West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

30 SEPTEMBER 2011

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

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AGENDA

FOR THE WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING 30 SEPTEMBER 2011 FROM 11.00 AM TO 1.00 PM

Karakia

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2. Disclosure of Committee members' interests
3. Minutes of the last meeting 18 August 2011

   Feedback from report to the Board
4. Matters Arising / Action and Responsibility
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6.1
- Health Targets

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- Management Team Report
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- Monitoring Inter District Flows – Patient Transfers

7. Items to be reported back to Board

IN-COMMITTEE

1 Minutes from the Hospital Advisory Committee meeting held 18 August 2011

NEXT MEETING – Thursday, 17 November 2011

KARAKIA

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.

WEST COAST DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE DRAFT TIMETABLE
JANUARY 2011 TO DECEMBER 2011

DATE	MEETING	TIME	VENUE
Thursday 27 January 2011	BOARD	10.00 AM	St John lecture rooms
Tuesday 8 February 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 24 March 2011	BOARD	10.00 AM	Westport, Solid Energy Centre
Wednesday 23 March 2011	Tatau Pounamu	10.00 AM	Makaawhio Office, Hokitika
Thursday 14 April 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 4 May 2011	Tatau Pounamu	10.00 AM	St John lecture rooms
Friday 6 May 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 19 May 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	ARF	1.30 PM	Boardroom, Corporate Office
Friday 3 June 2011	BOARD	10.00 AM	St John lecture rooms
Wednesday 15 June 2011	Tatau Pounamu	10.00 AM	Westport Motor Hotel, Westport
Thursday 14 July 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 28 July 2011	BOARD	8.30 AM	The Fern Room, Mueller Motel, Franz Josef
Thursday 18 August 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 8 & Friday 9 September 2011	Tatau Pounamu	10.00 AM	Te Tauraka Waka a Maui Marae
Thursday 8 September 2011	BOARD WORKSHOP	2.00 PM	Te Tauraka Waka a Maui Marae
Friday 9 September 2011	BOARD	10.00 AM	Te Tauraka Waka a Maui Marae
Friday 30 September 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	HAC	11.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 19 October 2011	Tatau Pounamu	10.00 AM	Arahura Pa
Friday 14 October 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 17 November 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	ARF	1.30 PM	Boardroom, Corporate Office
Monday 28 November 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Friday 2 December 2011	BOARD	10.00 AM	St John lecture rooms

DISCLOSURES OF INTERESTS

Member	Disclosure of Interests
CHAIR - HAC Warren Gilbertson **West Coast District Health Board Member**	• Chief Operating Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies
DEPUTY CHAIR – HAC Sharon Pugh **West Coast District Health Board Member**	• Shareholder, New River Bluegums Bed & Breakfast
Doug Truman **West Coast District Health Board Member**	• Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth
Barbara Holland	• Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests) • Member – Public Health Association of New Zealand • Member – Well Women's Centre • Member – National Screening Advisory Committee • Member – Breastscreen Aoteoroa Advisory Group
Richard Wallace	• Upoko, Te Runanga o Makawhio • Negotiator for Te Rau Kokiri • Trustee Kati Mahaki ki Makawhio Limited • Honorary Member of Maori Women's Welfare League • Wife is employed by West Coast District Health Board • Trustee West Coast Primary Health Organisation • Chair of Tatau Pounamu • Kaumatua Health Promotion Forum New Zealand • Kaumatua for West Coast DHB Mental Health Service (part-time) • Daughter is a Board Member of both the West Coast DHB and Canterbury DHB • Kaumatua o te Runanga o Aotearoa NZNO • Te Runanga o Aotearoa NZNO
Gail Howard	•
Paula Cutbush	• Owner and stakeholder of Alfresco Eatery and Accommodation

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS
TERMS OF APPOINTMENT

HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Warren Gilbertson (Chair)	14 December 2007 (Re-appointed 6 March 2009 and 27 January 2011)	One year	31 December 2011
Sharon Pugh (Deputy Chair)	27 January 2011	One year	31 December 2011
Doug Truman	27 January 2011	One year	31 December 2011
Barbara Holland	25 June 2003 (Re-appointed 30 June 2006 and 30 June 2009)	Three years	30 June 2012
Richard Wallace	25 July 2005	Reviewed annually by Te Runanga o Makaawhio	Until advised by Te Runanga o Makaawhio
Gail Howard	6 May 2011	Three years	6 May 2014
Paula Cutbush	6 May 2011	Three years	6 May 2014

DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING HELD THURSDAY 18 AUGUST 2011 AT 11.00AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT Warren Gilbertson, Chair
Sharon Pugh, Deputy Chair
Paula Cutbush
Richard Wallace
Doug Truman

IN ATTENDANCE Peter Ballantyne, Board Deputy Chair
Mary Molloy, Board Member
Hecta Williams, General Manager
Gary Coghlan, General Manager Maori Health
Karyn Kelly, Acting Director of Nursing and Midwifery
Raewyn McKnight, Service Manager Allied Health, Diagnostics and Support Services
Bryan Jamieson, Community Liaison Officer
Sandra Gibbens, Minute Secretary

APOLOGIES Gail Howard
Dr Paul McCormack

Karakia – Richard Wallace

1. WELCOME, APOLOGIES AND AGENDA

The Chair welcomed everyone to the meeting. Apologies were accepted from Gail Howard and Dr Paul McCormack

Moved: Warren Gilbertson **Seconded: Sharon Pugh**

Motion:
"THAT the apologies be accepted."

Carried.

2. DISCLOSURES OF INTERESTS

There were no amendments to the disclosures of interest.

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 14 JULY 2011

Moved: Doug Truman **Seconded: Sharon Pugh**

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 14 July 2011 be adopted as a true and accurate record."

Carried.

Hospital Advisory Committee Chair's Report to the Board 28 July 2011
The key items were:

1 Recommendation to the Board regarding the Healthy Housing initiative. This was ratified by the Board for inclusion within education and awareness programmes.
2 The Hospital Advisory Committee Work Plan and Terms of Reference have been adopted by the Board subject to management's ability to deliver.
3 The opening of the Franz Josef Health Services building was noted as a positive and significant event; the Memorandum of Understanding being signed off by the Runanga during the occasion.
4 On Wednesday 27 July 2011, the reviewed Tatau Pounamu Manawhenua Advisory Group Terms of Reference were signed by Richard Wallace, Tatau Pounamu Chair; Ben Hutana, Tatau Pounamu Deputy Chair and Te Runanga O Ngaiti Waewae representative; and David Meates, Chief Executive Officer.

4. MATTERS ARISING

Item 1: Whole Board Programme re Outline for Prioritisation of Strategic Activities
The Hospital Advisory Committee Chair will liaise with the Acting General Manager Hospital Services to action this item.

Item 2: Letter of appreciation re Elective Services Recovery Plan
Actioned. To be removed from matters arising.

Item 3: Advanced Directives information to be forwarded to the Board Chair
This item has been referred to Clinical Governance. To be removed from matters arising.

Item 4: Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target
Information to be provided at the next Hospital Advisory Committee meeting.

Item 5: Request to go to the Board to raise awareness of the Health Homes Initiative
Actioned. To be removed from matters arising.

Item 6: Breakdown to be provided of information captured in the Classification of Complaints graph
This information is provided within the Risk and Quality report section 6.2.

Item 7: Outpatient Department cancellations section to display current data next to last year's data to capture the movement
This information is provided within the Outpatient Department Cancellations report section 6.2.

Item 8: Feedback to be provided on a plan regarding the notification of the public about the opening of the Franz Josef clinic
Feedback was provided. To be removed from matters arising.

Item 9: Amended Work Plan and Terms of Reference to go to the Board for review and approval
Actioned. To be removed from matters arising.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

A copy of the letter of appreciation to staff regarding the Elective Services Recovery Plan is to be included in the correspondence section for the next Hospital Advisory Committee meeting.

6. WORK PLAN

Action point: The Hospital Advisory Committee Chair is to liaise with the Acting General Manager Hospital Services regarding management's ability to deliver on the Work Plan.

6.1 Health Targets

- **Shorter stays in Emergency Departments**
  The Emergency Department are working on reducing the waiting times for patients.

- **Improved Access to Elective Services**
  Elective Services have performed well in the past year, improving on last year. Production planning and rostering work is progressing well with good engagement by staff.

- **Shorter Waits for Cancer treatment**
  It is positive to note that cancer patient numbers have reduced compared to last year.

- **Better Help for Smokers to Quit**
  A new Coordinator has been appointed. An improvement on input is being sought to improve this target.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report
The General Manager, Acting Director of Nursing and Midwifery, and Service Manager Allied Health, Diagnostics and Support Services spoke to the report:

- Trend Care – Trend Care is viewed as being of key importance in managing the nursing workforce. A Trend Care Coordinator has been appointed, and systems and rostering as to key performance indicators (KPIs) are being investigated. Safe Staffing Health Workplace (SSHW) has been invited to follow up work on Trend Care, with a site visit and recommendations to come.
- Medical Rostering – the new system is still being embedded and improved. There are many positive effects resulting from the implementation of this tool.

- Primary – a new appointment booking system is being implemented at the Academic Practices. The state of primary practices in the Grey area is being carefully monitored at present.
- Carelink – improvements are noted, particularly regarding short term support services. The Carelink Needs Assessment and Service Coordination (NASC) programme is being developed to improve the provision of services to elderly people in the community.
- Buller Health – the development of the Integrated Family Health Service continues with a number of workshops being held and good progress being made.
- Franz Josef Health Services – it was agreed that this is an excellent facility and is working very well.
- Model of Care – Clinical leaders are leading this work on a comprehensive approach for a strong, sustainable system. It is presenting an opportunity to provide an innovative and creative group of clinicians on the West Coast, and it is anticipated that the Model of Care will be nearing completion by the end of this year.

Incident Reporting System
The report provided a good summary of the system and it was noted that there are significant improvements considering the short period of time that the system has been in effect. Emerging themes are being addressed, i.e. a project is being developed to improve discharge planning.

Paula Cutbush left the meeting at 11.50am
Paula Cutbush entered the meeting at 11.52am

Human Resources
The recruitment programme is proving to be successful, with some offers of employment being made for key positions within Grey Base Hospital.

Action Point: The General Manager to discuss the Obstetrics and Gynaecology vacancy with the Acting General Manager Hospital Services.

Risk and Quality Report
The General Manager spoke to the report:
- A review of the survey method is being undertaken to explore more effective ways to gain feedback from patients.
- The number of complaints has slightly increased; improvements to the system to reduce delays to responses are being developed.
- Positive comments have been received in the suggestion boxes.
- A review is underway on Standing Orders and there is potential for implementing these more broadly throughout the organisation.
- The Clinical Quality Improvement Team (CQIT) is included in the Standing Orders review with regards to its form, function and link with the Board.

Action Point: The Hospital Advisory Committee request a classification of complaints graph be provided specifically for hospital services.

Moved: Warren Gilbertson **Seconded: Sharon Pugh**

Motion:
"THAT the Hospital Advisory Committee receive the Management Team Report."

Carried.

Finance Report
The General Manager provided a verbal report for July 2011:

- The deficit of $634k is $113k better than budget.
- Over expenditure in the following areas are being focussed upon:
  - Locum costs
  - Prostheses
- The second six months are expected to be more favourable than the first six months due to anticipated recruitment of permanent staff.
- A very detailed budget is being developed to address the phasing of locums.

Moved: Warren Gilbertson **Seconded: Richard Wallace**

Motion:
"THAT the Hospital Advisory Committee receive the verbal Finance Report."

Carried.

Caseweights

- Acutes were significantly higher than usual; the results are being analysed.
- Outpatient volumes have marginally increased.
- It was noted that underproduction can be due to a lack of patient numbers in some areas.

Action point: The Chief Financial Manager to provide a brief update regarding the meaning of the total value of over-production costs as to fiscal impact (if any).

Elective Services Patient Flow Indicators (ESPIs)
We are compliant overall, and the areas of Ear, Nose and Throat and Dentals are improving.

Outpatient Department Cancellations

- The Did Not Attend (DNA) rates are higher than in the past and is an area that be significantly improved. A project on improving the areas of DNAs and Clinical cancellations is to be developed.
- Within the project, consideration to be given to: ways to work with the community including age-grouping, Better Sooner More Convenient, Xcelr8, the previous marketing campaign.

Clinical Leaders Report
The Acting Director of Nursing and Midwifery spoke to the report.

- The next Clinical Governance workshop is scheduled to take place on 29 September 2011.
- Work has commenced this week on the Rural Learning Centre.
- The Clinical Leadership group is assertive in being involved in all levels of decision making, and this is assisting in the 'buy-in' from clinicians.

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers
The data is being looked at to investigate whether any of the services are able to be provided here.

7. KEY ISSUES / ITEMS OF INTEREST TO REPORT TO THE BOARD

- Financials – focussed priority around the outsourced locums
- Electives -
  - understanding the fiscal impact (if any)
  - the continuing work on improvements
- Outpatients and Did Not Attends (DNAs)
- Staffing – the positive movement in recruitment

8. IN COMMITTEE

Moved: Warren Gilbertson **Seconded: Paula Cutbush**

Motion:

"That members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act, so that the meeting may discuss the following matters:

- **In committee minutes from the Meeting held 14 July 2011**

On the grounds that public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 9 of the Official Information Act 1982."

Carried.

The Hospital Advisory Committee moved into In Committee at 12.44pm.

There were no in committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12.53pm

9. NEXT MEETING

The next meeting will be held on Friday, 30 September 2011 in the Boardroom, Corporate Office, Grey Base Hospital.

The Hospital Advisory Committee spent 9 minutes in In Committee
There being no further business to discuss the meeting concluded at 12.57pm.

HAC REPORT TO BOARD

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

FROM: **Chair, Hospital Advisory Committee**

DATE: **25 August 2011**

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Thursday, 18 August 2011)

Elective Services

Medical Rostering – the new system is still being embedded and improved, however significant benefits are already being realised which will ultimately help with the management of annual elective targets. The Committee has requested a brief explanation on whether overproduction has any fiscal impact (whether negative / positive) to the DHB.

Human Resources

Positive progress continues to be made around clinical appointments of specialist roles which have traditionally struggled to attract any interest – while possibly a reflection of the global economy, we should also acknowledge the role of HR under the restructured collaborative model.

Outpatient Department Cancellations

Did Not Attend (DNA) rates are higher than in the past and is an area that be significantly improved. A project on improving the areas of DNAs and Clinical cancellations is to commence with a focus on how the Better Sooner More Convenient initiative can assist this matter.

Finance Report

- The draft July YTD deficit of $634k is $113k better than budget.
- Over expenditure continues in usual problematic areas such as outsourced resources and clinical supplies and needs to remain an ongoing priority in terms of hitting year-end target.
- HAC advised that the second six months are expected to be more favourable than the first six months due to anticipated recruitment of permanent staff.

RECOMMENDATION

The Board is requested to note this report for their information.

