

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

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**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**10 October 2013**

**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.”

<b>HOSPITAL ADVISORY COMMITTEE MEMBERS</b>	<b>EXECUTIVE SUPPORT</b>
Sharon Pugh (Chair) Paula Cutbush Karen Hamilton Gail Howard Doug Truman Richard Wallace Dr Paul McCormack (ex-officio) Peter Ballantyne (ex-officio)	Michael Frampton ( <i>Programme Director &amp; Acting General Manager, Hospital Services</i> ) ) Dr Carol Atmore ( <i>Chief Medical Officer</i> ) Gary Coghlan ( <i>General Manager, Maori Health</i> ) Carolyn Gullery ( <i>GM, Planning &amp; Funding</i> ) Karyn Kelly ( <i>Director of Nursing &amp; Midwifery &amp; Acting GM Primary &amp; Community Services</i> ) Justine White ( <i>General Manager, Finance</i> ) Kathleen Gavigan ( <i>General Manager, Buller</i> ) Ralph La Salle ( <i>Acting Operations Manager</i> ) Kay Jenkins ( <i>Governance</i> )

**WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING**  
**To be held in the Board Room at Corporate Office, Grey Base Hospital**  
**High Street, Greymouth**  
**Thursday 10 October 2013 commencing at 11.00am**

**ADMINISTRATION 11.00am**

**Karakia**

- 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 & Matters Arising**  
*22 August 2013*
- 3. Carried Forward/ Action Items**

**REPORTS/PRESENTATIONS 11.10am**

- 4. Management Report**  
Michael Frampton *11.10am - 11.30am*  
*Acting General Manager, Hospital Services*  
Ralph La Salle  
*Acting Operations Manager, Hospital Services*
- 5. Finance Report**  
Justine White *11.30am - 11.45am*  
*General Manager, Finance*
- 6. Clinical Leaders Report**  
Karyn Kelly *11.45am – 12noon*  
*Director of Nursing & Midwifery*
- 7. General Business** *12noon*

**ESTIMATED FINISH TIME 12.20pm**

**INFORMATION ITEMS**

- **Chair's Report to last Board meeting**
- **Board Agenda – 13 September 2013**
- **West Coast DHB 2013 Meeting Schedule**
- **2013 Work Plan**

**NEXT MEETING**

**Date of Next Meeting:** 28 November 2013  
Corporate Office, Board Room at Grey Base Hospital.

# INTEREST REGISTER

<b>Member</b>	<b>Disclosure of Interests</b>
<b>CHAIR - HAC</b> Sharon Pugh <b>Board Member</b>	<ul style="list-style-type: none"> <li>Shareholder, New River Bluegums Bed &amp; Breakfast</li> </ul>
Doug Truman <b>Deputy Chair HAC</b> <b>Board Member</b>	<ul style="list-style-type: none"> <li>Deputy Mayor, Grey District Council</li> <li>Director Truman Ltd</li> <li>Owner/Operator Paper Plus, Greymouth</li> </ul>
Paula Cutbush	<ul style="list-style-type: none"> <li>Owner and stakeholder of Alfresco Eatery and Accommodation</li> </ul>
Karen Hamilton	<ul style="list-style-type: none"> <li>Grey District Councillor</li> <li>Employed by Community &amp; Public Health (a division of Canterbury District Health Board)</li> <li>Coordinator / Member of Alcohol Action West Coast</li> <li>Member - Alcohol Action New Zealand</li> <li>Member of West Coast Tobacco Free Coalition</li> <li>Member CCS Disability Action (Canterbury / West Coast)</li> <li>Member Cystic Fibrosis Association (Canterbury Branch)</li> <li>Director – Future Knowledge Limited (this company owns a property that is leased by Richmond New Zealand Trust and another property that is leased by Presbyterian Support. They also own the building where some of Community Services have relocated to.)</li> <li>Shareholder – Bright Side Investments Limited</li> </ul>
Gail Howard	<ul style="list-style-type: none"> <li>Chair of Coal Town Trust</li> <li>Trustee on the Buller Electric Power Trust</li> <li>Director of Energy Trust New Zealand</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 Tatau Pounamu</li> <li>Kaumatua Health Promotion Forum New Zealand</li> <li>Kaumatua for West Coast DHB Mental Health Service (employed part-time)</li> <li>Daughter is a Board Member of both the West Coast DHB and Canterbury DHB</li> <li>Kaumatua o te Runanga o Aotearoa NZNO</li> <li>Te Runanga o Aotearoa NZNO</li> <li>Member of the National Asthma Foundation Maori Reference Group</li> </ul>

<p>Dr Paul McCormack ex-officio <b>BOARD CHAIR</b></p>	<ul style="list-style-type: none"> <li>• General Practitioner Member, Pegasus Health</li> </ul>
<p>Peter Ballantyne ex-officio <b>BOARD DEPUTY CHAIR</b></p>	<ul style="list-style-type: none"> <li>• Appointed Board Member, Canterbury District Health Board</li> <li>• Chair, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired partner now in a consultancy role, Deloitte</li> <li>• Member of Council, University of Canterbury</li> <li>• Trust Board Member, Bishop Julius Hall of Residence</li> <li>• Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> </ul>

**DRAFT**  
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Grey Base Hospital, Corporate Office,**  
**on Thursday 22 August 2013, commencing at 11.00am**

## **PRESENT**

Sharon Pugh (Chair); Doug Truman (Deputy Chair); Paula Cutbush; Karen Hamilton; Richard Wallace; and Peter Ballantyne (ex-officio).

## **MANAGEMENT SUPPORT**

Ralph La Salle (Acting Programme Director & Acting General Manager, Greymouth & Westland); Karyn Kelly (Director of Nursing & Midwifery); Justine White (General Manager, Finance); and Kay Jenkins (Minutes).

## **WELCOME**

The Chair asked Richard Wallace to open the meeting with the Karakia.

## **APOLOGIES**

Apologies for absence were received and accepted from Gail Howard & Dr Paul McCormack.

## **1. INTEREST REGISTER**

Richard Wallace requested that bullet point 7 under his interests be amended to read “Kaumatua, Tatau Pounamu.

## **2. CONFIRMATION OF PREVIOUS MEETING MINUTES**

### **Resolution (15/13)**

(Moved: Richard Wallace/Seconded: Doug Truman – carried)

That the minutes of the meeting of the Hospital Advisory Committee held on 11 July 2013 be confirmed as a true and correct record.

## **3. CARRIED FORWARD/ACTION ITEMS**

Patient Ambulance Transport – the Committee noted that meetings are still taking place regionally regarding this.

Exit Interviews – an update is to be provided at the next meeting.

The Committee noted the carried forward items.

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

Ralph La Salle, Acting Programme Director and Acting General Manager, Greymouth & Westland spoke to the Management Report, which was taken as read.

Mr La Salle commented that this being the first month of the new financial year there were not a lot of new things to report however worth mentioning is that the West Coast DHB has achieved one year without a Central Line Associated Bacterium (CLAB) incident.

Also achieved were 1,686 elective discharges in 2012/13 with the final ESPI reports showing achievement to green status for both ESPI 2 and ESPI 5.

In regard to general surgery, the Committee noted that there has been an excessive amount of illness and leave taken over the last few months.

Discussion took place regarding recruitment reporting and management agreed to provide the Committee with some more information in this regard. Discussion also took place regarding expectations and the processes around short term employment (2 – 3 years).

Mr La Salle also spoke about the reporting to this Committee going forward and the Committee noted that there will be a change in the format of the report.

The Committee noted that whilst there are still some historic issues to be addressed, the transalpine orthopaedic service is improving with the new SMO taking an active role.

The Committee also noted the focus of the Central Booking Unit on getting bookings out to six weeks.

The Committee discussed the waiting list process and how patients who do not qualify for surgery are managed.

Discussion also took place regarding: maternity services in Buller; vehicle booking systems; and emergency planning.

#### **Resolution (16/13)**

(Moved: Peter Ballantyne/Seconded Richard Wallace – carried)

That the Hospital Advisory Committee notes the Management Report.

## **5. FINANCE REPORT**

Justine White, General Manager Finance, spoke to the Finance Report for the month of June 2013. The report was taken as read.

The Committee noted that the unaudited result for the 2012/13 financial year is just under \$3.6m.

Discussion took place regarding the budgeted deficit of \$1.1m for 2013/14 and the challenges around achieving this.

Discussion also took place regarding the work taking place in general practice with Better Health West Coast.

#### **Resolution (17/13)**

(Moved: Doug Truman/Seconded Karen Hamilton – carried)



That the Hospital Advisory Committee notes the financial report for the period ending 30 June 2013.

## 6. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery, presented this report. The Committee noted in particular the “Open for Better Care” campaign.

Discussion took place regarding: the ageing workforce in nursing; the uptake on transport from Buller which has now changed to an “on demand” service; the training of midwives with CPIT and their placements after training; and the membership of the Clinical Board.

The update was noted.

There being no further business the meeting closed at 12.15pm.

Confirmed as a true and correct record.

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Sharon Pugh, Chair  
Chair

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Date

## CARRIED FORWARD/ACTION ITEMS

Item No	DATE RAISED	ACTION	COMMENTARY	STATUS
1	24 May 2012	<b>Patient Ambulance Transport</b> Provide update on the South Island project around patient ambulance transport	A Regional process is being undertaken around this.	Updates will be provided as progress is made
2	24 May 2012	<b>Exit Interviews</b>	Provide an update on any trends (either positive or negative) emerging from exit interviews.	An update will be provided at the next meeting.

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

**SOURCE:** General Manager, Hospital Services

**DATE:** 10 October 2013

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Report Status – For:    Decision                        Noting                        Information   

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**1.    ORIGIN OF THE REPORT**

This is a standing report to the West Coast DHB Hospital Advisory Committee outlining progress on service delivery in the DHB Provider Arm.

