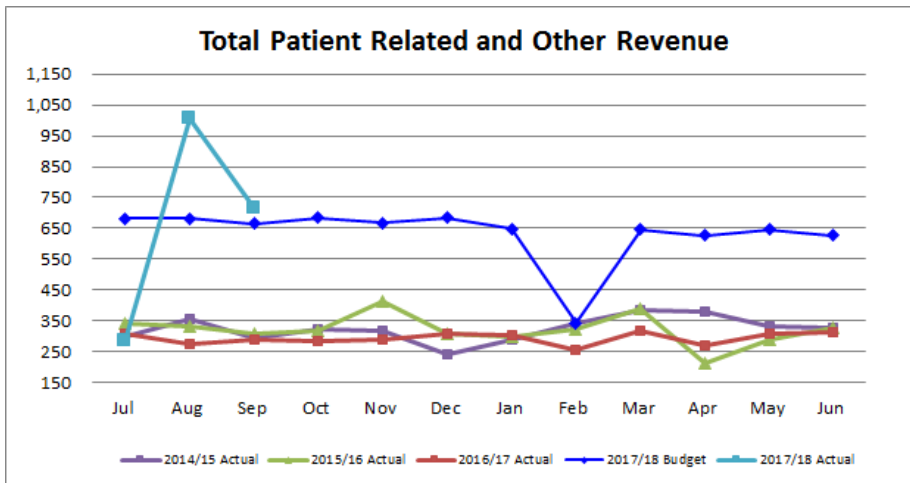


One off ITC expenses and corporate costs such as transport, travel and stationary have been high this month. This category of expenditure is closely monitored to ensure appropriate plans are in place to remain on budget over the year.

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

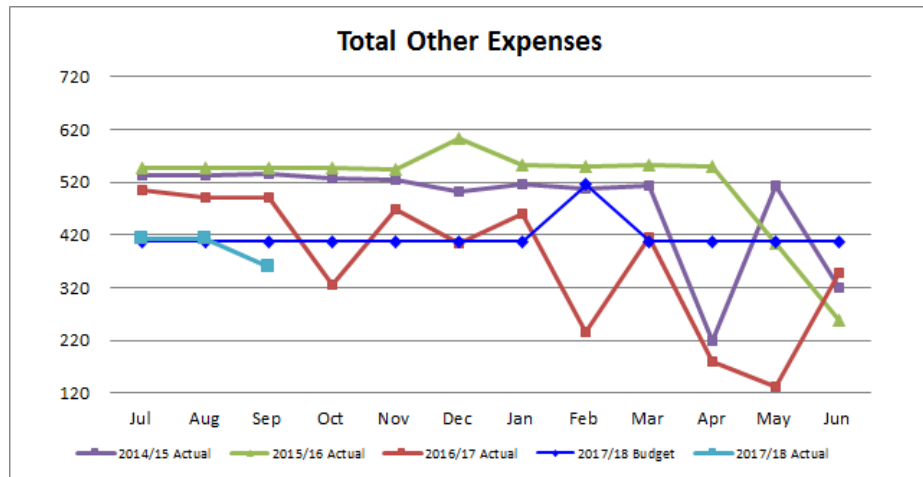
OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Interest Received	29	35	(6)	-17% ✗	88	105	(17)	-16% ✗
Donations	0	-	0	0% ✓	0	-	0	0% ✓
Rental	13	16	(3)	-20% ✗	44	47	(4)	-8% ✗
Other	67	19	48	100% ✓	100	57	43	77% ✓
Total Other Revenue	109	70	40	57% ✓	232	209	23	11% ✓
Interest Expense	-	-	-	0% ✓	-	-	-	0% ✓
Depreciation	231	283	52	18% ✓	798	850	52	6% ✓
Capital Charge Expense	129	124	(5)	-4% ✗	387	372	(15)	-4% ✗
Total Other Costs	360	407	47	12% ✓	1,185	1,222	37	3% ✓



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

KEY RISKS AND ISSUES: Ensuring co-payments are recovered continues to be an area of focus for 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 in line with budget.

