West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

11th October 2012

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

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AGENDA

WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 11 October 2012 commencing at 11.00am

ADMINISTRATION		**11.00am**
	Karakia	
	Welcome and Apologies	
	Disclosure of Committee members' interests	
1	**Confirmation of the Minutes of the Previous Meeting**	
	• 23 August 2012	
	Feedback from report to the Board	
2	**Matters Arising / Action and Responsibility**	
3	**Correspondence**	
4	**Work Plan**	
REPORTS/PRESENTATIONS		
5	Management Report	**11.10am**
6	Financial Report	12.00pm
7	Clinical Leaders Report	12.20pm
8	Items to be reported back to Board	12.50pm
	IN-COMMITTEE	
	Minutes from the Hospital Advisory Committee meeting	
	• 23 August 2012	
	Finish Time	**1.00pm**
	NEXT MEETING	
	• 22 November 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

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

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	10.15 AM	St Johns Waterwalk Rd Greymouth
Wednesday 10 October 2012	TATAU POUNAMU	10 AM	Te Runanga O Makaawhio Hokitika
Thursday 11 October 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 19 October 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 22 November 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	QFARC	1.30 PM	Boardroom, Corporate Office
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

DISCLOSURE OF INTEREST

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

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
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

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

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 23 AUGUST 2012 AT 11.05AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

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

PRESENT	Warren Gilbertson, Chair Sharon Pugh, Deputy Chair Paula Cutbush Doug Truman Richard Wallace
IN ATTENDANCE	Peter Ballantyne, Board Deputy Chair Colin Weeks, Chief Financial Manager Garth Bateup, General Manager Hospital Services Karyn Kelly, Director of Nursing and Midwifery Hecta Williams; General Manager David Meates, Chief Executive Officer Carol Atmore; Chief Medical Officer Bryan Jamieson; Communications Officer Elinor Stratford Kay Jenkins Rebecca Enright, Minute Secretary
APOLOGIES	Gail Howard, Paul McCormack

WELCOME, APOLOGIES AND AGENDA

The Chair welcomed everyone to the meeting.

Karakia – Richard Wallace

Apologies were accepted from Gail Howard and Paul McCormack.

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

DISCLOSURES OF INTERESTS

Barbara Holland is to be removed from the Disclosures of Interest schedule.

Interviews have been held for new members of the Hospital Advisory Committee. The Chair will put forward a name to the Board for ratification at its next meeting (7th September 2012).

1. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 24 May 2012

The minutes to be taken as read.

Page one: There is only one r in Sharon's name not two as recorded.

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

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 12 July 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 Hospital Advisory Committee noted the change in the style of the report. This has happened across all of the West Coast Advisory Committees in keeping with the format at Canterbury DHB.

2. MATTERS ARISING

Item 1: A classification of complaints graph is requested to be provided specifically for hospital services.
The Quality Coordinator is working on this.

Item 2: The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services.
This is a standing item. Details are noted in the Management report.

Item 3: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge.
This is work in progress.
The South Island is seeking to establish standardisation with St Johns. A lot of work has been done between Canterbury District Health Board, West Coast District Health Board and St Johns. No complaints have recently been lodged regarding the lack of return transportation available. The committee suggested preparing communication to go out to the community so they are aware of the situation. The communications officer noted that there will be a media release update.
West Coast Shuttles are providing a door to door drop off service between the Canterbury hospitals and Greymouth. A transportation company from Reefton have also volunteered to offer their services.

Kay Jenkins and Carol Atmore entered the room at 11.17am

Discussions are still underway between St Johns Buller and the West Coast DHB. Buller does not have the volunteer base to resource a permanent vehicle.

Item 4: Recruitment / Vacancy reporting to Advisory Committees to be discussed with the Chief Executive.
Information on recruitment and vacancies is included in the Management Report.

Item 5: A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt
Information on recruitment and vacancies is included in the Management Report

Item 6: Update dates in the work plan
The Chair requested members of the committee read the annual plan, take notes, and provide comments and feedback around the work plan. This will then be presented to the Board.

The Chair is to meet with the Chairs of other Advisory Committees to put together a work plan for the Hospital Advisory Committee, ensuring there is no duplication of other committees work.

David Meates entered room at 11.23am

Item 7: Provide regular 3 month monitoring report on any trends which are emerging from exit interviews.
Information on exit interviews is included in the Management Report.

Item 8: Find out whether patients are notified about reasons behind short term clinic cancellations, and if they can be informed about the date for their next appointment when the clinic is cancelled.
This is a standing item.
Patients are notified where possible. This is not always possible as some clinics are with visiting clinicians and at the time it is not always known when the clinician will be returning.

3. CORRESPONDENCE

There was no correspondence inwards or outwards for July 2012.

4. 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.

5. MANAGEMENT REPORT

It is to be noted that the Management report is in the new format.

- **Medical Personnel - Locums**
  Locums are still being utilised in certain specialities, with the intention to be phased out by the end of the year with the recruitment of permanent staff and the collaboration with Canterbury DHB.

- **Medical Staff Recruitment**
  The new recruitment process is working well. Canterbury DHB are providing good support and the West Coast DHB is receiving good service from them as the recruitment team are very proactive. All candidates stay in the database.
  One of the two Obstetric Gynaecologist applicants has declined the position of offer this morning.

  Anaesthetics
  Two applicants have been selected. One has been interviewed and will be offered a position; the other applicant is still to be interviewed.

  General practice
  A Part Time General Practitioner has accepted a position in Buller; this has relieved some of the pressure. Westport is undergoing a changing model of care which emphasises more the role nurses will have in the future.

  There are still ongoing issues with recruiting permanent practitioners. There are vacancies in every practice across the West Coast. There is limited interest in

advertised positions, and there is still a heavy reliance on locums to fill the immediate gaps.

It was noted the Westport Medical team does a very good job. They are well organised and do very well in the difficult circumstances.
Currently there is a short supply of locums available to fill General practitioner rolls. This is seasonal and it generally happens the same time every year.

The shortages of General Practitioners are impacting on our Accident and Emergency with numbers still climbing. When public health care is working well the Accident and Emergency numbers drop.

Physiotherapy
A 0.5 FTE Physiotherapy position has been filled in Buller; this position had been vacant for a while. The West Coast DHB is working with community to identify the Physiotherapy workload and to identify what level of service is required and what options are available.

- **Health Targets**

  Better Help for Smokers to Quit
  It is disappointing to note that after having a good month the figures have dropped. There seems to be a trend emerging that once we have a good month, it is followed by a bad month. The figures are captured by ward or unit The figures vary over the wards and there is not one ward performing less than the others.

- **Elective Services Patient Flow Indicators (ESPIs)**

  The 2012/13 production plan is in place. This year we have caught up and are on track to meet the targets. The committee has asked that the production plan progress report be included in the papers to show how we are tracking. With the new dashboards, clinicians are now becoming more involved in clinical service planning and delivery.

  Action Point: Include Production Planning report in the Meeting papers.
  The Central Booking Unit is changing its systems and processes. One key area being worked on is stronger engagement between the Central Booking unit and clinicians.

Kay Jenkins left the room at 11.52am

- **Health & Safety**

  The highest cause of incidents was from assaults on staff and although the figures look high, it is about one per month. Figures from other DHB's are being looked at to see if we are within the normal range. Measures are in place to ensure staff safety and staff are provided with calming and restraint training. There are protocols and policies to keep both staff and patients safe.

- **Staff engagement survey**

  The staff engagement survey shows a summary of the outcomes provided by Human Resources. There is a strong link between the results from the staff engagement survey and the exit interviews.

  The Executive Management Team are looking at the top two issues "Leadership" and "Performance Management" these will be addressed as the first priority.
  A new performance management system is to be rolled out across the entire West Coast DHB, by the end of the year.

Peter Ballantyne and David Meates left the room at 12.03pm

Action Point: An update is to be provided to the committee on a regular basis.

- **Employee Exit and Turnover Report**
  Exit interview are online and therefore quite anonymous, the questions are multi choice and people are often quite happy to comment.
  This will be a regular standing item and will be reported on every 6 months; the committee is interested on emerging trends and have noted that they should start to see an improvement due to the current changes being made.

  It was noted that the exit interviews are only available for full or part time staff and not available for locum placements, so information of why locums do not take up full time positions are not being captured. It may be necessary to look at an engagement survey to capture this information.

- **Quality Improvement Activities**
  Quality Improvement projects have started, and some projects have been successfully completed.
  The DOSA rate project – The Ministry of Health report shows a DOSA rate of 63%, however our actual rate is near 95%. Investigations show that the Ministry also count medical admissions and work is currently being done around this.

  Carol Atmore left the room at 12.10pm

  The Orthopaedic Transition processes are underway and subject to regular review. More information will be available at the next meeting. The West Coast DHB is working closely with the Canterbury DHB to create a safe and sustainable system.

- **Patient Transfers**
  It was noted that the transport system process developed earlier in the year continues to work well.

- **Outpatient Clinic Cancellations**
  This is a standing agenda item.
  The committee was advised that the figures in the next report will be high as bad weather and the grounding of Air New Zealand planes has caused several clinics to be cancelled. Some clinicians have travelled over by car. Other clinics were held through Telehealth.

  Elinor Stratford entered the room at 12.26pm

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

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

Carried.

6. FINANCE PAPER

The end of month financial result was a deficit of $659k.

Personnel Costs (Permanent Staff)

The monthly Personnel costs are difficult to phase due to the changing staffing model. The July Personnel spend was $19k over budget.
The budget set for this year is higher than last years total spend. This is due to the move away from locums to a more permanent workforce. These costs need to be managed over next 11 months.

Infrastructure Spend

Infrastructure spend was $126k over budget and will continue to increase as deferred maintenance impacts on the older parts of infrastructure. Insurance premiums are $27k over budget. This is common across all DHB's due to the Christchurch earthquake's and other world wide events.

The high costs of Infrastructure and non Clinical costs will continue to track above budget, and the DHB need to find efficiencies to compensate.

The committee noted that the financial graphs are a clear way of showing the financial figures.

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

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

Carried.

7. CLINICAL LEADERS UPDATE

The report was taken as read.
The West Coast DHB will be employing 11 new graduate nurses next year.

Colin Weeks left the room at 12.34pm

It was noted that the intake of 11 new nurses was a positive opportunity but that this also costs money and the nursing budgets need to be carefully monitored to ensure the overspends are managed.

Karyn Kelly left the room at 12.35pm

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.

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 12.37pm.

There were no In Committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12.38pm.

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

Motion:
"That members move out of In Committee".

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

- The committee noted that the changing Models of Care Change will have a Financial risk
- Staff Incident Plan. The committee noted that there are policies and procedures in place for staff safety.
- Finance report

10. GENERAL BUSINESS

The committee members discussed car parking at Grey Base Hospital.

