West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

12th July 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 12 JULY 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 24 May 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

- Management Team Report
- 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 Minutes from the Hospital Advisory Committee meeting held 24 May 2012

2 Clinical Leaders Report

NEXT MEETING – 23 August 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 • Member 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 24 MAY 2012 AT 11.04AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT Warren Gilbertson, Chair
Sharon Pugh, Deputy Chair
Barbara Holland
Gail Howard
Paula Cutbush
Doug Truman
Richard Wallace

IN ATTENDANCE Peter Ballantyne, Board Deputy Chair
Colin Weeks, Chief Financial Manager (via phone)
Garth Bateup, General Manager Hospital Services
Karyn Kelly, Director of Nursing and Midwifery
Bryan Jamieson, Community Liaison Officer
Debbie Hunter, Registered Nurse, CCU/Morice Ward
Tom Fiddes, Academic Director, Rural Learning Centre
Rose Kennedy, Clinical Nurse Manager, Morice Ward / Critical Care Unit
Silvie Sasková, Minute Secretary

APOLOGIES Dr Paul McCormack, Board Chair

1. WELCOME, APOLOGIES AND AGENDA

The chair welcomed everyone to the meeting.

Karakia – Richard Wallace

Apologies were accepted from Dr Paul McCormack. It was noted that Gail Howard will be away in July and August 2012.

2. DISCLOSURES OF INTERESTS

Richard Wallace is now only a member of Tatau Pounamu, not the Chair.

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 12 APRIL 2012

Page 3 – it was remarked that the waiting times compliance is achievable, and there would be financial penalty if it was not achieved. Compliance rules will change from July 2012.

Page 5 – Patient transfers to Christchurch – change "helicopter transfer" to "air transfer".

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

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 12 April 2012 be adopted as a true and accurate record subject to the above amendment."

Carried.

Hospital Advisory Committee Chair's Report to the Board
The Board are satisfied that areas of concern i.e. outsourced resources have been identified and that there are now well informed action plans on how to resolve them. The Minister of Health was advised that actions and steps will be in place from 1 July 2012.

A lot of work has been done in terms of the Ministry of Health providing feedback and the West Coast DHB supporting the final plan. Planned budget was submitted to the Ministry of Health on 18 May 2012.

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 be included as a standing general item.

Item 3: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge
The issue is included in the greater effort regarding transport. Also, a South Island project on ambulance transfers is being initiated and the committee requested to be updated on it.

Action Point: Provide update regarding South Island transport project.

Item 4: Shorter Stays in Emergency Departments – the higher number of patients waiting over six hours in the Emergency Department in Buller to be investigated
The Director of Nursing and Midwifery presented the data for January, February and March 2012 that show positive statistics. In this period only four patients in Buller out of 740 patients waited longer then six hours.

Item 5: Recruitment / Vacancy reporting to Advisory Committees to be discussed with the Chief Executive
Information on recruitment and vacancies is included in 6.2 Management Team Report.

Item 6: A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt

Item 7: The dates for the Induction for new advisory committee members to be discussed with the Board Secretary
It was noted that Barbara Holland's membership is due for renewal. Advertising should commence before the Queen's Birthday weekend. Similar position is due for renewal on the Community and Public Health Committee.

Item 8: Provide information about the numbers of any serious orthopaedic cases that are already being sent to the Canterbury DHB
In the six month period from August 2011 there were nine orthopaedic cases that could not be cared for on the West Coast and had to be sent to Canterbury DHB.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

There was no correspondence inwards or outwards for April 2012.

6. WORK PLAN

The Work Plan objectives are to remain unchanged, but some of the dates need to be amended to reflect the current draft plan and annual report.

Action Point: Update the dates in the Work Plan.

6.1 HEALTH TARGETS

- **Shorter Stays in Emergency Departments**
  This point was already discussed in relation to Item 4 in the Matters Arising.

- **Improved Access to Elective Services**
  It is anticipated that the target of 1592 will be achieved or may be slightly over.

- **Better Help for Smokers to Quit**
  The results are positive, but there is still room for improvement. The West Coast DHB Mandatory Training now includes ABC implementation on questioning patients, and relevant questions are part of admission documents. A gap was identified in training attendance, and all staff are now encouraged to attend. The programme is to be shortened from one and half hours to one hour.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

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

Operational Items

- **Medical Personnel – Locums**
  Locum spent in April 2012 was higher than budgeted.

- **Medical Staff Recruitment**
  The anaesthetist who started at the beginning of May 2012 has received positive feedback from the Critical Care Unit staff. Two other anaesthetists will be starting by

the end of the year: one by the end of July 2012, the other one or two months later.

One obstetrics and gynaecology consultant has now signed his contract, and another is visiting in the first week of June 2012.

It is anticipated that by the end of 2012, all Senior Medical Officer positions will be filled. However planning ahead will be ongoing and effort will be put into the retention of staff.

An applicant has been interviewed for the position of Psychiatrist.

The problems with General Practitioner coverage are ongoing. An unexpected resignation has been received from the second General Practitioner in South Westland who only started in June 2012. A doctor recently left the Reefton practice after only six months, and a locum General Practitioner will now be working full time from Buller.

It is to be noted that there has been positive feedback to the West Coast DHB from the Select Committee and from Kevin Hague, Green Party Member of Parliament, for securing three anaesthetists and an obstetrics and gynaecology consultant.

The first graph in the report only refers to Senior Medical Officers and not to nurses. There used to be locum nurses working at the West Coast DHB but they are now employed as West Coast DHB staff.

- **Staffing**
  As there has been some difficulty in the past with the position of Clinical Manager Social Work, the decision was made not to readvertise at this point. Currently there is a contract for supervision in place, and the vacancy is not impacting on patient care.

  New Physiotherapy vacancies recently opened with one staff member taking a year off and another resigning.

  Recruitment services are now being provided by the specialist recruiters at the Canterbury DHB. Persons who register their interest have their details kept in the database of enquiries.

Xcelr8 Project – Transfer of Acute Cardiac Patients

- The Director of Nursing and Midwifery explained the concept of the training programme Xcelr8. It teaches the principles of Lean Thinking and introduces the participants to a wide range of experiences leading to their professional improvement. The programme teaches the participants to stop and think, and promotes the attitude to “get on and do it”. At the end the projects of individual groups are presented at "David’s Den" (Chief Executive), and after completing the course the participants apply the principles they learnt to their daily jobs.

- Tom Fiddes, Debbie Hunter and Rose Kennedy spoke to the PowerPoint presentation on transfer of acute cardiac patients. The project group identified an overuse of air transport from the West Coast DHB to Canterbury DHB in the event of acute cardiac patients. This was investigated, and the group made recommendations for changes that were implemented after discussions between the two DHBs. Although locum specialists tend to suggest air transport as the first option, nurses are being proactive in outlining other options.

- The Chair thanked the project group on behalf of the Hospital Advisory Committee for presenting their project.

Indicators of DHB Performance
The section on acute readmissions refers to an improvement as the readmissions have decreased.

Action Point: Provide a regular three monthly monitoring report on any trends (either positive or negative) which are emerging from exit interviews.

- Contracting issues need to be tidied up for ophthalmology.
- There has been a lack of engagement between clinical staff and managers, with the locums making it even more difficult. To increase the involvement of the Senior Medical Staff in production planning and monitoring, there are being dashboards developed displaying what needs to be achieved in respect to first specialist appointments, follow ups and waiting times. After general surgery this will be done for obstetrics and gynaecology, general medicine and orthopaedics. Nurse specialists are also involved in meeting targets.
- The final draft for the Clinical Leader position is being completed and will be slightly altered for different clinical specialties. The appointees will be responsible for meeting the production targets, the Ministry of Health targets, and for planning around leave.

(Richard Wallace left the room at 12:07pm.)

- Room 2 in Barclay ward is going to become an observation unit for close monitoring of unstable patients. The plan is having a nurse at the most appropriate place while improving patient safety. The parameters for patients who will be placed in the observation unit are now being defined. Critical patients will still be placed in the Critical Care Unit in Morice Ward.

(Richard Wallace entered the room at 12:10pm.)

Industrial Relations
The report was taken as read.

Caseweights
- The numbers of some orthopaedic cases is going up next year.
- The General Practitioner liaison is coming on Monday 28 May 2012 to asses the outstanding orthopaedic cases on the West Coast and it is not anticipated that there will be many over six months.

Moved: Richard Wallace **Seconded: Paula Cutbush**

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

Carried.

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

- The Financial Overview for April 2012 shows $50 000 variance from budget.
- The West Coast DHB is currently doing seismic investigations which are incurring additional cost not included in the forecast.
- Travel and transport are still over budget despite the General Manager Hospital Services signing off on all travel, and courses and conferences being declined. More use of conferencing instead of travel is to be promoted.

Elective Services Patient Flow Indicators (ESPIs)
- Orthopaedic Liaison General Practitioner from Christchurch will be in Greymouth on 28 May 2012 to review orthopaedic referrals. Other specialties are on track.
- The way Elective Services Patient Flow Indicators are viewed and recorded will change from 1 July 2012.
- The Central Booking unit is working on establishing new processes and engaging with clinicians. The SMO Coordinator is now placed in the Central Booking Unit office.

Outpatient Department Cancellations
- The numbers of clinic cancellations are higher again, mainly due to problems with flights. On some occasions when the flights are cancelled visiting specialists hold the clinic via a videoconference. Cancellations due to annual leave need to be reduced and further attention to this matter is a priority.
- It was explained that the average Did Not Attend numbers and the numbers of patients affected by clinic cancellations were benchmarked in the past and are similar to other District Health Boards.
- The problem with short notice cancellations was discussed and it was queried whether the affected patients are informed about the reasons for their clinics being cancelled. With clinics booked six weeks ahead it is not possible to put the patients from cancelled clinics to the top of the list, but they should at least be informed when their next appointment will take place. The quality of communication needs to be refined.

Action Point: General Manager Hospital services to find out whether patients are notified about reasons behind short term cancellations, and if they can be informed about the date for the next appointment when their clinic is cancelled.

