West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

24 MAY 2012

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

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FOR THE WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING 24 MAY 2012 FROM 11.00 AM TO 1.00 PM

Karakia

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2. Disclosure of Committee members' interests
3. Minutes of the last meeting 12 April 2012

   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

- 11.30am - Presentation – Xcelr8 Project
- Management Team Report
- Operational Indicators – Caseweights
- Financial Report
- Elective Services Patient Flow Indicators
- Outpatient Department Cancellations
- Clinical Leaders Report and Terms of Reference

6.3 Investigations / Scoping

- Monitoring Inter District Flows – Patient Transfers

7. Items to be reported back to Board

IN-COMMITTEE

1 Minutes from the Hospital Advisory Committee meeting held 12 April 2012

2 Clinical Leaders Report

NEXT MEETING – 12 July 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
Thursday 23 February 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 9 March 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 11 April 2012	TATAU POUNAMU	1.00 pm	Arahura Marae, Hokitika
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
Thursday 24 May 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 8 June 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 11 July 2012	TATAU POUNAMU	1.00 pm	Westport Motor Hotel, Westport
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
Thursday 23 August 2012	TATAU POUNAMU	3.30 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
Thursday 11 October 2012	TATAU POUNAMU	3.30 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
Thursday 22 November 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 7 December 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth

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 • Member of the National Asthma Foundation Maori Reference Group
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, 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Sharon Pugh (Deputy Chair)	27 January 2011 (Re-appointed 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Doug Truman	27 January 2011 (Re-appointed 27 January 2012 and 30 April 2012)	21 months	31 January 2014
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 12 April 2012 AT 11.05AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT Sharon Pugh, Deputy Chair
Warren Gilbertson, Chair (from 11:13am via phone)
Barbara Holland
Gail Howard
Paula Cutbush
Doug Truman
Richard Wallace

IN ATTENDANCE Peter Ballantyne, Board Deputy Chair
Mary Molloy, Board Member (from 12:40 pm)
Colin Weeks, Chief Financial Manager
Garth Bateup, Acting General Manager Hospital Services
Karyn Kelly, Director of Nursing and Midwifery
Bryan Jamieson, Community Liaison Officer
Silvie Sasková, Minute Secretary

APOLOGIES Dr Paul McCormack, Board Chair

Karakia – Richard Wallace

1. WELCOME, APOLOGIES AND AGENDA

The Deputy Chair chaired the meeting. The attendees were welcomed to the meeting, and apologies were accepted from Dr Paul McCormack.

Moved: Sharon Pugh **Seconded: Barbara Holland**

Motion:
"THAT the apologies be accepted."

Carried.

2. DISCLOSURES OF INTERESTS

Richard Wallace
Add: Member of the National Asthma Foundation Maori Reference Group

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 23 FEBRUARY 2012

Page 5 – Production Planning / Electives – the last sentence of the first paragraph to be reworded to "Being ahead on orthopaedics, it is necessary to look at managing joint repairs for the rest of the financial year."

Moved: Gail Howard **Seconded: Paula Cutbush**

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 23 February 2012 be adopted as a true and accurate record subject to the above amendment."

Carried.

Hospital Advisory Committee Chair's Report to the Board
There have been no comments to the report.

4. MATTERS ARISING

Item 1: A classification of complaints graph is requested to be provided specifically for hospital services
On hold. The graph has been received. The West Coast DHB now has new quality monitoring staff who are developing a quality work plan. The plan will include more detailed information on quality initiatives.

Item 2: The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services
To remain on matters arising for future reporting. Nothing to report at this point. Monitoring is ongoing.

Item 3: Communication strategies with the public to be considered regarding clinic cancellations and Did Not Attends (DNAs)
A media release concerning Did Not Attends has gone out. Completed.

Item 4: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge
Work in progress. The West Coast DHB is currently in discussion with a number of organisations.

Item 5: Shorter Stays in Emergency Departments – the higher number of patients waiting over six hours in the Emergency Department in Buller to be investigated
Included in the Management report section 6.2. It was remarked that some people in Buller, in order to see their favourite medical practitioner, present to the Emergency Department when the clinicians are on duty, rather then attend the general practice.

Action Point: Director of Nursing & Midwifery to gather data.

Item 6: Recruitment / Vacancy reporting to Advisory Committees to be discussed with the Chief Executive
No report is included in the current papers. West Coast DHB staff are working with the Canterbury DHB team on reporting for both DHBs.

Item 7: A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt
The report has not been released yet, but there is a series of information forums coming up. The report is to be included in the next papers.

Item 8: The dates for the Induction for new advisory committee members to be discussed with the Board Secretary
The Induction took place and was considered worthwhile. As there has been interest from the Board members, the slides are also going to be distributed to them. Completed.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

There was no correspondence inwards or outwards for February / March 2012.

6. WORK PLAN

There are no anticipated changes to the Work Plan at present.
It was confirmed that the dates in the section 4 "Next Year Annual Plan and Statement of Intent" are correct, and that the documents for 2011/12 are under way.

6.1 HEALTH TARGETS

- **Shorter Stays in Emergency Departments**
  There have been good results in achieving this target.

- **Improved Access to Elective Services**
  The West Coast DHB is currently ahead on outsourced services and slightly behind on in house services. The progress is closely monitored. The number of surgical discharges is at a reasonable level.

- **Better Help for Smokers to Quit**
  The results for February 2012 were good, 96%. However, the number tends to fluctuate. The good results are likely to be the outcome of the initiatives of the new staff member, and the proactive effort throughout the hospital. Clinical Nurse Managers are key in driving the effort. With acute cases smoking cessation cannot be addressed on admission, but nurses need to go back to the patient and follow up.

  Smoking data is not available for staff, but colleagues are encouraged to do smoking cessation and there is peer pressure on staff who smoke.

- **Production Planning**
  As many visiting specialists only come to the West Coast a few times a year, there are patients who have exceeded the target waiting times. A lot of work is being done on production planning to reduce waiting times. For example, some visiting specialists are supported by nurse specialists based on the West Coast who are monitoring long waits and acuity. The Manager of Allied Health and Support Services is working together with one of the orthopaedic surgeons on resolving the issues in orthopaedics. There are some strategies in place, for instance five appointments have been set aside in every clinic for compliance, and some patients will be seen by the clinical nurse specialists rather then being placed initially on waiting lists.

  Waiting times compliance needs to be achieved by 30 June 2012.

  It was noted that the target length of time is going to be reduced from six to four months, and that balance is required between clinical acuity and waiting time compliance.

More work also needs to be done on refocusing the Central Booking Unit and their processes. The new Central Booking Manager is starting on 30 April 2012, and will be working alongside an analyst to implement the necessary changes. With a number of visiting specialists now considering using Telemedicine, there should be improved use of the available technology.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report
The Acting General Manager Hospital Services and the Director of Nursing and Midwifery spoke to the report.

Operational Items

- **Medical Personnel – Locums**
  The cost for February and March 2012 was higher than expected. The locum budget was phased heavily in the first six months of the year, but appointing new permanent staff is taking longer than anticipated.

  Since Marion and Anders Johnson have finished, the West Coast DHB is presently fully reliant on locums for anaesthetics.

  There are also a number of locums providing cover for obstetrics and gynaecology, and orthopaedics.

- **Medical Staff Recruitment – Progress (Hospital Services)**
  There is one anaesthetist starting at the end of April 2012, after spending two weeks at Canterbury DHB to fulfil the requirement of New Zealand Medical Council. The second anaesthetist signed his contract yesterday and it is anticipated that another one will be signing soon. At the moment the West Coast DHB is continuing with the South African practice, while seeking a fourth permanent appointment.

  An interview process in is progress for an obstetrics and gynaecology consultant, and recruiting is ongoing for a second consultant.

  As a continued recruitment effort the West Coast DHB is about to advertise in overseas adventure and sport magazines. However, there are still strong enquiries coming though without the DHB soliciting them. It is difficult to establish a timeframe for filling up the permanent positions. As a common practice the West Coast DHB brings the consultants and their spouses into the country before appointing them. This allows both sides to meet and enables the consultants to familiarise themselves with the environment.

- **Orthopaedic Pathway**
  The West Coast DHB is working closely with the Canterbury DHB on developing a plan around the orthopaedic cover on the West Coast in the future.

  Clinical services in the future will require full Emergency Department staffing. Currently there are three permanent Emergency Department positions, but the budget allows for five. It will also be considered whether there is a need for a rural hospital specialist to provide night cover as opposed to the current situation where a House Surgeon is on call.

Discussions with the Senior Medical Officers are ongoing, and the whole model of care implementation is going to the Board on 20 April 2012. The Minister is well aware of the proposal.

The numbers of presentations during weekends and night will be closely monitored.

Action Point: Information about the numbers of any serious orthopaedic cases that are already sent to Christchurch to be provided at the next meeting.

The on site cover for obstetrics and gynaecology will continue to be 24/7, including after hours and weekends.

The recent article in the local newspaper reporting on the proposed hospital changes was discussed.

(Richard Wallace left the room at 11:28am.)

The West Coast DHB is dedicated to maintaining safe services, with the aim for safe sustainability. It must present a clear vision and eliminate misinformation about the future plan.

(Richard Wallace entered the room at 11:54am.)

- **Patient transfers to Christchurch**
  The correct mode of transport for patients needs to be monitored. It is a clinical decision whether a helicopter transfer is required. While the initiative was developed for cardiac patient as an Xcelr8 project, it will now be also applied on other cases/specialities.

- **Staffing**
  The preferred applicant has just accepted the position of Clinical Manager Occupational Therapy.

- **Shorter Stays in Emergency Departments**
  It was pointed out that this section provides information to Item 5 of the Matters Arising.

- **Share for Care**
  With only two percent of patients opting in, it was queried whether the trained staff are asking all the patients who present to medical centres. Any new enrolments are asked the question, but the problem is with the existing enrolments.

- **Carelink**
  A proposal of the review process for home care will be presented to the Executive Management Team next week.

- **Industrial relations**
  The negotiations with APEX and West Coast DHB Information Technology have concluded with the settlement has been reached.

  Negotiations with the Resident Medical Officers are coming up.

Caseweights

- The first sentence should be "This report includes base service level agreement and additional electives initiative volumes."
- By the end of February 2012 there was under production in acute surgery and over production in elective services, especially orthopaedics. The elective cases are viewed in cases (discharges) rather then caseweights, and caseweights will need to be reviewed.
- The Minister instructed the DHBs not to go below the national intervention rates. The recommended number of cases for orthopaedics is 90, and it is up to the West Coast DHB to consider whether more cases need to be done. As part of the new orthopaedic pathway, patients' need for surgery is assessed by a physiotherapist. The care provided by the Physiotherapy Department is linked in with the orthopaedic surgery performed each week.

