West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

22nd November 2012

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

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PUBLIC EXCLUDED

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 22 November 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**	
	• 11 October 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	
	• 11 October 2012	
	Finish Time	**1.00pm**
	NEXT MEETING	
	• To be confirmed	

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

MINUTES – HOSPITAL ADVISORY COMMITTEE

DRAFT
MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING
held in the Board Room, Grey Base Hospital, Corporate Office,
on Thursday 11 October 2012, commencing at 11.00am

PRESENT
Warren Gilbertson (Chair); Sharon Pugh (Deputy Chair); Paula Cutbush; Gail Howard; Doug Truman; Richard Wallace; and Peter Ballantyne (ex-officio)

MANAGEMENT SUPPORT
Garth Bateup (General Manager, Hospital Services); Michael Frampton (Programme Director); Karyn Kelly (Director of Nursing & Midwifery); Brian Jamieson (Communications Officer); Colin Weeks (Chief Financial Manager); Justine White (General Manager, Finance); Kay Jenkins (Minutes).

WELCOME
The Chair welcomed everyone to the meeting and asked Richard Wallace to open the meeting with a Karakia.

APOLOGIES
Apologies for absence were received and accepted from Paul McCormack and Karen Hamilton.

1. INTEREST REGISTER

There were no other conflicts of interest reported from individual members or perceived conflicts for other members.

2. CONFIRMATION OF PREVIOUS MEETING MINUTES

Resolution
(Moved: Doug Truman/Seconded: Paula Cutbush – carried)

"That the minutes of the meeting of the Hospital Advisory Committee held on 23 August 2012 be confirmed as a true and correct record."

Chair's Report to Board
The Chair provided an update back to the Committee from the last Board meeting and commented in particular on seismic issues, insurance costs and the share for care initiative now being "opt off".

3. CARRIED FORWARD/ACTION ITEMS

The General Manager, Hospital Services provided an update on the carried forward items.

In regard to transportation the Committee noted the establishment of a pilot transportation option for Buller patients to outpatient services in Greymouth. Red Cross, in conjunction with Buller Rural Education Activities Programme (REAP) and the DHB will commence a weekly shuttle service, from the end of October for a 3 month trial period. A question was raised regarding the route of the shuttle and management undertook to follow this up and report back at the next meeting.

The Committee noted that the exit interview reporting is six monthly not three monthly as stated in the carried forward items.

In addition the General Manager, Hospital Services advised that the Performance Management Process is to be deferred until the New Year due to the change in management structures and will be led by the General Manager, Human Resources.

The Committee noted the carried forward items.

4. HOSPITAL ADVISORY COMMMITTEE WORKPLAN

There was no discussion on the work plan.

5. HOSPITAL AND SPECIALIST SERVICE (H&SS) MANAGEMENT REPORT

The General Manager, Hospital & Specialist Services spoke to the Management Report.

Discussion by the committee related to:

- Locum & Medical Personnel Costs are favorable against budget for August which is a good result from this Committee's perspective;
- Active recruitment is taking place in all areas where there are vacancies and appointments have been made in Obstetrics & Gynecology, Social Work and General Medicine;
- General Practice recruitment remains difficult however alternate models of care utilising Rural Nurse Specialists / Nurse Practitioners are being piloted successfully. The GP matter also has implications when trying to recruit allied health specialists;
- There is now only one independent midwife in the Greymouth community given the recent resignation of the only other midwife. This position is being closely monitored particularly in relation to issues around home births;
- A lot of work is taking place around Orthopedics. An action plan is in place in regard to achieving FSA's and the challenges around staffing are being addressed;
- Work processes around access to Elective Services and the Central Booking Unit continues. The Committee looks forward to a plan which can allow progress to be monitored against deliverables/milestones. While significant work still needs to be completed, it is pleasing to note the input of senior medical staff to assist in this area which has historically lacked clinical input;
- Outpatient Clinic – Did Not Attend (DNA) patient numbers remains high. There is a need to align with work being already undertaken by DHB's from regions with similar transport and remoteness issues;

Michael Frampton, Programme Director, provided the Committee with an update regarding facilities and the seismic challenges facing the DHB. The Committee noted that clinical teams have approached this in a positive way and a small group is being formed to work on the process around moving those who have to exit their buildings.

Karyn Kelly, Director of Nursing & Midwifery provided an explanation of the items listed under the Quality Projects.

Resolution

(Moved: Warren Gilbertson/Seconded: Gail Howard – carried)

That the Committee notes the report.

6. FINANCE REPORT

Colin Weeks, Chief Financial Officer, spoke to this report. He commented that the overall consolidated position for year-end is a 3.6M deficit. He added that within this there are areas such as insurance where we will not meet the budgeted figure and this will put pressure on other areas.

Justine White, General Manager Finance, advised that it is intended to use an 18 month rolling forecast for the financials.

Resolution
(Moved: Sharon Pugh/Seconded: Peter Ballantyne – carried)
That the Committee received the financial report for the period ending 31 August 2012.

7. CLINICAL LEADERS REPORT

Karyn Kelly, Director of Nursing & Midwifery spoke to the Clinical Leaders Report which was taken as read. The Committee noted that management is looking at how this will report in the future.

Discussion took place regarding the recruitment of a Maori nurse in Buller. The Committee noted that this process is in progress.

Resolution
(Moved: Sharon Pugh/Seconded: Gail Howard – carried)
That the Committee notes the report.

The Committee noted that there were no public excluded items.

GENERAL BUSINESS
The Chair asked that thanks to Hecta Williams and Colin Weeks for their contribution to the operation of this committee be formally noted.

There being no further business the meeting closed at 12.30pm

Confirmed as a true and correct record.

_____ _____
Warren Gilbertson Date
Chairman

HAC REPORT TO THE BOARD

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

SOURCE: **Chair**

DATE: **22 November 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 for the month ending 31 August 2012 shows a year to date variance against budget of a deficit of $64K.
- The seismic situation will cause infrastructure issues and savings will need to be made elsewhere to accommodate this. The DHB continues to receive advice in regard to our buildings and detailed Engineering Reports have now been received for most buildings. Review of performance management process has been deferred until next year due to the changes taking place in the organisational structure of the DHB. This will be led by the General Manager, Human Resources.

Monitoring

- Locum & Medical Personnel Costs are favorable against budget for August which is a good result from this Committee's perspective.
- Active recruitment is taking place in all areas where there are vacancies and appointments have been made in Obstetrics & Gynecology, Social Work and General Medicine.
- General Practice recruitment remains difficult however alternate models of care utilizing Rural Nurse Specialists / Nurse Practitioners are being piloted successfully. The GP matter also has implications when trying to recruit allied health specialists.
- There is now only one independent midwife in the Greymouth community given the recent resignation of the only other midwife. This position is being closely monitored particularly in relation to issues around home births.
- A lot of work is taking place around Orthopedics. An action plan is in place in regard to achieving FSA's and the challenges around staffing are being addressed.
- Work processes around access to Elective Services and the Central Booking Unit continues. The Committee looks forward to a plan which can allow progress to be monitored against deliverables/milestones. While significant work still needs to be completed, it is pleasing to note the input of senior medical staff to assist in this area which has historically lacked clinical input.

- Outpatient Clinic – Did Not Attend (DNA) patient numbers remains high. There is a need to align with work being already undertaken by DHB's from regions with similar transport and remoteness issues.

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 SEPTEMBER - OCTOBER 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 September - October 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

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

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

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

DATE: **22 November 2012**

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

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Hospital Advisory Committee:

a. Notes the report

3. SUMMARY

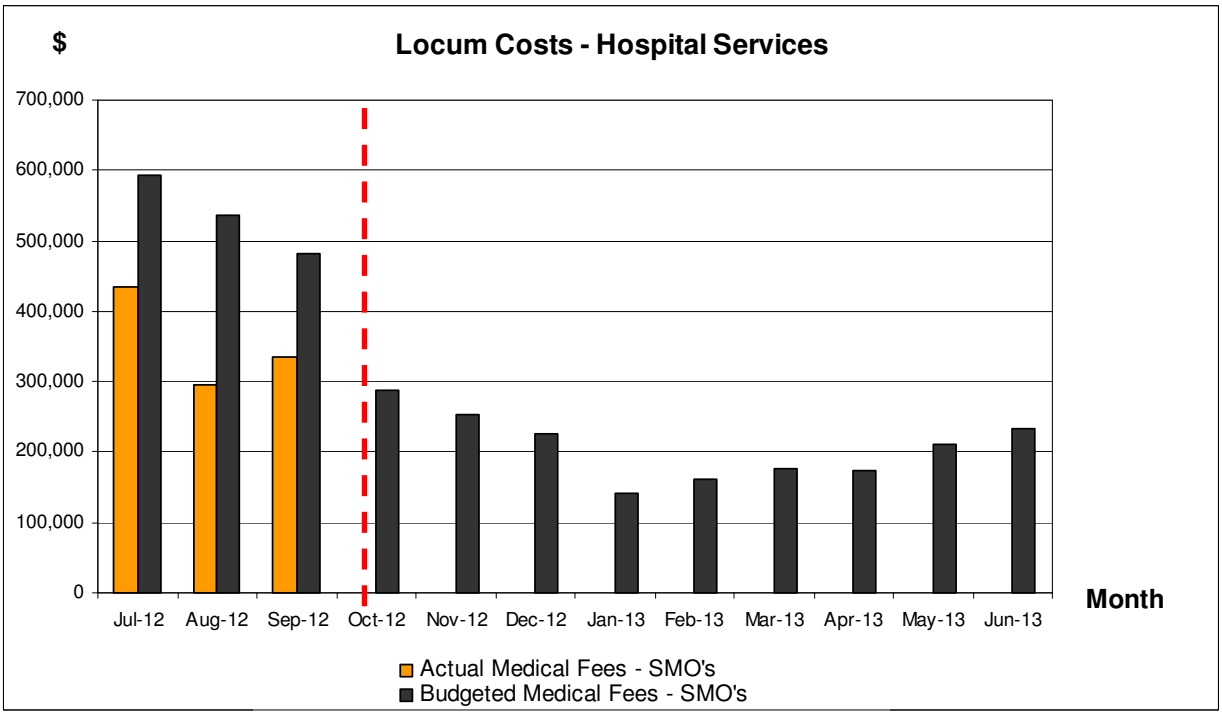
Medical staff recruitment continues. Pending arrival of Obstetric & Gynaecology Consultant and Emergency Department Physician. Interview for Anaesthetists scheduled. Planning to relocate several services continues with work commencing mid November.

