West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

23 FEBRUARY 2012

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 23 FEBRUARY 2012 FROM 11.00 AM TO 1.00 PM

Karakia

1. Welcome and Apologies
2. Disclosure of Committee members' interests
3. Minutes of the last meeting 17 November 2011

   Feedback from report to the Board
4. Matters Arising / Action and Responsibility
5. Correspondence
6. Work Plan

6.1 Health Targets

6.2 Monitor performance of the Provider arm

- Management Team Report
- Presentation on the Recruitment Programme by Meredith Woodsford
- Operational Indicators – Caseweights
- Financial Report
- Elective Services Patient Flow Indicators
- Outpatient Department Cancellations
- Clinical Leaders Report

6.3 Investigations / Scoping

- Monitoring Inter District Flows – Patient Transfers

7. Items to be reported back to Board

IN-COMMITTEE

1 2012/13 Annual Plan and Statement of Intent

NEXT MEETING – 12 April 2012

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 SCHEDULE
JANUARY TO DECEMBER 2012

DATE	MEETING	TIME	VENUE
Friday 27 January 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 February 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 9 March 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 12 April 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 April 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 24 May 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 8 June 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 12 July 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 July 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 August 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 7 September 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 11 October 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 19 October 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 22 November 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 7 December 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth

Tatau Pounamu

Please note that meeting dates are yet to be confirmed.

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 • Member – Alcohol Action New Zealand
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	• Chairman of Coal Town Trust • Trustee on the Buller Electric Power Trust • Director of Energy Trust New Zealand
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, 27 January 2011 and 27 January 2012)	Three months	30 April 2012
Sharon Pugh (Deputy Chair)	27 January 2011 (Re-appointed 27 January 2012)	Three months	30 April 2012
Doug Truman	27 January 2011 (Re-appointed 27 January 2012)	Three months	30 April 2012
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 17 NOVEMBER 2011 AT 11.06AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT Warren Gilbertson, Chair
Sharon Pugh, Deputy Chair
Paula Cutbush
Doug Truman
Gail Howard

IN ATTENDANCE Peter Ballantyne, Board Deputy Chair
Hecta Williams, General Manager
Colin Weeks, Chief Financial Manager
Carol Atmore, Chief Medical Officer
Garth Bateup, Acting General Manager Hospital Services
Karyn Kelly, Director of Nursing and Midwifery
Bryan Jamieson, Communication Officer
Sandra Gibbens, Minute Secretary

APOLOGIES Dr Paul McCormack, Board Chair
Richard Wallace
Barbara Holland

Karakia – All

1. WELCOME, APOLOGIES AND AGENDA

The Chair welcomed everyone to the meeting. Apologies were accepted from Dr Paul McCormack, Richard Wallace and Barbara Holland.

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 30 SEPTEMBER 2011

Moved: Warren Gilbertson **Seconded: Doug Truman**

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 30 September 2011 be adopted as a true and accurate record."

Carried.

Hospital Advisory Committee Chair's Report to the Board
The Hospital Advisory Committee Chair provided a verbal update to the West Coast District Health Board meeting on 14 October 2011:

- The Board wishes the Hospital Advisory Committee to continue monitoring Elective Targets, Production Planning and Outpatient Cancellations.
- Reporting upon recruitment, and collaboration with Canterbury District Health Board regarding recruitment discussed. It is noted that the focus will now be on the recruitment of General Practitioners.

4. MATTERS ARISING

Item 1: Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target
On hold.

Item 2: A classification of complaints graph is requested to be provided specifically for hospital services
On hold.

Item 3: Review of the Work Plan to ensure that there is no duplication and that the correct items are included
Addressed in Section 6 – Work Plan.

Item 4: 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations
Carried forward.

Item 5: 'Improved Access to Elective Services' target report to be corrected for the next Hospital Advisory Committee meeting
Included in the Health Target report section 6.1.

Item 6: Information to be provided regarding the 'Green Bags' scheme and new medication reconciliation programme
Included in the Management report section 6.2.

Item 7: Communication strategies with the public to be considered; to acknowledge the awareness of the issues regarding clinic cancellations and Did Not Attend (DNA) rates, emphasising that there is a strong monitoring focus on this, that we do care, and are working on it

- This subject was raised at the last Board meeting and is a work in progress.
- There is an Xcelr8 project currently working on the 'Did Not Attends' issue, initially focussing on General Practice, however it is anticipated that this will flow through to hospital services. The Xcelr8 and Collabor8 programmes were described, the whole concept is empowering people to make positive changes within the workplace.

Action Point: A presentation on the Xcelr8 and Collabor8 programmes to be provided to the Committee during 2012.

Item 8: Clinical Leaders report formatting to be discussed with the Board Chair
Carried forward.

Item 9: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge
This is a work in progress.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

There was no correspondence inwards or outwards for September / October 2011.

6. WORK PLAN

Standard meeting times are being arranged for the Hospital Advisory Committee Chair and Acting General Manager Hospital Services to review the Work Plan, Agendas etc on a regular basis.

6.1 Health Targets

- **Improved Access to Elective Services**
  There is a Production Plan in place which is being further developed to improve the current system and achieve the desired targets. This includes addressing the over and under productive areas. The reporting to the Hospital Advisory Committee is being reviewed.

- **Better Help for Smokers to Quit**
  This target is not being achieved at present. The new Smokefree Coordinator is developing initiatives to address this.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report
The Acting General Manager Hospital Services spoke to the report:

Medical Staffing
- Interest in the vacant positions has been good with interviews taking place for various specialities. Advertising continues.
- A new General Surgeon is scheduled to commence 1 December 2011.
- Discussions are being held on the future design of the delivery of orthopaedic services.

Clinical Services
- Prioritisation of Projects
  - A power point presentation was provided by the Hospital Services Business Analyst outlining further details on the series of projects being designed for on going improvements within the West Coast District Health Board.
  - It is anticipated that these initiatives will flow on to make a positive impact on our financial status.
  - The presentation covered: criteria, methodology, tool for ranking projects, project overview of the 33 projects outlined, and preliminary rankings. Next steps are 'common sense' adjustments, identification of resources, a work plan for each project, then implementation.

- Hospital staff have been consulted and invited to participate in the processes and improvements going forward. Communication to staff on progress and successes will be ongoing.
- The Committee thanked the Hospital Services Business Analyst for the presentation and look forward to future updates on the progression of the projects.

- Green Bag scheme – commentary was provided in the agenda regarding this initiative.

Human Resources

Recruitment

- Recruitment of permanent General Practitioners continues for a number of posts throughout the West Coast.
- As part of the Recruitment Initiative curriculum vitaes continue to be received and considered.
- A query was received regarding the risks at times of lack of coverage in areas due to the unavailability of staff.
- It was noted that the availability of suitable housing can be a problem as to the recruitment and retention of staff. A review on the processes to ensure that the provision of housing support is fair and equitable is commencing.
- General Practice patient registration capacity was queried. There is a problem across the West Coast due to the current shortage of General Practitioners; the West Coast DHB and Primary Health Organisation are working on contingencies and interim solutions to support Practices during this time. The recruitment and retention of General Practitioners is a West Coast DHB focus and it is acknowledged that the General Practices are performing a sterling job under difficult circumstances.

Industrial Relations

Managed Bargaining – it was noted that the 'managed bargaining' settlement was not ratified by all unions. Nursing is an area where the West Coast DHB is at risk.

Caseweights

- Surgical elective caseweights are ahead. It was noted that the phasing is based on standard Ministry of Health phasing.
- The Production Plan was submitted to the Ministry of Health in October 2011, therefore areas can now be rephased.
- Outpatient subsequent visits are most probably higher than other areas, however this may be a reflection of the current status of General Practices.

Finance Report

The Chief Financial Manager spoke to the Finance Report for September 2011 and gave a verbal update on the results for October 2011.

- The West Coast DHB recorded a consolidated deficit of $2,739k (budget - $2,456k) at the end of October 2011, resulting in a $283k unfavourable variance.
- It was noted that overproduction in case weighted volumes has flowed into the figures, specifically orthopaedic cases which carry a high case weight (cost). This is being addressed with the objective of reducing the case weights for orthopaedics back to plan which will reduce the current overspend in clinical supplies.
- The Chief Financial Manager provided a power point presentation showing the Provider Arm results for October 2011, with the following graphs:
  - WCDHB Provider Arm – Monthly Surplus/(Deficit) –The deficit reported for the provider arm for the period ending October 2011 is $5,455k (budget-$4,804).

- WCDHB Provider Arm – Monthly Personnel Costs – this is tracking reasonably close to budget.
- WCDHB Provider Arm – Monthly Combined Personnel and Outsourced Costs – currently above budget.
- WCDHB Provider Arm – Monthly Outsourced Medical Personnel – currently above budget.
- WCDHB Provider Arm – Clinical Supplies Costs – these are higher than budget year to date but October 2011 showed a reduced spend to budget when compared to previous months.
- WCDHB Provider Arm – Monthly Total Expenses.

- Locum usage was discussed and it was noted that it is significantly more cost effective to employ permanent staff than to employ locums. Collaboration with Canterbury DHB is helping to address some of the current employment and recruitment issues.
- Patient transfers were discussed. An Xcelr8 project is currently looking at strategies around patient transfers.

The Committee thanked the Chief Financial Manager for the graphs and information provided.

Action Point: The Chief Financial Manager requested to provide information as to the difference between the outsourced services costs and clinical supplies costs.

Action Point: The Chief Financial Manager requested to present updates on the above graphs to the Hospital Advisory Committee at each meeting to follow progression.

Moved: Warren Gilbertson Seconded: Sharon Pugh

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

Carried.

Elective Services Patient Flow Indicators (ESPIs)

- There are not large numbers of patients on waiting lists, and it is noted that some of the outpatients waiting over six months relate to the less frequently held clinics.
- Management are currently working upon areas for compliance. At times people choose/request to delay treatment due to their own personal circumstances and this can affect figures.

Outpatient Department Cancellations

The last sentence in the first paragraph under "Background" is to be removed as it is incorrect.

Clinical Leaders Report

The Chief Medical Officer spoke to the report:

- Future Model of Care for Grey Health
  - Community Expo – is being held on 1 and 2 December 2011 at the Tai Poutini Polytechnic. This will include stands on the plans for the direction of health services on the West Coast.
  - There will be two staff meetings and an invited guests meeting providing information and there will be opportunities for feedback.

- On 8 and 9 December 2011 a two day Workshop for clinical people (primary, community, hospital etc) is being facilitated to look at the model of care, structure, and strategies etc.
- A summary will be brought to the Board and Advisory Workshop early 2012.

- The Clinical Board for the West Coast Health System is yet to have its first meeting.
- The recruitment of six new graduate nurses is noted as very positive. Four new graduate midwives have also been recruited. The West Coast DHB now has a full complement of nursing.

Peter Ballantyne left the meeting at 12.32pm

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers
September 2011 has had a high number of patient transfers due to the patients requiring a level of care higher than the West Coast District Health Board can provide.

Peter Ballantyne returned to the meeting 12.36pm

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

Motion:
"THAT the Hospital Advisory Committee receive the Information Reports."

Carried.

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

-

8. IN COMMITTEE

Moved: Warren **Seconded: Sharon Pugh**

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 30 September 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 12.37pm.

There were no in committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12.37pm

9. GENERAL BUSINESS

- Disappointment was expressed that the Hospital Advisory Committee inductions and training had been moved back. The reason for the delay was provided and members are looking forward to participating in the training in the near future.
- The General Manager noted comments from the Committee regarding the time recently spent in an Emergency Room. Protocols relating to the availability of equipment and the discharge of patients will be looked at.

10. NEXT MEETING

The next meeting date which will be in 2012 is to be advised and will be provided with the Board papers.

The Hospital Advisory Committee spent 30 seconds in In Committee
There being no further business to discuss the meeting concluded at 12.42pm.

HAC REPORT TO BOARD

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

FROM: **Chair, Hospital Advisory Committee**

DATE: **26 November 2011**

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Thursday, 17 November 2011)

Finance Report

- Noting that the October 2011 month and year to date (YTD) results were still draft, there was significant adverse turnaround on the previous month.
- The draft nature meant that clarity to understand factors behind adverse turnaround, and more importantly, means of addressing contributing factors, was limited.
- Elective over-production during the September / October 2011 period (particularly in the area of orthopaedics) and associated expenses i.e. increased outsourced locums, clinical and medical supplies, is a significant factor contributing to the adverse turnaround.
- The Hospital Advisory Committee will continue to closely monitor financial performance given the priority to ensure the year end budgeted result is met.

Elective Services
Production planning process and refining the central booking system remains a priority to ensure elective targets and flow are managed effectively.

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

Xcelr8 / Collaborate Leadership Programmes
Given the increasing awareness of successful initiatives being implemented as a result of participation in these programmes – the Hospital Advisory Committee has expressed an interest in a presentation overview of these programmes along with examples of successful innovations arising from them.