Finance Report

The Chief Financial Manager spoke to the Finance Report for February 2012 and presented the graphs for the Provider Arm results:

- At the end of February 2012 the year to date variance was $682 000.
- The budget did not include the extra day of the leap year (29 February), which had a large impact on the personnel costs recorded in Graph 3.
- Graph 5 shows that the outsourced clinical services were down in February 2012. This drop was due to service adjustments between the West Coast DHB and Canterbury DHB. After a high number of orthopaedic surgeries at the beginning of the year, there was a reduction in February 2012.
- Graph 7 includes patient travel which is cost sensitive, as a small number can result in a big difference. Negotiations are currently in progress with the outside providers of patient travel. There has been an increase in the cost of orthopaedic implants.
- The West Coast DHB is still working on achieving the forecast deficit. A lot of work has been done within the hospital services: for example, some appointments are being deferred, and travel declined, unless approved by the Acting General Manager Hospital Services. In Buller they are now carefully examining the expenditure in aged care.

(Mary Molloy entered the room at 12:40pm.)

Outpatient Department Cancellations

The graphs and results were discussed by the committee. Attention needs to be paid to leave planning to eliminate cancellations. Flight cancellations include an instance when a flight that had four clinicians on board was cancelled for other reasons than weather. Only two of these clinicians chose to travel over on the shuttle with the other two clinics being cancelled. There are no notifications of any new flight schedule changes.

Clinical Leaders Report

The Director of Nursing and Midwifery responded to questions. It was noted that the report reflected progress against the Annual Plan 2011/12 and that there has been positive feedback on the trans-alpine meeting.

The Terms of Reference of the West Coast Health System Clinical Board were briefly discussed. The members of the board consist of the most appropriate staff, without the board being too large. It is anticipated that the initiative will evolve when the Clinical Board starts acting. The board will be directly accountable to the Chief Executive for advice.

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers
The report includes information for three months, ending with January 2012. There was a high number of cardiology transfers after Christmas 2011, and January 2012 was a busy month for transfers from Buller Hospital to Greymouth.

7. INFORMATION PAPERS

The Terms of Reference for the Hospital Advisory Committee demonstrate that the committee has a clear purpose and is heading in the right direction.

Moved: Peter Ballantyne **Seconded: Doug Truman**

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

Carried.

8. IN COMMITTEE

Moved: Sharon Pugh **Seconded: Peter Ballantyne**

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:

- **2012/13 Annual Plan and Statement of Intent**

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 12:52pm.

There were no In Committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12:53pm.

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

- A lot of work is currently being done on production planning to achieve the balance between clinical acuity and waiting times.
- The new Central Booking Unit Manager is starting on 30 April 2012. The manager will be working alongside an analyst on the refocusing of the unit and defining the processes.
- Locum cost for February and March 2012 was higher then planned as appointing new permanent staff is taking longer than anticipated. At the moment the West Coast DHB fully relies on locums in anaesthetics, and there is also a large number of locums used in the obstetrics and gynaecology.

- There are positive results in recruitment for anaesthetics. An interview process for an obstetrics and gynaecology consultant is in progress.
- Patient transfers in all areas are now being closely monitored. It is a clinical decision whether a helicopter transfer is required or if another mode of transport can be used.
- Relative to the Provider Arm all practical steps have been taken to contain expenditure while ensuring the safety and quality of the service.

The report to the Board is to be sent to be tabled at the Board meeting next week, on Friday 20 April 2012.

10. GENERAL BUSINESS

The members of the committee would like to express their appreciation for the services provided by Sandra Gibbens as their Minute Secretary, and wish her all the best for the future.

11. NEXT MEETING

The next meeting will be held on Thursday 24 May 2012 in the Boardroom, Corporate Office, Grey Base Hospital.

The Hospital Advisory Committee spent one minute in In Committee

There being no further business to discuss the meeting concluded at 1pm.

HAC REPORT TO BOARD

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

FROM: **Chair, Hospital Advisory Committee**

DATE: **24 May 2012**

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Thursday, 12 April 2012)

Finance Report

- Remaining financial year period represents a challenge to ensure year-end targets are met. Committee will continue to closely monitor financial performance noting that relative to the Provider Arm, all practical steps have been taken to contain expenditure while ensuring the safety and quality of the service.

Production Planning

- Review of production planning process and refining the central booking system remains a priority so to achieve an optimal balance between clinical acuity and waiting times – progress is being monitored closely.

Central Booking Unit

- More work needs to be progressed on refocusing the Central Booking Unit and its processes. The new Central Booking Manager is starting on 30th April 2012, and will be working alongside an analyst to implement the necessary changes. With a number of visiting specialists now considering using Telemedicine, there should be an improved use of the available technology.

Human Resources

- Locum cost for February and March 2012 was higher than planned as appointing new permanent staff is taking longer than anticipated. Currently, the West Coast DHB fully relies on locums in anaesthetics, and there are also a large number of locums used in the obstetrics and gynaecology areas.

- However, there is some positive progress being made in the recruitment for anaesthetists. A recruitment process for an obstetrics and gynaecology consultant is currently being progressed.

Inter District Flows – Patient Transfers

- Patient transfers in all areas are being closely monitored. It is a clinical decision whether a helicopter transfer is required or if another mode of transport can be used. A successful Xcelr8 initiative during 2011 focussing on method of transfer to Christchurch for cardiac patients, is now being applied across other specialties / cases.

RECOMMENDATION

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

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	18 August 2011 12 April 2012	A classification of complaints graph is requested to be provided specifically for hospital services. Graph provided 30 September 2011 meeting. On hold.	Quality Co-ordinator		
2	30 September 2011 12 April 2012	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. To remain on matters arising for future reporting.	General Manager Hospital Services		
3	30 September 2011 12 April 2012	Work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation home following discharge. In progress.	Hospital Advisory Committee Chair		
4	23 February 2012 12 April 2012	Shorter Stays in Emergency Departments – the higher number of patients waiting over six hours in the Emergency Department in Buller to be investigated. Gather data on patients presenting to the Emergency Department in Buller.	Director of Nursing and Midwifery	A verbal report will be provided to the meeting 24 May 2012	
5	23 February 2012 12 April 2012	Recruitment/Vacancy reporting to Advisory Committees to be discussed with the Chief Executive. Ongoing.	General Manager		
6	23 February 2012 12 April 2012	A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt. To be reported at the next meeting.	General Manager	A verbal update will be provided to the meeting 24 May 2012	

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
7	23 February 2012 12 April 2012	The dates for the Induction for new advisory committee members to be discussed with the Board Secretary. Induction completed. The Board Secretary to be asked to forward the Information slides to the Board members.	Board Deputy Chair		
8	12 April 2012	Provide information about the numbers of any serious orthopaedic cases that are already being sent to the Canterbury DHB.	General Manager Hospital Services	A verbal report will be provided to the meeting 24 May 2012	
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE FOR APRIL 2012

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
No correspondence received / sent for April 2012.					

HOSPITAL ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for Hospital Advisory Committee							
1. Annual Plan	General Manager Planning and Funding	Ongoing	Quarterly		√		West Coast District Health Board 2011/12 Annual Plan now signed off by Ministers.
2. District Health Board Hospital Benchmark Information	General Manager Hospital Services	Ongoing	Quarterly				As available.
Provide input into							
1. South Island Health Services Plan	General Manager Hospital Services and General Manager Planning and Funding		Annually		√		South Island Regional Health Services Plan approved.
2. South Island Elective Services Plan	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	General Manager Hospital Services	Ongoing	As required		√		
6. Health Information Strategy	General Manager Hospital Services		Semi-Annual		√		National Health I.T. Plan for review and discussion.
7. Annual Report	Chief Financial Manager /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 / 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	General Manager Hospital Services	Ongoing	Quarterly weekly		√		Report included in papers.
3. Provider performance to contract	General Manager Hospital Services	Ongoing	Six weekly		√		Included in operational indicators.
4. Elective Services Patient Flow Indicators (ESPI)	General Manager Hospital Services	Ongoing	Six weekly		√		Report included in papers.
5. CDHB Collaboration - Monitor key deliverables / milestone dates	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	General Manager Hospital Services	Ongoing	Six Weekly		√		Report included in papers.
10. South Island Health Services Plan	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, General Manager Hospital Services**

DATE: **24 May 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** **Period: 1 January to 31 March 2012** **ED - Buller** Over 6 Hours 4 0.54% Under 6 Hours 739 99.46% **ED - Greymouth** Over 6 Hours 16 0.48% Under 6 Hours 3,287 99.52% **ED - Reefton** Over 6 Hours 103 100.00% **Total Attendances 4,149** *This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.*
Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges	The year to date (YTD) report as of March 2012 shows that 1309 actual surgical discharges had been delivered by West Coast DHB, which is ahead of target against YTD planned 1227 surgical discharges. This is 82% of the total national health target of 1592 discharges to be delivered by West Coast DHB for 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	There remain 3 patients in the current financial year to 6 May 2012 who have exceeded the 4-week waiting time to commence radiotherapy treatment (two in the July-September 2011 quarter and one in February 2012). None were delayed due to capacity constraints, which is the factor that determines performance against the national health target; but rather, by patient choice and by clinical management considerations. As such, West Coast DHB performance against the national health target remains at 100%. All other West Coast domiciled patients treated in the priority treatment categories (acute; curative; palliative; and radical) have commenced treatment with four weeks of referral.
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:** ***Quarter 3 Result: 92.13%*** January 2012 – 86% February 2012 – 96% March 2012 – 93% The percentage of smokers given support to quit quarter 3 result increased by 6.37%, to 92.13%. Visibility and positive messaging has continued to have a positive effect on the health target result, for example having regular articles / updates on the CE Update. A STEPS training (MoH funded training) was held during this reporting period, which was well attended across the two days, including the ward smokefree champions. Those who attended the course gave positive feedback and were looking forward to returning to their respective areas of work to share new and innovative ways to be supporting the ABC initiative. With positive progress towards the health target over the last two quarters, it is the aim to reach the health target in Q4. Visibility and training will continue to be important as well as more targeted support for high demand areas for example putting in a process for rectifying missed opportunities with patients.

RECOMMENDATION

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

Author: Provider Arm Management Team – 8 May 2012

XCELR8 PROJECT
TRANSFER OF ACUTE CARDIAC PATIENTS

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

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

DATE: **24 May 2012**

TRANSFER OF ACUTE CARDIAC PATIENTS GREY BASE TO CANTERBURY DHB

A power-point presentation will be provided to the Hospital Advisory Committee meeting at 11.30am by the Xcelr8 group who chose the transfer of acute cardiac patients as their project.

The Xcelr8 group identified what they suspected was an overuse of air transport from the West Coast DHB to Canterbury DHB in the event of acute cardiac episodes. This was investigated and some recommendations for change were made. Change has been implemented and significant savings are anticipated.