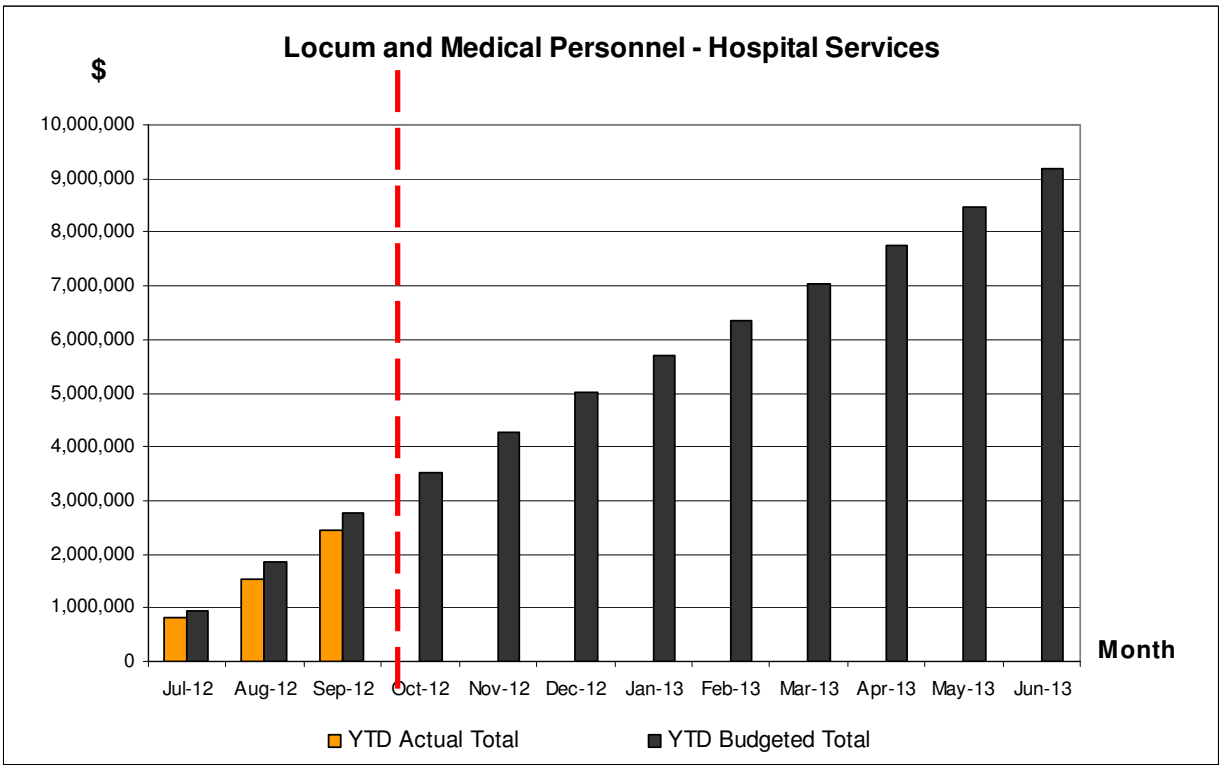
4. DISCUSSION

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 – September 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


$
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 Medical Fees - SMO's
Budgeted Medical Fees - SMO's


Locum and Medical Personnel - Hospital Services
$
10,000,000
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
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
O&G	1	Grey Hospital	Re-advertising	Clinical staff contacting one potential applicant for second stage discussion. An employee referral has also been received and is under review. Several agency referrals received and currently being screened prior to forwarding to clinical team for review.
Anaesthetist	2	Grey Hospital	Advertising x 1 FTE	Confirming flights for the 2nd week in December to hold a face-to-face interview which has been organised.
Clinical Leader - Buller	1	Buller Health	Draft Advertisement prepared	Awaiting PD.
General Practitioner	2.2	Buller	Advertising together	Locum General Practitioner from Christchurch starts this month, working Thursday - Sunday every second week. He is now considering permanent – await his final decision. 1 x applicant is away on holiday and once he returns we will organise flights and interview for Buller. Also in discussions with General Practitioner in Australia who has a practice with five General Practitioners - they are interested in working three month blocks for 12 months. Grey Medical interviewing a 12 month locum General Practitioner.
General Practitioner	1.7	Greymouth		
General Practitioner	1	Reefton		
General Practitioner	1	GTE		
General Practitioner	1	Hokitika		
General Practitioner	1	South Westland		
Hospital Generalist	3	Greymouth	TBA	Waiting to confirm if will to re-advertise
General Surgeon	1	Greymouth	Advertising	Awaiting response from two potential applicants.

Nursing

Vacancy Title	FTE	Division/Practice	Stage	Status
Nurse Practitioner	1	Buller	Re-advertising to commence 29th October	Advertising
Rural Nurse Specialist	0.9	Hari Hari	Verbal Offer	Verbal offer made with a tentative start date of February 2013

Rural Nurse Specialists	2	Buller	Re-advertising	Commenced 25 October.
RNS Haast	0.5	Haast	Ref checking	Interviews complete ref checking underway
Gateway Assessment Programme Coordinator	0.2	Greymouth	Advertising	Advertising closing 25 October
Core Midwives	0.5	Greymouth	Advertising closed 19th October	Part Time and Casual roles - no applications received to re-advertise w/c 29 October
Registered Nurses	2.8	Medical/Surgical Greymouth	Advertising	Advertising closing 14 November
Registered Nurse	1	Operating Theatre Greymouth	Advertising	Advertising closing 2 November
Team Leader	0.2	South Westland	Advertising closed 24 September	Interviews complete ref checking underway

Allied Health, Scientific & Technical

Vacancy Title	FTE	Division/Practice	Stage	Status
Dental Therapist	1	Greymouth	Re-advertising	Re-advertising. No closing date. No applicants yet.
Senior Dietician	1	Greymouth	Under review	Position under review. Senior clinical role is being performed by senior clinicians at Christchurch Hospital.
Dental Therapist	1	Greymouth	Advertising	Advertising closes 18 November
Dietician	2	Greymouth	Advertising	Job brief completed. Advertising closes 18 November
Manager, CCCN	1	Greymouth	Interview	Received one application. Interviewed on 24 October

Corporate & Support Services

Vacancy Title	FTE	Division/Practice	Stage	Status
Emergency Planner	0.4	Greymouth	Advertising	Advertising - applications close 8th November 2012

Progress

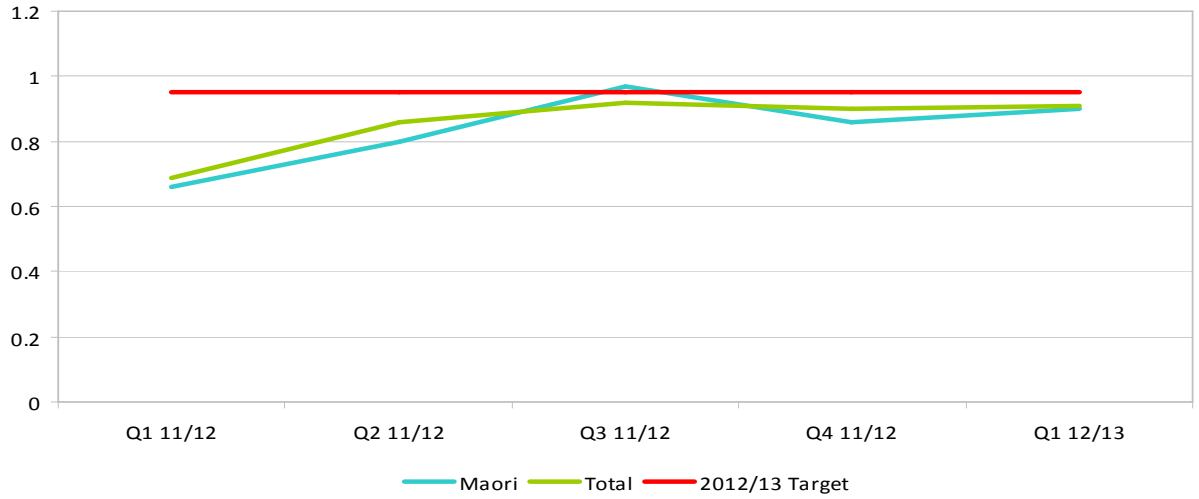
Clinical Manager Occupational Therapy has commenced and already been busy around the organisation promoting occupational therapy week and making the service and what it offers more visible.

Clinical Manager Social Work commences on 12 November. He brings with him a wealth of experience in the government sector.

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 September – 30 September 2012** Over 6 Hours 3 0.00% Under 6 Hours 1184 1.00% **Total Attendances: 1187** **For Period: 1 October – 31 October 2012** Over 6 Hours 5 0.00% Under 6 Hours 1170 1.00% **Total Attendances: 1175** *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 31 August 2012 shows that there have been 296 actual raw surgical discharges had been delivered by West Coast DHB, which is 16 cases above YTD planned target of 280 surgical discharges. This is 18.6% 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 (CWD) of 401.7; which was over-delivery at 106.8% of planned year-to-date volume, and is equivalent to 18.6% of the total planned CWD delivery for the financial year. Throughput within individual surgical specialties has fluctuated significantly from plan, with those under-produced being off-set by over-runs in others, both as ESPI compliance is balanced, and as the trans-alpine orthopaedic service is more closely evolved.
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	From July 2012, the Cancer Treatment Health Target expanded to include chemotherapy as well as radiation therapy. West Coast DHB continues to achieve the target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks for the current financial year to 31 October 2012. There have been 3 patients to date in the 2012/13 financial year to date to 31 October whose radiotherapy treatment was commenced outside the 4-week target time (2 in July 2012 and 1 in October). None 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 two due to clinical considerations (medical oncology assessment having to be undertaken prior to radiation therapy being started). All other West Coast domiciled patients treated in the priority treatment categories (acute; curative; palliative; and radical) commenced radiotherapy treatment within four weeks of their referral.
Better Help for Smokers to Quit	90% of hospitalised smokers are provided with	95% for 2011-2012	**ABC Implementation:** **Quarter 1 update:** - September –86% It is disappointing to have not reached the health target

	advice and help to quit. Introduce similar target for primary care from July 2010 through the Primary Health Organisation Performance Programme.		of 95% for quarter 1, despite a slight increase from last quarter, with an overall result of 91%. The results for July and August improved on last quarter's results, with both months reaching 94%, however the result for September was only 86% and therefore affecting our overall quarter 1 result. This was primarily due to two previously high-performing areas of the hospital not achieving the health target. Due to concerns regarding September's ABC results, a meeting with senior management was held (General Manager of Hospital Services, Director of Nursing and Nurse Manager) to discuss the health target result and leadership support and endorsement of ABC implementation. The Smokefree services coordinator will be meeting with the clinical coders weekly, speak at the upcoming Senior Nurses meeting and will also follow up on the initial meetings held with the two clinical managers following Septembers result to see what support the Smokefree staff can be giving them, including on-going support for the new Smokefree Champion.



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 30 September 2012 overall case-weighted [CWD] inpatient delivery was 1.04% over contracted volume for surgical specialty services (619.00 actual vs 612.59 contracted) and 12.36% over for medical specialty services (370.64 actual vs 329.85 contracted).