11. NEXT MEETING

The next meeting will be held on Thursday 11 October 2012 in the Boardroom, Corporate Office, Grey Base Hospital.

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Meeting closed 12.43pm

HAC REPORT TO THE BOARD

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

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

SOURCE: **Chair**

DATE: **11 October 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting information from the Chair.

2. RECOMMENDATION

That the Committee
i. notes the Chair's Report.

3. SUMMARY

Observations

- Financial performance - First month result on track. Note that changing model of care and workforce development will assist achievement of longer term financial targets although some short-term cost over-runs may occur.
- Infrastructure – deferred maintenance, seismic reviews and insurance will continue to impact on financial performance – at this point, some costs are difficult to confirm in terms of quantity.
- Staff engagement survey – correlation between staff engagement and exit interviews.

Monitoring

- Staff Incident Data – Relative high number of patient assaults on staff. Benchmarking data with other DHB's required to better understand situation. Security and support processes are in place and continue to be reviewed regularly.
- Production Plan – need to monitor across all specialties (and include targets).
- General practice recruitment – ongoing requirement to continually review recruitment and retention strategies.
- Booking Office process – ongoing monitoring required.

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

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

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	18 August 2011	A classification of complaints graph is requested to be provided specifically for hospital services. Graph provided 30 September 2011 meeting.	Quality Co-ordinator	Being Developed	
2	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	Verbal	
3	24 May 2012	Update the dates in the Work Plan.	Hospital Advisory Committee Chair, Minute Secretary		
4	24 May 2012	Provide a regular three monthly monitoring report on any trends (either positive or negative) which are emerging from exit interviews. The next report is due at the end of December 2012.	General Manager Hospital Services	Six Monthly report summary included	
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE FOR AUGUST 2012

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

OUTWARDS AND INWARDS CORRESPONDENCE

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

HOSPITAL ADVISORY COMMITTEE WORKPLAN

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

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.
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	General Manager	Ongoing	Six weekly		√		Included in operational

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
contract	Hospital Services						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				

MANAGEMENT REPORT

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

SOURCE: **Garth Bateup, General manager Hospital Services**
Hecta Williams, General Manager

DATE: **11 October 2012**

Report Status – For: **Decision** ☐ **Noting** ☑ **Information** ☐

1. ORIGIN OF THE REPORT

This is a standing report highlighting progress on service delivery in the West Coast DHB Provider Arm.

2. RECOMMENDATION

That the Hospital Advisory Committee:
i Notes the report

3. SUMMARY

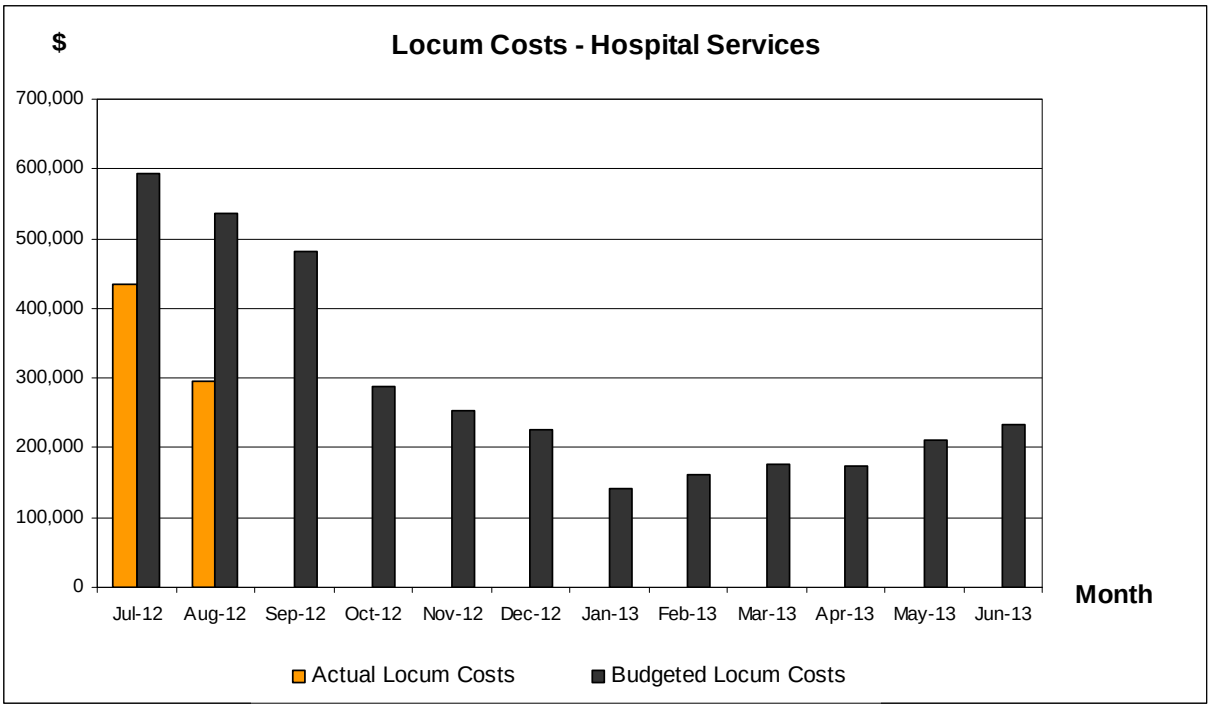
Medical staff recruitment continues with appointments or offers of employment for all vacant Grey Hospital Positions. Production Plan is monitored and action taken where necessary. Orthopaedic service transition continues – some difficulties being addressed.

4. DISCUSSION

4.1 Medical Personnel

Locums (refer to Graphs)

- Both graphs are Hospital Services only
- Hospital Services is in this connection defined as: General Surgery, Orthopaedics, Accident & Emergency, General Medicine, Obstetric & Gynecology, Pediatrics, Anaesthetics and Visiting Clinics.
- The figures only include Senior Medical Officer's personnel and Senior Medical Officer related locum costs
- The Senior Medical Officer locum costs include travel, accommodation, Agency Fees and other locum costs
- July – August 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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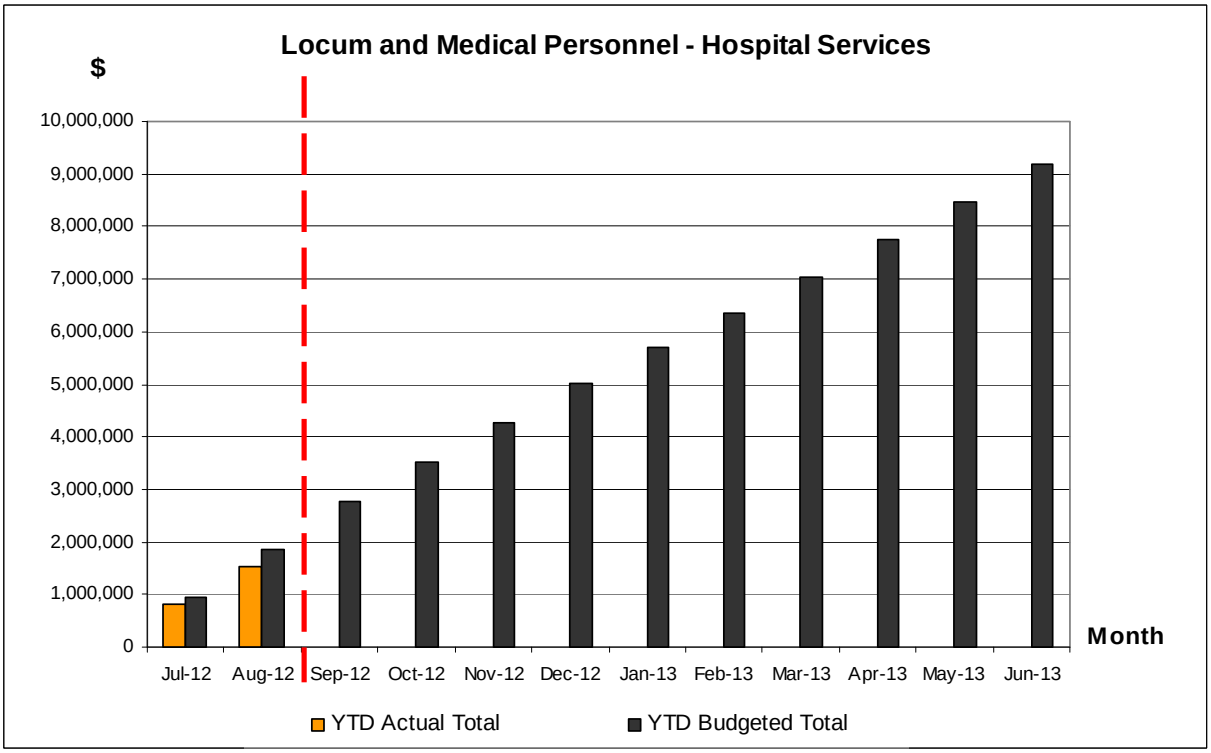
Locum Costs - Hospital Services
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Month
Actual Locum Costs
Budgeted Locum Costs


Locum and Medical Personnel - Hospital Services
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4,000,000
3,000,000
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1,000,000
0
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Month
YTD Actual Total
YTD Budgeted Total

4.2 Recruitment Vacancies

Medical Staff

Vacancy Title	FTE	Division/Practice	Stage	Status
Obstetric Gynaecologist	1	Grey Hospital	Re-advertising	Advertising – some interest
Anaesthetist	2	Grey Hospital	Job Offer x 1 FTE Advertising x 1 FTE	Applicant has accepted job offer – Advertising further position.
Clinical Leader - Buller	1	Buller Health	New	Advertising
General Practitioner	2.2	Buller	Advertising together	Active advertising at present is on WC & CDHB Careers Job Boards, and Seek. GP Campaign creation underway.
General Practitioner	1.7	Greymouth		
General Practitioner	1	Reefton		
General Practitioner	1	GTE		
General Practitioner	1	Hokitika		
General Practitioner	1	South Westland		

Nursing

Vacancy Title	FTE	Division/Practice	Stage	Status
Enrolled Nurse	1	Greymouth	Advertising Closed 15/8	Applicant appointed.
Core Midwives	3.4	Greymouth	Advertising closed 17/8	Applications sent to hiring manager for review. Two appointments made.
Registered Nurses	5	Greymouth	Advertising closed 15/8	Applicant appointed
Nurse Educator	1	Greymouth	Advertising closed 17/8	Applications sent to manager. Reference Checking.
CMH Support Worker	0.25	Hokitika	Advertising	Advertising
Nurse Practitioner	1	Buller	Advertising	Advertising - closes 10 September
Enrolled Nurse	0.75	Greymouth	Advertising	Advertising - closed 29 August.
Rural Nurse Specialist	0.9	Hari Hari	Advertising - Internal only	Advertising - closed 28 August. 2 applications, sent to Hiring Manager.
CNS Oncology	1	Greymouth	Advertising - Internal only	Advertising - closed 28 August. 1 x application, sent to Hiring Manager.
District Nurse	1.5	Buller	Advertising	Advertising - closed 5 September

Enrolled Nurse	1	Grey Medical - Cervical Screening Recall	Advertising	Advertising - closed 7 September
Rural Nurse Specialists	2	Buller	Advertising	Advertising - closed 31 August. 5 applicants.