MANAGEMENT TEAM REPORT

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

FROM: **Garth Bateup, General Manager Hospital Services**
Hecta Williams, General Manager

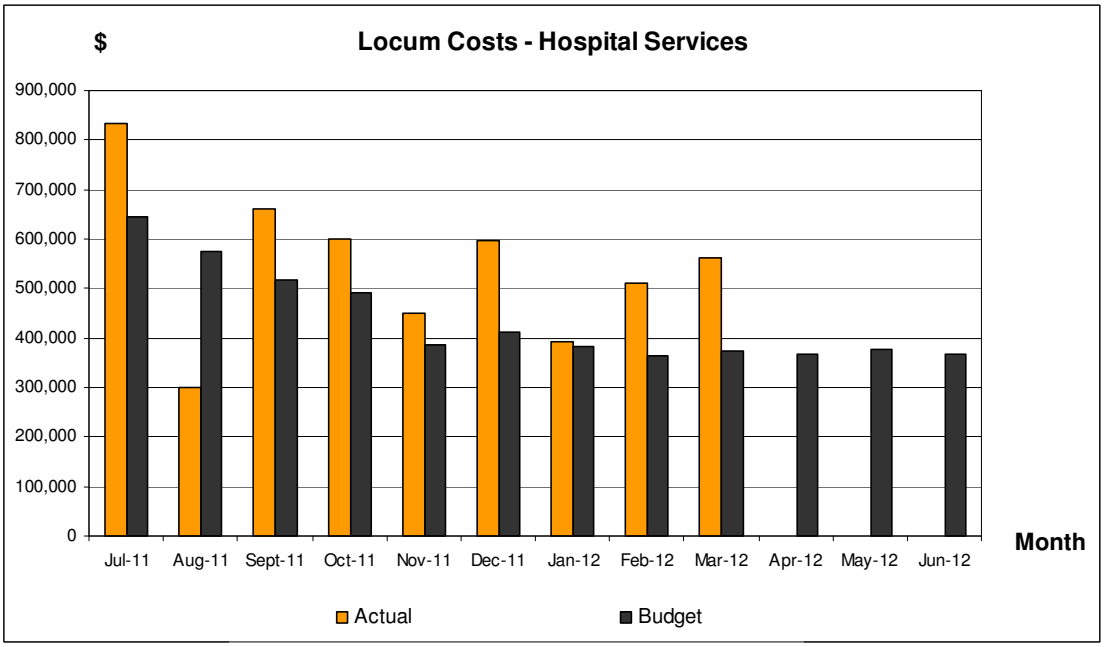
DATE: **24 May 2012**

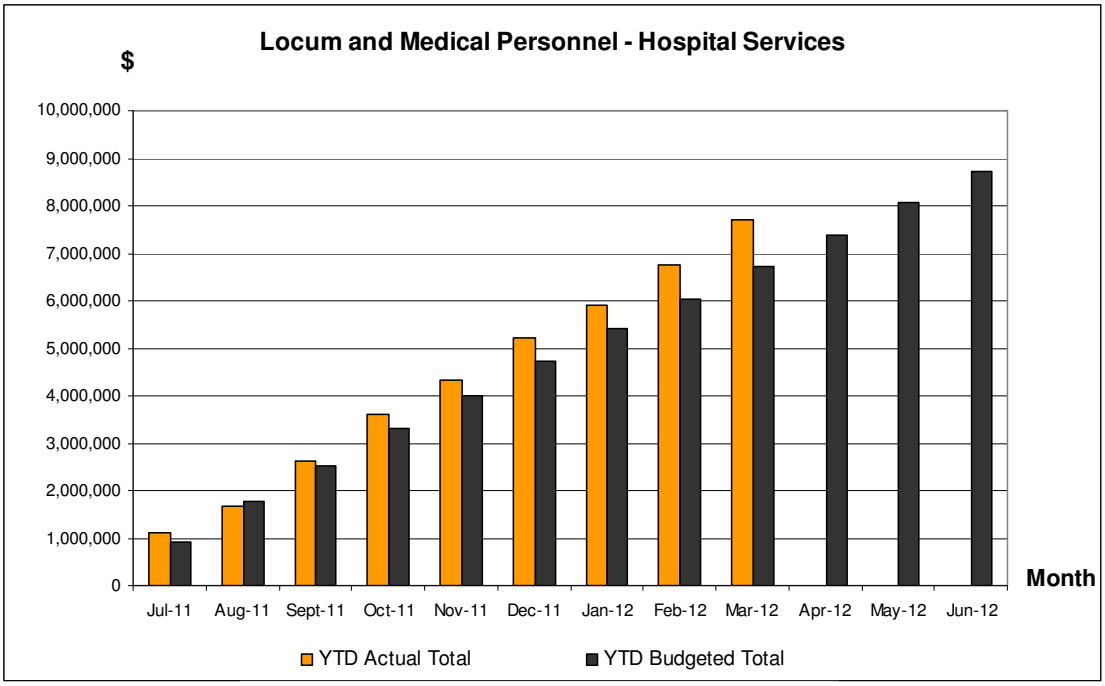
OPERATIONAL ITEMS

Medical Personnel – Locums

Assumptions used for the below Graphs:

- Both graphs are Hospital Services only.
- Hospital Services in this context is defined as: General Surgery, Orthopedics, A&E, General Medicine, O&G, Pediatrics, Anesthetics and Visiting Clinics.
- The figures only include SMO's personnel and SMO related locum costs.
- The SMO locum costs include travel, accommodation, agency fees and other locum costs.
- July – March 2012 figures are based on actual spend.
- 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

We are continuing to experience a positive level of enquiries:

Vacancy Title	FTE	Division/Practice	Stage	Status
Psychiatrist	1	Mental Health	Re-advertising	Re-advertising as no suitable applicants from previous advertising. Have received a high quality application today.
O&G	2	Grey Hospital	Job Offer Acceptance/ Face-to-face Visit	1 x O&G has visited and has accepted an offer of employment; second O&G visiting in June 2012.
General Physician	1	Grey Hospital	Shortlisting	Applicant telephone interviewed - waiting on references and then we will look at bringing over for a visit.
Emergency Physician	1	Grey Hospital	Job Offer	Applicant travelling over for visit on the 2 June 2012.
General Practitioner	2.2	Buller	Job offer	1 x applicant been interviewed and has sat IELTS awaiting results before applying for registration; 2nd applicant is discussing making an international move with his wife. Have identified 2 further GPs - one looking for 12 months and the other 6 months. They will be phone interviewed this week.
General Practitioner	1.7	Greymouth	Advertising - ongoing	Have received through a CV this week for a GP and her husband is an Anaesthetist, they would both be

				eligible for Provisional general registration. Have emailed asking when to call - still have not heard back from applicant.
General Practitioner	1	Reefton	Pre-Screen	No applicants received
General Practitioner	1	Grey Private (PHO)	Job Brief	Looking at writing a joint advert with Hokitika
General Practitioner	1	Hokitika (PHO)	Job Brief	Looking at writing a joint advertising Grey private.

Progress

Recent placements include two permanent Anaesthetists (signed contracts) and one permanent O&G Consultant (not yet signed contract but has verbally accepted).
Once applicants have been through the initial screening process and identified as suitable, they are being brought over for a face to face interview and visit to the area. Upcoming interviews/visits:
O&G Consultant – arrives week beginning 18 June 2012; Emergency Physician – arrives week beginning 4 June 2012. A General Physician is also looking likely to visit within next two months, pending referee feedback.
Psychiatrist – this is proving one of the more challenging vacancies to source applicants for, however in last week a suitable candidate has been identified and discussions are progressing. We will be in competition with other District Health Boards for this candidate.

Recruitment Initiatives

The Canterbury DHB Recruitment Team is now providing recruitment support to hiring managers across the Canterbury and West Coast DHBs. The next stage of this initiative is to introduce recruitment technology into the WCDHB, whereby there will be a shared candidate database across both DHBs. Work is also ongoing on a careers website for the WCDHB.

Staffing

An offer has been made for Clinical Manager Occupational Therapy and the candidate has indicated acceptance. Start date is early August 2012.

The role of Clinical Manager Social Work was readvertised, however no suitable (Registered Social Worker) applicants were available so a decision has been made not to readvertise at this stage and to initiate wider discussion with Canterbury DHB social work in terms of support and possible collaboration of services. Some preliminary and positive discussions have already been held and will be progressed over the next six months. A plan is in place to support staff with a management role in the interim.

Senior Dietitian – this was a parental leave role and the incumbent is moving to the North Island. The staff member on parental leave is not returning. This has previously been a difficult role to fill.

Physiotherapy vacancies have again arisen with a staff member in Buller resigning and a staff member from Greymouth being given a 12 month leave of absence to undertake a role in another DHB to qualify as a hand therapist. It is disappointing that the Hand Society make no provision for therapists in rural areas to be able to gain this qualification in any flexible way.

Resident Medical Officers – numbers are being supplemented by locums unfortunately but we are hopeful that a recruitment campaign will help matters from the end of August 2012.

Allied Health

Vacancy Title	FTE	Division/Practice	Status
Clinical Manager Social Work	1	Allied Health	Not appointing - alternative plan in place as agreed with Raewyn McKnight and Stella Ward
Dental Therapist	1	Grey Hospital	Re-advertised via Recruitment Team
Child & Adolescent Mental Health Professional (MHP)	1	Grey Hospital	Interviewing 1 May 2012
Autism Spectrum Disorder (ASD) Family Facilitator	0.2	Greymouth	Advertising closes 10 May 2012
Senior Dietician	1	Greymouth	New
Anaesthetic Technician	1	Grey Hospital	Advertising

Nursing

Vacancy Title	FTE	Division/Practice	Status
Public Health Nurse	1	Buller Health	Interviews scheduled for 3 May 2012
Rural Nurse Specialist	1	Community	as per RNS 0.5 below
Rural Nurse Specialist	0.5	Haast	Interview scheduled for on 4 May 2012
District Nurse	0.8	Greymouth	Position filled with two internal applicants
Registered Nurses	0.9	Greymouth	Advertising
Nurse Educator	1	Greymouth	New
Rural Nurse Specialist	0.5	Hari Hari	Interview scheduled for on 4 May 2012
Duty Nurse Manager	Casual	Grey Hospital	Advertising
Clinical Midwife Manager	1	West Coast DHB	Fixed term 12 months. Advertising

Other

Vacancy Title	FTE	Division/Practice	Status (include date of placement and name of successful candidate once appointment made)
Learning and Development Advisor	1	HR	Referencing preferred candidate
Maori Health Administrator	0.5	Corporate	Interviews completed - reference checking preferred
Personal Assistant to General Manager	1	Greymouth	Interviewing next week
Receptionist x 3	1.5	Greymouth	Applicants placed – job closed
Senior Receptionist	1	Westport	On Hold
Administrator	1	Westport	On hold
Receptionist - Permanent Part time	0.6	Reefton	Interviewed awaiting response from hiring manager
Receptionist - Casual	N/A	Reefton	No applicants, HM deciding if re-advertising
Receptionist x 2	1.8	ED -Grey Hospital	Advertising commences next week

Ministerial Visit

Jo Goodhew, Associate Minister of Health, accompanied by National list MP, Chris Auchinvole visited Grey Base Hospital. The opportunity was taken to explain the concepts of the Rural Academic Practice, Rural Learning Centre; where the Minister participated in a videoconference education programme, across six locations, and also the mobile Telehealth unit. The Minister also participated in a discussion with nurses at Grey Hospital and via the videolink with Reefton nurses.

