



**West Coast**

– District Health Board –

*Te Poari Hauora a Rohe o Tai Poutini*

# **HOSPITAL ADVISORY COMMITTEE MEETING**

**23 November 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**

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.

## 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 23 November 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**  
*26 October 2017*
3. **Carried Forward/Action Items**

### REPORTS/PRESENTATIONS

11.10am

- |    |                                       |   |                   |
|----|---------------------------------------|---|-------------------|
| 4. | <b>Management Report</b>              | Philip Wheble<br><i>General Manager, West Coast DHB</i> | 11.10am – 11.30am |
| 5. | <b>Finance Report</b>                 | Justine White<br><i>General Manager, Finance</i>        | 11.30am – 11.40am |
| 6. | <b>Clinical Leaders Update</b>        | Karyn Bousfield<br><i>Director of Nursing</i>           | 11.40am – 11.50am |
| 7. | <b>Draft 2018 Committee Work Plan</b> | Michelle Lomax<br><i>Chair</i>                          | 11.50am - 12noon  |
| 8. | <b>General Business</b>               | Michelle Lomax<br><i>Chair</i>                          | 12noon – 12.05pm  |

### ESTIMATED FINISH TIME

12.05pm

### INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 3 November 2017
- West Coast DHB 2018 Meeting Schedule

### NEXT MEETING:

**Date of Next Meeting:** Thursday 8 March 2018

Board Room at Corporate Office, Grey Base Hospital, Greymouth

# INTEREST REGISTER

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

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

## DRAFT

### MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING held in the Board Room, Grey Base Hospital, Corporate Office, on Thursday 26 October 2017, commencing at 11am

#### PRESENT

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

#### APOLOGIES

There were no apologies.

#### MANAGEMENT SUPPORT

Philip Wheble (General Manager, West Coast); and Kay Jenkins (Minutes).

#### IN ATTENDANCE

Elinor Stratford

Item 5 – Justine White, General Manager, Finance & Corporate Services

#### WELCOME

Everyone joined together in the Karakia

#### 1. INTEREST REGISTER

There were no additions or alterations 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 (14/17)

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

That the minutes of the meeting of the Hospital Advisory Committee held on 27 July 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

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

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

Mr Wheble advised that in regard to transport, Nurse Managers from Greymouth are travelling to Westport and engaging with colleagues and also with St John around how transport can be smoother for patients. The Committee noted that the DHB is also working with St John around organising inter-hospital transport in a more planned way.

Mr Wheble also advised that Nurse Managers from the West Coast are now able to use technology to look at the Christchurch Hospital system to keep up to date with West Coast patient treatment and discharges.

Discussion took place regarding DNAs and the Committee noted that a project has been underway trying to improve communication with members of the community earlier than previously. Discussion also took place regarding the percentage of DNAs from our Maori population and it was noted that there is a particular focus on this area.

A query was made regarding whether any work was taking place around follow up appointments being undertaken in patients own homes or at their GP surgery. It was noted that a new telehealth initiative will be out shortly which will enable telehealth to be used on any device so this will enable further options in this area.

It was noted that there is now 24/7 Emergency Ambulance Service coverage in Westport and a query was made regarding the rest of the Region. The Committee noted that in regard to Emergency Ambulance services we are often in discussion with St John.

##### **Resolution (15/17)**

(Moved: Jenny Black/Seconded: Gail Howard – 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 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.

Ms White advised that whilst she is comfortable with the current position there is a built in risk in the second half of the year around facilities so there is no cushion for additional expenditure.

In terms of areas of concern the Committee noted these as: high pharmaceuticals and also Personnel and Locum costs however these should offset each other.

Discussion took place regarding prescribing and pharmaceutical costs.



A query was made regarding the Management/Administration cap and Ms White provided the Committee with the background around this.

**Resolution (16/17)**

(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**

Philip Wheble, General Manager, West Coast presented this report which was taken as read.

Discussion took place around recruitment and the Committee noted that this is being managed pro-actively.

Discussion also took place regarding patients receiving their physiotherapy post-surgery and it was noted that assistance is being provided from Canterbury in this area.

**Resolution (17/17)**

(Moved: Chris Auchinvole/Seconded: Paula Cutbush – carried)

That the Committee

- i. Notes the Clinical Leaders' Update

## **7. GENERAL BUSINESS**

Philip Wheble provided the Committee with an update on the Grey facilities project.

Discussion took place regarding the Work Plan for 2018.

## **INFORMATION ITEMS**

- Chair's report to last Board meeting
- Board Agenda – 29 September 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

Item No	DATE LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	26 October 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:** 23 November 2017

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

## 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:

- New focus from clinical managers and team leaders in completing the new operations reporting template including identifying and setting KPIs.
- The new Clinical Nurse Manager Inpatients has joined our team and seems to be fitting in well to the culture of the West Coast.

## 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 30 September (excluding ACC-funded activity).

### Inpatient Volumes

Overall case-weighted discharge [CWD] throughput from Grey Base Hospital is up by 7% in the first three months of 2017/18. Throughput in surgical specialties remains down overall, with fewer acute orthopaedic and elective gynaecology patients to date. This continues to be offset by significantly higher throughputs in general medical and paediatric medical specialty services.

The split between acute and electives was as follows:

CASE WEIGHTS [CWD]	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	280.27	196.15	-84.12	-30.0%
Elective	308.19	275.37	-32.82	-10.6%
<b>Sub-Total Surgical:</b>	<b>588.46</b>	<b>471.52</b>	<b>-116.94</b>	<b>-19.9%</b>
<b>Medical</b>				
Acute	348.03	530.65	182.62	52.5%
Elective	0	0	0	0%
<b>Sub-Total Medical:</b>	<b>348.03</b>	<b>530.65</b>	<b>182.62</b>	<b>52.5%</b>
<b>TOTALS:</b>	<b>936.49</b>	<b>1002.17</b>	<b>65.68</b>	<b>7.0%</b>

### Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical First Specialist Assessment services remain up overall during the first three 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. First Specialist Attendances are up notably against year-to-date target in orthopaedics, general medicine, and ophthalmology. Most other specialities tracked around anticipated volume; however, there have been no dermatology, gastroenterology or radiation oncology clinics conducted to date.