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	14 July 2011	Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target. On hold.	General Manager		
2	18 August 2011	A classification of complaints graph is requested to be provided specifically for hospital services. Graph provided 30 September 2011 meeting. Item to remain on matters arising.	Quality Co-ordinator		
3	30 September 2011	The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations. Carried forward.	Acting General Manager Hospital Services		
4	30 September 2011	Communication strategies with the public to be considered; to acknowledge the awareness of the issues regarding clinic cancellations and Did Not Attend (DNA) rates, emphasising that there is a strong monitoring focus on this, that we do care, and are working on it. This is a work in progress.	Management Team		
5	30 September 2011	The Clinical Leaders are to be encouraged to discuss the reporting format of the Clinical Leaders Report with the Board Chair. Carried forward.	General Manager		
6	30 September 2011	Work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation home following discharge. This is a work in progress.	Management Team		

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
7	17 November 2011	A presentation on the Xcelr8 and Collabor8 programmes to be provided to the Committee during 2012.	Acting General Manager Hospital Services		
8	17 November 2011	Request to provide information as to the difference between the outsourced services costs and clinical supplies costs	Chief Financial Manager		
9	17 November 2011	Request to present updates on the West Coast DHB Provider Arm graphs at each Hospital Advisory Committee meeting	Chief Financial Manager		
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE FOR NOVEMBER / DECEMBER 2011 AND JANUARY 2012

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
10 February 2012	Hon Tony Ryall Minister of Health	Mr Peter Ballantyne Acting Chair West Coast District Health Board	Annual Report Requirements – Schedule of Board and Committee Meeting Attendance		

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	Acting General Manager Hospital Services	Ongoing	Quarterly				As available.
Provide input into							
1. South Island Health Services Plan	Acting General Manager Hospital Services and General Manager Planning and Funding		Annually		√		South Island Regional Health Services Plan approved.
2. South Island Elective Services Plan	Acting General Manager Hospital 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	Acting General Manager Hospital Services	Ongoing	As required		√		
6. Health Information Strategy	Acting General Manager Hospital Services		Semi-Annual		√		National Health I.T. Plan for review and discussion.
7. Annual Report	Chief Financial Manager / Acting General Manager Hospital 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 Manager / Acting General Manager Hospital 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 Manager	Ongoing	Six weekly		√		Regular Finance Reports.
2. Health Targets	Acting General Manager Hospital Services	Ongoing	Quarterly weekly		√		Report included in papers.
3. Provider performance to contract	Acting General Manager Hospital Services	Ongoing	Six weekly		√		Included in operational indicators.
4. Elective Services Patient Flow Indicators (ESPI)	Acting General Manager Hospital Services	Ongoing	Six weekly		√		Report included in papers.
5. CDHB Collaboration - Monitor key deliverables / milestone dates	Acting General Manager Hospital 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	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	Acting General Manager Hospital Services	Ongoing	Six Weekly		√		Report included in papers.
10. South Island Health Services Plan	Acting General Manager Hospital 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: **10 February 2012**

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** **Quarterly Data** **For Period: 1 October to 31 December 2011** **ED – Buller** Over 6 hours 6 0.82% Under 6 hours 722 99.18% **ED – Greymouth** Over 6 hours 3 0.10% Under 6 hours 3,058 99.90% **ED – Reefton** Under 6 hours 104 100.00% **Total Attendances 3,893**
Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges	The target for West Coast DHB is 1592 discharge of the 2011-12 year. To the end on January 2012 we had discharged 945 patients. This is 101 patients ahead of target for this time of the year.

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	During the period October – December 2011, 25 West Coast domiciled patients began treatment in Christchurch (compared to 27 people in the July - September 2011 quarter). 21 of those treated in the October – December 2011 quarter were Category A,B,C. All West Coast residents in category A, B, and C started in the October – December 2011 quarter commenced treatment within the four-week timeframe. We note from the information on waiting times for radiation oncology provided by Canterbury District Health Board that there were four West Coast resident people waiting for assessment for radiation treatment at the end of December 2011.
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.	95% for 2011-2012	**ABC Implementation:** The percentage of smokers given support to quit increased to 86% for Quarter 2 2011/12 (October 86%, November 88% & December 83%). The Smokefree Service Development Manager and Smokefree Services Coordinator identified three focus areas that need to be addressed to ensure that a sustainable implementation of the ABC initiative is achieved within the West Coast DHB. The areas are: consistency in leadership and endorsement from senior staff, improved visibility of the ABC initiative at the ward level and addressing training gaps. Smokefree staff are holding regular meetings with secondary management staff and a ABC Health Target update was presented at the last Heads of Department meeting for 2011. There has been improved visibility in the last quarter including distributions of posters, target updates, communication with senior ward staff and champions and positive messaging in the form of success stories. Regular discussions with the coders have also been beneficial for interpreting reports. Improving and reaching the ABC Health Target in Secondary Care will continue to be a priority for all Smokefree staff.

RECOMMENDATION

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

Author: Provider Arm Management Team – 10 February 2012

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

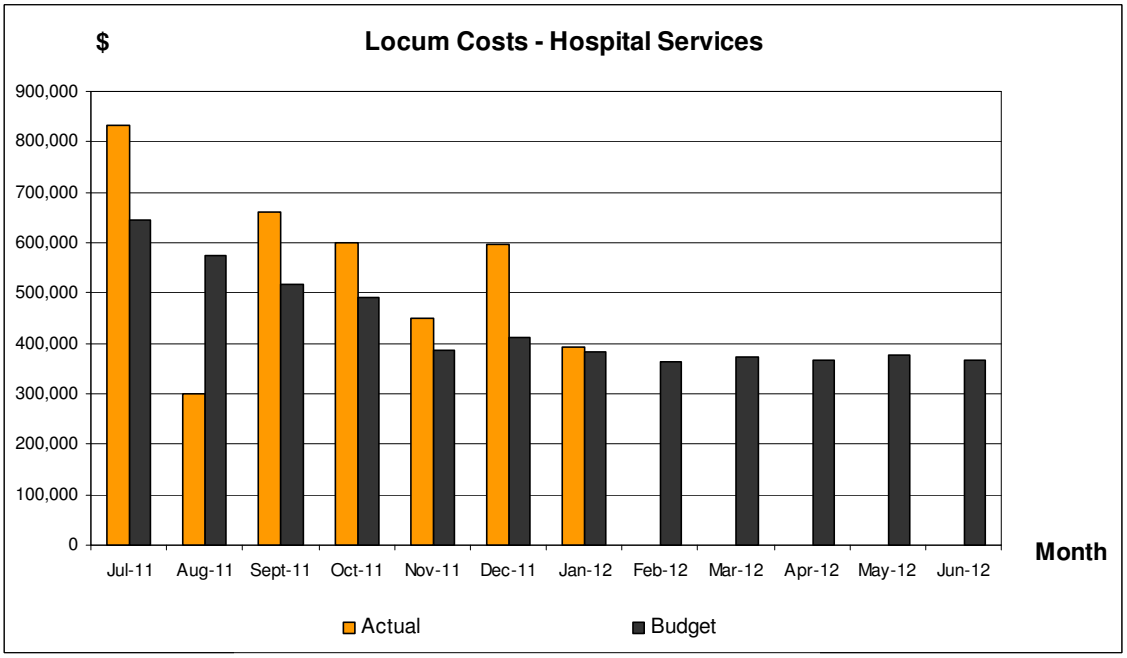
DATE: **14 February 2012**

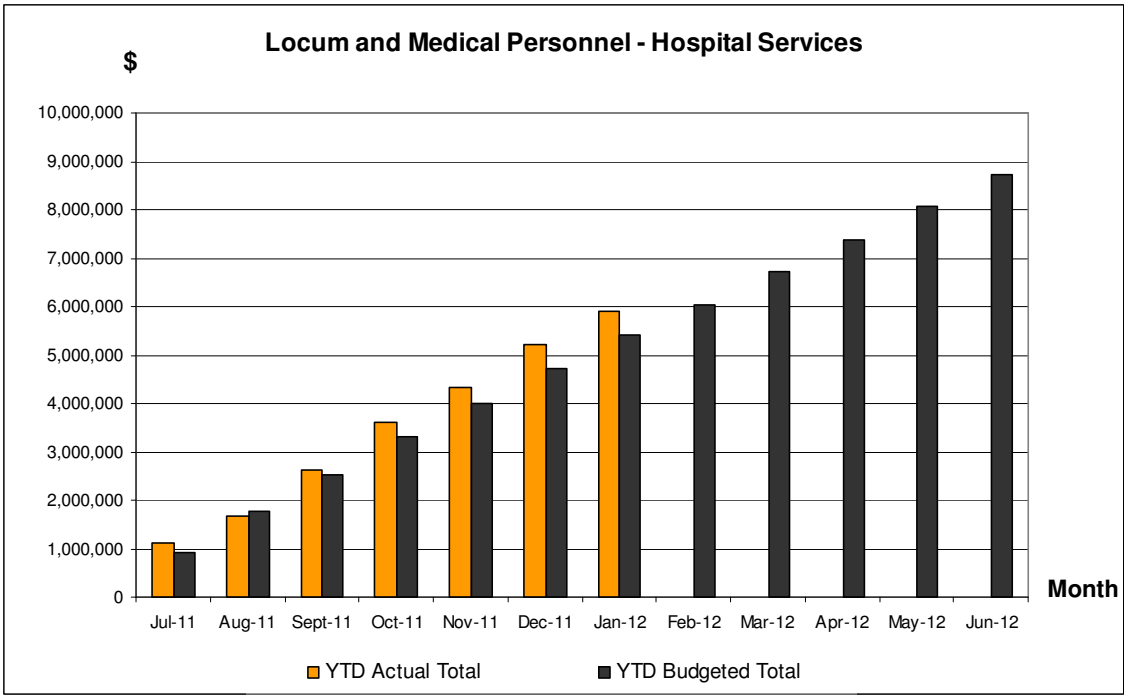
OPERATIONAL ITEMS

Medical Personnel – Locums

Assumptions used for the Graphs below:

- Both graphs are Hospital Services only.
- Hospital Services is in this connection defined as: General Surgery, Orthopedics, A&E, General Medicine, O&G, Pediatrics, Anesthetics and Visiting Clinics.
- The figures only include Senior Medical Officer's (SMOs) personnel and SMO related locum costs.
- The SMO locum costs include travel, accommodation, Agency Fees and other locum costs.
- July 2011 – January 2012 figures are based on actual.
- The graph showing Locum and Medical Personnel costs are accumulated figures.
- The graph showing only the locum costs are showing the monthly spend.





Medical Staff Recruitment

This is continuing with strong enquiries for Obstetrics and Gynaecology (O&G), and Anaesthetics.

VACANCIES		
Specialty	**Number required**	**Length of vacancy (est.)**
Physician	1	18 months +
O + G	2	18 months +
ED	1	2 months
Anaesthetists	3	3 months
GPs - Buller	2	12 months +
GP – Reefton	1	12 months +

Progress
Period since 7 February 2012 - interviewed two Obstetric and Gynaecology consultants and one Anaesthetist.
Ongoing pre-screening for all other Senior Medical Officer applicants / agency presentations.

Initiatives for Recruiting
Canterbury DHB Centralised Recruitment Service has now formally taken responsibility for recruitment across WCDHB.
This is a specialist service with greater resources than WCDHB has previously had access to.

Rostering Improvement

Progress over the past quarter; with better use of Trendcare the desired outcomes are:

- Cleaning up the data to improve accuracy and improving accuracy with audits
- Appropriate redeployment of staff captured in the database
- Improved taking of annual leave
- Entering staff information into HRM and ensuring accuracy

- Weekly reports written by Clinical Nurse Manager (CNM) of their budgeted Full Time Equivalent (FTE) against utilized FTE

Plan going forward over the two quarters:

- Key Performance Indicators (KPIs) written for CNM to improve accountability
- Entering all Human Resources Management (HRM) into Trendcare ie one central point – (as per recertification audit)
- Putting the Duty Nurse Manager roster onto Trendcare
- Beginning to roster re engineering (being mindful of the principles of Safe Staffing Healthy Workplace (SSHW) and in collaboration with New Zealand Nurses Organisation (NZNO))
- Essential information available to Nurse Managers, on a daily basis
- Monitor and react to variance in hospital without more staff.
- Developing realistic nurse patient ratios

Production Planning / Electives

The Ministry of Health releases reports on DHB performance to the elective discharge health target four to six weeks retrospectively. MoH reports include Inter District Flow (IDF) discharges (discharges produced by other DHBs on our behalf). The report for December 2011 is the current official MoH result available to DHBs. At 31 December 2011, 844 discharges were planned for WCDHB patients, and 945 have been delivered which produces a result of 101 discharges ahead of plan. These 101 discharges have been delivered via IDFs. (See separate section.)