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	18 August 2011	The Hospital Advisory Committee Chair and Acting General Manager Hospital Services to discuss a whole Board programme that will provide an outline for prioritisation of strategic activities	Hospital Advisory Committee Chair and Acting General Manager Hospital Services	18 August 2011	
2	14 July 2011	Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target	General Manager	30 September 2011 meeting	
3	18 August 2011	The Hospital Advisory Committee Chair and Acting General Manager Hospital Services to discuss management's ability to deliver on the Work Plan	Hospital Advisory Committee Chair and Acting General Manager Hospital Services	30 September 2011 meeting	
4	18 August 2011	The Obstetrics and Gynaecology vacancy to be discussed with the Acting General Manager Hospital Services	General Manager	30 September 2011 meeting	
5	18 August 2011	A classification of complaints graph is requested to be provided specifically for hospital services	Quality Assurance and Risk Manager	30 September 2011 meeting	
6	18 August 2011	The Chief Financial Manager is to provide a brief summary regarding the meaning of the total value of over-production costs as to fiscal impact (if any).	Chief Financial Manager	30 September 2011 meeting	
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE FOR AUGUST 2011

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
20 May 2011	Warren Gilbertson Hospital Advisory Committee Chair	West Coast DHB Management and Staff	Letter of appreciation regarding the Elective Services Recovery Plan		

RECOMMENDATION

That the outwards correspondence is received.

FILE COPY

West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Grey Base Hospital
High Street, Greymouth

Telephone 03 768 0499
Fax 03 768 2790

20 May 2011

Management and Staff
Elective Services Recovery Plan
Grey Base Hospital
Greymouth

Dear Management and Staff

Re: Elective Services Recovery Plan

The Hospital Advisory Committee wish to express their appreciation and support to both Management and Staff who have been working so diligently on the Elective Services Recovery Plan.

Your valuable input is acknowledged and we thank you for all of your efforts.

Yours sincerely

Warren Gilbertson
Hospital Advisory Committee Chair

HOSPITAL ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for Hospital Advisory Committee							
1. Annual Plan	General Manager Planning and Funding	Ongoing	Quarterly		√		West Coast District Health Board 2011/12 Annual Plan now signed off by Ministers.
2. District Health Board Hospital Benchmark Information	General Manager Hospital and Support Services	Ongoing	Quarterly				As available.
Provide input into							
1. South Island Health Services Plan	General Manager Hospital and Support Services and General Manager Planning and Funding		Annually		√		South Island Regional Health Services Plan approved.
2. South Island Elective Services Plan	General Manager Hospital and Support Services		Annually		√		The South Island Elective Services Plan is part of the South Island Regional Health Services Plan.
3. South Island Regional Strategic Plan	General Manager Planning and Funding		Annually		√		District Strategic plan has been replaced by Regional Strategic Plan 2010/11 on plus an annual output plan instead of the District Annual Plan.
4. Next Year Annual Plan and Statement of Intent	General Manager Planning and Funding		Annually			√	Annual Plan and Statement of Intent for 2010/11 now submitted to Minister of Health.
5. Facilities Redevelopment Plan	General Manager Hospital and Support Services	Ongoing	As required		√		
6. Health Information Strategy	General Manager Hospital and Support Services		Semi-Annual		√		National Health I.T. Plan for review and discussion.
7. Annual Report	Chief Financial Officer / General Manager Hospital and Support Services / General Manager Planning and Funding		Annually			√	Final copy to be provided when auditors complete.
8. Provision of advice to the Board on how to reduce the deficit	Chief Financial Officer / General Manager Hospital and Support Services / General Manager Planning and Funding	Ongoing	Six weekly		√		Project – GP Business Model.

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To monitor							
1. Financial performance	Chief Financial Officer	Ongoing	Six weekly		√		Regular Finance Reports.
2. Health Targets	General Manager Hospital and Support Services	Ongoing	Quarterly weekly		√		Report included in papers.
3. Provider performance to contract	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Included in operational indicators.
4. Elective Services Patient Flow Indicators (ESPI)	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Report included in papers.
5. CDHB Collaboration - Monitor key deliverables / milestone dates	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Report included in papers.
6. Workforce Development	Human Resources Manager	Ongoing	Quarterly		√		Included in management reports.
7. Implementation of Clinical Governance Action Plan - Monitor key deliverables / milestone dates Framework	Chief Executive Officer	Ongoing	Quarterly		√		Report provided from the Clinical Advisory Group.
8. Clinical Governance - Reporting on Outcomes Achieved	Clinical Leadership Team	Ongoing	Quarterly	√			Report provided from the Clinical Leadership Team.
9. Outpatient Department Cancellation Report	General Manager Hospital and Support Services	Ongoing	Six Weekly		√		Report included in papers.
10. South Island Health Services Plan	General Manager Hospital and Support Services / General Manager Planning and Funding		Quarterly				

HEALTH TARGETS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Garth Bateup, Acting General Manager Hospital Services**

DATE: **15 September 2011**

DISTRICT HEALTH BOARD SPECIFIC TARGETS

The following is a report on the four District Health Board specific targets that are of interest to the Hospital Advisory Committee.

National Health Target		West Coast DHB Target	
Shorter stays in Emergency Departments	95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours	95% across all triage categories	**Emergency Department Attendances** **For Period: 1 July to 31 July 2011** Over 6 hours 3 0.00% Under 6 hours 1,206 1.00% **Total Attendances 1,209** **For Period: 1 August to 31 August 2011** Over 6 hours 13 0.01% Under 6 hours 1,338 0.99% **Total Attendances 1,351** This report is calculated from arrived time to departed time. It combines the three ED Departments – Grey, Buller and Reefton
Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges (an increase of 21 on 2009/10)	For the period ending 31 July 2011, there were an additional 118 discharges over the required number of 1592. For the week ending 04/09 September 2011 we were three discharges above the monthly target.

Shorter Waits for Cancer treatment	Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010	100% started within four weeks	Ten West Coast patients in the priority treatment categories (Priority A - acute; Priority B - curative; and Priority C - Palliative and Radical) in July and August 2011. All of these patients commenced treatment within the target maximum waiting time of four weeks except for one patient, who delayed the start of treatment at their own choice. This individual elected to commence treatment in the four to six week time period from first specialist assessment.
Better Help for Smokers to Quit	90% of hospitalised smokers are provided with advice and help to quit. Introduce similar target for primary care from July 2010 through the Primary Health Organisation Performance Programme.	90% for 2010-2011	The percentage of all hospitalised smokers given advice and help to quit in August 2011 is 78% - 6% more than the previous month (see table below). The percentage achieved in August reverses the trend of decrease seen since April 2011. However, the increase for the month of August 2011 will not be enough for the DHB to reach the 95% target for quarter one even if a 100% is achieved for the month of September 2011. Nevertheless, it is hoped that this improvement will be maintained with the new inclusion of a Smoking Cessation Counselor who commenced work on 19 July 2011 and the recent recruitment of a 0.2 FTE HEHA/Smokefree Service Development Manager (commenced 13 September 2011) who will provide planning and leadership for the programme. A 0.8 FTE Smoking Cessation Coordinator will commence before the end of October 2011. These roles will continue to provide training, support and leadership for the programme to ensure that the ABC is embedded within the systems and processes so that the DHB would be able to achieve the 95% target for 2011/12.

RECOMMENDATION

That the Hospital Advisory Committee note this report for their information.

Author: **Provider Arm Management Team – 15 September 2011**

HEALTH TARGETS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **9 September 2011**

National Health Targets

West Coast DHB
Quarter 4 2010/11 Performance Summary

Target	Q1	Q2	Q3	Q4	Status Q4
Shorter Stays in ED: 95% of patients are to be admitted, discharged or transferred from an ED within 6 hours.	100%	100%	100%	100%	✓
Improved Access to Elective Surgery: West Coast's volume of elective surgery is to be increased to 1,592 in 2010/11.	79% (328 YTD)	88% (705 YTD)	101% (1,175 YTD)	107% (1,710)	✓
Shorter Waits for Cancer Radiotherapy Treatment: 100% of people needing cancer radiation therapy are to have it within **six** weeks.	95%	87.5%	100%	100%	✓
Shorter Waits for Cancer Radiotherapy Treatment: 100% of people needing cancer radiation therapy are to have it within **four** weeks.	N/A	N/A	89%	100%	✓
Increased Immunisation: 91% of two year olds are to be fully immunised.	80%	93%	82%	84%	✗
Better Help for Smokers to Quit: 90% of hospitalised smokers are to receive help and advice to quit.	59%	72%	88%	83%	✗
Better Diabetes and Cardiovascular Services: Average progress made towards three target indicators[1]	74%	74%	73%	72%	✗

[1] Rolling 12 month average, 3 months in arrears

Better Diabetes and Cardiovascular Services: 80% of the eligible adult population who have had a fasting-lipid/glucose test in the last five years.[2]	76%	77%	77%	76.3%	✘
Better Diabetes and Cardiovascular Services: 65% of people with diabetes who have attended a free annual review.[3]	63%	64%	68%	71%	✓
Better Diabetes and Cardiovascular Services: 80% of those receiving a diabetes annual review who have satisfactory or better diabetes management.[4]	70%	72%	71%	69%	✘

FEEDBACK FROM THE DIRECTOR-GENERAL OF HEALTH - 2010/2011 QUARTER FOUR PUBLISHED HEALTH TARGET RESULTS FOR ALL DHBS:

Overall results

Nationally the quarter four year-end 2010/11 health target results show excellent performance improvement across most of the health target areas. Three of the national health targets have been met: **Improved access to elective surgery**; **Shorter waits for cancer treatment** and **Increased immunisation**. The results for each target are summarised below.

The national **Improved access to elective surgery** target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 discharges (four percent) more than planned

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment in the **Shorter waits for cancer treatment** health target

The national **Increased immunisation** health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population.

National performance against the **Shorter stays in Emergency Departments** target increased to 92 percent this quarter compared with 89 percent in quarter three 2010/11 and 80 percent in quarter one 2009/10.

In quarter four 85 percent of smokers were offered help and advice to quit in the **Better help for smokers to quit target**. This compares with 74 percent in quarter three 2010/11.

The national composite performance in the **Better diabetes and cardiovascular services** health target for the year was 72 percent, down from 73.1 percent in quarter three 2010/11.

[2] Actual figures for the quarter
[3] Actual data for the quarter
[4] Actual data for the quarter

Health target results for 2010/11 quarter four compared with quarter three 2010/11 and quarter four 2009/10

Target Area	National goal	Quarter four 2009/10	Quarter three 2010/11	Quarter four 2010/11
Shorter stays in Emergency Departments	95%	86.5%	88.9%	91.6%
Improved access to elective surgery	100%	105.1%	101.5%	103.8%
Shorter waits for cancer treatment[5]	100%	99.3%	98.9%	99.9%
Increased immunisation	90%	87.2%	88.8%	90.4%
Better help for smokers to quit	90%	56.8%	73.7%	84.6%
Better diabetes and cardiovascular services	N/A[6]	69.8%	73.0%	72.0%

This quarter Canterbury DHB's performance has not been ranked in four of the six health targets (elective surgery, cancer, tobacco and CVD diabetes) in acknowledgement of the impact of the earthquakes on the DHB's year-end results.

The quarter four results represent the year end position for each target based on quarter four reports supplied by DHBs. The electives target is a volume target, and as such is the only target where the assessment is based on a cumulative result from the full year.

Individualised performance-focused letters will be sent to all DHB Chairs, copied to DHB CEOs, from the Minister of Health. The letters will contain specific feedback from Target Champions about each DHB's quarter four health target performance. Target Champions will also be contacting poorer performing DHBs in each target area. DHBs' overall performance has been discussed with the Minister of Health.

The table of DHB performance for publication in newspapers and newsletters has a column to describe the change in performance between quarter three 2010/11 and quarter four 2010/11. Upward and downward triangles indicate where progress has increased or decreased and the dash '-' indicates no change. Changes up to and including one percent have not been displayed in the newspaper table as improvements or decreases in performance. Changes of 1.01 percent or more are displayed as upward or downward facing triangles.

As in previous quarters, detailed data on the quarter four results will be available on the Ministry's website from Wednesday 31 August 2011. This includes an interactive excel spreadsheet where detailed results are available by target area, including by ethnicity for some targets, and / or by DHB. Refer to www.moh.govt.nz/healthtargets

The purpose of the briefing points from Target Champions is to provide additional background information to support DHBs disseminating the target results to local communities. This information is not developed to be published in full.

Please note the Ministry plan to publish the quarter four results on 31 August. In some of the past quarters, the Minister has released the results a day early.

[5] In January 2011 the Shorter waits for cancer treatment health target wait time shifted from six weeks to four weeks. The result for quarter four 2009/10 is based on the six week wait time. Quarter three and four 2010/11 results are based on the four week wait time.

[6] Performance against the better diabetes and cardiovascular services health target is an average of three target indicators and there is no overall national goal.

Health target results

1. Shorter stays in emergency departments

National performance against the target increased to 91.6 percent this quarter. This is an impressive result, particularly in a 'winter quarter', and is the highest national result achieved so far. It compares to a performance of 88.9 percent recorded last quarter (quarter three 2010/11) and an initial performance of 80.1 percent in quarter one of 2009/10.

The number of individual DHBs achieving the target also increased again this quarter to nine, with Auckland DHB achieving 95 percent for the first time. The other DHBs also achieving the target are Canterbury, Counties Manukau, Nelson Marlborough, South Canterbury, Tairawhiti, Taranaki, Wairarapa and West Coast. A further two DHBs, Hawke's Bay and Waitemata, are just short of the target on 94 percent.

Of the 11 DHBs not currently achieving the target, only two – Capital & Coast and Lakes – did not record an improvement in performance this quarter.

Earthquake impact
Canterbury DHB maintained its achievement of the 95 percent target this quarter despite pressure on hospital capacity and bed availability due to the closure of four wards following the February earthquake.

DHB performance
Auckland DHB achieved the 95 percent target for the first time this quarter. The DHB has recorded strong performance improvement over the last two quarters improving from 78 percent in quarter two and 88 percent in quarter three of 2010/11.

Waitemata DHB recorded the biggest improvement in performance this quarter, increasing by 13.9 percent to 94 percent. Overall Waitemata DHB's performance has improved 32.7 percent since the target was introduced and it has gone from being bottom of the DHB performance table with 61 percent, to 11th this quarter.

Capital & Coast DHB's performance deteriorated by a further one percent this quarter, to 74 percent. As a result it remains the poorest performing DHB by a growing margin with the next poorest performing DHB, Southern, improving this quarter to 83 percent.

Lakes was the only other DHB not achieving the target to record a decrease in performance this quarter. It decreased 1.4 percent to 89 percent. This is the first quarter that Lakes DHB's performance has deteriorated and with the performance of other DHBs improving, Lakes has dropped to a ranking of 15th out of the 20 DHBs.

2. Improved access to elective surgery

Quarter four results for the elective surgery target show the national target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 (four percent) more than planned. This includes the additional discharges to support Canterbury DHB's potential shortfall as a result of the earthquakes. This is also an improvement of 6977 discharges over the final results for 2010/11, when 138,376 people received treatment.

Earthquake impact
Canterbury DHB's results show them being 504 discharges (three percent) behind plan. This is considered an excellent result under the circumstances. The DHB has worked hard to ensure elective surgery was maximised in the final quarter of the year. The National Health Board confirmed additional elective surgery in other DHBs to address any shortfall.

DHB performance
Nineteen DHBs have achieved their target, four more than in quarter three. Eight DHBs (Northland, Counties Manukau, Lakes, MidCentral, Taranaki, Whanganui, Wairarapa and West Coast) have an 'outstanding rating' where actual delivery is more than five percent over their planned level.