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	24,415	25,833	(1,418)	-5% ✗	104,272
Cash	10,924	10,632	292	3% ✓	12,687

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

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

For period ending

30 September 2017

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 17/18	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,681	11,566	115	1.0%	34,790	34,683	107	0.3%	138,695	137,591
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	1	2
Inter District Flows Revenue	142	142	0	0.1%	427	426	1	0.2%	1,706	1,661
Patient Related Revenue	604	595	9	1.5%	1,771	1,820	(49)	(2.7%)	7,017	2,666
Other Revenue	109	70	40	56.7%	232	209	23	11.1%	834	851
Total Operating Revenue	12,536	12,372	164	1.3%	37,220	37,138	82	0.2%	148,252	142,771
Operating Expenditure										
Personnel costs	5,588	5,540	(48)	(0.9%)	17,096	16,930	(166)	(1.0%)	67,073	65,887
Outsourced Services	0	0	(0)	0.0%	1	0	(1)	0.0%	0	(9)
Treatment Related Costs	759	699	(60)	(8.6%)	2,206	2,103	(103)	(4.9%)	8,288	8,402
External Providers	3,308	3,162	(146)	(4.6%)	9,638	9,559	(79)	(0.8%)	38,162	35,843
Inter District Flows Expense	1,529	1,690	162	9.6%	4,658	5,060	402	7.9%	20,258	17,317
Outsourced Services - non clinical	29	18	(11)	(62.6%)	91	53	(38)	(70.9%)	214	229
Infrastructure and Non treatment related costs	1,061	954	(107)	(11.3%)	3,038	2,918	(121)	(4.1%)	11,412	11,446
Total Operating Expenditure	12,274	12,063	(212)	(1.8%)	36,728	36,624	(104)	(0.3%)	145,406	139,116
Result before Interest, Depn & Cap Charge	261	309	(48)	(15.5%)	492	514	22	4.3%	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	231	283	52	18.3%	798	850	52	6.1%	3,400	3,373
Capital Charge Expenditure	129	124	(5)	(4.0%)	387	372	(15)	(4.0%)	1,488	739
Total Interest, Depreciation & Capital Charge	360	407	47	11.5%	1,185	1,222	37	3.0%	4,888	4,455
Net Surplus/(deficit)	(99)	(98)	(1)	(0.9%)	(693)	(708)	15	2.1%	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(99)	(98)	(1)	(0.9%)	(693)	(708)	15	2.1%	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 September 2017

in thousands of New Zealand dollars

Assets

Non-current assets

Property, plant and equipment

Intangible assets

Work in Progress

Other investments

Total non-current assets

Current assets

Cash and cash equivalents

Patient and restricted funds

Inventories

Debtors and other receivables

Assets classified as held for sale

Total current assets

Total assets

Liabilities

Non-current liabilities

Interest-bearing loans and borrowings

Employee entitlements and benefits

Other

Total non-current liabilities

Current liabilities

Interest-bearing loans and borrowings

Creditors and other payables

Employee entitlements and benefits

Total current liabilities

Total liabilities

Equity

Crown equity

Other reserves

Retained earnings/(losses)

Trust funds

Total equity

Total equity and liabilities

Actual	Budget	Variance	%Variance	Prior Year
22,434	23,163	(729)	(3.1%)	23,623
531	553	(23)	(4.1%)	636
3,596	3,194	403	12.6%	3,194
567	567	0	0.0%	0
27,128	27,477	(349)	(1.3%)	27,453
10,924	10,632	292	2.7%	10,811
56	74	(18)	(24.1%)	72
1,075	1,007	68	6.7%	1,060
5,643	5,107	536	10.5%	4,992
0	0	0	0.0%	0
17,697	16,820	877	5.2%	16,935
44,825	44,297	529	1.2%	44,387
0	0	0	0.0%	0
2,773	2,703	(70)	(2.6%)	2,779
69	70	1	1.4%	70
2,842	2,773	(69)	(2.5%)	2,848
0	0	0	0.0%	0
7,911	6,127	(1,783)	(29.1%)	6,875
9,659	9,564	(95)	(1.0%)	9,557
17,570	15,692	(1,879)	(12.0%)	16,431
20,412	18,465	(1,947)	(10.5%)	19,280
86,062	87,478	1,416	1.6%	86,062
22,082	22,082	0	0.0%	22,082
(83,729)	(83,727)	2	0.0%	(83,037)
0	0	0	0.0%	0
24,415	25,833	1,418	5.5%	25,107
44,826	44,297	529	1.2%	44,386