The split between acute and electives was as follows:

Case weights (CWD)	Contracted YTD	Actual YTD	Variance	% Variation
Surgical				
Acute	273.64	238.79	- 34.85	- 12.73%
Elective	338.95	380.21	+ 41.26	+ 12.17
Sub-Total Surgical:	612.59	619.00	+ 6.41	+ 1.04%
Medical				

Acute	329.45	370.64	+ 41.19	+ 12.5%
Elective	0.40	0.00	- 0.40	0.00%
Sub-Total Medical:	329.85	370.64	+ 40.79	+ 12.36%
TOTALS:	942.44	989.64	+ 47.20	+ 5.00%

The over-production is driven entirely by general surgery, gynaecology and ophthalmology.

Under-production sits across all other surgical services and the major under-producer continues to be orthopaedics at – 31.95 case weights YTD (although holding steady from the last report).

Outpatient Volumes

Attendances	**Contracted**	**Actual**	**Variance**	**% Variation**
Surgical				
1st Visit	975	1,094	+ 119	+ 12.20%
Subsequent Visit	1,680	1,666	- 14	- 0.83%
Sub-Total Surgical:	2,655	2,760	+ 105	+ 3.95%
Medical				
1st Visit	398	305	- 93	- 23.3%
Subsequent Visit	921	945	+ 24	+ 2.60%
Sub-Total Medical:	1,319	1,250	- 69	- 5.23%
TOTALS:	3,974	4,010	+ 36	+ 0.90%

Under-production in surgical services is particularly in subsequent visits in orthopaedics and gynaecology. First visits remain under in urology and paediatric surgery. The % variation does not paint the picture in individual services, for instance in orthopaedics there is over-production of first visits in order to meet the drive for ESPI compliance, but this has a direct effect with subsequent visits being impacted by about the same number.

Under-production continues across medical specialties, primarily in first visits.

4.5 Industrial Relations

Negotiations with Association of Professionals and Executive Employees (APEX) for the IT Workers Agreement are ongoing.

4.6 Elective Services Patient Indicator

MoH Elective Services Online

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

DHB Name: West Coast

	2011 Oct			2011 Nov			2011 Dec			2012 Jan			2012 Feb			2012 Mar			2012 Apr			2012 May			2012 Jun			2012 Jul			2012 Aug			2012 Sep		
	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	17 of 18	94.4%	1	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).	19	0.4%	0	7	02%	0	14	0.3%	0	23	0.4%	0	32	0.6%	0	55	0.9%	0	60	1.1%	0	29	0.5%	0	0	02%	0	12	1.1%	-12	26	2.1%	-26	1	0.1%	-1
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	17	0.3%	0	0	00%	0	13	0.3%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.0%	0	6	0.2%	0	6	00%	0	13	0.7%	-13	14	0.8%	-14	10	0.6%	-10
4.Patients given a commitment to treatment but not treated within six months.	27	1.3%	0	30	13%	0	34	1.6%	0	36	1.7%	0	34	1.7%	0	41	2.1%	0	36	1.8%	0	16	0.8%	0	0	02%	0	4	1.1%	-4	4	1.0%	-4	0	0.0%	0
5. Patients in active review who have not received a clinical assessment within the last six months.	0	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	00%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
6. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	137	100.0%	0	155	100.0%	0	127	100.0%	0	117	100.0%	0	150	100.0%	0	159	100.0%	0	158	100.0%	0	171	100.0%	0	149	100.0%	0	102	100.0%	0	134	100.0%	0	151	100.0%	0

Data Warehouse Refresh Date: 03/Nov/2012

Report Run Date: 04/Nov/2012

4.7 Patient Transfers

Transfers to Tertiary Centres August-September 2012

Reasons for Patient Transfers	August	September
Service not available at Grey Base	-	-
Service not available at Grey Base – at time	-	-
Severity of illness	2	5
Special Procedure (not done at Grey Base)	3	7
Specialist Care Not available (at Grey Base)	9	8
Specialist Care Not available (at Buller)	-	-
Service Not available (at Buller)	-	-
Specialist Care Required Urgently	1	1
Other Staffing Issue	-	-
Post Operative Complication	1	-
Other reason for transfer	1	-
Total No. of Patients Transferred for month	**14**	**19**
Total No. of Categories (reasons*) for month	**17**	**21**

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 August-September 2012

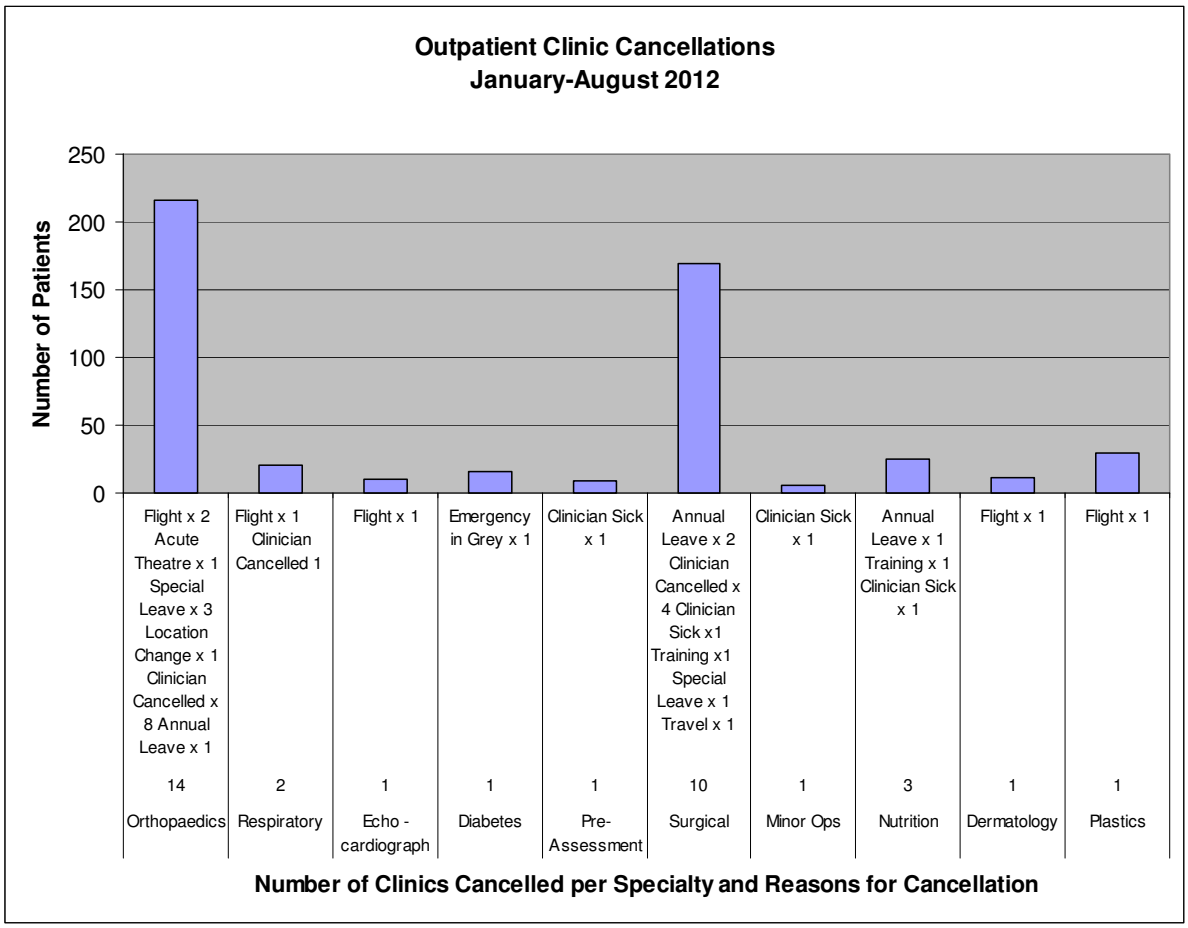
Reasons for Patient Transfers	August	September
Service not available at Buller	5	7
Specialist care not available at Buller	5	2
Specialist care required urgently	3	6
Other staffing issue	-	-
Post Operative complication	-	-
Other reason for transfer	-	-
Severity of illness	-	-
Total No. of Patients Transferred for month	**12**	**12**
Total No. of Categories (reasons*) for month	**13**	**15**

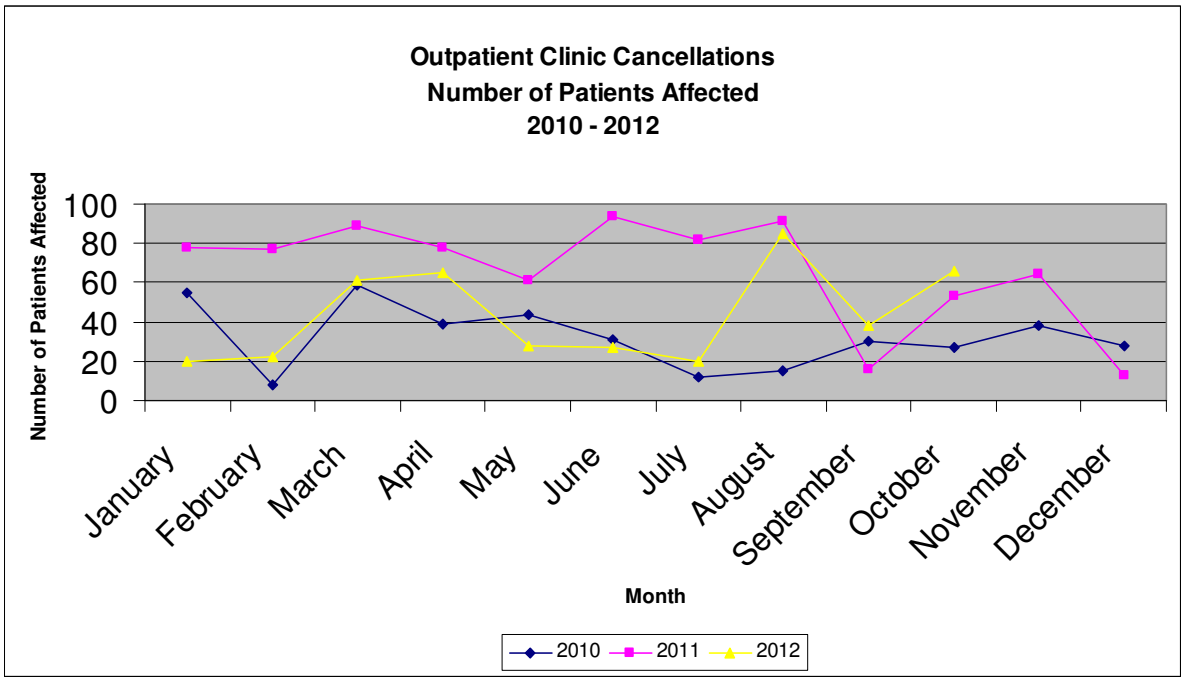
Patient Transfers from Reefton to Grey Base Hospital August-September 2012