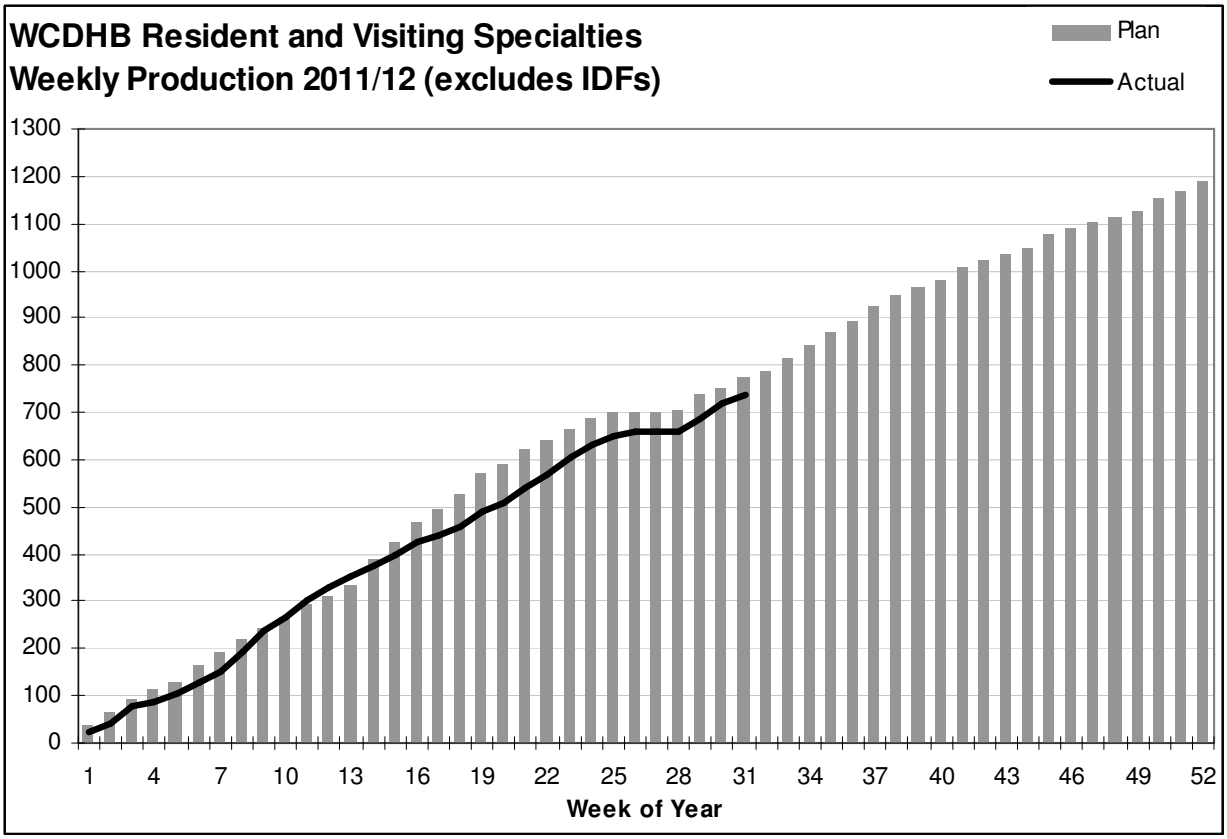
WCDHB's internal production plan only includes discharges for specialties where services are delivered on the West Coast, or directly contracted to be delivered outside the West Coast (i.e. Ophthalmology).

Figures in WCDHB's internal production plan are rounded to the nearest whole number. The calculations used to plan production in line with the organisation's capacity throughout the year produce figures to a decimal. Whole numbers are needed so the planned volume equates to actual discharge numbers (you can't deliver services to 0.6 of a patient), so rounding to the nearest whole number is used where necessary. This rounding produces an additional 10 to 20 cases over the required number of discharges for each specialty. The additional cases included in the production plan as a result of rounding are utilised as a buffer to ensure discharge targets are achieved.

WCDHB Internal Production Plan by Specialty at Week Ending 5 February 2012					
	2011/12 Discharges Required (ex rounding)	**Planned Discharges YTD (inc rounding)**	**Actual Discharges YTD**	**Variance to Plan**	**Remaining Discharges 2011/12**
General Surgery	251	163	148	-15	103
Gynaecology	163	114	120	6	43
Ophthalmology	304	243	246	3	59
Orthopaedics	197	116	104	-12	93
Paediatrics	36	20	14	-6	22
Plastics	100	63	61	-2	39
Urology	94	54	37	-17	57
Total	**1145**	**773**	**730**	**-43**	**416**

With rounding variance removed, total performance to WCDHB's internal production plan across all specialties excluding IDFs is 5 discharges behind plan.

WCDHB Internal Production Plan ex Rounding at Week Ending 5 February 2012					
	2011/12 Discharges Required (ex rounding)	Planned Discharges YTD (ex rounding)	Actual Discharges YTD	Variance to Plan	Remaining Discharges 2011/12
Total	1145	744	739	-5	401



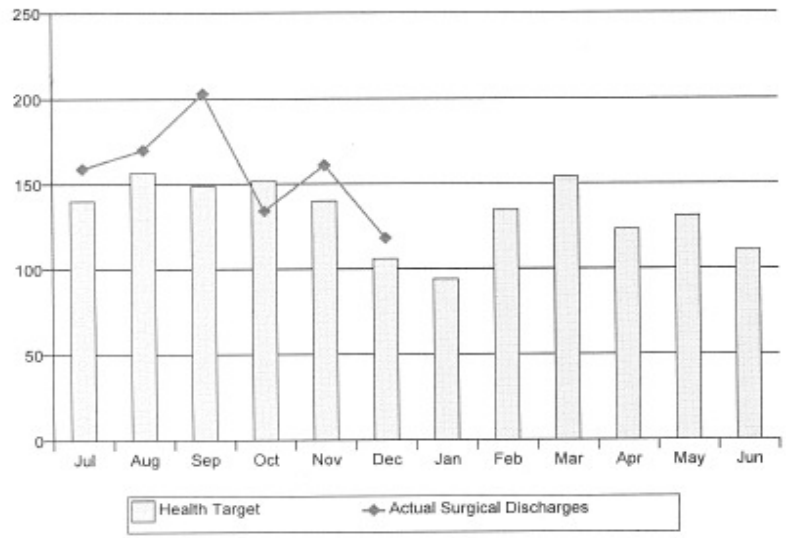
West Coast DHB 201112 Electives Initiative Report.rep

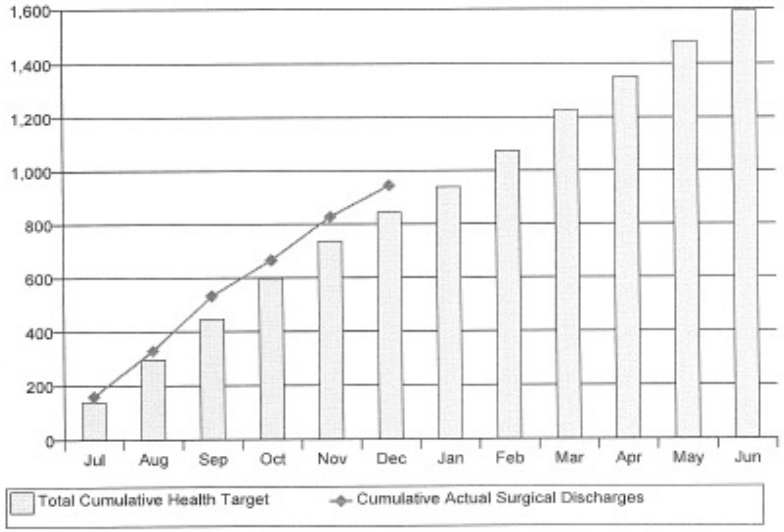
2011/12 Electives Initiative Health Target

Figures expressed by DHB of Domicile
Publicly funded events only
Surgical purchase units only
Elective admissions only

West Coast

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
Health Target	140	157	149	152	140	106	94	135	154	123	131	111	1,592	844
Actual Surgical Discharges	159	170	203	134	161	118								945
YTD Health Target Variance	19	13	54	-18	21	12								101





Report to: December

Date Last Refreshed: 7/02/2012

Inpatient Inter-District Flow (IDF) Cost and Volume Over-run

West Coast DHB is experiencing a far higher out-flow of inpatients this financial year than budget. Our net inpatient volumes are 11% over YTD budget by 125.84 caseweights in the six months to 31 December 2011 – being the latest reasonably complete period set of data available at the time of writing this report. This over-run represents an increase of $574,773 over budget that our DHB owes to other DHBs for inpatient services for the half-year period. Our biggest debts above budget for these services include $191,630 owed to Canterbury DHB; $157,939 to Capital and Coast DHB; $108,517 to Auckland DHB; and $77,210 to Southern DHB.

The over-run includes higher volumes in both acute and elective services, with acute throughput up 14.7% above YTD budget (up by $301,212) and elective throughput up by 8.7% against YTD budget (up by $273,561).

The mix within service specialties is highly variable, with some well under budget being off-set by much higher activity in others. In acute services for example, there has been significantly higher than budget activity in acute cardiac care related service need; with cardiology inpatient costs up by $65,163 (18% over), cardiothoracic surgery up by $376,348 (256%), and specialist paediatric cardiac services up by $99,070 (up by a full 405%) above budget; among other services. Other acute services with significant over-runs against budget have been general medicine (14% over by $40,375), haematology (up 88% by $49,081), vascular surgery (up 392% by $123,705) and acute orthopaedic services (up 55% by $106,323). These have been partially offset by lower demand for acute general surgery (down 43% by $221687), for plastics and burns (down 42% by $77,137); renal medicine (down 47% by $67,408); neurology (down 82% by $47,750); gastroenterology (down 80% by $46,072) and oncology (down 34% by $38,510).

Similar large variances exist within specialty levels for elective services. Cardiology and cardiothoracic services are over budget by $115,355 (61%) and $35,569 (15%) respectively against YTD budget. ENT is over budget by $118,500 (51%), general surgery by $177,337 (52%), and vascular surgery by $96,688 (99.6%) against YTD budget. In contrast, there is partial off-set in elective paediatric surgery which is down by 82% against YTD budget (down by $120,944), with elective general medicine down by $44,915 (96%) and elective neurosurgery down by $31,449 (29%) among under-delivery in some service areas.

In combination with current YTD over-production in the West Coast DHB's Provider Arm, this represents a significant cost incurred against YTD budgets set for our DHB (set in March 2011 using previous demand patterns and the latest full year run of 2009/10 data to forecast for 2011/12). The full-year outcome that emerged in 2010/11 for acute throughput, (which shot up dramatically beyond previous patterns), appear to be repeating again in 2011/12 and have not proven to be anomalous to the degree anticipated when the budgets were set. Indeed, YTD volumes in this current financial year for acute services in particular are yet head of those at the same time last year – and it is likely that this acute growth trend will continue through to the year-end results for IDF flows, resulting cost for IDF services remaining significantly higher budget.

Work is being undertaken at present to try and help slow and smooth the current pattern of over-run in elective services in the latter part of this financial year; both in IDF delivery and in local elective production through the Provider Arm.

Outsourced Services

Ophthalmology issues continue as it appears that the provider has charged us twice for a number of First Specialist Appointment (FSA) and Follow Up (FU) visits. Currently 200 invoices are being worked through to establish which shouldn't have been paid and what adjustments need to be made to FSA and FU reported volumes. Additionally there have been a significant number of tests also charged for which should not have been. These are also being reviewed. This occurred

because of problems with checks and balances by both the provider and West Coast District Health Board.

Cataract volumes are difficult – Volumes for Grey District and south are on target. Volumes for the Buller region are currently over with the brakes on any further surgery. Discussion will be held with the providers next week regarding the scoring threshold for cataracts and increasing waiting times before surgery.

No formal contracts are in place with either provider and that matter is being worked through.

Mental Health Service

Each year all DHB mental health services survey the satisfaction of those who use their services, using a nationally agreed set of survey questions. There are 20 questions and they broadly cover areas such as access to services, information given, respect shown, the degree to which they were involved in their care, rights, and the effectiveness of treatment.

Across the region we had around 200 surveys delivered or collected, with an 18% return rate, down on last year's 23%.

In summary, respondents are largely 25-64yr old females of "other" ethnicity with a larger number than previous years identified as Maori and also from acute services.

Overall satisfaction has remained largely unchanged with around three quarters of respondents stating they are satisfied, however, it is pleasing to note that this year, none have rated services as unsatisfactory overall. This is especially commendable with the change in demographics of respondents, and a greater number of those responding about acute services, where people come in contact with services at times of greatest distress, and least stability.

Carelink

The Needs Assessment and Service Co-ordination (NASC) service, Carelink is now fully staffed with the appointment of a full time NASC Greymouth and part time Administration Assistant. The interRAI national trainer visited Greymouth 16 – 18 January 2012, trained the two new NASC staff and provided a session with the rest of the team updating their knowledge.

A way to introduce the restorative model into Older Persons Health has been identified and colleagues from Support Works will assist with the facilitation of this hopefully in March 2012.

The community Assessment, Treatment and Rehabilitation (AT&R) service being developed with Jackie Broadbent is moving forward, and is supportive of the plan to provide Restorative Training and the move to providing support services in Packages of Care. A meeting was held in January 2012 with Access, Allied Health Manager and West Coast DHB Home Support Coordinator to discuss the move to Restorative Model of care as this will require up skilling of the home support workers. This work will continue with the plan to be using the Restorative Model of Care and Restorative Packages of Care by June 2012.

Buller

Special projects

Integrated Family Health Centre (IFHC) – the formation of the Buller Implementation Team to lead the next phase has sent a positive message to staff and given impetus to refining the model of care for the IFHC. Priority has been given to refining the patient pathway mapping to inform the way we will work in the level of detail required to calculate staffing mix and facility design. The

team consists of a mix of clinical and management staff and is chaired by Dr Paul Cooper. Developing relationships outside WCDHB in particular with Rata Te Awhina Trust, O'Conor Home and the local Pharmacy with the aim to include them in any clinical governance group.