Mobile Telehealth Unit

The official launch of the mobile Telehealth unit from Parfitt Ward and the paediatric library at Christchurch Hospital was held on Thursday, 3 May 2012. With the Grey District Mayor, Board members and staff present this was an opportunity for the DHB to express its appreciation to everyone involved in bringing this state-of-the-art technology to the West Coast. The main contribution was the funding by the Countdown Kids Hospital Appeal but a number of others had key roles:

- Countdown Kids Hospital Appeal
- Countdown Greymouth
- Countdown Westport
- Polycom
- Vivid Solutions
- Asnet Technologies
- Gen-i
- Aruba networks

- West Coast DHB / Canterbury DHB Telehealth Initiative led by Assoc. Prof. Michael Sullivan
- Medical and nursing staff of West Coast DHB and Canterbury DHB paediatric and maternity departments, particularly Dr John Garrett, CNM Dot O'Connor and Maternity Co-ordinator Jude Bruce
- West Coast DHB IT Department

INDICATORS OF DHB PERFORMANCE

Each quarter management supplies the Ministry of Health a report against a set of indicators set by the Ministry. Some indicators are reported on each quarter, while others are less frequent.

The West Coast DHB has achieved the following from the third quarter Ministry of Health reports:

A HT Shorter stays in Emergency Departments (ED) 11/12
Ministry response: Have maintained our number one position.

B OS3 elective and arranged inpatient length of stay 11/12
Ministry response: Well done on your achievement of the target.

B OS4 acute inpatient length of stay 11/12
Ministry response: Well done on your continued achievement of the target.

B OS5 theatre utilisation 11/12
Ministry response: Well done on your result.

B OS7 elective and arranged day of surgery admission 11/12
Ministry response: We acknowledge that your performance has improved substantially since quarter two and we look forward to seeing continued progress in quarter four.

B OS8 acute readmissions to hospital 11/12
Ministry response: It is pleasing to see that your performance has improved this quarter, after a deterioration from quarter one to two. Despite being above your target, you continue to be the top performing DHB in this measure. We look forward to the activities you have identified contributing to continued performance in this measure.

HOME BASED SUPPORT SERVICES (HBSS)

- The new software (Caduceus) is close to being implemented. This will support improved management of Home Based Support Services (HBSS).
- Recent review of the service has identified areas that need to be improved. These are currently being worked on by the HBSS Manager, the Quality and Patient Safety Manager and ASW Consulting Ltd to prepare the service for possible accreditation.
- National qualifications - Recently started training staff to complete Level 3 qualification in Community Home Based Care through Career Force. The goal is to get 40 staff through this programme and increase the percent of staff trained from 50% to 80%.

REEFTON HEALTH

- Dr Gorelikova has resigned her General Practitioner position early. Personal reasons require her to be back in the USA. She has given one weeks notice and will finish on 11 May 2012. She was originally due to complete her six month contract 20 July 2012.
- Dr Nina Stupples has resigned her permanent position as 0.3FTE GP in Reefton. Nina will finish around 20 July 2012.
- Canterbury DHB HR team are already looking for replacements.
- Reception recruitment – Two suitable applicants have been offered part time positions and are due to start work 21 May 2012. We have been struggling to cover over the past several weeks with the hospital wing receptionist filling in as able and casual staff covering the shortfall.
- Hospital wing – we currently have 14 residents. Eight rest home level; five hospital level and one palliative care.

CARELINK

- The Dementia Education programme, 'Walking in Another's Shoes' is taking shape and the first course in Greymouth is planned for 15 May and in Buller 22 May 2012. The first courses are to be held with residential care facility staff and there has been a good response to the call for participants.
- The position of interRAI Lead practitioner has been identified as a key position for Older Persons Health in the DHB and the 0.5 FTE position is directly funded by the Ministry of Health. As the position had to be filled from within Carelink existing FTE, the successful applicant will commence training in Wellington 21 and 22 May 2012.
- Throughout the month of May the Carelink team will move to a Case Management Model. Assessors will be attached to General Practices and their case load will come from that practice. This will provide more continuity for the patients and hopefully the General Practices. This change is in line with the Canterbury DHB approach of Multidisciplinary Teams being aligned to General Practices.

COMMUNITY

- Dr Sheryl Larson, one of the two General Practitioners based in South Westland, has confirmed her resignation, effective 16 July 2012.
- The Rural Nurse Specialist based in Hari Hari has resigned. The recruitment process to fill this vacancy is in place. In the meantime, the position is being covered by locum Rural Nurse Specialist staff.

MENTAL HEALTH SERVICES

- The Consumer Satisfaction Survey is currently underway for the 2011/2012 year. We are aiming to achieve a better response rate this year, with staff actively recruiting clients to complete the survey form. This way we hope that the responses will be at a level that will truly inform the service planning and quality initiatives that may be needed.

- Project work in hand at this time includes several required by the Ministry of Health. These are namely the:

- **KPP Project** (Knowing the People Planning) which aims at enhancing outcomes for patients with longer term needs. This group can be equated with the Long Term Condition management group across the wider West Coast DHB. This project involved a higher degree of monitoring of our performance by Ministry of Health staff, who have provided key targets the service is required to meet.

- **CEP Capability Project** (Co-Existing Problems): this project is focused on improving the assessment and treatment planning for those people who struggle with both mental health and addiction issues. The aim is for better and earlier identification of clients with CEP and ensuring that both Alcohol and Other Drugs and Mental Health teams have the capability of working effectively with this group of clients. We are well supported by Matua Raki and Te Pou in supporting staff developing new ways of working.

RECOMMENDATION

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

Author:	**Provider Arm Management Team – 8 May 2012**

INDUSTRIAL RELATIONS

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

FROM: **General Manager, Human Resources**

DATE: **9 May 2012**

INDUSTRIAL RELATIONS UPDATE

- Bargaining with the Medical Laboratory Workers Union (MLWU) has settled and is in implementation.
- Initiation of bargaining notice has been received by the Resident Doctors Association and negotiations have commenced.
- Negotiations post the managed bargaining round will shortly commence with Engineering, Printing and Manufacturing Union (EPMU) and Amalgamated Workers Union New Zealand (AWUNZ).

RECOMMENDATION

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

Author: **Human Resources – 9 May 2012**

CASE-WEIGHTS

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

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

DATE: **24 May 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 March 2012 overall case-weighted [CWD] inpatient delivery was 3.65% over contracted volume for surgical specialty services (1,910.47 actual vs 1,843.28 contracted) and 3.30% over for medical specialty services (1,015.61 actual vs 989.54 contracted). The total value of over-production was $427,310.

The split between acute and electives was as follows:

Caseweights (CWD)	Contracted YTD	Actual YTD	Variance	% Variation
Surgical				
Acute	816.62	805.19	- 11.43	- 1.4%
Elective	1,026.65	1,105.28	+ 78.63	+ 7.65%
Sub-Total Surgical:	1,843.28	1,910.47	+ 67.20	+ 3.65%
Medical				
Acute	983.54	1,015.15	+ 31.61	+ 3.21%
Elective	6.00	0.46	- 5.54	- 92.3%
Sub-Total Medical:	989.54	1,015.61	+ 26.07	+ 2.63%
TOTALS:	2,832.82	2,926.08	+ 93.26	+ 3.30%

The major and significant contributor to over-production is orthopaedics at + 9.21% with an associated $366,301 value. Over-production in this service is on a downward trend.

The only area of mentionable under-production is:

- Urology (23.03 CWD) – elective volumes

Outpatient Volumes:

Attendances	Contracted	Actual	Variance	% Variation
Surgical				
1st Visit	3,032	2,829	- 203	- 6.69%
Subsequent Visit	4,553	5,205	+ 653	+ 14.34%
Sub-Total Surgical:	7,584	8,034	+ 450	+ 5.93%
Medical				
1st Visit	1,216	1,276	+ 60	+ 4.93%
Subsequent Visit	3,034	3,049	+ 15	+ 0.49%
Sub-Total Medical:	4,250	4,325	+ 75	+ 1.76%
TOTALS:	11,834	12,359	+ 525	+ 4.44%

Value of over-production was $92,668.

The notable areas of over-production are:

- General Surgery (follow-ups)
- Orthopaedics (follow-ups)
- Ophthalmology (follow-ups)
- Plastics (follow-ups)
- General Medicine
- Cardiology (follow-ups)
- Rheumatology (follow-ups)

RECOMMENDATION

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

Author: **Service Manager Allied Health, Diagnostics and Support Services – 8 May 2012**

FINANCE REPORT
PROVIDER ARM - APRIL 2012

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.

Financial Overview for the period ending 30 April 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,257	6,321	(64)	×	63,147	62,456	691	√
Governance & Administration	231	212	19	√	2,143	2,122	21	√
Funds & Internal Eliminations	4,314	4,284	30	√	44,076	44,534	(458)	×
	10,802	10,817	(15)	×	109,366	109,112	254	√
EXPENSES								
Provider								
Personnel	4,582	4,294	(288)	×	43,960	43,540	(420)	×
Outsourced Services	885	805	(80)	×	10,632	8,910	(1,722)	×
Clinical Supplies	627	600	(27)	×	6,552	6,034	(518)	×
Infrastructure	889	921	32	√	9,529	9,157	(372)	×
	6,983	6,620	(363)	×	70,673	67,641	(3,032)	×
Governance & Administration	169	212	43	√	1,802	2,123	321	√
Funds & Internal Eliminations	3,668	3,812	144	√	36,328	37,602	1,274	√
Total Operating Expenditure	10,820	10,645	(175)	√	108,803	107,365	(1,438)	×
Deficit before Interest, Depn & Cap Charge	18	(172)	(190)	×	(563)	(1,747)	(1,184)	×
Interest, Depreciation & Capital Charge	410	551	141	√	5,057	5,510	453	√
Net deficit	**428**	**378**	**(50)**	×	**4,494**	**3,763**	**(731)**	×

CONSOLIDATED RESULT

The consolidated result for the month of April 2012 is deficit of $428k, which is $50k worse than budget ($378k deficit).

RESULTS FOR EACH ARM

Year to Date to April 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(12,583)	(10,696)	(1,887)	Unfavourable
Funder Arm surplus / (deficit)	7,748	6,933	815	Favourable
Governance Arm surplus / (deficit)	341	0	341	Favourable
Consolidated result surplus / (deficit)	**(4,494)**	**(3,763)**	**731**	**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		
Consolidated	Crown and other government sourced	√	86
Provider:	Patient sourced	√	44
Consolidated	Other Income	√	124
	Expenses		
Provider:	Personnel Costs	x	(420)
Provider:	Outsourced services – Locum costs	x	(1,566)
Provider:	Outsourced services – clinical services	x	(457)
Consolidated	Outsourced services – non clinical	√	561
Provider:	Clinical supplies: pharmaceuticals	x	(128)
Provider:	Clinical supplies: Implants & Prostheses	x	(300)
Provider:	Clinical supplies: Disposable, diagnostic and equipment	x	(169)
Provider:	Clinical supplies: other offsetting items	√	79
Provider:	Facilities: Repairs and maintenance	x	(103)
Provider:	Professional fees and expenses : Insurance	x	(89)
Provider:	Transport	x	(117)
Funder:	Expenditure to external providers /NGOs	√	1,270
Provider:	Capital charge credit (2011 financial year) and expense	√	410
DHB	Other offsetting items	√	44
	Year to date variance to budget	x	**(731)**

REVENUE

Provider Arm

Provider Arm revenue year to date is a positive variance of $691k. This is explained by:

- Internal revenue – Funder Arm to Provider Arm is $365k 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, pharmaceutical and laboratory claims.
- Revenue received from ACC is $155k better than budget (age related rehabilitation, treatment and assessment and elective contract work) and funding from the West Coast PHO to the WCDHB primary practices is $86k better than budget to date.