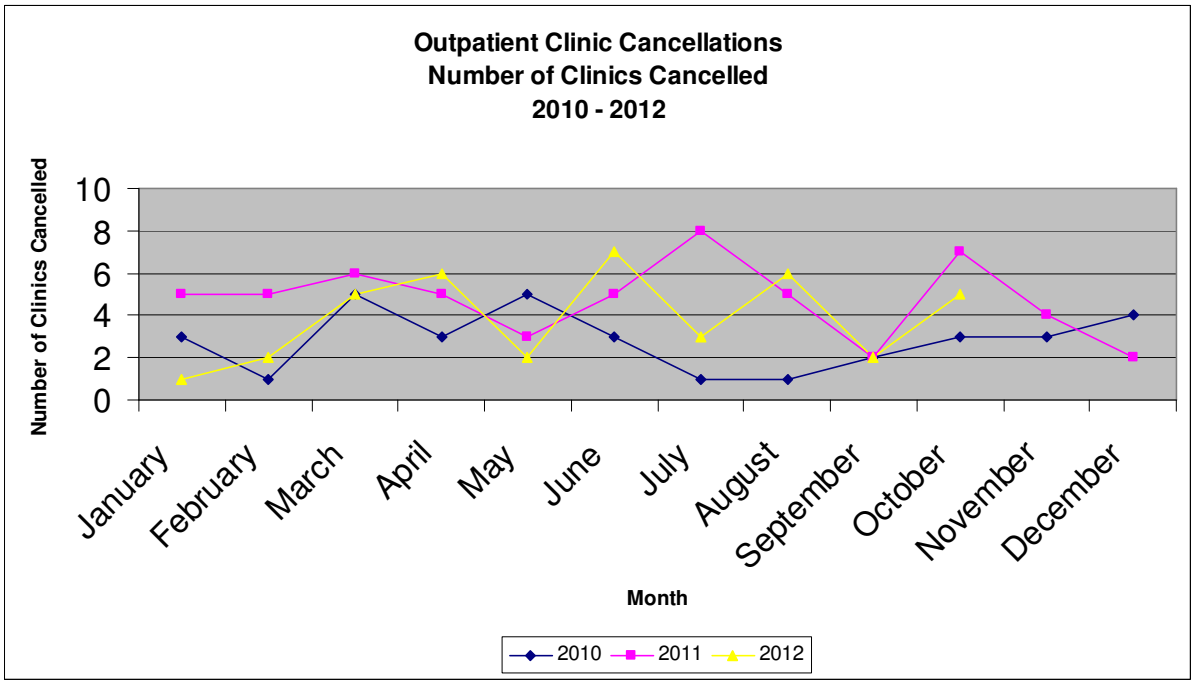
Reasons for Patient Transfers	August	September
Service not available at Reefton	-	-
Specialist care not available at Reefton	-	-
Specialist care required urgently	-	-
Other staffing issue	-	-
Post Operative complication	-	-
Special Procedure	-	-
Other reason for transfer	-	-
Severity of illness	2	2
Total No. of Patients Transferred for month	**2**	**3**
Total No. of Categories (reasons*) for month	**2**	**2**

4.8 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
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%
September 2012	2017	1827	152	7.54%	38	1.88%
October 2012	1913	1696	151	7.89%	66	1.28%
13 month rolling totals	**25758**	**22986**	**2210**	**8.58% Average**	**562**	**2.18% Average**







4.9 Community Services

Due to Medical Administration needing to relocate while earthquake strengthening is carried out, our services are exploring options for operating off site. There are several places in reasonable proximity to the base hospital but none are large enough to take the entire group.

Planning continues for the implementation of the Cancer Nurse Coordination role. The purpose of this role is to further reduce waiting times for cancer treatment and to provide a seamless transition through the patient journey.

Greymouth
Recruitment for another permanent General Practitioner (GP) is on-going and the practices are utilising locum cover to reduce waiting times for appointments. Urgent cases are being seen on the day but routine appointments where a patient wishes to see a specific GP can have up to a four week wait.

The Rural Academic General Practice is fully staffed and continues to support the Reefton practice with a GP on-site and video conference support.

Buller
Buller Health Medical Centre is currently utilising short and medium term locum placements to make up the GP FTE short fall. Most of these locums are returning locums who are familiar with the patients on the practice register and practice team.
Two fixed term GP's have secured placement Jan 2012.

The Emergency weekend clinic will relocate over to Buller Hospital's Out Patient Department on 24 November. This enables the single point of entry to progress.

Buller is currently advertising for a Nurse Practitioner, two Rural Nurse Specialists and a clinical leader (GP).

The Karamea Health Clinic had its first GP clinic yesterday under the partnership with the Rural Academic Practice. Dr Ian Peterson will fly to Karamea one day a week to hold a general practitioner clinic and includes clinical teaching for the Rural Nurse Specialists. This arrangement will be reviewed in six months with input from the Buller IFHC doctors and management. CORNERSTONE assessors will visit Karamea again on 4th December to follow up on the areas not achieved in the initial assessment in March 2011; these include some alterations in the clinic and sealing of the car park. I expect this work to be completed before the visit.

Reefton
The partnership with the Rural Academic Practice is working with staff looking forward to an ongoing partnership. Remote clinics at Springs Junction by the Rural Nurse Specialists from Reefton continue. CORNERSTONE Accreditation is due on 5th December. The long-term stay beds are fully occupied. Reefton is working closer with Grey Base where patients can be discharged for a short stay in Reefton for convalescence.

General
Greymouth Medical Centre and Buller Health Medical Centre will be running a trial of practice based enrolment form scanning (into MedTech patient records). This is part of the project currently underway to improve enrolments and enrolment processes. If the trail is successful, with IT capability demonstrating a level of function that is able to support localised scanning, it is envisaged that this will be rolled out to all practices following analysis of the trial.

The DHB and PHO are working together to improve recall screening, smoking cessation and immunisation rates. Systems are being reviewed and improvements introduced to support the clinical teams. For example, a new process for the cervical screening recall process whereby once a patient is recalled three times and has not responded an appointment will be automatically generated. If the patient does not present for the appointment, further contact will be made and further advice given, such as a list of alternate providers for cervical screening.

4.10 Txt2Remind

Progress has been made and a joint venture with Pegasus Health in Canterbury, the West Coast DHB and the West Coast PHO means we will have Txt2Remind (for booked appointments) installed in the near future. Training for all the practice teams on this new service will be provided by Vensa Health.

4.11 Smoking Cessation

As part of a collaborative practice quality and improvement project, one of the clinical areas being looked at is the slow progress of coding identified smokers who have been given brief advice to quit. Individuals targeted will be in the 15 to 74 year old age group.

There are several components to this measure: the number of people whose smoking status is coded; the number who are coded as current smokers and the number of people coded as current smokers who have been given brief advice to quit.

The PHO proposes to hire additional resource. The proposed approach is that the resource will search the clinical notes of individuals coded as smokers for evidence of brief advice. If evidence exists, they will record the appropriate term to ensure it is counted. If no evidence exists, they will phone the person and give that brief advice and then code accordingly.

4.12 CDHB Support

The Cardiology team have been particularly supportive to our small team of medical technicians who work across a broad range of areas. The Charge Cardiac Physiologist has provided support and encouragement for them in training and that training commences in the Cardiac Day Stay Unit on 12 November. This will support them in theoretical and practical training for an exam in 2013. The Christchurch team have recognised the need to get staff on the Coast trained to a maximum level given the distance from a tertiary centre.

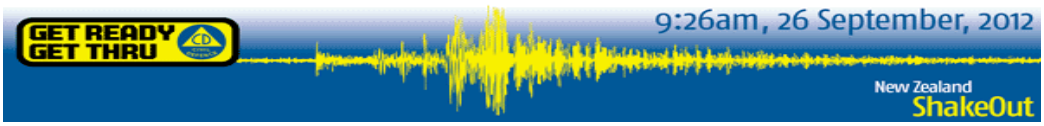
The Pacemaker technicians have also been over setting up a system which will allow ED to check pacemakers here on the Coast by accessing the Christchurch system. Once the ED staff are trained and comfortable it is planned to teach the medical technicians to undertake routine pacemaker checks on selected patients. This is a real step forward for patients.

4.13 Emergency Planning

Enhancement funding from MOH has allowed the purchase of a number of items to be located around the Coast. As they arrive they will be distributed. They include:

- Grab bags for wards/clinics
- Wheelie bin starter kits – Reefton and Hokitika Health Centre
- CD Cabinets – Buller and Grey
  (the wheelie bins and cabinets contain equipment based on the recommendations of the Ministry of Civil Defence and Emergency, eg gloves, hacksaws, wrecking bars, dust masks, earplugs etc)

A role of Emergency Planner has been advertised for 0.4 FTE for a fixed term period of four months.



4.14 Relocation

Plans for relocating staff due to seismic risk are well underway. The major item of note is co-locating all the allied health therapy services in one area. The therapies will be sharing space and we hope this will encourage a model of working together cooperatively and collaboratively.

While not being an ideal space we hope that future remodeling will enhance this further.

4.15 Quality Report

Incidents recorded for October

Type	More information	No.
Clinical Documentation	• Inadequate documentation in patient notes	1
Clinical Processes	• Pain inadequate relief prior to transfer • Pt self discharged with IV line in situ • No Paediatrician cover for birthing unit	3
Falls	• Barclay: 3 • Hannan: 1	4
Medication Error	• Medications charted using old information, no longer current	1
Other	• Partner of birthing mother unable to find ride home with younger sibling (lived some distance away) – had no money for transport and no vehicle.	1
Transport	• 2 x Concerns around severity of patient illness and mode of transport chosen • Ambulance requested, staff unavailable – eventually left 2½ hrs after expected departure time	3
New incidents recorded for October		**13**

Incident Review – the first twelve months

The Incident Review Database was implemented on 1st July 2011. After reviewing the first 12 months of implementation the following table was formulated. The incidents are ordered by number of incidents.