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

30 September 2017

in thousands of New Zealand dollars

Cash flows from operating activities

Cash receipts from Ministry of Health, patients and other revenue

Cash paid to employees

Cash paid to suppliers

Cash paid to external providers

Cash paid to other District Health Boards

Cash generated from operations

Interest paid

Capital charge paid

Net cash flows from operating activities

Cash flows from investing activities

Interest received

(Increase) / Decrease in investments

Acquisition of property, plant and equipment

Acquisition of intangible assets

Net cash flows from investing activities

Cash flows from financing activities

Proceeds from equity injections

Repayment of equity

Cash generated from equity transactions

Borrowings raised

Repayment of borrowings

Payment of finance lease liabilities

Net cash flows from financing activities

Net increase in cash and cash equivalents

Cash and cash equivalents at beginning of period

Cash and cash equivalents at end of year

Monthly Reporting				Year to Date			
Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
12,164	12,320	(156)	(1.3%)	37,139	36,959	180	0.5%
(5,770)	(5,857)	87	1.5%	(17,128)	(17,687)	559	3.2%
(1,911)	(1,654)	(257)	(15.5%)	(5,216)	(5,386)	170	3.2%
(3,370)	(3,180)	(190)	(6.0%)	(9,423)	(9,540)	117	1.2%
(1,466)	(1,688)	222	13.1%	(4,873)	(5,064)	192	3.8%
(354)	(60)	(294)	489.0%	499	(719)	1,217	(169.4%)
0	0	0	0.0%	0	0	0	0.0%
0	(124)	124	100.0%	0	(372)	372	100.0%
(354)	(184)	(170)	92.3%	499	(1,091)	1,589	(145.7%)
29	35	(6)	(17.3%)	88	105	(17)	(15.9%)
0	0	0	0.0%	0	0	0	0.0%
(123)	(208)	85	40.9%	(474)	(624)	150	(24.1%)
0	0	0	0.0%	0	0	0	0.0%
(94)	(173)	79	(45.7%)	(386)	(519)	133	25.7%
0	0	0	0.0%	0	1,432	(1,432)	100.0%
0	0	0	0.0%	0	0	0	0.0%
0	0	0	0.0%	0	1,432	(1,432)	100.0%
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%
(448)	(357)	(91)	25.4%	113	(178)	291	(163.6%)
11,372	10,989	383	3.5%	10,811	10,811	(0)	(0.0%)
10,924	10,632	292	2.7%	10,924	10,633	291	2.7%

TO: Chair and Members
Hospital Advisory Committee

SOURCE: Clinical Leaders

DATE: 26 October 2017

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

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

2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders' Update.

3. SUMMARY

QUALITY & SAFETY

Following the Clinical Leadership workshop that was facilitated by the Health Quality and Safety Commission (HQSC) on 6 September, in Westport, a series of webinars have been offered to the attendees to continue to deepen their knowledge and skills. As we continue to work through the change processes occurring across the system, these additional training resources give staff additional ways to focus on how they can contribute to effective and sustainable change.

Having met with service providers from across the district to discuss the aims and opportunities for supporting children and their families across the district, the Director of Nursing and Associate Director of Allied Health are engaging with key leaders within these provider organisations to understand how joint governance, opportunities for integration and alliancing may be tested, with an aim to have a programme underway by March 2018.

The Maternity Quality & Safety Annual Report was recently submitted to the Ministry of Health. The feedback has been very positive with compliments about the format, quality of information, presentation and data.

Public Health Nurses are working collaboratively with the surgical bus in Buller to promote oral health. On the days the surgical bus holds paediatric dental surgery, the Public Health Nurses attend to provide education and support to families around healthy diets and oral health practices and healthy families. This collaboration has been occurring in Greymouth with success, for a number of months.

WORKFORCE

Physiotherapy shortages continue to impact on our ability to provide the full range of services in all parts of the district. Ongoing support from Canterbury District Health Board, who have been providing staff for week day and weekend activity is greatly appreciated, and recruitment is ongoing.

The Emergency Department is rolling out the utilisation of Standing Orders published on Health Pathways. Nurses are completing the HealthLearn packages and are being supported by the medical team and Nurse Practitioner. This will improve patient flow and support faster access to care (medications) for patients presenting to the department. Training is also underway to support the introduction of thrombolysis to commence in the Emergency Department, to ensure fast access to treatment for patients presenting with myocardial infarction (heart attacks). Previously this intervention commenced once the patient was admitted to the Critical Care Unit.