Allied Health, Scientific & Technical

Vacancy Title	FTE	Division/Practice	Stage	Status
Dental Therapist	1	Greymouth	Re-advertising	Re-advertising. No closing date.
Senior Dietician	1	Greymouth	Under review	Re-advertising closed 24 June. No applications received. Discussing ways in which team may be able to support the West Coast Dietician team.
Social Worker Manager	1	Greymouth	Interviewing	This position was not filled in March and is under review. Appointment pending.
Pharmacy Interns	2	Greymouth	Advertising	Advertising to Bachelor of Pharmacy students - Otago and Auckland. Applications closed 3 September. 8 applications.
Community Support Worker	2	Greymouth	Reference Checking	Interviewed 5 candidates. 2 candidates being reference checked.
Social Worker	1	Greymouth	Advertising	Completed Job brief on 29 August. Advertising currently. Ad closes 19 September
AOD Counsellor / Practitioner	1	Greymouth	Advertising closed	2 applicants. Interviewing week of 26 August.

Corporate Support Services

Vacancy Title	FTE	Division/Practice	Stage	Status
Management Accountant	1	Finance	Short listing	Appointment made
Assistant Financial Accountant	1	Finance	Short listing	Re-advertised
Secretary	1	Buller	ERT Approved	Advertising
Reception/Clerical Support	0.6	Reefton Health	Advertising	Advertising
Outpatients	1	ED	Advertising	Advertising

Progress

Anaesthetics – Second Anaesthetist is due to finish initial supervision with Canterbury DHB and start with West Coast DHB early October. A third has been appointed with start date to be confirmed (tentative start date November 2012). A fourth has been pre-screened and will be brought over for a face to face interview (date to be confirmed).

General Practice - Active advertising continues. A specific General Practitioner campaign has been created and begins early October 2012. Enquiries have resulted in two potential 12 month locums, one for Greymouth and one for Buller.

Obstetric Gynaecology – First Obstetric Gynaecologist has accepted with paperwork still in progress with the Medical Council of New Zealand – will start as soon as possible after paperwork confirmed, will require two weeks initial supervision with Canterbury DHB. Second Obstetric Gynaecologist has declined. Role has been re-advertised with some interest.

General Medicine – Appointee commenced in September.

Hospital Generalist Medical Officer – International advertising commenced in September. Some early interest evident.

Clinical Manager Occupational Therapy - Commences duties full time the week beginning 15 October. We look forward to this bringing a fresh pair of eyes and new processes and practices to the service. Staff are looking forward to having a clinical manager after a number of years without the role. She is a New Zealand trained occupational therapist and has been working overseas in the United Kingdom and Australia for a number of years. She brings a diversity of experience with her.

Clinical Manager Social Work - An interview was undertaken with the support of a Canterbury DHB Professional Leader and an offer has been made. There is verbal indication this will be accepted. Like occupational therapy it would be great to see some clinical management supporting the service after a gap of a number of years.

<u>Buller/Westport</u>
General Practitioner cover in Buller will improve over the next month. We have secured the services of short and medium term General Practitioner through to February 2012. One General Practitioner who resigned recently has delayed his final date until early next year. Dr Paul Cooper finishes on 28th September.

Support from our Trans Alpine partners at Canterbury DHB Human Resources recruitment continues. The team visited Westport recently and met with the Buller Implementation team and team leaders. This has given the Human Resources team an understanding of the team in Westport and the geographic isolation of Buller.

Appointments have been made to the following positions;
- Clinical Nurse Specialist Gerontology Buller– this position will have close links with the wider Complex Clinical Care Network.
- Clinical Nurse Specialist Oncology / Palliative Care.

Interviews have been held for the following positions;
- District Nurse Buller – interviews were completed 27th September for a 0.7 FTE and interviews for NETP 0.8 are being held early October.
- Rural Nurse Specialists – one based in Westport and one based in Ngakawau sharing the workload with the sole RNS in Ngakawau.

Advertising continues for a Nurse Practitioner Primary Care based at Westport.

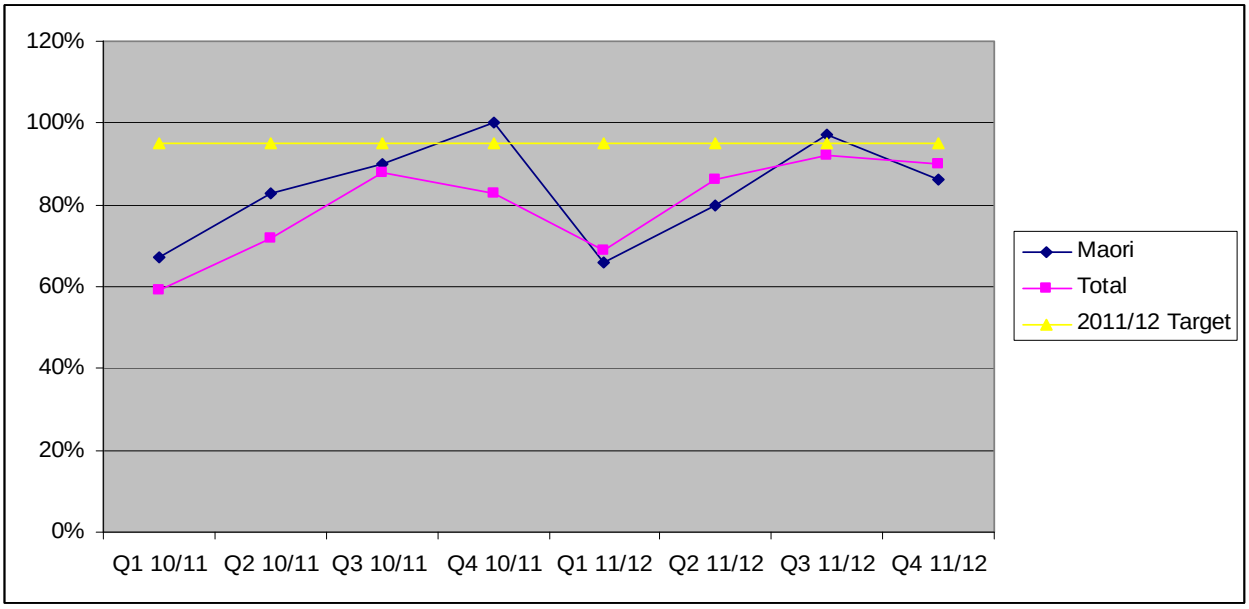
Both the Rural Nurse Specialist and Nurse Practitioner positions include sharing of the after hours roster with the GPs. This is similar to the Reefton Health model.

4.3 District Health Board Specific Targets

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 August – 31 August 2012** Over 6 Hours 7 0.01% Under 6 Hours 1161 0.99% **Total Attendances: 1168** *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 report as of 31 July 2012 shows that there have been 127 actual surgical discharges had been delivered by West Coast DHB, which is just one case below year to date planned target of 128 surgical discharges. This is 8% of the total national health target of 1592 discharges to be delivered by West Coast DHB for the year. These discharges resulted in case weight discharges of 167.8; which was over-delivery at 106.7% of planned year-to-date volume, and is equivalent to 8.3% of the total planned CWD delivery for the financial 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 two patients to date in the 2012/13 financial year to date to 23 September whose treatment was commenced outside the 4-week target time (both in July 2012). Neither were delayed due to capacity constraints, which is the factor that determines performance against the national health target; but rather, one by patient choice and request; and one due to clinical considerations (medical oncology assessment having to be undertaken prior to radiation therapy being started). As such, West Coast DHB performance against the national health target remains at 100% for the year. All other West Coast domiciled patients treated in the priority treatment categories (acute; curative; palliative; and radical) commenced treatment within four weeks of their 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 1 update:** - July – 96% - August – 93%s As reported in August smokefree staff are working alongside hospital senior management to improve the uptake of the Smokefree Mandatory training. Although feedback from staff is the ABC process is simple and straightforward, the training gives the important background of why this is a health target and the role both the individual and the organisation can play in significantly improving the health of the West Coast community by implementing this initiative. During this reporting period a letter from the General Manager of Hospital Services and the General Manager of the West Coast DHB was distributed to clinical staff in the first instance, which have not attended the training and invited them to do so. After a disappointing Q4 2011/12 result of 90% it is encouraging to see an improvement to-date for Q1 2012/13.

Percentage of hospitalised smokers given advice and help to quit

	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12
Maori	67%	83%	90%	100%	66%	80%	97%	86%
Total	59%	72%	88%	83%	69%	86%	92%	90%
2011/12 Target	95%	95%	95%	95%	95%	95%	95%	95%



4.4 Case Weights

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 August 2012 overall case-weighted [CWD] inpatient delivery was -6.19% under contracted volume for surgical specialty services (383.11 actual vs 408.39 contracted) and +15.79% over for medical specialty services (254.63 actual vs 219.90 contracted).

The split between acute and electives was as follows:

Caseweights (CWD)	Contracted YTD	Actual YTD	Variance	% Variation
Surgical				
Acute	182.43	159.73	- 22.69	- 12.44%
Elective	225.97	223.38	- 2.59	- 1.15%
Sub-Total Surgical:	408.39	383.11	- 25.28	- 6.19%
Medical				
Acute	219.63	254.63	+ 35.00	+ 15.94
Elective	0.27	0.00	- 0.27	- 100%
Sub-Total Medical:	219.90	254.63	+ 34.73	+ 15.79%
TOTALS:	628.29	637.74	+ 9.45	+ 1.5%

Under-production sits across all surgical services with the exception of gynaecology and ophthalmology (outsourced). Of particular concern is the major under-producer of orthopaedics at – 31.80 caseweights YTD.

Outpatient Volumes

Attendances	Contracted	Actual	Variance	% Variation
Surgical				
1st Visit	650	710	+ 60	+ 9.23%
Subsequent Visit	1,120	1,078	- 42	- 3.75%
Sub-Total Surgical:	1,770	1,788	+ 18	+ 1.02%
Medical				
1st Visit	265	210	- 55	- 20.75%
Subsequent Visit	614	629	+ 15	+ 2.44%
Sub-Total Medical:	880	839	- 41	- 4.66%
TOTALS:	2,650	2,627	- 23	- 0.12%

Under-production continues particularly in surgical specialty FSAs, with the exception of general surgery and gynaecology.

Under-production continues across medical specialties in FSAs.