Incident Type	No	More information on the main category
Medication	89	Covers drug counts not tallying with drug books, Patients self medicating from blister packs incorrectly.
Clinical Process	59	Systems could be refined
Falls	51	
Documentation	27	Inadequate patient documentation
Injury	26	
Roster	26	Covers rostering of senior medical officers – does not include nursing staff
Behaviour	19	Threatening /Physical / Verbal
Hazard	18	Workplace Hazards identified
Transport	14	Covers transport for doctors to and from Grey Base, patient transport issues
Other	12	No other suitable category
Work related injury	11	Injuries sustained by staff at work. Please note that the Occupational Safety & Health database now records all of this information, so this number only represents those injuries that occurred prior to this system being implemented
Property	10	Damaged / Faulty /Broken
Violence Staff related	8	Covers physical, sexual, threatening and verbal abuse towards staff.
Laundry	7	Problems experienced as a result of the laundry services being relocated to Canterbury. All being followed up by Laundry Manager
Blood and Body Fluid	6	Covers exposure to blood and body fluids
Exposure	3	Exposure to cytotoxic substance, sharps.
Staffing	3	Nurse related staffing issues
Emergency	1	Fire alarm (no fire)
Security	1	Key to medication safety room left in lock
TOTAL		**391**

Safety Crosses – Patient Falls Initiative

Canterbury DHB has a system of reporting all patient falls via a "safety cross" so that the following information is displayed prominently in each ward is known and acted on:

- Number of falls, date they occurred and locations
- Number of consecutive days where no falls have occurred

The above data is displayed as a safety cross. The West Coast DHB is looking at introducing this system at Grey Base Hospital and across other facilities. It is being reviewed at CQIT.

Hospital Acquired Infections

August

- 2 HAI – 1 General Surgery (UTI) and 1 Hannan (UTI)

We have settled back to our low rate of HAI which sits generally between 0 and 2 HAIs per month.

September

- 5 HAI – 2x UTI in Hannan, 1 x Pneumonia URTI in Hannan, 2 x UTI in Kynnersley

August

- 2 HAI – 1 General Surgery (UTI) and 1 Hannan (UTI)

We are within our normal standard deviation. Continuous surveillance occurs.

Surgical Site Infections

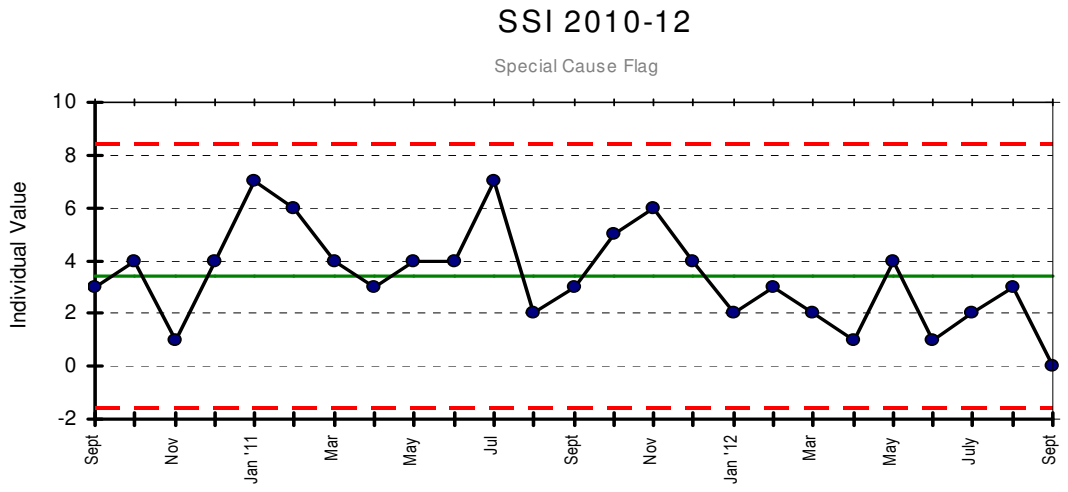
All Surgical Site Infections are reported to and discussed at Morbidity and Mortality Review meetings.

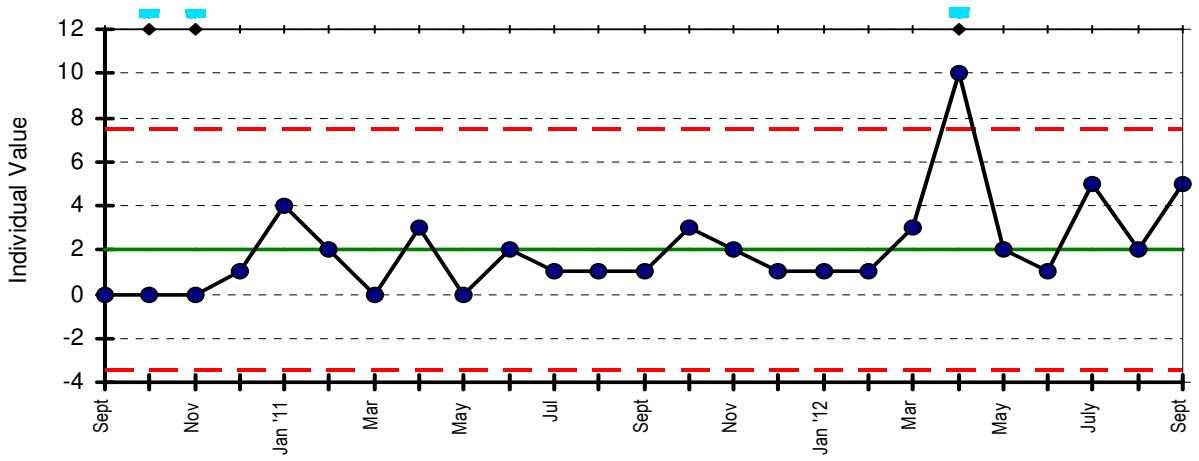
September

- No Surgical Site Infections reported for September.

October

Data for October not yet available





Central Line Associated Bacteraemia (CLAB)

Central Line Associated Bacteraemia Rate / 1,000 line days
The West Coast DHB reported a CLAB on 17th July 2012. Since then there have been no further reported Central Line Associated Bacteraemia. Work still needs to be done on monitoring the bundles. There is a South Island Regional Central Line Associated Bacteraemia meeting taking place on Tuesday 13th November in Christchurch.

Medication Errors
Medication Errors recorded for October:
Barclay: 1

Complaints

Received	Nature of complaint	Status
Surgical		
24/10/2012	Dissatisfied with length of time for consultation	Under investigation
Nursing		
16/10/2012	Unhappy with mother's care whilst patient in Medical Ward	Response letter at final stage for checking
24/10/2012	Unhappy with care provided at Buller Hospital	Being investigated by Buller
Medical		
26/10/2012	Buller Medical Patient complaining of fee on phone script	Under investigation

Current Projects

Primary / Secondary Electronic Interface
Meetings continue to occur fortnightly. The Group is currently looking at:

- **i-phones for permanent GPs**
  - Guidelines for the criteria for colour photos accompanying GP referrals to General Surgery for skin lesions have been developed in consultation with general surgeons. The quality of the camera in the i-phone is more than adequate for the macro photography required when sending images accompanying referrals. In fact, in tests, the i-phone outperformed most point and shoot cameras.
  - Currently investigating a i-Phones for use in sending electronic images to accompany referrals. The advantage of using i-phones vs cameras is that they have wider application for the practices e.g. diary management, emailing function on the go, etc,.
- **Concerto Training**
  - Training in the use of Concerto is underway or has been completed for practice Staff.

Patient Stories Driving Quality in Health Care / Experienced Based Design
By capturing the experiences of our patients and staff we will be able to identify their current experiences of our maternity unit. Using these stories will allow us to identify what needs to change to improve the experiences of our birthing mothers and our staff.

Intended methods of capturing staff and patient stories:
- Emotions Questionnaire
- Consumer survey
- Directed conversations: meeting with interested staff / patients to let them tell their stories
- Observations

How can maternity staff participate in this project?
- Give feedback on the questionnaires / surveys that have been developed
- Provide their own stories for collection

How will we identify who to talk to?
- Posters in the maternity unit so patients can contact Vicki directly
- Review the 6 weeks post discharge pile and phone patients to ask them if they are interested in participating in the project
- Staff to advise whether they / their patient would be interested in talking to us
- We will have a baseline i.e. we'll know how things are perceived now and know what is important to change to improve the experiences of patients / staff

What happens when we've gathered experiences?
- The results of the conversations will be reviewed to identify some common themes
- The Project Team will meet with maternity staff to provide feedback on the findings

Burns Policy
The Burns Policy is nearing completion – as a result of a Health and Disability Commission complaint last year the policy needed updating. Many staff have worked on this policy. It is now out for consultation before it is finalised.

4.16 Nursing Update

South Island laundry work stream
Consultation is underway across the South Island DHBs to work towards an agreed catalogue of core linen items, to reduce variation, increase standardisation and reduce costs. This includes standardisation of bed making. In addition, clinical services will be working towards reducing towel consumption by 10% before June 2013.

South Island advance care planning work stream
A regional workshop was held on 30th October in Christchurch to progress this issue across the South Island. It is anticipated there will be a five year implementation plan. West Coast DHB clinicians will progressively be offered educational opportunities to increase their understanding of advance care planning. A presentation will be given at an upcoming head of department's meeting to update teams.

Medication safety
It is anticipated that swipe card access to medication rooms will be available by 30 November 2012.
In addition, a time-in-motion study will capture the average time taken for nursing staff to administer medications across clinical services, to enable processes to be put in place to support safe practice.

Educational opportunities
Several staff have attended two recent opportunities for up skilling: 'a manager's role in dealing with difficult situations' and 'OSH update for managers'. Both workshops will be on offer over the next few months.

Quarter 1 Ministry of Health reports
Hospital services achieved their targets for theatre productivity; elective and arranged day surgery; elective and arranged day of surgery admissions; acute readmissions to hospital

Recruitment and retention
There are several vacancies (theatre, surgical and medical) which will be recruited to in the next few weeks, through the appointment of new graduates' positions and experienced staff. A vacancy of 1.0FTE remains for a nurse educator. Recruitment will need to begin shortly to replace our Acting Clinical Midwife Manager whose contract finishes on 27 April 2013. We are currently recruiting for a new graduate midwife to join our Greymouth team, commencing February 2013.