New phone access process for Buller Health Medical Centre (BHMC) – a plan to reduce the incoming phone call congestion to the practice has been developed and will be rolled out early February 2012. The system is based on the Midlands call centre process – where patients can speak with a nurse without having first explained their problem to reception staff – the right person at the right time!

Business as Usual

Media - positive relationship with Westport News – messages regarding medication management by patients over the holiday period.

Staffing -

- Kynnersley staffing and safety issues and subsequent risks if evacuation necessary. Joint solution with Carelink, Kynnersley staff and management is progressing
- Clinical Leader – providing leadership for the Implementation Team by a mix of remote and onsite activities. Small reduction in clinical time.

Financial – close monitoring of current budgets and development of cost saving activities such as annual leave reduction, curbing spending, efficient rostering. Setting of budgets for 2012-2013 commenced.

RECOMMENDATION

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

Author:	**Provider Arm Management Team – 13 February 2012**

HUMAN RESOURCES

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

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

DATE: **10 February 2012**

RECRUITMENT / VACANCIES FOR JANUARY 2012

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	Applicants are being interviewed when they apply – recruitment ongoing
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 – advertising underway
Nursing Staff	
New Graduate Programme	Employees commenced end of January 2012
Nurse Practitioner – Rural Academic General Practice	Employee to commence shortly
Rural Nurse Specialist – Haast	Advertising
District Nurse	Interviewing
Public Health Nurse	Interviewing

POSITION	STATUS
Mental Health	
Casual Registered Nurse - Kahurangi	Applicants are being interviewed when they apply – recruitment ongoing
Registered Nurse IPU	Applicants are being interviewed when they apply – recruitment ongoing
Support Worker – Westland Community Mental Health	Shortlisting
Allied Health	
Clinical Manager – Social Work	Advertising
Child and Adolescent Mental Health Service – Alcohol and Other Drugs Clinician	No appointment made
Clinical Manager – Occupational Therapy	Advertising
Dementia Education Co-ordinator	Interviewing
Child and Adolescent Resource Worker	Interviewing
Other	
Business Manager – Grey Medical Centre and Rural Academic General Practice	

Author: Human Resource Advisors – 10 February 2012

INDUSTRIAL RELATIONS

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

FROM: **General Manager, Human Resources**

DATE: **13 February 2012**

INDUSTRIAL RELATIONS UPDATE

Managed Bargaining
Bargaining concluded for Multi Employer Collective Agreement (MECA) and single employer collective agreements for Allied Health and Technical, Clerical, Home Based Support Services and the Support Services collective agreements. The Nurses MECA with the New Zealand Nurses Organisation (NZNO) is currently taken to members for ratification.

Association of Salaried Medical Specialists (ASMS)
Have ratified the negotiated settlement and implementation is currently in progress.

Association of Professional and Executive Employees (APEX) Medical Radiation Technologist (MRT) & Sonography MECAs
Have ratified the settlement for the MRT MECA and implementation will be underway shortly.

APEX and West Coast DHB Information Technology
Bargaining is ongoing.

RECOMMENDATION

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

Author: **Human Resources – 13 February 2012**

RECRUITMENT PROGRAMME

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

FROM: **Meredith Woodsford**
Recruitment Team Leader
Canterbury District Health Board

DATE: **10 February 2012**

RECRUITMENT PROGRAMME

Meredith Woodsford, Recruitment Team Leader, Canterbury District Health Board, will be speaking with the Hospital Advisory Committee regarding the following:

1 Providing a brief presentation on the roll out of the Recruitment Programme.

2 Seeking feedback from the Hospital Advisory Committee on the level of reporting that the Committee wish to receive in the future regarding vacancies etc.

CASE-WEIGHTS

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

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

DATE: **7 February 2012**

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

Inpatient Volumes:

As at 31 December 2011 overall case-weighted [CWD] inpatient delivery was 9.74% over contracted volume for surgical specialty services (1,348.61 actual vs 1,228.85 contracted) and 9.24% over for medical specialty services (720.69 actual vs 659.70 contracted). The total value of over-production was $825,834.

The split between acute and electives was as follows:

Caseweights (CWD)	Contracted YTD	Actual YTD	Variance	% Variation
Surgical				
Acute	544.42	517.60	- 26.82	- 4.9%
Elective	684.44	831.01	+ 146.58	+ 21.41%
Sub-Total Surgical:	1,228.85	1.348.61	+ 119.76	+ 9.74%
Medical				
Acute	655.70	720.69	+ 65.00	+ 9.91%
Elective	4.00	0.00	- 4.00	0.0%
Sub-Total Medical:	659.70	720.69	+ 61.00	+ 9.24%
TOTALS:	1,888.55	2,069.30	+ 180.76	+ 9.57%

The major and significant contributor to over-production is orthopaedics at + 21.92% with an associated $581,100 value. This is an improvement on the previous report to HAC and work continues to bring this back to more acceptable levels for the remainder of the year.

The only area of mentionable under-production is:

- Urology (15.87 CWD) – elective volumes

Outpatient Volumes:

Attendances	Contracted	Actual	Variance	% Variation
Surgical				
1st Visit	2,021	1,973	- 48	- 2.37%
Subsequent Visit	3,035	3,674	+ 639	+ 21.05%
Sub-Total Surgical:	5,056	5,647	+ 591	+ 11.68%
Medical				
1st Visit	811	900	+ 90	+ 11.09%
Subsequent Visit	2,023	2,054	+ 32	+ 1.58%
Sub-Total Medical:	2,833	2,954	+121	+ 4.2%
TOTALS:	7,889	8,601	+ 712	+ 9.02%

Value of over-production was $152,181.

The notable areas of over-production are:

- General Surgery
- Orthopaedics
- Ophthalmology (however there is an issue of over-reporting currently under investigation)
- General Medicine

RECOMMENDATION

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

Author: Service Manager Allied Health, Diagnostics and Support Services – 9 February 2012

FINANCE REPORT
PROVIDER ARM - JANUARY 2012

Financial Overview for the period ending 31 January 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,117	6,358	(241)	√	44,129	43,697	432	√
Governance & Administration	208	212	(4)	√	1,496	1,485	11	√
Funds & Internal Eliminations	4,370	4,392	(22)	√	30,904	31,153	(249)	×
	10,695	10,962	(267)	√	76,529	76,335	194	√
EXPENSES								
Provider								
Personnel	4,482	4,492	10	√	30,436	30,751	315	√
Outsourced Services	864	831	(33)	×	7,972	6,484	(1,488)	×
Clinical Supplies	540	599	59	√	4,627	4,202	(425)	×
Infrastructure	870	903	33	√	6,592	6,433	(159)	×
	6,756	6,825	69	√	49,627	47,870	(1,757)	×
Governance & Administration	168	212	44	√	1,347	1,486	139	√
Funds & Internal Eliminations	3,533	3,708	175	√	25,478	26,375	897	√
Total Operating Expenditure	10,457	10,745	288	√	76,452	75,731	(721)	×
Deficit before Interest, Depn & Cap Charge	(238)	(217)	21	√	(77)	(604)	(527)	×
Interest, Depreciation & Capital Charge	550	551	1	√	3,551	3,856	305	√
Net deficit	**312**	**333**	**21**	√	**3,474**	**3,252**	**(222)**	×

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 January 2012 is a deficit of $312k, which is $21k better than budget ($333k deficit).

RESULTS FOR EACH ARM

Year to Date to January 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(9,049)	(8,029)	(1,020)	Unfavourable
Funder Arm surplus / (deficit)	5,426	4,778	648	Favourable
Governance Arm surplus / (deficit)	149	(1)	150	Favourable
Consolidated result surplus / (deficit)	**(3,474)**	**(3,252)**	**222**	**Unfavourable**

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 Ministry of Health revenue	√	44
Provider:	Internal funding	√	285
Provider:	Other government	√	102
Funder:	Revenue	√	36
	Expenses		
Provider:	Personnel Costs	√	315
Provider:	Outsourced services – Locum costs	x	(1,096)
Provider:	Outsourced services – clinical services	x	(553)
Provider:	Outsourced services – non clinical	√	161
Governance:	Outsourced services – non clinical	√	104
Provider:	Clinical supplies: pharmaceuticals	x	(30)
Provider:	Clinical supplies: Implants & Prostheses	x	(225)
Provider:	Clinical supplies: air ambulance	x	(94)
Provider:	Clinical supplies: other offsetting items	x	(76)
Provider:	Facilities: Repairs and maintenance	x	(21)
Provider:	Facilities: Utilities	x	(92)
Provider:	Professional fees and expenses : Insurance	x	(59)
Provider:	Transport	x	(65)
Provider:	Infrastructure and non clinical: Other offsetting items.	√	78
Funder:	Funder Arm; expenditure	√	613
Provider:	Capital charge credit (2011 financial year)	√	259
DHB	Other offsetting items	√	92
	Year to date variance to budget		**(222)**

REVENUE

Provider Arm

Provider Arm revenue year to date is a positive variance of $432k. This is explained by:

- Internal revenue – Funder Arm to Provider Arm is $285k better than budget (eliminated on consolidation along with the Funder cost). This includes elective volumes revenue which was budgeted as an external cost in the Funder Arm, age related care and claims for pharmaceuticals.
- Revenue received from ACC is $111k better than budget (age related rehabilitation, treatment and assessment and elective contract work).

Governance and Administration
A donation of $31k was received in December 2011 from the Fresh Future Trust for neonatal and child health.

EXPENSES

Provider Arm

- Personnel costs are $30,436k; $315k better than budget ($30,751k).

- Medical Personnel costs are $370k better than budget. This is a combination of Senior Medical Officers (including General Practitioners) being $463k better than budget and Registered Medical Officers being $98k greater than budget, the main reasons can be summarised as follows:
  - Vacancies across hospital and primary services, resulting in a compensating unfavourable variance under outsourced services costs.
  - Registered Medical Officers are $98k more than budget. This is partially due to unbudgeted allowances for extra duties across RMO services and will continue for the remainder of the year.
  - Other personnel costs are $39k more than budget; recruitment costs (including placement fees) are $22k more than budget.

- Nursing Personnel costs are $483k more than budget.
  - This variance includes a one off restructuring cost incurred in October 2011.
  - The nursing costs for age related residential and hospital level care in Buller are over budget due to the increased acuity of the patients resident.
  - Budgeted nursing efficiencies have not been realised to date and this is being investigated with the objective of bringing the nursing costs back into line by improved rostering and a managed annual leave programme.

- Allied Health Personnel costs are $414k better than budget.
  - This is due to a number of vacancies across the service. Recent appointments to key allied health positions have been made, which will result in improved service delivery but the favourable financial variance will not continue to the same extent over the remaining months of the year.

- Outsourced services costs are $7,972k; $1,488k more than budget ($6,484k).

- Outsourced Senior Medical Costs (locums) are $4,961k; $1,049k more than budget.
  - This is due to vacancies reflected above under personnel costs and cover for planned and unplanned staff leave.
- Outsourced clinical services are $2,508, $555k more than budget.
  - This is largely due to ophthalmology and orthopaedic volumes being outsourced. This is being addressed with the objective of reducing the overspend over the year as part of this will be a timing difference of when the volumes were planned and delivered. The production plan will be adjusted to take account of delivered volumes.
  - Laboratory services are $154k more than budget; $29k of this relates to tests for pertussis.

Clinical Supplies
Overall treatment related costs are $425k more than budget, with volumes to date for most specialities being greater than budget.

- Implant and prostheses are $564k, an unfavourable variance of $225k. This is due to a combination of factors, including the timing and mix of cases delivered (volume of orthopaedic cases delivered to date) and budget being set at a lower than actual price for certain implants.

This is being addressed via the production plan which will claw back some of the unfavourable variance by year end.

- Clinical supplies and consumables are $98k over budget. Included in this variance are the blood costs for a single high cost patient ($100k).
- Other clinical and client costs are $849k; an unfavourable variance of $50k. This relates to air transfers of patients ($93k more than budget) which is demand driven.

Infrastructure and non Clinical Cost

- Overall infrastructure and non clinical cost are $6,592k, $159k over budget. Within this variance are the following specific variances:
    - Facility costs are $1,524k, $141k over budget. Utility costs are $92k more than budget; these costs will continue to be over budget as prices have increased since the budget was set.
    - Travel and Transport costs are $614k, $65k over budget. This mainly relates to staff travel and accommodation costs ($25k more than budget), lease costs ($28k more than budget – this is reducing as leases expire).
    - Professional fees and expenses are $76k more than budget to date. The cost of insurance premiums (excluding motor vehicle) is $59k more than budgeted. This cost will continue to be over budget for the rest of the year.

Interest, Depreciation & Capital Charge

- Capital charge expense is $305k better than budget. A credit of $259k relating to the previous financial year was received in December 2011.

