West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

17 NOVEMBER 2011

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

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AGENDA

FOR THE WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING 17 NOVEMBER 2011 FROM 11.00 AM TO 1.00 PM

Karakia

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2. Disclosure of Committee members' interests
3. Minutes of the last meeting 30 September 2011

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

6.1 Health Targets

6.2 Monitor performance of the Provider arm

- Management Team Report
- Financial Report
- Operational Indicators – Caseweights
- Elective Services Patient Flow Indicators
- Outpatient Department Cancellations
- Clinical Leaders Report

6.3 Investigations / Scoping

- Monitoring Inter District Flows – Patient Transfers

7. Items to be reported back to Board

IN-COMMITTEE

1 Minutes from the Hospital Advisory Committee meeting held 30 September 2011

NEXT MEETING – 2012 (to be advised)

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 DRAFT TIMETABLE
JANUARY 2011 TO DECEMBER 2011

DATE	MEETING	TIME	VENUE
Thursday 27 January 2011	BOARD	10.00 AM	St John lecture rooms
Tuesday 8 February 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 February 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 24 March 2011	BOARD	10.00 AM	Westport, Solid Energy Centre
Wednesday 23 March 2011	Tatau Pounamu	10.00 AM	Makaawhio Office, Hokitika
Thursday 14 April 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 April 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 4 May 2011	Tatau Pounamu	10.00 AM	St John lecture rooms
Friday 6 May 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 19 May 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 19 May 2011	ARF	1.30 PM	Boardroom, Corporate Office
Friday 3 June 2011	BOARD	10.00 AM	St John lecture rooms
Wednesday 15 June 2011	Tatau Pounamu	10.00 AM	Westport Motor Hotel, Westport
Thursday 14 July 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 14 July 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 28 July 2011	BOARD	8.30 AM	Mueller Motel, Franz Josef
Thursday 18 August 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 18 August 2011	ARF	1.30 PM	Boardroom, Corporate Office
Thursday 8 & Friday 9 September 2011	Tatau Pounamu	10.00 AM	Te Tauraka Waka a Maui Marae
Thursday 8 September 2011	BOARD WORKSHOP	2.00 PM	Te Tauraka Waka a Maui Marae
Friday 9 September 2011	BOARD	10.00 AM	Te Tauraka Waka a Maui Marae
Friday 30 September 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	HAC	11.00 AM	Boardroom, Corporate Office
Friday 30 September 2011	ARF	1.30 PM	Boardroom, Corporate Office
Wednesday 19 October 2011	Tatau Pounamu	10.00 AM	Arahura Pa
Friday 14 October 2011	BOARD	10.00 AM	St John lecture rooms
Thursday 17 November 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 17 November 2011	ARF	1.30 PM	Boardroom, Corporate Office
Monday 28 November 2011	Tatau Pounamu	10.00 AM	Boardroom, Corporate Office
Friday 2 December 2011	BOARD	10.00 AM	St John lecture rooms

DISCLOSURES OF INTERESTS

Member	Disclosure of Interests
CHAIR - HAC Warren Gilbertson **West Coast District Health Board Member**	• Chief Operating Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies
DEPUTY CHAIR – HAC Sharon Pugh **West Coast District Health Board Member**	• Shareholder, New River Bluegums Bed & Breakfast
Doug Truman **West Coast District Health Board Member**	• Deputy Mayor, Grey District Council • Director Truman Ltd • Owner/Operator Paper Plus, Greymouth
Barbara Holland	• Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests) • Member – Public Health Association of New Zealand • Member – Well Women's Centre • Member – National Screening Advisory Committee • Member – Breastscreen Aoteoroa Advisory Group • Member – Alcohol Action New Zealand
Richard Wallace	• Upoko, Te Runanga o Makawhio • Negotiator for Te Rau Kokiri • Trustee Kati Mahaki ki Makawhio Limited • Honorary Member of Maori Women's Welfare League • Wife is employed by West Coast District Health Board • Trustee West Coast Primary Health Organisation • Chair of Tatau Pounamu • Kaumatua Health Promotion Forum New Zealand • Kaumatua for West Coast DHB Mental Health Service (part-time) • Daughter is a Board Member of both the West Coast DHB and Canterbury DHB • Kaumatua o te Runanga o Aotearoa NZNO • Te Runanga o Aotearoa NZNO
Gail Howard	• Chairman of Coal Town Trust • Trustee on the Buller Electric Power Trust • Director of Energy Trust New Zealand
Paula Cutbush	• Owner and stakeholder of Alfresco Eatery and Accommodation

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS
TERMS OF APPOINTMENT

HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Warren Gilbertson (Chair)	14 December 2007 (Re-appointed 6 March 2009 and 27 January 2011)	One year	31 December 2011
Sharon Pugh (Deputy Chair)	27 January 2011	One year	31 December 2011
Doug Truman	27 January 2011	One year	31 December 2011
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 FRIDAY 30 SEPTEMBER 2011 AT 11.00AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

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

IN ATTENDANCE Dr Paul McCormack, Board Chair
Peter Ballantyne, Board Deputy Chair
Hecta Williams, General Manager
Garth Bateup, Acting General Manager Hospital Services
Sandra Gibbens, Minute Secretary

APOLOGIES None

Karakia – Richard Wallace

1. WELCOME, APOLOGIES AND AGENDA

The Chair welcomed everyone to the meeting, and in particular Gail Howard who was subsequently introduced to the Committee members.

2. DISCLOSURES OF INTERESTS

Gail Howard
Add:

- Chairman of Coal Town Trust
- Trustee on the Buller Electric Power Trust
- Director of Energy Trust New Zealand

Barbara Holland
Add:

- Member of Alcohol Action New Zealand

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 18 AUGUST 2011

It was noted that an apology had been received from Barbara Holland for the August 2011 meeting.

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

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 18 August 2011 be adopted as a true and accurate record subject to the amendment to the apologies ."

Carried.

Hospital Advisory Committee Chair's Report to the Board 25 August 2011

- The Chair tabled a paper outlining the Healthy Housing initiative. The West Coast District Health Board has agreed that this positive scheme will become a focus and a project has commenced.
- It was noted that Elective Services remain a priority to the West Coast District Health Board.
- Human Resources are experiencing improvements in recruitment.

4. MATTERS ARISING

Item 1: Whole Board Programme re Outline for Prioritisation of Strategic Activities
The Hospital Advisory Committee Chair and the Acting General Manager Hospital Services have met and will continue to meet regularly regarding the Work Plan and how management communicates requirements through systems.

Item 2: Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target
The General Manager and Acting General Manager Hospital Services spoke to this item. It is considered that in principle, all health practitioners do support the 'Better Help for Smokers to Quit' target. The only reporting available at present however, is on Inpatients, and this work is still in progress. It was noted that nurse managers have these targets as part of their Key Performance Indicators. This item is to be put on hold, awaiting the next target results.

Item 3: Hospital Advisory Committee Chair and Acting General Manager Hospital Services to discuss management's ability to deliver on the Work Plan
As per Item 1.

Item 4: The Obstetrics and Gynaecology vacancy to be discussed with the Acting General Manager Hospital Services
Information is provided in the Management Report. To be taken off the matters arising.

Item 5: A classification of complaints graph is requested to be provided specifically for hospital services
The graph is provided in section 6.2 in the Risk and Quality Report. This item is to remain on the matters arising.