**2.    RECOMMENDATION**

That the Hospital Advisory Committee:

- i.    Notes the Management Report

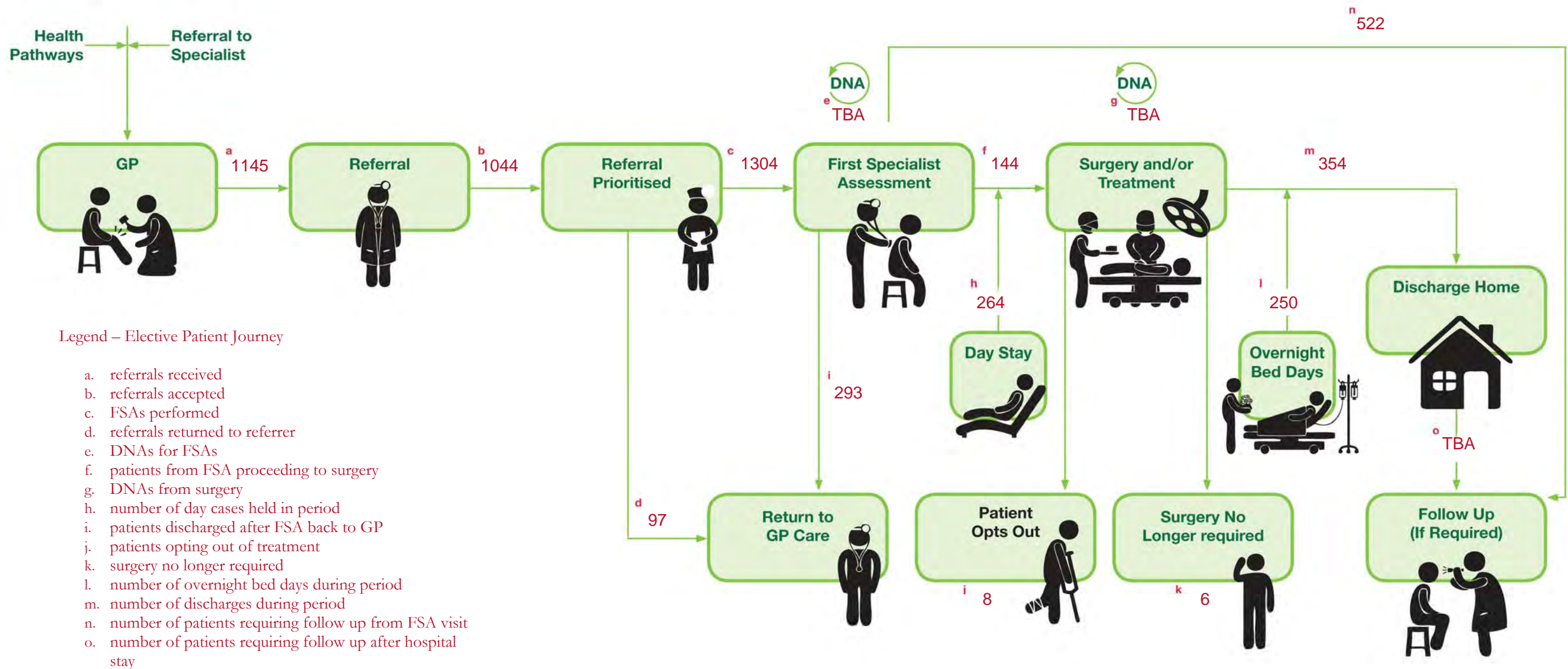
**3.    SUMMARY**

- This report sees the introduction of a “new look” hospital services report intended on sharing more information. The new look will be rolled out over the next two reports and member comments are welcome. The report is broken into eight sections: 4.1 - Activity, 4.2 - Workforce Updates, 4.3 - Patient, 4.4 - Health Targets, 4.5 - Quality, 4.6 - Specific Requests (when applicable). Further changes to graphics and content will occur as well.

**4.    DISCUSSION**

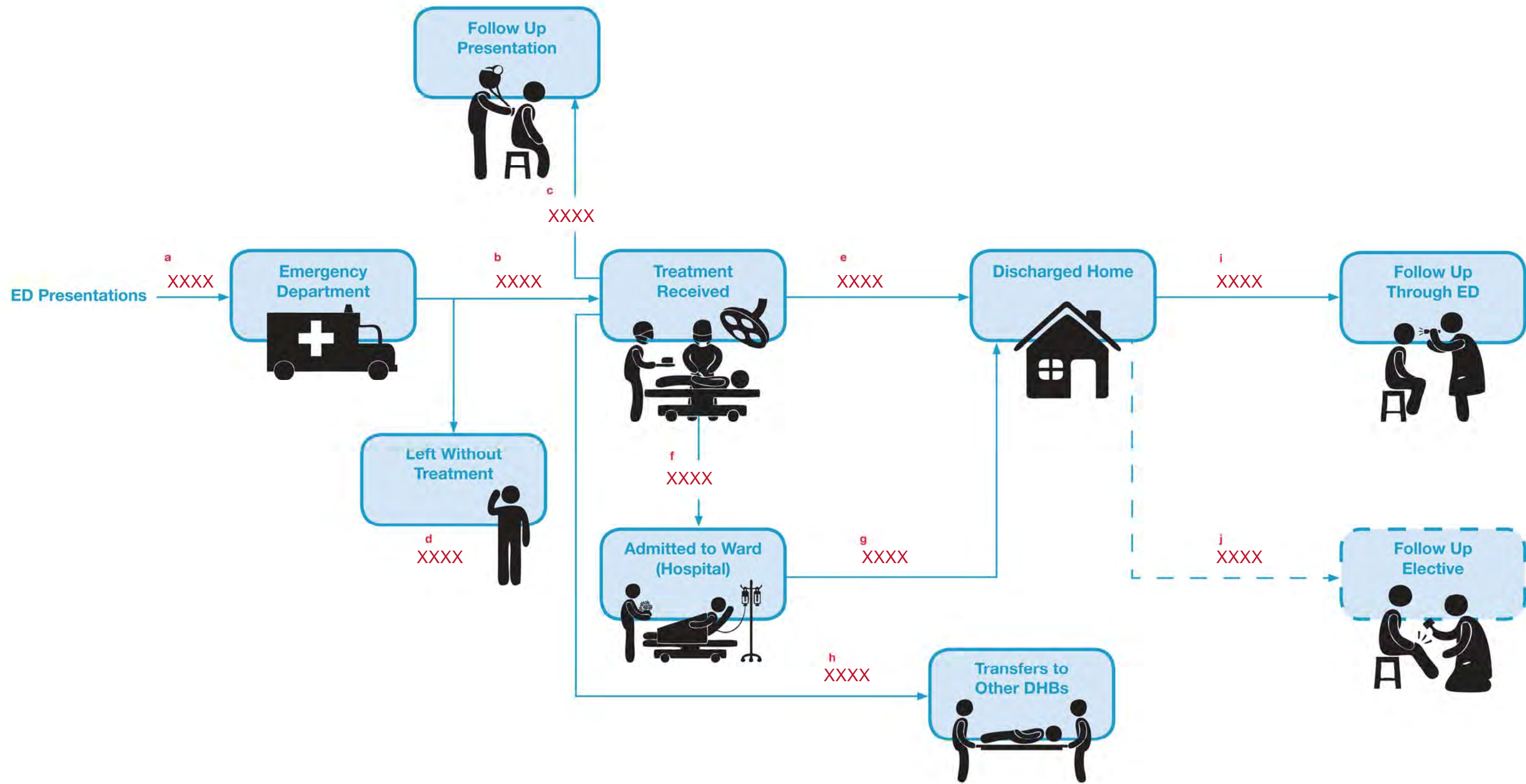
**4.1    Activity**

- Shown below are a series of graphics showing the patient’s journey through our health system. The elective journey, the acute journey, allied health and diagnostic testing are shown. In this report, we are only presenting the throughput numbers for the elective journey. We will add the acute, allied health and diagnostic numbers for the next HAC meeting and the meeting following will show another graphic itemising how all this activity relates to the entire West Coast population. Numbers shown are YTD through end of August 2013.