There has been notable improvement in performance between quarter three and four. Three DHBs who were behind in quarter three are now ahead of plan:

- Capital & Coast improved from 99 percent to 103 percent
- Hutt Valley improved from 99 percent to 102 percent
- Tairawhiti improved from 97 percent to 101 percent.

All DHBs except Canterbury have met their target.

3. Shorter waits for cancer treatment radiotherapy

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment. One Canterbury DHB patient waited three days longer than four weeks as a direct result of the earthquake in Christchurch.

Earthquake impact
The impact of the earthquake continues not only for Canterbury DHB but also for Southern and Capital & Coast DHBs. Southern and Capital & Coast DHBs continue to receive referrals for patients who are domiciled to West Coast, Nelson Marlborough and South Canterbury DHBs and who would normally be treated at Canterbury DHB.

DHB performance
All 20 DHBs are outstanding performers this quarter, with the four week wait health target achieved for almost all patients during quarter four 2010/11. Further, despite the ongoing consequential impacts of the earthquakes, Canterbury DHB achieved 99.53 percent with only one patient waiting three days longer than four week target as a direct result of the earthquake.

The Ministry continues to intensively monitor all Cancer Centre DHBs against the four week health target. Performance monitoring includes weekly assessment of:

- performance against the four week target
- factors influencing treatment delivery capacity
- use of delay code categories.

4. Increased immunisation

The national **Increased immunisation** health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population. Ethnicity coverage in quarter four was: NZ European 91.3 percent; Māori 87.8 percent; Pacific 94.2 percent and Asian 95.8 percent.

Earthquake impact
Canterbury DHB achieved immunisation coverage of 90 percent in quarter four against their own target of 91 percent for total population. Māori coverage reached 91 percent and Pacific coverage 98 percent.

DHB performance
In quarter four, 13 DHBs achieved or exceeded the immunisation target of 90 percent coverage for total population; Auckland (92 percent), Canterbury (90 percent), Capital & Coast (91 percent), Counties Manukau (90 percent), Hawke's Bay (93 percent), Hutt Valley (91 percent), MidCentral (92 percent), South Canterbury (92 percent), Southern (93 percent), Tairawhiti (90 percent), Waikato (91 percent), Wairarapa (94 percent), Waitemata (92 percent).

- Canterbury, Capital & Coast, Hawke's Bay, Hutt Valley, South Canterbury and Southern DHBs achieved a full year of coverage at or above 90 percent.
- Canterbury did not achieve their own target of 91 percent; nevertheless they continued to provide exceptionally high levels of coverage despite the recurrent earthquakes in the city and consequent severe disruption to services.
- Auckland DHB exceeded their stretch target of 91 percent.
- Counties Manukau achieved the national target and lifted coverage from 87 percent in quarter three to 90 percent coverage in quarter four; the DHB also increased Māori coverage by four percentage points from quarter three.
- Wairarapa DHB increased coverage from 89 percent in quarter one to 94 percent in quarter four for total population; the DHB exceeded its Māori population target of 91 percent, achieving 94 percent coverage.

DHB total population and ethnicity targets
The following DHBs achieved their own total population and ethnicity targets this quarter.

Māori:
Māori immunisation coverage increased from 83 percent in quarter four 2009/10 to 87.8 percent in quarter four 2010/11 against a target of 90 percent.

- Thirteen DHBs achieved or exceeded the Māori population coverage targets; Auckland (89 percent), Bay of Plenty (88 percent), Canterbury (91 percent), Hawke's Bay (93 percent), Hutt Valley (92 percent), Nelson Marlborough (87 percent), South Canterbury (94 percent), Southern (95 percent),Tairawhiti (90 percent), Waikato (90 percent), Wairarapa (94 percent), West Coast (89 percent), Whanganui (89 percent).

Pacific:
Pacific immunisation coverage increased from 89 percent in quarter four 2009/10 to 94.2 percent in quarter four 2010/11 against a target of 90 percent.

- All providers with specific Pacific population coverage targets exceeded their targets Auckland (95 percent), Capital & Coast (92 percent), Canterbury (98 percent), Counties Manukau (92 percent), Hutt Valley (97 percent), Waikato (94 percent), Waitemata (97 percent).

Total population:
Bay of Plenty DHB exceeded their total population target of 85 percent with 87 percent coverage.

5. Better help for smokers to quit

Further progress has been made in quarter four with the national average increasing from 74 percent in quarter three to 85 percent of smokers being offered help and advice to quit nationally in quarter four.

Nine DHBs have achieved or exceeded the 90 percent target in quarter four and 11 DHBs achieved or exceeded 90 percent in the month of June.

Over 33,444 hospitalised smokers have been identified in quarter four and 28,303 have received brief advice.

In 2010/11, over 96,000 hospitalised patients have been offered brief advice and help to quit.

Earthquake impact
Canterbury DHB's results have dropped from 77 percent in quarter three to 70 percent in quarter four. The decline in results has been most apparent at Christchurch Hospital which contributes to a large proportion of patient events, and which has had to deal with significant disruption following the earthquake.

DHB performance

- Lakes DHB has achieved 100 percent in quarter four and is the top performing DHB for the quarter.
- Capital & Coast DHB has made significant progress and has achieved the target in quarter four with 97 percent despite being one of the three poorest performing DHBs in quarter three at 66 percent.
- Hawke's Bay, Nelson Marlborough, Northland and Whanganui DHBs have all made significant progress over the quarter and have achieved the target.
- South Canterbury, Wairarapa and Hutt Valley DHBs have all achieved the target again this quarter, and have improved on their quarter three results.
- Taranaki DHB has made significant progress in quarter four, moving from 61 percent in quarter three to 83 percent in quarter four. The 90 percent target was not achieved for the quarter, but Taranaki DHB did achieve 92 percent in the month of June.
- West Coast DHB's results have dropped from 88 percent in quarter three to 83 percent in quarter four.
- Bay of Plenty DHB has made progress this quarter but is one of the two poorest performing DHBs.
- Auckland DHB and Southern DHB have both made progress this quarter but have not achieved the target and are some of the poorest performing DHBs.
- Canterbury DHB's results have dropped from 77 percent to 71 percent in this quarter.

6. Better diabetes and cardiovascular services

National composite performance[7] in the Better diabetes and cardiovascular services health target for the year was 72 percent (down from 73 percent in the first three quarters of 2010/11). Between quarters three and four 2010/11, six DHBs improved their results and 12 DHBs were within 2 percent of their targets.

When comparing quarter one 2010/11 to quarter four 2010/11, eight DHBs have improved, nine DHBs fell by less than three percent, and three DHBs fell by more than five percent (Lakes, Taranaki and West Coast).

Performance in the CVD risk assessment indicator saw eleven DHBs achieving their 2010/11 targets. Twelve DHBs achieved their 2010/11 targets in the diabetes free annual checks indicator, however DHBs had less success with their diabetes management, with only five DHBs achieving their targets.

Earthquake impact
Canterbury DHB performed well in achieving the diabetes management indicator and was just two percent below their free annual checks target by the end of March 2011. Establishing and stabilising the enrolled population remains a major focus post-quake.

[7] 'Composite performance' is an average of performance across the three target indictors: CVD risk assessment, diabetes free annual checks and diabetes management.

DHB performance

CVD risk assessment

Nationally the percentage of the eligible population who have had their CVD risk assessed in the last five years has reached 76 percent, down from 77 percent in quarter three 2010/11, but similar to quarters one (76 percent) and two (76.5 percent) 2010/11.

All DHBs performed reasonably well in the CVD risk assessment target, although none were above 90 percent, the results ranged from 68 to 82 percent against targets of 60 to 81 percent.

MidCentral remains the top performing DHB in this indicator at 82 percent, with Waitemata DHB and Counties Manukau DHB at 80 percent.

Diabetes free annual checks

Based on the number of diabetes free annual checks delivered during 2010/11[8], nationally 66 percent (or 122,089) of people with diabetes received their free annual checks. The result for quarter three was 69 percent, with quarter one being 70 percent. Twelve DHBs achieved their DHB-specific total targets for 2010/11 while four were within five percent of the target.

For Māori and Pacific, the year end results show 71 percent (or 17,874) of Māori with diabetes received their free annual checks and 78 percent (or 14,312) of Pacific people.

Counties Manukau DHB and Waikato DHB surpassed their locally set targets by about 20 percent. Taranaki DHB continued to rank first for delivery, with Counties Manukau DHB second and Whanganui DHB third.

Diabetes management

Nationally, of those who have received their diabetes free annual check during 2010/11, 74 percent had satisfactory or better diabetes management. This target showed a slight increase with quarter three at 73 percent, and quarter one at 72 percent. However, only five DHBs (Canterbury, Capital & Coast, Counties Manukau, Lakes and Whanganui) achieved their DHB-specific targets for 2010/11, with ten DHBs less than five percent below their targets.

For the diabetes management, Southern DHB was the highest performer with 95 percent of its target achieved, with Whanganui DHB and South Canterbury DHB ranking second and third.

The NZ Guidelines Group has developed an evidence-based clinical guidelines package for primary care on diabetes management. This is being disseminated through their website and the Ministry's Health Improvement and Innovation Resource Centre (HIIRC) website.

New CVD diabetes health target in 2011/12

From 1 July 2011 the new national target for the CVD indicator is 90 percent. This target has been agreed in DHB Annual Plans.

[8] This 2010/11 target is reported in arrears, so the year in which services are delivered is 1 April 2010 to 31 March 2011.

FAQ'S FOR QUARTER FOUR HEALTH TARGET RESULTS

What are the overall quarter four health target results?

Nationally the quarter four year-end 2010/11 health target results show excellent performance improvement across most of the health target areas. Three of the national health targets have been met: **Improved access to elective surgery**, **Shorter waits for cancer treatment** and **Increased immunisation**.

How did each health target perform?

Shorter Stays in Emergency Departments

National performance against the **Shorter stays in Emergency Departments** target increased to 92 percent this quarter compared with 89 percent in quarter three 2010/11 and 80 percent in quarter one 2009/10.

Improved Access to Elective Surgery

The national **Improved access to elective surgery** target has been achieved, with 145,353 elective surgical discharges provided, against a target of 140,063 discharges. This is 5290 discharges (four percent) more than planned.

Shorter Waits for Cancer Treatment Radiotherapy

Nationally 99.95 percent of patients, who were ready for treatment, received their radiation treatment within four weeks of their first specialist radiation oncology assessment in the Shorter waits for cancer treatment health target.

Increased Immunisation

The national **Increased immunisation** health target was achieved this quarter. National immunisation coverage increased from 87 percent in quarter four 2009/10 to 90.4 percent in quarter four 2010/11 against a target of 90 percent for total population.

Better Help for Smokers to Quit

In quarter four 85 percent of smokers were offered help and advice to quit in the **Better help for smokers** to quit target. This compares with 74 percent in quarter three 2010/11.

Better Diabetes and Cardiovascular Services

The national composite performance in the **Better diabetes and cardiovascular services** health target for the year was 72 percent, down from 73.1 percent in quarter three 2010/11.

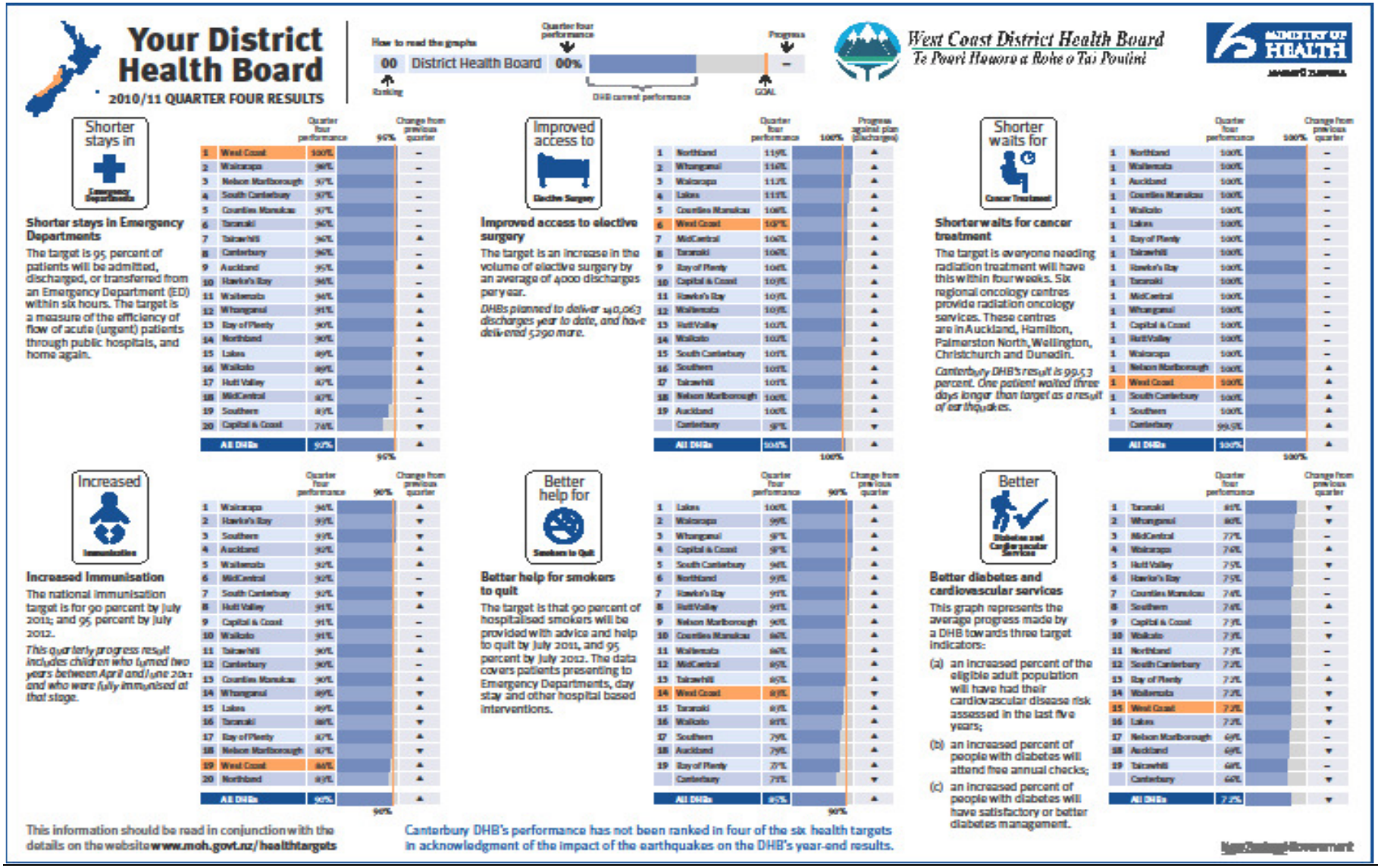
Where can I find out more information on how my DHB is performing?

More specific information on each of the health targets can be found on the Ministry of Health's website at http://www.moh.govt.nz/moh.nsf/indexmh/healthtargets-reporting

RECOMMENDATION

That the West Coast District Health Board Hospital Advisory Committee receives the Health Targets Report.