4.5 Production Plan

Close monitoring of the production plan continues. Some specialities are slightly behind where visiting specialist is used with irregular visits. (Dental, Skin Lesion, Plastics, Urology). Orthopaedics is behind resultant from implementation of the transalpine service.

4.6 Facilities

Engineering reports on West Coast DHB buildings continue to be received. A small clinician led steering group has been formed to consider and advise on service relocation options so as the Morice/McBrearty/Medical Administration building can be vacated.

4.7 Orthopaedic Service

The transition continues. A review of the first three months will commence during October. There are a number of issues still to be resolved so as the service is working as originally planned.

4.8 Industrial Relations

- RMO negotiations have settled and are in implementation
- We have commenced negotiations with APEX for the IT Workers employment agreement.

MoH Elective Services Online

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

DHB Name: West Coast

	2011 Sep			2011 Oct			2011 Nov			2011 Dec			2012 Jan			2012 Feb			2012 Mar			2012 Apr			2012 May			2012 Jun			2012 Jul			2012 Aug		
	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.
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1	17 of 18	94.4%	1
2. Patients waiting longer than six months for their first specialist assessment (FSA).	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	39	0.6%	0	0	0.0%	0	12	1.1%	-12	26	2.1%	-26
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	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	5	0.8%	0	5	0.8%	0	13	0.7%	-13	14	0.8%	-14
4Patients given a commitment to treatment but not treated within six months.	32	1.6%	0	27	1.3%	0	30	1.5%	0	34	1.6%	0	35	1.7%	0	34	1.7%	0	41	2.1%	0	34	1.8%	0	15	0.8%	0	0	0.0%	0	4	1.0%	-4	11	2.4%	-11
6. Patients in active review who have not received a clinical assessment within the last six months.	9	0.0%	0	8	0.0%	0	0	X	0	0	0.0%	0	0	X	0	0	X	0	0	X	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
8. The proportion of patients treated who were prioritised using nationally accepted processes or tools.	169	100.0%	0	137	100.0%	0	166	100.0%	0	127	100.0%	0	117	100.0%	0	150	100.0%	0	109	100.0%	0	158	100.0%	0	170	100.0%	0	149	100.0%	0	101	100.0%	0	117	100.0%	0

Data Warehouse Refresh Date: 15/Sep/2012

Report Run Date: 16/Sep/2012

Notes:
1. ESPIs that apply from 1 July 2012.
2. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures.
3. ESPIs 3 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools.
4. Medical specialties are currently included in ESPI 1, 2 and 5 results but excluded from other ESPI results.
5. ESPI 1 and 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
6. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.39%, and Red if 0.4% or higher.
7. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
8. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than 0.99%, and Red if 1% or higher.
9. ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than 14.99%, and Red if 15% or higher.

Please contact the Ministry of Health's Electives team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Patient Transfers

Transfers to Tertiary Centre July - August 2012

Reasons for Patient Transfers	July	August
Service not available at Grey Base	2	-
Service not available at Grey Base – at time	1	-
Severity of illness	3	2
Special Procedure (not done at Grey Base)	4	3
Specialist Care Not available (at Grey Base)	13	9
Specialist Care Not available (at Buller)	-	-
Service Not available (at Buller)	-	-
Specialist Care Required Urgently	3	1
Other Staffing Issue	-	-
Post Operative Complication	2	1
Other reason for transfer	-	1
Total No. of Patients Transferred for month	**22**	**14**
Total No. of Categories (reasons*) for month	**28**	**17**

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

Reasons for Patient Transfers	Explanation
Service not available at Grey Base	This service is never offered at Grey Base Hospital e.g. Magnetic Resonance Imaging.
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 not 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 July – August 2012

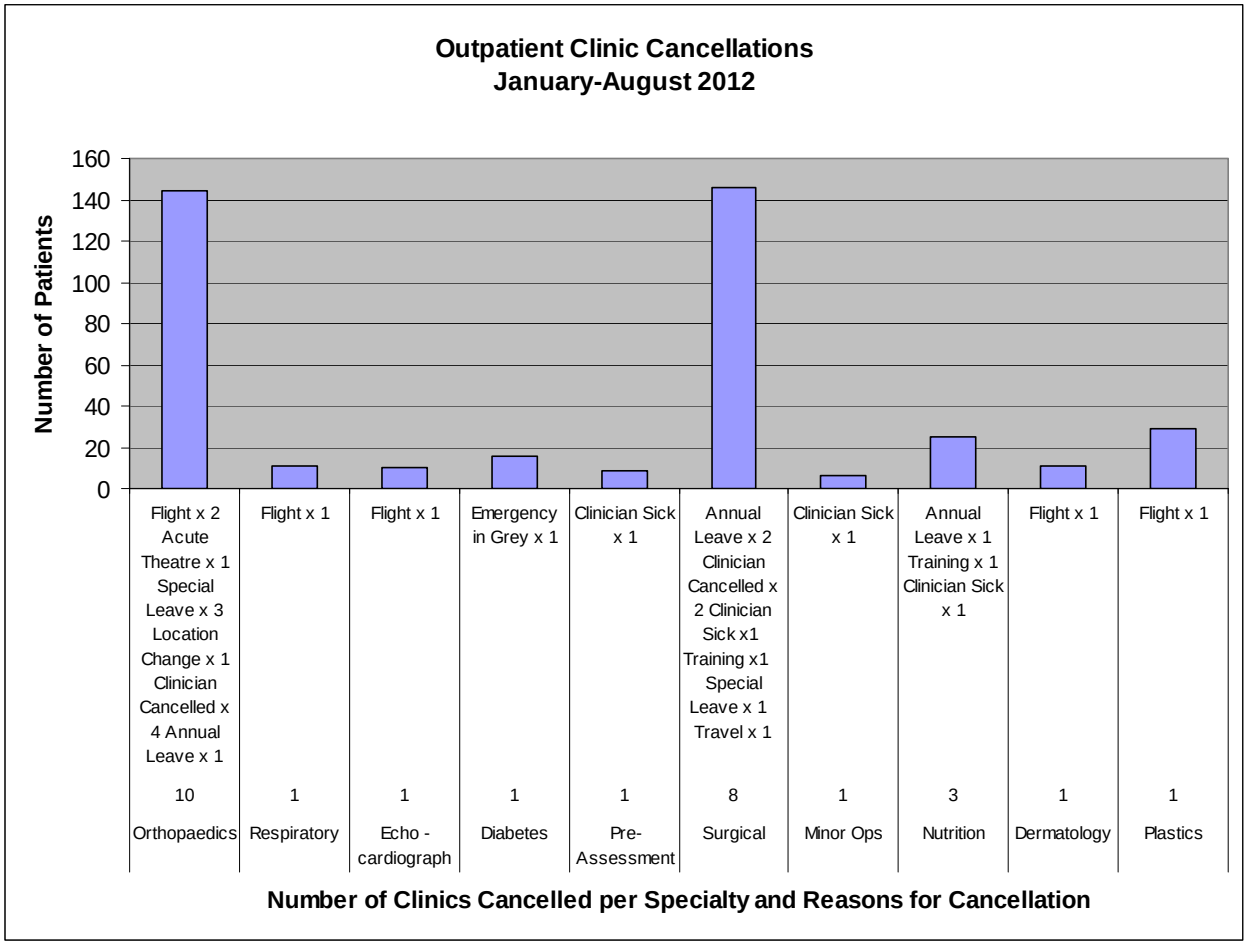
Reasons for Patient Transfers	July	August
Service not available at Buller	8	5
Specialist care not available at Buller	1	5
Specialist care required urgently	1	3
Other staffing issue	-	-
Post Operative complication	-	-
Other reason for transfer	-	-
Severity of illness	-	-
Total No. of Patients Transferred for month	**10**	**12**
Total No. of Categories (reasons*) for month	**10**	**13**

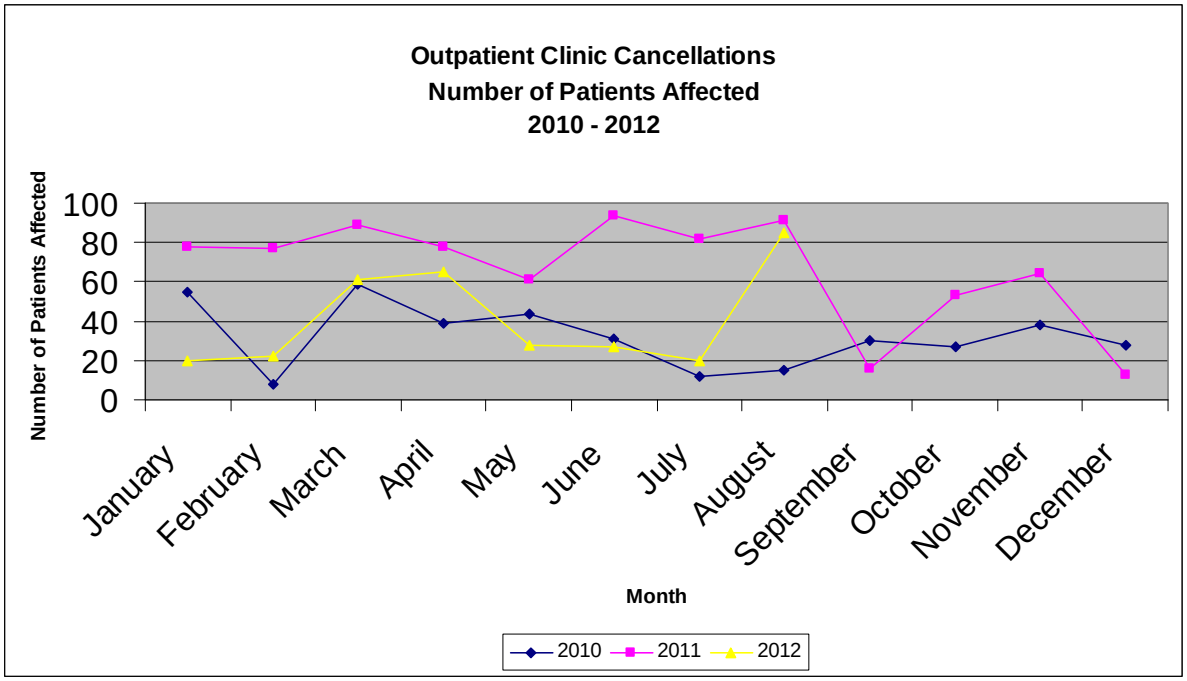
Patient Transfers from Reefton to Grey Base Hospital July – August 2012