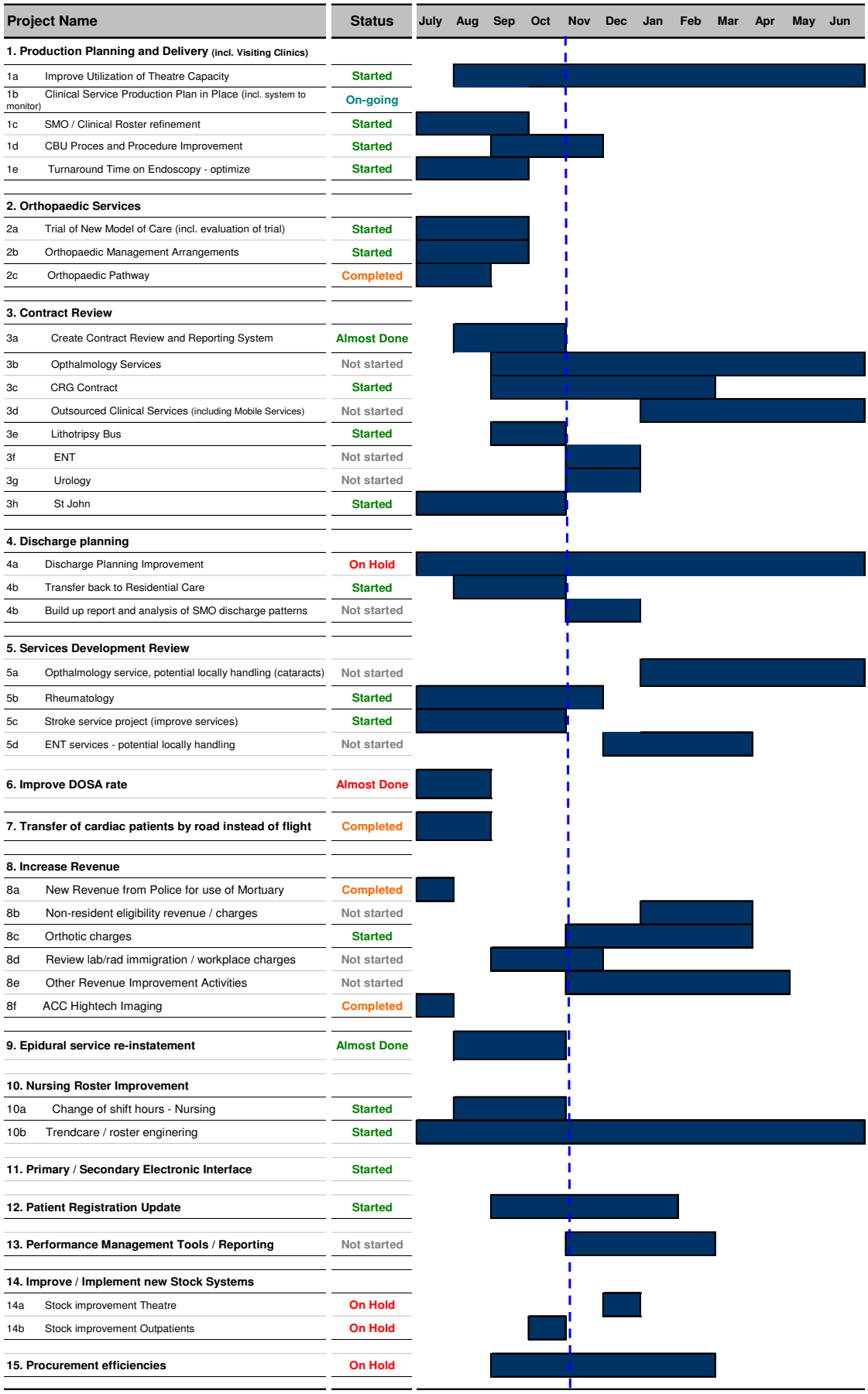
4.17 Hospital Services Improvement Programme

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 31 October 2012. Overall status in that the progress during the last month has been less than originally planned due to the seismic issues, as previously mentioned. As the relocation of Services in taken up a lot of time for key resources in Hospital Services, the majority of the below projects are expected to be put on hold until primo 2013.

Epidural Service Re-instatement
The Epidural Service is up and running 24/7. A minimum number of staff is educated to run the service at the moment. The up skilling of more staff will happen continually. The project will be closed when it has been running for a bit longer and the service is proven to run the way indicated in the project description.

Hospital Services Improvement Program
Status as of 31 October 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	Completed
3. Contract Review	
3a Create Contract Review and Reporting System	Almost Done
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	Completed
8. Increase Revenue	
8a New Revenue from Police for use of Mortuary	Completed
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	Completed
9. Epidural service re-instatement	Almost Done
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 Karyn Kelly, Acting General Manager Primary Services

FINANCE REPORT

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

TO: Chair and Members
Hospital Advisory Committee

SOURCE: General Manager: Finance

DATE: 22 November 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 October 2012.

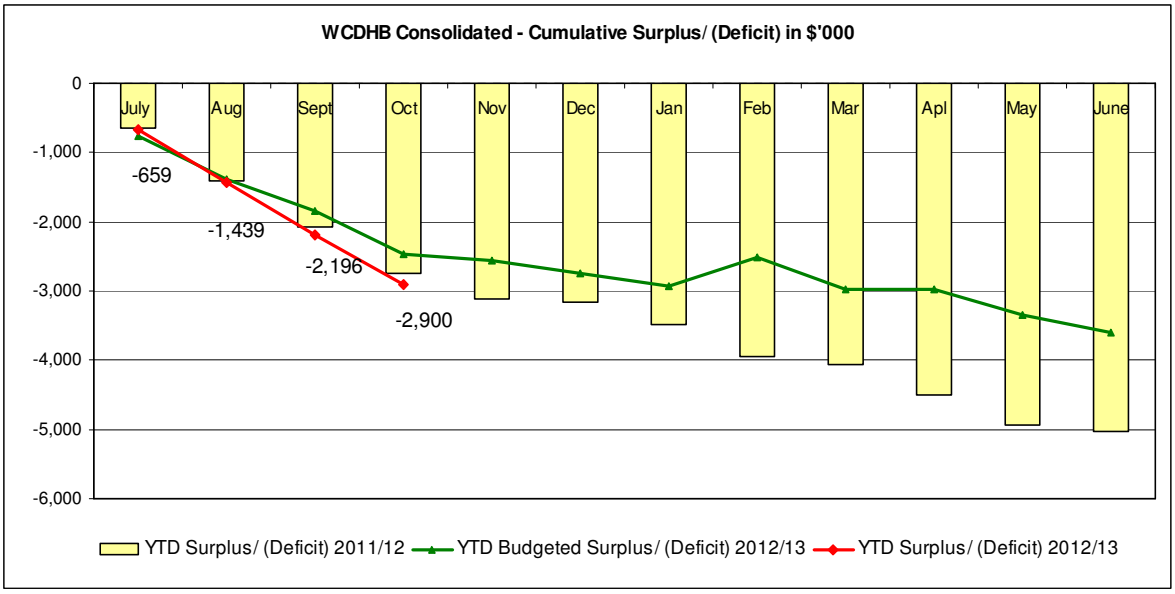
3. DISCUSSION

Financial Overview for the period ending 31 October 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,342	6,369	(27)	×	24,910	25,357	(447)	×
Governance & Administration	188	183	5	√	725	733	(8)	×
Funds & Internal Eliminations	4,916	4,780	136	√	19,330	19,121	209	√
	11,446	11,332	114	√	44,965	45,212	(247)	×
EXPENSES								
Provider								
Personnel	4,769	4,712	(58)	×	18,367	18,287	(80)	×
Outsourced Services	977	804	(173)	×	4,112	3,997	(115)	×
Clinical Supplies	642	661	19	√	2,511	2,751	240	√
Infrastructure	1,191	928	(263)	×	4,754	3,714	(1,040)	×
	7,579	7,105	(475)	×	29,744	28,749	(995)	×
Governance & Administration	127	183	56	√	603	733	130	√
Funds & Internal Eliminations	3,963	4,154	191	√	15,591	16,167	576	√
Total Operating Expenditure	11,669	11,442	(227)	×	45,938	45,649	(289)	×
Deficit before Interest, Depn & Cap Charge	223	110	(113)	×	973	438	(536)	×
Interest, Depreciation & Capital Charge	481	510	29	√	1,927	2,039	112	√
Net deficit	**704**	**621**	**(83)**	×	**2,900**	**2,477**	**(423)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending October 2012 is a deficit of $2,900k which is $423k over budget ($2,477k deficit). The result for the month of October 2012 is a deficit of $704k which is $83k over budget.



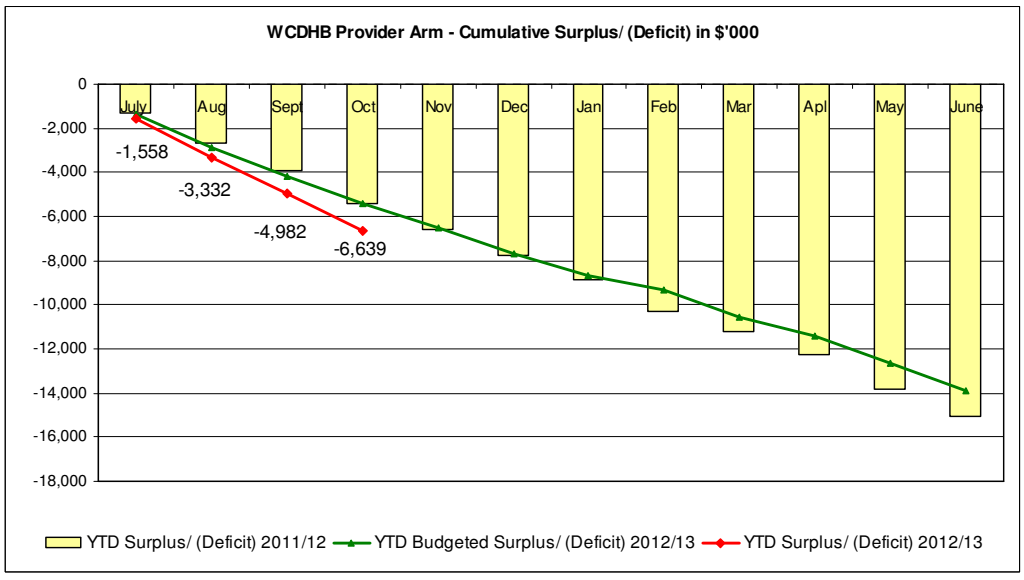
RESULTS FOR EACH ARM

Year to Date to October 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(6,761)	(5,432)	(1,329)	Unfavourable
Funder Arm surplus / (deficit)	3,739	2,955	784	Favourable
Governance Arm surplus / (deficit)	122	0	122	Favourable
Consolidated result surplus / (deficit)	**(2,900)**	**(2,477)**	**(423)**	**Unfavourable**

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

PROVIDER ARM



<u>Provider Arm</u>

Provider Arm revenue received from external sources is $447k unfavourable to budget. Revenue from Government sources makes up $273k of this variance.

- ACC revenue is $125k unfavourable to budget for the year to date, $63k of this variance relates to the ACC elective services contract which we expect to catch up on in future months (volumes were particularly low in July, due to staff leave patterns). Offsetting this revenue for the month for ACC electives was $24k favourable to budget. The balance of the unfavourable variance is mainly spread over radiology, physiotherapy, community services and assessment, treatment and rehabilitation (AT&R) of older persons. To date AT&R revenue is $33k unfavourable to budget; this is volume driven dependent on patient need. We are reviewing community ACC revenue as contracts with ACC have changed here.
- Revenue for clinical training from Health Workforce New Zealand is $33k unfavourable to budget for the year to date. Several programmes have lower trainees at present; this may change for the first semester in 2013.
- General Practice revenue from the WCPHO and revenue from home based support services are unfavourable to budget YTD. Both these services are currently implementing service improvements which are expected to result in improved revenue sourcing over the coming months.
- Budgets were set for external revenue from the Ministry of Health 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 ($87k to date), thus making up part of the unfavourable variance to date.