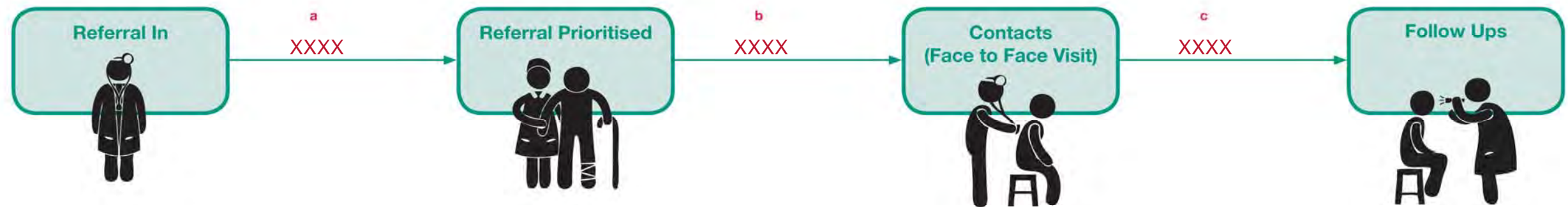
# Elective Patient Journey



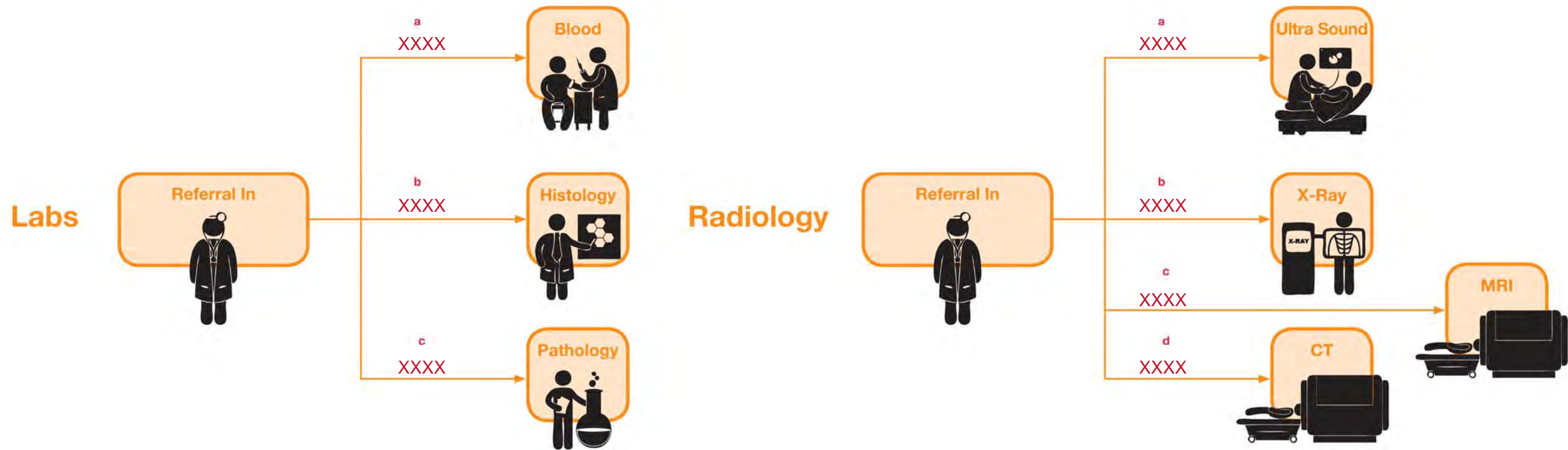


# Acute Patient Journey

# Allied Health Patient Journey



# Diagnostic Testing Patient Journey



## Case Weights

- This Provider Arm Report includes base service level agreement additional electives initiative volumes. This report is on a straight yearly volume divided over 12 months basis.

### Inpatient Volumes

As at 31 August 2013, overall case-weighted (CWD) inpatient delivery was 11% beneath contracted volume for surgical specialty services and 22% over for medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS (CWD)	CONTRACTED YTD	ACTUAL YTD	VARIANCE	% VARIATION
<b>Surgical</b>				
Acute	186.85	130.12	-56.73	-30.4%
Elective	205.46	219.29	13.83	6.7%
<b>Sub-Total Surgical:</b>	<b>392.31</b>	<b>349.41</b>	<b>-42.9</b>	<b>-10.9%</b>
<b>Medical</b>				
Acute	232.02	283.06	51.04	22%
Elective	0	0.69	0.69	100%
<b>Sub-Total Medical:</b>	<b>232.02</b>	<b>283.75</b>	<b>51.73</b>	<b>22.3%</b>
<b>TOTALS:</b>	<b>624.33</b>	<b>633.14</b>	<b>8.83</b>	<b>1.4%</b>

\*The under-production in surgical specialty services is across most specialities, apart from orthopaedics. The shortfall is not considered material and is expected to be remedied in future months

### Outpatient Volumes

As at 31 August 2013, outpatient delivery was 5% over contracted volume for surgical specialty services and 11% over contracted volume for medical specialty services.

The split between 1st Visit and Subsequent Visit were as follows:

ATTENDANCES	CONTRACTED	ACTUAL	VARIANCE	% VARIATION
<b>Surgical</b>				
1 <sup>st</sup> Visit	563	568	5	1.0%
Sub. Visit	903	972	69	7.6%
<b>Sub-Total Surgical:</b>	<b>1466</b>	<b>1540</b>	<b>74</b>	<b>5.0%</b>
<b>Medical</b>				
1 <sup>st</sup> Visit	264	307	43	16.4%
Sub. Visit	618	671	53	8.6%
<b>Sub-Total Medical:</b>	<b>882</b>	<b>978</b>	<b>96</b>	<b>10.9%</b>
<b>TOTALS:</b>	<b>2348</b>	<b>2518</b>	<b>170</b>	<b>7.2%</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)
August 2012	1770	1628	142	8.02%
September 2012	1979	1827	152	7.68%
October 2012	1847	1696	151	8.18%
November 2012	1833	1703	130	7.09%
December 2012	1508	1382	126	8.36%
January 2013	1828	1679	149	8.15%
February 2013	1839	1685	154	8.37%
March 2013	1752	1582	170	9.70%
April 2013	1670	1532	138	8.26%
May 2013	1953	1788	165	8.45%
June 2013	1386	1273	113	8.15%
July 2013	1990	1822	168	8.44%
August 2013	1858	1699	159	8.56%
<b>13 month rolling totals</b>	<b>23213</b>	<b>21296</b>	<b>1917</b>	<b>8.26% Average</b>

## 4.2 Workforce Update

### Nursing recruitment and retention at Grey Hospital

- Paediatrics: a new staff member is currently orientating to the team. She follows on from an earlier appointment last month.
- Surgical: three new appointments have recently been made to Barclay Ward, that will enable the Close Observation Room to be appropriately staffed 24/7. The new staff will be orientating to Grey Hospital in October and November.
- Emergency Department: vacancies are still being recruited into.
- Critical care: a new staff member will be orientating to Morice Ward in October and then onto critical care.
- Rehabilitation: two new staff will be commencing employment in October.
- Duty Nurse Manager: two of our senior staff are currently on leave. Their positions have been filled by two other seconded staff. Two new casual appointments have been made.
- New graduate nurses: the second rotations continue. As staff are nearing the end of their programme, the process to place staff into permanent positions will commence in October. It is anticipated that up to 8 positions will be available for a January intake.
- Trendcare Coordinator: the recruitment process continues to fill this new position.

### Maternity services

- Recent resignations have been received from the midwifery team in Buller and Grey. The Buller service continues to be staffed by a sole DHB LMC midwife and locum staff. Regular discussions continue with the Buller staff, in collaboration with the General Manager Buller Health, around the evolving model of care. In addition, a very productive meeting was held with the Kawatiri Action Group on Monday 23 September that was attended by David Meates, Michael Frampton and Kathleen Gavigan. All staff are awaiting the release of the West Coast Maternity Services Review (2013).



## Resuscitation service

- A recruitment process has commenced for a Resuscitation Service Leader following a recent resignation.

## Oncology service

- Chemotherapy is now being delivered from a dual purpose inpatient/outpatient room in Morice Ward. The room was refitted with shelving, cupboards and a bench space that enables Clinical Nurse Specialists to work efficiently. A new phone and cabling for a laptop has also been installed. The new location provides greater privacy and space for patients and their families, while undergoing treatment. Patient feedback has been positive.

## Training for rehabilitation staff

- Ten staff recently completed FIMS training that will enable them to complete the new assessment requirements for rehabilitation patients.

## Industrial Relations

- Bargaining is currently taking place with APEX representing MRT employers.
- Bargaining has been initiated from PSA representing South Island Clerical Workers.
- Bargaining with the RDA representing Resident Doctors has been deferred until 2014 whilst a national group works on a number of agreed and identified projects.

## Recruitment Vacancies - Monthly Summary – August 2013

<b>New Vacancies</b>	<b>12 (10.9 FTE)</b>
<b>Total Open Vacancies</b>	<b>31</b>
<b>Total FTE Recruiting</b>	<b>36.85</b>
<b>Appointed Vacancies</b>	<b>6</b>
<b>Total FTE Appointed</b>	<b>7.8</b>

The breakdown of the new vacancies is as follows:

- **Corporate and Support Services:** 1 x Referrals Coordinator, 2 x Practice Manager (Greymouth and Buller), 1 x Maori Health Administrator = 3.4 FTE
- **Nursing:** 2 x Registered Nurse, 2 x Duty Nurse Manager, 1 x Trendcare Coordinator = 4.7 FTE
- **Allied Health, Scientific & Technical:** 1 x Allied Health Assistant, 1 x Physiotherapist, 1 x MH Professional = 2.8 FTE

## 4.3 Patient

### Patient Transfers

- Patients transferred from/to tertiary centres rose from 25 in July to 31 in August 2013. The August figure is inclusive of transfers from Grey Base Hospital to Christchurch Hospital by private motor vehicle or Board car; previously this information was not available and transfers only included those by rotary (helicopter) or ambulance. The principal reason for the transfers (48%) was in relation to the need for specialty care not available at Grey Hospital and 26% for special procedures which are not performed at Grey Hospital

- Twenty-five transfers were made from Buller to Grey Base Hospital; 44% because the service required was not available at Buller and 40% because urgent specialist care was necessary. This is a significant rise from July's total of 8, because the data now includes transfers by private motor vehicle or Board car.
- Only three transfers were made from Reefton to Grey for the July-August period. One was due to a staffing issue and the others were because of the severity of illness.

#### 4.4 Health Targets

National Health Target		West Coast DHB Target										
<b>Shorter Stays in Emergency Departments</b>	95% of patients will be admitted, discharged, or transferred from an Emergency Department within six hours	>95% across all triage categories	<p><b>Emergency Department Attendances</b></p> <p><b>% of Patients Under 6 Hours</b></p> <p><b>For Period: 01 August – 31 August 2013</b></p> <table> <tr> <td>Over 6 Hours</td> <td>5</td> <td>0.4%</td> </tr> <tr> <td>Under 6 Hours</td> <td>1290</td> <td>99.6%</td> </tr> <tr> <td><b>Total Attendances:</b></td> <td><b>1295</b></td> <td></td> </tr> </table> <p><i>This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.</i></p>	Over 6 Hours	5	0.4%	Under 6 Hours	1290	99.6%	<b>Total Attendances:</b>	<b>1295</b>	
Over 6 Hours	5	0.4%										
Under 6 Hours	1290	99.6%										
<b>Total Attendances:</b>	<b>1295</b>											
<b>Improved Access to Elective Services</b>		1592 elective surgical discharges	West Coast DHB is 11 discharges behind our year-to-date <b>elective health target</b> for July 2013, delivering 129 discharges for the month. This shortfall is not considered material and is expected to be remedied in future months.									
<b>Shorter Waits for Cancer Treatment</b>	Everyone needing radiation & chemotherapy treatment will have this within four weeks	100% started within four weeks	West Coast continues to achieve the <b>cancer treatment health target</b> , with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.									
<b>Better Help for Smokers to Quit</b>	95% of hospitalised smokers are provided with advice and help to quit.	95% for Q4 2012/13	<p><b>ABC Implementation:</b></p> <p>Monthly results show that the West Coast DHB continues to perform well against the secondary care smokefree health target, reaching the 95% target for both July and August. Smokefree staff continues to drive clinical focus and promote the rationale for the smokefree health target. Work has begun on a Nicotine Replacement Therapy (NRT) charting audit report, with the support of senior management and clinicians. The DHB is keen to encourage more charting of NRT for inpatients who smoke, both for the benefit of the patients and as a means of linking clinical relevance to the health target.</p>									

### **Elective Services Patient Indicators [ESPI Compliance]**

- Four patients exceeded the new maximum 150 days' wait time target for ESPI 2 (3 general medical patients and 1 respiratory patient); and four orthopaedic patients exceeded the 150 days maximum wait for ESPI 5 at the end of July 2013. We anticipate being green for both ESPI 2 and 5 in September.
- All DHBs are expected to maintain waiting times for both ESPI 2 and ESPI 5 to a maximum of 5 months (150 days) throughout the 2013/14 year.