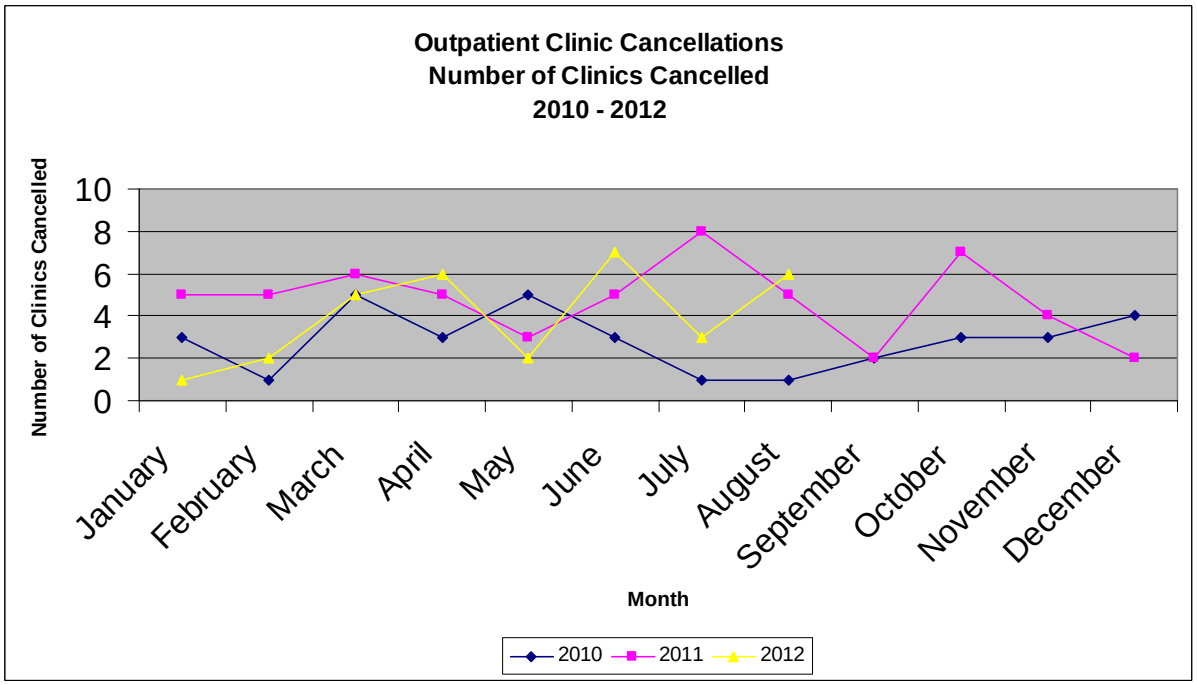
Reasons for Patient Transfers	July	August
Service not available at Reefton	-	-
Specialist care not available at Reefton	-	-
Specialist care required urgently	-	-
Other staffing issue	-	-
Post Operative complication	-	-
Special Procedure	-	-
Other reason for transfer	1	-
Severity of illness	-	2
Total No. of Patients Transferred for month	**1**	**2**
Total No. of Categories (reasons*) for month	**1**	**2**

4.10 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
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%
June 2011	1668	1511	130	7.79%	27	1.62%
July 2012	2098	1891	187	8.91%	20	0.95%
August 2012	1855	1628	142	7.65%	85	4.58%
13 month rolling totals	**24434**	**23428**	**2296**	**9.40% Average**	**565**	**2.31% Average**







4.11 Community Services

Carelink

Carelink continues to go through a change process, part of the establishment of the Complex Clinical Care Network. This service will manage the high and complex clients in the community. There are a number of changes to be made as the new service is developed including:

- Geriatrician led weekly Interdisciplinary team meetings around complex clients (the first Interdisciplinary team is planned for 26th September).

- All entry into residential care including rest home and hospital level of care will be signed off by the geriatrician after discussion of the case at Interdisciplinary team meetings
- From October the Assessors will no longer use the Care Needs Level to assess need for resthome/hospital level of care. The interRAI outcomes and Clinical Assessment Protocols will provide the indicators for level of care.

The Geriatrician from Canterbury DHB leading the change process at the moment is Michelle Dhanak.

Community Services

Home Based Support Services are in the process of rolling out some new software (Caduceus) that will assist staff in working to a Restorative Model of care.
The programme assists allocation of staff by matching client acuity to staff qualifications and skill level. It allows for detailed support plans to be developed for each client.
The Restorative Model philosophy encompasses aiding and encouraging independence. This helps people remain in their homes thereby reducing admission to residential care homes
Staff will be encouraging more independence by working alongside clients rather than simply doing tasks for them.
Caduceus will also help allocate staff in geographical areas to save on mileage. Invoicing for care given is the other major benefit of this programme.
This will save coordination time and allow the coordinators to get on with quality initiatives required of the new model.

Reefton Primary Practice

With the shortage of General Practitioner cover for Reefton, we have had to look at alternatives to meet the needs of our population. Some months ago we investigated entering into a partnership with the Rural Academic General Practice to support our clinic. This has now been up and running for approximately six weeks with almost daily video conferencing. From this week forward we will have a General Practitioner from the Rural Academic General Practice on site in Reefton on a Thursday, while the Rural Academic General Practice have the capacity to do this. The partnership is working really well and proving to be a success. It supports our Nurse Led clinic, the teaching sessions are invaluable.

Buller Implementation

The Buller IFHC work is progressing well.

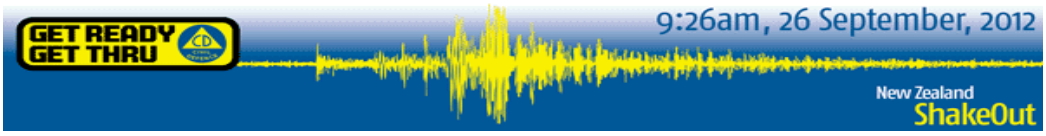
- In the move towards a single entry the weekend clinics will be held out of the out patients department from 17th / 18th November.
- A training plan for staff is being development to ensure staff have the right skills to work in a flexible environment.
- A staff update is due to go out to all staff this week. A summary of the Buller Business Case that has gone to the Capital Investment Committee has been sent to staff. A full staff meeting will be held once the Capital Investment Committee has made a decision on the future Buller business case.

General

The General Practitioner who covered the Karamea and Ngakawau clinics part time has resigned. A new model of service has been proposed. A formal proposal will be put to the senior management team within the next two weeks. Briefly, it is based on the successful model now functioning in Reefton in partnership with the Rural Academic General Practice. A videoconference link between Karamea and the Rural Academic General Practice, to support the Rural Nurse Specialists approximately two or three times a week and, a General Practitioner from the Rural Academic General Practice flying to Karamea for a fortnightly clinic.

4.12 Emergency Planning

Exercise Shakeout was held on 26 September at 9.26am. There was a great response from across the DHB with staff even participating if they were out of their regular workplaces. Feedback has been good with staff indicating it generated discussion and thoughts around how individual areas need to prepare their workplaces.



4.13 Nursing Update – Hospital Services

Project update

A core number of appropriately educated midwives are now available to support the reintroduction of our epidural service. To improve our DOSA rate, a recent audit of DOSA patients has identified a number of issues where improvements can be made. An upcoming visit by the Canterbury DHB CNS for stroke services will kick-start the service improvements that need to be made to implement the 2010 New Zealand guidelines for stroke management.

Preparatory work is underway to roll out the Liverpool Care Pathway across the West Coast DHB and aged residential care facilities, in collaboration with the palliative care team. It is anticipated that Buller, Reefton and ARC will begin the process first with Grey Hospital in the new year.

Opportunities for nurses to upskill within high dependency surgical nursing are being explored with colleagues in Burwood Hospital. It is anticipated that surgical nurses will have an opportunity to rota across clinical services at Burwood.

The new midwifery leadership within the maternity service continues to improve the synergy across the wider maternal-child service, especially for the care of neonates.

NEtP recruitment processes are underway for the appointment of our 2013 cohort, in addition to recruiting for midwives, both for our core and continuity of care services. Following recruitment processes, an appointment into the Nurse Educator role is anticipated.

The two remaining nurse assistants in Hannan Ward will undertake a 6 month educational programme, to upskill to an enrolled nurse scope of practice. Both nurses will be sponsored by the West Coast DHB. The programme is facilited through CPIT with clinical placements in Canterbury.

Three staff members recently attended the annual emergency department conference. Key discussions of interest were the future of NZ rural hospitals, end of life care in the emergency department and patient flows. A national consultation process has commenced to agree on a set of quality indicators across the sector.

The Nurse Manager Clinical Services has been appointed as South Island representative member of the Linen and Laundry Service Advisory Group that will operate as part of the Facilities Management and Support Services Non-Binding Indicative Offer process, supported by Health Benefits Limited.

4.14 Hospital Services Improvement Programme

Over the last 5 months, Hospital Services has been building up an Improvement Programme with projects focusing on Improving both Patient Outcome and the Financial Sustainability. All projects are now captured from one central place.

Having one Project Portfolio with all the projects managed and monitored from a central place has clear benefits. It creates a good overview and is a tool to prioritize activities and resources in the most optimal way. The projects are reported on every 2 weeks and discussed at a separate project leadership meeting within Hospital Services. The status reporting also goes to EMT. The reporting measures outcomes and secure that not-performing projects get closed down and resources allocated for better utilization. Documentation for the project is required and has to be approved by the General Manager Hospital Services.

Some of the projects are already completed with very satisfying outcome. Besides the Cardiac Transfers and the Orthopaedic Pathway these projects are now completed:

Mortuary Service Revenue
The Objective for the project was to create documentation for the running costs of the Mortuary Services and to agree on a contract with Ministry of Justice, so the Ministry of Justice in the future will pay for the Mortuary Service West Coast DHB delivers to them. Other DHB's receive revenue for this service. Project completed with an even better result than expected. Outcome of project is a revenue increase per annum of $33k.

ACC High-Tec Imaging
ACC made changes to providers of hi-tech imaging contracts, declaring unless service is accredited no imaging would be able to be paid for by them in regard to their clients. West Coast DHB does not earn sufficient money per annum from this contract to pay for accreditation.

The Project Objective was to come to an arrangement with ACC will about providing this radiology service. Project completed with an even better result than expected.

The planned project activities for the Hospital Services in 2012-13 is shown in the below table. The planning and prioritization of the activities and resources is an on-going process and will change over time in order to meet the operational and strategic targets.