Item 6: The Chief Financial Manager is to provide a brief summary regarding the meaning of the total value of over-production costs as to fiscal impact (if any)
A paper from the Chief Financial Manager was tabled which provided information on the scale of the fiscal impact of over-delivery on electives. Work is underway on achieving the balance of the health needs of the public as to the budget through effective production planning. It was noted that locum use is being streamlined, permanent staff are being sourced and appointments are anticipated.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

Moved: Warren Gilbertson **Seconded: Dr Paul McCormack**

Motion:
"THAT the outwards correspondence is approved."

Carried.

6. WORK PLAN

- It was considered that some items on the Work Plan may have been duplicated.

Action Point: The Committee Chair and the Acting General Manager Hospital Services are to review the Work Plan to ensure that the correct items are included.

6.1 Health Targets

- **Shorter stays in Emergency Departments**
  The Committee noted the high number of presentations to the Emergency Department, and emphasised the importance of ensuring that "the right people are going to the right place at the right time" to achieve the best health outcomes.

  Action Point: The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations.

- **Improved Access to Elective Services**

  Action Point: The report provided for the Improved Access to Elective Services target is to be corrected for the next Hospital Advisory Committee meeting.

- **National Health Targets Report**
  The National Health Targets Report was considered to be a good comprehensive report, and it was deemed that the West Coast DHB compared accurately to the national average. Two targets require further work, being 'Better Diabetes and Cardiovascular Services' and 'Better Help for Smokers to Quit'. A West Coast DHB Smokefree co-ordinator has commenced work. Nationally, work is underway to develop a more effective Diabetes programme than that which is being used throughout New Zealand at present.

6.2 Monitor Performance of the Provider Arm

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

- The recent Xcelr8 project regarding the timing of flights has been effective, with Air New Zealand being responsive to suggestions. As cancellations of flights have quite an impact on service delivery this area will continue to be monitored.
- Telehealth has proven to be successful for a clinic recently held, and where appropriate, has the potential to be used more often for this purpose.
- The West Coast DHB is slightly ahead on electives at present, allowing for the scheduled elective surgery shut-down for theatre maintenance over Christmas. Acute services will remain available throughout this period.

Human Resources

- Appointments to permanent positions are being made and permanent staff continues to be sought. We are now part of the Canterbury District Health Board recruitment team as a combined resource in terms of seeking staff. The focus is initially on primary services (General Practitioners), with secondary to follow.
- The Committee discussed the recent establishment of a private practitioner Gynaecologist in Greymouth. The development of private surgery services would need to go to the Board for consideration primarily.
- Leave management was discussed and is part of an internal work plan that is being developed to lead us towards financial viability and working more effectively.

Risk and Quality Report

The Acting General Manager Hospital Services spoke to the report:

- There has been a significant increase in complaints from January 2011, mostly under quality of service/communication. All complaints are investigated through the standard processes. Part of the quality review process is becoming attuned to the indicators, trends etc. A Committee member proposed that it would be useful to obtain the number of complaints as to the whole number of patients through the system, i.e. as per 1000 bed days; however it would be difficult to separate inpatient complaints from outpatients and community.
- Clinical credentialing has now moved from a five to a seven year cycle.

Action Point: The Acting General Manager Hospital Services to follow up as to whether patients can continue to use their own medication with the 'Green Bags' scheme. The new medication reconciliation programme to also be included.

Moved: Peter Ballantyne **Seconded: Richard Wallace**

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

Carried.

Finance Report

The Acting General Manager Hospital Services spoke to the Finance Report:

- The Provider Arm continues to require improvement. A work plan across the whole West Coast District Health Board is being developed towards meeting our budget targets for this year; focussing on working better, getting systems in place, reducing waste, optimising clinical services etc. Several projects have been identified, resources will be required and the plan will be launched to all staff. A summary will be provided for the November 2011 Hospital Advisory Committee meeting.

Elective Services Patient Flow Indicators (ESPIs)

- It is anticipated that Dentals will be achieved today.
- A proposal regarding Dental service provision through Canterbury DHB is expected. This would give us a more comprehensive service.
- Plastics have been provided in a private capacity, however Canterbury DHB has made some full time equivalent (FTE) available as part of our service level agreement in the future, thus allowing us to provide extra sessions.

Outpatient Department Cancellations

- Work on reducing clinic cancellations is ongoing and will be part of a project being established; including systems and communication reviews, refinement of the roster, auditing, production planning, theatre resourcing etc.

Action Point: The management team are requested to consider communication strategies with the public; to acknowledge the awareness of the issues regarding clinic cancellations and Did Not Attend (DNA) rates, emphasising that there is a strong monitoring focus on this, that we do care, and are working on it.

Clinical Leaders Report

Apologies were received from the three clinical leaders. The General Manager and Acting General Manager Hospital Services spoke to the report:

- Workshops have been held regarding implementing clinical governance into the District Health Board. The 'whole of system' approach is being focussed upon.
- There has been input from other providers and agreement made on the establishment of the beginning of a clinical board to work on evolving a model for the provision of clinical services.
- The December 2011 date for the documented clinical governance framework for the West Coast Health system to be in place is noted as imperative to maintain progress.

Action Point: The General Manager is to encourage the Clinical Leaders to discuss reporting format with the Board Chair.

6.3 Investigations / Scoping

Monitoring Inter District Flows - Patient Transfers

- Concerns have been raised regarding the provision of transport for patients following discharge from Grey Base Hospital, i.e. to return to Buller, Reefton, South Westland; and West Coast DHB patients discharged from Canterbury DHB.
- It is noted that it is not normal practice nationwide to provide transport upon discharge unless it is from health facility to health facility.
- Communication with the patient regarding transportation and required support is deemed as a necessary component of discharge planning.
- A work stream on discharge planning is commencing shortly.
- Communication needs to be provided to Buller and Westland communities advising what the national models are, and that we are looking at other models.

Action Point: The management team are requested to work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation following discharge.

Moved: Warren Gilbertson **Seconded: Barbara Holland**

Motion:
"THAT the Hospital Advisory Committee receive the Finance, Elective Services Patient Flow Indicators, Outpatient Department Cancellation, Clinical Leaders, and Patient Transfers Reports."

Carried.

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

- Production Planning progression
- Focus on the Health Targets, i.e. Emergency Department
- 'Better Help for Smokers to Quit' – appointment of new co-ordinator
- Quality Risk reporting
- Finance – outsourced services and clinical supplies
- Outpatient Department cancellations – ongoing work

- Patient Transfers – communication on policies and procedures in place
- Follow-up around the Patient Discharge

8. IN COMMITTEE

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

Motion:

"That members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act, so that the meeting may discuss the following matters:

- **In committee minutes from the Meeting held 18 August 2011**

On the grounds that public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 9 of the Official Information Act 1982."

Carried.

The Hospital Advisory Committee moved into In Committee at 12.36pm.

There were no in committee resolutions.

The Hospital Advisory Committee moved out of In Committee at 12.45pm.

9. ACKNOWLEDGEMENT

The Board Chair thanked the Minute Secretary for the quality of work provided to the Committee regarding the agendas and minutes.

10. NEXT MEETING

The next meeting will be held on Thursday, 17 November 2011 in the Boardroom, Corporate Office, Grey Base Hospital.

The Hospital Advisory Committee spent nine minutes in In Committee
There being no further business to discuss the meeting concluded at 12.50pm.