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

DHB Name: West Coast

	2012			2012			2012			2012			2013			2013			2013			2013			2013											
	Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May			Jun			Jul		
	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 ten working days.	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1			
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	26	2.1%	-26	1	0.1%	-1	4	0.4%	-4	15	1.3%	-15	0	0.0%	0	1	0.1%	-1	17	1.8%	-17	35	3.3%	-35	86	8.0%	-86	0	0.0%	0	0	0.0%	0	4	0.4%	-4
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	12	0.7%	-12	9	0.5%	-9	13	0.8%	-13	11	0.7%	-11	13	0.8%	-13	10	0.6%	-10	5	0.2%	-5	6	0.4%	-6	0	0.0%	0	0	0.0%	0	1	0.1%	-1	0	0.0%	0
4. Patients given a commitment to treatment but not treated within the required timeframe.	4	1.1%	-4	0	0.0%	0	2	0.5%	-2	2	0.6%	-2	1	0.2%	-1	3	0.8%	-3	1	0.2%	-1	13	3.8%	-13	9	2.7%	-9	7	2.0%	-7	0	0.0%	0	4	1.1%	-4
5. Patients in active review who have not received a clinical assessment within the set six months.	0	0.0%	0	0	0.0%	0	3	3.0%	-3	6	45.2%	-6	0	0.0%	0	2	13.3%	-2	1	9.1%	-1	3	30.0%	-3	3	37.5%	-3	4	50.0%	-4	0	0.0%	0	0	X	0
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	132	100.0%	0	151	100.0%	0	129	100.0%	0	152	100.0%	0	88	100.0%	0	83	100.0%	0	118	100.0%	0	97	100.0%	0	145	100.0%	0	151	100.0%	0	148	100.0%	0	150	100.0%	0

Data Warehouse Refresh Date: 31/Aug/2013

Report Run Date: 02/Sep/2013

Notes:

1. Before July 2013 the required timeframe for an FSA for ESPI 2 is 6 months, after July 2013 the required timeframe for ESPI 2 is 5 months.
  2. Before July 2013 the required timeframe for treatment for ESPI 5 is 6 months, after July 2013 the required timeframe for ESPI 5 is 5 months.
  3. ESPIs that apply from 1 July 2012.
  4. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
  5. ESPIs 3 and 6 assess surgical specialties where patients are prioritised using nationally recognised tools.
  6. Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
  7. ESPI 1 and 8 will be Green if 1.00%, Yellow if between 90% and 99.9%, and Red if 80% or less.
  8. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.36%, and Red if 0.4% or higher.
  9. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.96%, and Red if 0% or higher.
  10. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
  11. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 1.99%, and Red if 1% or higher.
- Please contact the Ministry of Health's Elective Team if you have any queries about ESPIs ([elective\\_services@moh.govt.nz](mailto:elective_services@moh.govt.nz)).

## 4.5 Quality

### Incidents & Complaints

- 17 new incidents were recorded in Hospital Services during August, 10 of which related to either communication or documentation. There was one surgical complaint submitted and no new complaints were received for the nursing or medical departments.

### Falls Prevention Coalition

- The last meeting of this group was held on 19 August 2013 and was attended by the Injury Prevention Coordinator from ACC Nelson and a representative from the ACC National Programme for Falls Prevention. As well as discussing the Herald Falls Project, they provided the group with information about the Six Week Strength and Balance Programme. This programme takes a holistic view of the health of the participant including diet, podiatry, lifestyle, activity level, etc. followed up with green prescriptions. The programme is an attempt to catch people who are at risk of falls at the earliest opportunity and exposes them to a wide range of activities and advice. At the end of the six weeks, participants choose which activity/activities they will continue with in the community setting. It is self-funding in that following the six weeks, participants pay to attend their activities of choice. They also discussed the role of vitamin D in reducing falls and ACC have offered to provide presentations to staff.

### Co-Designing Health Services Based on the Needs and Experiences of Patients and Staff

- The Experience Based Design (EBD) approach is a method for designing better experiences for patients, carers and staff. The approach captures the experiences of those involved in healthcare services and involves looking at the care journey and the emotional journey when they come into contact with a particular pathway or part of the health services. All participants in training worked on a project, one of which was maternity services. Surveys and questionnaires were developed and the results of these indicated that basically as long as the birthing mothers are being provided with good quality care, they have a positive experience. Results from the questionnaires were collated and developed into Wordles; a tool for pictorially depicting the feelings of the mothers. If a word is used more than once it will appear larger in the Wordle.



The Wordle shows that overwhelmingly mothers felt supported, calm, comfortable and safe; a credit to the dedication and professionalism of our maternity staff. As this project was undertaken prior to the reconfiguration of the maternity annexe, it is timely to revisit the surveys by interviewing another group of birthing mothers.

Report prepared by:

Ralph La Salle, Acting Operations Manager

Report approved for release by:

Michael Frampton, Acting GM Hospital Services

# FINANCE REPORT FOR THE PERIOD ENDED 31 AUGUST 2013



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

**SOURCE:** Finance

**DATE:** 10 October 2013

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 Provider Arm of the West Coast District Health Board.

## 2. RECOMMENDATION

That the Hospital Advisory Committee:

- i. notes the Financial Report for the period ended 31 August 2013.

## 3. FINANCIAL RESULT

### Summary DHB Group Financial Result

The consolidated West Coast DHB financial result for the month of August 2013 was a deficit of \$0.323m, which was \$0.029m unfavourable against the budgeted deficit of \$0.352m. The year to date position is now \$0.012m unfavourable.

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

### Financial Overview for the period ending 31 August 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,968	6,875	93	√	13,827	13,750	77	√
Governance & Administration	181	149	32	√	362	289	73	√
Funds & Internal Eliminations	4,318	4,387	(69)	×	8,761	8,783	(22)	×
	11,467	11,411	56	√	22,950	22,822	128	√
<b>EXPENSES</b>								
Provider	6,894	6,619	(275)	×	13,551	12,951	(600)	×
Governance & Administration	181	150	(31)	×	362	293	(69)	×
Funds & Internal Eliminations	4,173	4,448	275	√	8,471	8,905	434	√
<b>Total Operating Expenditure</b>	11,248	11,217	(31)	×	22,384	22,149	(235)	×
<b>Surplus / (Deficit) before Interest, Depn &amp; Cap Charge</b>	219	194	24	√	566	673	(107)	×
<b>Interest, Depreciation &amp; Capital Charge</b>	542	546	4	√	997	1,092	95	√
<b>Net surplus/(deficit)</b>	(323)	(352)	29	√	(431)	(419)	(12)	×

#### **4. APPENDICES**

Appendix 1	Financial Result Report
Appendix 2	Statement of Financial Performance
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow
Appendix 5	Governance Statement of Financial Performance

Report prepared by:

Justine White, General Manager Finance

Report approved for release by:

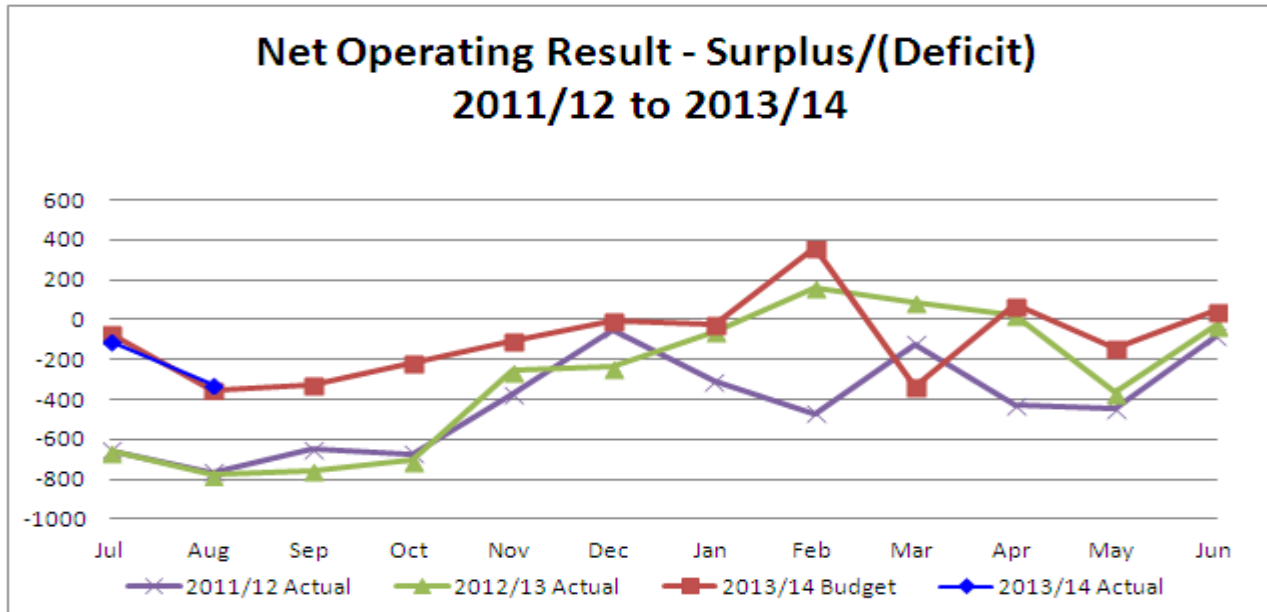
David Meates, Chief Executive



**APPENDIX 1: FINANCIAL RESULT**

**FINANCIAL PERFORMANCE OVERVIEW – AUGUST 2013**

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(323)	(352)	29	-8% ✓	(431)	(419)	(12)	3% ✗