- Buller clinics are currently being booked from two places. Preferably all bookings should be coming from the Central Booking Unit. This issue will be reviewed in time.
- The committee requested that the cancellation numbers in the future be presented against the overall number of clinics.

Action Point: Amend the reported information to show cancellation numbers against the overall number of clinics.

Clinical Leaders Report
- The report was taken as read.
- The West Coast DHB vision has been finalised and will be used in official communications.
- The waiting times at Medical Centres have not improved. Most areas are short on General Practitioners and the situation is difficult in Buller where the health services work as one unit. The West Coast DHB is currently trying to recruit four General Practitioners.

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers
The report includes information for February and March 2012.

Moved: Gail Howard **Seconded: Doug Truman**

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

Carried.

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

Positive progress
- Practical implementation of XCELR8 projects and benefits which are occurring
- Recruitment of clinical specialists

Ongoing Monitoring
- Caseweights – overproduction in orthopaedics
- Elective Services Patient Flow Indicators (ESPIs)
- Outpatient Department Cancellations

Follow-up
- Staff Survey Results
- Exit Interview – standing quarterly item highlighting whether any trends (positive / negative) are emerging

8. IN COMMITTEE

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

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."

The Hospital Advisory Committee moved into In Committee at 12:42 pm.

There were no In Committee resolutions.

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

9. GENERAL BUSINESS

The members of the committee would like to formally acknowledge and thank Barbara Holland for the contribution that she provided over the last ten years as a Hospital Advisory Committee member.

10. NEXT MEETING

The next meeting will be held on Thursday 12 July 2012 in the Boardroom, Corporate Office, Grey Base Hospital.

The Hospital Advisory Committee spent eleven minutes in In Committee

There being no further business to discuss the meeting concluded at 12:54pm.

HAC REPORT TO BOARD

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

FROM: **Chair, Hospital Advisory Committee**

DATE: **12 July 2012**

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Thursday, 24 May 2012)

Positive progress

- Practical implementation of XCELR8 projects and benefits which are occurring – Transfer of Acute Cardiac Patients.
- Recruitment of clinical specialists – indication that recruitment strategy is working along with a renewed emphasis on initiatives to ensure retention of key staff.

Ongoing Monitoring

- Financial position – ability of the West Coast DHB to meet the year end target remains challenging.
- Caseweights – overproduction in orthopaedics is under current review.
- Elective Services Patient Flow Indicators (ESPIs) – new processes established by the Central Booking Unit along with better engagement with clinicians are key to improvement in this area.
- Outpatient Department Cancellations – ongoing improvements to communication initiatives for patients need to remain a priority.

Follow-up

- Staff Survey Results – key findings to be reviewed by the Hospital Advisory Committee on availability.
- Exit Interviews – standing quarterly item needs to be included highlighting whether any trends (positive / negative) are emerging.

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 23 February 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 24 May 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 be included as a standing general item.	General Manager Hospital Services		
3	30 September 2011 24 May 2012	Work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation home following discharge. Provide update on the South Island project around patient ambulance transport.	General Manager Hospital Services		
4	23 February 2012 12 April 2012	Recruitment/Vacancy reporting to Advisory Committees to be discussed with the Chief Executive. Ongoing.	General Manager		
5	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		
6	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		
7	24 May 2012	Update the dates in the Work Plan.	Hospital Advisory Committee Chair, Minute Secretary		

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
8	24 May 2012	Provide a regular three monthly monitoring report on any trends (either positive or negative) which are emerging from exit interviews.	General Manager Hospital Services		
9	24 May 2012	Find out whether patients are notified about reasons behind short term clinic cancellations, and if they can be informed about the date for the next appointment when their clinic is cancelled.	General Manager Hospital Services		
10	24 May 2012	Amend the information reported in the Outpatient Department Cancellations section to show cancellation numbers against the overall number of clinics.	Personal Assistant to the General Manager Hospital Services		
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE FOR May 2012

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
No correspondence received / sent for May 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: **12 July 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** **For Period: 1 – 30 April 2012** Over 6 Hours 6 0.00% Under 6 Hours 1318 1.00% **Total Attendances: 1324** **For Period: 1 – 31 May 2012** Over 6 Hours 5 0.00% Under 6 Hours 1221 1.00% **Total Attendances: 1226** *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 April 2012 shows that 1448 actual surgical discharges had been delivered by West Coast DHB, which is ahead of target against YTD planned 1,350 surgical discharges. This is 90.95% 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 have been 4 patients in the current financial year to 24 June 2012 who have exceeded the 4 week waiting time to commence radiotherapy treatment (two in the July-September 2011 quarter, and one each in February 2012 and June 2012). 0 were delayed due to capacity constraints, which is the factor that determines performance against the national health target; but rather, by patient choice and clinical considerations (such as post chemotherapy recovery, or post-operative and cancer related complications). As such, West Coast DHB performance against the national health target remains at 100%. The patient whose treatment has been delayed in June 2012 is due to clinical considerations. All other West Coast domiciled patients treated in the priority treatment categories (acute; curative; palliative; and radical) have commenced treatment within 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 4 Results to date:*** April – 83% May – 91% After a positive quarter 3 result of 92%, there was a decrease in the monthly ABC Health Target to 83% in April 2012. The Smokefree Services Coordinator discussed this with the Smokefree Ward Champions and it was pleasing to see an increase again for May 2012 to 91%. Visibility of the ABC initiative, including Smokefree staff, performance reports and success stories continue to have a positive influence on the health target. Meetings between Smokefree staff and senior hospital management have taken place to identify and implement plans to help reach the 95% target this quarter and moving forward. A plan to identify training gaps for ABC amongst current DHB staff is being implemented this quarter, using data from Human Resources and the Learning and Development team. Although there is good awareness of the ABC initiative from all DHB staff, training provides an opportunity to attain a greater understanding of the background of the health target and why supporting smokers to quit is important to the greater wellbeing of the West Coast community.