HAC REPORT TO BOARD

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

FROM: **Chair, Hospital Advisory Committee**

DATE: **3 November 2011**

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Friday, 30 September 2011)

The Chair of the Hospital Advisory Committee provided a verbal update to the West Coast District Health Board at their last meeting.

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	14 July 2011 30 September 2011	Information to be provided about whether all health practitioners support the 'Better Help for Smokers to Quit' target On hold awaiting the next target results	General Manager	Upon receipt of the next target results	
2	18 August 2011	A classification of complaints graph is requested to be provided specifically for hospital services. Graph provided 30 September 2011 meeting. Item to remain on matters arising.	Quality Assurance and Risk Manager	17 November 2011 meeting	
3	30 September 2011	Review the Work Plan to ensure that there is no duplication and that the correct items are included	Hospital Advisory Committee Chair and Acting General Manager Hospital Services		
4	30 September 2011	The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations	Acting General Manager Hospital Services		
5	30 September 2011	The report provided for the Improved Access to Elective Services target is to be corrected for the next Hospital Advisory Committee meeting	Acting General Manager Hospital Services		6.1
6	30 September 2011	Follow up as to whether patients can continue to use their own medication with the 'Green Bags' scheme. The new medication reconciliation programme to also be included	Acting General Manager Hospital Services		6.2

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
7	30 September 2011	Communication strategies with the public to be considered; to acknowledge the awareness of the issues regarding clinic cancellations and Did Not Attend (DNA) rates, emphasising that there is a strong monitoring focus on this, that we do care, and are working on it	Management Team		
8	30 September 2011	The Clinical Leaders are to be encouraged to discuss the reporting format of the Clinical Leaders Report with the Board Chair	General Manager		
9	30 September 2011	Work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation home following discharge	Management Team		
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE FOR SEPTEMBER / OCTOBER 2011

OUTWARDS AND INWARDS CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
There was no correspondence for September / October 2011					

HOSPITAL ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for Hospital Advisory Committee							
1. Annual Plan	General Manager Planning and Funding	Ongoing	Quarterly		√		West Coast District Health Board 2011/12 Annual Plan now signed off by Ministers.
2. District Health Board Hospital Benchmark Information	General Manager Hospital and Support Services	Ongoing	Quarterly				As available.
Provide input into							
1. South Island Health Services Plan	General Manager Hospital and Support Services and General Manager Planning and Funding		Annually		√		South Island Regional Health Services Plan approved.
2. South Island Elective Services Plan	General Manager Hospital and Support 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 and Support Services	Ongoing	As required		√		
6. Health Information Strategy	General Manager Hospital and Support Services		Semi-Annual		√		National Health I.T. Plan for review and discussion.
7. Annual Report	Chief Financial Officer / General Manager Hospital and Support 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 Officer / General Manager Hospital and Support Services / General Manager Planning and Funding	Ongoing	Six weekly		√		Project – GP Business Model.

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To monitor							
1. Financial performance	Chief Financial Officer	Ongoing	Six weekly		√		Regular Finance Reports.
2. Health Targets	General Manager Hospital and Support Services	Ongoing	Quarterly weekly		√		Report included in papers.
3. Provider performance to contract	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Included in operational indicators.
4. Elective Services Patient Flow Indicators (ESPI)	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Report included in papers.
5. CDHB Collaboration - Monitor key deliverables / milestone dates	General Manager Hospital and Support 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 Officer	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 and Support Services	Ongoing	Six Weekly		√		Report included in papers.
10. South Island Health Services Plan	General Manager Hospital and Support Services / General Manager Planning and Funding		Quarterly				

HEALTH TARGETS

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

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

DATE: **1 November 2011**

DISTRICT HEALTH BOARD SPECIFIC TARGETS

The following is a report on the four District Health Board specific targets that are of interest to the Hospital Advisory Committee.

<table>
<tr><th colspan="2">National Health Target</th><th colspan="2">West Coast DHB Target</th></tr>
<tr>
<td>Shorter stays in Emergency Departments</td>
<td>95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours</td>
<td>95% across all triage categories</td>
<td>
Emergency Department Attendances
Quarterly Data
For Period: 1 July to 30 September 2011

ED – Buller
Over 6 hours 10 1.42%
Under 6 hours 693 98.58%
ED – Greymouth
Over 6 hours 11 0.35%
Under 6 hours 3,098 99.65%
ED – Reefton
Under 6 hours 102 100.00%

Total Attendances 3,914

For Period: 1 October to 31 October 2011
Over 6 Hours 2 0.00%
Under 6 Hours 1,298 1.00%

Total Attendances 1,300

This report is calculated from arrived time to departed time. It combines the three ED Departments – Grey, Buller and Reefton.
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Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges (an increase of 21 on 2009/10)	We have a District Health Board target of 1592 surgical discharges in 2011/12, of which our provider arm is scheduled to deliver 1147 discharges. This is 96 discharges per month. The District Health Board has a target of 1355.49 case weights for the same period. To 30 September 2011 we have discharged 368 patients and 489 case weights. We are over producing in Ophthalmology, and Orthopaedics but under producing in Urology.
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 three patients from the West Coast who have waited over the four-week waiting time between first specialist assessment and commencement of treatment in Priorities A, B, and C in the July - September 2011 quarter. One of these patients was in August, the other two in September. Two were delayed by patient choice and one due to other patient management considerations. We have not been advised of any patients that have had to wait longer than four weeks due to capacity constraints during the quarter. There were two West Coast patients awaiting first specialist assessment at the end of September 2011. There have been no indications of any West Coast patients having waited greater than four weeks for radiation treatment during October 2011 so far in the weekly summary updates we receive (the latest received being for the week ending 30 October 2011).
Better Help for Smokers to Quit	90% of hospitalised smokers are provided with advice and help to quit. Introduce similar target for primary care from July 2010 through the Primary Health Organisation Performance Programme.	90% for 2010-2011	**ABC Implementation:** The percentage of hospitalised smokers given advice and help to quit for the first quarter is 69%, 14% less than the previous quarter. The priority for the newly appointed 0.2 FTE Smokefree Service Development Manager and 0.8 FTE Smoking Cessation Coordinator will be to review the current systems in secondary care and ensure the correct systems are in place to support successful implementation and sustainability of the ABC approach. This will include: meeting with management and clinical leaders to ensure leadership and endorsement of ABC; attending team meetings and changeovers and having a visible profile on the wards for feedback from staff as to what works well and what could be improved with the current systems.

			West Coast Tobacco Control Plan: The three year West Coast Tobacco Control Plan is currently being signed off by the Healthy West Coast group and is then to be submitted to the Ministry of Health to ensure a whole of system approach is being taken around Smokefree on the West Coast.

RECOMMENDATION

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

Author: **Provider Arm Management Team – 1 November 2011**

MANAGEMENT TEAM REPORT

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

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

DATE: **3 November 2011**

OPERATIONAL ITEMS

Clinical Services Planning and Delivery
Work is focussing now on managing production against the production plan. This includes our booking and scheduling processes but more importantly resourced capacity against production needs.

Elective Surgical Volumes
Production of electives is slightly ahead of target. Though ahead overall, the mix of cases is not aligning to targets for the various specialities. Work continues to refine this.

Medical Staffing
Advertising is continuing for the following:

- Obstetric and Gynaecology Surgeon
- Specialist Physician
- Anaesthetist

Clinical Services
Work continues between West Coast DHB and Canterbury DHB clinicians around options for the provision of orthopaedic services on the West Coast.