Every second year there is a Midwifery Forum held at varying venues across New Zealand. This year it was held in Christchurch. The forum is a platform for midwives undertaking academic pathways, and research is presented to support evidence based practice. This forum is attended by midwives from across the country and is an opportunity to showcase the West Coast as an exciting place to practice and live. As we are still looking for a Midwife Manager, the Acting Midwife Manager used this as a recruitment opportunity for this vacant role.

District Nursing teams are undertaking training for Advanced Care Planning, with one nurse from each team completing the training. This will further support the engagement and conversations with our consumers around the importance of using this tool for self led decisions around future care.

We have engaged with Canterbury District Health Board Physicians to consider options for supporting the delivery of local inpatient medical services for after the retirement of one of our local Physicians.

We have developed a proposal to increase the number of junior doctors to be consistent with the latest Resident Doctors Association (RDA) contract. This also offers an opportunity to move towards a more general rural health training experience.

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 JULY 2017



TO: Chair and Members
West Coast District Health Board

SOURCE: Chair, Hospital Advisory Committee

DATE: 11 August 2017

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

This report is provided to the West Coast DHB Board as an interim update on the Hospital Advisory Committee (HAC) meeting of 27 July 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 July 2017.

3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 27 July 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.

Hamish Brown, Hospital Operations Manager, presented the report. He highlighted the following most notable features as:

- The Rural Generalist Medical Workforce project will commence in the coming weeks;
- A recruitment campaign is currently being developed to bring West Coast DHB Allied Health positions to the attention of a wider range of candidates. This should be up and running in August; and

- West Coast people awaiting Bone Density Imaging are being offered appointments at Grey Hospital following the purchase of a Dexa scanner.

Discussion took place regarding DNAs and the comment was made that it is pleasing to see the development of the script for staff to ensure that patients are not feeling that they are being targeted when asked the reason for non attendance. The Committee noted that an additional reminder text is being sent to patients at the 14 day point. Mr Brown advised that a report is being pulled together to book six weeks in advance and a mapping process is taking place to compare this against DNA rates and cancellations.

Discussion took place regarding the Ending PJ Paralysis project and it was noted that this is continuing to have a positive outcome.

Discussion also took place regarding facilities in Buller and the Committee noted that a lot of consultation took place with the Community back in 2013 however due to the delay of the project it may seem that the consultation has not continued.

A point was raised in regard to physiotherapy and whether there is an alternative or a back up plan if this treatment is not available. Feedback regarding this will be provided at the next meeting.

The situation regarding ESPI 2 was raised and the Committee noted that it is hoped that the measure will have a “yellow” rating for July which will negate the financial penalty.

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 June 2017 was a deficit of \$34k, which was \$55k favourable to budget. The year to date position of a net deficit of \$800k is \$246 unfavourable to budget; however this is \$50k favourable to our latest forecast.

The Committee noted that revenue is an area of disappointment and a lot of work has been undertaken to ensure the DHB is claiming everything appropriately. It was recognised that with all the funding being put into prevention this is having an affect on this area.

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 July 2017

Report prepared by: Michelle Lomax Chair, Hospital Advisory Committee

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 29 September 2017 commencing at 1.00pm

KARAKIA**1.30pm****ADMINISTRATION****1.35pm**

Apologies

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

REPORTS FOR NOTING**1.40pm**

- | | | |
|---|--|-----------------|
| 4. Chair's Update (Verbal Update) | Jenny Black
<i>Chairperson</i> | 1.40pm – 1.45pm |
| 5. Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.45pm – 2.00pm |
| 6. Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing</i>
Stella Ward
<i>Executive Director, Allied Health</i>
Dr Cameron Lacey
<i>Medical Director</i>
Mr Pradu Dayaram
<i>Medical Director, Facilities Development</i> | 2.00pm – 2.10pm |
| 7. Finance Report | Justine White
<i>General Manager, Finance</i> | 2.10pm – 2.20pm |
| 8. Wellbeing Health & Safety Update (Verbal Update) | Michael Frampton
<i>General Manager, People & Capability</i> | 2.20pm – 2.30pm |
| 9. Health Target Q4 Report | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 2.30pm – 2.40pm |
| 10. Maori Health Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 2.40pm – 2.50pm |
| 11. Resolution to Exclude the Public | <i>Board Secretary</i> | 2.50pm |

INFORMATION ITEMS

- 2017 Meeting Schedule

ESTIMATED FINISH TIME**2.50pm****NEXT MEETING: Friday 3 November 2017**

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	As required	Aged Care Update Population Based Funding
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.