RECOMMENDATION

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

Author: Provider Arm Management Team – 12 July 2012

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

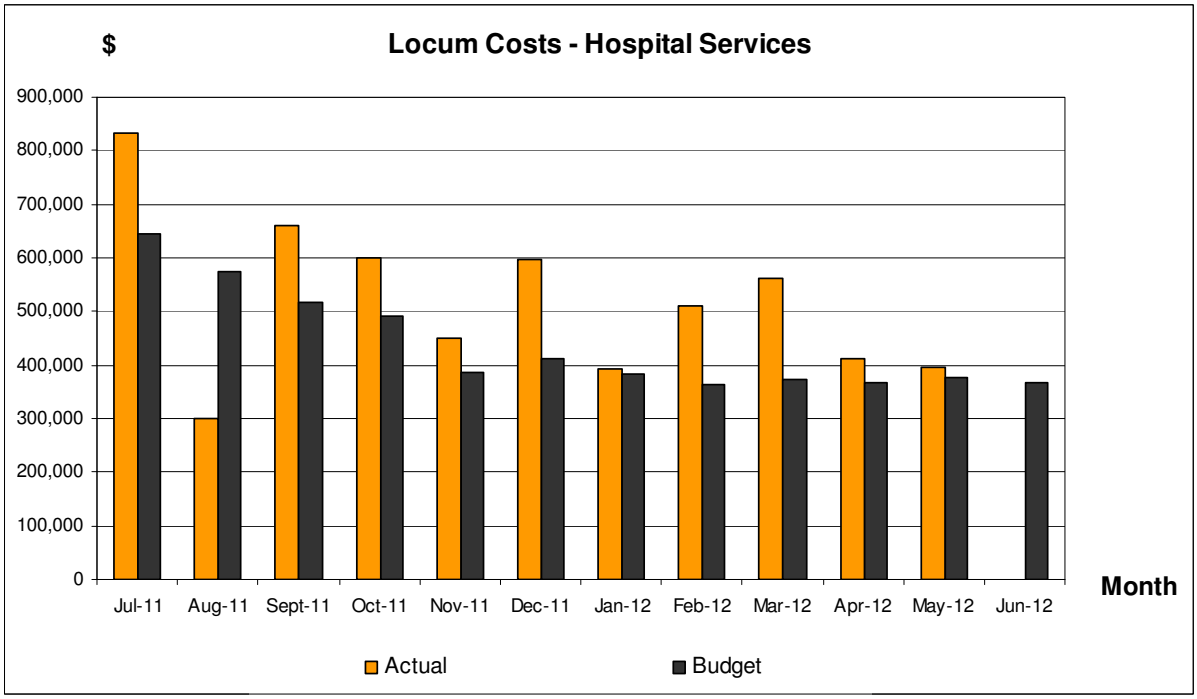
DATE: **12 July 2012**

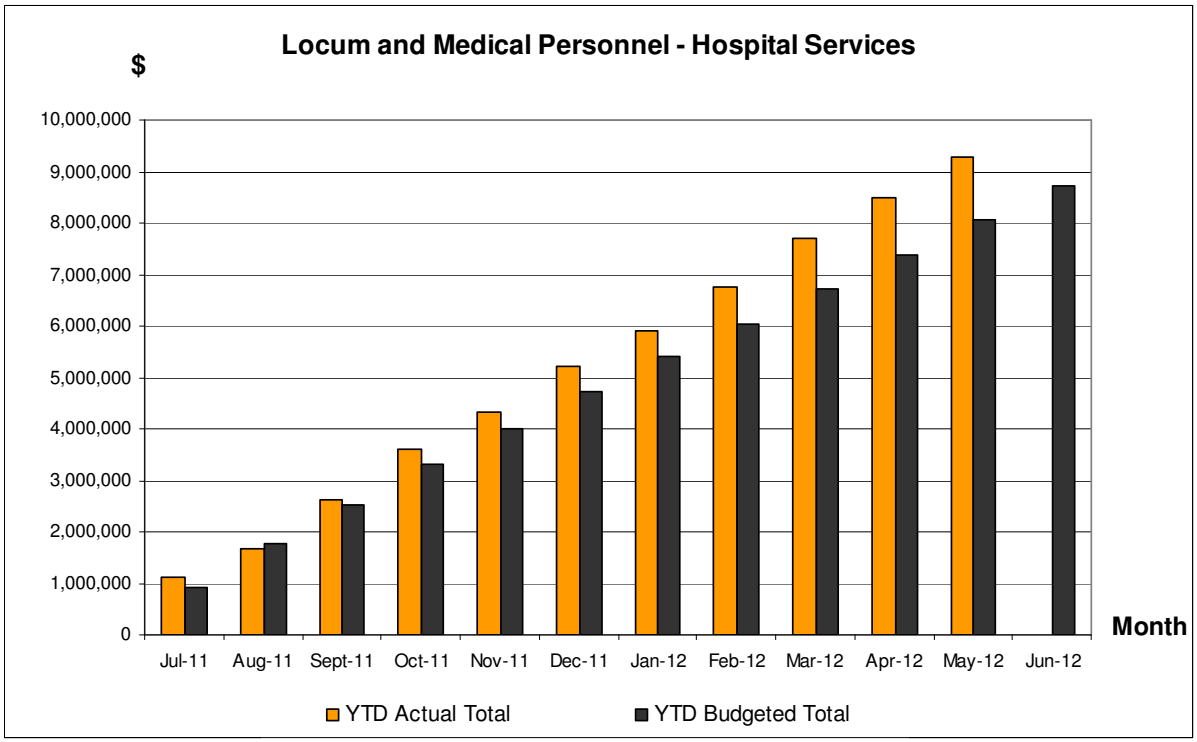
OPERATIONAL ITEMS

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 2011 – May 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	Verbal offer accepted	We now have a signed contract and confirmed placement for this position – start date is November 2012.
O&G	2	Grey Hospital	Offer accepted/2nd Offer pending	1 x candidate looking to start in October 2012; The second candidate visited the Coast last week and has a job offer.
Physician	1	Grey Hospital	Reference Checking	Received one verbal reference second verbal reference. To be obtained.
Emergency Physician	1	Grey Hospital	Verbal offer accepted	A start date of the 12th or 19th of November 2012.
Anaesthetist	1	Grey Hospital	Advertising	Advertising – have one potential applicant through via an agency and are just in the process of pre-screening.
General Practitioner	2.2	Buller	1 x offer accepted	1 x 6 month locum accepted - MCNZ paperwork being prepared – practice coordinating this.
General Practitioner	1.7	Greymouth	Advertising - ongoing	2 CVs under review by practice – waiting to hear back from practice.

General Practitioner	1	Reefton	Advertising	No applicants received
General Practitioner	1	GTE	New	Advertising
General Practitioner	1	Hokitika	New	Advertising
General Practitioner	1	South Westland	Advertising	Advertising

Progress

1 x Anaesthetist starting on the 9th of July 2012 with CDHB and then will start at the WCDHB a month later, the second Anaesthetist is looking to travel late July 2012 but will spend 2 months at the CDHB before starting on the Coast.
1 x O&G looking to start in October 2012 will need to confirm if requires supervision at the CDHB first, the second O&G is reviewing contract and has some questions for Mary Olliver and the collegial involvement of the CDHB before signing but looks very promising.
Physician: Still working through reference checking process.
Psychiatrist: Has signed her contract and looking to start in November 2012.
Emergency Physician: Has signed his contract and looking to start in November 2012.

Recruitment Initiatives

The introduction of the recruitment technology into the WCDHB is in motion – expect it in place by end of July 2012. This will allow a shared candidate database across both DHBs and more streamlined application processes for applicants.
Work is also ongoing on a careers website for the WCDHB.

Staffing

The Clinical Manager Occupational Therapy commences early August 2012.
Clinical Manager Social Work remains vacant. We are looking at options for this role including a linkage with CDHB. A model for support is currently being developed.

Senior Dietitian – some interest in this role, though ongoing supervision support from CDHB maybe necessary.

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. Recruitment underway with some alternative options to be explored.
Dr Graham Roper commences in July as Clinical Leader, Anesthetics. Dr Roper will be part-time and is Anesthetist and former Clinical Director with CDHB.

Resident Medical Officers – numbers are being supplemented by locums. Advertising of positions available from November. Response so far looks positive.

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

Laundry

The Laundry building has been closed following a low seismic rating. Linen is being processed in Christchurch by Canterbury Linen Services Ltd (A subsidiary company of the CDHB) A distribution centre has been established in the Fleet Service Building.

Boiler House

Low seismic rating as well however staff have to enter for short periods to monitor energy services. Options to strengthen this building are being developed.

Orthopaedic Service

Work has continued on developing the new model of care. A trial transition will commence from 1 July. This will involve increased involvement of CDHB clinicians with new out of hour arrangements.

Patient Transport

The South Island DHB's are collectively working with St John on inter Hospital patient transfer service. This work includes resourcing of an appropriate service level, staffing options and pricing.

Maternity Services

The Maternity Manager is on leave until April 2013. The position will be filled by an experienced senior midwife from CDHB.

Physiotherapy Services

Physiotherapy staffing continues to be difficult for at least another few months, particularly in Buller with the likelihood of the private practice closing down at the beginning of August. We continue to manage that as best we can.

Maternity Quality and Safety Programme

The final draft of the Canterbury and West Coast's Maternity Quality and Safety Programme is nearing completion. Ministry of Health funding for the programme will see the appointment of a Maternity Quality and Safety Coordinator and a Lead Maternity Carer Liaison role working across both DHB's. A national meeting to discuss safe staffing issues in relation to the meeting the requirements of the Maternity Quality and Safety Programme was attended by the Nurse Manager Clinical Services.
An appointment has been made to the Acting Clinical Midwife Manager position who is a midwife seconded from the Canterbury DHB. She will take up her position on 23 July 2012 through to the end of April 2013. It is anticipated that the strategic work on the future direction of the transalpine maternity services, including Buller services, will be progressed over this time.

The Close Observation Unit formally commenced on Monday 25th June 2012 in Barclay Ward. This room accommodates surgical patients, who require close observation and have access to a nurse at all times.
Recent nursing appointments have been made across clinical services to ensure greatest flexibility.
Positive feedback from patients, families and nurses has been informally received, following the recent introduction of a change to the visiting hours at Grey Hospital.

Grey Health – Greymouth Medical Centre and Rural Academic General Practice (GMC and RAGP)
We have engaged the services of Mary Brown in the capacity of interim Practice Manager. Mary has implemented a number of initiatives including:

- Training program to ensure reception/admin staff correctly enroll patients.
- Clean up Medtech patient data base.
- Setting up systems/procedures to ensure better patient flow and correct funding
- Working on recovery of outstanding debt

We currently have three 5th year medical students based a Greymouth Medical Centre until approximately September. Dr Emma Boddington is their supervisor and all the doctors at GMC are involved in their training, they also have interaction with the practice nurses throughout their time here.

Carelink

The Dementia Education programme "Walking in Anothers Shoes" has begun with two groups – one in Westport and the other in Greymouth which includes Hokitika participants. The course has a full day of training once a month followed by individual teaching sessions with the students. Feedback has been positive to date. The dementia services in Canterbury District Health Board continue to support the Trainer.

The newly appointed interRAI Lead Practitioner has attended training and is now taking the role on. She will work with existing assessors to ensure competency and train new providers as required.

InterRAI NZ is introducing a new assessment tool, the Community Health Assessment (CHA). This is a tool where simplified assessment is carried out, but if the client has complex needs, ie household management, personal cares and maybe respite etc, then the full Home Care assessment (HC) can be completed. The HC is the assessment tool currently used and takes approximately 1.5 hours to complete. The new CHA will give us options of doing the full HC or a modified version with less time and detail.

Mental Health

The planned introduction of Concerto has created a real challenge for Mental Health Services across the region. The current Concerto programme did not have facility to meet the MHS requirement for clinical documentation and reporting. Over the past month West Coast DHB Mental Health Service and IT are leading the development of mental health component, working closely with both the designers and with Regional Mental Health Services. This is a significant piece of work progressing us all towards a fully electronic medical record.

Concerto is a computer programme that creates a platform for an electronic medical record. This is being adopted regionally across the South Island, and may later be rolled out Nationally

Of interest the overall product will be based upon the documentation processes and clinical documents that we have created at the West Coast DHB. The refining and streamlining of our

core documents has occurred over the past 3-4 years as a joint Quality/Primhd initiative, with active participation of the clinical staff. It is a great to have the results of the work recognized and accepted as the base for core Mental Health Documents for all South Island DHBs.

Buller Health

Special projects

IFHC – BIT –

- team are working well with very clear direction being provided by the Project Manager.
- Feedback and enquiries from staff re progress has been minimal but will need to go back to the wider Buller Health group as soon as there is 'news'.
- Risk of team being distracted by other pieces of work and losing the Implementation Plan as so much inter-related.
- Constant linking back to plan is required to determine what work is essential to progress delivery on the plan and what work 'also' has to be done.
- A need to engage with Grey staff has been identified.

ACC audit – completed under leadership of Jenny Woods and Lesley Holmwood and awesome support by local teams lead by Hellen Walker and Helen Rodger. Health and Safety is alive and well in Buller

Business as Usual

- Incident reporting system currently in place in Buller morphing into DHB wide system. This is positive because it will complete the process and fill any gaps
- Increased number of complaints regarding Buller Health Medical Centre – query whether staff are experiencing heightened stress due to shortage of routine appointments.
- Contingency planning to mitigate no doctor on call underway
- Inter-agency Forum – issue of poor/lack of housing and flow on impact on all services in Buller. Growing number attending forum – handing over to Mayor to facilitate
- Workplace Support report change management issues dominant
- Buller Health Manager departs

RECOMMENDATION

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

Author: **Provider Arm – Management Team – 12 July 2012**

INDUSTRIAL RELATIONS

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

FROM: **General Manager, Human Resources**

DATE: **12 July 2012**

INDUSTRIAL RELATIONS UPDATE

- Initiation of bargaining notice has been received by the Resident Doctors Association and negotiations have commenced
- Initiation of bargaining has been received from Association of Professionals and Executive Employees (APEX) representing Information Technology workers.
- The Support Services Collective Agreement has been ratified and is now being implemented

RECOMMENDATION

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

Author: **Human Resources – 12 July 2012**

CASE-WEIGHTS

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

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

DATE: **12 July 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 May 2012 overall case-weighted [CWD] inpatient delivery was 3.76% over contracted volume for surgical specialty services (2,337.51 actual vs 2,252.89 contracted) and 2.45% under for medical specialty services (1,179.79 actual vs 1,209.44 contracted). The total value of over-production was $252,657.