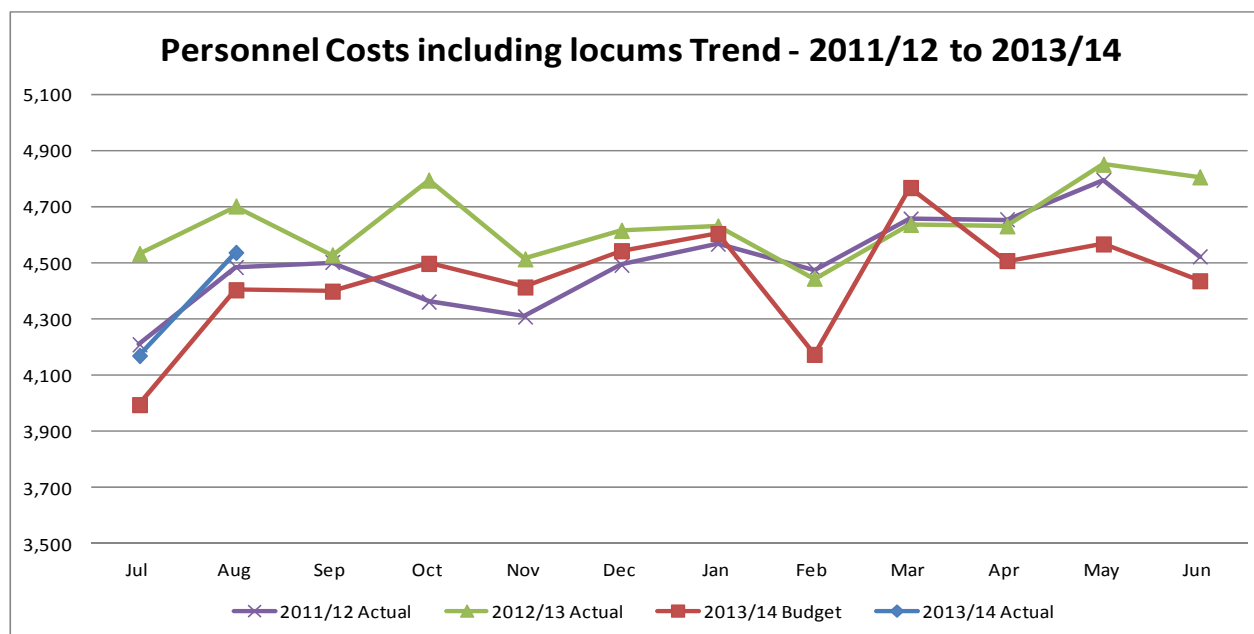
We have submitted an Annual Plan with a net deficit of \$1.1m, which is entirely consistent with the previously outlined reduced deficit track and is also consistent with the Detailed Business Case as compiled for the draft Facilities Development Plan.

**KEY RISKS AND ISSUES**

Active monitoring of expected revenue and cost trends is continuing to ensure that achievement of plan can be maintained. Risk remains in relation to a number of cost categories, including Personnel and locum costs.

## PERSONNEL COSTS (including locum costs)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,525	1,398	(127)	-9%	×	2,898	2,751	(147)	-5%	×
Nursing	2,081	2,022	(59)	-3%	×	4,075	3,966	(109)	-3%	×
Allied Health	758	713	(45)	-6%	×	1,474	1,378	(96)	-7%	×
Support	131	122	(9)	-7%	×	286	244	(42)	-17%	×
Management & Admin	573	554	(19)	-3%	×	1,129	1,055	(74)	-7%	×
<b>Total</b>	<b>5,068</b>	<b>4,809</b>	<b>(259)</b>			<b>9,862</b>	<b>9,394</b>	<b>(468)</b>		



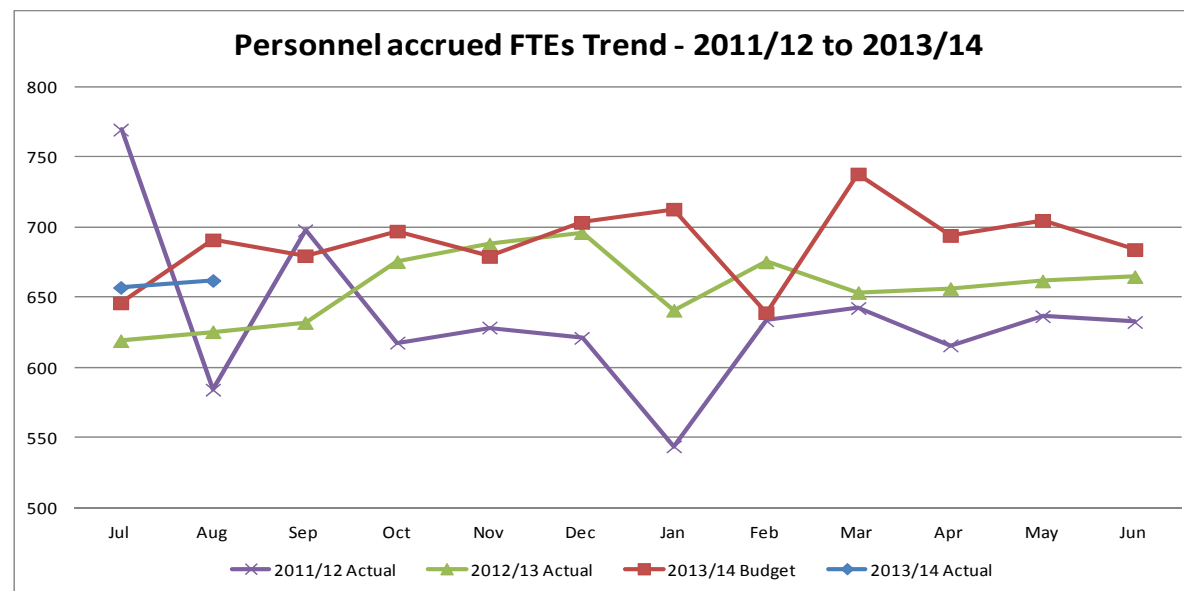
Although personnel costs are slightly unfavourable, these are influenced by activity. We are continuing to manage costs influencing leave approved prior to changes in rostering and leave management practices.

## KEY RISKS AND ISSUES

From July 2013, Locum costs related to backfill are being included in Personnel costs rather than outsourced clinical costs. Significant reporting has been introduced to mitigate further deterioration against budget though better use of stabilised rosters and leave planning, although these costs are significantly below last year, they are still tracking ahead of budget.

## PERSONNEL ACCRUED FTE

	Month Actual	Month Budget	Month Variance		YTD Average FTE Actual	YTD Average FTE Budget	YTD Variance	
Medical	37	48	11	23% ✓	36	43	7	16% ✓
Nursing	325	330	5	2% ✓	322	323	1	0% ✓
Allied Health	148	159	11	7% ✓	148	154	6	4% ✓
Support	29	29	-	0% ✓	30	29	(1)	-3% ✗
Management & Admin	123	126	3	2% ✓	123	120	(3)	-3% ✗
<b>Total</b>	<b>662</b>	<b>692</b>	<b>30</b>		<b>659</b>	<b>669</b>	<b>10</b>	



Accrued FTE is influenced by leave taken throughout the period.

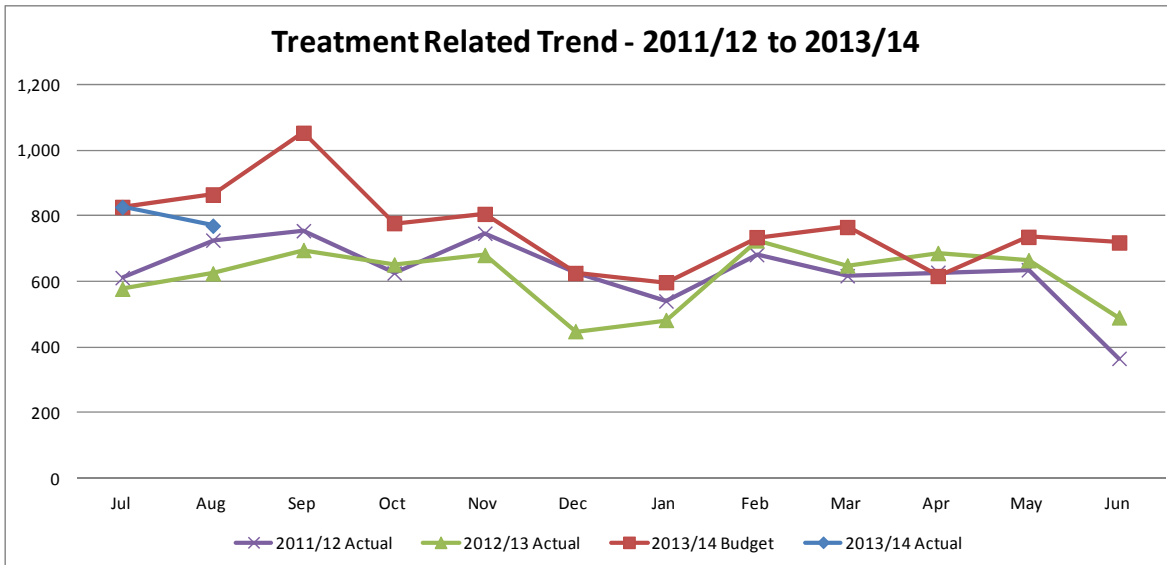
NB: The methodology to calculate accrued FTE causes fluctuations on a month to month basis dependant on a number of factors such as working days, the accrual proportions, etc