EXPENSES

Provider Personnel

Personnel costs are $43,960k; $420k worse than budget ($43,540k).

- Medical Personnel costs are $113k better than budget. This is a combination of Senior Medical Officers (including General Practitioners) being $388k better than budget and Resident Medical Officers being $229k 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.
  - Resident Medical Officers are $229k more than budget. This is partially due to unbudgeted allowances for extra duties across RMO services and greater FTE than was budgeted. This will continue for the remainder of the year.

- Nursing Personnel costs are $899k more than budget.
  - This variance includes a one off restructuring cost incurred in October 2011. Overtime and penal time are over budget and this partly due to the way the budget was set and phasing.
- Allied Health Personnel costs are $465k better than budget.
  - This is due to a number of vacancies across the service. Recent appointments have been made, which will result in improved service delivery but the favourable financial variance will not continue to the same extent in over the remainder of the year.

Outsourced Services

Outsourced services costs are $10,632k; $1,722kk more than budget ($8,910k).

- Outsourced Medical Costs (included in locums) are $6,939k, $1,566k more than budget.
  The West Coast DHB is undergoing a significant change from the heavy reliance on locums to a much more sustainable long term service configuration. This is based on a new emerging service framework being developed with CDHB. Given the long established reliance on the use of locums on the West Coast, changes to their use have been complex to untangle i.e. long term contractual commitments, and have delayed the necessary changes which has resulted in locums being used to cover for vacancies and staff leaves. Recent permanent appointments will alleviate the situation going forward.
- Outsourced clinical services are $3,247, $457k more than budget.
  - This is largely due to ophthalmology services and orthopaedic volumes being outsourced. This is being addressed, with a reduction in the level of overspend over the last few months. Ophthalmology costs were slightly over budget for the month of April 2012and outsourced orthopaedic costs were less than budget.

Clinical Supplies

Overall treatment related costs are $518k more than budget, with volumes to date for most specialities being greater than budget.

- Implant and prostheses are $785k, an unfavourable variance of $300k. 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.
- Pharmaceuticals are $1,617k, an unfavourable variance of $128k which largely relates to oncology treatments and staff vaccinations for pertussis.

Infrastructure and non Clinical Cost

Overall infrastructure and non clinical cost are $9,529k, $372k over budget. Within this variance are the following specific variances:

- Facility costs are $2,178k, $207k over budget.
  - Utility costs are $45k more than budget; these costs will continue to be over budget as prices have increased since the budget was set. Maintenance and repairs are $103k more than budget and due to necessary maintenance.
  - Travel and Transport costs are $875k, $117k over budget. This relates to staff travel and accommodation costs being over budget and increased costs to run and maintaining the motor vehicle fleet.
  - Professional fees and expenses are $136k more than budget to date. The cost of insurance premiums (excluding motor vehicle) is $89k 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 $410k better than budget. A credit of $259k relating to the previous financial year was received in December 2011 and monthly cost is less than budget.

RECOMMENDATION

That the Hospital Advisory Committee of the West Coast District Health Board receive the Financial Report.

Author:	Chief Financial Manager – 15 May 2012

Appendices

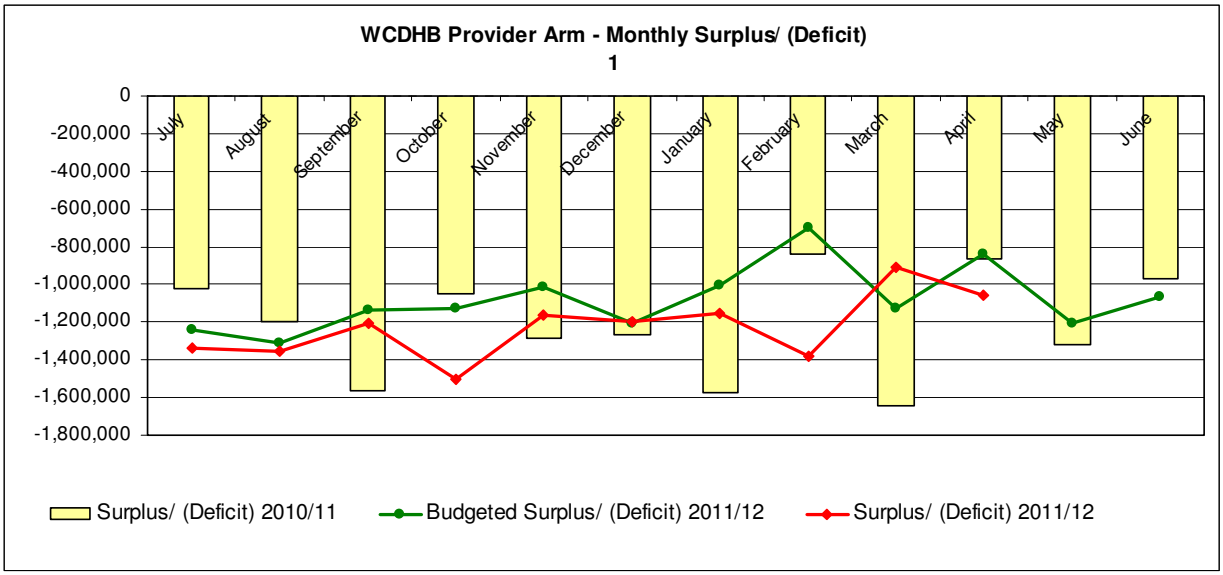
Appendix 1: Provider Operating Statement - 30 April 2012.
Appendix 2: Provider Arm Performance Graphs.

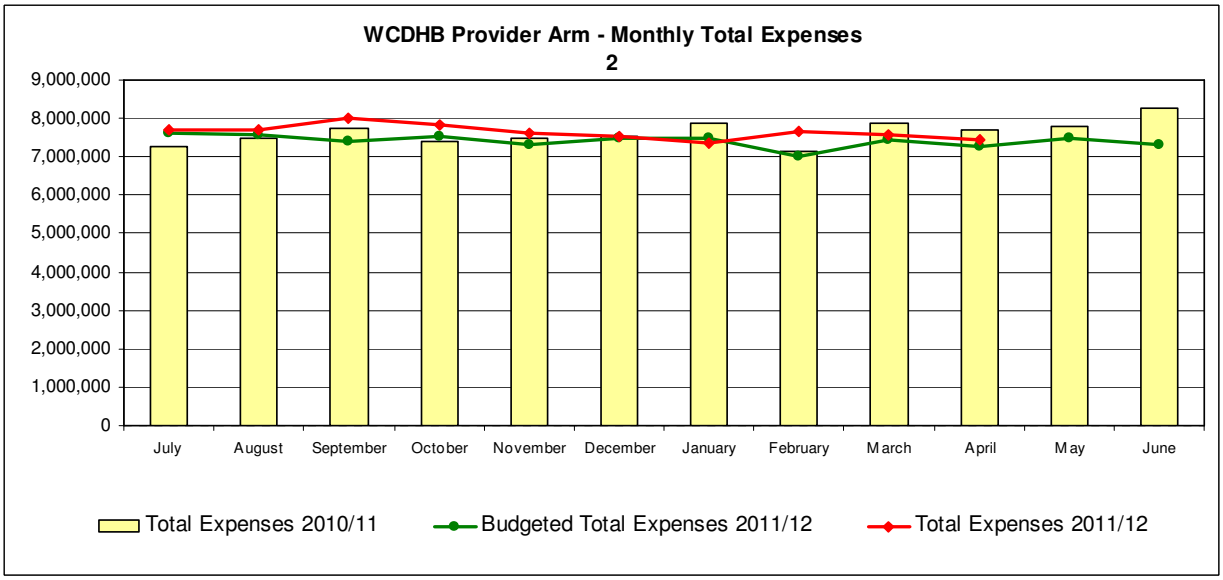
West Coast District Health Board

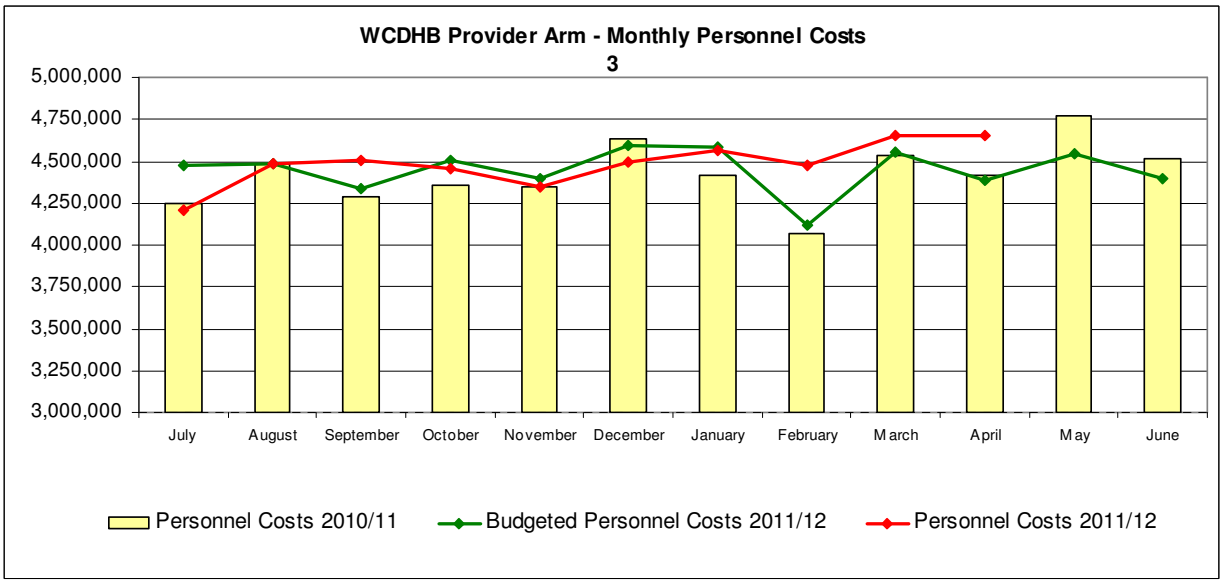
Provider Operating Statement for period ending 30 April 2012