The split between acute and electives was as follows:

Caseweights (CWD)	Contracted YTD	Actual YTD	Variance	% Variation
Surgical				
Acute	998.09	992.95	- 5.14	- 0.51%
Elective	1,254.80	1,344.56	+ 89.76	+ 7.15%
Sub-Total Surgical:	2,252.89	2,337.51	+ 84.62	+ 3.76%
Medical				
Acute	1,202.11	1,178.93	-23.18	- 1.93%
Elective	7.33	0.86	- 6.47	- 88.26%
Sub-Total Medical:	1,209.44	1,179.79	- 29.65	- 2.45%
TOTALS:	3,462.33	3,517.30	+ 54.97	+ 1.58%

The major and significant contributor to over-production is orthopaedics at + 19.05% with an associated $490,115 value. Gynaecology over-production at 29.4% has a cost of $203,086. Ophthalmology over-production at 21.49% has a cost of $83,836. General surgery acute is the final over-producer at 2.93%, with a dollar value of $55,739.

The only areas of mentionable under-production are:

- Urology (23.03 CWD) – elective volumes
- Plastic Surgery (19.18 CWD) – elective volumes

Outpatient Volumes:

Attendances	Contracted	Actual	Variance	% Variation
Surgical				
1st Visit	3,705	3,564	- 141	- 3.80%
Subsequent Visit	5,564	6,339	+ 775	+ 13.92%
Sub-Total Surgical:	9,269	9,903	+ 634	+6.84
Medical				
1st Visit	1,486	1,555	+ 69	+ 4.64%
Subsequent Visit	3,708	3,731	+ 23	+ 0.62%
Sub-Total Medical:	5,194	5,286	+ 92	+ 1.77%
TOTALS:	14,463	15,189	+ 726	+ 5.02%

Value of over-production was $138,363.

The notable areas of over-production are:

- General Surgery (follow-ups)
- Orthopaedics (follow-ups)
- Ophthalmology (follow-ups)
- Plastics (follow-ups)
- General Medicine (FSA)
- 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 – 12 July 2012

FINANCE REPORT
PROVIDER ARM - MAY 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 31 May 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,242	6,167	75	×	69,389	68,623	766	√
Governance & Administration	208	212	(4)	√	2,351	2,334	17	√
Funds & Internal Eliminations	4,746	4,284	462	√	48,822	48,818	4	×
	11,196	10,663	533	×	120,562	119,775	787	√
EXPENSES								
Provider								
Personnel	4,675	4,458	(217)	×	48,635	47,997	(638)	×
Outsourced Services	1,058	813	(245)	×	11,690	9,723	(1,967)	×
Clinical Supplies	635	629	(6)	×	7,187	6,663	(524)	×
Infrastructure	932	916	(16)	√	10,461	10,072	(389)	×
	7,300	6,816	(484)	×	77,973	74,455	(3,518)	×
Governance & Administration	204	212	8	√	2,006	2,335	329	√
Funds & Internal Eliminations	3,616	3,860	244	√	39,944	41,464	1,520	√
Total Operating Expenditure	11,120	10,888	(232)	√	119,923	118,254	(1,669)	×
Deficit before Interest, Depn & Cap Charge	(76)	225	301	×	(639)	(1,521)	(882)	×
Interest, Depreciation & Capital Charge	523	551	28	√	5,580	6,061	481	√
Net deficit	**447**	**776**	**329**	×	**4,941**	**4,541**	**(400)**	×

CONSOLIDATED RESULTS

The consolidated result for the month of May 2012 is deficit of $447k, which is $329k better than budget ($776k deficit).

RESULTS FOR EACH ARM

Year to Date to May 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(14,164)	(11,894)	(2,270)	Unfavourable
Funder Arm surplus / (deficit)	8,878	7,353	1,525	Favourable
Governance Arm surplus / (deficit)	345	0	345	Favourable
Consolidated result surplus / (deficit)	**(4,941)**	**(4,541)**	**400**	**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	√	561
Provider:	Patient sourced	√	105
Consolidated	Other Income	√	120
	Expenses		
Consolidated	Personnel Costs	x	(655)
Provider:	Outsourced services – Locum costs	x	(1,732)
Provider:	Outsourced services – clinical services	x	(557)
Consolidated	Outsourced services – non clinical	√	611
Provider:	Clinical supplies: pharmaceuticals	x	(175)
Provider:	Clinical supplies: Implants & Prostheses	x	(312)
Provider:	Clinical supplies: air and road ambulance	√	131
Provider:	Clinical supplies: disposable, diagnostic and equipment	x	(182)
Provider:	Facilities: Repairs and maintenance	x	(99)
Provider:	Facilities: Utilities	x	(61)
Provider:	Professional fees and expenses : Insurance	x	(97)
Provider:	Transport	x	(116)
Funder:	Expenditure to external providers /NGOs	√	1,516
Provider:	Capital charge credit (2011 financial year) and expense	√	438
DHB	Other offsetting items	√	104
	Year to date variance to budget		**(400)**

REVENUE

Consolidated revenue of $120,562k is $787k better than budget ($119,775k).
The variance to budget is explained in the narrative for the separate arms below.

Provider Arm

Provider Arm revenue year to date is a positive variance of $766k. This is explained by:

- Internal revenue – Funder Arm to Provider Arm is $336k 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, pharmaceutical and laboratory claims and aged related care.
- Other government revenue is $358k better than budget - revenue received from ACC is $192k 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 $146k better than budget to date.

EXPENSES

Provider Personnel
Personnel costs are $48,635k; $638k worse than budget ($47,997k).

- Medical Personnel costs are $84k better than budget. This is a combination of Senior Medical Officers (including General Practitioners) being $346k better than budget and Resident Medical Officers being $257k 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 $257k more than budget. This is partially due to unbudgeted allowances for extra duties across RMO services and greater FTE than was budgeted.
  - Recruitment costs are up on budget for medical personnel, this is due to a concerted effort in recruiting of senior medical officers which has resulted in a number of permanent appointments which will have future financial as well a patient care benefits.

- Nursing Personnel costs are $1,039k 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. Also included in the variance is a lump sum payment for PSA members as part of their MECA settlement.
- Allied Health Personnel costs are $407k better than budget.
  - This is due to a number of vacancies across the service. Costs in May 2012 were higher than previous mounths due to PSA members receiving a lump sum payment as part of their MECA settlement.

Outsourced Services
Outsourced services costs are $11,690k; $1,967k more than budget ($9,723k).
- Outsourced Medical Costs (included in locums) are $7,377k, $1,696k 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 $3,626k, $558k more than budget.
  - This is largely due to greater volumes than budgeted for being sent to external providers for ophthalmology and orthopaedic procedures. These volumes are taken into account in achieving the additional elective volumes targets which attract revenue.
  - Laboratory services are $196k more than budget (partly offset by additional internal funding) and radiology services are $88k more than budget to date.

Clinical Supplies
Overall treatment related costs are $524k more than budget. Costs for the month of May 2012 were on budget.
- Implant and prostheses are $845k, an unfavourable variance of $312k. 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.
- Clinical supplies and consumables are $64k over budget. Blood products are $57k more than budget to date.

- Pharmaceuticals are $1,826k, an unfavourable variance of $175k which largely relates to oncology treatments, theatre pharmaceuticals and staff vaccinations for pertussis.
- Patient transport is $131k under budget and this is the result of an XCEL8 project that implemented changes to the way in which we transport patients.

Infrastructure and non Clinical Cost
Overall infrastructure and non clinical cost are $10,461, $389k over budget. Within this variance are the following specific variances:

- Facility costs are $2,390k, $217k over budget. Utility costs are $61k more than budget; these costs will continue to be over budget as prices have increased since the budget was set. Maintenance and repairs are $99k more than budget and due to necessary maintenance.
- Professional fees and expenses are $161k more than budget to date. The cost of insurance premiums (excluding motor vehicle) is $97k more than budgeted, consultants are $47k more than budget (work on projects such as Integrated family health services in Greymouth and Buller).

Interest, Depreciation & Capital Charge

- Capital charge expense is $438k better than budget. A credit of $259k relating to the previous financial year was received in December 2011.

RECOMMENDATION

That the Hospital Advisory Committee receives the Financial Report for the period ending 31 May 2012.