RECOMMENDATION

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

Author:	Chief Financial Manager – 14 February 2012

Appendix 1: Provider Operating Statement – 31 January 2012

Appendix 2: Provider Arm Performance Graphs

Appendix 1:

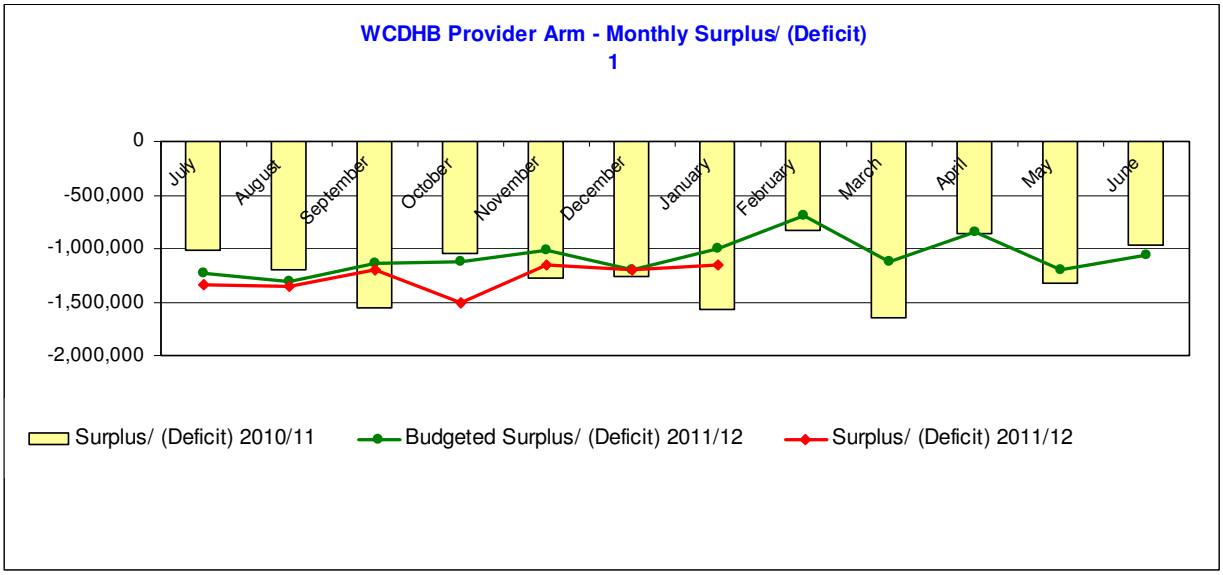
West Coast District Health Board

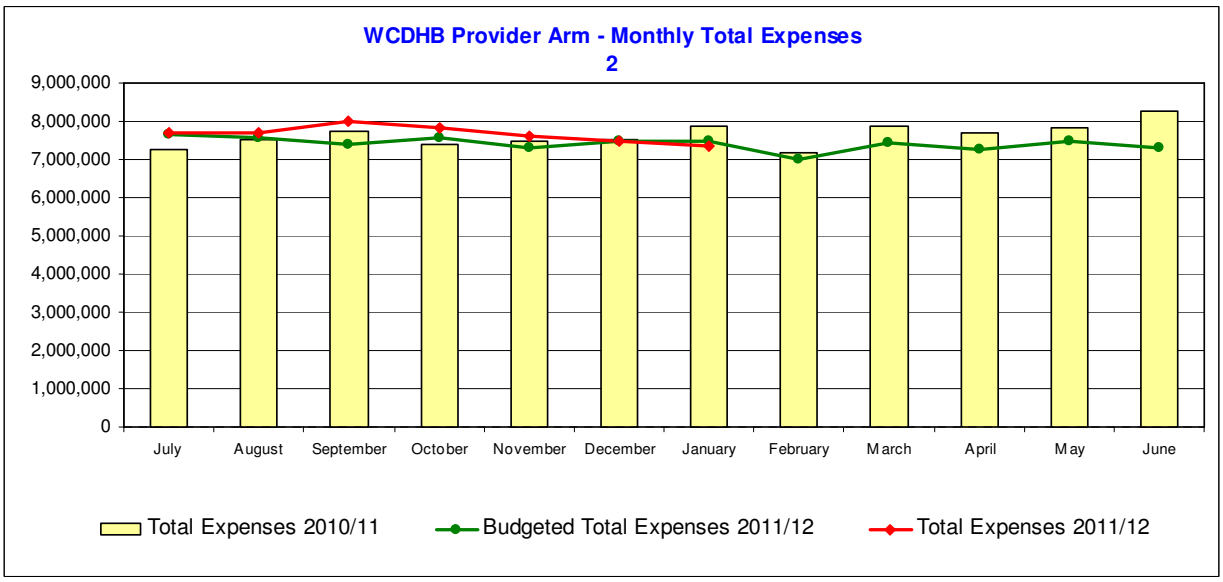
Provider Operating Statement for period ending 31 January 2012

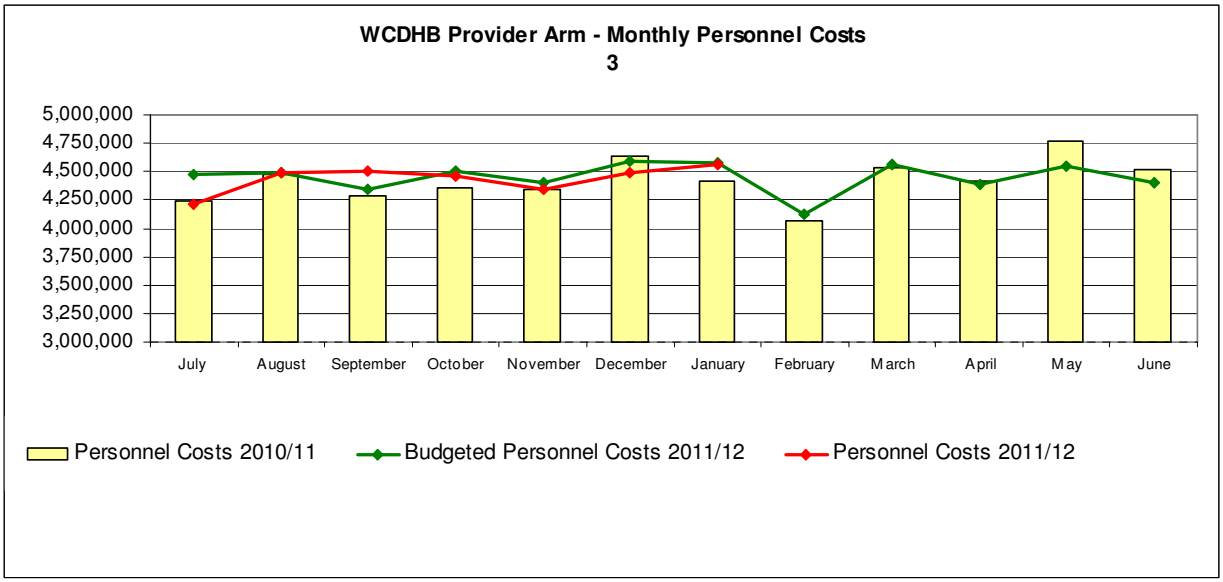
in thousands of New Zealand dollars

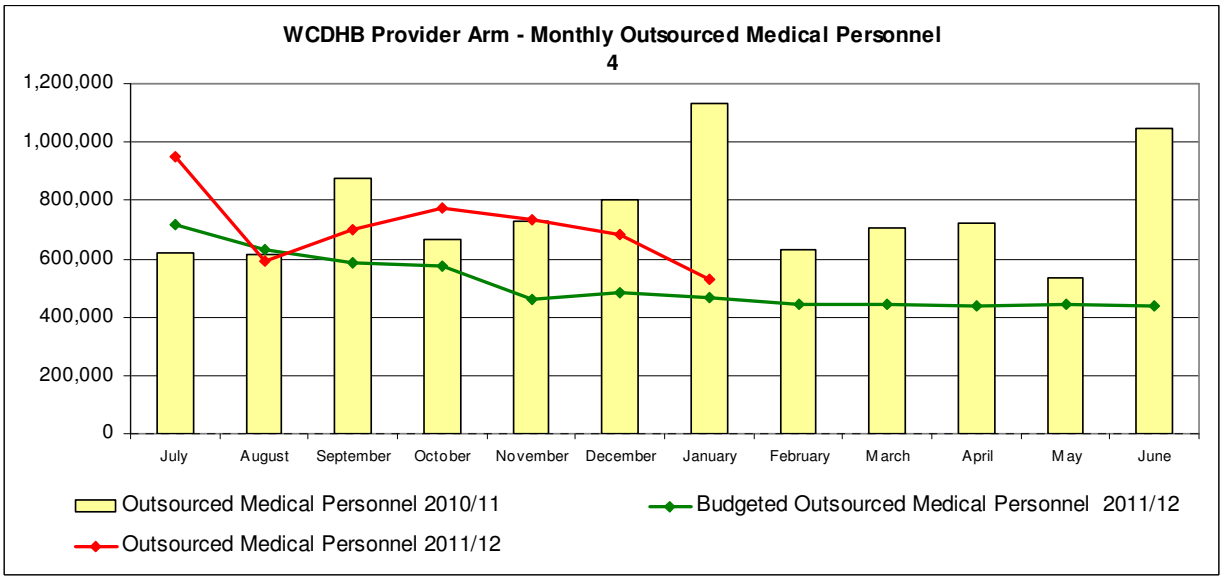
	Monthly Reporting					Year to Date					Full Year 2011/12	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2010/11
Income												
Internal revenue-Funder to Provider	5,125	5,205	(80)	(1.5%)	5,117	36,719	36,434	285	0.8%	35,657	62,459	63,504
Ministry of Health side contracts	115	144	(29)	(20.1%)	127	1,051	1,007	44	4.3%	1,092	1,727	1,835
Other Goverment	445	584	(139)	(23.8%)	586	3,690	3,588	102	2.8%	3,712	6,010	6,183
InterProvider Revenue (Other DHBs)	3	11	(8)	(71.7%)	10	26	74	(48)	(65.0%)	72	127	110
Patient and consumer sourced	266	265	1	0.4%	236	1,697	1,727	(30)	(1.7%)	1,642	2,965	2,828
Other income	163	149	14	9.1%	132	946	867	79	9.1%	878	1,488	1,461
Total income	**6,117**	**6,358**	**(241)**	(3.8%)	**6,208**	**44,129**	**43,697**	**432**	1.0%	**43,053**	**74,776**	**75,921**
Expenditure												
Employee benefit costs												
Medical Personnel	859	968	109	11.3%	882	5,923	6,293	370	5.9%	6,167	10,823	10,512
Nursing Personnel	2,137	1,986	(151)	(7.6%)	2,102	14,271	13,788	(483)	(3.5%)	13,786	23,405	23,784
Allied Health Personnel	738	801	63	7.8%	684	5,138	5,552	414	7.5%	5,117	9,426	8,768
Support Personnel	185	170	(15)	(9.1%)	170	1,266	1,176	(90)	(7.7%)	1,218	1,996	2,086
Management/Administration Personnel	563	567	4	0.8%	494	3,838	3,941	103	2.6%	3,851	6,655	6,494
	4,482	**4,492**	**10**	**0.2%**	**4,332**	**30,436**	**30,751**	**315**	**1.0%**	**30,139**	**52,304**	**51,644**
Outsourced Services												
Contracted Locum Services	556	477	(79)	(16.6%)	1,136	5,104	4,008	(1,096)	(27.4%)	5,475	6,283	9296
Outsourced Clinical Services	260	279	19	6.8%	304	2,506	1,953	(553)	(28.3%)	2,084	3,348	4005
Outsourced Services - non clinical	48	75	27	35.8%	51	362	523	161	30.8%	353	898	724
	864	**831**	**(33)**	**(4.0%)**	**1,491**	**7,972**	**6,484**	**(1,488)**	**(23.0%)**	**7,912**	**10,528**	**14,025**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	115	112	(3)	(3.0%)	108	880	782	(98)	(12.5%)	771	1,343	1,337
Instruments & Equipment	141	146	5	3.4%	159	1,064	1,022	(42)	(4.1%)	989	1,754	1,896
Patient Appliances	33	31	(2)	(6.5%)	18	197	217	20	9.2%	204	370	367
Implants and Prostheses	37	49	12	23.7%	49	564	340	(225)	(66.1%)	353	583	1,007
Pharmaceuticals	147	147	0	0.00	163	1,073	1,043	(30)	(2.9%)	1,058	1,800	1,895
Other Clinical & Client Costs	67	115	48	41.7%	57	849	799	(50)	(6.3%)	709	1,442	1,204
	540	**599**	**59**	**9.9%**	**554**	**4,627**	**4,202**	**(425)**	**(10.1%)**	**4,084**	**7,292**	**7,706**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	307	298	(9)	(3.0%)	302	2,140	2,089	(51)	(2.5%)	2,100	3,575	3586
Facilities	178	189	11	6.0%	163	1,524	1,383	(141)	(10.2%)	1,480	2,375	2666
Transport	62	70	8	11.2%	89	614	549	(65)	(11.8%)	712	898	1036
IT Systems & Telecommunications	118	120	2	1.3%	120	774	837	63	7.5%	735	1,435	1321
Professional Fees & Expenses	29	22	(7)	(32.4%)	14	229	153	(76)	(49.4%)	128	263	285
Other Operating Expenses	66	95	29	30.2%	97	541	651	110	16.8%	554	1,129	935
Internal allocation to Governanance Arm	110	110	0	0.2%	82	770	772	2	0.2%	574	1,323	984
	870	**903**	**33**	**3.7%**	**867**	**6,592**	**6,433**	**(159)**	**(2.5%)**	**6,283**	**10,998**	**10,813**
Total Operating Expenditure	**6,756**	**6,825**	**69**	**1.0%**	**7,244**	**49,627**	**47,870**	**(1,757)**	**(3.7%)**	**48,418**	**81,122**	**84,188**
Deficit before Interest, Depn & Cap Charge	**(639)**	**(467)**	**172**	**(36.8%)**	**(1,036)**	**(5,498)**	**(4,173)**	**1,325**	**(31.7%)**	**(5,365)**	**(6,347)**	**(8,267)**
Interest, Depreciation & Capital Charge												
Interest Expense	62	61	(1)	(1.3%)	63	430	428	(2)	(0.4%)	465	735	775
Depreciation	405	400	(5)	(1.4%)	392	2,797	2,797	0	0.0%	2,698	4,797	4578
Capital Charge Expenditure	83	90	7	7.8%	71	324	630	306	48.6%	369	1,080	690
Total Interest, Depreciation & Capital Charge	**550**	**551**	**1**	**0.1%**	**526**	**3,551**	**3,856**	**305**	**7.9%**	**3,532**	**6,612**	**6,043**
Net deficit	**(1,189)**	**(1,018)**	**171**	**(16.8%)**	**(1,562)**	**(9,049)**	**(8,029)**	**1,020**	**(12.7%)**	**(8,897)**	**(12,959)**	**(14,310)**