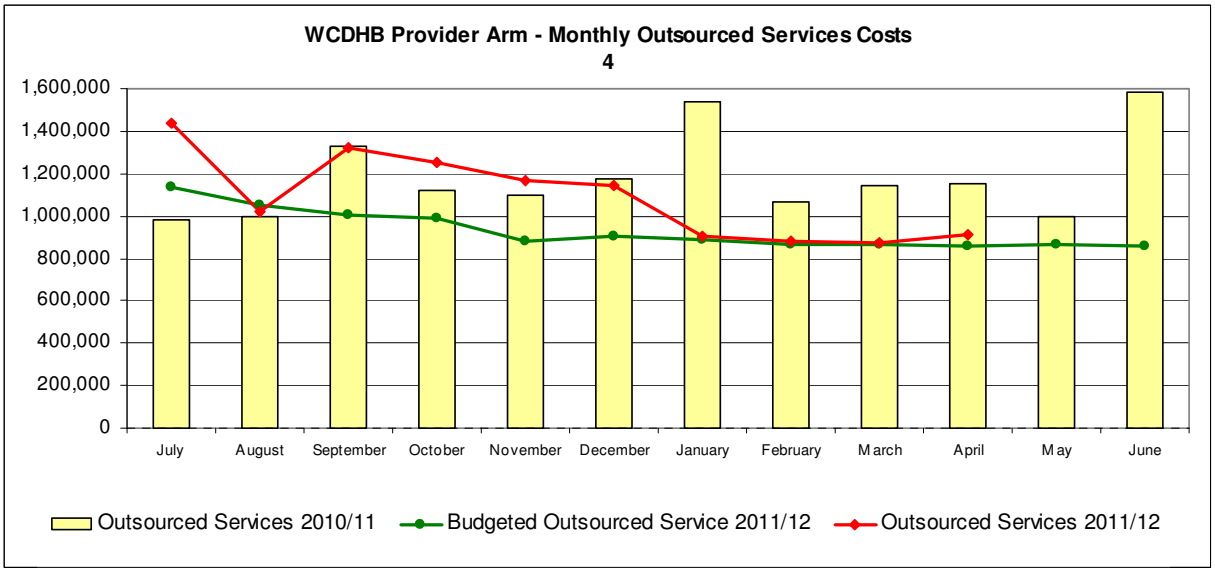
in thousands of New Zealand dollars

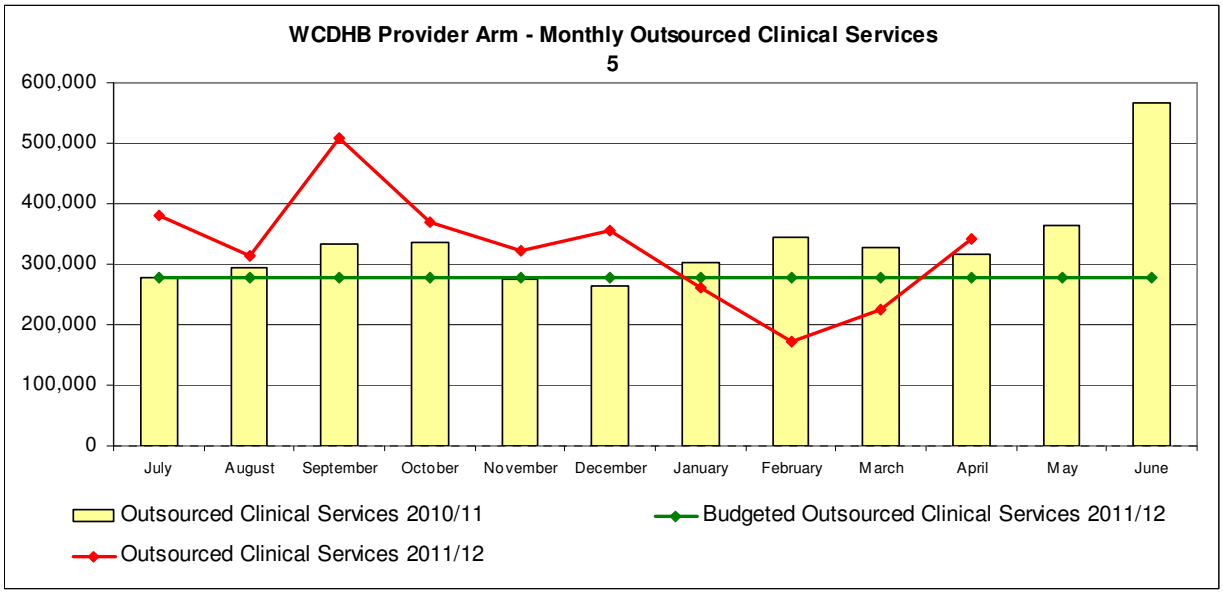
	Monthly Reporting					Year to Date					Full Year 2011/12	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2010/11
Income												
Internal revenue-Funder to Provider	5,197	5,205	(8)	(0.1%)	5,646	52,413	52,048	365	0.7%	51,709	62,459	63,504
Ministry of Health side contracts	142	144	(2)	(1.4%)	127	1,449	1,439	10	0.7%	1,491	1,727	1,835
Other Goverment	540	584	(44)	(7.5%)	642	5,348	5,094	254	5.0%	5,294	6,010	6,183
InterProvider Revenue (Other DHBs)	3	11	(8)	(71.7%)	6	49	106	(57)	(53.8%)	104	127	110
Patient and consumer sourced	228	246	(18)	(7.3%)	210	2,526	2,482	44	1.8%	2,331	2,965	2,828
Other income	147	131	16	11.9%	106	1,362	1,287	75	5.8%	1,227	1,488	1,461
Total income	**6,257**	**6,321**	**(64)**	(1.0%)	**6,737**	**63,147**	**62,456**	**691**	1.1%	**62,156**	**74,776**	**75,921**
Expenditure												
Employee benefit costs												
Medical Personnel	963	900	(63)	(7.0%)	957	8,878	8,991	113	1.3%	8,859	10,823	10,512
Nursing Personnel	2,094	1,912	(182)	(9.5%)	1,945	20,385	19,486	(899)	(4.6%)	19,543	23,405	23,784
Allied Health Personnel	747	775	28	3.6%	750	7,386	7,851	465	5.9%	7,326	9,426	8,768
Support Personnel	174	164	(10)	(6.1%)	166	1,809	1,662	(147)	(8.8%)	1,739	1,996	2,086
Management/Administration Personnel	604	543	(61)	(11.3%)	511	5,502	5,549	47	0.8%	5,416	6,655	6,494
	4,582	**4,294**	**(288)**	**(6.7%)**	**4,329**	**43,960**	**43,540**	**(420)**	**(1.0%)**	**42,883**	**52,304**	**51,644**
Outsourced Services												
Contracted Locum Services	543	451	(92)	(20.5%)	764	6,939	5,373	(1,566)	(29.1%)	7,607	6,283	9296
Outsourced Clinical Services	342	279	(63)	(22.6%)	318	3,247	2,790	(457)	(16.4%)	3,075	3,348	4005
Outsourced Services - non clinical	0	75	75	100.0%	45	446	747	301	40.3%	477	898	724
	885	**805**	**(80)**	**(10.0%)**	**1,127**	**10,632**	**8,910**	**(1,722)**	**(19.3%)**	**11,159**	**10,528**	**14,025**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	138	113	(25)	(22.4%)	130	1,196	1,118	(78)	(7.0%)	1,146	1,343	1,337
Instruments & Equipment	170	146	(24)	(16.4%)	183	1,553	1,462	(91)	(6.2%)	1,553	1,754	1,896
Patient Appliances	28	31	3	9.7%	30	274	310	36	11.6%	294	370	367
Implants and Prostheses	57	49	(9)	(17.5%)	125	785	485	(300)	(61.9%)	772	583	1,007
Pharmaceuticals	158	150	(8)	(5.3%)	172	1,617	1,489	(128)	(8.6%)	1,534	1,800	1,895
Other Clinical & Client Costs	76	112	36	32.1%	128	1,127	1,170	43	3.7%	1,023	1,442	1,204
	627	**600**	**(27)**	**(4.5%)**	**768**	**6,552**	**6,034**	**(518)**	**(8.6%)**	**6,322**	**7,292**	**7,706**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	321	298	(23)	(7.7%)	306	3,079	2,982	(97)	(3.2%)	3,025	3,575	3586
Facilities	197	207	10	5.0%	207	2,178	1,971	(207)	(10.5%)	2,122	2,375	2666
Transport	76	70	(6)	(8.9%)	75	875	758	(117)	(15.4%)	949	898	1036
IT Systems & Telecommunications	103	120	17	13.9%	88	1,159	1,196	37	3.1%	1,051	1,435	1321
Professional Fees & Expenses	53	22	(31)	(142.0%)	77	355	219	(136)	(62.1%)	237	263	285
Other Operating Expenses	29	95	66	69.3%	56	783	928	145	15.6%	754	1,129	935
Internal allocation to Governanance Arm	110	110	0	0.2%	82	1,100	1,103	3	0.2%	820	1,323	984
	889	**921**	**32**	**3.5%**	**891**	**9,529**	**9,157**	**(372)**	**(4.1%)**	**8,958**	**10,998**	**10,813**
Total Operating Expenditure	**6,983**	**6,620**	**(363)**	**(5.5%)**	**7,115**	**70,673**	**67,641**	**(3,032)**	**(4.5%)**	**69,322**	**81,122**	**84,188**
Deficit before Interest, Depn & Cap Charge	**(726)**	**(299)**	**427**	**(142.6%)**	**(378)**	**(7,526)**	**(5,185)**	**2,341**	**(45.1%)**	**(7,166)**	**(6,347)**	**(8,267)**
Interest, Depreciation & Capital Charge												
Interest Expense	60	61	1	2.0%	61	610	612	2	0.3%	647	735	775
Depreciation	350	400	50	12.4%	394	3,957	3,999	42	1.1%	3,888	4,797	4578
Capital Charge Expenditure	0	90	90	100.0%	60	490	900	410	45.6%	562	1,080	690
Total Interest, Depreciation & Capital Charge	**410**	**551**	**141**	**25.6%**	**515**	**5,057**	**5,511**	**454**	**8.2%**	**5,097**	**6,612**	**6,043**
Net deficit	**(1,136)**	**(850)**	**286**	**(33.6%)**	**(893)**	**(12,583)**	**(10,696)**	**1,887**	**(17.6%)**	**(12,263)**	**(12,959)**	**(14,310)**

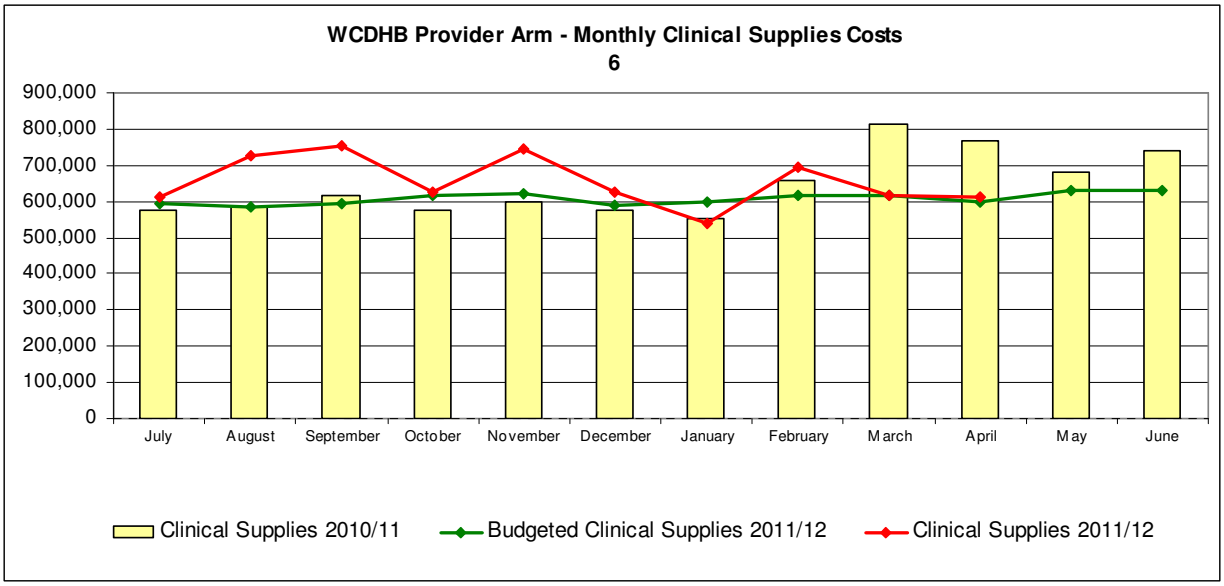

WCDHB Provider Arm - Monthly Surplus/ (Deficit)
1
0
-200,000
-400,000
-600,000
-800,000
-1,000,000
-1,200,000
-1,400,000
-1,600,000
-1,800,000
July
August
September
October
November
December
January
February
March
April
May
June
Surplus/ (Deficit) 2010/11
Budgeted Surplus/ (Deficit) 2011/12
Surplus/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