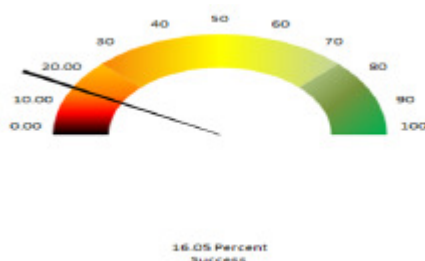
The overall split between 1st visit and subsequent visit during the year were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	844	857	13	1.6%
Sub. Visit	1,355	1,154	-201	-14.8%
<b>Sub-Total Surgical:</b>	<b>2,199</b>	<b>2,011</b>	<b>-188</b>	<b>-8.5%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	404	433	29	7.3%
Sub. Visit	962	874	-88	-9.1%
<b>Sub-Total Medical:</b>	<b>1,366</b>	<b>1307</b>	<b>-59</b>	<b>-4.3%</b>
<b>TOTALS:</b>	<b>3565</b>	<b>3318</b>	<b>-247</b>	<b>-6.9%</b>

## Outpatient Clinics

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
October 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%
October 2017	1732	1529	94	5.47%
<b>13 month rolling totals</b>	<b>21218</b>	<b>19764</b>	<b>1343</b>	<b>6.33% Average</b>

- A good result this month with DNA rates overall. However, there is still work to do with Maori patients where we have seen an increase of 1% for the month.
- 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

- Randy Gopalla, the new Clinical Nurse Manager, has joined our team and seems to be fitting in well to the culture of the West Coast. A meeting is to be held this week with the new structure of nurse managers utilising their position descriptions to set key performance indicators, highlight any deficits and organise additional training to ensure staff are well placed to move their teams forward.
- Documentation will be the focus for the next few months trying to get consistency with care plans and MEWS. The falls prevention assessment tool on Trendcare was a success in the medical ward; it is now being trialled in surgical.
- Occupancy has continued to be high in all areas of the hospital over the month. This has been managed successfully by the multi-disciplinary teams working together to find solutions.

## **Medical**

- Recruitment remains challenging in some sectors. Anaesthetic recruitment is healthy and we are anticipating being fully staffed by early 2018.
- General surgery and general medicine remain challenging although we have stable locum cover.
- We have commenced discussions around a transalpine general physician model.
- The RMO workforce is fully recruited until mid 2018 even with the additional resource required for RDA MECA schedule 10 changes.
- The Rural Generalist Medical Workforce project has progressed and a draft document is being reviewed.

## **Maternity**

- Over the month of October we had 26 births in McBrearty ward.
- We have a candidate interested in the maternity manager's position. The interview process will commence soon.
- In October we held Newborn Life Support Training at Grey Base Hospital.
- The midwifery educator travelled to Westport and held a maternity skills workshop. There were 9 participants, a mixture of registered and enrolled nurses.
- At the beginning of November, we held a breastfeeding workshop. This was attended by a variety of health professionals all involved with supporting breastfeeding women on the West Coast – 24 in total.

## **Reefton Health**

- Integration and work across practice, primary, community and aged residential care is continuing. Currently 12 residents. Nursing staff fully recruited and GP Locums confirmed past mid 2018.

## **Allied Health**

### ***Culture & Communication:***

- An Allied Health leadership day has been scheduled for early December to work on culture, strategy and workforce development.

### ***Processes and Documentation:***

- Clinical managers and team leaders continue to develop their skills in completing the new operations reporting template including identifying and setting KPIs.
- It has been identified that Allied Health services currently operate a reactive audit process, supported by the Quality Team. A goal has been set to move towards a more proactive planned cycle of audit.

### ***Enabling our Workforce:***

- Work continues to define the mandatory and clinical development requirements for allied health professionals and auxiliary staff.
- Due to limited leadership resource, senior nursing have kindly agreed to represent allied health at an upcoming planning day for eLearning and the HealthLearn platform.

## Industrial Relations

### *Negotiations Update:*

- *PSA Allied and Technical MECA:* Bargaining is due to resume on 15/16 November 2017. This follows discussions in September 2017 which were positive and constructive. The parties worked through a number of joint issues and some of these have been moved into small working groups to progress.
- *NZNO MECA:* DHBs presented a formal offer to NZNO on 8 November and further discussions are taking place on 10 November 2017 to resolve two issues raised by the union.

## Recruitment

New Vacancies	14
Total Open Vacancies	43
Appointed Vacancies	10

- A trend continued with a higher number of roles than usual peaking at 53 being active (open and closed) at the peak.
- 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.
- Corporate-type 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 41 in September to 70 in October 2017. The majority of transfers in September were for medical and surgical patients and in October for medical and orthopaedic, with the principal methods of transportation being via ambulance and pressurised aircraft.
- The main reason for the transfers in September and October 2017 was for 'Specialty Care not available at Grey Base Hospital'.
- For patients transferred from Buller to Grey Base, the numbers increased from 20 in September to 29 in October 2017. The majority of these transfers were for medical patients and were transported to Grey Base predominantly via ambulance and hospital board car in both September and October 2017.
- There was a decrease in patient transfers from Reefton to Grey Base from 6 in September, to 3 in October. These transfers were mostly for medical patients and were transported to Grey Base via ambulance and private vehicle in September and ambulance in October 2017.
- All figures provided include those recorded as transferring via private motor vehicle.


## 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
	<b>Shorter Stays in ED</b> 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.
	<b>Improved Access to Elective Surgery</b> 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.
	<b>Faster Cancer Treatment</b> 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.
	<b>Increased Immunisation</b> 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.
	<b>Better Help for Smokers to Quit</b> 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
	<b>Raising Healthy Kids</b> 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 47 orthopaedic patients waiting over 120 days for their outpatient First Specialist Assessment as at the end of September. There is a significant risk that we will still not be compliant by the end of November and will incur major financial penalties thereafter. We are currently working on a recovery plan to try to resolve this, as well as engaging with the Ministry of Health to keep them informed of the current service constraint issue.

### *ESPI 5 (Treatment)*

The West Coast DHB remains within compliance tolerance levels for ESPI 5, with only two patients (plastic surgery cases) exceeding the 120-day maximum wait time for receiving surgery as at the end of September 2017.

# MoH Elective Services Online

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

DHB Name: West Coast

	2016			2016			2016			2017			2017			2017			2017			2017			2017			2017			2017			2017		
	Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	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 16	88.9%	2	16 of 16	100.0%	0	16 of 16	100.0%	0	16 of 16	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).	0	0.0%	0	6	0.7%	-6	24	2.4%	-24	45	6.3%	-45	62	8.4%	-62	1	0.1%	-1	22	2.6%	-22	24	2.8%	-24	40	4.8%	-40	1	0.1%	-1	14	1.7%	-14	47	6.6%	-47
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	2	0.1%	-2	1	0.1%	-1	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.	9	3.9%	-9	3	1.8%	-3	5	2.0%	-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	2	0.9%	-2
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	0.0%	0	0	0.0%	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.	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	158	100.0%	0

Data Warehouse Refresh Date: 04/Nov/2017

Report Run Date: 06/Nov/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 2016 ESPI 1 will be Green if 100%, or Yellow if between 90% and 99.9%, and Red if 90% or less.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
- ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.

Please contact the Ministry of Health's Electives team if you have any queries about ESPIs ([elective\\_services@moh.govt.nz](mailto:elective_services@moh.govt.nz)).

## 4.5 Quality

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



<b>GREY / WESTLAND</b>			
<b>Grey Base &amp; Reefton Hospitals</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>
Behaviour & Safety	2	0	2
Blood Product	0	0	1
Drain and Tube	0	0	0
Employee	3	0	1
Facilities, Building & Property	0	1	0
Fall	8	15	12
Hazard Register	0	1	1
Infection	0	0	2
Intravascular Access Device	0	0	0
Labs / Specimen	8	11	6
Labour and delivery	4	3	6
Medication and IV Fluids	9	8	6
Provision of Care	7	5	1
Radiology	1	2	0
Restraint	0	0	0
Security	0	0	1
Skin / tissue	0	1	1
<b>Totals</b>	<b>42</b>	<b>47</b>	<b>40</b>

- Falls, Medication and Lab/Specimen are showing a positive downward trend over the past month. The Falls Prevention Group have detailed data for analysis.