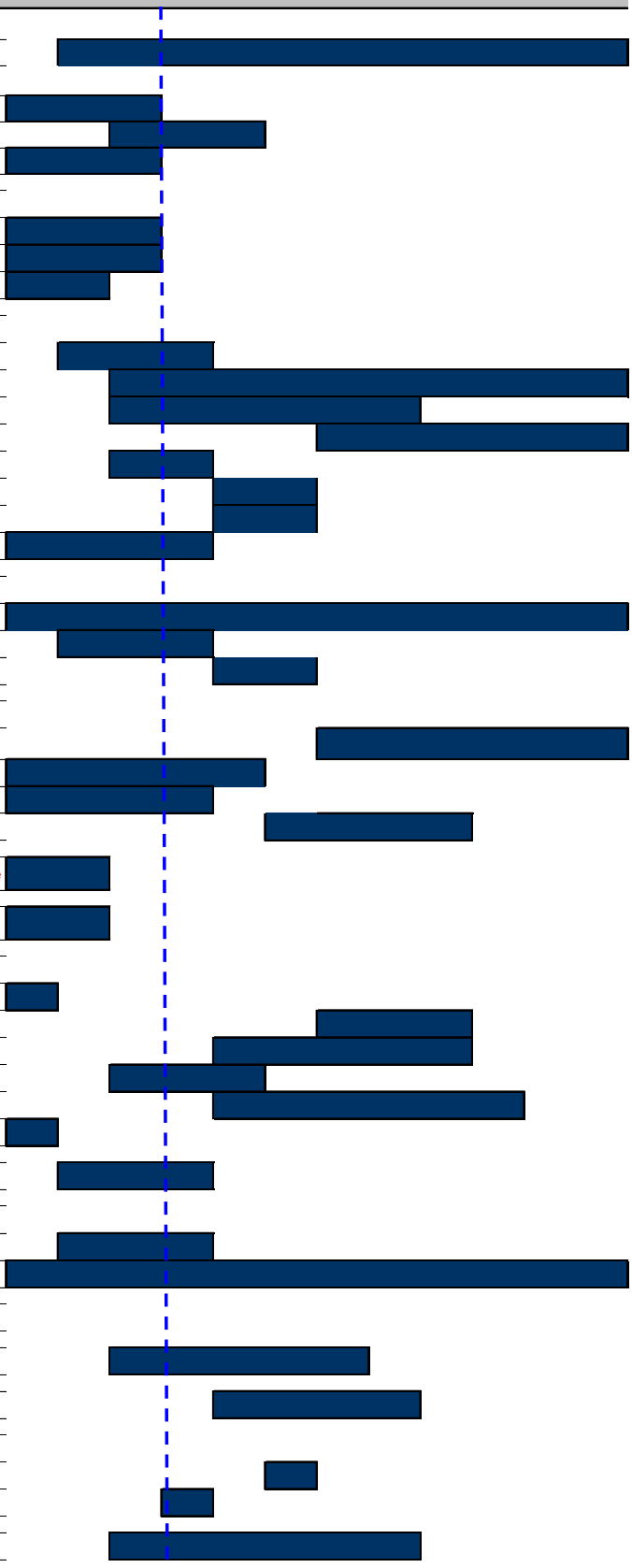
The below is based on status as of 30 September 2012. It is expected that a number of these projects will have to be postponed / put on hold due to the seismic issues, as there is probably an overlap of resources used for projects and for the task of relocating services. Clarification of this is expected to take place when the decision on the relocation of services is made and a timeline for that activity in place.

Quality Projects (ex Clinical Quality Improvement Team)
The following work continues within CQIT.

- E-signoff of diagnostic results
- Process for documentation patient handover documentation
- Metal on Metal
- Acute Observation (Barclay Ward)
- Epidural Service
- Provation Project
- E-referrals to clinical services.

Hospital Services Improvement Program
Status as of 30 September 2012

Project Name	Status
1. Production Planning and Delivery (incl. Visiting Clinics)	
1a Improve Utilization of Theatre Capacity	Started
1b Clinical Service Production Plan in Place (incl. system to monitor)	On-going
1c SMO / Clinical Roster refinement	Started
1d CBU Proces and Procedure Improvement	Started
1e Turnaround Time on Endoscopy - optimize	Started
2. Orthopaedic Services	
2a Trial of New Model of Care (incl. evaluation of trial)	Started
2b Orthopaedic Management Arrangements	Started
2c Orthopaedic Pathway	Done
3. Contract Review	
3a Create Contract Review and Reporting System	Started
3b Opthalmology Services	Not started
3c CRG Contract	Started
3d Outsourced Clinical Services (including Mobile Services)	Not started
3e Lithotripsy Bus	Started
3f ENT	Not started
3g Urology	Not started
3h St John	Started
4. Discharge planning	
4a Discharge Planning Improvement	On Hold
4b Transfer back to Residential Care	Started
4b Build up report and analysis of SMO discharge patterns	Not started
5. Services Development Review	
5a Opthalmology service, potential locally handling (cataracts)	Not started
5b Rheumatology	Started
5c Stroke service project (improve services)	Started
5d ENT services - potential locally handling	Not started
6. Improve DOSA rate	Almost Done
7. Transfer of cardiac patients by road instead of flight	Done
8. Increase Revenue	
8a New Revenue from Police for use of Mortuary	Done
8b Non-resident eligibility revenue / charges	Not started
8c Orthotic charges	Started
8d Review lab/rad immigration / workplace charges	Not started
8e Other Revenue Improvement Activities	Not started
8f ACC Hightech Imaging	Done
9. Epidural service re-instatement	Started
10. Nursing Roster Improvement	
10a Change of shift hours - Nursing	Started
10b Trendcare / roster enginering	Started
11. Primary / Secondary Electronic Interface	Started
12. Patient Registration Update	Started
13. Performance Management Tools / Reporting	Not started
14. Improve / Implement new Stock Systems	
14a Stock improvement Theatre	On Hold
14b Stock improvement Outpatients	On Hold
15. Procurement efficiencies	On Hold



Report prepared by:	Garth Bateup, General Manager Hospital Services Hecta Williams, General Manager

FINANCE REPORT

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

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

SOURCE: **Chief Financial Officer**

DATE: **11 October 2012**

Report Status – For: Decision ☐ Noting ☑ Information ☐

1. ORIGIN OF THE 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.

2. RECOMMENDATION

That the Hospital Advisory Committee receive the Financial Report for the period ending 31 August 2012.

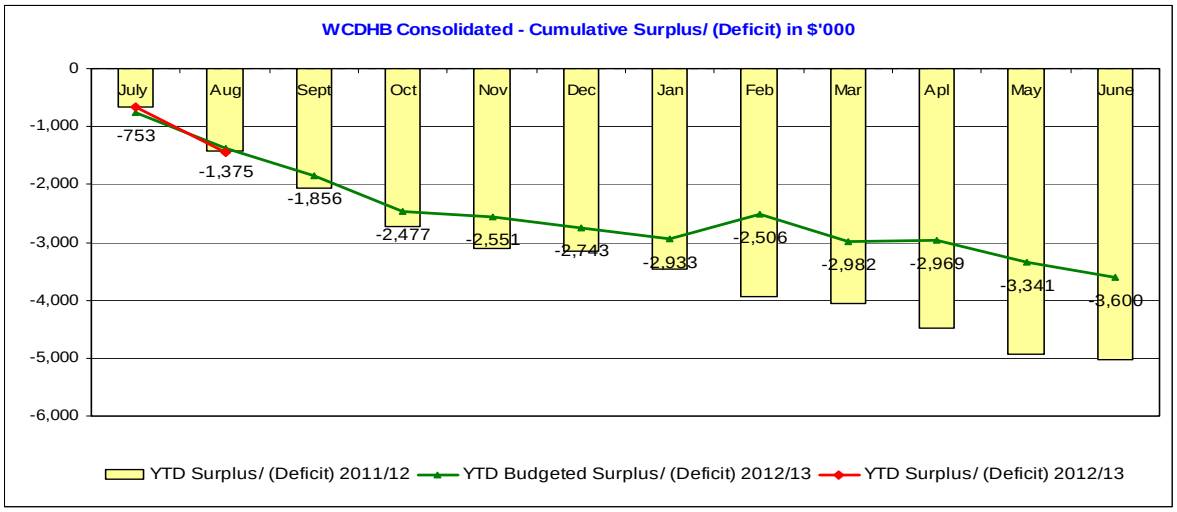
3. DISCUSSION

Financial Overview for the period ending 31 August 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,215	6,312	(97)	×	12,372	12,665	(293)	×
Governance & Administration	179	183	(4)	×	358	367	(9)	×
Funds & Internal Eliminations	4,708	4,642	66	√	9,300	9,284	16	√
	11,102	11,137	(35)	×	22,030	22,316	(286)	×
EXPENSES								
Provider								
Personnel	4,634	4,601	(33)	×	9,098	9,064	(34)	×
Outsourced Services	1,041	1,067	26	√	2,157	2,197	40	√
Clinical Supplies	615	641	26	√	1,183	1,344	161	√
Infrastructure	1,268	939	(329)	×	2,330	1,875	(455)	×
	7,558	7,249	(309)	×	14,768	14,479	(289)	×
Governance & Administration	175	183	8	√	327	367	40	√
Funds & Internal Eliminations	3,715	3,816	101	√	7,408	7,825	417	√
Total Operating Expenditure	11,448	11,248	(200)	×	22,503	22,671	168	√
Deficit before Interest, Depn & Cap Charge	346	111	(235)	×	473	355	(118)	×
Interest, Depreciation & Capital Charge	434	510	76	√	966	1,020	54	√
Net deficit	**780**	**622**	**(158)**	×	**1,439**	**1,375**	**(64)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending August 2012 is a deficit of $1,439k, which is $64k worse than budget ($1,375k deficit).



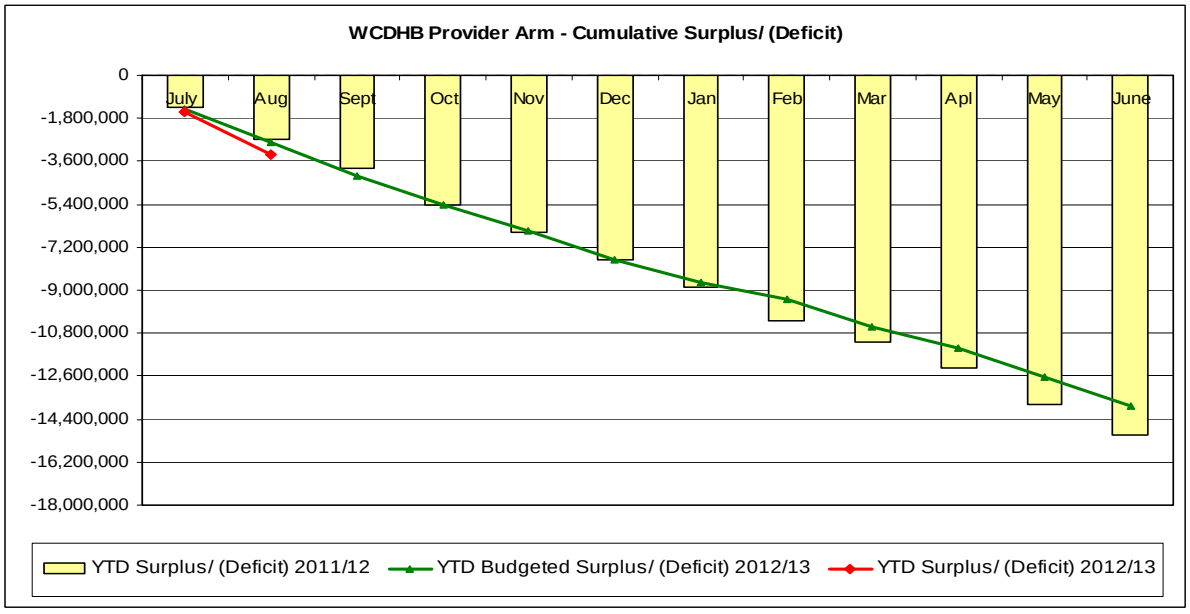
RESULTS FOR EACH ARM

Year to Date to August 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(3,362)	(2,835)	(527)	Unfavourable
Funder Arm surplus / (deficit)	1,892	1,460	432	Favourable
Governance Arm surplus / (deficit)	31	0	31	Favourable
Consolidated result surplus / (deficit)	**(1,439)**	**(1,375)**	**(64)**	**Unfavourable**

The variance to budget is explained in the narrative for the separate arms below.