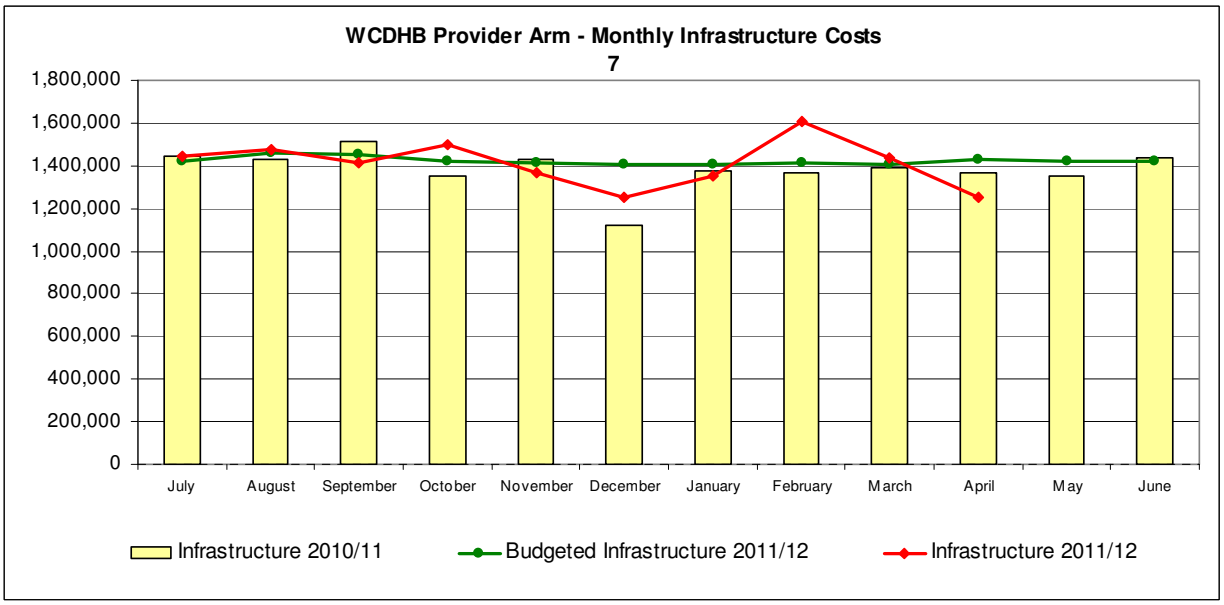

WCDHB Provider Arm - Monthly Total Expenses
2
9,000,000
8,000,000
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Total Expenses 2010/11
Budgeted Total Expenses 2011/12
Total Expenses 2011/12


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 Services Costs
4
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
Outsourced Services 2010/11
Budgeted Outsourced Service 2011/12
Outsourced Services 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

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

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At the end of March 2012 external monitoring shows that there is full compliance at a DHB level, with some non-compliance at specialty level for ESPIs 2 and 5.

Currently both ESPIs have a buffer built in which means you can have a small number of patients over waiting times and still count as being compliant overall, and therefore not forfeit some funding. From 1 July 2012 the buffers disappear and 100% of people on the lists will need to have their First Specialist Assessment and operation within the MOH timeframes.

Staff are currently working on the plans and processes needed to ensure compliance is managed currently and maintained going forward in the new financial year. Waiting times for Outpatient Department appointments and surgery are also being progressively reduced over the next two years. This will create some problems with a number of visiting specialties who only attend a small number of times per annum.

Orthopaedics is an area of particular concern and a visit from the Canterbury DHB GP Liaison (Orthopaedics) is planned for the end of May to both review the quality and appropriateness of referrals, as well as putting in plans for managing the referral flow in the future.

Staffing in theatre is causing some constraints around additional general surgery scope lists, but all endeavours are being made to use additional theatre sessions on every day they will be available.

oH Elective Services Online

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

DHB Name: West Coast

	2011			2011			2011			2011			2011			2011			2011			2011			2012			2012			2012			2012			
	May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			
	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.	T
DHB services that appropriately nowledge and process all patient ferrals within ten working days.	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	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	0 of 0		0	>
Patients waiting longer than six months for their first specialist assessment (FSA).	9	0.0%	0	15	0.3%	0	13	0.3%	0	20	0.4%	0	15	0.3%	0	19	0.4%	0	7	0.0%	0	14	0.3%	0	23	0.4%	0	32	0.6%	0	50	0.9%	0	0		0	<
3. Patients waiting without a ommitment to treatment whose orities are higher than the actual treatment threshold (aTT).	14	0.8%	0	23	1.3%	0	16	0.9%	0	23	1.2%	0	20	1.0%	0	17	0.8%	0	0	0.0%	0	13	0.6%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.0%	0	<
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	<
Patients given a commitment to atment but not treated within six months.	25	1.5%	0	29	1.6%	0	29	1.5%	0	24	1.2%	0	32	1.6%	0	27	1.3%	0	30	1.5%	0	35	1.7%	0	37	1.8%	0	38	1.9%	0	46	2.4%	0	44	2.3%	0	<
atients in active review who have t received a clinical assessment within the last six months.	7	0.0%	0	9	0.0%	0	7	0.0%	0	10	43.5%	-7	9	0.0%	0	8	0.0%	0	0		0	0	0.0%	0	0		0	0		0	0		0	0	0.0%	0	<
7. Patients who have not been aged according to their assigned us and who should have received treatment.	29	1.7%	0	35	1.9%	0	31	1.7%	0	30	1.6%	0	34	1.7%	0	31	1.5%	0	27	1.3%	0	25	1.2%	0	29	1.4%	0	28	1.4%	0	38	2.0%	0	38	2.0%	0	<
he proportion of patients treated were prioritised using nationally ecognised processes or tools.	191	100%	0%	193	100%	0%	164	100%	0%	190	100%	0%	189	100%	0%	137	100%	0%	186	100%	0%	127	100%	0%	116	100%	0%	150	100%	0%	109	100%	0%	141	100%	0%	>

is report displays overall ESPI results for a DHB over a 12 month period. The ESPI results do not include non-electives or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 sess surgical specialties where patients are prioritised using nationally recognised tools.
edical specialties are currently included in ESPI 1 and 2 results but excluded from other ESPI results. In August 2010 the ESPI 2 threshold was reduced from 2% to 1.5%, and the ESPI 5 threshold was reduced from % to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs. (elective_services@moh.govt.nz)).

ata Warehouse Refresh Date: 05/May/2012

eport Run Date: 07/May/2012

OUTPATIENT DEPARTMENT CANCELLATIONS

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

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

DATE: **24 May 2012**

BACKGROUND

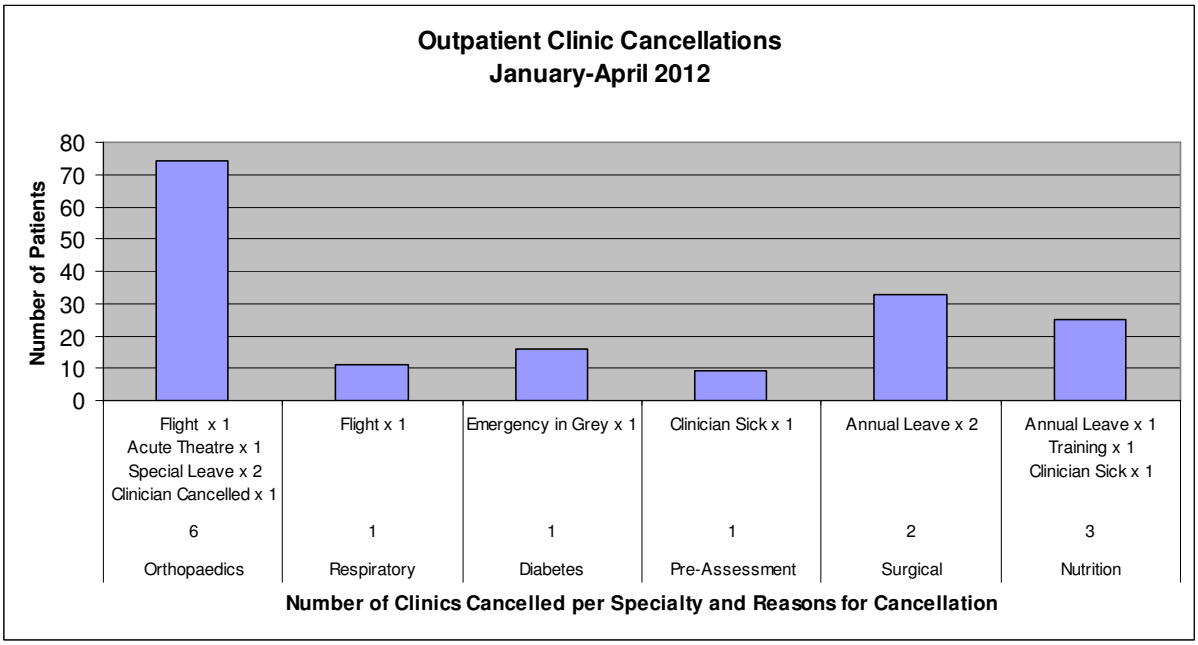
Management will produce reports to provide information on outpatient appointments and provide reasons for cancellations. Exception reporting is generated if five or more patients are recorded as cancelled in the patient management system.