### Maternity

- The West Coast Maternity Services Annual Report 2016/17 was released at the end of September. We received excellent feedback from the Ministry of Health on the report. The work we have achieved and our work plan for 2017/18 will continue to build on this progress.

Report prepared by:

Philip Wheble, General Manager West Coast DHB

# FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2017



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

**SOURCE:** Finance

**DATE:** 23 November 2017

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Committee:

- i. notes the financial result and related matters for the period ended 31 October 2017.

## 3. FINANCIAL RESULT

The consolidated West Coast District Health Board financial result for the month of October 2017 was a deficit of \$301k, which was \$31k unfavourable to budget. The year to date position of a net deficit of \$995k is \$18k unfavourable to budget.

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

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	7,165	7,048	117	✓	28,727	28,160	567	✓
Governance & Administration	69	69	0	✓	293	276	17	✓
Funder	5,129	5,278	(149)	✗	20,563	21,096	(533)	✗
	12,363	12,395	(32)	✗	49,583	49,532	51	✓
<b>EXPENSES</b>								
Provider								
Personnel	5,572	5,541	(31)	✗	22,060	21,966	(94)	✗
Outsourced Services	7	12	5	✓	60	47	(13)	✗
Clinical Supplies	887	702	(185)	✗	3,093	2,805	(288)	✗
Infrastructure	1,078	1,053	(25)	✗	4,540	3,619	(921)	✗
	7,544	7,308	(236)	✗	29,753	28,437	(1,316)	✗
Governance & Administration	68	69	1	✓	293	275	(18)	✗
Funder	4,649	4,881	232	✓	18,944	20,168	1,224	✓
<b>Total Operating Expenditure</b>	12,261	12,258	(3)	✗	48,990	48,880	(110)	✗
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	102	137	(35)	✗	593	652	(59)	✗
<b>Interest, Depreciation &amp; Capital Charge</b>	403	407	4	✓	1,588	1,629	41	✓
<b>Net surplus/(deficit)</b>	(301)	(270)	(31)	✗	(995)	(977)	(18)	✗

#### **4. APPENDICES**

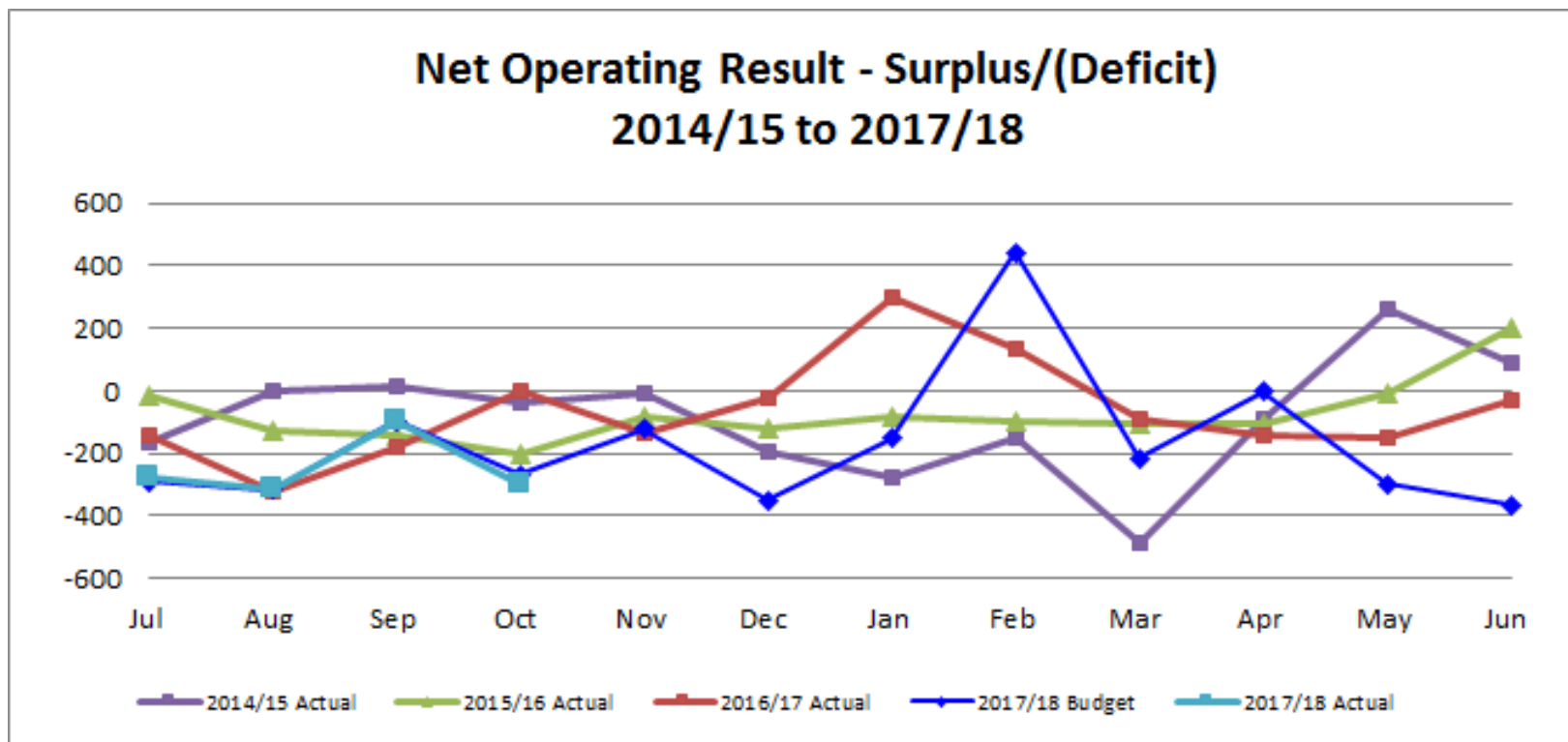
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expenses
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cash flow