Clarification of contract arrangements, including pricing, is underway for some outsourced services, ie ophthalmology.

We are currently launching a project across the West Coast DHB "Making it Better; that is a challenge – but we can do it as a team." This is a series of work/projects that are designed to improve the way we work and assist in reaching our financial and production targets. Ultimately we expect better processes and outcomes for patients.

The projects are as follows:

Reducing Length of Stay:

- Improve Day of Surgery Admission (DOSA) rate
- Nurse / Allied / Resident Medical Officer (RMO) allowed to discharge
- Timely lab results for clinicians rounds
- Timely Needs Assessment and Service Coordination (NASC) assessment including Carelink
- Step down beds / beds at outlying facilities
- Bed numbers at Grey Hospital
- Observation beds

▪ Discharge planning (acceptance or discharges by aged care facilities) ▪ Take long term care (LTC) beds out of Hannan Ward (? use as step down beds)
Workforce: ▪ Leave planning (adequate reports required) ▪ TrendCare / rostering engagement ▪ Review attendance at off site meetings / authorisation process ▪ Rules and guidelines for reimbursement of food / accommodation etc ▪ Staff entitlements (accommodation, meals, mileage etc) ▪ Delegations (travel/meeting approvals, number of travel bookers) ▪ New Graduates, numbers 2012 – develop strategy ▪ Post-graduation education
Locums and Outsourced Services: ▪ Orthopaedic services – locum spend ▪ Outsourced Orthopaedic services ▪ Weekly meeting on booking of locums ▪ Ophthalmology – review service arrangements
Revenue: ▪ Non-resident eligibility revenue / charges ▪ Orthotic charges ▪ Review laboratory / radiology / immigration / workplace charges ▪ Accident Compensation Corporation (ACC) – Hospital and community
Clinical Services: ▪ Orthopaedic service review ▪ Theatre capacity review ▪ DNA / cancelled clinics ▪ Rheumatology Nurse Specialist ▪ Gastro Nurse Specialist ▪ Service efficiency – reviews ▪ Ophthalmology service locally (cataracts) ▪ Epidural service re-instatement ▪ Stroke service project (improve services) ▪ ENT services – option to provide some locally
Non-clinical support services and costs: ▪ Local and Toll call costs – reminder to staff about volume/length of personal calls ▪ Courier costs – reminder to staff re using standard post where possible instead of courier – freight contracts review ▪ Journals / books – review these ▪ Meals – review current practices ▪ Housekeeping – orderlies ▪ Relocation cost – review practice ▪ Laundry ▪ Property management – review ▪ Stationary costs, eg purchase of pre-stamped envelopes ▪ Procurement efficiencies
Other: ▪ Standardise contracts / contract review ▪ Orbit / Travel review

Health Targets

Shorter stays in Emergency Department – address the high numbers of presentation. Key to achieving this is a robust primary/general practice service. A number of Emergency Department presentations are because of access issues to primary care services. This work will continue. Emergency Department staff are planning a video to promote Emergency Department treatment options and processes to attendees.

Re-admission rates – it is noted in the latest (Quarter 4) performance report that the re-admission rate has deteriorated over the past year. Reasons why and steps to address will be sought.

"Green Bag" Scheme
The proposal of a "green bag" concept has been introduced in other District Health Boards to encourage patients to bring their medications into hospital with them and to ensure medications transfer with them to other wards or settings. This "green" bag will then be discharged with the patient if it is assessed that the medication within the "green" bag is safe, appropriate and still needed by the patient.

The objectives of the "green" bag concept are:

1. Improved patient safety: fewer medication errors, as patients have their own medications with them.
2. Better information: complete and accurate medicines reconciliation is able to be undertaken within a shorter time frame.
3. Medication returned: More medications are returned to patients on discharge, which saves the patient time and money.
4. Cost savings: if medications are returned to patients there is an overall cost saving to the DHB as new medications do not need to be dispensed.
5. Fewer incidents: less incidents related to patients medication not being returned on discharge.

The "green bag" concept was presented and approved by the Clinical Quality Improvement Group (CQIT) on 20 September 2011. It is anticipated that the project will roll out in February 2012, following purchase of the bags and education of staff.

Buller Health
Integrated Family Health Centre - there is positive staff morale as we look for opportunities to work in a more integrated and less co-located and fragmented way. Forging relationships outside West Coast DHB in particular with Rata Te Awhina Trust.

Telemedicine - review with John Garret, paediatrician, regarding the use of the Telemedicine unit based at Buller Health's Emergency Department. The unit has been invaluable in recent child presentations. The new unit in Karamea is now operating.

Update on the Implementation of the Centralised Car pool
The Centralised fleet was implemented on 5 September 2011 after a significant amount of background work was undertaken to identify eligible cars for inclusion in the pool, managing the logistics of moving from departmental ownership of cars to a centralised fleet under the transport department, and adapting the Canterbury DHB's electronic booking system to our needs.

One month on we can report that the system is generally working well, especially now that some staff have relaxed somewhat and refrained from booking out cars all day whether or not they were required – in an attempt to ensure access.

Rural Academic General Practice (RAGP)
RAGP underwent Cornerstone Accreditation on 20 October 2011, Assessor feed back at the end of the day being extremely positive. Assessors were highly impressed with the Imprest ordering system in place at RAGP, along with the Open Access model of care which fosters both the Primary Care Service and the Education component of this site.

Greymouth Medical Centre (GMC)
Due to current locum shortage and winter demand, Greymouth Medical Centre continued to be stretched to provide service through October 2011. GMC utilised the Moana Rural Nurse Specialist and a locum Nurse Practitioner to support the gap in capacity. This is not a long term strategy to replace General Practitioners, however this did prove to be a vital link currently missing

from our business model of care, from which GMC clinical teams are supporting that this level of nursing skill is a further way forward in recruitment.

Community Services
Home Based Support Services (HBSS) (personal care and domestic support services) is collaborating with Allied Health (Physiotherapy, Occupational Therapy, and Social Work) to smooth out the referral and treatment pathway for clients. The aims are to reduce duplication of work for ward staff, ensure that the right people are getting access to services in the community, and look at ways of improving the quality of services provided by HBSS. To this end a revamped orientation programme has been put in place, new training sessions are being provided for care workers, district nursing will support the training in the homes and provide some of the assessment of clients. The service is also hoping to introduce a new software programme called Caduceus which will streamline processes particularly financial thereby saving money.