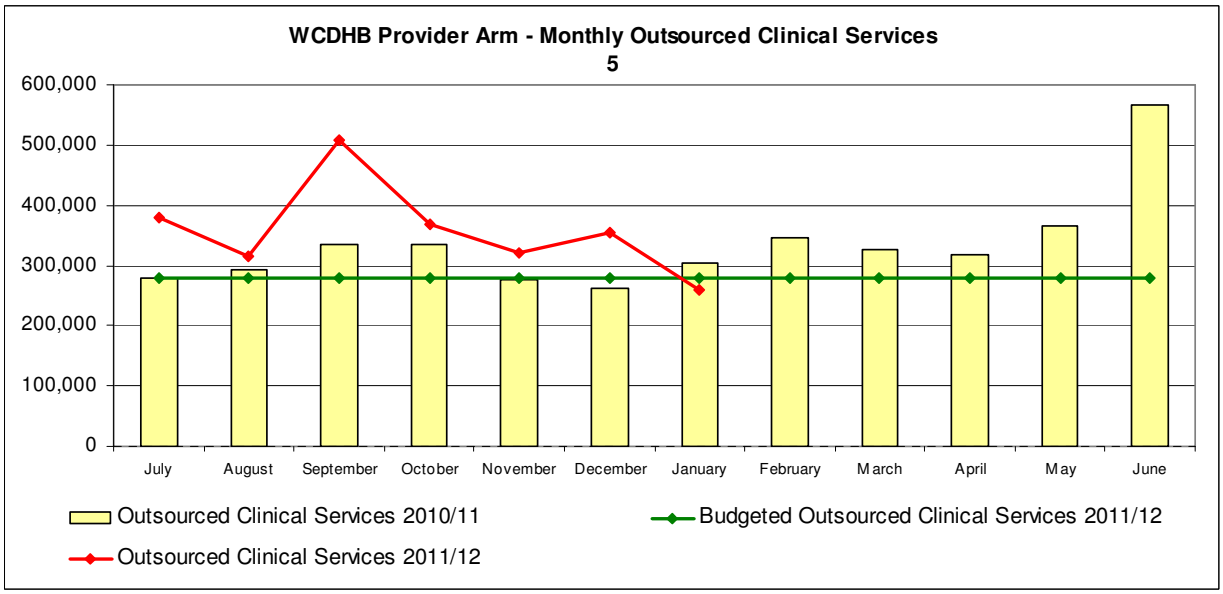
Appendix 2

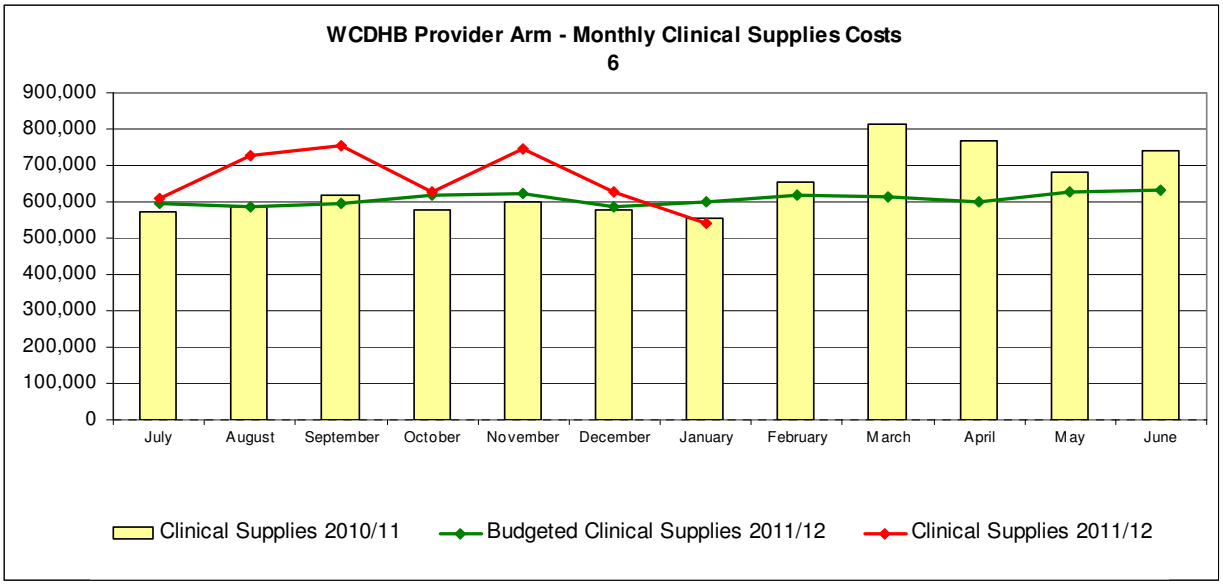

WCDHB Provider Arm - Monthly Surplus/ (Deficit)
1
0
-500,000
-1,000,000
-1,500,000
-2,000,000
July
August
September
October
November
December
January
February
March
April
May
June
Surplus/ (Deficit) 2010/11
Budgeted Surplus/ (Deficit) 2011/12
Surplus/ (Deficit) 2011/12

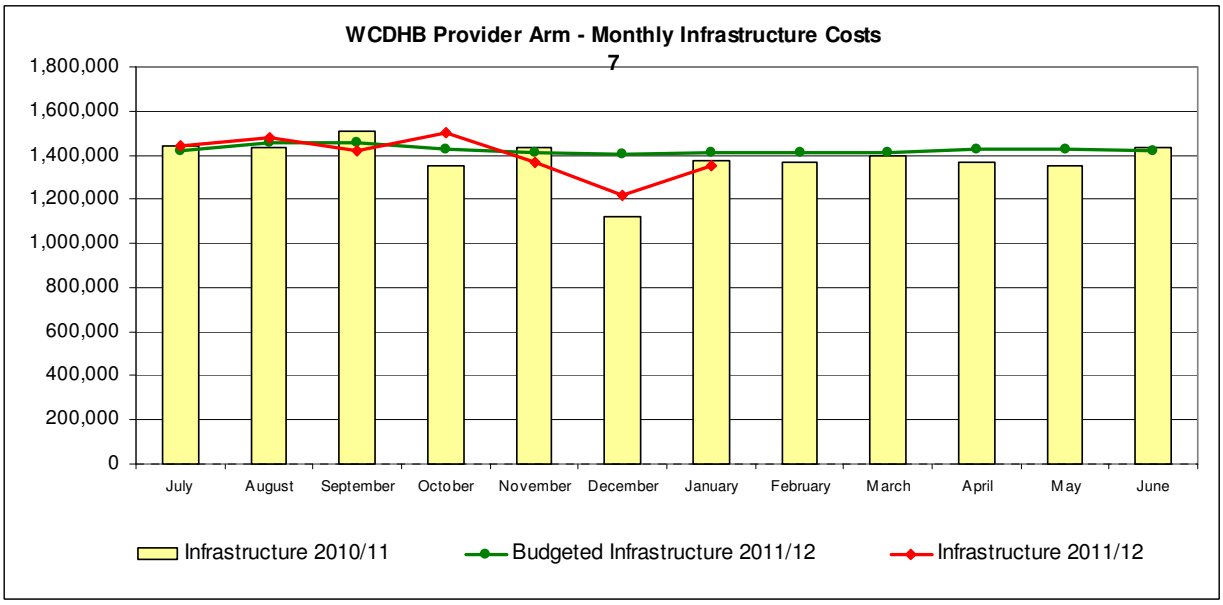

WCDHB Provider Arm - Monthly Total Expenses
2
9,000,000
8,000,000
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Total Expenses 2010/11
Budgeted Total Expenses 2011/12
Total Expenses 2011/12

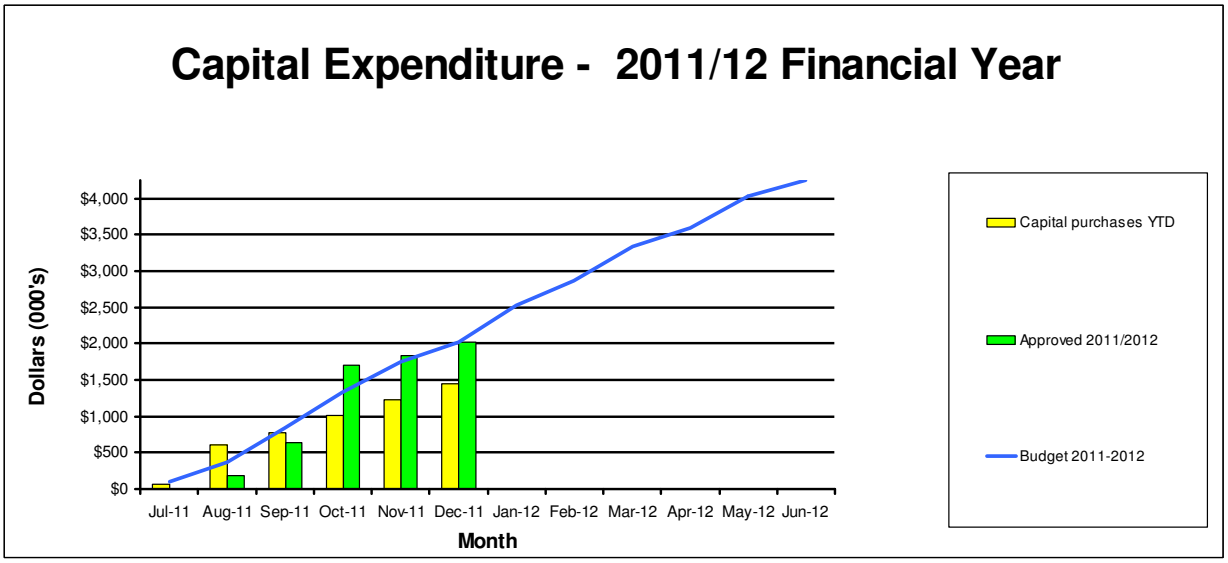

WCDHB Provider Arm - Monthly Personnel Costs
3
5,000,000
4,750,000
4,500,000
4,250,000
4,000,000
3,750,000
3,500,000
3,250,000
3,000,000
July
August
September
October
November
December
January
February
March
April
May
June
Personnel Costs 2010/11
Budgeted Personnel Costs 2011/12
Personnel Costs 2011/12


WCDHB Provider Arm - Monthly Outsourced Medical Personnel
4
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Outsourced Medical Personnel 2010/11
Budgeted Outsourced Medical Personnel 2011/12
Outsourced Medical Personnel 2011/12


WCDHB Provider Arm - Monthly Outsourced Clinical Services
5
600,000
500,000
400,000
300,000
200,000
100,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Outsourced Clinical Services 2010/11
Budgeted Outsourced Clinical Services 2011/12
Outsourced Clinical Services 2011/12


WCDHB Provider Arm - Monthly Clinical Supplies Costs
6
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Clinical Supplies 2010/11
Budgeted Clinical Supplies 2011/12
Clinical Supplies 2011/12


WCDHB Provider Arm - Monthly Infrastructure Costs
7
1,800,000
1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Infrastructure 2010/11
Budgeted Infrastructure 2011/12
Infrastructure 2011/12



CAPEX $20 K+ for December 2011				Special Funding
CAPITAL CODE	**REQUEST FOR**	**DATE APPROVED**	**APPROVED AMOUNT (excl GST)**	
11055	Boiler Grate Upgrade	07/12/2011	90,000.00	
11056	Replacement Endoscopes	07/12/2011	93,995.00	
			183,995	

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 8 February 2012:

INTERNAL ESPI RESULT
8 February 2012

	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	3.45	2	0
Dermatology	0	0.00	2	-2	-	-	-	-
Ear Nose Throat	1	0.36	4	-3	-	-	-	-
Gynaecology	2	0.55	5	-3	1	0.45	0	1
Haematology	0	0.00	0	0	-	-	-	-
Medical	0	0.00	7	-7	-	-	-	-
Neurology	1	*3.57*	0	1	-	-	-	-
Oncology	0	0.00	1	-1	-	-	-	-
Ophthalmology	9	*2.03*	7	2	18	*7.44*	10	8
Orthopaedics	2	0.20	15	-13	12	2.22	24	-12
Paediatrics	0	0.00	4	-4	2	*9.09*	1	1
Plastic	0	0.00	3	-3	5	*5.26*	4	1
Renal	0	0.00	0	0	-	-	-	-
Respiratory	4	*6.78*	1	3	-	-	-	-
Rheumatology	0	0.00	2	-2	-	-	-	-
Surgical	7	0.46	23	-16	16	2.02	32	-16
Urology	5	*1.98*	4	1	1	1.27	3	-2
OVERALL	**31**	**0.59**	**79**	**-48**	**57**	**2.77**	**82**	**-25**

Outpatients ESPI 2:

We are currently catching up on the holiday period with some visiting specialists only just returning to work. We are now booking clinics 4-6 weeks out. However what appears to be a side effect of this, is that there has also been an unusual number of patients for this time of the year who are cancelling their appointments within 2 or 3 days of their appointment. We are investigating options that will remind patients of their appointments.