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

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – OCTOBER 2017

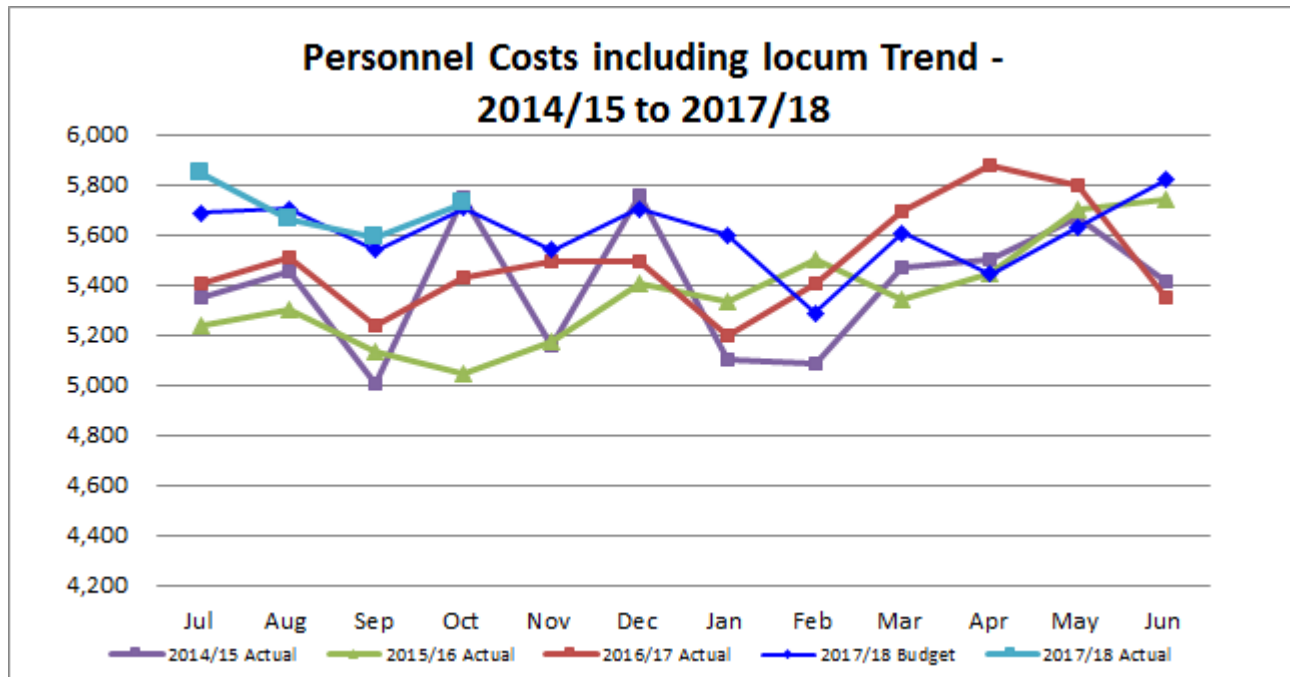
	Month Actual \$'000	Month Budget \$'000	Month Variance		YTD Actual \$'000	YTD Budget \$'000	YTD Variance	
Surplus/(Deficit)	(301)	(270)	(31)	11% <span style="color: red;">✗</span>	(995)	(977)	(18)	2% <span style="color: red;">✗</span>



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	1,644	1,512	(132)	-9%	×	6,198	6,000	(199)	-3%	×
Nursing	2,378	2,376	(3)	0%	×	9,519	9,423	(95)	-1%	×
Allied Health	906	988	82	8%	✓	3,700	3,921	221	6%	✓
Support	91	95	4	4%	✓	378	379	2	0%	✓
Management & Admin	706	752	46	6%	✓	3,026	2,982	(43)	-1%	×
<b>Total</b>	<b>5,725</b>	<b>5,723</b>	<b>(2)</b>			<b>22,821</b>	<b>22,707</b>	<b>(115)</b>		



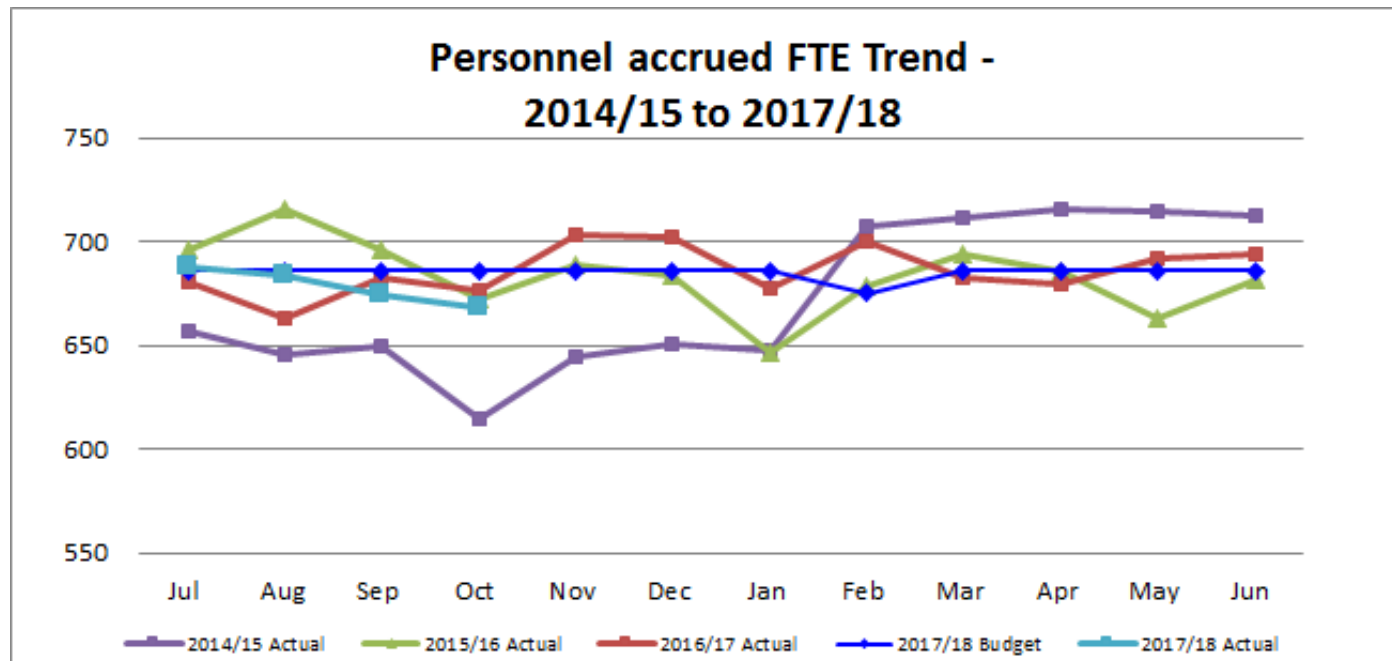
Personnel costs are slightly unfavourable for the month. The underlying level of the combined personnel costs is not a cause for concern at this stage. While we have rebalanced the expected budget between personnel costs and locum categories to reflect the experience of last year, this is an area that 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	42	39	(3)	-8%	40	39	(1)	-2%
Nursing	326	325	(1)	0%	323	325	2	1%
Allied Health	163	178	15	9%	169	178	9	5%
Support	18	18	1	3%	18	18	(0)	-1%
Management & Admin	119	126	6	5%	127	126	(2)	-1%
<b>Total</b>	<b>668</b>	<b>686</b>	<b>18</b>		<b>678</b>	<b>686</b>	<b>8</b>	