## 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 are 2 FTE under our overall management and administration staff cap for August. 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	Month	Month Variance		YTD Actual	YTD Budget	YTD Variance	
	Actual	Budget	\$'000		\$'000	\$'000	\$'000	
Treatment related costs	769	864	95	11% ✓	1,595	1,690	95	6% ✓



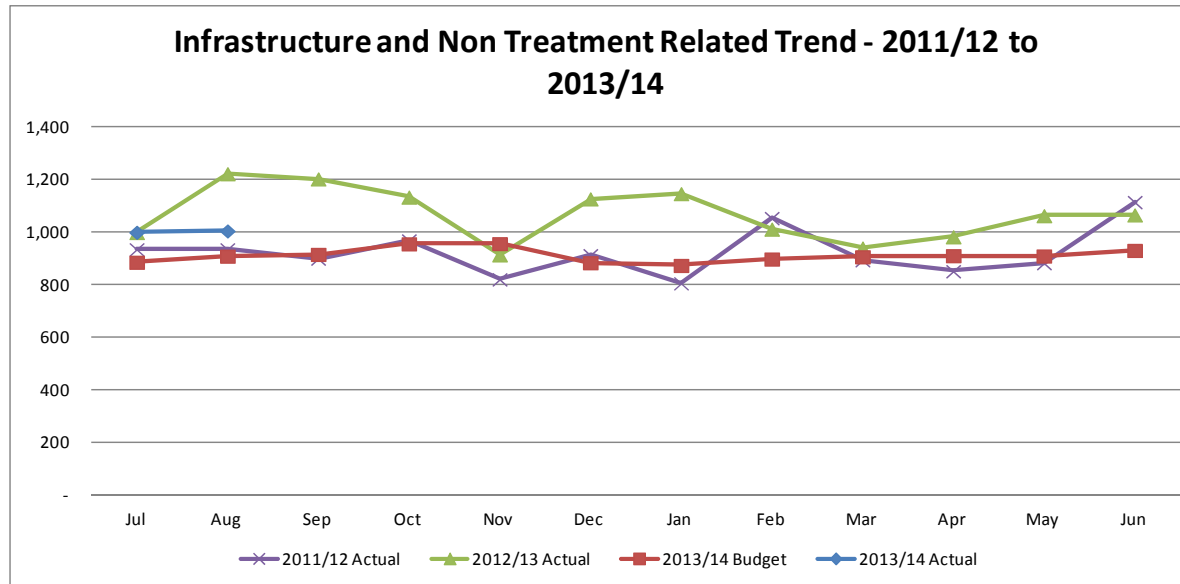
Treatment related costs were underspent by 95k, this is mainly related to timing issues

## KEY RISKS AND ISSUES

Treatment related costs tend to be managed within predicted levels; continued focus on these costs should ensure they remain on target for the year.

## 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	1,003	907	(96)	-11% ❌	2,001	1,791	(210)	-12% ❌



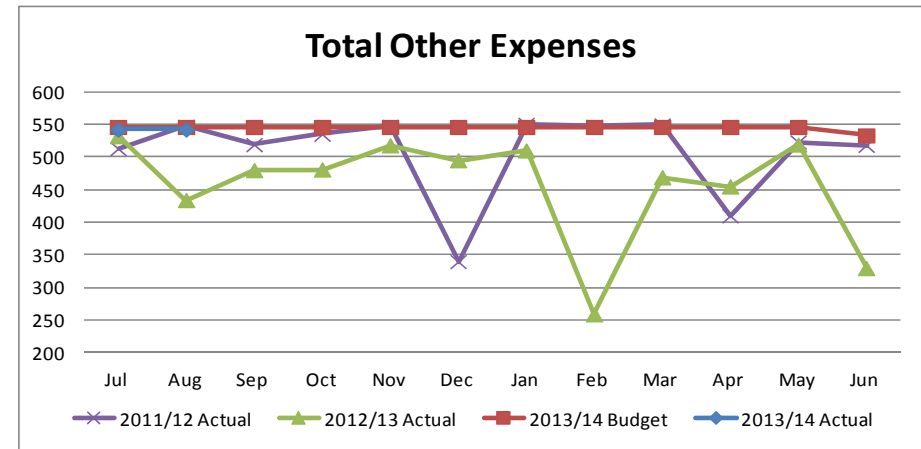
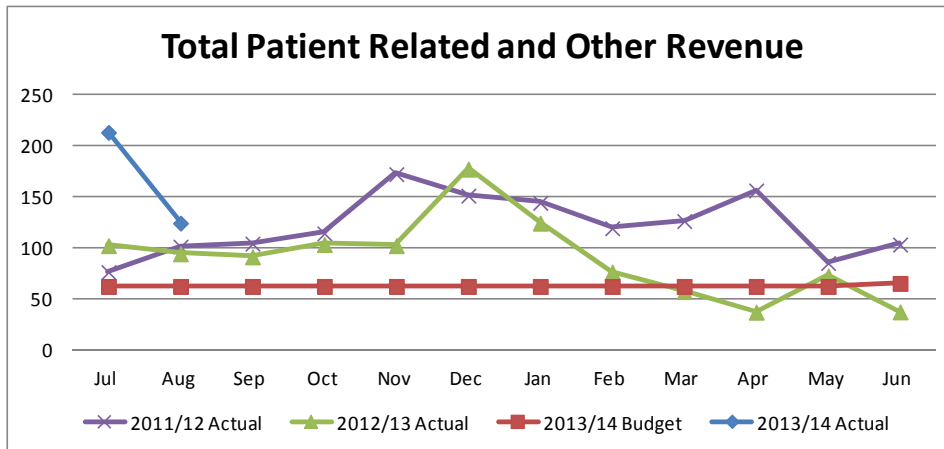
Facilities, IT and Telecommunications costs continue to trend over budget, this is expected to fluctuate from month to month

## KEY RISKS AND ISSUES

Timing of repairs and maintenance spend in relation to facilities continues to cause variances to budget. This will be monitored to ensure overall spend is within expected parameters.

## OTHER REVENUE & OTHER COSTS

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Interest Received	37	20	17	85% ✓	107	40	67	168% ✓
Donations	-	4	(4)	-100% ✗	-	8	(8)	-100% ✗
Rental	11	19	(8)	-42% ✗	25	38	(13)	-34% ✗
Other	77	20	57	100% ✓	207	40	167	100% ✓
<b>Total Other Revenue</b>	<b>125</b>	<b>63</b>	<b>62</b>	<b>98%</b> ✓	<b>339</b>	<b>126</b>	<b>213</b>	<b>169%</b> ✓
Interest Expenses	55	54	(1)	-2% ✗	110	108	(2)	-2% ✗
Depreciation	419	424	5	1% ✓	751	848	97	11% ✓
Capital Charge Expenses	68	68	-	0% ✓	136	136	-	0% ✓
<b>Total Other Costs</b>	<b>542</b>	<b>546</b>	<b>4</b>	<b>1%</b> ✓	<b>997</b>	<b>1,092</b>	<b>95</b>	<b>9%</b> ✓



## KEY RISKS AND ISSUES

Other revenue continues to be above budget, this is related to timing of income receipts. Variability of depreciation will continue throughout the year

## FINANCIAL POSITION

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			Annual Budget \$'000
Equity	9,721	11,709	(1,988)	-17%	×	12,060
Cash	3,887	5,970	(2,083)	-35%	×	7,723

## KEY RISKS AND ISSUES

The cash on hand position reflects that the costs of building and seismic strengthening have been incurred, yet funding which has previously been approved has not yet been received.

**APPENDIX 2: WEST COAST DHB STATEMENT OF FINANCIAL PERFORMANCE**

West Coast District Health Board  
Statement of comprehensive income

For period ending 31 August 2013

*in thousands of New Zealand dollars*

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Operating Revenue</b>										
Crown and Government sourced	10,973	10,930	43	0.4%	21,867	21,860	7	0.0%	131,156	128,940
Inter DHB Revenue	0	3	(3)	(100.0%)	3	6	(3)	(50.0%)	36	36
Inter District Flows Revenue	135	134	1	0.7%	270	268	2	0.7%	1,622	1,656
Patient Related Revenue	234	281	(47)	(16.7%)	471	562	(91)	(16.2%)	3,371	3,112
Other Revenue	125	63	62	98.4%	339	126	213	169.0%	759	1,088
<b>Total Operating Revenue</b>	<b>11,467</b>	<b>11,411</b>	<b>56</b>	<b>0.5%</b>	<b>22,950</b>	<b>22,822</b>	<b>128</b>	<b>0.6%</b>	<b>136,944</b>	<b>134,833</b>
<b>Operating Expenditure</b>										
Personnel costs	5,068	4,809	(259)	(5.4%)	9,862	9,394	(468)	(5.0%)	53,310	55,688
Outsourced Services	123	110	(13)	(11.8%)	231	220	(11)	(5.0%)	1,460	1,445
Treatment Related Costs	769	864	95	11.0%	1,595	1,690	95	5.6%	9,114	7,369
External Providers	2,668	3,001	333	11.1%	5,552	6,002	450	7.5%	35,866	29,843
Inter District Flows Expense	1,617	1,526	(91)	(6.0%)	3,143	3,052	(91)	(3.0%)	18,308	16,675
Infrastructure and Non treatment related costs	1,003	907	(96)	(10.6%)	2,001	1,791	(210)	(11.7%)	10,915	12,787
<b>Total Operating Expenditure</b>	<b>11,248</b>	<b>11,217</b>	<b>(31)</b>	<b>(0.3%)</b>	<b>22,384</b>	<b>22,149</b>	<b>(235)</b>	<b>(1.1%)</b>	<b>128,973</b>	<b>132,927</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>219</b>	<b>194</b>	<b>25</b>	<b>(13.0%)</b>	<b>566</b>	<b>673</b>	<b>(107)</b>	<b>15.9%</b>	<b>7,971</b>	<b>1,907</b>
<b>Interest, Depreciation &amp; Capital Charge</b>										
Interest Expense	55	54	(1)	(1.9%)	110	108	(2)	(1.9%)	642	650
Depreciation	419	424	5	1.2%	751	848	97	11.4%	5,085	4,156
Capital Charge Expenditure	68	68	0	0.0	136	136	0	0.0	812	677
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>542</b>	<b>546</b>	<b>4</b>	<b>0.7%</b>	<b>997</b>	<b>1,092</b>	<b>95</b>	<b>8.7%</b>	<b>6,539</b>	<b>5,482</b>
<b>Net Surplus/(deficit)</b>	<b>(323)</b>	<b>(352)</b>	<b>29</b>	<b>8.3%</b>	<b>(431)</b>	<b>(419)</b>	<b>(12)</b>	<b>(2.8%)</b>	<b>1,432</b>	<b>(3,576)</b>