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
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%
February 2012	2128	1937	169	7.94%	22	1.03%
March 2012	1974	1752	161	8.16%	61	3.09%
April 2012	1972	1728	179	9.08%	65	3.30%
13 month rolling totals	**26950**	**23892**	**2338**	**8.68% Average**	**720**	**2.67% Average**

2012 OUTPATIENT CLINIC CANCELLATIONS



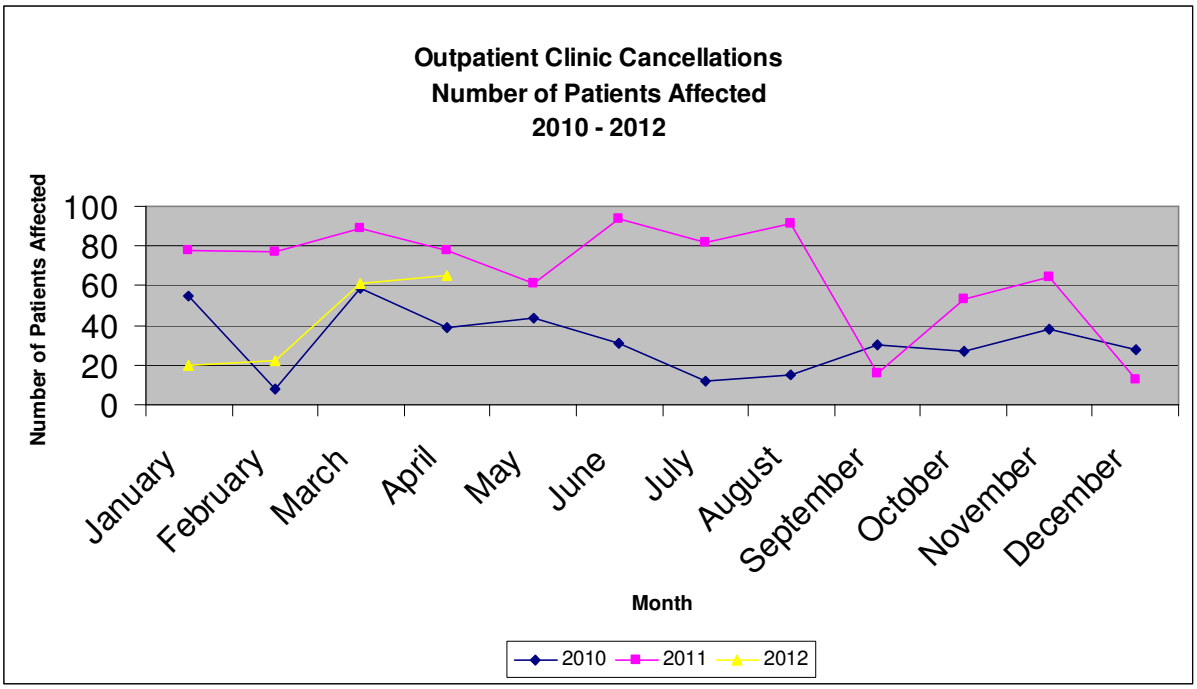
GRAPHS

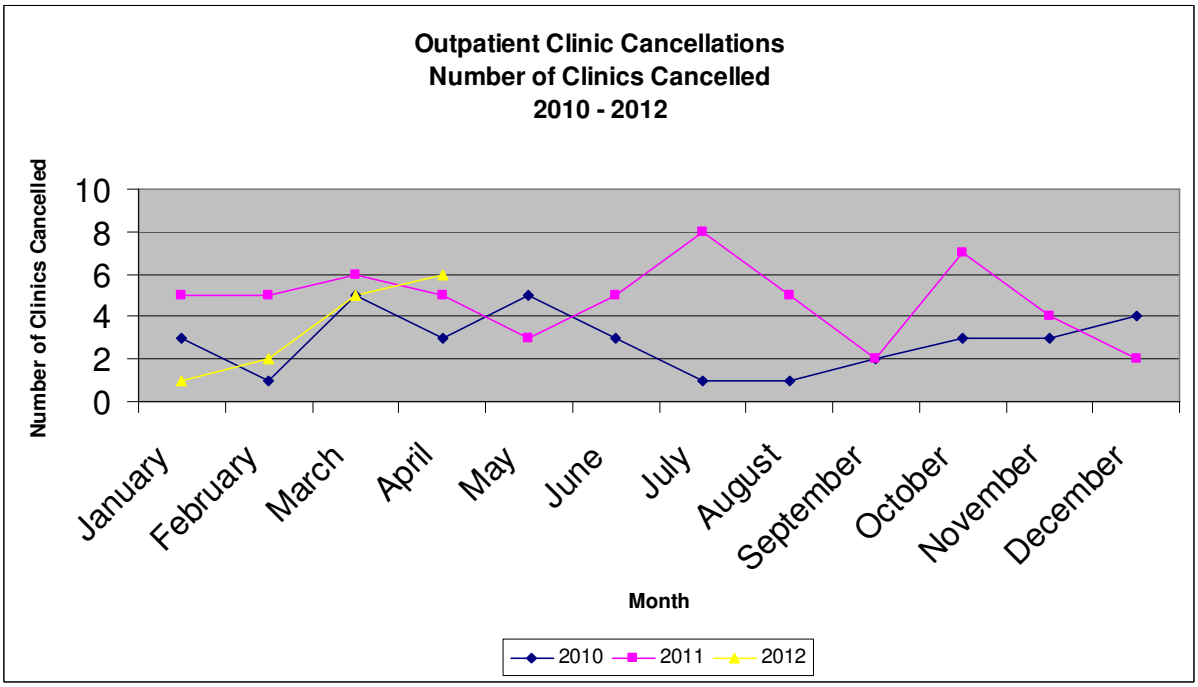
The graphs on the following pages provide an overview of current data against previous years' data to capture the movement of the number of clinics cancelled and the number of patients affected by these cancellations.

RECOMMENDATION

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

Author: **Personal Assistant to the General Manager Hospital Services – 4 May 2012**


Outpatient Clinic Cancellations
Number of Patients Affected
2010 - 2012
Number of Patients Affected
100
80
60
40
20
0
January
February
March
April
May
June
July
August
September
October
November
December
Month
2010
2011
2012


Outpatient Clinic Cancellations
Number of Clinics Cancelled
2010 - 2012
Number of Clinics Cancelled
10
8
6
4
2
0
January
February
March
April
May
June
July
August
September
October
November
December
Month
2010
2011
2012

CLINICAL LEADERS REPORT

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

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

DATE: **24 May 2012**

CLINICAL GOVERNANCE AND LEADERSHIP

Community Meetings
The series of public meetings to outline the direction the WCDHB is heading in, and asking for feedback were held late March, at Westport, Reefton, Greymouth, Hokitika, Arahura and Franz Josef. Although small numbers attended, the discussion and feedback was very useful. Transport in particular generated a lot of discussion.

WCDHB Vision
The draft vision for WCDHB has been developed, with some community and staff input, proposed as

The West Coast Health System - supporting you to be well

Future health care services in the West Coast will be delivered as an integrated health system, people centred, outcome focused.

Model of Care – Grey
The model of care development is informing the development of the indicative business case for the Grey Integrated Health Centre/Service, and Regional hospital redesign. This work is on track for being submitted mid year.

Transport
Transport is a key part of improving our health services. The various pieces of work that are happening throughout the region are being pulled together so that we can develop a coordinated plan to improve transport and accommodation issues throughout the region.

Alliance Leadership Team
A productive second meeting of the leadership team of mainly clinicians occurred in March. Progress reports were delivered by the three worksteams; Health of Older Persons', Buller IFHC and Grey IFHC & Regional Hospital. It was agreed that all workstreams are progressing well with a recommendation from ALT that a 'road map' be produced for each workstream regarding the processes / implementation plans in order to provide clarity to the West Coast health system, particularly regarding the workforce development and roles required under the new system.

NURSING AND MIDWIFERY

Nursing has been working towards developing a more mobile workforce across the clinical areas with opportunities taken up by some nurses to move to alternate areas to increase their generalist skill set and knowledge, while addressing vacancies within FTE. This supports the future nursing component of the model of care and ensures a graduated approach to this new way of working. Best utilisation of nursing hours on a day to day basis across the clinical areas compliments this, with the introduction of a new tool working with daily TrendCare data and care capacity demand management systems. This ensures the areas with increased clinical demand are resourced appropriately and safely, while the corresponding clinical areas with reduced clinical demand are not over resourced.

An Acute Care Study day was run on the 29th of March at Grey Base Hospital by the Rural Health Professional Development Team. 47 participants including nurses, physiotherapists and ECG Technicians attended the day with excellent feedback received regarding relevance to clinical practice and the standard of the presentations.

A workshop was held on the 26th of April for District Nursing teams and Home Based Support teams to begin work on aligning these services. The day included group sessions to discuss shared workloads and Assessment Care Plans. Closer collaboration and teamwork will enhance care delivery and quality of service for care in the community. A pilot will be run in Greymouth with a roll out to Hokitika following.

Greymouth will be hosting the 34th New Zealand Nurses Organisation (NZNO) National Enrolled Nurse Section Annual Conference and Annual General Meeting on May 23rd to 25th of May 2012.

MEDICAL

Recruitment
Ongoing recruitment efforts in general practice and hospital services are beginning to bear fruit, with a number of permanent staff being appointed, and other candidates being well advanced through the recruitment process.

ALLIED HEALTH, TECHNICAL & SCIENTIFIC

A new Clinical Manager of Occupational Therapy has been appointed. Social Work services continue to have had significant vacancies and external support has been provided by Canterbury.

The new Allied Health leadership framework has been shared with staff and we are beginning plans to implement. The Allied Health model of care document is in draft and is being referenced as part of the three workstreams looking at new care delivery. Work continues on the collaboration with Canterbury – particularly in the area of Telehealth.

The Allied Health Advisor and Pharmacy Manager attended relevant health leaders meetings – key themes discussed included service accreditation for equipment; new community pharmacy contract and community therapy service specifications; and the activities of the Health and Safety Quality Commission.

There is a workforce innovation pilot in clinical pharmacy where we are developing and testing the role of the prescribing pharmacist as part of a national Health Workforce New Zealand (HWFNZ) project.

The joint working party of social work from CDHB and WCDHB looking at the national travel assistance processes has finished and we are now implementing the recommendations.

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. ▪ *Terms of reference are completed and membership almost confirmed. The new Clinical Board was launched and held its first meeting for 8th May 2012*	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*	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 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.* Facilitate increased opportunities for the professional development of clinical staff. 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.

RECOMMENDATION

That the Hospital Advisory Committee receives the Clinical Leaders' Report for their information.

Authors:	**Chief Medical Officer,** **Director of Nursing and Midwifery, and** **Executive Director of Allied Health (WCDHB and CDHB) – 24 May 2012**

PATIENT TRANSFERS

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

FROM: **Credentialling & Clinical Audit Facilitator**

DATE: **24 May 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
February – March 2012

Reasons for Patient Transfers	February	March
Service not available at Grey Base	2	-
Service not available at Grey Base – at time	-	-
Severity of illness	4	8
Special Procedure (not done at Grey Base)	4	4
Specialist Care Not available at Grey Base	13	21
Specialist Care Required Urgently	1	4
Other Staffing Issue	-	-
Post Operative Complication	-	2
Other reason for transfer	1	-
Total No. Transfers for month:	**21**	**31**

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
February 2012 – March 2012

Reasons for Patient Transfers	February	March
Service not available at Buller	4	7
Specialist care not available at Buller	0	3
Specialist care required urgently	2	4
Other staffing issue	-	-
Post Operative complication	-	-
Other reason for transfer	-	-
Severity of illness	-	-
Total No. Transfers for the month:	**4**	**10**

Patient Transfers from Reefton to Grey Base Hospital
February 2012 – March 2012

Reasons for Patient Transfers	February	March
Service not available at Reefton	-	-
Specialist care not available at Reefton	1	-
Specialist care required urgently	2	-
Other staffing issue	-	-
Post Operative complication	-	-
Special Procedure		-
Other reason for transfer	-	-
Severity of illness	2	4
Total No. Transfers for the month:	**5**	**4**

RECOMMENDATIONS

The committee notes the above information.

Author: **Credentialling & Clinical Audit Facilitator – 5 May 2012**

ITEMS TO BE REPORTED BACK TO BOARD