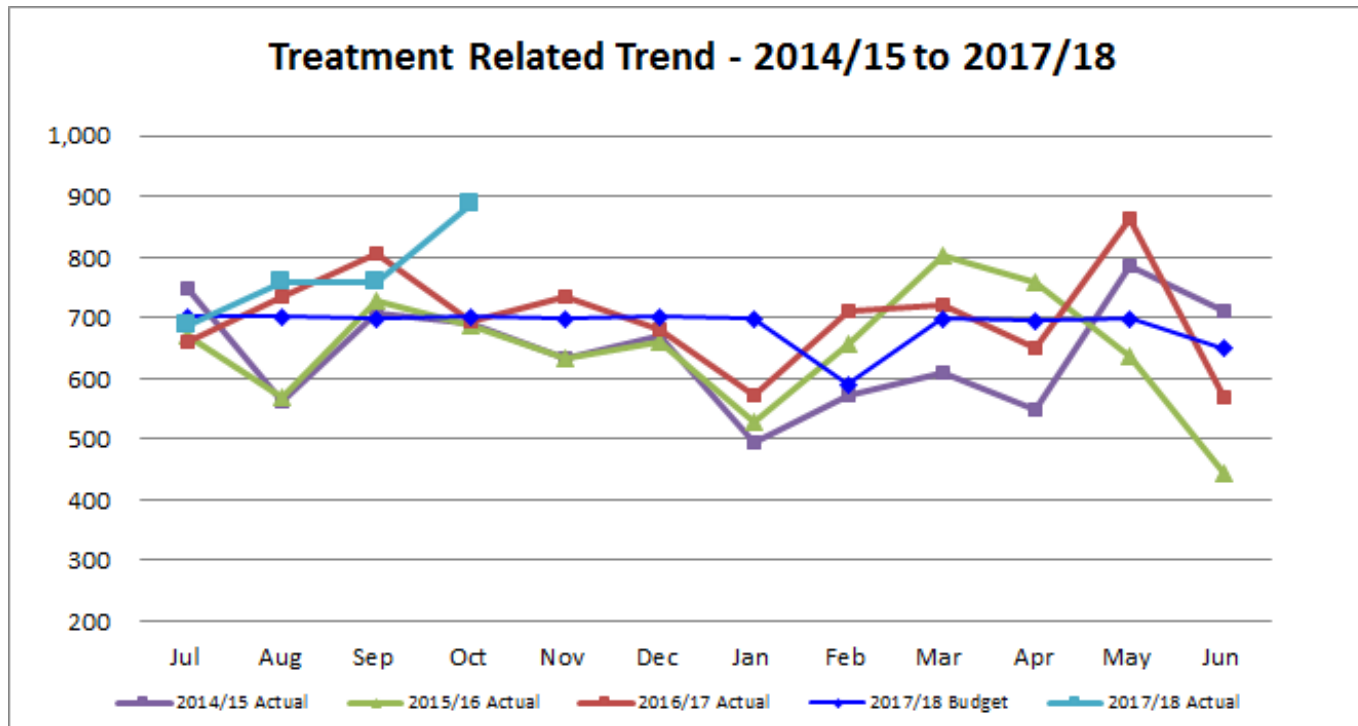
Accrued FTE is influenced by leave taken throughout the period, the current period results are impacted by general employee churn and recruitment of staff in the Buller region.

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	887	702	(184)	-26% X	3,093	2,805	(287)	-10% X

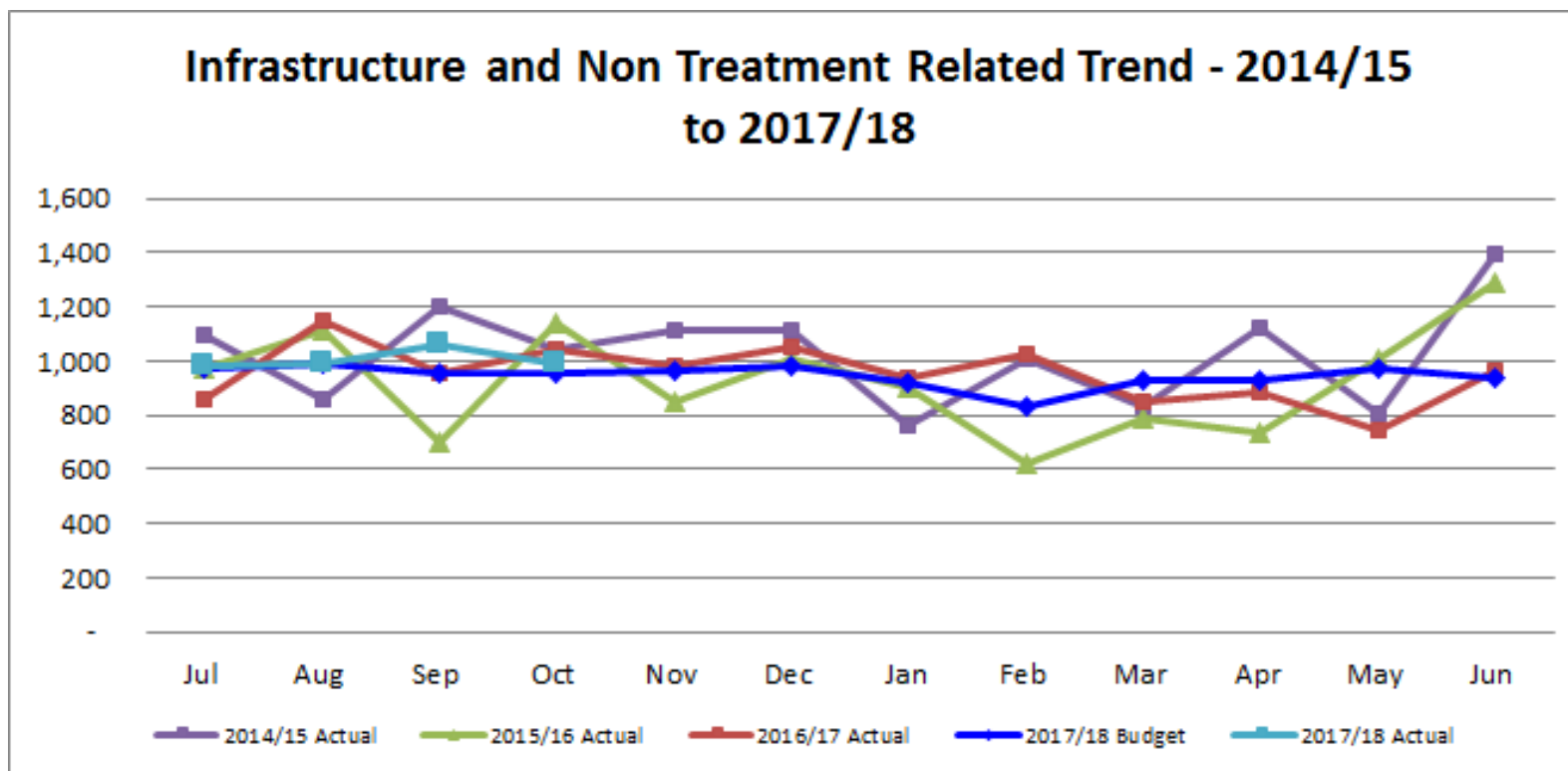


Treatment related costs are unfavourable to budget for the month. The unfavourable variance over Annual Plan year to date reflects the continued trend in the use of high cost medicines, in this month there has been one particularly high cost patient and the continuing impact of the oncology pharmaceutical costs which have contributed to this unfavourable variance. Patient transfers and air retrievals continue to be a significant cost with over 23 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	987	950	(36)	-4% <span style="color: red;">✗</span>	4,025	3,868	(157)	-4% <span style="color: red;">✗</span>