Author:	**General Manager – Planning And Funding 31 August 2011**


Your District Health Board
2010/11 QUARTER FOUR RESULTS
How to read the graphs
Quarter four performance
00 District Health Board 00%
Progress
Ranking
DHB current performance
GOAL
West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini
MINISTRY OF HEALTH
Shorter stays in Emergency Departments
Shorter stays in Emergency Departments
The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.
Improved access to Elective Surgery
Improved access to elective surgery
The target is an increase in the volume of elective surgery by an average of 4000 discharges per year.
DHBs planned to deliver 140,063 discharges year to date, and have delivered 5790 more.
Shorter waits for Cancer Treatment
Shorter waits for cancer treatment
The target is everyone needing radiation treatment will have this within four weeks. Six regional oncology centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.
Canterbury DHB's result is 99.53 percent. One patient waited three days longer than target as a result of earthquakes.
Increased Immunisation
Increased Immunisation
The national immunisation target is for 90 percent by July 2011; and 95 percent by July 2012.
This quarterly progress result includes children who turned two years between April and June 2011 and who were fully immunised at that stage.
Better help for Smokers to Quit
Better help for smokers to quit
The target is that 90 percent of hospitalised smokers will be provided with advice and help to quit by July 2011, and 95 percent by July 2012. The data covers patients presenting to Emergency Departments, day stay and other hospital based interventions.
Better Diabetes and Cardiovascular Services
Better diabetes and cardiovascular services
This graph represents the average progress made by a DHB towards three target indicators:
(a) an increased percent of the eligible adult population will have had their cardiovascular disease risk assessed in the last five years;
(b) an increased percent of people with diabetes will attend free annual checks;
(c) an increased percent of people with diabetes will have satisfactory or better diabetes management.
This information should be read in conjunction with the details on the website www.moh.govt.nz/healthtargets
Canterbury DHB's performance has not been ranked in four of the six health targets in acknowledgment of the impact of the earthquakes on the DHB's year-end results.

MANAGEMENT TEAM REPORT

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Garth Bateup, Acting General Manager Hospital Services**
Hecta Williams, General Manager
Karyn Kelly, Acting Director of Nursing and Midwifery

DATE: **15 September 2011**

OPERATIONAL ITEMS

Clinical Services Planning and Delivery
The medical staff rostering system is still being refined however its value is already evident for planning purposes. The visibility of clinic and theatre planned usage is of value in not only planning sessions but also ensuring that we are maximising use of medical workforce.

Elective Surgical Volumes
Production of electives is slightly ahead of target. Though ahead overall, the mix of cases is not aligning to targets for the various specialities. Work continues to refine this.

Medical Staffing
The following appointments have been confirmed with the appointees to commence at various times over the next few months:

- General Surgeons (2)
- Anaesthetist (1)
- Emergency Department Medical Officer (1)

Offers have been made for the following;

- Anaesthetist (1)
- Emergency Department Medical Officer (1)
- Orthopaedic Surgeon (1) (One year appointment.)

Advertising is currently underway for the following:

- Obstetric and Gynaecology Surgeon
- Specialist Physician

Clinical Services
An Xcelr8 project earlier in the year identified issues around Air New Zealand flights such as new timetabling, flight cancellations and clinicians being taken off flights because of over-booking. The project team has had discussions with Air New Zealand. The airline has advised that processes will be put in place at its airports to ensure that clinicians travelling to provide services on the West Coast are not taken off over-booked flights. We will monitor this.

Work will commence between West Coast DHB and Canterbury DHB clinicians around options for the provision of orthopaedic services on the West Coast in September 2011.

A recent follow-up audit on the provision of services for stroke patients has identified opportunities to improve services. A project team will be brought together.

Community (Better Sooner More Convenient)
District Nurses are working more collaboratively with the Rural Academic General Practice and Greymouth High Street Medical Centre, especially through their Multi Disciplinary Team (MDT). There is still more work to be done to get this operational with Greymouth Medical Centre. Our Clinical Nurse Specialists are working well with all the practices and feedback from both parties is very positive.

The next phase is to get Clinical Nurse Specialists (CNS) access to MedTech. This is already occurring in Buller as some of the CNS group based there are also Practice nurses who already use MedTech. The reported benefits for patients are extremely positive in that information is shared more quickly as clinically appropriate so therefore patients have more timely assessment diagnosis and intervention/treatment.

Reefton Health
As previously indicated, the current doctor based in Reefton is leaving his contract early. A number of locums have been engaged to cover the majority of the time needed. There is currently an offer out to an overseas doctor for a six month contract, if accepted it is envisaged she will start in November 2011 at the earliest. We are working with Locum agencies to ensure any gaps are filled, as always we continue to recruit for long term or permanent doctors.

Buller Health

Integrated Family Health Centre
The last two facilities design workshops have been held. Noticeable was a shift from teams working together to more of a single team developing a facility. There was a readiness to consider different ways of working especially in terms of single point of entry, acute care pathway, integration of community mental health and primary mental health services.

Staff from Wairou came to the workshop and shared experiences and what they had learnt regarding their process of integration. Further feedback on the model of care document written by Sapere was received. A weekly 'To Be Action' meeting established to give momentum to the things that can be implemented now.

Business as usual
A trend in complaints led us to review the phone nurse pathway with successful outcomes emerging. Dr Carol Atmore committed to helping the team develop strategies to cope with the low doctor numbers. A new permanent doctor will be commencing with Buller Health in November 2011.

Better Sooner More Convenient

Health West Coast Home insulation initiative:
Five hundred West Coast homes will be insulated for free over the next 12 to 18 months through a joint venture between the West Coast District Health Board, The Insulation Company, Greenstuf and the Energy Efficiency and Conservation Authority (EECA). This scheme not only has the potential improve the health and wellbeing of those who experience ill health as a consequence of poorly insulated homes but should also reduce the number of people being referred to hospital with respiratory aliments. The District Health Board's role will be to indentify those people in the community that are most at risk of poor health due to living in households that have poor home insulation. Households nominated by the DHB for the project will also have to meet other criteria required by EECA.

RECOMMENDATION

That the Hospital Advisory Committee note this report for their information.

Author:	**Provider Arm Management Team – 15 September 2011**

HUMAN RESOURCES

TO: **Chair and Members**
Hospital Advisory Committee, West Coast District Health Board

FROM: **Kim Hibbs and Carolyn Findlay, Human Resource Advisors**

DATE: **13 September 2011**

RECRUITMENT / VACANCIES FOR AUGUST 2011

POSITION	STATUS
Senior Medical Staff	
Anaesthetist	Applicants are being interviewed when they apply – recruitment ongoing.
General Practitioners – Reefton, Buller Medical, Greymouth Medical	Applicants are being interviewed when they apply – recruitment ongoing.
Medical Officer – Accident and Emergency	Have made job offer to a preferred candidate
Orthopaedic Surgeon	Interviewing potential candidate
Obstetric and Gynaecology Consultant	Applicants are being interviewed when they apply – advertising underway
Physician	Applicants are being interviewed when they apply – advertising underway
Psychiatrist	Applicants are being interviewed when they apply – recruitment ongoing.
Nursing Staff	
Public Health Nurse	Currently advertising
Registered Nurse – Parfitt	Currently advertising
Director of Nursing and Midwifery	Currently shortlisting
Registered Nurse – Dunsford	Currently shortlisting
Registered Nurse – Reefton	Currently advertising
New Graduate Programme	Currently advertising

POSITION	STATUS
Clinical Nurse Manager Kynnersley	Currently advertising
Clinical Nurse Specialist Cardiac / Respiratory Buller Health	Currently advertising
Mental Health	
Registered Nurses – Inpatient Unit	Applicants are being interviewed when they apply – recruitment ongoing.
Casual Registered Nurse - Kahurangi	Applicants are being interviewed when they apply – recruitment ongoing.
Allied Health	
Physiotherapist – Buller	Applicants are being interviewed when they apply – recruitment ongoing.
Physiotherapist – Orthopaedics and Outpatients	Applicants are being interviewed when they apply – recruitment ongoing.
Dental Assistant – Greymouth	Reference checking preferred applicant
Child and Adolescent Mental Health Service – Alcohol and Other Drugs Clinician	Re-advertising
Other	
Electrician	Currently interviewing
Lead Receptionist	Currently shortlisting
Personal Assistant to Chief Medical Advisor and Chief Financial Manager	Currently interviewing

Author: **Human Resource Advisors – 13 September 2011**

INDUSTRIAL RELATIONS

TO: **Chair and Members**
Hospital Advisory Committee, West Coast District Health Board

FROM: **General Manager, Human Resources**

DATE: **13 September 2011**

INDUSTRIAL RELATIONS UPDATE

Managed Bargaining
The combined 'managed bargaining' process with the unions affiliated with the Council of Trade Unions has now concluded. New Zealand Nurses Organisation (NZNO), Midwifery Employer Representation and Advisory Service (MERAS), Public Service Association (PSA) and Engineering, Printing and Manufacturing Union (EPMU) will be setting up ratification meetings during September. At the West Coast District Health Board this covers Nursing and Midwifery, Allied Health and Technical, Clerical, Home Based Support Services and the Support Services collective agreements. The Resident Doctors' Association (RDA), Association of Salaried Medical Specialists (ASMS), Association of Professional and Executive Employees (APEX) and the Medical Laboratory Workers Union were not a party to the managed bargaining.

Local Bipartite Action Group (BAG) Meeting
The initial meeting scheduled for 17 August was postponed due to the unavailability of union organisers.

Public Service Association (PSA) South Island Clerical
Implementation of new merit step progression process is underway at the West Coast District Health Board.

National Distribution Union (NDU) and West Coast DHB Pharmacy Collective
This Collective has now been signed and implemented. It expires 31 December 2012 and this settlement was not covered by the national managed bargaining process.

Resident Doctors' Association (RDA) Multi Employer Collective Agreement (MECA)
The National Resident Doctors Engagement Group, formed as a result of the recent MECA settlement, continues meetings to progress the Resident Medical Officer Work Programme and relationship activities. Contact has been made with the RDA in establish a local engagement group at West Coast District Health Board.

Association of Salaried Medical Specialists (ASMS) Senior Medical Officers (SMOs)
Bargaining remains ongoing. A delegation of Chief Executives and Chairs are meeting with ASMS on 2 September 2011.

Association of Professional and Executive Employees (APEX) Psychologists
Bargaining has now concluded and West Coast District Health Board is not a party to the renewed agreement.

APEX and West Coast DHB Information Technology.
The APEX members took low level strike action in July and August 2011 and the parties last met on 24 August. Bargaining remains unresolved. APEX are formulating amended claims and it is anticipated the parties may meet again at the end of September 2011.

APEX Medical Radiation Technologist (MRT) MECA
The union has initiated bargaining to renew this MECA. No dates have been set yet.

RECOMMENDATION

That the Hospital Advisory Committee note this report for their information.

Author: **Human Resources – 13 September 2011**

RISK AND QUALITY REPORT

TO: **Chair and Members**
Hospital Advisory Committee, West Coast District Health Board

FROM: **Mark Bowen, Quality Assurance & Risk Manager**

DATE: **13 September 2011**

BACKGROUND

The Provider Arm, as a requirement of the Health and Disability Sector Standards, is required to establish, document and maintain a quality and risk management system that reflects continuous quality improvement principles.

OBJECTIVES

Through regular monitoring, audit, and quality improvement activities, the Provider Arm will:

- Monitor a range of quality assurance indicators
- Provide an explanation to any quality assurance indicator exceptions reported
- Be involved in the National Quality Improvement Programme
- Develop quality improvement activities based on the monitored quality assurance indicators

RECOMMENDATIONS

That the Hospital Advisory Committee note this report for their information.

Author: **Quality Assurance & Risk Manager – 13 September 2011**

PATIENT SATISFACTION SURVEYS

Results of the current quarter's satisfaction survey are not yet available and will be reported at a subsequent meeting. Unfortunately, as we do not have access to national trends at this time, data on this cannot be supplied for comparison.

The current hospital patient satisfaction survey is under review by the Ministry of Health and Health Quality & Safety Commission. The purpose of the *Capturing the Consumer Experience* project is to come up with a recommendation as a replacement for the current Hospital Satisfaction Survey. This recommendation is likely to include a toolkit of methodologies that District Health Boards can choose from to effectively capture consumer feedback. An outcome is likely by the end of this year.

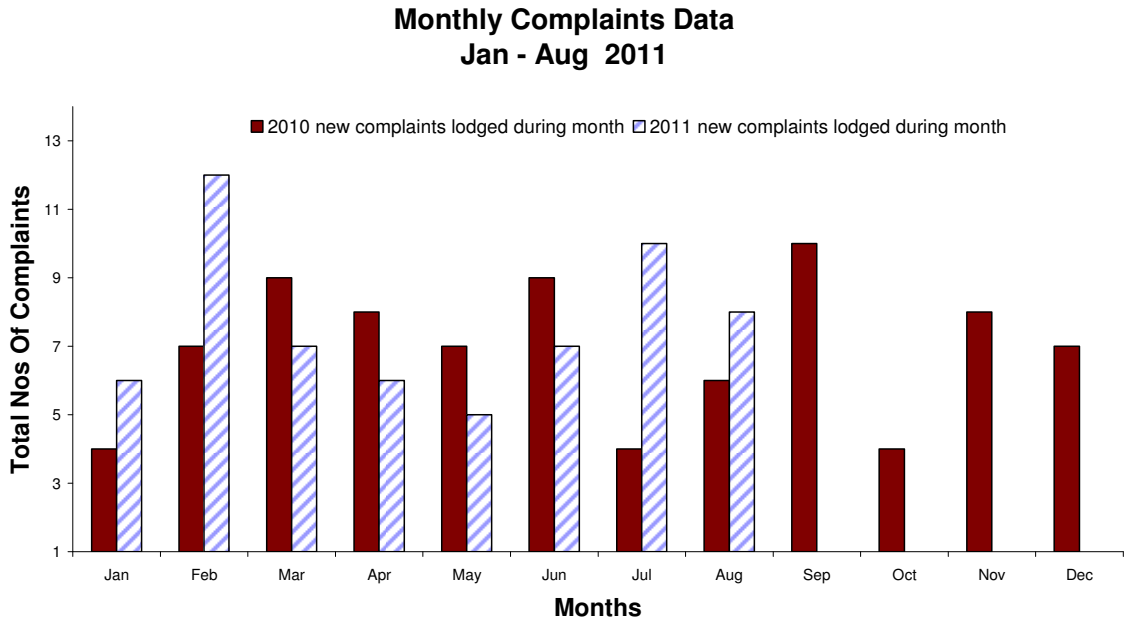
COMPLAINTS SYSTEM

The Plan developed by Management has been implemented and complaints process continues to be monitored to ensure adherence to procedure and stated times frames.