Provider Arm



Provider Arm

Provider Arm revenue received from external sources (not via the Funder Arm Service Level agreement) is $273 less than budget.

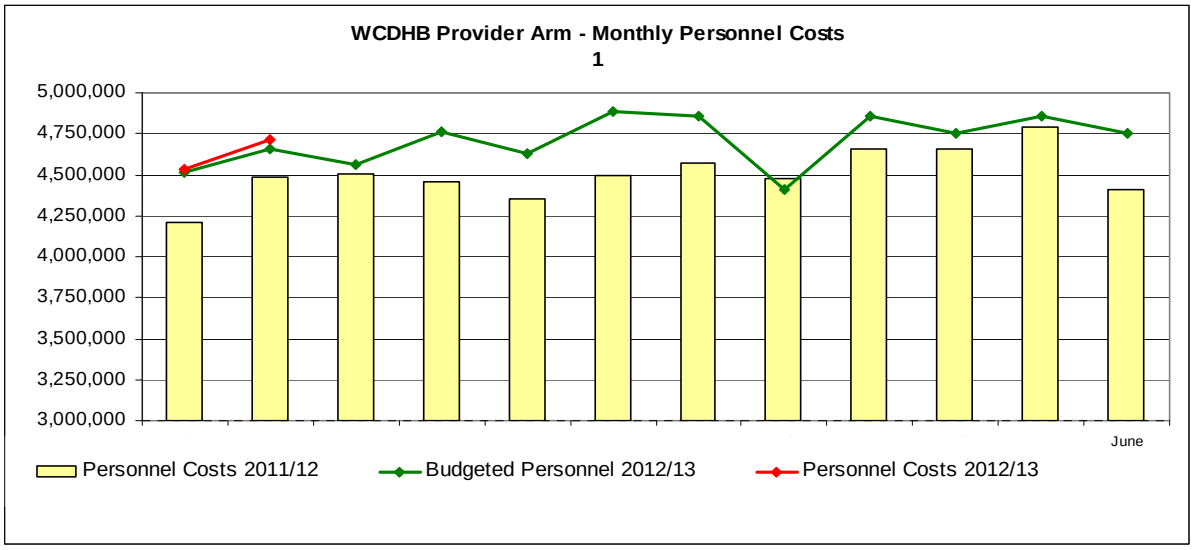
- ACC revenue is $87k less than budget for the year to date, $76k of this variance relates to the ACC elective services contract which we expect to catch up on in future months.
- General Practice revenue from the West Coast Primary Health Organisation (WCPHO) and revenue from home based support services are less than budget year to date. Both these services are currently implementing service improvements which will result in improved revenue sourcing.
- Budgets were set for external revenue for immunisation services and community youth alcohol and other drug services – this funding has since been devolved to the Funder arm and is now paid as internal funding to the Provider arm ($46k to date).

EXPENSES

Provider Personnel

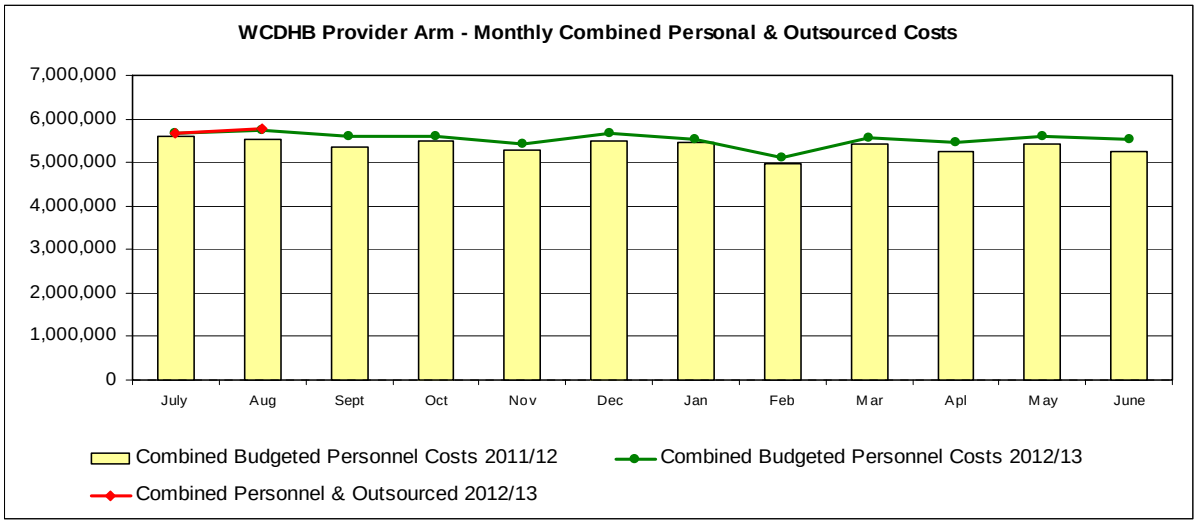
Personal cost for the year to date are $9,098k; $34k worse than budget ($9,064k).

- Medical Personnel costs are $22k worse than budget.
- Senior Medical Officer costs are $49k worse than budget, with new employees starting earlier than had been budgeted. Costs of recruitment and relocation have also contributed to the unfavourable variance but benefits will be realised in future months by having a stable employed medical staff.
- General Practitioner (GP) personnel costs are $35k under budget due to vacancies.
- Allied Health Personnel costs are $57k; better than budget.
- This is due to a number of vacancies within allied services.



Outsourced services costs are $1,073k; $22k worse than budget ($1,051k).
Outsourced services costs are $2,157k; $40k better than budget ($2,1971k).

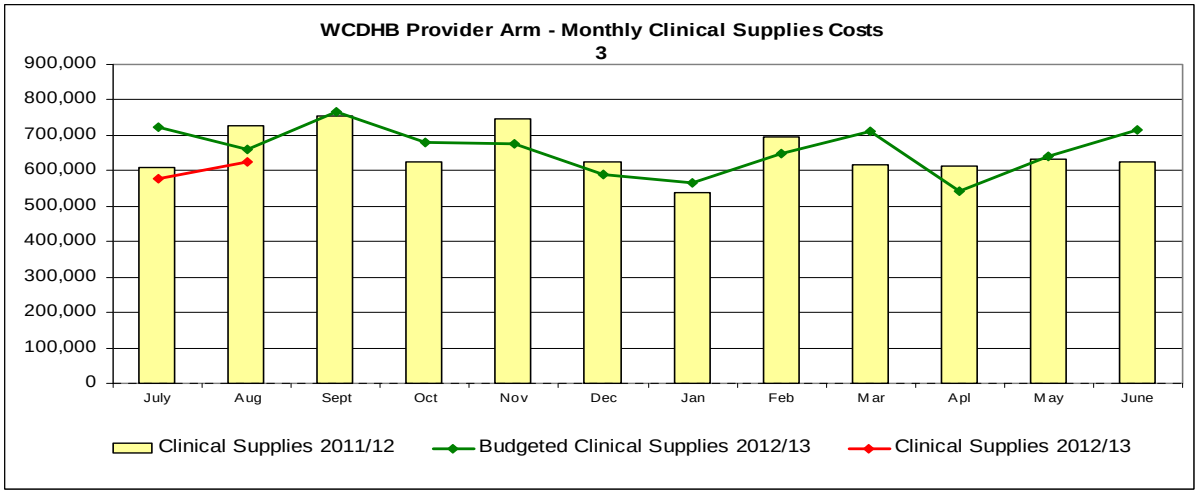
- Outsourced Senior Medical Costs (locums) were $1,184k; $195k better than budget. Locum costs within hospital services were under budget and locum services within primary services over budget due to vacancies.
- Outsourced clinical services were over budget with orthopaedic services and ophthalmology being the two main contributors. Both these services are being reviewed and costs should reduce as new patient pathways are embedded.



Clinical Supplies

Overall clinical supplies are $161k better budget

- All clinical supply categories were under budget apart from pharmaceuticals which were marginally over budget by $3k.

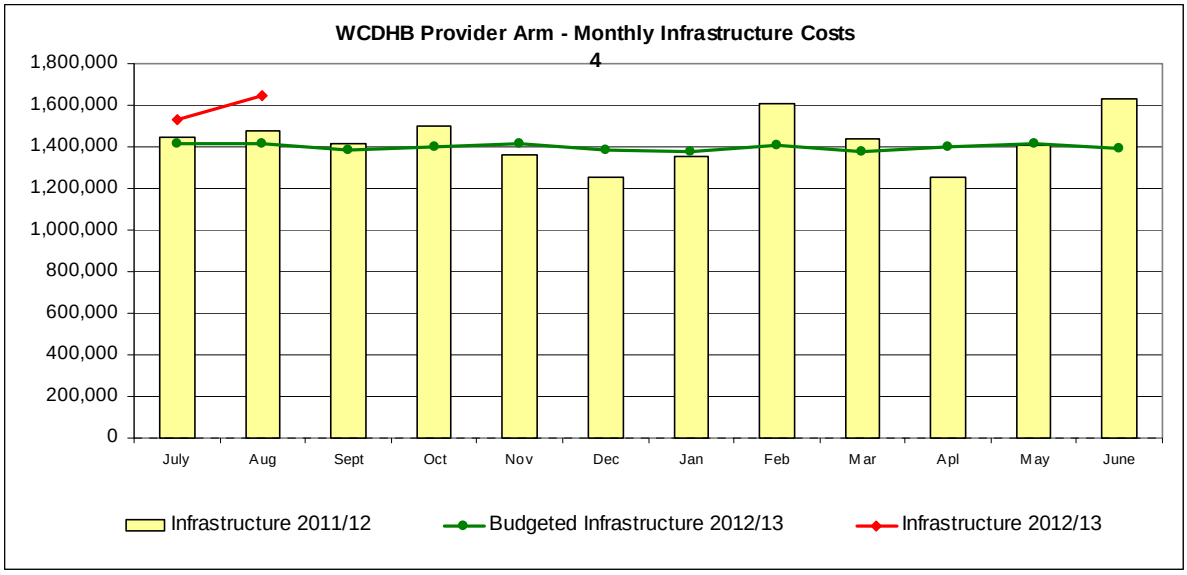


Infrastructure and non clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are $2,330k, $455k over budget. Within this variance are the following specific variances:

- Professional fees and expenses are $178k worse than budget.
  - Insurance premiums form part of this expense category and were $55k over budget. This is due to greater than budgeted increase in premiums as a result of the Christchurch earthquakes that were only confirmed in August 2012.
  - Review and implementation of service improvements by external consultants within primary services that will improve the financially viability of the practices.