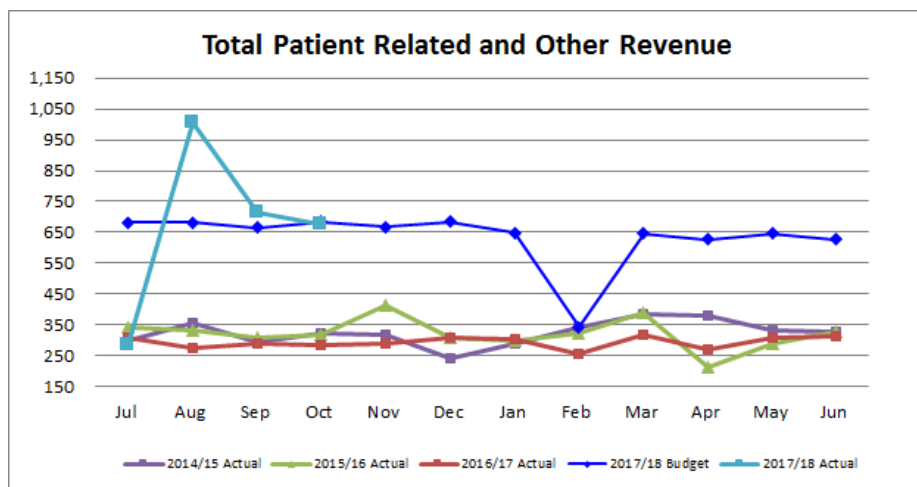


One off ITC expenses and corporate costs such as transport, travel and stationary have been high this month. This category of expenditure is closely monitored to ensure appropriate plans are in place to remain on budget over the year.

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

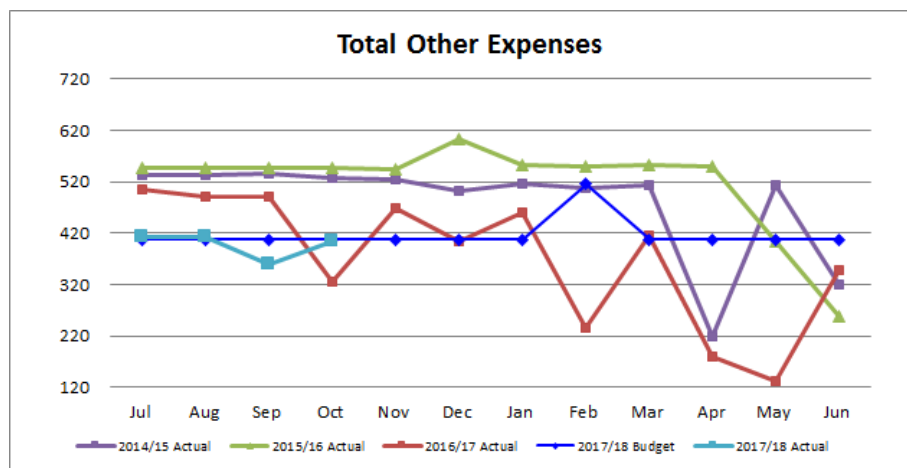
## OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Interest Received	33	35	(2)	-6% <span style="color: red;">✗</span>	121	140	(19)	-14% <span style="color: red;">✗</span>
Donations	0	-	0	0% <span style="color: green;">✓</span>	0	-	0	0% <span style="color: green;">✓</span>
Rental	13	16	(3)	-19% <span style="color: red;">✗</span>	56	63	(7)	-11% <span style="color: red;">✗</span>
Other	15	19	(4)	100% <span style="color: red;">✗</span>	115	76	39	52% <span style="color: green;">✓</span>
<b>Total Other Revenue</b>	<b>60</b>	<b>70</b>	<b>(9)</b>	<b>-13% <span style="color: red;">✗</span></b>	<b>293</b>	<b>279</b>	<b>14</b>	<b>5% <span style="color: green;">✓</span></b>
Interest Expense	-	-	-	0% <span style="color: green;">✓</span>	-	-	-	0% <span style="color: green;">✓</span>
Depreciation	274	283	9	3% <span style="color: green;">✓</span>	1,072	1,133	61	5% <span style="color: green;">✓</span>
Capital Charge Expense	129	124	(5)	-4% <span style="color: red;">✗</span>	516	496	(20)	-4% <span style="color: red;">✗</span>
<b>Total Other Costs</b>	<b>403</b>	<b>407</b>	<b>4</b>	<b>1% <span style="color: green;">✓</span></b>	<b>1,588</b>	<b>1,629</b>	<b>41</b>	<b>3% <span style="color: green;">✓</span></b>



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	24,111	25,562	(1,451)	-6% <span style="color: red;">✗</span>	104,272
Cash	13,663	10,532	3,131	30% <span style="color: blue;">✓</span>	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

31 October 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
<b>Operating Revenue</b>										
Crown and Government sourced	11,545	11,569	(24)	(0.2%)	46,335	46,252	83	0.2%	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	0.0%	569	568	1	0.2%	1,706	1,661
Patient Related Revenue	615	614	1	0.2%	2,386	2,434	(48)	(2.0%)	7,017	2,666
Other Revenue	61	70	(9)	(12.5%)	293	279	14	5.0%	834	851
<b>Total Operating Revenue</b>	<b>12,363</b>	<b>12,395</b>	<b>(32)</b>	<b>(0.3%)</b>	<b>49,583</b>	<b>49,533</b>	<b>50</b>	<b>0.1%</b>	<b>148,252</b>	<b>142,771</b>
<b>Operating Expenditure</b>										
Personnel costs	5,725	5,705	(20)	(0.4%)	22,821	22,635	(186)	(0.8%)	67,073	65,887
Outsourced Services	0	0	(0)	0.0%	1	0	(1)	0.0%	0	(9)
Treatment Related Costs	887	702	(184)	(26.3%)	3,093	2,805	(287)	(10.2%)	8,288	8,402
External Providers	3,078	3,196	118	3.7%	12,716	12,755	39	0.3%	38,162	35,843
Inter District Flows Expense	1,570	1,685	115	6.8%	6,229	6,745	517	7.7%	20,258	17,317
Outsourced Services - non clinical	14	18	4	22.2%	105	71	(34)	(47.6%)	214	229
Infrastructure and Non treatment related costs	987	950	(36)	(3.8%)	4,025	3,869	(156)	(4.0%)	11,412	11,446
<b>Total Operating Expenditure</b>	<b>12,261</b>	<b>12,257</b>	<b>(4)</b>	<b>(0.0%)</b>	<b>48,989</b>	<b>48,881</b>	<b>(108)</b>	<b>(0.2%)</b>	<b>145,406</b>	<b>139,116</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>102</b>	<b>138</b>	<b>(36)</b>	<b>(26.0%)</b>	<b>594</b>	<b>652</b>	<b>58</b>	<b>9.0%</b>	<b>2,846</b>	<b>3,655</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	274	283	9	3.3%	1,072	1,133	61	5.4%	3,400	3,373
Capital Charge Expenditure	129	124	(5)	(4.0%)	516	496	(20)	(4.0%)	1,488	739
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>403</b>	<b>407</b>	<b>4</b>	<b>1.1%</b>	<b>1,588</b>	<b>1,629</b>	<b>41</b>	<b>2.5%</b>	<b>4,888</b>	<b>4,455</b>
<b>Net Surplus/(deficit)</b>	<b>(301)</b>	<b>(270)</b>	<b>(31)</b>	<b>(11.5%)</b>	<b>(995)</b>	<b>(977)</b>	<b>(18)</b>	<b>(1.8%)</b>	<b>(2,041)</b>	<b>(800)</b>
<b>Other comprehensive income</b>										
Gain/(losses) on revaluation of property										
<b>Total comprehensive income</b>	<b>(301)</b>	<b>(270)</b>	<b>(31)</b>	<b>(11.5%)</b>	<b>(995)</b>	<b>(977)</b>	<b>(18)</b>	<b>(1.8%)</b>	<b>(2,041)</b>	<b>(800)</b>

## APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 October 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
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	22,294	23,115	(821)	(3.6%)	23,623
Intangible assets	519	526	(7)	(1.3%)	636
Work in Progress	3,668	3,194	474	14.8%	3,194
Other investments	567	567	0	0.0%	0
<b>Total non-current assets</b>	<b>27,048</b>	<b>27,401</b>	<b>(354)</b>	<b>(1.3%)</b>	<b>27,453</b>
<b>Current assets</b>					
Cash and cash equivalents	13,663	10,532	3,131	29.7%	10,811
Patient and restricted funds	54	74	(20)	(27.5%)	72
Inventories	1,091	1,007	84	8.3%	1,060
Debtors and other receivables	3,897	5,107	(1,210)	(23.7%)	4,992
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>18,705</b>	<b>16,720</b>	<b>1,985</b>	<b>11.9%</b>	<b>16,935</b>
<b>Total assets</b>	<b>45,752</b>	<b>44,121</b>	<b>1,631</b>	<b>3.7%</b>	<b>44,387</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,799	2,703	(96)	(3.6%)	2,779
Other	69	70	1	1.4%	70
<b>Total non-current liabilities</b>	<b>2,868</b>	<b>2,773</b>	<b>(95)</b>	<b>(3.4%)</b>	<b>2,848</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	8,699	6,222	(2,477)	(39.8%)	6,875
Employee entitlements and benefits	10,074	9,564	(510)	(5.3%)	9,557
<b>Total current liabilities</b>	<b>18,774</b>	<b>15,787</b>	<b>(2,987)</b>	<b>(18.9%)</b>	<b>16,431</b>
<b>Total liabilities</b>	<b>21,642</b>	<b>18,560</b>	<b>(3,083)</b>	<b>(16.6%)</b>	<b>19,280</b>
<b>Equity</b>					
Crown equity	86,062	87,478	1,416	1.6%	86,062
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(84,033)	(83,998)	35	0.0%	(83,037)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>24,111</b>	<b>25,562</b>	<b>1,451</b>	<b>5.7%</b>	<b>25,107</b>
<b>Total equity and liabilities</b>	<b>45,753</b>	<b>44,122</b>	<b>1,631</b>	<b>3.7%</b>	<b>44,386</b>



## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

31 October 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
13,884	12,320	1,564	12.7%	51,023	49,278	1,745	3.5%
(5,249)	(5,665)	416	7.3%	(22,378)	(23,352)	974	4.2%
(1,303)	(1,589)	286	18.0%	(6,519)	(6,975)	456	6.5%
(2,222)	(3,180)	958	30.1%	(11,646)	(12,720)	1,075	8.5%
(2,209)	(1,688)	(521)	(30.9%)	(7,082)	(6,753)	(329)	(4.9%)
2,900	197	2,703	1372.7%	3,398	(522)	3,920	(751.2%)
0	0	0	0.0%	0	0	0	0.0%
0	(124)	124	100.0%	0	(496)	496	100.0%
2,900	73	2,827	3877.7%	3,398	(1,018)	4,416	(433.9%)
33	35	(2)	(6.3%)	121	140	(19)	(13.5%)
0	0	0	0.0%	0	0	0	0.0%
(193)	(208)	15	7.1%	(667)	(832)	165	(19.8%)
	0	0			0	0	
(160)	(173)	13	(7.2%)	(546)	(692)	146	21.1%
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%
2,739	(100)	2,839	(2836.5%)	2,852	(278)	3,130	(1126.6%)
10,924	10,632	292	2.7%	10,811	10,811	(0)	(0.0%)
13,663	10,532	3,131	29.7%	13,663	10,533	3,130	29.7%



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

**SOURCE:** Clinical Leaders

**DATE:** 23 November 2017

---

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

---

## 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

The National Endoscopy Quality Improvement Programme (NEQIP) became fully functional in January 2017. This work is to ensure the ongoing quality of endoscopy services across New Zealand, and has a particular focus on the National Bowel Screening Programme (NBSP). On the West Coast, we have been engaged in the NEQIP from April 2017, and will be participating in the NBSP from 2019. As part of our service re-design, we appointed an Endoscopy Nurse Co-ordinator, who has been in place for seven months. This role focusses on working closely with the Central Booking Unit (CBU) to manage waiting lists, and is the key contact person for patients, ensuring they are fully informed and supported through their care episode. Patient feedback is positive and the Did Not Attend (DNA) rates for this service have dropped over the last six months. At the beginning of November, the Cancer Nurse Coordinator, the Endoscopy Nurse Coordinator and the Manager of CBU, were invited to speak at the Ministry of Health (MOH) National Forum on Improving Quality of Care in cancer and electives. This was to focus on our improvement in patient flow through the system and our achievement in regularly meeting the MOH targets.

The perioperative nursing team have developed a new comprehensive intraoperative nursing clinical record. This new document replaces several individual documents, and is currently being trialled by the team. This quality initiative will improve documentation standards and provide a clear, easy to follow clinical record.

A planning meeting was recently held to look at developing an interprofessional workshop series on best practice for palliative care. This initiative will bring together all members of the team, from across aged residential care, home based care, allied health, nursing and medicine to work through interactive

scenario based training. Topics will include how to best manage end of life care and the concept of compassionate communities.

## **WORKFORCE**

Work continues in the development of the flexible nursing workforce across the acute setting in Grey Base Hospital. Nurses are moving comfortably across the medical and surgical areas, with strong leadership from the Associate Clinical Nurse Managers, and with the recent appointment of the new Clinical Nurse Manager for the inpatient ward, this team will be further strengthened. There has also been progress in developing paediatric skills across the hospital nursing workforce, supported by the Paediatric Nurse Consultant. Nurses who have not previously worked within a paediatric service are now confidently providing assistance when required. The feedback from teams is positive and nurse leaders comment on a shift in culture with a noticeable “good will” being described. Nurses are enjoying the opportunity to develop broad skills for their work now and with a view to new ways of working in the new facility.

The scope and functioning of the Resident Medical Officer (RMO) workforce has been extended in order to deliver a work roster that is consistent with Resident Doctors’ Association Multi-Employer Collective Agreement (RDA MECA). This provides an opportunity to strengthen RMO work experience and align it with future model of care delivery, by increasing time spent in primary care. The Rural Hospital Medicine (RHM) project continues to identify options for more effective use of RHM specialists, particularly to support acute hospital medicine delivery. In the interim we have locum cover planned to assist covering medical inpatient service and diabetes outpatients once Dr Holt departs.