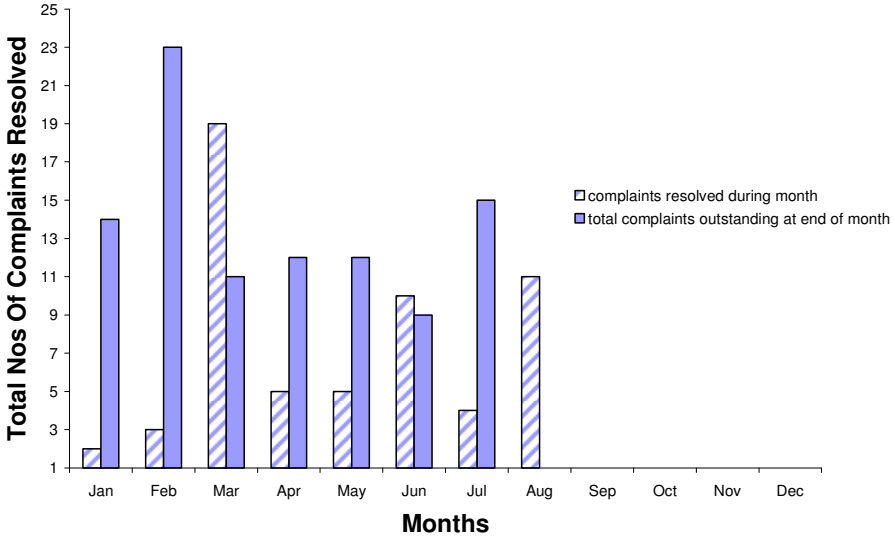
The total number of complaints received between 1 January – 31 August 2011 was 61, compared with 54 complaints received during the same time period in 2010.

For 1 January – 31 August 2011 the average monthly response time for complaints was 26 working days (DHB target is 20 working days), compared with 30 working days for the same time period in 2010.

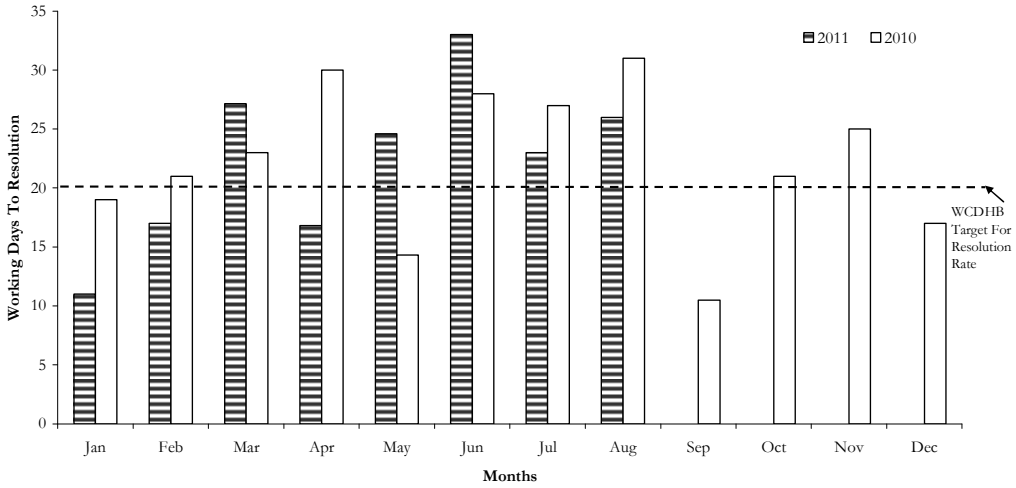
Data on classification as to the number and type of complaints is as follows:



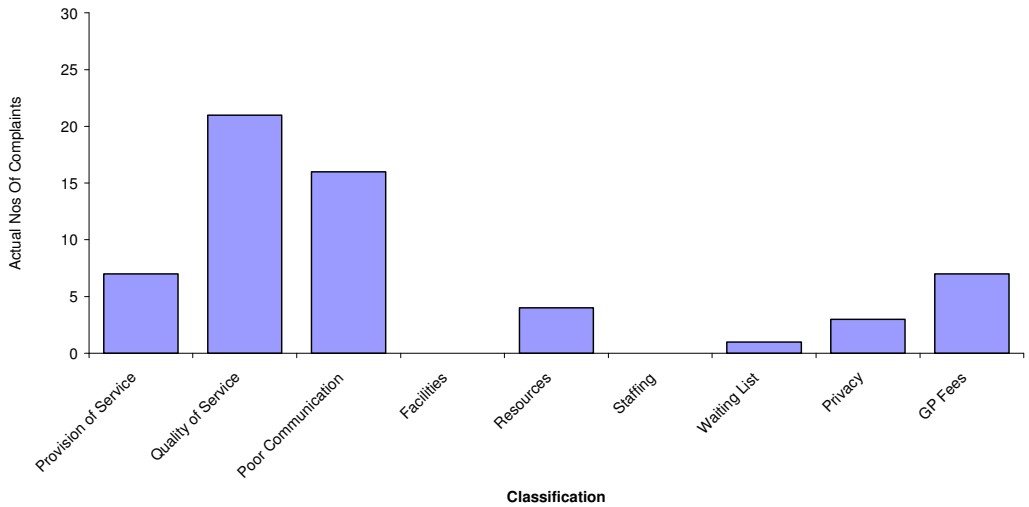
Complaints Resolved/Complaints Outstanding Per Month For Jan - Aug 2011

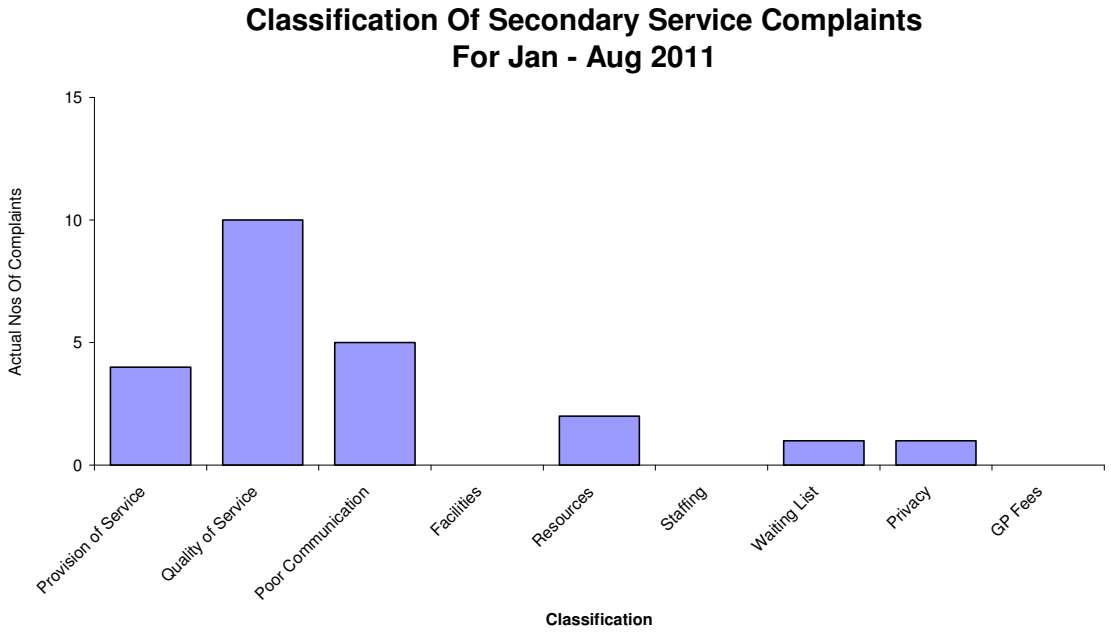


Average Time To Complaint Resolution (Working Days) Jan - Aug 2011



Classification Of All Complaints For Jan - Aug 2011





SUGGESTION BOXES

Grey Base Hospital operates a suggestion box as another means of receiving feedback from patients, their family/whanau and visitors.

The following is feedback received during July 2011, as well as the actions taken:

"Thank you to the staff of Hannan Ward – We appreciate their efforts"
ACTION – Passed on to Hannan Ward staff

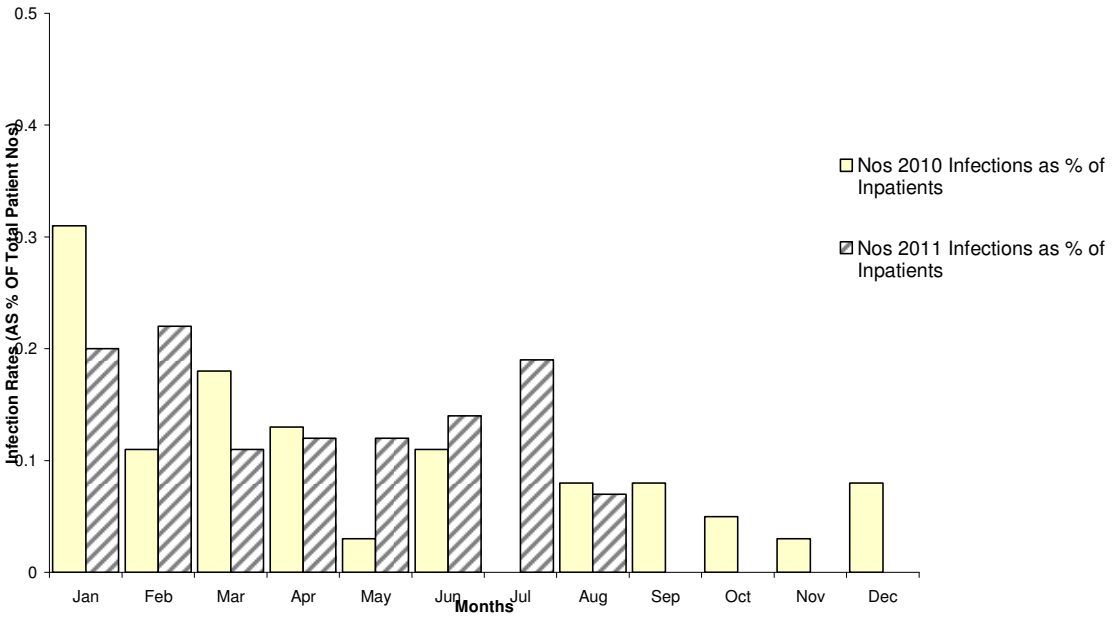
"I wish to thank all the nurses and staff of Greymouth Hospital who I have seen working so hard. Thank you for all you have done for me over the years."
ACTION – Passed on to Hospital staff

INFECTION CONTROL

The West Coast District Health Board aims to continue to decrease the level of hospital acquired bloodstream infections.

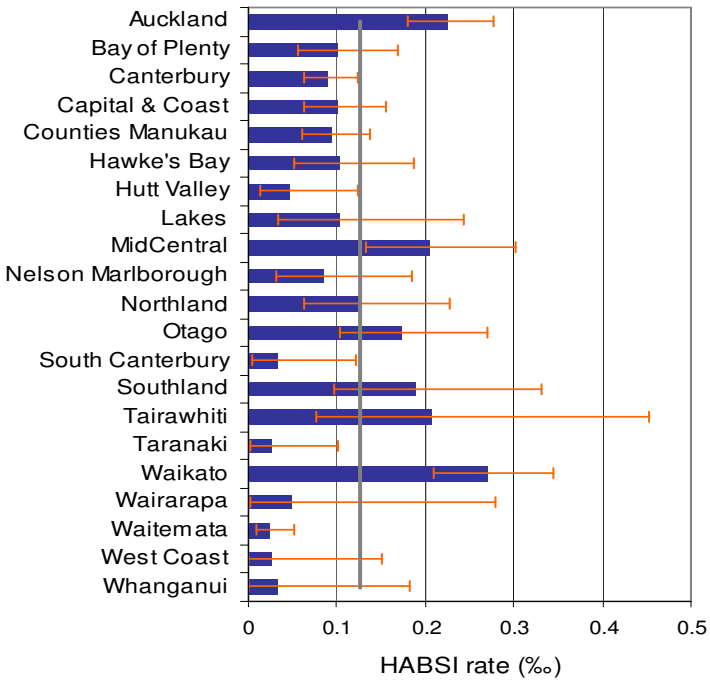
For the period 1 January 2011 till 31 August 2011 there were 48 hospital acquired bloodstream infections detected within the Inpatient services, compared with 44 for the same period in 2010.

Nosocomial Infection Rates
(As % Of Total Patient Numbers)



The following is a benchmark study showing hospital acquired bloodstream infection rates for all District Health Boards in New Zealand.

As you can see the West Coast District Health Board performs well in comparison to other District Health Boards. The solid line represents the national average.



QUALITY IMPROVEMENT PROJECTS

The West Coast District Health Board is required by the Operation Policy Framework and the Health and Disability Sector standards to take an approach of continuous quality improvement with all activities and services that it provides. The West Coast DHB encourages staff to identify areas where improvements can be made in the services that it provides.

National Burns Service Disaster Planning
The National Burn Service (NBS) and the Ministry of Health are in the process of finalising the National Health Emergency: Multiple Complex Burn Action Plan (MCBAP). The Ministry and the NBS are working together to strengthen links between the four Regional Burn Units (RBUs) and their referring hospitals (which includes the West Coast DHB) as part of implementing the MCBAP, and to raise awareness in District Health Boards of the burn caches being distributed to them by the National Burn Centre (NBC).

As part of this a number of West Coast clinical staff participated in a training day which focused on the National Burns Plan. The West Coast DHB has also amended its existing policies and procedures to take account of the new National Burns Plan. Work has commenced on updating the existing West Coast DHB emergency plans to take account of the requirements of the new National Burns Plan.

The Ministry of Health has also provided a Burns Cache for each District Health Board, which contain various specialist clinic items to be used when treating burns patients.

E-SPONDER-Emergency Management Information System
The Ministry of Health has recently upgraded its web-based emergency management system. The new system is called ESPONDER and it will be used as a portal to coordinate all health sector emergency response functions.

Staff from the West Coast DHB recently attending a training course hosted by Nelson/Marlborough District Health Board. The new system is an improvement on the existing Web-EOC system, with E-SPONDER being more flexible and easy to use. It is currently operational managing the heath sectors activities for the Rugby World Cup.

Religious Diversity Guidelines
A new set of guidelines for staff has been developed with a summary of the key aspects of the major religious denominations found within New Zealand. The West Coast DHB is committed to meeting the various needs of the ethnically and religiously diverse community it serves. The increase in religious diversity underscores the need for staff to understand how religious beliefs and customs impact on their role when carrying out their duties. This resource provides information to help staff gain basic awareness and understanding of religious diversity.

Non Invasive Ventilation Project
A small group of clinical staff have commenced a project which aims to provide resources and training to staff in the management of non-invasive ventilation therapies, which includes Bi-level Positive Airway Pressure and Continuous Positive Airway Pressure in order to standardise and optimize care for patients who receive these therapies.

Knee Arthroplasty Blistering Study
A study by nursing staff has been commenced to determine the cause of blistering under the dressing of patients undergoing knee arthroplasty with the aim of developing a new treatment plan which will eliminate the blistering.

Blood Sugar Level (BSL) Monitoring Tray
An improvement project has commenced with nursing staff looking at the current Blood Sugar Monitoring Tray and how it can be improved to make its use more efficient.

Introduction Of Green Bags For Patients Own Medications
The Hospital Pharmacy is currently working on a scheme called "Green Bags". A number of other District Health Boards around the country and National Health Service (NHS) trusts within the United Kingdom, currently utilise "green" bags in which patients place their medication into either prior to transfer to hospital or on arrival. This green bag and their medication then follow the patients during their hospital admission and on to discharge if appropriate.