Author: Chief Financial Manager - 12 July 2012

Appendices

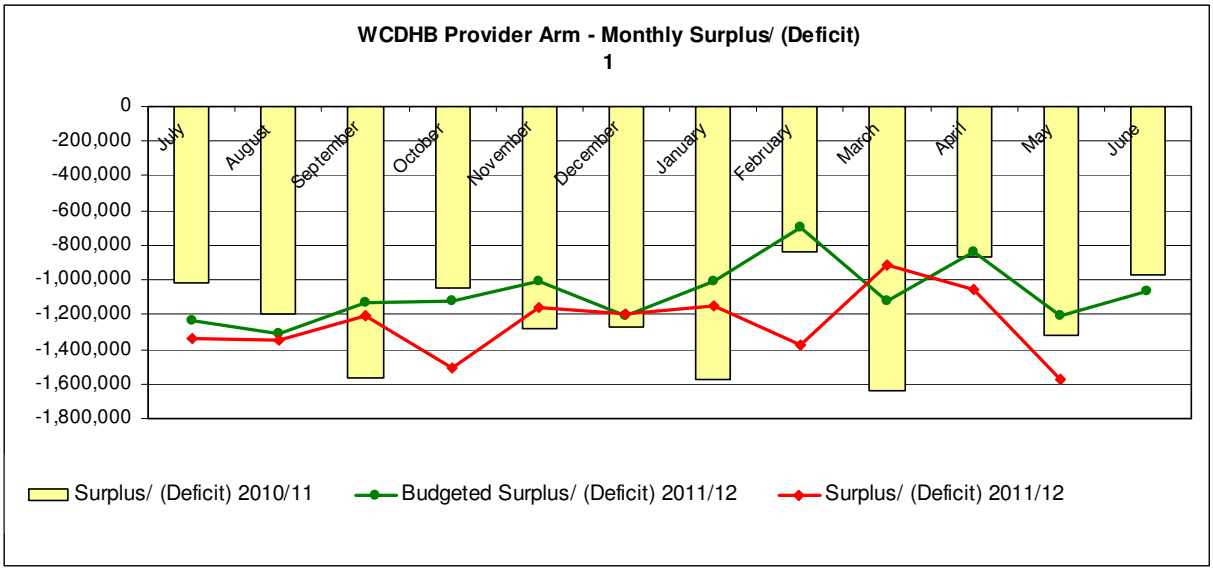
Appendix 1: Provider Operating Statement – 31 May 2012
Appendix 2: Provider Arm Performance Graphs
Appendix 3: Capex Expenditure – May 2012

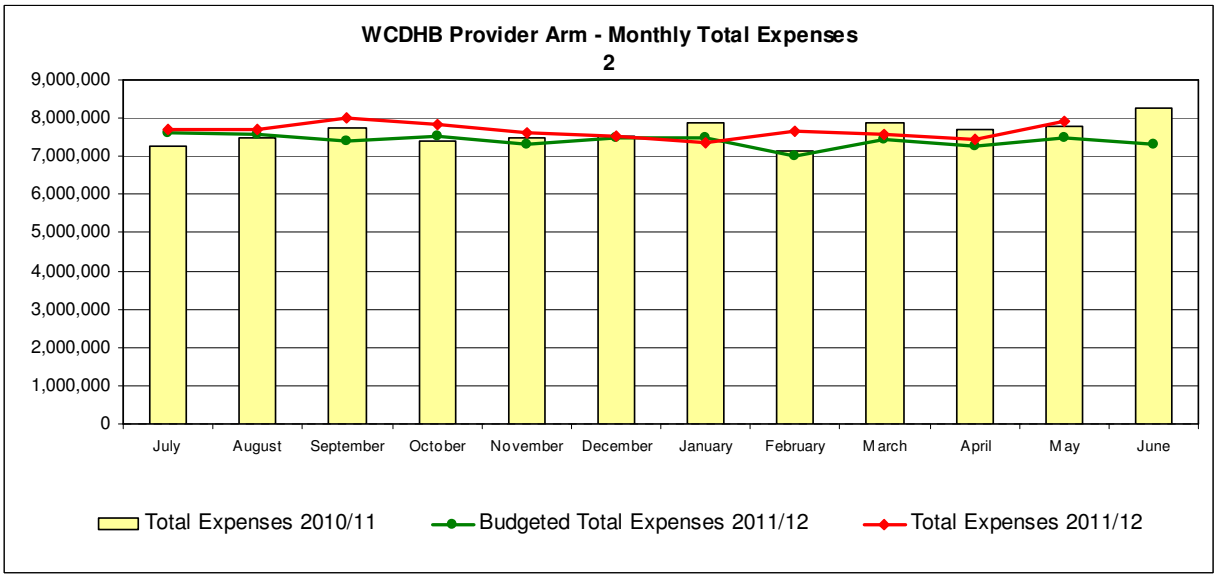
West Coast District Health Board

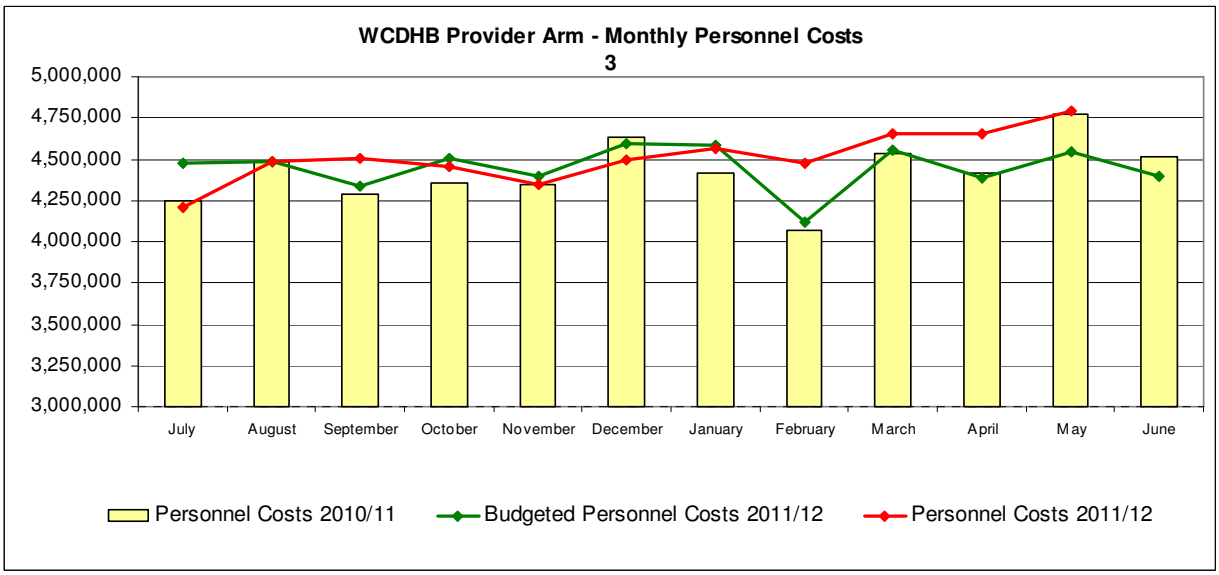
Provider Operating Statement for period ending 31 May 2012