Inpatients ESPI 5:

As with out patients we are having a number of patients who either cancel or who DNA their surgery.

[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.

Author:	**Elective Services Manager – 9 February 2012**

MoH Elective Services Online

Comparison of surgical services for October 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	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	10	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	6	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	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	32	4.5 %	-4	X	0.0 %	0	32	4.5 %	0	51	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	X	0	0.0 %	0	0	0.0 %	0	6	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	2	0.0 %	0	0	0.0 %	0	0	0.0 %	0	2	0.0 %	0	X	0.0 %	0	2	0.0 %	0	12	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	0	0.0 %	0	16	2.9 %	0	0	0.0 %	0	3	0.0 %	0	8	0.0 %	0	10	1.8 %	0	39	100.0 %	0 %
Paediatric Surgery	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	X	X	X
Plastics	1 of 1	100.0 %	0	2	0.0 %	0	0	0.0 %	0	0	0.0 %	0	6	0.0 %	0	X	0.0 %	0	2	0.0 %	0	10	100.0 %	0 %
Urology	1 of 1	100.0 %	0	1	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				**11**			**17**			**0**			**43**			**8**			**46**			**134**		

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: 31/Dec/2011

Report Run Date: 04/Jan/2012

MoH Elective Services Online

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

DHB Name: West Coast

	2010 Nov			2010 Dec			2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			
	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.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten 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	16 of 16	100%	0	18 of 18	100%	0	18 of 18	100%	0	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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	15	0.3%	0	13	0.3%	0	20	0.4%	0	15	0.3%	0	19	0.4%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	14	0.8%	0	23	1.3%	0	16	0.9%	0	23	1.2%	0	20	1.0%	0	17	0.8%	0	< 5%
4.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 commitment to treatment but not treated within six months.	20	1.3%	0	27	1.7%	0	36	2.3%	0	32	2.0%	0	30	1.8%	0	29	1.7%	0	27	1.6%	0	31	1.7%	0	33	1.8%	0	32	1.7%	0	43	2.1%	0	43	2.1%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	0		0	0		0	0		0	0		0	0		0	0		0	7	0.0%	0	9	0.0%	0	7	0.0%	0	10	43.5%	0	9	0.0%	0	8	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	18	1.2%	0	23	1.5%	0	34	2.2%	0	31	1.9%	0	28	1.7%	0	26	1.5%	0	31	1.8%	0	37	2.1%	0	35	1.9%	0	36	1.9%	0	43	2.1%	0	46	2.3%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	142	100%	0.0%	125	100%	0.0%	158	100%	0.0%	157	100%	0.0%	184	100%	0.0%	183	100%	0.0%	188	100%	0.0%	193	100%	0.0%	163	100%	0.0%	191	100%	0.0%	188	100%	0.0%	134	100%	0.0%	> 90%

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: 31/Dec/2011

Report Run Date: 04/Jan/2012

OUTPATIENT DEPARTMENT CANCELLATIONS

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

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

DATE: **2 February 2012**

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 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 cancellations (rebooked)	Percentage of patients affected by clinic cancellations
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%
September 2011	2368	2148	204	8.61%	16	0.68%
October 2011	1979	1750	176	8.89%	53	2.68%
November 2011	2299	2022	213	9.26%	64	2.78%
December 2011	1978	1776	189	9.56%	13	0.66%
January 2012	1587	1421	146	9.20%	20	1.26%
13 month rolling totals	**27048**	**23901**	**2331**	**8.62% Average**	**816**	**3.02% Average**

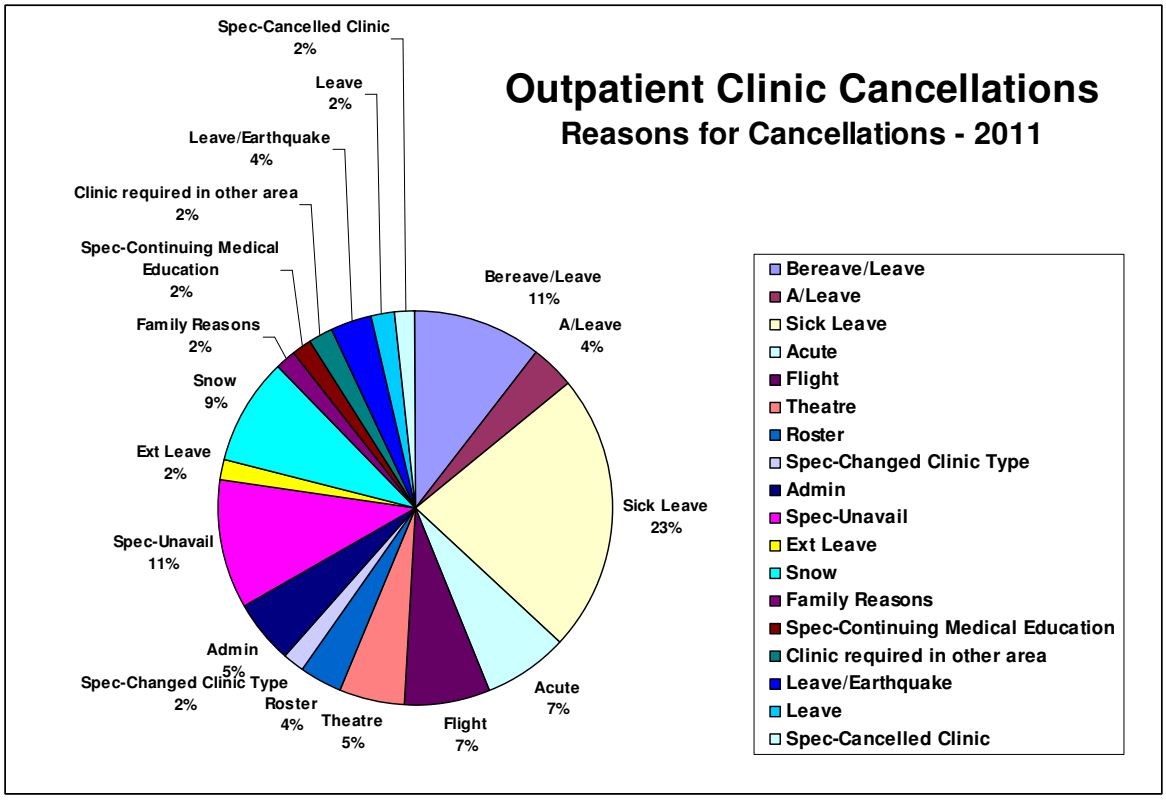
2010 - 2011 COMPARISON

Collection of data commenced in July 2010. The chart below shows the average six monthly figures comparing July-December 2010 to July-December 2011:

Six month period (July to December)	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.
July-December 2010	11620	10425	1045	8.99%	150	1.29%
July-December 2011	12862	11410	1133	8.81%	319	2.48%

2011 OUTPATIENT CLINIC CANCELLATIONS - REASONS

The graph below displays the reasons and relevant percentages for the 57 cancelled clinics for January-December 2011. (Exception reporting – cancelled clinics where 5 or more patients were affected.)



GRAPHS

The graphs on the following pages provide an overview of current data against previous years' data to capture the movement, along with the number of clinics cancelled per speciality for 2011.

There was one clinic cancelled in January 2012, affecting 20 orthopaedic patients.

PATIENT CANCELLATIONS

The Central Booking Unit is booking the majority of patients for clinics and theatre four weeks ahead. There has been a notable increase in the number of patients who have confirmed appointments and then cancel their bookings at very short notice. Reasons for these cancellations are ranging from employment commitments to recreational pursuits. An advertising campaign is being developed to address this area.

RECOMMENDATION

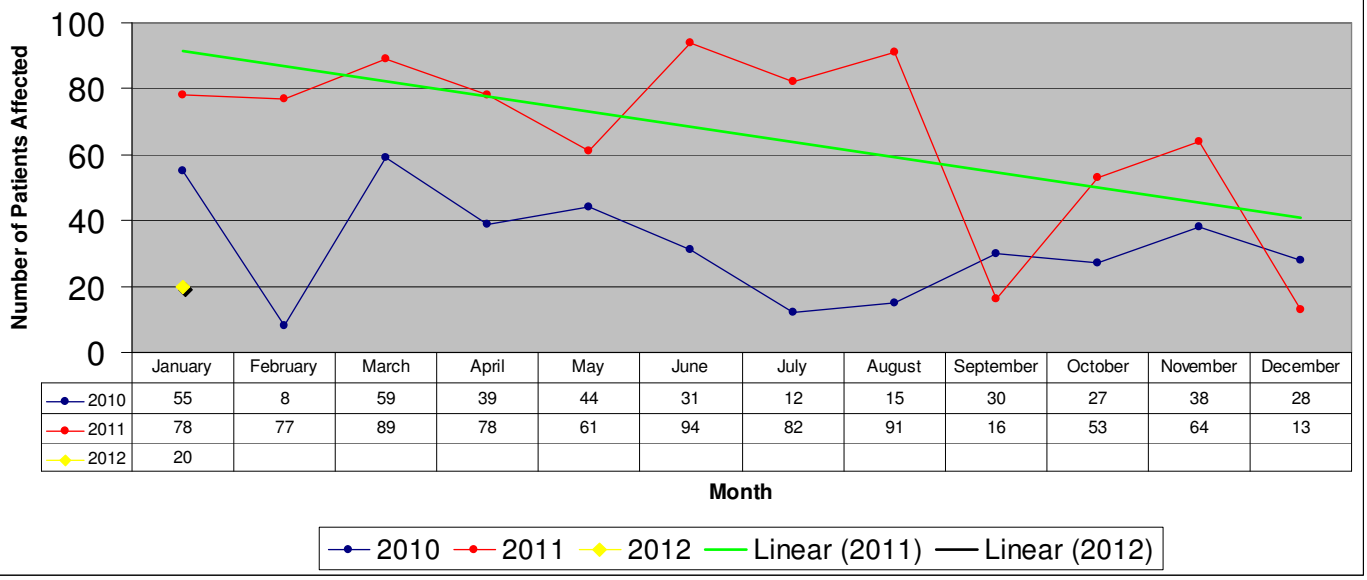
That the Hospital Advisory Committee note this report for their information.

Author: **Personal Assistant to the Acting General Manager Hospital Services – 2 February 2012**

Outpatient Clinic Cancellations

Number of Patients Affected

2010 - 2011



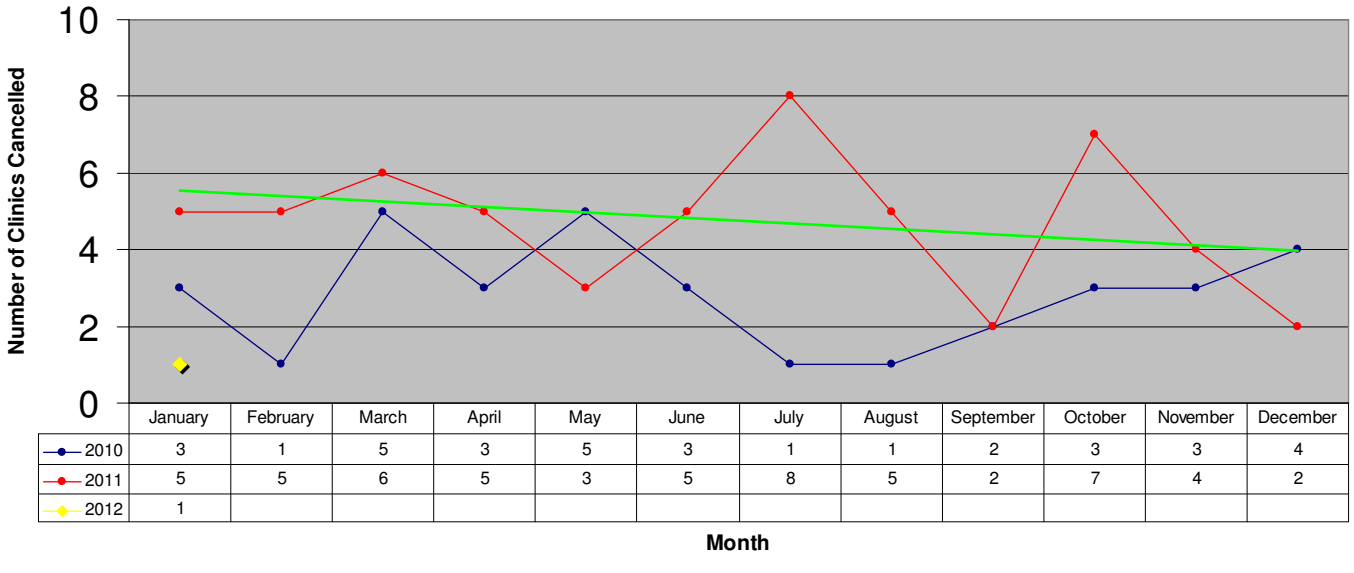
	January	February	March	April	May	June	July	August	September	October	November	December
2010	55	8	59	39	44	31	12	15	30	27	38	28
2011	78	77	89	78	61	94	82	91	16	53	64	13
2012	20											