- Hotel services, laundry and cleaning costs are $152k worse than budget.
  - Laundry costs are $139k over budget due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced.



4. APPENDICES

Appendix 1: Provider Operating Statement – 31 August 2012

Report prepared by: Colin Weeks, Chief Financial Officer

Report approved for release by: Hecta Williams, General Manager

West Coast District Health Board

Provider Operating Statement for period ending 31 August 2012

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
Income												
Internal revenue-Funder to Provider	5,230	5,250	(20)	(0.4%)	5,241	10,480	10,501	(21)	(0.2%)	#VALUE!	63,005	62,868
Ministry of Health side contracts	106	143	(37)	(25.8%)	199	231	311	(80)	(25.6%)	#VALUE!	1,862	1,657
Other Goverment	554	559	(5)	(1.0%)	443	995	1,116	(121)	(10.8%)	#VALUE!	6,841	6,521
InterProvider Revenue (Other DHBs)	0	10	(10)	(100.0%)	7	0	21	(21)	(100.0%)	#VALUE!	124	100
Patient and consumer sourced	259	267	(8)	(3.0%)	254	528	551	(23)	(4.2%)	#VALUE!	3,396	3,076
Other income	66	82	(16)	(19.2%)	109	138	166	(28)	(17.0%)	#VALUE!	1,258	1,564
Total income	**6,215**	**6,312**	**(97)**	(1.5%)	**6,253**	**12,372**	**12,665**	**(293)**	(2.3%)	**#VALUE!**	**76,486**	**75,786**
Expenditure												
Employee benefit costs												
Medical Personnel	1,042	1,031	(11)	(1.0%)	782	1,986	1,964	(22)	(1.1%)	#VALUE!	13,316	10,673
Nursing Personnel	2,015	2,008	(7)	(0.3%)	2,052	4,045	4,002	(43)	(1.1%)	#VALUE!	24,086	24,654
Allied Health Personnel	797	805	8	1.0%	790	1,532	1,589	57	3.6%	#VALUE!	9,647	8,956
Support Personnel	192	178	(14)	(7.8%)	186	401	376	(25)	(6.6%)	#VALUE!	1,988	2,163
Management/Administration Personnel	588	578	(10)	(1.7%)	568	1,134	1,133	(1)	(0.1%)	#VALUE!	6,842	6,520
	4,634	**4,601**	**(33)**	**(0.7%)**	**4,378**	**9,098**	**9,064**	**(34)**	**(0.4%)**	**#VALUE!**	**55,878**	**52,966**
Outsourced Services												
Contracted Locum Services	531	678	147	21.7%	618	1,162	1,420	258	18.2%	#VALUE!	4,931	8,202
Outsourced Clinical Services	462	309	(153)	(49.4%)	314	904	618	(286)	(46.2%)	#VALUE!	3,710	4,041
Outsourced Services - non clinical	48	79	31	39.5%	52	91	158	67	42.3%	#VALUE!	952	521
	1,041	**1,067**	**26**	**2.4%**	**984**	**2,157**	**2,197**	**40**	**1.8%**	**#VALUE!**	**9,593**	**12,764**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	103	110	7	6.4%	125	214	235	21	8.9%	#VALUE!	1,323	1,388
Instruments & Equipment	147	151	4	2.9%	163	270	318	48	15.0%	#VALUE!	1,968	1,613
Patient Appliances	19	29	10	34.5%	37	40	62	22	35.5%	#VALUE!	354	347
Implants and Prostheses	62	75	13	17.3%	106	122	147	25	17.0%	#VALUE!	817	877
Pharmaceuticals	153	155	2	1.3%	165	357	354	(3)	(0.8%)	#VALUE!	1,923	2,033
Other Clinical & Client Costs	131	121	(10)	(8.3%)	129	180	228	48	21.1%	#VALUE!	1,525	1,294
	615	**641**	**26**	**4.1%**	**725**	**1,183**	**1,344**	**161**	**12.0%**	**#VALUE!**	**7,910**	**7,552**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	439	304	(135)	(44.4%)	323	759	607	(152)	(25.1%)	#VALUE!	3,671	3,766
Facilities	283	236	(47)	(19.8%)	232	514	453	(61)	(13.6%)	#VALUE!	2,554	2,542
Transport	106	71	(35)	(50.0%)	106	192	141	(51)	(35.8%)	#VALUE!	850	1,034
IT Systems & Telecommunications	133	121	(12)	(10.0%)	104	262	242	(20)	(8.3%)	#VALUE!	1,527	1,375
Professional Fees & Expenses	99	18	(81)	(457.7%)	25	213	36	(178)	(500.0%)	#VALUE!	209	557
Other Operating Expenses	98	79	(19)	(23.8%)	82	170	176	6	3.6%	#VALUE!	969	1,213
Internal allocation to Governanance Arm	110	110	0	0.2%	110	220	220	0	0.2%	#VALUE!	1,322	1,320
	1,268	**939**	**(329)**	**(35.1%)**	**982**	**2,330**	**1,875**	**(455)**	**(24.3%)**	**#VALUE!**	**11,102**	**11,807**
Total Operating Expenditure	**7,558**	**7,249**	**(309)**	**(4.3%)**	**7,069**	**14,768**	**14,479**	**(289)**	**(2.0%)**	**#VALUE!**	**84,483**	**85,089**
Deficit before Interest, Depn & Cap Charge	**(1,343)**	**(937)**	**406**	**(43.3%)**	**(816)**	**(2,396)**	**(1,814)**	**582**	**(32.1%)**	**#VALUE!**	**(7,997)**	**(9,303)**
Interest, Depreciation & Capital Charge												
Interest Expense	57	61	4	6.9%	62	112	123	11	8.6%	#VALUE!	735	732
Depreciation	337	388	51	13.2%	381	734	777	43	5.5%	#VALUE!	4,661	4757
Capital Charge Expenditure	40	60	20	33.6%	104	120	121	1	0.4%	#VALUE!	723	613
Total Interest, Depreciation & Capital Charge	**434**	**510**	**76**	**14.9%**	**547**	**966**	**1,020**	**54**	**5.3%**	**#VALUE!**	**6,119**	**6,102**
Net deficit	**(1,777)**	**(1,447)**	**330**	**(22.8%)**	**(1,363)**	**(3,362)**	**(2,835)**	**527**	**(18.6%)**	**#VALUE!**	**(14,116)**	**(15,405)**

CLINICAL LEADERS REPORT

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

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

SOURCE: **Clinical leaders**

DATE: **11 October 2012**

Report Status – For:	Decision ☐	Noting ☐	Information ☑

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB as a regular update.

2. RECOMMENDATION

That the Committee
i. notes that this report

3. SUMMARY

Sustainability
Implementation of the model of care for sustainable health services for the West Coast continues. The submission of the Buller Integrated Family Health Service Business Case to the Capital Investment Committee marks another key milestone in this work. Sustainable services at Buller Health is a key underpinning of this business case. We are focusing on how we communicate the work that is underway to the health community and wider public.

Transalpine Services
The transition orthopaedic service continues to be implemented and evaluated. Regular links between medical, nursing and allied health staff on both sides of the hill are becoming 'business as usual'.

Leadership and Clinical Governance
Leadership in quality and clinical governance continues, including the West Coast PHO, the BSMC Alliance Leadership Team, the hospital Continuous Quality Improvement Team, and the South Island Regional Training Hub. A network of medical clinical leads within the hospital system is being established.

Service Improvements
West Coast women can again receive epidural analgesia during labour if required, with the reintroduction of our labour epidural service. Thanks to our team of anaesthetists, midwives and obstetrician gynaecologists who have worked together on this project.

Workforce
There remain significant issues in recruiting to allied health roles and we are developing a recruitment campaign and also different models of service provision in partnership with the Canterbury Health System this will include the development of a RUFUS role for social work and dieticians in paediatrics.

A review has taken place of the nursing roles required for the Buller IFHC to support a sustainable model of care for the Westport community. Advertising has commenced for a

Nurse Practitioner (NP) and two Rural Nurse Specialists (RNS). These roles will work across the IFHC inclusive of primary care and to support the doctors on the out of hours on call service. One of the RNS positions will also supplement the increasingly busy Ngakawau clinic. Further to this, and in response to the increase in acuity and volume of community based care, the Clinical Nurse Specialist (CNS) palliative care role will increase from 0.5 to a full time position, and the district nursing service will increase by 1.5 FTE. We have also advertised the CNS gerontology position as part of the implementation of the Complex Care Clinical Network (CCCN).

A general practice registrar has joined the Buller Health team, and roles have been created for next year to allow interested RMOs (junior doctors) to spend three months working in Rural General Practice at Hokitika or Westport. Advertising for Rural Hospital Medicine registrars has commenced for our programme starting next year. A GP registrar is working within the Greymouth area for next year.

The role of the hospital generalist working with Grey Hospital Emergency Department and the wider hospital, as well as the possibility of working in General Practice as well, has been developed and recruitment to this role has started.

Advertising has commenced for the Nursing Entry to Practice Programme (NETP) for 2013, with continued funding from HWNZ to support 10 NETP and 1 Expansion (community based) nursing positions. The employment of new graduate health professionals is a vital component of future workforce planning. This year the recruitment process will be fully Transalpine, with the streamlined recruitment team and the graduate nurses participating in the interactive and innovative assessment centre hosted by CDHB, supported by senior nursing representatives from the West Coast. The West Coast NETP programme has also been reviewed and while retaining its valuable rural focus, it has also been aligned with the Canterbury programme and will now include the Rapid Assessment course run by the Christchurch Polytechnic Institute of Technology. These changes will facilitate collegial relationships between the nurses based on the West Coast and in Canterbury.

Other nursing workforce planning underway is the development of a comprehensive overview of ‘drills and skills’, certification and core education requirements for nurses in each clinical area. These databases will also provide information for and about individual nurses to ensure each nurse is up to date and well prepared to do the work required. This will support the development of the mobile nursing workforce with nurses working more flexibly, confidently and competently across the sector.
Each nurse’s individual career plan and development plan will be aligned to the database.

4. CONCLUSION

The Clinical leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

ITEMS TO BE REPORTED BACK TO THE BOARD

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