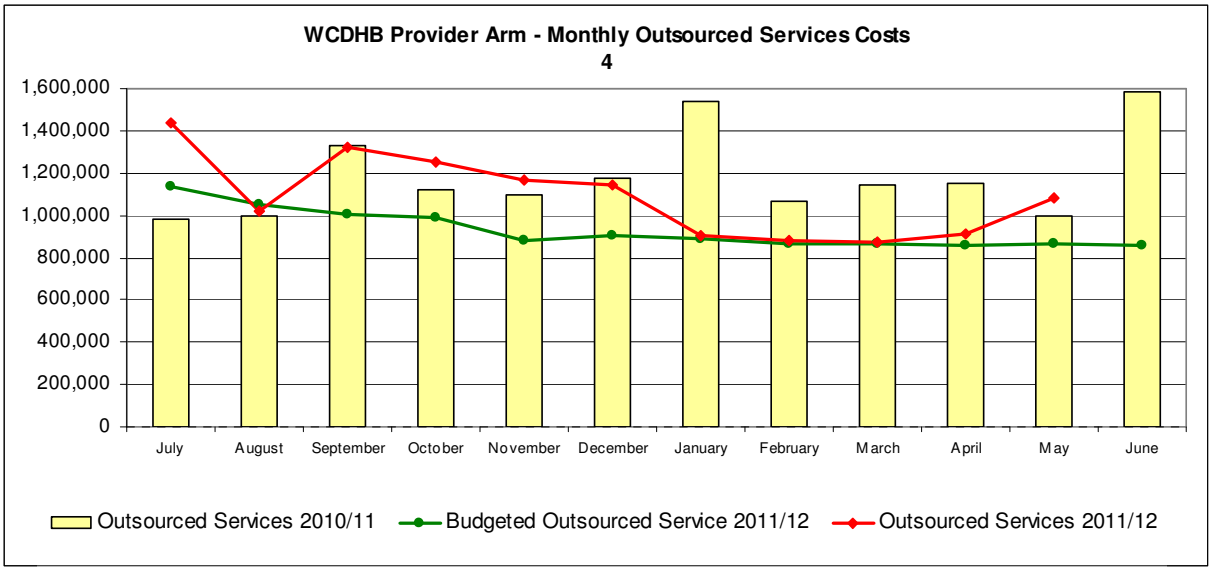
in thousands of New Zealand dollars

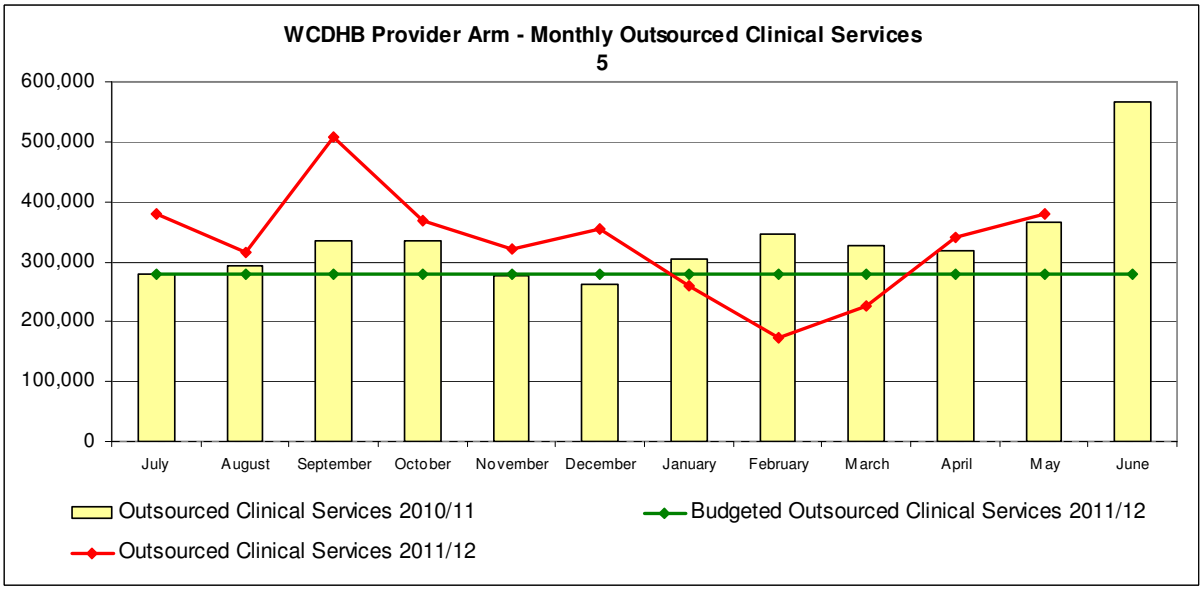
	Monthly Reporting					Year to Date					Full Year 2011/12	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2010/11
Income												
Internal revenue-Funder to Provider	5,176	5,205	(29)	(0.6%)	5,351	57,589	57,253	336	0.6%	57,060	62,459	63,504
Ministry of Health side contracts	95	144	(49)	(34.0%)	220	1,544	1,583	(39)	(2.5%)	1,711	1,727	1,835
Other Goverment	568	464	104	22.4%	461	5,916	5,558	358	6.4%	5,755	6,010	6,183
InterProvider Revenue (Other DHBs)	3	11	(8)	(71.7%)	7	52	117	(65)	(55.4%)	111	127	110
Patient and consumer sourced	301	240	61	25.4%	252	2,827	2,722	105	3.9%	2,583	2,965	2,828
Other income	99	103	(4)	(4.3%)	88	1,461	1,390	71	5.1%	1,315	1,488	1,461
Total income	**6,242**	**6,167**	**75**	1.2%	**6,379**	**69,389**	**68,623**	**766**	1.1%	**68,535**	**74,776**	**75,921**
Expenditure												
Employee benefit costs												
Medical Personnel	960	931	(29)	(3.1%)	854	9,838	9,922	84	0.8%	9,713	10,823	10,512
Nursing Personnel	2,133	1,992	(141)	(7.1%)	2,344	22,518	21,479	(1,039)	(4.8%)	21,887	23,405	23,784
Allied Health Personnel	858	801	(57)	(7.2%)	752	8,244	8,651	407	4.7%	8,078	9,426	8,768
Support Personnel	185	170	(15)	(9.1%)	186	1,994	1,832	(162)	(8.9%)	1,925	1,996	2,086
Management/Administration Personnel	539	564	25	4.4%	545	6,041	6,113	72	1.2%	5,961	6,655	6,494
	4,675	**4,458**	**(217)**	**(4.9%)**	**4,681**	**48,635**	**47,997**	**(638)**	**(1.3%)**	**47,564**	**52,304**	**51,644**
Outsourced Services												
Contracted Locum Services	625	459	(166)	(36.2%)	546	7,564	5,832	(1,732)	(29.7%)	8,153	6,283	9296
Outsourced Clinical Services	379	279	(100)	(35.8%)	365	3,626	3,069	(557)	(18.1%)	3,440	3,348	4005
Outsourced Services - non clinical	54	75	21	27.7%	46	500	822	322	39.2%	523	898	724
	1,058	**813**	**(245)**	**(30.2%)**	**957**	**11,690**	**9,723**	**(1,967)**	**(20.2%)**	**12,116**	**10,528**	**14,025**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	99	113	14	12.2%	112	1,295	1,231	(64)	(5.2%)	1,258	1,343	1,337
Instruments & Equipment	174	147	(27)	(18.4%)	181	1,727	1,609	(118)	(7.3%)	1,734	1,754	1,896
Patient Appliances	44	30	(14)	(46.7%)	35	318	340	22	6.5%	329	370	367
Implants and Prostheses	60	49	(12)	(23.7%)	111	845	534	(312)	(58.4%)	883	583	1,007
Pharmaceuticals	209	162	(47)	(29.0%)	158	1,826	1,651	(175)	(10.6%)	1,692	1,800	1,895
Other Clinical & Client Costs	49	129	80	62.0%	82	1,176	1,299	123	9.5%	1,105	1,442	1,204
	635	**629**	**(6)**	**(0.9%)**	**679**	**7,187**	**6,663**	**(524)**	**(7.9%)**	**7,001**	**7,292**	**7,706**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	306	298	(8)	(2.7%)	308	3,385	3,280	(105)	(3.2%)	3,333	3,575	3586
Facilities	212	202	(10)	(4.7%)	231	2,390	2,173	(217)	(10.0%)	2,353	2,375	2666
Transport	69	70	1	1.1%	(2)	944	828	(116)	(14.0%)	947	898	1036
IT Systems & Telecommunications	95	120	25	20.6%	120	1,254	1,316	62	4.7%	1,171	1,435	1321
Professional Fees & Expenses	47	22	(25)	(114.6%)	15	402	241	(161)	(66.9%)	252	263	285
Other Operating Expenses	93	95	1	1.6%	86	876	1,021	145	14.2%	839	1,129	935
Internal allocation to Governanance Arm	110	110	0	0.2%	82	1,210	1,213	3	0.2%	902	1,323	984
	932	**916**	**(16)**	**(1.7%)**	**840**	**10,461**	**10,072**	**(389)**	**(3.9%)**	**9,797**	**10,998**	**10,813**
Total Operating Expenditure	**7,300**	**6,816**	**(484)**	**(7.1%)**	**7,157**	**77,973**	**74,455**	**(3,518)**	**(4.7%)**	**76,478**	**81,122**	**84,188**
Deficit before Interest, Depn & Cap Charge	**(1,058)**	**(649)**	**409**	**(63.0%)**	**(778)**	**(8,584)**	**(5,832)**	**2,752**	**(47.2%)**	**(7,943)**	**(6,347)**	**(8,267)**
Interest, Depreciation & Capital Charge												
Interest Expense	62	61	(1)	(1.3%)	63	672	673	1	0.2%	710	735	775
Depreciation	399	400	1	0.2%	381	4,356	4,399	43	1.0%	4,269	4,797	4578
Capital Charge Expenditure	62	90	28	31.1%	90	552	990	438	44.2%	652	1,080	690
Total Interest, Depreciation & Capital Charge	**523**	**551**	**28**	**5.0%**	**534**	**5,580**	**6,062**	**482**	**7.9%**	**5,631**	**6,612**	**6,043**
Net deficit	**(1,581)**	**(1,200)**	**381**	**(31.8%)**	**(1,312)**	**(14,164)**	**(11,894)**	**2,270**	**(19.1%)**	**(13,574)**	**(12,959)**	**(14,310)**

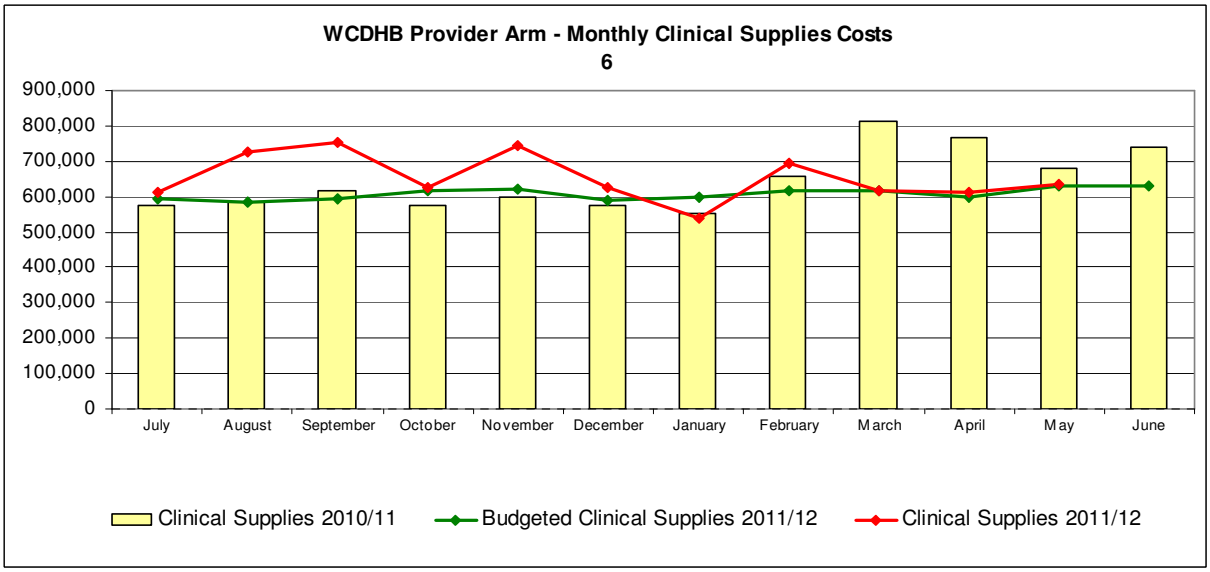

WCDHB Provider Arm - Monthly Surplus/ (Deficit)
1
0
-200,000
-400,000
-600,000
-800,000
-1,000,000
-1,200,000
-1,400,000
-1,600,000
-1,800,000
July
August
September
October
November
December
January
February
March
April
May
June
Surplus/ (Deficit) 2010/11
Budgeted Surplus/ (Deficit) 2011/12
Surplus/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