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

### West Coast District Health Board Statement of financial position

As at

31 August 2013

*in thousands of New Zealand dollars*

	Actual	Budget	Variance	%Variance	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	26,144	30,363	(4,219)	(13.9%)	56,617
Intangible assets	1,790	1,402	388	27.7%	1,803
Work in Progress	2,383	528	1,855	351.3%	1,125
Other investments	22	2	20	1000.0%	4
<b>Total non-current assets</b>	<b>30,339</b>	<b>32,295</b>	<b>(1,956)</b>	<b>(6.1%)</b>	<b>59,549</b>
<b>Current assets</b>					
Cash and cash equivalents	3,887	5,970	(2,083)	(34.9%)	13,493
Patient and restricted funds	60	58	2	3.4%	116
Inventories	1,127	1,040	87	8.4%	2,079
Debtors and other receivables	4,942	4,614	328	7.1%	9,184
Assets classified as held for sale	136	136	0	0.00%	272
<b>Total current assets</b>	<b>10,152</b>	<b>11,818</b>	<b>(1,666)</b>	<b>(14.1%)</b>	<b>25,144</b>
<b>Total assets</b>	<b>40,491</b>	<b>44,113</b>	<b>(3,622)</b>	<b>(20.2%)</b>	<b>84,693</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	12,195	12,195	0	0.00%	24,390
Employee entitlements and benefits	3,040	3,461	(421)	(12.2%)	6,331
<b>Total non-current liabilities</b>	<b>15,235</b>	<b>15,656</b>	<b>(421)</b>	<b>(2.7%)</b>	<b>30,721</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	250	250	0	0.00%	500
Creditors and other payables	6,173	8,374	(2,201)	(26.3%)	18,683
Employee entitlements and benefits	9,112	8,124	988	12.2%	16,495
<b>Total current liabilities</b>	<b>15,535</b>	<b>16,748</b>	<b>(1,213)</b>	<b>(7.2%)</b>	<b>35,678</b>
<b>Total liabilities</b>	<b>30,770</b>	<b>32,404</b>	<b>(1,634)</b>	<b>(5.0%)</b>	<b>66,399</b>
<b>Equity</b>					
Crown equity	69,729	71,729	(2,000)	(2.8%)	132,394
Other reserves	19,569	19,569	0	0.00%	39,138
Retained earnings/(losses)	(79,616)	(79,628)	12	(0.0%)	(153,316)
Trust funds	39	39	0	0.00%	39
<b>Total equity</b>	<b>9,721</b>	<b>11,709</b>	<b>(1,988)</b>	<b>(17.0%)</b>	<b>18,255</b>
<b>Total equity and liabilities</b>	<b>40,491</b>	<b>44,113</b>	<b>(3,622)</b>	<b>(8.2%)</b>	<b>84,654</b>

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

West Coast District Health Board  
Statement of cash flows  
For period ending

31 August 2013

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				2013/14	2012/13
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Cash flows from operating activities</b>										
Cash receipts from Ministry of Health, patients and other revenue	11,492	11,391	101	0.9%	23,126	22,782	344	1.5%	136,704	135,453
Cash paid to employees	(4,156)	(4,809)	653	(13.6%)	(9,930)	(9,347)	(583)	6.2%	(55,948)	(55,710)
Cash paid to suppliers	(4,903)	(1,881)	(3,022)	160.7%	(6,406)	(3,701)	(2,705)	73.1%	(21,335)	(31,744)
Cash paid to external providers	(2,803)	(3,001)	198	(6.6%)	(5,822)	(6,002)	180	(3.0%)	(35,866)	(31,499)
Cash paid to other District Health Boards	(1,482)	(1,526)	44	(2.9%)	(2,873)	(3,052)	179	(5.9%)	(18,308)	(15,019)
<i>Cash generated from operations</i>	(1,852)	174	(2,026)	(1165.2%)	(1,905)	680	(2,585)	(380.3%)	5,247	1,480
Interest paid	(55)	(54)	(1)	1.9%	(110)	(108)	(2)	1.9%	(642)	(648)
Capital charge paid	0	(68)	68	(100.0%)	0	(136)	136	(100.0%)	(812)	(677)
<b>Net cash flows from operating activities</b>	(1,907)	52	(1,959)	(3776.4%)	(2,015)	436	(2,451)	(562.4%)	3,793	155
<b>Cash flows from investing activities</b>										
Interest received	37	20	17	85.0%	107	40	67	167.5%	240	229
(Increase) / Decrease in investments	0	0	0		0	0	0		0	0
Acquisition of property, plant and equipment	(189)	(258)	69	(26.7%)	(400)	(516)	116	(22.5%)	(3,300)	(3,436)
Acquisition of intangible assets	(24)	(17)	(7)	41.2%	(30)	(34)	4	(11.8%)	0	(1,706)
<b>Net cash flows from investing activities</b>	(176)	(255)	79	(31.0%)	(323)	(510)	187	(36.7%)	(3,060)	(4,913)
<b>Cash flows from financing activities</b>										
Proceeds from equity injections	0	0	0		0	0	0		0	3,600
Repayment of equity	0	0	0		0	0	0		0	(68)
<i>Cash generated from equity transactions</i>	0	0	0		0	0	0		0	3,532
Borrowings raised	0	0	0		0	0	0		0	0
Repayment of borrowings	0	0	0		0	0	0		0	0
Payment of finance lease liabilities	0	0	0		0	0	0		0	0
<b>Net cash flows from financing activities</b>	0	0	0		0	0	0		0	0
Net increase in cash and cash equivalents	(2,083)	(203)	(1,880)	925.5%	(2,338)	(74)	(2,264)	3048.5%	1,765	(1,226)
Cash and cash equivalents at beginning of period	5,970	6,173	(203)	(3.3%)	6,172	6,044	128	2.1%	6,044	7,398
<b>Cash and cash equivalents at end of year</b>	3,887	5,970	(2,083)	(34.9%)	3,834	5,970	(2,136)	(35.8%)	7,809	6,172

## APPENDIX 5: GOVERNANCE STATEMENT OF FINANCIAL PERFORMANCE

Includes direct Board costs, direct Committee costs, Planning & Funding operational costs

### West Coast District Health Board

### Governance Operating Statement for the period ending 31 August 2013

*in thousands of New Zealand dollars*

	Monthly Reporting				Year to Date				Full Year 2013/14	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
<b>Income</b>										
Internal Revenue	69	69	0	0.00	138	138	0	0.00	826	828
Other income	0	0	0	0.00	0	0	0	0.00	0	66
Internal allocation from Provider Arm	112	80	32	40.0%	224	151	73	48.3%	1,053	1,320
<b>Total income</b>	<b>181</b>	<b>149</b>	<b>32</b>	<b>21.5%</b>	<b>362</b>	<b>289</b>	<b>73</b>	<b>25.3%</b>	<b>1,879</b>	<b>2,214</b>
<b>Expenditure</b>										
Employee benefit costs	37	49	12	24.5%	65	91	26	28.6%	602	531
Outsourced services	44	39	(5)	(12.8%)	115	78	(37)	(47.4%)	460	369
Other operating expenses	78	38	(40)	(105.3%)	160	76	(84)	(110.5%)	464	411
Democracy	22	24	2	8.3%	22	48	26	54.2%	353	194
<b>Total expenses</b>	<b>181</b>	<b>150</b>	<b>(31)</b>	<b>(20.7%)</b>	<b>362</b>	<b>293</b>	<b>(69)</b>	<b>(23.5%)</b>	<b>1,879</b>	<b>1,505</b>
<b>Net Surplus / (Deficit)</b>	<b>0</b>	<b>(1)</b>	<b>1</b>		<b>0</b>	<b>(4)</b>	<b>4</b>		<b>0</b>	<b>709</b>

# CLINICAL LEADERS UPDATE



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

**SOURCE:** Clinical Leaders

**DATE:** 10 October 2013

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Report Status – For:      Decision          Noting          Information   

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## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Committee:

- i. notes the Clinical Leaders Update

## 3. DISCUSSION

Work is continuing on expanding the range of transalpine health services, with West Coast and Canterbury clinicians being involved in planning and implementing service improvements. The Clinical Leaders continue to be heavily involved in the activities of the Alliance Leadership team and the Clinical Board.

### **Future Workforce Development**

Recruitment is soon to be underway for the 2014 Nursing Entry to Practice Programme. We will once again endeavour to recruit 13 new graduate nurses into our system, inclusive of 2 into the New Entry to Specialty Practice (Mental Health and Addictions) Programme. This important component of our future workforce development is essential in the building of a sustainable nursing workforce. Once again this will be done in partnership with the Canterbury District Health Board and the shared NETP programme. We have recently had 2 previous NETP nurses move into integral senior nursing roles in the organisation, Resuscitation/Clinical Nurse Educator and Clinical Nurse Specialist Oncology.