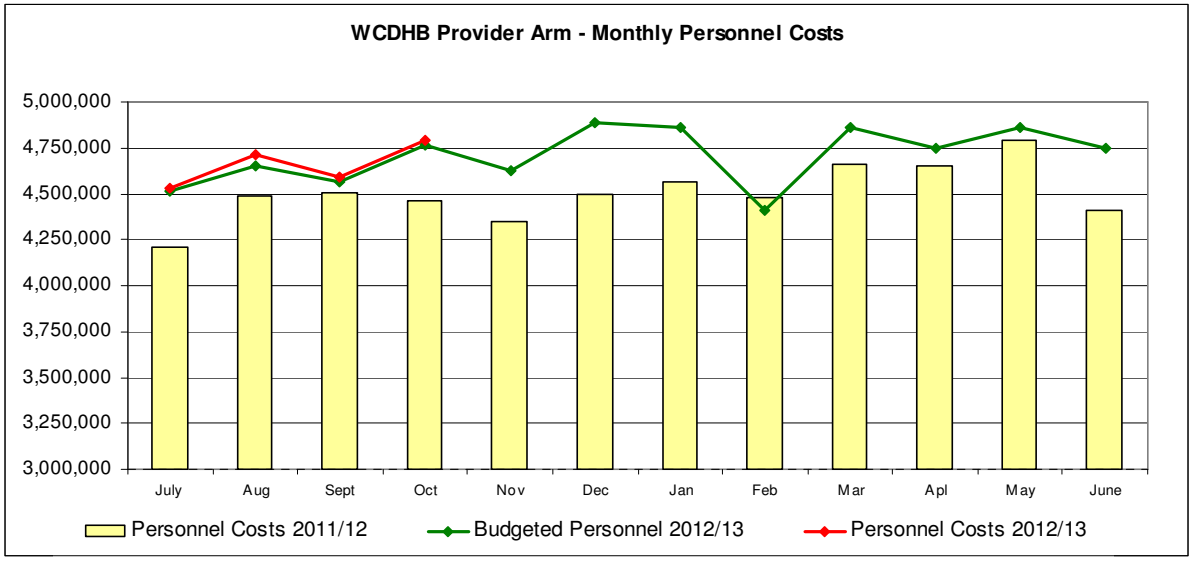
Patient and consumer sourced revenue from Primary Care Practices is $58k unfavourable to YTD budget. These services are currently under review with an aim to maximise all revenue claiming. We expect these revenues to improve over the coming months. Sales of audiology aids are unfavourable to budget-this is however, offset by lower costs.

Total other income is $75k unfavourable to YTD budget, this is mainly derived form laundry services revenue which is $41k unfavourable to this year's revenue budget, yet it is in line with the previous year actual. Interest received by the Provider arm is $24k unfavourable to budget, this is however offset by interest received by the Funder arm which is $50k favourable to budget.

EXPENSES

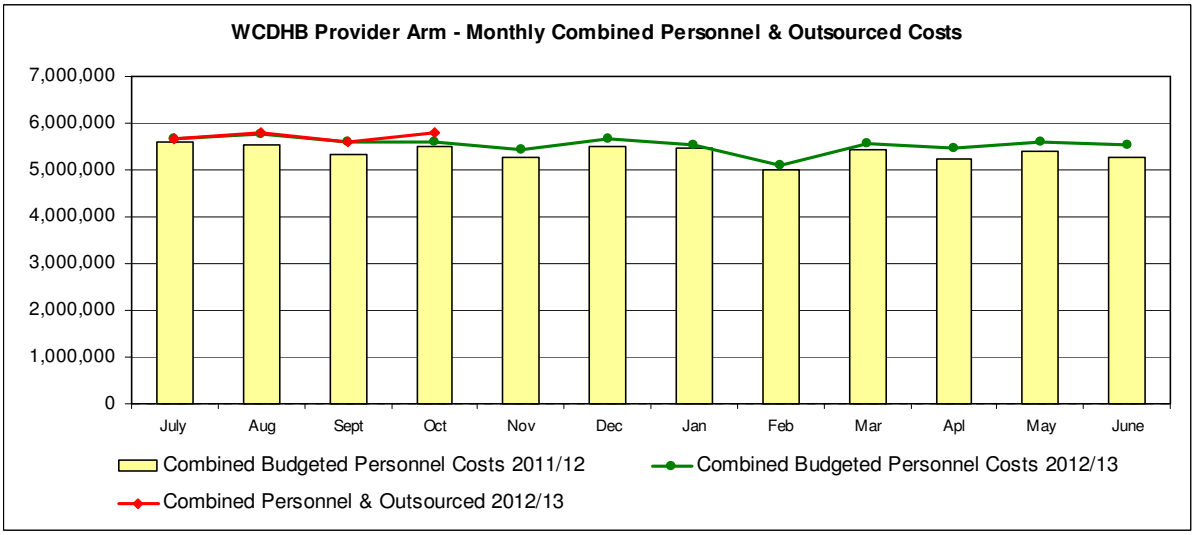
<u>Provider Personnel</u>
Personal cost for the year to date are $18,367; $80k unfavourable to budget ($18,287k).

- Medical Personnel costs are $57k unfavourable to budget to date.
  - Senior Medical Officer (SMO) costs are $166k unfavourable to budget. Three new employees started earlier than had been budgeted and allowances year to date are higher than budget. Offsetting these costs, outsourced locum costs for SMO's are $485k favourable against budget to date.
  - General Practitioner (GP) personnel costs are $175k favourable to budget due to vacancies, but offset by unfavourable variances in overtime as staff provided cover for the vacancies. Outsourced locum costs for GP's are $326k unfavourable to budget (includes all travel, accommodation, fees etc).
  - Other personnel costs are $77k unfavourable to budget to date-this includes CME costs, which are not incurred evenly over the year.
- Nursing Personnel costs are unfavourable to budget by $245k to date.
  - Costs for Caregivers and enrolled nurses working in residential care are more than budget to date; these are partially offset by increased revenue from subsidies (internal revenue from the Funder arm) and resident's contributions.
- Allied Health Personnel costs are $210k favourable to budget.
  - This is due to a number of vacancies within allied services.



Outsourced services costs are $4,112k; $115k unfavourable to budget ($3,997k).

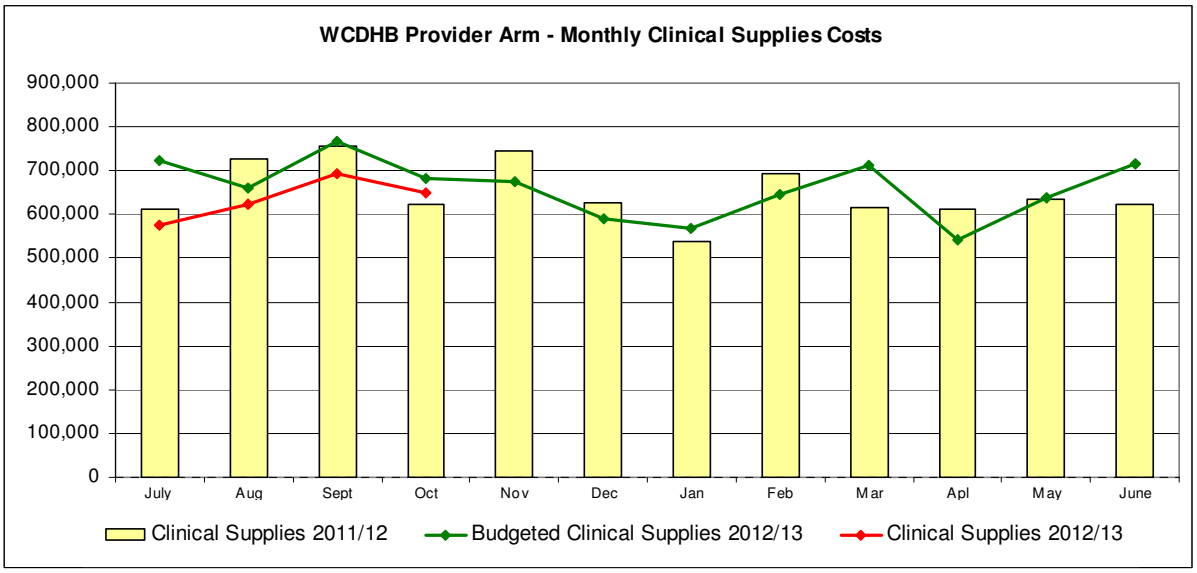
- Outsourced Senior Medical Costs (locums) are $2,275k for the year to date; a favourable variance of $168k to budget. Locum costs within hospital services were favourable to budget and locum services within primary services unfavourable to budget due to vacancies. Locum costs for the month of October were $180k unfavourable to budget. Actual costs for the month were $77k higher than for September, but the budget for the month of October has been reduced by $192k as this is the month that we planned to have new medical staff on board.
- Locum costs for maternity services are unfavourable to budget for the month as the new O&G SMO starts in November and not October as was planned. Locum SMO cover for surgical, medical and A&E services were also unfavourable to budget in October.
- Outsourced clinical services were $331k unfavourable to 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. Ophthalmology services for October were $26k favourable to budget and there were no costs for outsourced orthopaedic services in October.