RECOMMENDATION

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

Author:	**Provider Arm Management Team – 2 November 2011**

HUMAN RESOURCES

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

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

DATE: **31 October 2011**

RECRUITMENT / VACANCIES FOR OCTOBER 2011

POSITION	STATUS
Senior Medical Staff	
Anaesthetist	Applicants are being interviewed when they apply – recruitment ongoing
Medical Officer – Accident and Emergency	Applicants are being interviewed when they apply – recruitment ongoing
Orthopaedic Surgeon	Offer has been made to a potential applicant
Obstetric and Gynaecology Consultant	Applicants are being interviewed when they apply – advertising underway
Physician	Applicants are being interviewed when they apply – advertising underway
Nursing Staff	
Registered Nurse – Parfitt	Employee to commence early November 2011
Registered Nurse – Dunsford	Currently shortlisting
New Graduate Programme	Offers have been made
Clinical Nurse Specialist Palliative	Currently shortlisting
Enrolled Nurse – Kynnersley	Currently shortlisting
Nurse Practitioner Rural Academic General Practice	Currently advertising

POSITION	STATUS
Mental Health	
Casual Registered Nurse - Kahurangi	Applicants are being interviewed when they apply – recruitment ongoing
Casual Psychiatric Assistant Kahurangi	Currently shortlisting
Diversional Therapist	Currently shortlisting
Allied Health	
Physiotherapist – Buller	Applicants are being interviewed when they apply – recruitment ongoing
Physiotherapist – Orthopaedics and Outpatients	Applicants are being interviewed when they apply – recruitment ongoing
Rotational Physiotherapist	Currently shortlisting
Child and Adolescent Mental Health Service – Alcohol and Other Drugs Clinician	Currently shortlisting
Occupational Therapist – Greymouth	Currently shortlisting
Carelink Needs Assessor and Service Coordinator	Currently interviewing
Physiotherapy Assistant - Buller	Currently shortlisting
Other	
Quality Coordinator – Hospital Services	Currently advertising
Quality and Patient Safety Manager	Currently advertising
Booking Clerk – Visiting Specialists	Currently shortlisting
Booking Clerk – Referrals	Currently shortlisting
Coordinator – Rural Learning Centre	Currently advertising

Author: **Human Resource Advisors – 31 October 2011**

INDUSTRIAL RELATIONS

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

FROM: **General Manager, Human Resources**

DATE: **1 November 2011**

INDUSTRIAL RELATIONS UPDATE

Managed Bargaining
The combined New Zealand Nurses Organisation (NZNO) / Public Service Association (PSA) / Service and Food Workers Union (SFWU) 'managed bargaining' settlement was not ratified by all unions. This means the bargaining will return to standard Multi Employer Collective Agreement (MECA) and single employer collective agreement negotiations with each union separately. At West Coast DHB this covers Nursing and Midwifery, Allied Health and Technical, Clerical, Home Based Support Services and the Support Services collective agreements.

Association of Salaried Medical Specialists (ASMS)
The parties formally met most recently on Wednesday 19 October 2011. Bargaining resumes on 3 November 2011.

Association of Professional and Executive Employees (APEX) Medical Radiation Technologist (MRT) & Sonography MECAs
The DHB bargaining team met with APEX and the union bargaining team for a second set of two days on the 19 and 20 October 2011. The next two days of scheduled bargaining, 14 and 15 November 2011.

APEX and West Coast DHB Information Technology
Bargaining is ongoing. The parties last met on 6 October 2011.

RECOMMENDATION

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

Author: **Human Resources – 1 November 2011**

FINANCE REPORT
PROVIDER ARM - SEPTEMBER 2011

Financial Overview for the period ending 30 September 2011

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,697	6,167	530	✓	19,219	18,639	580	✓
Governance & Administration	208	212	(4)	×	633	637	(4)	×
Funds & Internal Eliminations	4,307	4,284	23	✓	12,962	12,852	110	✓
	11,212	10,663	549	✓	32,814	32,128	686	✓
EXPENSES								
Provider								
Personnel	4,417	4,249	(168)	×	12,921	13,033	112	✓
Outsourced Services	1,290	954	(336)	×	3,663	3,035	(628)	×
Clinical Supplies	754	594	(160)	×	2,090	1,775	(315)	×
Infrastructure	957	948	(9)	×	2,913	2,813	(100)	×
	7,418	6,745	(673)	×	21,587	20,656	(931)	×
Governance & Administration	173	212	39	✓	577	637	60	✓
Funds & Internal Eliminations	3,753	3,781	28	✓	11,139	11,474	335	✓
Total Operating Expenditure	11,344	10,738	(606)	✓	33,303	32,766	(537)	✓
Deficit before Interest, Depn & Cap Charge	132	75	(57)	×	489	638	149	✓
Interest, Depreciation & Capital Charge	519	551	32	✓	1,579	1,654	75	✓
Net deficit	**651**	**626**	**(25)**	×	**2,068**	**2,292**	**224**	✓

ORIGIN OF REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Provider Arm of the West Coast District Health Board.

CONSOLIDATED RESULTS

The consolidated result for the month of September 2011 is a deficit of $651k, which is $25k worse than budget ($626k deficit).
The consolidated result for the year to date is a deficit of $2,068k, which is $224k better than budget ($2,292k deficit).

RESULTS FOR EACH ARM

Year to Date to September 2011

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(3,947)	(3,668)	(279)	Unfavourable
Funder Arm surplus / (deficit)	1,823	1,376	447	Favourable
Governance Arm surplus / (deficit)	56	0	56	Favourable
Consolidated result surplus / (deficit)	**(2,068)**	**(2,292)**	**224**	**Favourable**

COMMENTARY ON VARIANCES

The following table reconciles the consolidated actual year to date results to the consolidated year to date budget, highlighting variances. The table is followed by an explanation of material variances.

Arm	Nature	Variance	$000
	Revenue		
Provider:	Other Government revenue (ACC and non MoH)	√	120
Provider:	Internal funding	√	429
Funder:	Government funding	√	661
	Expenses		
Provider:	Personnel Costs	√	112
Provider:	Outsourced services – Locum costs	x	(333)
Provider:	Outsourced services – clinical services	x	(364)
Provider:	Clinical supplies: Instruments & equipment	x	(52)
Provider:	Clinical supplies: Implants & Prostheses	x	(180)
Provider:	Clinical supplies: Other clinical and client costs	x	(51)
Provider:	Clinical supplies: other offsetting items	x	(32)
Provider:	Facilities: Repairs and maintenance	x	(64)
Provider:	Facilities: Utilities	x	(39)
Provider:	Professional fees and expenses	x	(21)
Provider:	Transport	x	(26)
Provider:	Infrastructure and non clinical: Other offsetting items.	√	26
Funder:	Funder Arm: Personal Health	x	(139)
Funder:	Funder Arm: Public Health	x	(75)
Funder:	Other offsetting items.	√	122
DHB	Other offsetting items	√	18
	Year to date variance to budget		**224**

REVENUE

Provider Arm
The Provider Arm revenue of $32,814k, is $686k better than budget ($32,128k).

- Internal revenue – Funder arm to Provider arm is $429k better than budget (eliminated on consolidation along with the Funder cost). This relates to elective volumes revenue ($528k) recognised for the first quarter ending 30 September 2011.
- Provider arm revenue received for ACC is $78k better than budget. This relates to aged related ACC for assessment, treatment and rehabilitation. Part of this relates to the previous financial year (this will be corrected in October when year end accruals are reversed) and the balance is volume driven.

EXPENSES

Provider Arm
Provider Arm expenditure of $34,882 is $462k more than budget ($34,420k). The variance is explained below:

Workforce

- Personnel costs are $12,921k; $112k better than budget ($13,033k).
  - Medical Personnel costs are $54k better than budget.
    - Senior Medical Officers and General Practitioners are together $98k better than budget. This is due to vacancies and planned leave processed over this period.
    - Other medical personnel costs are $38k more than budget with recruitment costs (placement fees) being $48k more than budget. This unfavourable variance has been diluted with relocations costs ($10k) and training costs ($21k) being better than budget.
  - Nursing Personnel costs are $64k more than budget. This unfavourable variance is being addressed with the objective of bringing the nursing costs back into line by improved rostering and a managed annual leave programme.

  - Allied Health Personnel costs are $112k; better than budget. This is due to a number of vacancies.