This year’s studentship recipients were awarded on Monday 13 November. The four studentship recipients are studying physiotherapy, nursing, midwifery and psychology/Maori/Pacific Island Indigenous studies. Each has been allocated a project to work on over the studentship period and at the conclusion they will present the outcomes and achievements of their work. The studentship and scholarship programme remains an important part of our workforce development, succession planning and growing our own local people into health careers.

## **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

## DRAFT WORKPLAN FOR HAC 2018 - (*WORKING DOCUMENT*)

	8 March	26 April	7 June	26 July	13 September	25 October	6 December
<b>STANDING ITEMS</b>	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
<b>STANDARD REPORTS</b>	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	Hospital Services Management Report  Finance Report  Clinical Advisor Update
<b>PLANNED ITEMS</b>							
<b>PRESENTATIONS</b>	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed	To be confirmed
<b>GOVERNANCE AND SECRETARIAT</b>							Draft 2019 Committee Work Plan
<b>INFORMATION ITEMS:</b>	Latest Board Agenda  Chair's Report to Board from last meeting  Committee Work Plan  2018 Schedule of Meetings	Latest Board Agenda  Chair's Report to Board from last meeting  Committee Work Plan  2018 Schedule of Meetings	Latest Board Agenda  Chair's Report to Board from last meeting  Committee Work Plan  2018 Schedule of Meetings	Latest Board Agenda  Chair's Report to Board from last meeting  Committee Work Plan  2018 Schedule of Meetings	Latest Board Agenda  Chair's Report to Board from last meeting  Committee Work Plan  2018 Schedule of Meetings	Latest Board Agenda  Chair's Report to Board from last meeting  Committee Work Plan  2018 Schedule of Meetings	Latest Board Agenda  Chair's Report to Board from last meeting  Committee Work Plan  2019 Schedule of Meetings

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 26 OCTOBER 2017



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

**SOURCE:** Chair, Hospital Advisory Committee

**DATE:** 3 November 2017

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

## 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 26 October 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 – 26 October 2017.

## 3. SUMMARY

Detailed below is a summary of the Hospital Advisory Committee meeting held on 26 October 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, General Manager, presented the report. He highlighted the following most notable features as:

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

Mr Wheble advised that in regard to transport nurse managers from Greymouth are travelling to Westport and engaging with colleagues and also with St John around how transport can be smoother for patients. The Committee noted that the DHB is also working with St John around organising inter-hospital transport in a more planned way.

Mr Wheble also advised that Nurse Managers from the West Coast are now able to use technology to look at the Christchurch Hospital system to keep up to date with West Coast patient treatment and discharges.

Discussion took place regarding DNAs and the Committee noted that a project has been underway trying to improve communication with members of the community earlier than previously. Discussion also took place regarding the percentage of DNAs from our Maori population and it was noted that there is a particular focus on this area.

A query was made regarding whether any work was taking place around follow up appointments being undertaken in patients own homes or at their GP surgery. It was noted that a new telehealth initiative will be out shortly which will enable telehealth to be used on any device so this will enable further options in this area.

It was noted that there is now 24/7 Emergency Ambulance Service coverage in Westport and a query was made regarding the rest of the Region. The Committee noted that in regard to Emergency Ambulance services we are often in discussion with St John.

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 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.

Ms White advised that whilst she is comfortable with the current position there is a built in risk in the second half of the year around facilities so there is no cushion for additional expenditure.

In terms of areas of concern the Committee noted these as: high pharmaceuticals and also Personnel and Locum costs however these should offset each other.

Discussion took place regarding prescribing and pharmaceutical costs.

A query was made regarding the Management/Administration cap and Ms White provide the Committee with the background around this.

The report was noted.

## **CLINICAL LEADERS UPDATE**

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

## **GENERAL BUSINESS**

Philip Wheble, General Manager, Greymouth, provided the Committee with an update on the facilities project.

#### **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 26 October 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 3 November 2017 commencing at 10.15am**

**KARAKIA** **10.15am**

**ADMINISTRATION** **10.20am**

Apologies

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

**REPORTS FOR DECISION** **10.25am**

- |    |                                |  |                   |
|----|--------------------------------|--|-------------------|
| 4. | 2018 Board and Committee Dates | Jenny Black<br><i>Chairperson</i>                | 10.25am – 10.30am |
| 5. | Fraud Control Policy           | Justine White<br><i>General Manager, Finance</i> | 10.30am – 10.40am |

**REPORTS FOR NOTING** **10.40am**

- |     |  |  |                   |
|-----|--|--|-------------------|
| 6.  | Chair's Update (Verbal Update)   | Jenny Black<br><i>Chairperson</i>  | 10.40am – 10.45am |
| 7.  | Chief Executive's Update   | David Meates<br><i>Chief Executive</i>   | 10.45am – 11.00am |
| 8.  | Clinical Leader's Update   | Karyn Bousfield<br><i>Director of Nursing</i><br>Mr Pradu Dayaram<br><i>Medical Director, Facilities Development</i> | 11.00am – 11.10am |
| 9.  | Finance Report   | Justine White<br><i>General Manager, Finance</i>   | 11.10am – 11.20am |
| 10. | Wellbeing Health & Safety Update   | Michael Frampton<br><i>General Manager, People &amp; Capability</i>  | 11.20am – 11.30am |
| 11. | Reports form Committee Meetings<br>(Late Papers due to timing of Meetings) |  |                   |
| -   | CPH&DSAC<br>26 October 2017  | Elinor Stratford<br><i>Chair, CPH&amp;DSA Committee</i>  | 11.30am – 11.35am |
| -   | Hospital Advisory Committee<br>26 October 2017                             | Michelle Lomax<br><i>Chair, Hospital Advisory Committee</i>  | 11.35am – 11.40am |
| -   | Tatau Pounamu Advisory Group<br>26 October 2017 – Verbal Update            | Francois Tumahai<br><i>Tatau Pounamu Advisory Group</i>  | 11.40am – 11.45am |
| 12. | Resolution to Exclude the Public   | Board Secretary  | 11.45am           |

**ESTIMATED FINISH TIME** **11.45am**

**NEXT MEETING: Friday 8 December 2017**

# WEST COAST DHB – MEETING SCHEDULE

## JANUARY – DECEMBER 2018

DATE	MEETING	TIME	VENUE
Friday 9 February 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 8 March 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 8 March 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 March 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 March 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 26 April 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 26 April 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 April 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 May 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 7 June 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 7 June 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 June 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 June 2018	BOARD	10.15pm	St John, Water Walk Rd, Greymouth
Thursday 26 July 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 26 July 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 July 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 10 August 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 13 September 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 13 September 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 13 September 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 28 September 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 25 October 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 25 October 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 25 October 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 2 November 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth
Thursday 6 December 2018	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Thursday 6 December 2018	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 December 2018	QFARC	1.30pm	Boardroom, Corporate Office
Friday 14 December 2018	BOARD	10.15am	St John, Water Walk Rd, Greymouth

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