Other Improvement Projects:
Work also continues on the following improvement projects:

- Patient Falls
- National Medication Chart
- Standing Orders
- Health Pathways
- Acute Theatre Booking Process
- Early Warning System

CLINICAL CREDENTIALLING

Work continues on ensuring that the clinical credentialling processes at West Coast DHB align themselves with the work being undertaken in the patient pathways collaborative activities with Canterbury DHB. A paper proposing that the West Coast DHB move from a five year credentialling cycle to a seven year cycle (which is the credentialling period currently utilised by Canterbury DHB) is to be presented to the next Clinical Quality Improvement Committee (CQIT) meeting.

CURRENT CLINICAL RISK CASES

	June 2011	July 2011	August 2011
Treatment Injury Claims (ACC)	4	4	5
HDC Investigation*	7**	7	7
Privacy Commissioner Investigation*	1	1	1
Legal Actions	0	0	0

(*Indicates complaint investigations which are ongoing)
(**2 investigations were completed during June 2011 (both with no-breach findings), and two new HDC complaints were received during June 2011)

CORONERS CASES

No new cases reported since the last report.

EXTERNAL CLINICAL AUDITS

No external clinical audits have been undertaken since the last report.

FINANCE REPORT
PROVIDER ARM
AUGUST 2011

Financial Overview for the period ending 31 August 2011

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,253	6,185	68	√	12,522	12,472	50	√
Governance & Administration	217	212	5	√	425	424	1	√
Funds & Internal Eliminations	4,280	4,284	(4)	×	8,655	8,568	87	√
	10,750	10,681	69	√	21,602	21,465	137	√
EXPENSES								
Provider								
Personnel	4,378	4,396	18	√	8,504	8,784	280	√
Outsourced Services	984	999	15	√	2,373	2,082	(291)	×
Clinical Supplies	725	586	(139)	×	1,336	1,180	(156)	×
Infrastructure	982	952	(30)	×	1,956	1,867	(89)	×
	7,069	6,932	(137)	×	14,169	13,913	(256)	×
Governance & Administration	206	212	6	√	404	425	21	√
Funds & Internal Eliminations	3,692	3,885	193	√	7,386	7,691	305	√
Total Operating Expenditure	10,967	11,030	63	√	21,959	22,029	70	√
Deficit before Interest, Depn & Cap Charge	217	349	132	√	357	564	207	√
Interest, Depreciation & Capital Charge	547	551	4	√	1,060	1,102	42	√
Net deficit	**764**	**899**	**135**	√	**1,417**	**1,666**	**249**	√

ORIGIN OF REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Provider Arm of the West Coast District Health Board.

CONSOLIDATED RESULTS

The consolidated result for the month of August 2011 is a deficit of $764k, which is $135k better than budget ($899k deficit).
The consolidated result for the year to date is a deficit of $1,417k, which is $249k better than budget ($1,666k deficit).

RESULTS FOR EACH ARM

Year to Date to August 2011

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(2,707)	(2,541)	(166)	Unfavourable
Funder Arm surplus / (deficit)	1,269	875	394	Favourable
Governance Arm surplus / (deficit)	21	0	21	Favourable
Consolidated result surplus / (deficit)	**(1,417)**	**(1,666)**	**249**	**Favourable**

COMMENTARY ON VARIANCES

The following table reconciles the consolidated actual year to date results to the consolidated year to date budget, highlighting variances. The table is followed by an explanation of material variances.

Arm	Nature	Variance	$000
	Revenue		
Provider:	Other Government revenue (ACC and non MoH)	√	31
	Ministry of Health side contracts	√	70
Funder:	Ministry of Health	√	40
	Expenses		
Provider:	Personnel Costs	√	280
Provider:	Outsourced services – Locum costs	x	(206)
Provider:	Outsourced services – clinical services	x	(136)
Provider:	Clinical supplies: Instruments & equipment	x	(37)
Provider:	Clinical supplies: Implants & Prostheses	x	(95)
Provider:	Clinical supplies: other offsetting items	x	(24)
Provider:	Facilities: Repairs and maintenance	x	(64)
Provider:	Facilities: Utilities	x	(27)
Provider:	Infrastructure and non clinical: Other offsetting items.	√	1
Funder:	Funder Arm: Personal Health	√	321
Funder:	Funder Arm: DSS	√	92
Funder:	Funder Arm: Public Health	x	(115)
Funder:	Other offsetting items.	√	56
DHB	Other offsetting items	√	62
	Year to date variance to budget		**249**

REVENUE

Consolidated revenue of $21,602k is $137k better than budget ($21,465k) .
The variance to budget is explained in the narrative for the separate arms below.

Provider Arm

- Provider Arm revenue received from Ministry of Health, ACC and other government is $101k better than budget.
  - Health Workforce New Zealand (CTA) revenue is $41k better than budget, with an upfront invoice raised for semester 2 for Postgraduate Nursing Training costs.

EXPENSES

Consolidated

Consolidated expenditure of $23,019k is $112k better than budget ($23,131k).

Workforce

- Personnel costs are $8,695k; $271k better than budget ($8,966k).
  - Medical Personnel costs are $169k better than budget.
    - Senior Medical Officers and General Practitioners are together $143k better than budget. This is due to vacancies and planned leave. Other personnel costs (including recruitment, relocation and training costs) are $26k better than budget.

- Allied Health Personnel costs are $101k better than budget. This is due to a number of vacancies across the service.
- Management and Administration personnel costs are $37k better than budget. This is partly due to vacancies.

➢ Outsourced clinical services costs are $2,275k; $342k worse than budget ($1,933k).
- Outsourced Senior Medical Costs (locums) are $1,542k; $195k more than budget. This is due to vacancies reflected above under personnel costs and cover for staff leave.

Clinical Supplies

➢ Overall clinical supplies are $156k over budget. Within this variance are the following specific variances which management are following up on:
- Instruments and equipment, unfavourable variance of $37k.
- Implant and prostheses, unfavourable variance of $95k.
- Treatment disposables, unfavourable variance of $23k.

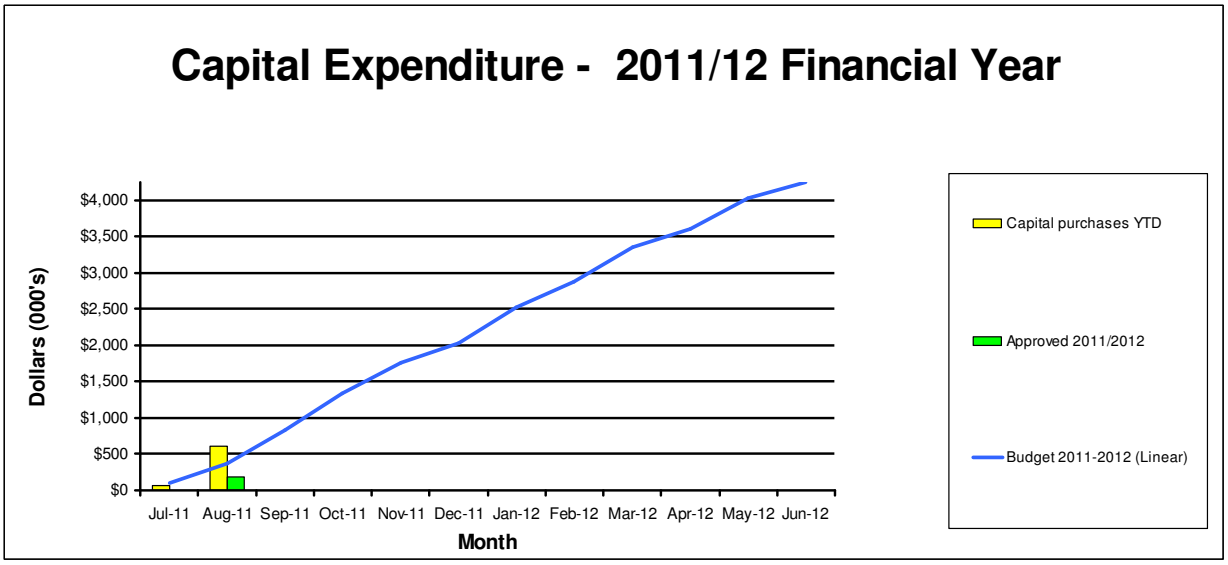
Infrastructure and non clinical Cost

➢ Overall infrastructure and non clinical cost are $1,866k, $87k over budget. Within this are the following specific variances:
  - Facility costs are $884k, $86k over budget. Utilities (electricity, oil and coal) are $27k more than budget.
  - Transport and staff travel is $233k, $32k over budget. This is due to a higher than budgeted maintenance cost being incurred in July 2011 and higher than budgeted staff accommodation. This staff accommodation is currently being investigated.
  - Food service costs are $33k more than budget to date, with $21k of this relating to the last financial year (this will be adjusted in the final annual accounts).

RECOMMENDATION

That the Hospital Advisory Committee of the West Coast DHB Board receives the Financial Report

Author:	**Chief Financial Manager – 15 September 2011**



CAPEX $20 K+ forAugust 2011				Special Funding
CAPITAL CODE	**REQUEST FOR**	**DATE APPROVED**	**APPROVED AMOUNT (excl GST)**	
11001	Motor vehicle x 4 @ $14500 each	16/08/2011	58,000.00	
11005	Orthopaedic Drills and Attachment	25/08/2011	45,744.00	
			103,744	

West Coast District Health Board
Provider Operating Statement for period ending 31 August 2011
in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2011/12		Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Forecast	Budget	2010/11
Income													
Internal revenue-Funder to Provider	5,241	5,205	36	0.7%	5,062	10,363	10,410	(47)	(0.4%)	10,128	62,459	62,459	63,174
Ministry of Health side contracts	199	144	55	38.3%	258	358	288	70	24.4%	439	1,727	1,727	1,986
Other Goverment	443	481	(38)	(7.9%)	528	1,092	1,061	31	2.9%	1,042	6,010	6,010	6,161
InterProvider Revenue (Other DHBs)	7	11	(4)	(34.0%)	11	14	21	(7)	(34.0%)	21	127	127	118
Patient and consumer sourced	254	239	15	6.3%	229	493	478	15	3.1%	469	2,965	2,965	2,828
Other income	109	105	4	3.4%	120	202	215	(13)	(6.0%)	224	1,488	1,488	1,454
Total income	**6,253**	**6,185**	**68**	1.1%	**6,208**	**12,522**	**12,472**	**50**	0.4%	**12,323**	**74,776**	**74,776**	**75,721**
Expenditure													
Employee benefit costs													
Medical Personnel	782	866	84	9.7%	928	1,541	1,722	181	10.5%	1,721	10,823	10,823	10,506
Nursing Personnel	2,052	1,990	(62)	(3.1%)	1,961	4,013	3,983	(30)	(0.7%)	3,888	23,405	23,405	23,770
Allied Health Personnel	790	801	11	1.3%	780	1,500	1,601	101	6.3%	1,513	9,426	9,426	8,763
Support Personnel	186	170	(16)	(9.7%)	173	346	339	(7)	(2.1%)	335	1,996	1,996	2,085
Management/Administration Personnel	568	569	1	0.2%	558	1,104	1,139	35	3.0%	1,111	6,655	6,655	6,489
	4,378	**4,396**	**18**	**0.4%**	**4,400**	**8,504**	**8,784**	**280**	**3.2%**	**8,568**	**52,304**	**52,304**	**51,613**
Outsourced Services													
Contracted Locum Services	618	645	27	4.2%	618	1,581	1,375	(206)	(15.0%)	1,237	6,283	6,283	9275
Outsourced Clinical Services	314	279	(35)	(12.5%)	293	694	558	(136)	(24.4%)	572	3,348	3,348	3888
Outsourced Services - non clinical	52	75	23	30.4%	38	98	149	51	34.4%	74	898	898	726
	984	**999**	**15**	**1.5%**	**949**	**2,373**	**2,082**	**(291)**	**(14.0%)**	**1,883**	**10,528**	**10,528**	**13,889**
Treatment Related Costs													
Disposables, Diagnostic & Other Clinical Supplies	125	112	(13)	(11.9%)	98	238	223	(15)	(6.5%)	214	1,343	1,343	1,373
Instruments & Equipment	163	146	(17)	(11.6%)	127	329	292	(37)	(12.7%)	234	1,754	1,754	1,896
Patient Appliances	37	31	(6)	(19.4%)	32	60	62	2	3.2%	62	370	370	367
Implants and Prostheses	106	49	(58)	(118.6%)	52	192	97	(95)	(97.9%)	109	583	583	1,007
Pharmaceuticals	165	144	(21)	(14.6%)	164	290	295	5	1.7%	342	1,800	1,800	1,895
Other Clinical & Client Costs	129	105	(24)	(22.9%)	113	227	211	(16)	(7.6%)	199	1,442	1,442	1,204
	725	**586**	**(139)**	**(23.7%)**	**586**	**1,336**	**1,180**	**(156)**	**(13.2%)**	**1,160**	**7,292**	**7,292**	**7,742**
Infrastructure Costs and Non Clinical Supplies													
Hotel Services, Laundry & Cleaning	323	298	(25)	(8.4%)	279	624	599	(25)	(4.2%)	558	3,575	3575.28	3564
Facilities	232	207	(25)	(11.9%)	241	508	409	(99)	(24.3%)	478	2,375	2374.8	2668
Transport	106	100	(6)	(6.0%)	88	197	170	(27)	(16.0%)	197	898	897.7	1036
IT Systems & Telecommunications	104	120	16	13.0%	99	207	239	32	13.5%	182	1,435	1435.2	1322
Professional Fees & Expenses	25	22	(3)	(14.2%)	12	42	44	2	4.1%	50	263	262.8	282
Other Operating Expenses	82	95	13	13.2%	109	158	185	27	14.6%	187	1,129	1129.3	983
Internal allocation to Governanance Arm	110	110	0	0.2%	82	220	221	1	0.2%	164	1,323	1323	984
	982	**952**	**(30)**	**(3.2%)**	**910**	**1,956**	**1,866**	**(90)**	**(4.8%)**	**1,816**	**10,998**	**10,998**	**10,839**
Total Operating Expenditure	**7,069**	**6,932**	**(137)**	**(2.0%)**	**6,845**	**14,169**	**13,912**	**(257)**	**(1.8%)**	**13,427**	**81,122**	**81,122**	**84,083**
Deficit before Interest, Depn & Cap Charge	**(816)**	**(748)**	**68**	**(9.1%)**	**(637)**	**(1,647)**	**(1,440)**	**207**	**(14.4%)**	**(1,104)**	**(6,347)**	**(6,347)**	**(8,362)**
Interest, Depreciation & Capital Charge													
Interest Expense	62	61	(1)	(1.3%)	70	124	122	(2)	(1.3%)	129	735	735.2	771
Depreciation	381	400	19	4.7%	397	756	799	43	5.4%	794	4,797	4796.9	4651
Capital Charge Expenditure	104	90	(14)	(15.6%)	98	180	180	0	0.00	209	1,080	1080	690
Total Interest, Depreciation & Capital Charge	**547**	**551**	**4**	**0.7%**	**565**	**1,060**	**1,102**	**42**	**3.8%**	**1,132**	**6,612**	**6,612**	**6,112**
Net deficit	**(1,363)**	**(1,299)**	**64**	**(5.0%)**	**(1,202)**	**(2,707)**	**(2,541)**	**166**	**(6.5%)**	**(2,236)**	**(12,959)**	**(12,959)**	**(14,474)**

CASE-WEIGHTS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Garth Bateup, Acting General Manager Hospital Services**

DATE: **12 September 2011**

No data for the month ending 31 July 2011 is available at the time this report is required.