Month

Outpatient Clinic Cancellations

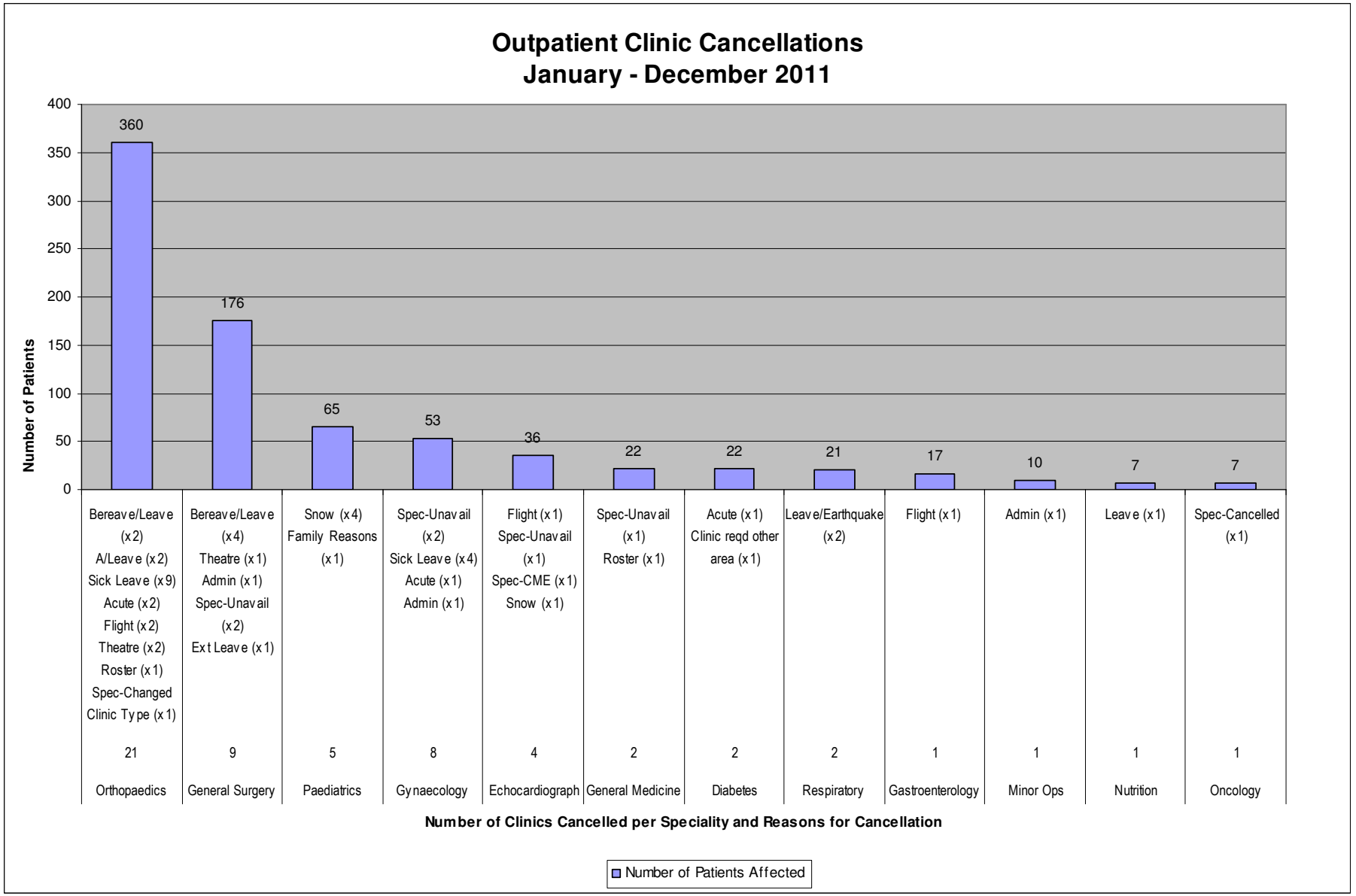
Number of Clinics Cancelled

2010 - 2011



	January	February	March	April	May	June	July	August	September	October	November	December
2010	3	1	5	3	5	3	1	1	2	3	3	4
2011	5	5	6	5	3	5	8	5	2	7	4	2
2012	1											

Month


Outpatient Clinic Cancellations
January - December 2011
Number of Patients
400
350
300
250
200
150
100
50
0
360
176
65
53
36
22
22
21
17
10
7
7
Bereave/Leave (x2) A/Leave (x2) Sick Leave (x9) Acute (x2) Flight (x2) Theatre (x2) Roster (x1) Spec-Changed Clinic Type (x1)
Bereave/Leave (x4) Theatre (x1) Admin (x1) Spec-Unavail (x2) Ext Leave (x1)
Snow (x4) Family Reasons (x1)
Spec-Unavail (x2) Sick Leave (x4) Acute (x1) Admin (x1)
Flight (x1) Spec-Unavail (x1) Spec-CME (x1) Snow (x1)
Spec-Unavail (x1) Roster (x1)
Acute (x1) Clinic reqd other area (x1)
Leave/Earthquake (x2)
Flight (x1)
Admin (x1)
Leave (x1)
Spec-Cancelled (x1)
21
9
5
8
4
2
2
2
1
1
1
1
Orthopaedics
General Surgery
Paediatrics
Gynaecology
Echocardiograph
General Medicine
Diabetes
Respiratory
Gastroenterology
Minor Ops
Nutrition
Oncology
Number of Clinics Cancelled per Speciality and Reasons for Cancellation
Number of Patients Affected

CLINICAL LEADERS REPORT

TO: **Chair and Members**
West Coast District Health Board
West Coast District Health Board – HAC Committee
West Coast District Health Board – CPHAC/DSAC Committee

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

DATE: **9 February 2012**

ACHIEVING EFFECTIVE CLINICAL LEADERSHIP

With the move from a District Strategic Plan to an Annual Plan framework, our previous organisational vision statement has not been included. Participants in recent Xcelr8 courses have noted that the organisation doesn't have a clear vision statement that people know and own. As part of the annual planning process, we would like to work with our executive management colleagues and our staff to develop a clear vision statement that people can embrace, and relate their ongoing work back to.

A two day workshop in December involved 67 senior doctors, nurses, allied health professionals and managers from both sides of the Alps. The focus of the day was improving the collaboration between Canterbury and West Coast Clinicians and Managers with the primary aim of developing the appropriate model of care for Grey region's health services in the future. This work is looking at primary, community and hospital level services as a whole, with support from Canterbury and further work is planned to progress the collaboration and finalise the future model of care in February 2012.

NURSING AND MIDWIFERY

The 2012 regional education plan for nursing and midwifery is currently being completed with a focus on strengthening clinical skills. Nursing and midwifery teams are actively seeking ongoing education to enable and develop both specialist and generalist skill sets. Regional education will be delivered with a range of face to face, video conference and online modalities.

The Enrolled Nurse (EN) transition to the new scope of practice is nearing completion, with the majority of West Coast EN's transitioning. Two key education components are due to be rolled out, these are direction and delegation and medication management. The West Coast has traditionally had a strong EN presence and the new scope supports the place of the enrolled nurse in our model of care going forward. New areas of practice for the EN are being considered, such as within the District Nursing teams.

The Trans Alpine health service is supporting the development of a Paediatric Nurse Practitioner (NP) trainee. Dr John Garrett is providing clinical mentoring to the NP trainee who will be spending time on the West Coast with Dr Garrett under honorary status.

MEDICINE

Ongoing efforts continue to recruit senior doctors, both into hospital and general practice vacancies, in collaboration with the CDHB Recruitment team.

Focus is continuing on improving the structure and processes of the WCDHB owned primary practices to work to a common vision within a business model that is sustainable.

The Rural Learning Centre (RLC) facility is receiving a makeover ready for the new academic year. A coordinator for the RLC has been appointed. This role is key to supporting the Academic Director in driving the inter-professional learning goals of the Centre. Four fifth year rural immersion medical students are with us for their academic year in 2012. The new facility will greatly enhance their learning experience with us.

'Share for Care', an electronic way of sharing key summary health information from General Practice records to other health providers in the health system went live in December 2011.

ALLIED HEALTH, TECHNICAL & SCIENTIFIC

Collaboration with Canterbury continues with a number of allied health staff receiving remote clinical supervision from Canterbury clinicians.

Work continues on developing and implementing components of integrated care across the West Coast Health system. The focus is on the transition of care between hospital and community clinicians which is a core component of the Buller model of care and is being co-led by allied health and nursing. Included in the work plan is the revamp of systems and processes to support seamless care coordination as part of a patient's journey.

The role of an 'advanced practitioner' for physiotherapy in orthopaedics has been signed off and the development of a position description and recruitment plan is underway. This will improve the wait times for pre and post surgery review.

A review of patient transport assistance provided by Canterbury and the West Coast is underway and led by social work with the aim of providing more consistency and clarity for patients and families who need to travel to Canterbury for care.

Work continues on the implementation of the medication safety actions from the Health Quality and Safety Commission and includes ongoing roll out of the national medication chart; medicines reconciliation and e-pharmacy.

Work continues on the implementation of the recommendations of the external reviews for Social work and Occupational therapy with recruitment for two clinical manager roles underway; updating of policies and procedures and clinical audit.

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. ▪ *Work continues with the establishment of an 'interim clinical board' with representation from across the health system to agree clinical governance; patient safety and quality systems priorities for 2012. The first meeting was held in December.*	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 ▪ *Work continues with regular participation from all disciplines in the various workstreams underway for future care delivery for the West Coast* ▪ *A facilitated workshop was well attended by clinicians from the WCDHB and CDHB in December*	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. ▪ *The official opening of the RLC with a Powhiri and Blessing will be held on February 21st. The Powhiri will also be welcoming new staff to the West Coast. The interdisciplinary learning concept will be led by the RLC and faculty members/support team.* ▪ *The Regional priorities have been agreed for Allied Health, Technical and Scientific professions and have been included in the Regional Training Hub progress report – the leadership of remote and rural services will be led by the WCDHB Rural Learning Centre.* ▪ *The Clinical Leaders met with the Director of the RLC to progress the development of the Centre and proposed activities moving into 2012.* Facilitate increased opportunities for the professional development of clinical staff. ▪ *HWNZ funded Nursing Post Graduate education has been finalised for 2012 with 21 nurses receiving funding for clinical PG papers, semester one is underway.* Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention.	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.

	▪ *The 6 new graduate nurses, 4 Midwifery first Year of Practice Midwives, and 2 Nursing Entry to Specialty Practice have now started in their respective practice areas.* ▪ *One Rural General Practice Registrar has started their GPEP 1 year at the Rural Academic Practice* ▪ *Another Rural Hospital Medicine and Rural General Practice combined fellowship Registrar is continuing their GPEP 2/registrar training on the West Coast*	

RECOMMENDATION

That the West Coast District Health Board note this report for their information.

Authors: **Chief Medical Officer,**
Director of Nursing and Midwifery, and
Executive Director of Allied Health (WCDHB and CDHB) – 9 February 2012

PATIENT TRANSFERS

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

FROM: **Vicki Piner, Credentialling & Clinical Audit Facilitator**

DATE: **10 February 2012**

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
October - December 2011

Reasons for Patient Transfers	October	November	December
Service not available at Grey Base	-	-	-
Service not available at Grey Base – at time	-	-	-
Severity of illness	1	7	1
Special Procedure (not done at Grey Base)	10	3	4
Specialist Care Not available at Grey Base	16	11	10
Specialist Care Required Urgently	2	2	1
Other Staffing Issue	-	-	-
Post Operative Complication	-	-	1
Other reason for transfer	-	1	-
Total No. Transfers for month:	**28**	**20**	**17**

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
October - December 2011

Reasons for Patient Transfers	October	November	December
Service not available at Buller	11	8	9
Specialist care not available at Buller	1	6	1
Specialist care required urgently	4	4	-
Other staffing issue	-	-	-
Post Operative complication	-	-	-
Other reason for transfer	-	-	-
Severity of illness	-	-	-
Total No. Transfers for the month:	**16**	**16**	**10**

Patient Transfers from Reefton to Grey Base Hospital
October – December 2011

Reasons for Patient Transfers	October	November	December
Service not available at Reefton	-	1	2
Specialist care not available at Reefton	1	-	3
Specialist care required urgently	3	-	-
Other staffing issue	-	-	1
Post Operative complication	-	-	-
Special Procedure	1		
Other reason for transfer	-	-	-
Severity of illness	4	-	1
Total No. Transfers for the month:	**8**	**1**	**6**

RECOMMENDATIONS

The Committee notes the above information.

Author: **Credentialling & Clinical Audit Facilitator – 10 February 2012**

ITEMS TO BE REPORTED BACK TO BOARD