- Outsourced services costs are $3,663k; $628k worse than budget ($3,035k).
  - Outsourced Senior Medical Costs (locums) are $2,307k; $333k more than budget. This is due to vacancies reflected above under personnel costs and cover for planned and unplanned staff leave.

  Outsourced clinical services are $1,201k, $364k more than budget. This is largely due to the volume of ophthalmology and orthopaedic procedures being outsourced. This is being addressed by adjusting the production plan so that the required volumes are delivered for the year which should address part of the current overspend.

Clinical Supplies

Overall treatment related costs are $315k more than budget, with volumes to date for most specialities being greater than budget.

- Instruments and equipment are $490k, an unfavourable variance of $52k
- Implant and prostheses are 325k, an unfavourable variance of $180k.
- Other clinical and client costs are $380k; and unfavourable variance of $51k. This relates to air transfers of patients.

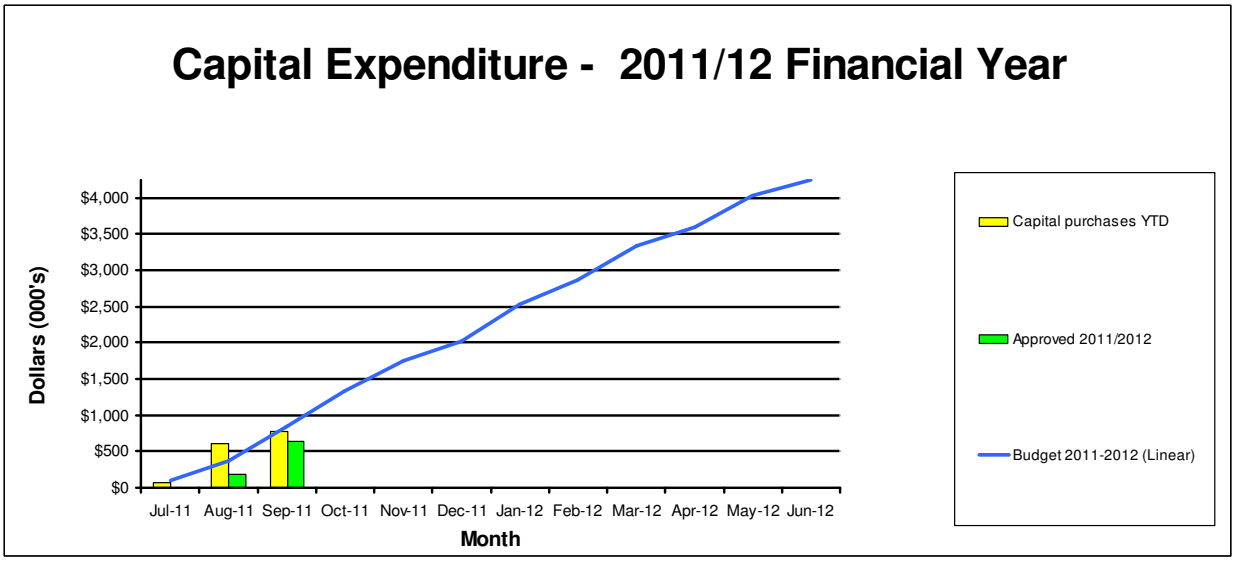
Infrastructure and non clinical Cost

- Overall infrastructure and non clinical cost are $2,913k, $101k over budget. Within this variance are the following specific variances:
  - Facility costs are $687k, $75k over budget. This was due to a combination of higher than budgeted utility costs ($38k over budget) and maintenance costs ($41k over budget).
  - The cost of insurance premiums, received in September 2011 were $21k more than budgeted for the three months. This cost trend will continue over the remainder of the year.

RECOMMENDATION

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

Author:	**Chief Financial Manager – 7 November 2011**



CAPEX $20 K+ for September 2011				Special Funding
CAPITAL CODE	**REQUEST FOR**	**DATE APPROVED**	**APPROVED AMOUNT (excl GST)**	
11018	nidek Tonoref II Auto Refractor/Keratometer/non-contact tonometer	19/09/2011	28,995.00	
11020	image intensifier	19/09/2011	151,577.00	
11021	Windows 2008 terminal service	19/09/2011	39,990.00	
11022	Hardware replacement	19/09/2011	58,900.00	
11025	Commercial Linen	27/09/2011	39,947.00	
11024	Mobile Clinical Cart	19/09/2011	49,083.00	Fresh Future
			368,492	

West Coast District Health Board
Provider Operating Statement for period ending 30 September 2011
in thousands of New Zealand dollars

	Monthly Reporting					Year to Date			
	Actual	Budget	Variance	% Variance	Prior Year	Actual	Budget	Variance	% Variance
Income									
Internal revenue-Funder to Provider	5,680	5,205	475	9.1%	5,057	16,043	15,614	429	2.7%
Ministry of Health side contracts	112	144	(32)	(22.2%)	125	470	432	38	8.9%
Other Goverment	547	458	89	19.4%	520	1,639	1,519	120	7.9%
InterProvider Revenue (Other DHBs)	9	11	(2)	(15.1%)	10	23	32	(9)	(27.7%)
Patient and consumer sourced	226	241	(15)	(6.2%)	225	719	719	0	0.00
Other income	123	108	15	13.5%	141	325	323	2	0.6%
Total income	**6,697**	**6,167**	**530**	8.6%	**6,078**	**19,219**	**18,639**	**580**	3.1%
Expenditure									
Employee benefit costs									
Medical Personnel	964	837	(127)	(15.1%)	864	2,505	2,559	54	2.1%
Nursing Personnel	1,959	1,925	(34)	(1.8%)	1,935	5,972	5,908	(64)	(1.1%)
Allied Health Personnel	764	775	11	1.4%	678	2,264	2,376	112	4.7%
Support Personnel	175	164	(11)	(6.7%)	179	521	503	(18)	(3.6%)
Management/Administration Personnel	555	548	(7)	(1.2%)	555	1,659	1,687	28	1.6%
	4,417	**4,249**	**(168)**	**(3.9%)**	**4,211**	**12,921**	**13,033**	**112**	**0.9%**
Outsourced Services									
Contracted Locum Services	726	600	(126)	(21.0%)	879	2,307	1,974	(333)	(16.8%)
Outsourced Clinical Services	507	279	(228)	(81.7%)	335	1,201	837	(364)	(43.5%)
Outsourced Services - non clinical	57	75	18	23.7%	62	155	224	69	30.8%
	1,290	**954**	**(336)**	**(35.3%)**	**1,276**	**3,663**	**3,035**	**(628)**	**(20.7%)**
Treatment Related Costs									
Disposables, Diagnostic & Other Clinical Supplies	114	112	(2)	(2.1%)	111	352	335	(17)	(5.0%)
Instruments & Equipment	161	146	(15)	(10.3%)	151	490	438	(52)	(11.9%)
Patient Appliances	27	31	4	12.9%	31	87	93	6	6.5%
Implants and Prostheses	133	49	(85)	(174.2%)	74	325	146	(180)	(123.4%)
Pharmaceuticals	166	139	(27)	(19.4%)	129	456	434	(22)	(5.1%)
Other Clinical & Client Costs	153	118	(35)	(29.7%)	122	380	329	(51)	(15.5%)
	754	**594**	**(160)**	**(26.9%)**	**618**	**2,090**	**1,775**	**(315)**	**(17.8%)**
Infrastructure Costs and Non Clinical Supplies									
Hotel Services, Laundry & Cleaning	296	298	2	0.7%	310	920	897	(23)	(2.6%)
Facilities	179	203	24	12.0%	238	687	612	(75)	(12.2%)
Transport	99	100	1	1.0%	142	296	270	(26)	(9.7%)
IT Systems & Telecommunications	125	120	(5)	(4.5%)	116	332	359	27	7.5%
Professional Fees & Expenses	45	22	(23)	(105.5%)	23	87	66	(21)	(32.4%)
Other Operating Expenses	103	95	(9)	(9.0%)	75	261	278	16	5.9%
Internal allocation to Governanance Arm	110	110	0	0.2%	82	330	331	1	0.2%
	957	**948**	**(9)**	**(1.0%)**	**986**	**2,913**	**2,812**	**(101)**	**(3.6%)**
Total Operating Expenditure	**7,418**	**6,745**	**(673)**	**(10.0%)**	**7,091**	**21,587**	**20,655**	**(932)**	**(4.5%)**
Deficit before Interest, Depn & Cap Charge	**(721)**	**(578)**	**143**	**(24.7%)**	**(1,013)**	**(2,368)**	**(2,016)**	**352**	**(17.5%)**
Interest, Depreciation & Capital Charge									
Interest Expense	60	61	1	2.0%	68	184	184	(0)	(0.2%)
Depreciation	369	400	31	7.7%	363	1,125	1,199	74	6.2%
Capital Charge Expenditure	90	90	0	0.00	93	270	270	0	0.00
Total Interest, Depreciation & Capital Charge	**519**	**551**	**32**	**5.8%**	**524**	**1,579**	**1,652**	**73**	**4.4%**
Net deficit	**(1,240)**	**(1,129)**	**111**	**(9.8%)**	**(1,537)**	**(3,947)**	**(3,668)**	**279**	**(7.6%)**