Author: Service Manager Allied Health, Diagnostics and Support Services – 12 September 2011

ELECTIVE SERVICES PATIENT FLOW INDICATORS (ESPIS)

ESPIs are used to monitor how patients are managed while awaiting an elective (non-urgent) procedure. They do not measure the volume of elective services delivered, or whether a DHB is delivering the same level of service for its population as another DHB. The ESPIs demonstrate the extent to which DHBs are meeting the Government's targets in respect of patient flow processes. Two key ESPIs are regularly reported to HAC, with others highlighted when there is an exception.

ESPI 2: Patients waiting longer than six months for their first specialist assessment (FSA).
ESPI 5: Patients given a commitment to treatment but not treated within six months.

A colour coded "traffic light" system is used to indicate levels of compliance, green indicating compliance, orange near to compliance and red non-compliant. The Ministry of Health Elective Services website is updated monthly on ESPI performance of all DHBs and contains information on how ESPIs are calculated and the criteria addressed by each ESPI. www.electiveservices.govt.nz

WEST COAST DISTRICT HEALTH BOARD
INTERNAL ESPI RESULT

The tables below for ESPIs 2 and 5 are based on internal data at 12 September 2011.

INTERNAL ESPI RESULT
12 September 2011

	ESPI 2 Outpatients				ESPI 5 Inpatients			
Specialty	Current >6mths	ESPI Status	Compliance Target	Imp Req	Current >6mths	ESPI Status	Compliance Target	Imp Req
Cardiology	0	0.00	1	-1	-	-	-	-
Dental	-	-	-	-	2	3.85	2	0
Dermatology	0	0.00	2	-2	-	-	-	-
Ear Nose Throat	3	1.46	3	0	-	-	-	-
Gynaecology	0	0.00	6	-6	1	0.45	0	1
Haematology	0	0.00	0	0	-	-	-	-
Medical	1	0.18	8	-7	-	-	-	-
Neurology	1	*3.45*	0	1	-	-	-	-
Oncology	0	0.00	1	-1	-	-	-	-
Ophthalmology	1	0.24	6	-5	3	1.13	11	-8
Orthopaedics	1	0.09	16	-15	2	0.38	24	-22
Paediatrics	1	0.34	4	-3	0	0.00	1	-1
Plastic	3	*2.00*	2	1	8	*9.41*	3	5
Renal	1	0.00	0	1	-	-	-	-
Respiratory	0	0.00	1	-1	-	-	-	-
Rheumatology	0	0.00	1	-1	-	-	-	-
Surgical	1	0.07	21	-20	15	2.01	30	-15
Urology	2	0.93	3	-1	0	0.00	3	-3
OVERALL	**15**	**0.29**	**78**	**-63**	**31**	**1.54**	**81**	**-50**

Outpatients ESPI 2:

Overall the results are improving. The number of patients waiting to see the specialist for their first visit is lower especially in Orthopaedics and Ear Nose and Throat. With some other specialist services only visiting 3 times per year it does cause a delay for those patients to have their first appointment. Plastics will clear on 21 September 2011.

Inpatients ESPI 5:

These results are also better. Plastics will also clear on 21 September 2011. The large under of non-compliant patients are those waiting for scopes. We are endeavouring to increase the number of clinics to lower this number.

[The Ministry of Health website www.moh.govt.nz/moh.nsf/indexmh/electiveservices-espi-tutorial provides this definition of the chart above]

Current. The number of patients not treated within the required 6 months

S = Status. A standardised value that allows the reader to compare ESPI results. Values highlighted in green (with normal font) meet the goal set for a particular ESPI. Values highlighted in orange (with italic font) are near to, but have not yet reached, the goal set for a particular ESPI. Values highlighted in red (with bold font) are not near the goal set for a particular ESPI.

R = Improvement Required. The change needed in the ESPI result (Current) in order to make the Status turn green

Guidelines to the above table:

- Ordinary dash represents specialities that we do not report on. For example there is no ESPI 2 (FSA) component to Dental and there is no ESPI 5 (Inpatient) component to Medical specialties.

- Bold dash, negative numbers, indicates the number of patients who sit outside six month compliance above West Coast District Health Board's target. The 'target' is the Ministry of Health allowance for ebb and flow.

0 Represents no patients above the target waiting over six months. 0 indicates 100% compliance.

RECOMMENDATION

That the Hospital Advisory Committee note this report for their information.

Author:	**Elective Services Manager – 12 September 2011**

MoH Elective Services Online

Comparison of surgical services for May 2011

DHB Name: West Coast

	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).			4.Clarity of treatment status.			5.Patients given a commitment to treatment but not treated within six months.			6. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
Service Name	**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.**
Dental	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	0	0.0 %	0	8	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	0	0.0 %	0	X	0.0 %	0	X	0.0 %	0	X	0.0 %	X	X	0.0 %	0	0	0.0 %	0	X	X	X
General Surgery	1 of 1	100.0 %	0	2	0.0 %	0	1	0.0 %	0	0	0.0 %	0	12	2.0 %	0	0	0.0 %	0	11	1.9 %	0	80	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	20	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	14	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	1	0.0 %	0	11	2.4 %	0	0	0.0 %	0	6	0.0 %	0	7	0.0 %	0	12	2.7 %	0	54	100.0 %	0 %
Paediatric Surgery	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	X	X	X
Plastics	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	6	100.0 %	0 %
Urology	1 of 1	100.0 %	0	2	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	6	100.0 %	0 %
Total				**5**			**12**			**0**			**23**			**7**			**27**			**188**		

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results, and are included in other ESPI results if reported by DHBs. From August 2010, compliance thresholds for ESPI 2 were reduced from 2% to 1.5%, and compliance thresholds for ESPI 5 were reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 30/Jul/2011

Report Run Date: 01/Aug/2011

H Elective Services Online

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

B Name: West Coast

	2010 Jun			2010 Jul			2010 Aug			2010 Sep			2010 Oct			2010 Nov			2010 Dec			2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Targe
DHB services that appropriately owledge and process atient referrals within en working days.	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	> 90
atients waiting longer six months for their first specialist ssessment (FSA).	25	0.5%	0	16	0.3%	0	17	0.3%	0	48	1.0%	0	37	0.8%	0	49	1.0%	0	51	1.2%	0	63	1.4%	0	48	1.0%	0	32	0.7%	0	26	0.6%	0	9	0.0%	0	< 1.5
. Patients waiting out a commitment to ment whose priorities igher than the actual ment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	12	0.7%	0	< 5%
Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5.Patients given a mitment to treatment ot treated within six months.	20	1.3%	0	21	1.3%	0	21	1.4%	0	25	1.7%	0	19	1.2%	0	16	1.1%	0	23	1.5%	0	32	2.0%	0	26	1.6%	0	24	1.5%	0	25	1.5%	0	23	1.3%	0	< 4%
Patients in active view who have not eceived a clinical sessment within the last six months.	0		0	0		0	0		0	0		0	0		0	0		0	0		0	0		0	0		0	0		0	0		0	7	0.0%	0	< 15
atients who have not managed according heir assigned status d who should have eceived treatment.	7	0.0%	0	11	0.7%	0	18	1.2%	0	22	1.5%	0	17	1.1%	0	14	0.9%	0	19	1.2%	0	30	1.9%	0	25	1.6%	0	22	1.3%	0	22	1.3%	0	27	1.6%	0	< 5%
The proportion of nts treated who were prioritised using tionally recognised rocesses or tools.	116	100%	0.0%	92	100%	0.0%	129	100%	0.0%	103	100%	0.0%	139	100%	0.0%	142	100%	0.0%	125	100%	0.0%	158	100%	0.0%	157	100%	0.0%	184	100%	0.0%	182	100%	0.0%	188	100%	0.0%	> 90

s report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical cialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results, and are included in other ESPI results if reported by DHBs. From August 2010, mpliance thresholds for ESPI 2 were reduced from 2% to 1.5%, and compliance thresholds for ESPI 5 were reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs ctive_services@moh.govt.nz).

ta Warehouse Refresh Date: 30/Jul/2011

port Run Date: 01/Aug/2011

OUTPATIENT DEPARTMENT CANCELLATIONS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Garth Bateup, Acting General Manager Hospital Services**

DATE: **14 September 2011**

BACKGROUND

Management will produce reports to provide information on outpatient appointments and provide reasons for cancellations. Exception reporting is generated if five or more patients are recorded as cancelled in the patient management system. It is worth noting that any amendment to clinics is recorded as a cancellation, for example a change of specialist.

Bookings are scheduled weeks in advance so issues such as a change of specialist and annual leave will be recorded as a cancellation. Therefore, cancellations such as change in clinician and cancellations due to annual leave are not included in this report.

It is expected that the recently implemented medical staff roster programme will assist in reducing cancellations that have occurred for 'administrative' type reasons.

OUTPATIENT CLINIC CANCELLATIONS

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)	Number of patients affected by clinic cancel. (rebooked)	Percentage of patients affected by clinic cancel.
August 2010	1856	1697	144	7.76%	15	0.81%
September 2010	2032	1834	168	8.27%	30	1.48%
October 2010	2046	1819	200	9.78%	27	1.32%
November 2010	2016	1779	199	9.87%	38	1.88%
December 2010	1788	1581	179	10.01%	28	1.57%
January 2011	1755	1522	155	8.83%	78	4.44%
February 2011	2123	1876	170	8.01%	77	3.63%
March 2011	2294	2028	177	7.72%	89	3.88%
April 2011	1955	1713	164	8.39%	78	3.99%
May 2011	2517	2227	229	9.10%	61	2.42%
June 2011	1955	1704	157	8.03%	94	4.81%
July 2011	2145	1897	166	7.74%	82	3.82%
August 2011	2093	1817	185	8.84%	91	4.35%
13 month rolling totals	**26575**	**23494**	**2293**	**8.60% Average**	**788**	**2.97% Average**

OUTPATIENT CLINIC CANCELLATION REASONS JANUARY 2011 TO AUGUST 2011

Reason for Cancellations	Percentage of Clinics Cancelled
Sick Leave	17%
Bereavement Leave	15%
Specialist unavailable (eg required on-call)	12%
Snow in Christchurch	12%
Flights Cancelled	7%
Acute Patients	7%
Specialist required in Theatre	7%
Administration Error	5%
Annual Leave	5%
Christchurch Earthquake	5%
Extended Leave	2%
Family Reasons	2%
Flight Overbooked	2%
Roster Error	2%
Total	100%

OUTPATIENT CLINIC CANCELLATION TYPE JANUARY 2011 TO AUGUST 2011

Clinic Type	Percentage of Clinics Cancelled
Orthopaedic	38%
General Surgery	21%
Paediatrics	12%
Gynaecology	10%
Echocardiograph	7%
Respiratory	5%
General Medicine	5%
Gastroenterology	2%
Total	100%

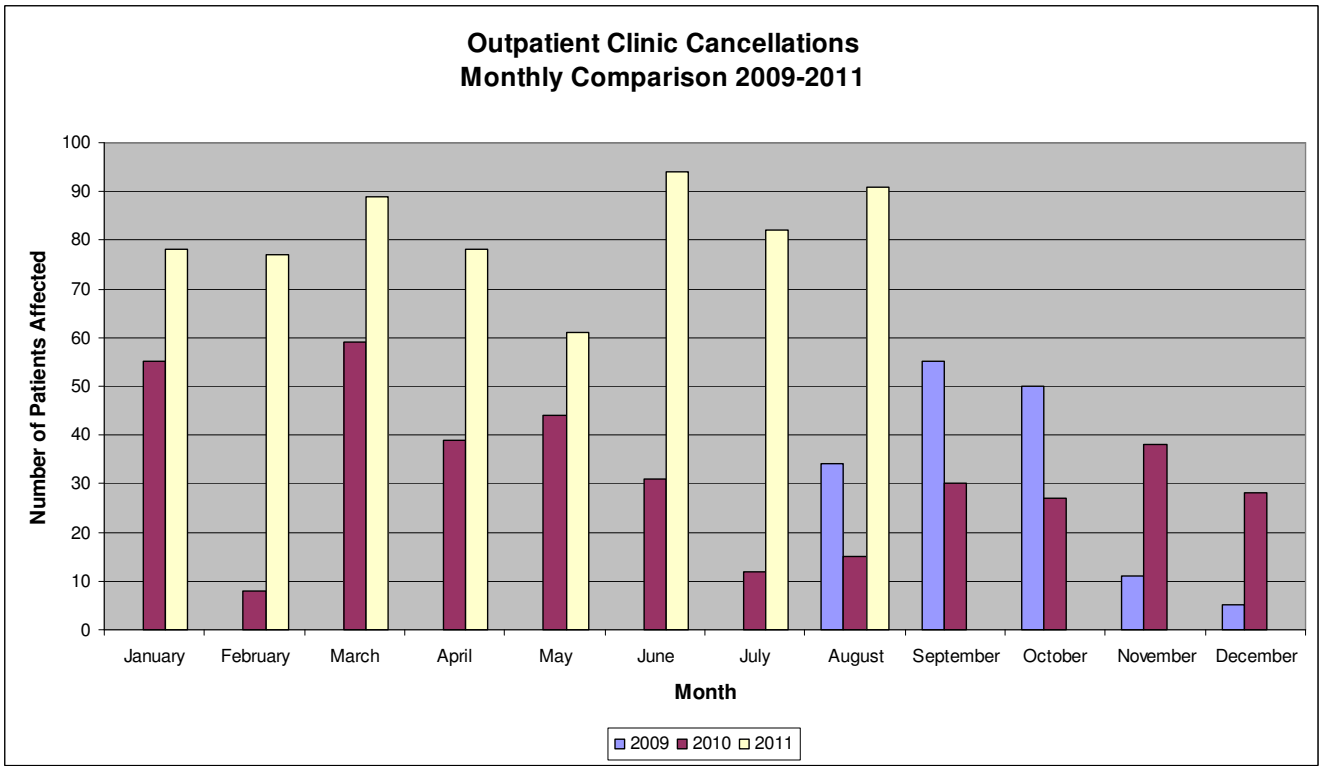
GRAPHS

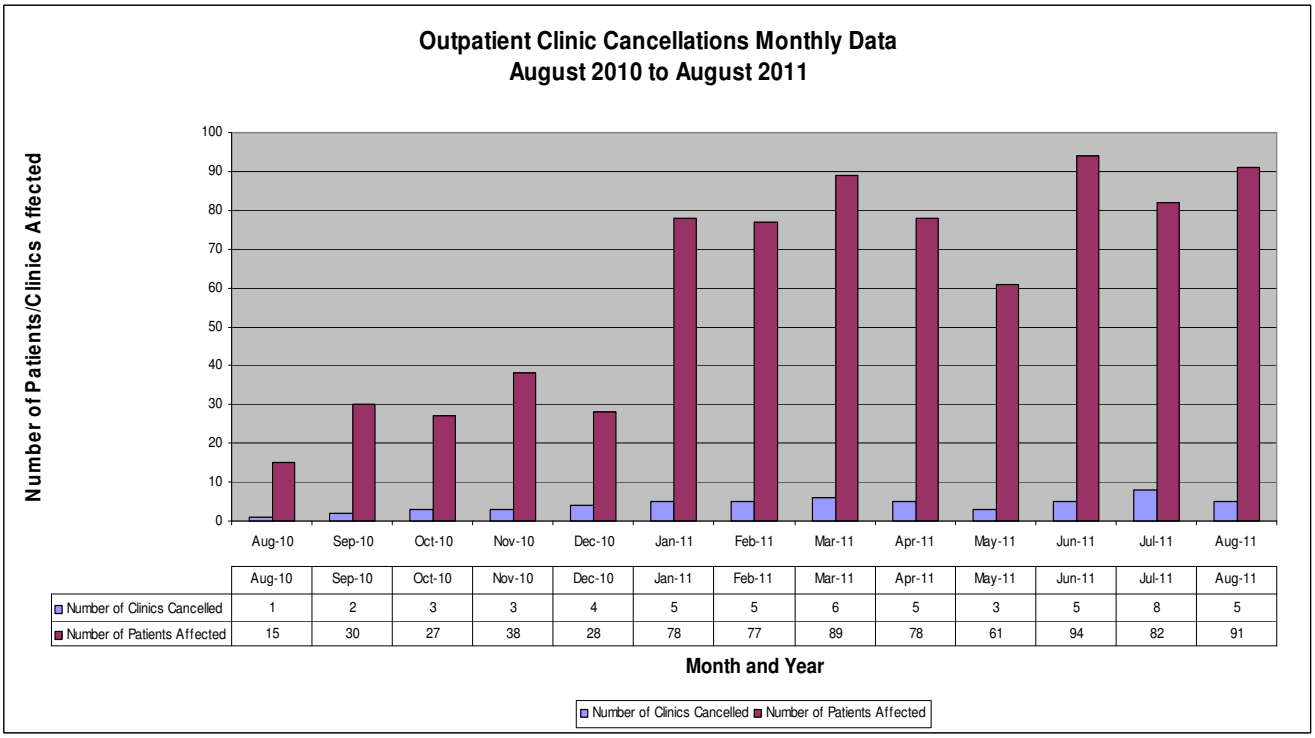
The following graphs provide an overview of current data against last year's data to capture the movement.