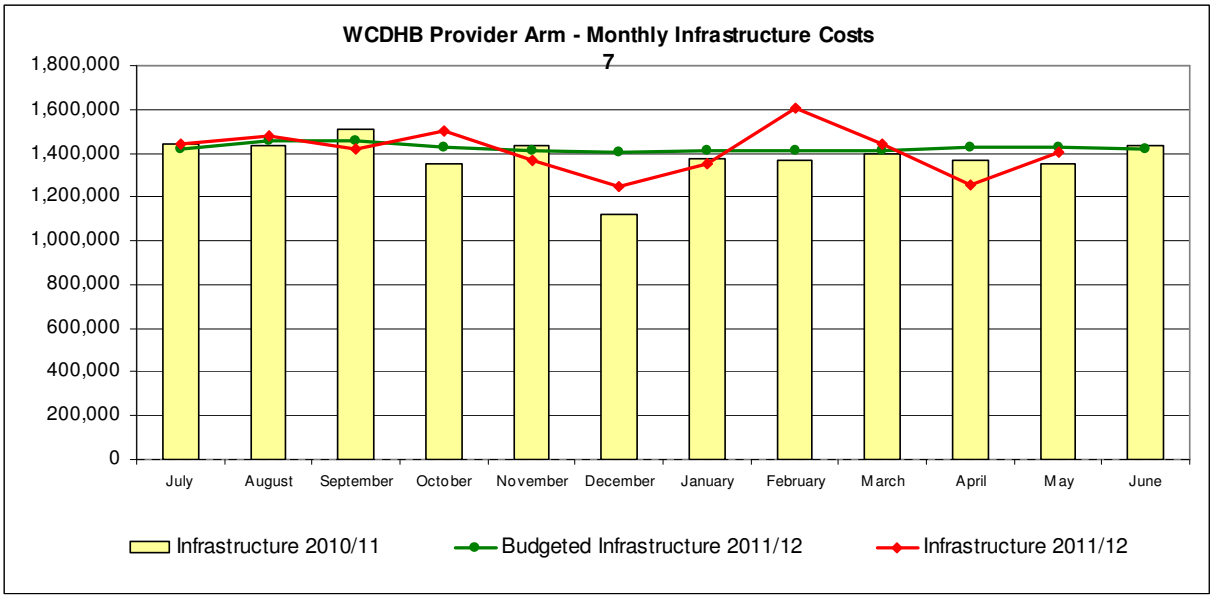

WCDHB Provider Arm - Monthly Total Expenses
2
9,000,000
8,000,000
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
0
July
August
September
October
November
December
January
February
March
April
May
June
Total Expenses 2010/11
Budgeted Total Expenses 2011/12
Total Expenses 2011/12

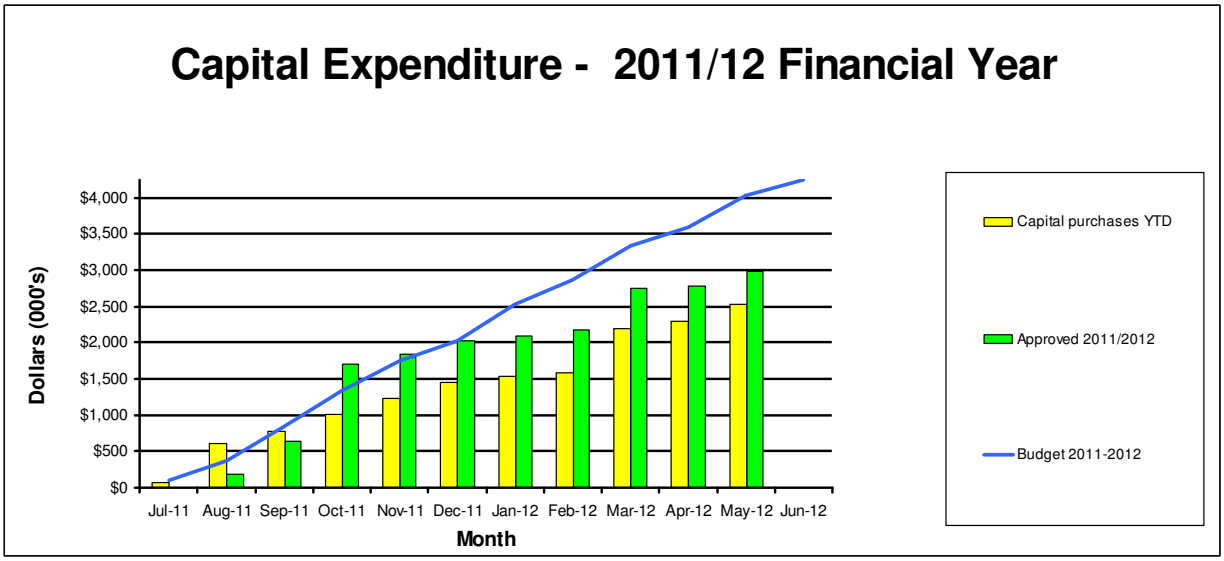

WCDHB Provider Arm - Monthly Personnel Costs
3
5,000,000
4,750,000
4,500,000
4,250,000
4,000,000
3,750,000
3,500,000
3,250,000
3,000,000
July
August
September
October
November
December
January
February
March
April
May
June
Personnel Costs 2010/11
Budgeted Personnel Costs 2011/12
Personnel Costs 2011/12


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



CAPEX $20 K+ for May 2012				Special Funding
CAPITAL	**REQUEST FOR**	**DATE APPROVED**	**APPROVED**	
11091	Sterrad - Johnson & Johnson	08/05/2012	62,686.00	
11095	ePharmacy License	28/05/2012	26,148.00	
11097	Citrix Xen App 6.5	28/05/2012	72,498.00	
			161,332	

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

DHB Name: West Coast

	2011 Jun			2011 Jul			2011 Aug			2011 Sep			2011 Oct			2011 Nov			2011 Dec			2012 Jan			2012 Feb			2012 Mar			2012 Apr			2012 May			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	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	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	18 of 18	100%	0	17 of 18	94%	1	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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	60	1.1%	0	29	0.5%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	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	6	0.0%	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.	29	1.6%	0	29	1.5%	0	24	1.2%	0	32	1.6%	0	27	1.3%	0	30	1.5%	0	34	1.6%	0	35	1.7%	0	35	1.7%	0	42	2.2%	0	36	1.9%	0	20	1.1%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	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	0	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	35	1.9%	0	31	1.7%	0	30	1.6%	0	34	1.7%	0	31	1.5%	0	27	1.3%	0	24	1.2%	0	27	1.3%	0	25	1.2%	0	34	1.8%	0	30	1.6%	0	15	0.8%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	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%	158	100%	0%	167	100%	0%	> 90%

This 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 assess surgical specialties where patients are prioritised using nationally recognised tools.
Medical 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 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: 23/Jun/2012

Report Run Date: 25/Jun/2012

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 May 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. June monitoring will show full compliance.

A significant amount of work has been undertaken in terms of contacting long waiting patients and serial non-attenders, with them either declining any appointments or being referred back to their referrer for review. The CDHB GP Liaison (Orthopaedics) undertook a review of a large number of longstanding referrals, reviewing the appropriateness and quality of the referrals, as well as providing advice re management to GPs and having direct contact with some patients by phone to understand whether they still needed appointments. Many of the referrals were made in an acute phase and were no longer needed, or other pathways such as physiotherapy or review were put in place. We hope to continue this review process, particularly in orthopaedics.

OUTPATIENT DEPARTMENT CANCELLATIONS

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

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

DATE: **12 July 2012**

BACKGROUND

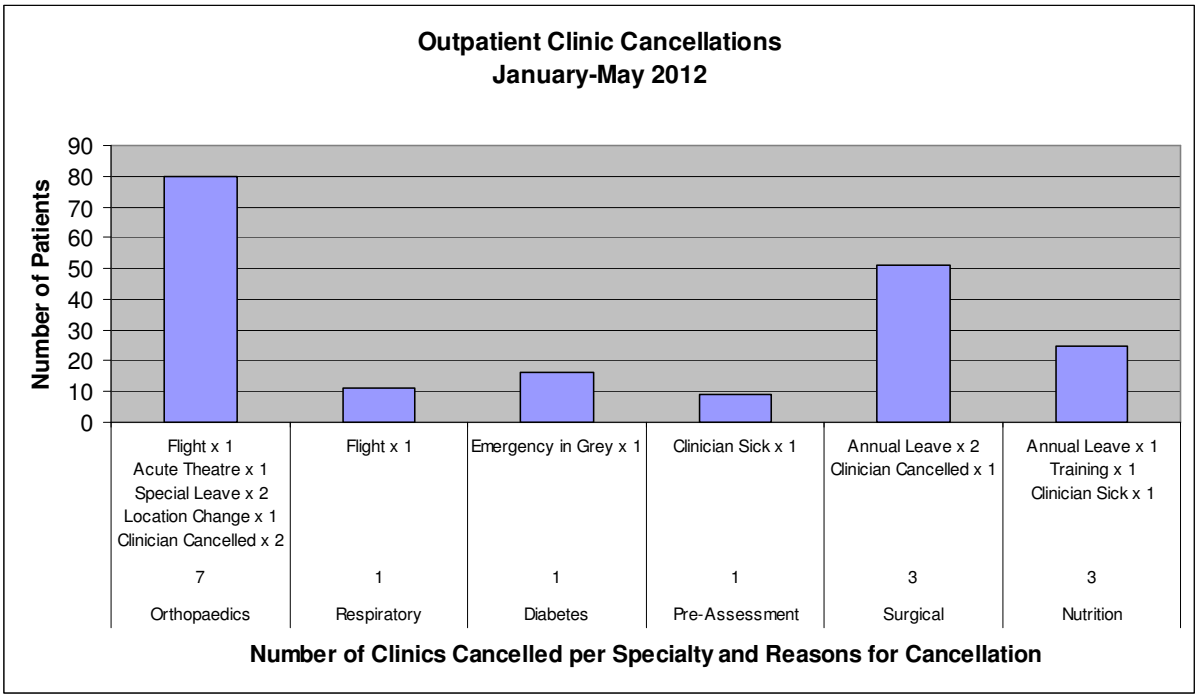
Management will produce reports to provide information on outpatient appointments and provide reasons for cancellations. Exception reporting is generated if five or more patients are recorded as cancelled in the patient management system.