CASE-WEIGHTS

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

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

DATE: **1 November 2011**

This report includes base service level agreement additional electives initiative volumes.

Inpatient Volumes:

As at 30 September 2011 overall case-weighted [CWD] inpatient delivery was 25% over contracted volume for surgical specialty services (768.14 actual vs 614.43 contracted) and 22.2% over for medical specialty services (403.48 actual vs 329.85 contracted). The total value of over-production was $702.173.

The split between acute and electives was as follows:

Caseweights (CWD)	Contracted YTD	Actual YTD	Variance	% Variation
Surgical				
Acute	272.21	271.53	- 0.68	0%
Elective	342.22	496.61	+ 154.39	+ 45%
Sub-Total Surgical:	614.43	768.14	+ 153.72	+ 25%
Medical				
Acute	327.85	403.08	+ 75.23	+ 22.9%
Elective	2.00	0.00	- 2.00	0%
Sub-Total Medical:	329.85	403.08	+ 73.23	+ 22.2%
TOTALS:	944.28	1,171.22	+ 226.95	+ 24%

The major and significant contributor to over-production is orthopaedics at + 35.35% with an associated $468,636 value. Work is currently underway to bring this back to more acceptable levels for the remainder of the year.

The only area of mentionable under-production was:

- Urology (10.94 CWD) – elective volumes

Outpatient Volumes:

Attendances	Contracted	Actual	Variance	% Variation
Surgical				
1st Visit	1,011	1,088	+ 78	+ 7.7%
Subsequent Visit	1,518	1,796	+ 279	+ 18.34%
Sub-Total Surgical:	2,528	2,884	+ 356	+ 14.1%
Medical				
1st Visit	405	481	+ 76	+ 18.7%
Subsequent Visit	1,011	928	- 83	- 8.2%
Sub-Total Medical:	1,417	1,409	- 8	- 0.56%
TOTALS:	3,945	4,293	+ 348	+ 8.82%

Value of over-production was $75,213.

The notable areas of over-production are:

- General Surgery
- Orthopaedics
- Ophthalmology

RECOMMENDATION

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

Author: Service Manager Allied Health, Diagnostics and Support Services – 1 November 2011

ELECTIVE SERVICES PATIENT FLOW INDICATORS (ESPIS)

ESPIs are used to monitor how patients are managed while awaiting an elective (non-urgent) procedure. They do not measure the volume of elective services delivered, or whether a DHB is delivering the same level of service for its population as another DHB. The ESPIs demonstrate the extent to which DHBs are meeting the Government's targets in respect of patient flow processes. Two key ESPIs are regularly reported to HAC, with others highlighted when there is an exception.

ESPI 2: Patients waiting longer than six months for their first specialist assessment (FSA).
ESPI 5: Patients given a commitment to treatment but not treated within six months.

A colour coded "traffic light" system is used to indicate levels of compliance, green indicating compliance, orange near to compliance and red non-compliant. The Ministry of Health Elective Services website is updated monthly on ESPI performance of all DHBs and contains information on how ESPIs are calculated and the criteria addressed by each ESPI. www.electiveservices.govt.nz

WEST COAST DISTRICT HEALTH BOARD
INTERNAL ESPI RESULT

The tables below for ESPIs 2 and 5 are based on internal data at 31 October 2011:

INTERNAL ESPI RESULT
31 October 2011

Specialty	ESPI 2 Outpatients				ESPI 5 Inpatients			
	Current >6mths	ESPI Status	Compliance Target	Imp Req	Current >6mths	ESPI Status	Compliance Target	Imp Req
Cardiology	1	*1.67*	1	**0**	-	**-**	-	-
Dental	-	**-**	-	-	1	**1.92**	2	-1
Dermatology	0	**0.00**	2	-2	-	**-**	-	-
Ear Nose Throat	7	*3.41*	3	**4**	-	**-**	-	-
Gynaecology	0	**0.00**	6	-6	1	**0.45**	0	**1**
Haematology	0	**0.00**	0	0	-	**-**	-	-
Medical	0	**0.00**	8	-8	-	**-**	-	-
Neurology	2	*6.90*	0	**2**	-	**-**	-	-
Oncology	0	**0.00**	1	-1	-	**-**	-	-
Ophthalmology	2	**0.49**	6	-4	3	**1.13**	11	-8
Orthopaedics	0	**0.00**	16	-16	2	**0.38**	24	-22
Paediatrics	2	**0.68**	4	-2	0	**0.00**	1	-1
Plastic	2	**1.33**	2	0	5	*5.88*	3	**2**
Renal	1	**0.00**	0	**1**	-	**-**	-	-
Respiratory	0	**0.00**	1	-1	-	**-**	-	-
Rheumatology	0	**0.00**	1	-1	-	**-**	-	-
Surgical	0	**0.00**	21	-21	22	**2.95**	30	-8
Urology	1	**0.47**	3	-2	0	**0.00**	3	-3
OVERALL	**18**	**0.35**	**78**	**-60**	**34**	**1.69**	**81**	**-47**

Outpatients ESPI 2:

There are currently 18 outpatients who have been waiting longer than six months. The majority of these patients have new appointments and will be cleared during the month of November 2011. We have identified that a number of these are patients are those who have DNA'd (did not attend) or cancelled their appointment on more than one occasion. We are currently finalising a system for those patients who fit into this category.

Inpatients ESPI 5:

There are currently patients who have been waiting for treatment for more than the required six months. 22 of these are General Surgery, and all of these are scopes. Scopes account for 80% of the General Surgery List.