RECOMMENDATION

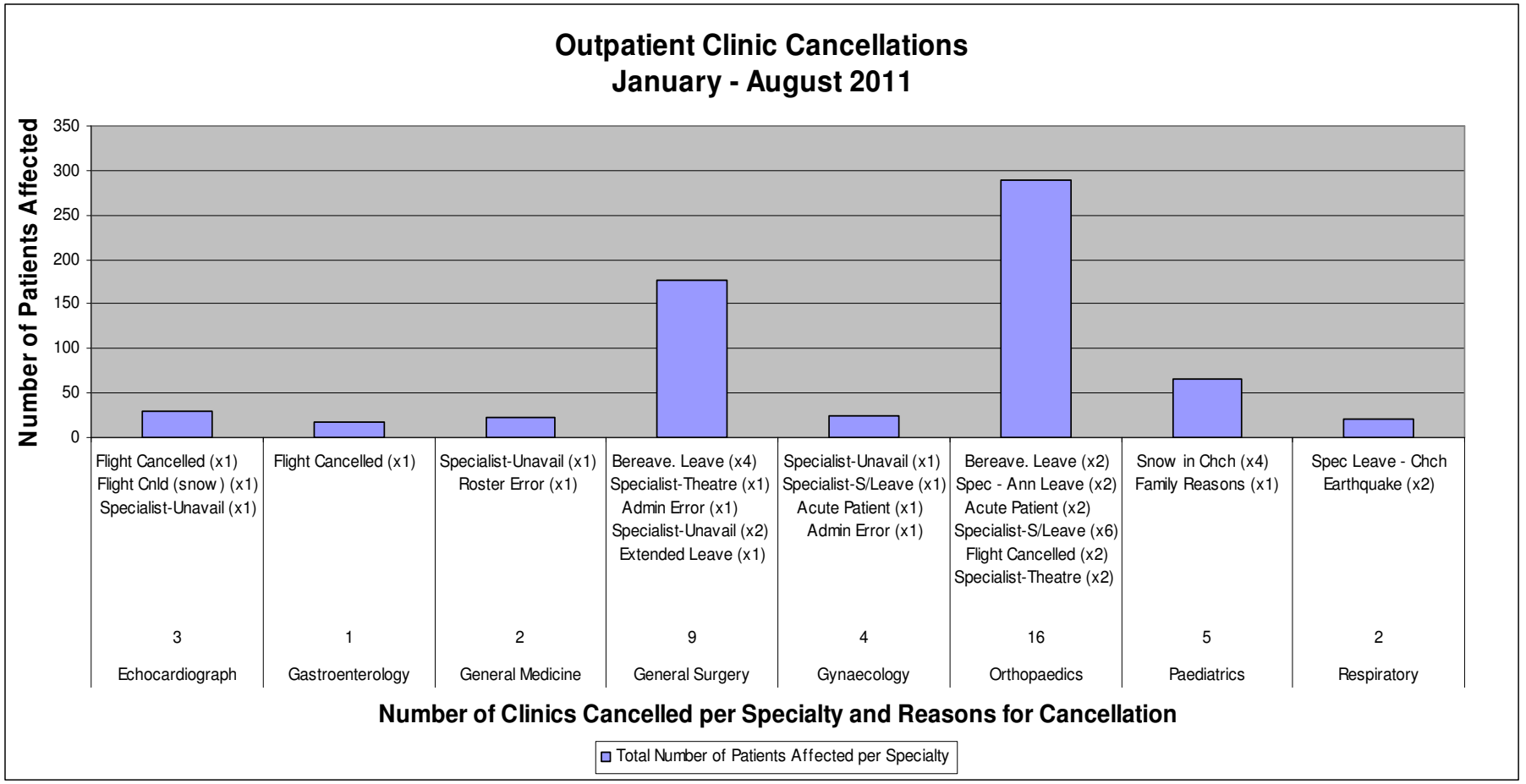
That the Hospital Advisory Committee note this report for their information.

Author: **Personal Assistant to Acting General Manager Hospital Services – 14 September 2011**





	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
Number of Clinics Cancelled	1	2	3	3	4	5	5	6	5	3	5	8	5
Number of Patients Affected	15	30	27	38	28	78	77	89	78	61	94	82	91


Outpatient Clinic Cancellations
January - August 2011
Number of Patients Affected
350
300
250
200
150
100
50
0
Flight Cancelled (x1)
Flight Cnld (snow) (x1)
Specialist-Unavail (x1)
3
Echocardiograph
Flight Cancelled (x1)
1
Gastroenterology
Specialist-Unavail (x1)
Roster Error (x1)
2
General Medicine
Bereave. Leave (x4)
Specialist-Theatre (x1)
Admin Error (x1)
Specialist-Unavail (x2)
Extended Leave (x1)
9
General Surgery
Specialist-Unavail (x1)
Specialist-S/Leave (x1)
Acute Patient (x1)
Admin Error (x1)
4
Gynaecology
Bereave. Leave (x2)
Spec - Ann Leave (x2)
Acute Patient (x2)
Specialist-S/Leave (x6)
Flight Cancelled (x2)
Specialist-Theatre (x2)
16
Orthopaedics
Snow in Chch (x4)
Family Reasons (x1)
5
Paediatrics
Spec Leave - Chch
Earthquake (x2)
2
Respiratory
Number of Clinics Cancelled per Specialty and Reasons for Cancellation
Total Number of Patients Affected per Specialty

CLINICAL LEADERS REPORT

TO: **Chair and Members**
Hospital Advisory Committee, West Coast District Health Board

FROM: **Carol Atmore, Chief Medical Advisor**
Karyn Kelly, Acting Director of Nursing and Midwifery
Stella Ward, Executive Director of Allied Health (WCDHB and CDHB)

DATE: **15 September 2011**

ACHIEVING EFFECTIVE CLINICAL LEADERSHIP

Report of Progress against Annual Plan 2011-12
(progress reported in italics)

OBJECTIVE	**ACTION**	**EVIDENCE**
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*
Strong clinical governance in the planning and delivery of services across the West Coast DHB	Develop an integrated whole of system clinical governance framework for the West Coast. ▪ *A stock take of existing clinical governance groups functionality and whole system integration opportunities has been undertaken and will be considered at the next health system- wide clinical governance workshop* ▪ *Further workshop planned for 29 September 2011 with expanded involvement of clinical staff*	A documented clinical governance framework for the West Coast Health system will be in place by December 2011. Staff survey results indicate improved participation in decision making; clinical leadership and clinical quality initiatives.
Provision of clinical leadership across nursing, allied health and medical staff	Strengthen senior clinical contribution into the West Coast DHB and Advisory committees. ▪ Strengthen clinical inputs into the planning of future services provision across the West Coast Health system *Doctors, nurses and allied health staff are involved in workshops being held to develop the model of care for Buller integrated family health centre model of care and Grey Hospital and Grey District integrated family health service* ▪ *Canterbury Clinical leaders and Managers are involved in model of care development. This model of care incorporates Medical, Allied and Nursing workforce.*	*Regular attendance and reporting from Clinical Leaders group to Board and* Advisory Committee meetings. Future health service models of care are developed by the doctors, nurses and allied health professionals who provide the service.

Increased professional development opportunities for clinical staff to increase staff retention	Develop the West Coast as a Rural Learning Centre. ▪ *Academic Director chair of the Southern Regional Training Hub and Clinical Leaders on the steering group* ▪ *A meeting of the Southern Regional Training Hub was held on 7 September 2011 to develop the regional Post Graduate education action plan. A verbal update is available from the Acting Director of Nursing and Midwifery if requested.* ▪ *The Rural Learning Centre stage one redevelopment is complete; phase two will follow after the current RMIP 5th year students leave in November 2011.* Facilitate increased opportunities for the professional development of clinical staff. ▪ *September 2011 will see the allocation for 2012 PG Nursing HWNZ funding. The University of Otago Road Show was held 30 August 2011 in Greymouth and Westport, 31 August 2011 in Reefton to advertise and recruit students. We currently have 30 PG nurses being funded and intend this focussed development of the nursing workforce to continue in order to support the development of the West Coast Model of Care.* Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention. ▪ *Recruitment and Retention strategy being developed and implemented by Canterbury DHB Human Resources team in conjunction with West Coast clinicians.* ▪ *September 2011 will also see the HWNZ allocation of Nursing Entry to Practice positions for the West Coast. Recruitment will commence early September and is to be done in collaboration with Canterbury DHB.* ▪ *Focused effort on hospital medical senior staff recruitment, in conjunction with Canterbury DHB Human Resources staff, with permanent appointments being made*	Rural learning centre meets its work plan. Number of professional development workshops/ sessions provided. Increased staff retention. Workforce plan developed that will outline actions to retain and attract clinical staff and report against these – reduced staff turnover and reduced time to recruit into vacancies.

Quality improvement and safe patient care	Lead activities to promote and maintain clinical quality and safety, including supporting the development of the Xcelr8 Alumni. ▪ *Local staff attending Christchurch based courses and further Xcelr8 course being planned locally for November 2011* Monitor clinical and professional standards and ensure actions from audits are completed. ▪ *Health & Disability Sector Standards Certification Audit Progress Report and Corrective Action Plan submitted to Ministry of Health on time and being monitored* ▪ *Clinical credentialing for senior doctors to be aligned with Canterbury DHB process, and annual appraisal process to be strengthened* ▪ *Annual Performance appraisals for nurses are aligned to Nursing Council competencies and are a prerequisite requirement for HWNZ funding.* Develop a Quality Team for the West Coast Health System. ▪ *Implementation plan for the Quality review is being finalised.* ▪ *Roll out of the new Incident Reporting System has occurred throughout the hospital and support service area as of 1 July 2011, this has been enthusiastically received by staff* ▪ *The plan to roll this out to Community Buller and Reefton is currently being developed*	Quarterly meetings of Xcelr8 alumni. 95% of audit actions completed. Reduced mortality as measured by standardised mortality ratio. Quality team established by September 2011.

RECOMMENDATION

That the Hospital Advisory Committee of the West Coast District Health Board note this report for their information.

Authors:	**Chief Medical Advisor,** **Acting Director of Nursing and Midwifery, and** **Executive Director of Allied Health (WCDHB and CDHB) – 14 September 2011**

PATIENT TRANSFERS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Credentialling & Clinical Audit Facilitator**

DATE: **12 September 2011**

BACKGROUND

The following data on transfers to Tertiary Centres is provided at the Senior Clinicians' Morbidity & Mortality Review Meetings on a monthly basis.

Transfers to Tertiary Centres
June – August 2011

Reasons for Patient Transfers	June	July	August
Service not available at Grey Base	-	6	-
Service not available at Grey Base – at time	-	-	1
Severity of illness	9	1	1
Special Procedure (not done at Grey Base)	7	1	2
Specialist Care Not available at Grey Base	13	15	12
Specialist Care Required Urgently	2	2	2
Other Staffing Issue	-	-	-
Post Operative Complication	-	-	-
Other reason for transfer	-	-	-

NB: ***Please note that some patients will fall into two categories, e.g. a mother in premature labour fits into "service not available at Grey Base" and "specialist care not available at Grey Base."***

Reasons for Patient Transfers	Explanation
Service not available at Grey Base	This service is never offered at Grey Base Hospital e.g. Magnetic Resonance Imaging MRI.
Service not available at Grey Base – at time	Service temporarily not available e.g. a CT Cologram can not be done without a Radiologist.
Severity of Illness	Patient too ill to stay at Grey Base, requires tertiary level care.
Special Procedure (not done at Grey Base)	Procedure never done at Grey Base Hospital e.g. cardiology.
Specialist Care not available at Grey Base	Never have this type of Specialist on staff e.g. Neurologist.
Specialist Care required urgently	Patient requires urgent transfer e.g. cardiac evaluation.
Other staffing issue	Staffing issue other than specialist availability e.g. recently surgeons could not operate on a patient that might have required a ventilator as there was no one available to operate the ventilator. Normally the ventilator would have been available, the patient would have had the operation and there would have been someone to operate the ventilator for 24 hours prior to transferring the patient.
Post Operative Complication	Complication arising out of surgery that requires tertiary level specialist care.
Other Reason for Transfer	Reasons falling outside of the above categories: e.g. Christchurch patient admitted, once stable wants to be transferred back to Christchurch.

Definitions:

- Specialist – Expert clinician
- Service – equipment, resources and operators

Patient Transfers from Buller to Grey Base Hospital
June - August 2011

Reasons for Patient Transfers	June	July	August
Service not available at Buller	10	8	7
Specialist care not available at Buller	2	5	8
Specialist care required urgently	4	8	3
Other staffing issue	-	-	-
Post Operative complication	-	-	-
Other reason for transfer	-	-	-
Severity of illness	-	-	-

Patient Transfers from Reefton to Grey Base Hospital
June - August 2011

Reasons for Patient Transfers	June	July	August
Service not available at Reefton	-	-	1
Specialist care not available at Reefton	1	-	1
Specialist care required urgently	-	-	1
Other staffing issue	-	-	-
Post Operative complication	-	-	-
Other reason for transfer	-	-	-
Severity of illness	1	1	3

RECOMMENDATIONS

The Committee notes the above information.

Author: **Credentialling & Clinical Audit Facilitator – 12 September 2011**

ITEMS TO BE REPORTED BACK TO BOARD