Clinical Supplies

Overall clinical supplies are $240k favourable to budget:

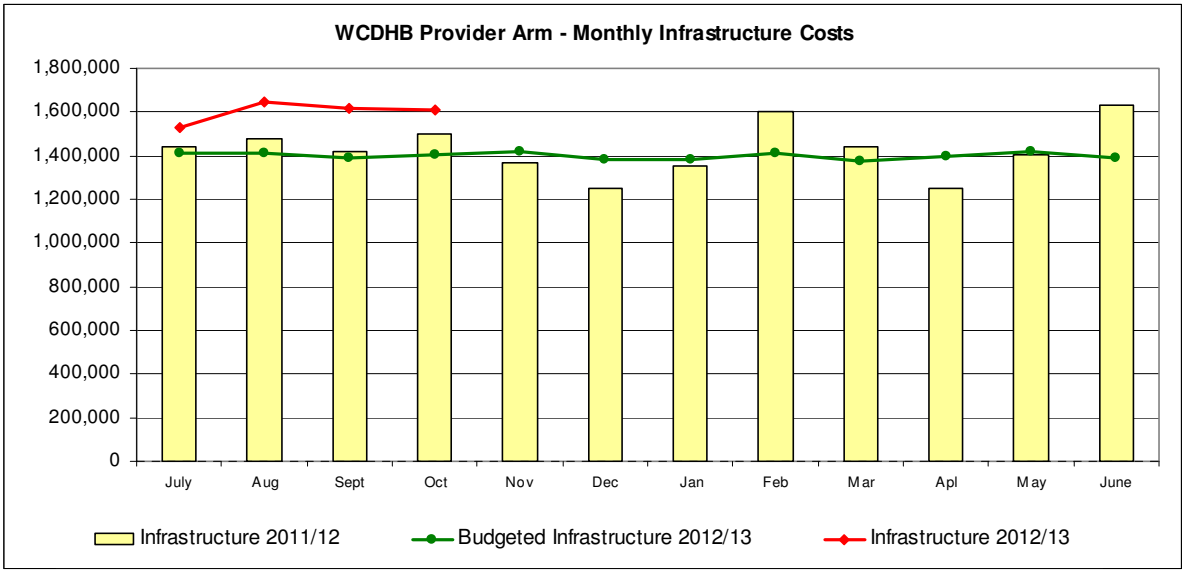
- All clinical supply categories are favourable to budget. As reflected in reduced revenue, purchases of audiology aids, implants and prostheses and medical gases are also less than budget. Air ambulance costs are $164k favourable to budget. The budget for air transfers was increased from 2011/12 based on new models of service provision for Orthopaedics and Paediatrics in 2012/13 and was set before changes were made regarding the criteria for air transfers (particularly relating to cardiac patients) which reduced actual costs in the latter part of last year. Based on this change it is expected that savings in air transfers will continue for the remainder of the year.



Infrastructure and non clinical cost

Overall infrastructure and non clinical cost for the Provider arm are $4,754k, $1,040k unfavourable to budget. Within this variance are the following specific variances:

- Facilities costs are $275k unfavourable to budget. Insurance premiums on building and plant are $185k for the four months to date. Insurance premiums for the remainder of the year will be much higher than budget as a result of the New Zealand seismic activity causing pressure on premiums, which were only confirmed in August 2012 (after the budget was set). Utility costs are $55k unfavourable to budget to date. Reconfiguration of laundry services has resulted in a cost for gas –for which there was no budget and electricity costs are $41k unfavourable to budget to date (increase in unit costs when the contract was renewed in the last quarter of last year).
- Transport costs are $95k unfavourable to budget to date.
  Staff travel costs are $28k unfavourable to budget to date (mileage reimbursements to staff are $18k unfavourable against budget to date and under review) and vehicle repairs and registration are $43k unfavourable to budget. Lease costs are $13k unfavourable to budget with additional costs incurred for vehicles retained past the lease expiry date as the purchase of these vehicles was delayed, this will drop from September.
- Hotel services, laundry and cleaning costs are $372k unfavourable to budget.
  Laundry costs are $358k unfavourable to budget due to the closure of the laundry on site, now necessitating that all laundry processing is outsourced, yet formal decisions regarding the long term future of the laundry are still pending.



4. APPENDICES

Appendix 1: Provider Operating Statement – 31 October 2012

Report prepared by: Justine White, General Manager: Finance

West Coast District Health Board

Provider Operating Statement for period ending 31 October 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	5,247	5,250	(3)	(0.1%)	5,209	20,999	21,002	(3)	(0.0%)	21,252	63,005	62,872
Ministry of Health side contracts	146	170	(24)	(14.0%)	182	481	623	(142)	(22.8%)	652	1,862	1,824
Other Goverment	589	559	30	5.3%	472	2,107	2,238	(131)	(5.9%)	2,111	6,841	6,483
InterProvider Revenue (Other DHBs)	14	10	4	35.5%	(6)	14	41	(27)	(66.1%)	17	124	106
Patient and consumer sourced	276	280	(4)	(1.4%)	245	1,034	1,103	(69)	(6.3%)	964	3,396	3,096
Other income	70	99	(29)	(29.1%)	133	275	350	(75)	(21.4%)	458	1,258	1,424
Total income	**6,342**	**6,369**	**(27)**	(0.4%)	**6,235**	**24,910**	**25,357**	**(447)**	(1.8%)	**25,454**	**76,486**	**75,805**
Expenditure												
Employee benefit costs												
Medical Personnel	1,090	1,126	36	3.2%	920	4,216	4,159	(57)	(1.4%)	3,425	13,316	10,673
Nursing Personnel	2,167	2,013	(153)	(7.6%)	1,945	8,184	7,939	(245)	(3.1%)	7,917	24,086	24,654
Allied Health Personnel	771	811	40	4.9%	713	2,980	3,190	210	6.6%	2,977	9,647	8,956
Support Personnel	181	177	(4)	(2.4%)	168	743	726	(17)	(2.4%)	689	1,988	2,163
Management/Administration Personnel	561	584	24	4.0%	531	2,245	2,274	29	1.3%	2,190	6,842	6,488
	4,769	**4,712**	**(58)**	**(1.2%)**	**4,277**	**18,367**	**18,287**	**(80)**	**(0.4%)**	**17,198**	**55,878**	**52,934**
Outsourced Services												
Contracted Locum Services	595	415	(180)	(43.2%)	784	2,275	2,443	168	6.9%	3,091	4,931	8,202
Outsourced Clinical Services	244	309	65	21.1%	369	1,568	1,237	(331)	(26.8%)	1,570	3,710	4,041
Outsourced Services - non clinical	138	79	(59)	(73.9%)	58	269	316	47	15.0%	213	952	521
	977	**804**	**(173)**	**(21.5%)**	**1,211**	**4,112**	**3,997**	**(115)**	**(2.9%)**	**4,874**	**9,593**	**12,764**
Treatment Related Costs												
Disposables, Diagnostic & Other Clinical Supplies	97	111	14	12.6%	115	450	472	22	4.7%	467	1,323	1,388
Instruments & Equipment	183	153	(30)	(19.3%)	119	641	643	2	0.3%	609	1,733	1,613
Patient Appliances	28	29	1	3.4%	14	96	124	28	22.6%	101	354	347
Implants and Prostheses	41	76	35	46.1%	83	250	299	49	16.4%	408	817	877
Pharmaceuticals	204	157	(47)	(29.9%)	171	727	709	(18)	(2.5%)	627	1,923	2,033
Other Clinical & Client Costs	89	135	46	34.1%	123	347	504	157	31.2%	503	1,525	1,294
	642	**661**	**19**	**2.9%**	**625**	**2,511**	**2,751**	**240**	**8.7%**	**2,715**	**7,675**	**7,552**
Infrastructure Costs and Non Clinical Supplies												
Hotel Services, Laundry & Cleaning	407	320	(87)	(27.2%)	300	1,603	1,231	(372)	(30.3%)	1,220	3,671	3,773
Facilities	284	208	(76)	(36.4%)	262	1,144	869	(275)	(31.6%)	949	2,554	2,554
Transport	89	71	(18)	(25.9%)	85	378	283	(95)	(33.7%)	381	850	1,034
IT Systems & Telecommunications	128	122	(6)	(5.0%)	116	527	486	(41)	(8.5%)	448	1,527	1,375
Professional Fees & Expenses	44	18	(26)	(147.9%)	41	203	71	(132)	(185.9%)	128	209	557
Other Operating Expenses	129	79	(50)	(62.9%)	181	459	335	(124)	(37.2%)	442	969	1,245
Internal allocation to Governanance Arm	110	110	0	0.2%	110	440	441	1	0.2%	440	1,322	1,320
	1,191	**928**	**(263)**	**(28.4%)**	**1,095**	**4,754**	**3,714**	**(1,040)**	**(28.0%)**	**4,008**	**11,102**	**11,858**
Total Operating Expenditure	**7,579**	**7,105**	**(475)**	**(6.7%)**	**7,208**	**29,744**	**28,749**	**(995)**	**(3.5%)**	**28,795**	**84,248**	**85,108**
Deficit before Interest, Depn & Cap Charge	**(1,237)**	**(736)**	**501**	**(68.1%)**	**(973)**	**(4,834)**	**(3,392)**	**1,443**	**(42.5%)**	**(3,341)**	**(7,762)**	**(9,303)**
Interest, Depreciation & Capital Charge												
Interest Expense	54	61	7	11.8%	62	219	245	26	10.6%	246	735	732
Depreciation	367	388	21	5.5%	383	1,468	1,553	85	5.5%	1,508	4,661	4757
Capital Charge Expenditure	60	60	0	0.4%	90	240	241	1	0.4%	360	723	613
Total Interest, Depreciation & Capital Charge	**481**	**510**	**29**	**5.7%**	**535**	**1,927**	**2,039**	**112**	**5.5%**	**2,114**	**6,119**	**6,102**
Net deficit	**(1,718)**	**(1,246)**	**472**	**(37.9%)**	**(1,508)**	**(6,761)**	**(5,432)**	**1,329**	**(24.5%)**	**(5,455)**	**(13,881)**	**(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: **22 November 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
The Rural Academic General Practice has developed new work processes to support some of the rural parts of our health system, this includes VC support daily and clinics several days a week at Reefton; and providing a once a fortnight service to Karamea, by flying from Greymouth to Karamea for the day.

Transalpine Services
Allied Health leaders from Canterbury and the West Coast are continuing to develop the RUral Focused Urban Specialist (RUFUS) service model and are looking to pilot this is Social Work and Dietetics in the coming months.

Leadership and Clinical Governance
Clinicians have been working hard to plan the reconfiguration of clinical services in response to the seismic issues for Greymouth Hospital. A steering group has led the work in reviewing information and data to support the development of potential options for service delivery, with a draft report produced by October 12th. This will also inform discussions with the National Health Board on October the 18th, whereby support will be sought to enable the required short term construction to address the immediate risks.

Service Improvements
Red Cross are trialling a once a week transport service from Westport to Greymouth return for people requiring health services in Greymouth, in collaboration with WCDHB.

Workforce
The third anaesthetist employed to the team started on 1st October.
Planning is underway for the implementation of the Cancer Nurse Coordination role. Funding has been released to the DHB to enable nurse coordination of patient pathway, from the point of referral of suspected cancer through to diagnosis and treatment. One of the purposes of this role is to streamline care in order to achieve the requirement of meeting faster cancer treatment indicators.

Two new Gerontology Clinical Nurse Specialists have been appointed to support the Complex Clinical Care Network. These CNS's will work collaboratively within the interdisciplinary team to provide complex assessment and coordinated care, working to a restorative model to enable folk to remain well and in their own homes.

The longstanding vacancy in social work leadership has been filled and we welcome the new clinical manager for Occupational Therapy to the Coast this month.

General

The Clinical Leaders and Chief Executive had a successful meeting with the Minister of Health, Hon Tony Ryall, and Director General, Kevin Woods. Service improvements were discussed with a specific focus on Better Sooner More Convenient Care progress and the Health Targets. Both Mr Ryall and Mr Woods congratulated the DHB on progress made, while encouraging a continued focus on meeting the targets.

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