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
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%
May 2012	2290	2047	215	9.39%	28	1.22%
13 month rolling totals	**27285**	**24226**	**2389**	**8.76% Average**	**670**	**2.46% Average**

2012 OUTPATIENT CLINIC CANCELLATIONS



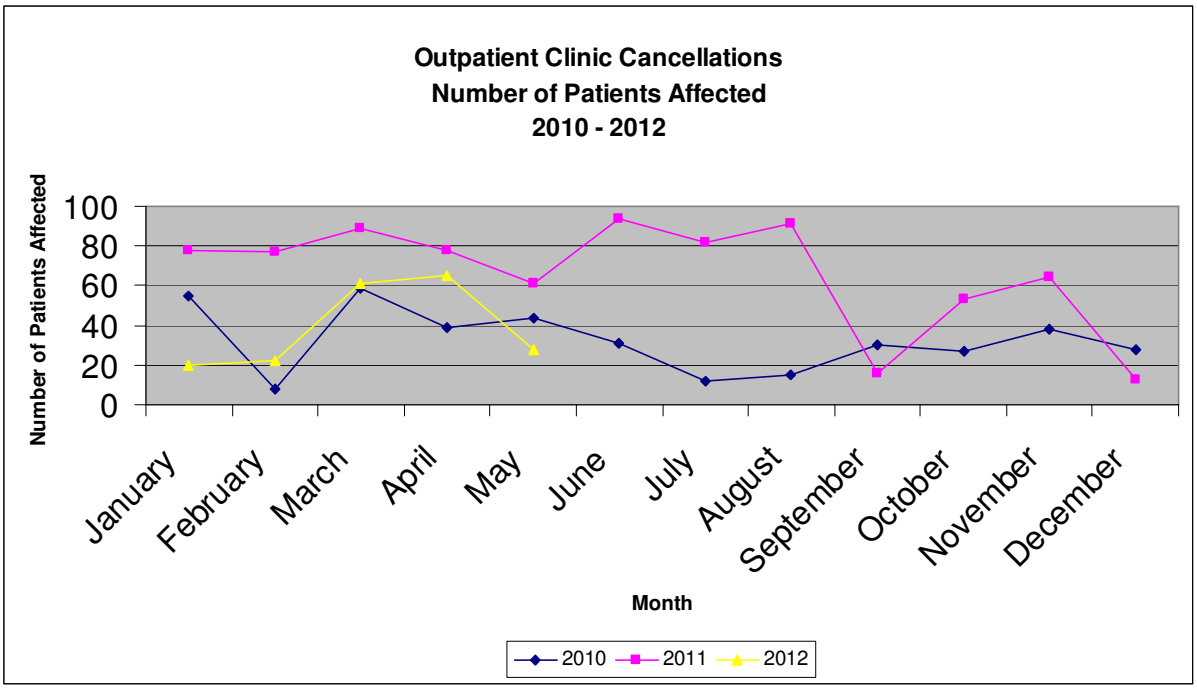
GRAPHS

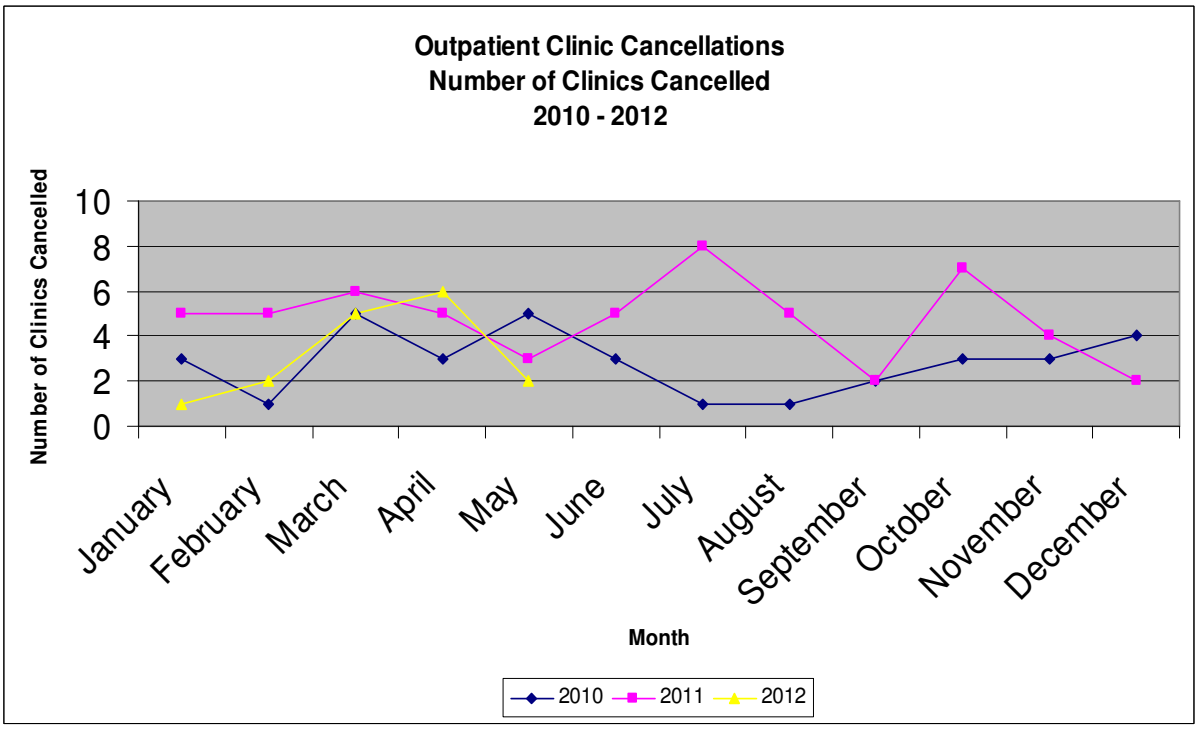
The graphs on the following pages provide an overview of current data against previous years' data to capture the movement of the number of clinics cancelled and the number of patients affected by these cancellations.

RECOMMENDATION

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

Author: **Personal Assistant to the General Manager Hospital Services – 12 July 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: **12 July 2012**

CLINICAL GOVERNANCE AND LEADERSHIP

Ongoing work to develop the model of care for sustainable health services for the West Coast continues. This is feeding in to the draft indicative business case for Grey Hospital redesign and a Grey Integrated Family Health Service.
Leadership in quality and clinical governance continues, including the West Coast Health System Clinical Board, the West Coast Primary Health Organisation, the Better Sooner More Convenient Alliance Leadership Team, the Hospital Continuous Quality Improvement Team, and the South Island Regional Training Hub

NURSING AND MIDWIFERY

Greymouth hosted the 34th New Zealand Nurses Organisation National Enrolled Nurse Section Annual Conference and Annual General Meeting on 23 - 25 May 2012.
Feedback received was very positive with heartfelt congratulations to Bernie Morgan and John Morel for organising a high quality event. Presentation content included clinical topics such as strokes, blast burns and diabetes, all delivered by local clinicians. Strategic enrolled nursing issues were presented and discussed including potential future roles for enrolled nurses in the developing model of care on the West Coast, with best utilisation of their new scope of practice. A total of 37 West Coast enrolled nurses have transitioned and will not only be more versatile within the system but will also contribute to the future development of this valuable group within the nursing workforce, growing the new generation of nurses completing the Diploma of Enrolled Nursing.
A review of the prioritisation strategy and approval process for nursing and midwifery education spending will commence over the next month. Education planning is tied to individual, clinical area, service and then organisational requirements. We need to ensure that appropriate education spend occurs to get the best value from the budget available. The project will be West Coast wide and be linked to the overarching education plan and workforce plan. A firm and transparent process will be put in place to support decision making for nurses, midwives, line managers and service managers when considering and approving training options.

MEDICAL

Ongoing efforts continue to recruit general practitioners and senior hospital doctors, in collaboration with the Canterbury DHB Recruitment team. Permanent appointments within the hospital show the fruit of this work.
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.
Ongoing meetings with health professionals about the future model of care for West Coast health services continue, both locally and with Canterbury health professionals.

ALLIED HEALTH, TECHNICAL & SCIENTIFIC

We had several staff attend the national Allied Health Technical and Scientific Conference in Christchurch where the key themes of resilience; transition; transformation and innovation were of great interest. Key note speakers shared thinking about the Telehealth service working between Canterbury and the West Coast as well as workforce innovation and how clinical information systems can support new models of care.
Social Work services continue to have had significant vacancies and external support has been provided by Canterbury. There is a short term contract in place for leadership locally and a new recruitment plan in development. There are also vacancies in Physiotherapy but we have had a high level of interest in the roles which is a new result for the discipline.
The Allied Health model of care document is referenced as part of the three workstreams looking at new care delivery across the Coast – Buller; Grey and Health of Older People. There have been first level discussions with the hospital and community pharmacists on how they can work differently to support these new models of care.
Work continues on the collaboration with Canterbury – particularly in the area of Telehealth with the concept of Rurally Focused Urban Specialist (RUFUS) being explored for allied health. Work continues on the Allied Health leadership framework implementation.
There are several staff members from technical and scientific professions on the current xcerl8 programme.

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) – 12 July 2012**

PATIENT TRANSFERS

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

FROM: **Credentialling & Clinical Audit Facilitator**

DATE: **12 July 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
April – May 2012

Reasons for Patient Transfers	April	May
Service not available at Grey Base	-	1
Service not available at Grey Base – at time	-	-
Severity of illness	3	3
Special Procedure (not done at Grey Base)	4	5
Specialist Care Not available (at Grey Base)	5	10
Specialist Care Not available (at Buller)	1	3
Service Not available (at Buller)	-	1
Specialist Care Required Urgently	2	3
Other Staffing Issue	-	-
Post Operative Complication	3	1
Other reason for transfer	-	1
Total No. Transfers for month:	**18**	**28**

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
April 2012 – May 2012

Reasons for Patient Transfers	April	May
Service not available at Buller	6	8
Specialist care not available at Buller	7	5
Specialist care required urgently	2	3
Other staffing issue	-	-
Post Operative complication	-	-
Other reason for transfer	1	-
Severity of illness	-	-
Total No. Transfers for the month:	**16**	**16**

Patient Transfers from Reefton to Grey Base Hospital
April 2012 – May 2012

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

RECOMMENDATIONS

The committee notes the above information.

Author: **Credentialling & Clinical Audit Facilitator – 12 July 2012**

ITEMS TO BE REPORTED BACK TO BOARD