Applications are now open for HWNZ funded nursing Post Graduate study for 2014. We anticipate similar funding as previous years for the West Coast, and will work collaboratively with the South Island Directors of Nursing to ensure effective utilisation of collective funds across the region.

The two rural hospital medicine registrar training positions at Grey Hospital for 2014 have been filled. We continue to work on increasing our registrar training positions for 2015.

### **Better, Sooner, More Convenient Implementation**

The Electronic Referral Management System is in place in General Practice teams across the West Coast, with very good uptake. The following excerpts are taken from the Quarter Four BSMC report to the Ministry of Health, and reflect the increasing integration within the West Coast Health System.

At the end of this quarter, 2,552 patients were enrolled in the Long Term Conditions Management programme, out of the WCPHO's approximately 31,000 enrolled patients. This means that 8.2% of the enrolled population is engaged in a structured programme of care for their long term conditions.

#### Acute Inpatient Admissions:

- The WCDHB has surpassed the target for acute length of stay at 3.25 (standardised, year to 31 March 2013) and has the lowest rate in the country.

#### Acute Readmissions:

- The WCDHB has surpassed the target for acute readmission rates at 7.64 (standardised, year to 31 March 2013) and has the lowest rate in the country.

#### Reduction in ED attendance:

- The WCDHB has achieved a greater reduction in Triage Level 5 attendance than the minimum 5% sought, with overall attendances reduced by 14% for 2012/13 – down by 654 attendances, compared to 2011/12.

Our 75+ acute readmission result to 31 March 2013 was 11.57%, achieving our 2012/13 target of 12.91%. The West Coast has achieved the lowest rate in the country.

### **Breastfeeding – Mum4Mum Peer Support Programme**

The breastfeeding advocates delivered breastfeeding peer support training in Reefton and South Westland (Franz Josef) this quarter. Given the rurality of South Westland this is particularly beneficial for the small community. The Mum4Mum programme has been developed to overcome issues associated with rurality and isolation, by providing West Coast mother's the skills to provide one-to-one support and breastfeeding advice to their whanau and community.

### **HealthPathways**

The West Coast HealthPathways Coordinator is working alongside clinical teams to localise the 647 Canterbury HealthPathways. At the beginning of July 2013 the review, localisation and updating process has been completed for a total of 243 pathways, including pathways in the allied health, child health, investigations, and medical and surgical service areas. An additional 68 pathways are currently being reviewed. During June 2013 there were a total of 883 visitors to HealthPathways and 6,097 pages viewed.

## **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: Carol Atmore, Chief Medical Officer  
Karyn Kelly, Director of Nursing & Midwifery  
Stella Ward, Executive Director, Allied Health

# HOSPITAL ADVISORY COMMITTEE MEETING UPDATE 22 AUGUST 2013



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

**SOURCE: Chair, Hospital Advisory Committee**

**DATE: 13 September 2013**

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Report Status – For:      Decision          Noting          Information   

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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 22 August 2013. Following confirmation of the minutes of that meeting at the 10 October 2013 HAC meeting, full minutes of the 22 August 2013 meeting will be provided to the Board at its 25 October 2013 meeting.

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 – 22 August 2013.

## **3. SUMMARY**

Detailed below is a summary of the Hospital Advisory Committee meeting held on 22 August 2013. 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**

Ralph La Salle, Acting General Manager, Hospital Services, presented this report. He commented that this being the first month of the new financial year there not a lot of new things to report however worth mentioning is that the West Coast DHB has achieved one year without a Central Line Associated Bacterium (CLAB) incident.

Also achieved were 1,686 elective discharges in 2012/13 with the final ESPI reports showing achievement to green status for both ESPI 2 and ESPI 5.

In regard to general surgery the Committee noted that although there has been an excessive amount of illness and leave taken over the last few months this has been offset by the use of locums who have previously worked on the West Coast.

Discussion took place regarding recruitment reporting and management agreed to provide the Committee with some more information in this regard. Discussion also took place regarding

expectations and the processes around short term employment (2 – 3 years).

Mr La Salle also spoke about the reporting to this Committee going forward and the Committee noted that there will be a change in the format of the report.

The Committee noted that whilst there are still some historic issues to be addressed, the transalpine orthopaedic service is improving with the new SMO taking an active role.

The Committee also noted the focus of the Central Booking Unit on getting bookings out to six weeks.

The Committee discussed the waiting list process and how patients who do not qualify for surgery are managed.

Discussion also took place regarding: maternity services in Buller; vehicle booking systems; and emergency planning.

### **FINANCE REPORT.**

Justine White, General Manager, Finance presented this report. The Committee noted that the unaudited result for the 2012/13 financial year is just under \$3.6m.

Discussion took place regarding the budgeted deficit of \$1.1m for 2013/14 and the challenges around achieving this.

Discussion also took place regarding the work taking place in general practice with Better Health West Coast.

### **CLINICAL LEADERS UPDATE**

Karyn Kelly, Director of Nursing & Midwifery, presented this report. The Committee noted in particular the “Open for Better Care” campaign.

Discussion took place regarding: the ageing workforce in nursing; the uptake on transport from Buller which has now changed to an “on demand” Service; the training of midwives with CPIT and their placements after training; and the membership of the Clinical Board.

## **4. APPENDICES**

Appendix 1: Agenda - Hospital Advisory Committee – 22 August 2013.

Report prepared by: Sharon Pugh Chair, Hospital Advisory Committee

# AGENDA

**WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING**  
*To be held in the Board Room at Corporate Office, Grey Base Hospital  
High Street, Greymouth  
Thursday 22 August 2013 commencing at 11.00am*

## ADMINISTRATION

11.00am

### Karakia

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 & Matters Arising**

*11 July 2013*

3. **Carried Forward/ Action Items**

## REPORTS/PRESENTATIONS

11.10am

4. **Management Report**

Ralph la Salle *11.10am - 11.30am*

*Acting Operations Manager, Hospital Services*

5. **Finance Report**

Justine White *11.30am - 11.45am*

*General Manager, Finance*

6. **Clinical Leaders Report**

Karyn Kelly *11.45am – 12noon*

*Director of Nursing & Midwifery*

7. **General Business**

*12noon*

## ESTIMATED FINISH TIME

12.20pm

## INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 02 August 2013
- West Coast DHB 2013 Meeting Schedule
- 2013 Workplan
- Clinical Board Presentation

## NEXT MEETING

**Date of Next Meeting:** 10 October 2013

Corporate Office, Board Room at Grey Base Hospital.



**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held at St John, Waterwalk Road, Greymouth**  
**Friday 13 September 2013 commencing at 10.00am**

**KARAKIA** **10.00am**

**ADMINISTRATION** **10.05am**

**Apologies**

1. **Interest Register**

*Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.*

2. **Confirmation of the Minutes of the Previous Meeting**

- *2 August 2013*

3. **Carried Forward/Action List Items**

**REPORTS** **10.15am**

- |     |  |   |                          |
|-----|--|---|--------------------------|
| 4.  | <b>Chair's Update – Oral Report</b>                  | Dr Paul McCormack<br><i>Chairman</i>  | <i>10.15am – 10.25am</i> |
| 5.  | <b>Chief Executive's Update</b>                      | David Meates<br><i>Chief Executive</i>  | <i>10.25am – 10.40am</i> |
| 6.  | <b>Clinical Leader's Report</b>                      | Dr Carol Atmore<br><i>Chief Medical Officer</i><br>Karyn Kelly<br><i>Director of Nursing and Midwifery</i><br>Stella Ward<br><i>Executive Director, Allied Health</i> | <i>10.40am – 10.50am</i> |
| 7.  | <b>Finance Report</b>                                | Justine White<br><i>General Manager, Finance</i>  | <i>10.50am – 11.00am</i> |
| 8.  | <b>Health Targets – 2002/13 Q4</b>                   | Carolyn Gullery.<br><i>General Manager, Planning &amp; Funding</i>  | <i>11.00am – 11.10am</i> |
| 9.  | <b>Report from Committee Meetings</b>                |   |                          |
| -   | CPH&DSAC<br><i>22 August 2013</i>                    | Elinor Stratford<br><i>Chair, CPH&amp;DSAC Committee</i>  | <i>11.10am – 11.20am</i> |
| -   | Hospital Advisory Committee<br><i>22 August 2013</i> | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i>  | <i>11.20am – 11.30am</i> |
| -   | Tatau Pomanau<br><i>22 August 2013</i>               | Elinor Stratford<br><i>Board Delegate to Tatau Pounamu</i>  | <i>11.30am – 11.40am</i> |
| 10. | <b>Resolution to Exclude the Public</b>              | <i>Board Secretariat</i>  | <i>11.45am</i>           |

## **INFORMATION ITEMS**

- Confirmed Minutes
  - CPH&DSAC Meeting – 11 July 2013
  - HAC Meeting – 11 July 2013
- 2013 Meeting Schedule

## **ESTIMATED FINISH TIME**

**11.40am**

## **NEXT MEETING**

*Friday 25 October 2013 commencing at 10.00am*

## WEST COAST DHB – MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 8 February 2013	BOARD	10.00am	Board Room, Corporate Office
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Boardroom, Corporate Office
Friday 13 December 2013	BOARD	10.00am	Board Room, Corporate Office

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

## 2013 HOSPITAL ADVISORY COMMITTEE WORKPLAN

	24 January	7 March	2 May	6 June	11 July	22 August	10 October	28 November	2014
<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	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	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report	Hospital Services Management Report  Finance Report
<b>PLANNED ITEMS</b>	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update	Clinical Advisor Update  Patient Safety & Quality Report	
<b>PRESENTATIONS</b>	As required	As required	Allied Health Presentation	Model of Care Implementation	As required	As required	As required	As required	
<b>GOVERNANCE AND SECRETARIAT</b>	2013 Work Plan							2014 Meeting Dates	
<b>INFORMATION ITEMS:</b>	Latest Board Agenda Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Committee Work Plan Chair's Report to Board from last meeting 2013 Schedule of Meetings