[The Ministry of Health website www.moh.govt.nz/moh.nsf/indexmh/electiveservices-espi-tutorial provides this definition of the chart above]

Current. The number of patients not treated within the required 6 months

S = Status. A standardised value that allows the reader to compare ESPI results. Values highlighted in green (with normal font) meet the goal set for a particular ESPI. Values highlighted in orange (with italic font) are near to, but have not yet reached, the goal set for a particular ESPI. Values highlighted in red (with bold font) are not near the goal set for a particular ESPI.

R = Improvement Required. The change needed in the ESPI result (Current) in order to make the Status turn green

Guidelines to the above table:

- Ordinary dash represents specialities that we do not report on. For example there is no ESPI 2 (FSA) component to Dental and there is no ESPI 5 (Inpatient) component to Medical specialties.

- Bold dash, negative numbers, indicates the number of patients who sit outside six month compliance above West Coast District Health Board's target. The 'target' is the Ministry of Health allowance for ebb and flow.

0 Represents no patients above the target waiting over six months. 0 indicates 100% compliance.

RECOMMENDATION

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

Author:	**Elective Services Manager – 4 November 2011**

MoH Elective Services Online

Comparison of surgical services for July 2011

DHB Name: West Coast

	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).			4.Clarity of treatment status.			5.Patients given a commitment to treatment but not treated within six months.			6. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
Service Name	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**
Dental	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	3	0.0 %	0	X	0.0 %	0	1	0.0 %	0	6	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	2	0.0 %	0	X	0.0 %	0	X	0.0 %	0	X	0.0 %	X	X	0.0 %	0	0	0.0 %	0	X	X	X
General Surgery	1 of 1	100.0 %	0	2	0.0 %	0	1	0.0 %	0	0	0.0 %	0	20	3.1 %	0	1	0.0 %	0	20	3.1 %	0	76	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	3	0.0 %	0	0	0.0 %	0	3	0.0 %	0	17	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	2	0.0 %	0	0	0.0 %	0	0	0.0 %	0	6	0.0 %	0	X	0.0 %	0	6	0.0 %	0	16	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	0	0.0 %	0	14	2.8 %	0	0	0.0 %	0	2	0.0 %	0	6	0.0 %	0	6	0.0 %	0	27	100.0 %	0 %
Paediatric Surgery	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	7	100.0 %	0 %
Plastics	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	13	100.0 %	0 %
Urology	1 of 1	100.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	4	100.0 %	0 %
Total				**9**			**16**			**0**			**34**			**7**			**36**			**166**		

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results, and are included in other ESPI results if reported by DHBs. From August 2010, compliance thresholds for ESPI 2 were reduced from 2% to 1.5%, and compliance thresholds for ESPI 5 were reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 01/Oct/2011

Report Run Date: 03/Oct/2011

MoH Elective Services Online

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

DHB Name: West Coast

	2010 Aug			2010 Sep			2010 Oct			2010 Nov			2010 Dec			2011 Jan			2011 Feb			2011 Mar			2011 Apr			2011 May			2011 Jun			2011 Jul			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	17	0.3%	0	48	1.0%	0	37	0.8%	0	49	1.0%	0	51	1.2%	0	63	1.4%	0	48	1.0%	0	32	0.7%	0	26	0.6%	0	9	0.0%	0	15	0.3%	0	13	0.3%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	14	0.8%	0	23	1.3%	0	16	0.9%	0	< 5%
4.Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5.Patients given a commitment to treatment but not treated within six months.	23	1.5%	0	27	1.8%	0	22	1.4%	0	20	1.3%	0	27	1.7%	0	36	2.3%	0	30	1.9%	0	28	1.7%	0	27	1.6%	0	25	1.5%	0	32	1.8%	0	34	1.8%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	0		0	0		0	0		0	0		0	0		0	0		0	0		0	0		0	0		0	7	0.0%	0	9	0.0%	0	7	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	20	1.3%	0	24	1.6%	0	20	1.3%	0	18	1.2%	0	23	1.5%	0	34	2.2%	0	29	1.8%	0	26	1.6%	0	24	1.4%	0	29	1.7%	0	38	2.1%	0	36	1.9%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	129	100%	0.0%	103	100%	0.0%	139	100%	0.0%	142	100%	0.0%	125	100%	0.0%	158	100%	0.0%	157	100%	0.0%	184	100%	0.0%	183	100%	0.0%	188	100%	0.0%	190	100%	0.0%	166	100%	0.0%	> 90%

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results, and are included in other ESPI results if reported by DHBs. From August 2010, compliance thresholds for ESPI 2 were reduced from 2% to 1.5%, and compliance thresholds for ESPI 5 were reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 01/Oct/2011

Report Run Date: 03/Oct/2011

OUTPATIENT DEPARTMENT CANCELLATIONS

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

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

DATE: **2 November 2011**

BACKGROUND

Management will produce reports to provide information on outpatient appointments and provide reasons for cancellations. Exception reporting is generated if five or more patients are recorded as cancelled in the patient management system. It is worth noting that any amendment to clinics is recorded as a cancellation, for example a change of specialist.

Bookings are scheduled weeks in advance so issues such as a change of specialist and annual leave will be recorded as a cancellation. Therefore, cancellations such as change in clinician and cancellations due to annual leave are not included in this report.

It is expected that the recently implemented medical staff roster programme will assist in reducing cancellations that have occurred for 'administrative' type reasons.

OUTPATIENT CLINIC CANCELLATIONS

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend (DNA)	Percentage of patients did not attend (DNA)	Number of patients affected by clinic cancel. (rebooked)	Percentage of patients affected by clinic cancel.
October 2010	2046	1819	200	9.78%	27	1.32%
November 2010	2016	1779	199	9.87%	38	1.88%
December 2010	1788	1581	179	10.01%	28	1.57%
January 2011	1755	1522	155	8.83%	78	4.44%
February 2011	2123	1876	170	8.01%	77	3.63%
March 2011	2294	2028	177	7.72%	89	3.88%
April 2011	1955	1713	164	8.39%	78	3.99%
May 2011	2517	2227	229	9.10%	61	2.42%
June 2011	1955	1704	157	8.03%	94	4.81%
July 2011	2145	1897	166	7.74%	82	3.82%
August 2011	2093	1817	185	8.84%	91	4.35%
September 2011	2368	2148	204	8.61%	16	0.68%
October 2011	1979	1750	176	8.89%	53	2.68%
13 month rolling totals	**27034**	**23861**	**2361**	**8.60% Average**	**812**	**3.00% Average**

OUTPATIENT CLINIC CANCELLATION REASONS JANUARY 2011 TO OCTOBER 2011

Reason for Cancellations	Percentage of Clinics Cancelled
Sick Leave	20%
Bereavement Leave	12%
Specialist unavailable (eg required on-call)	12%
Snow in Christchurch	10%
Flights	8%
Acute Patients	8%
Specialist required in Theatre	5%
Administration Error	5%
Annual Leave	4%
Christchurch Earthquake	4%
Extended Leave	2%
Family Reasons	2%
Roster Error	2%
Specialist requested Clinic change	2%
Specialist on CME	2%
Specialist on Leave	2%
Total	100%

OUTPATIENT CLINIC CANCELLATION TYPE JANUARY 2011 TO OCTOBER 2011

Clinic Type	Percentage of Clinics Cancelled
Orthopaedic	30%
General Surgery	18%
Gynaecology	16%
Paediatrics	10%
Echocardiograph	8%
Respiratory	4%
General Medicine	4%
Diabetes	4%
Gastroenterology	2%
Nutrition	2%
Minor Ops	2%
Total	100%

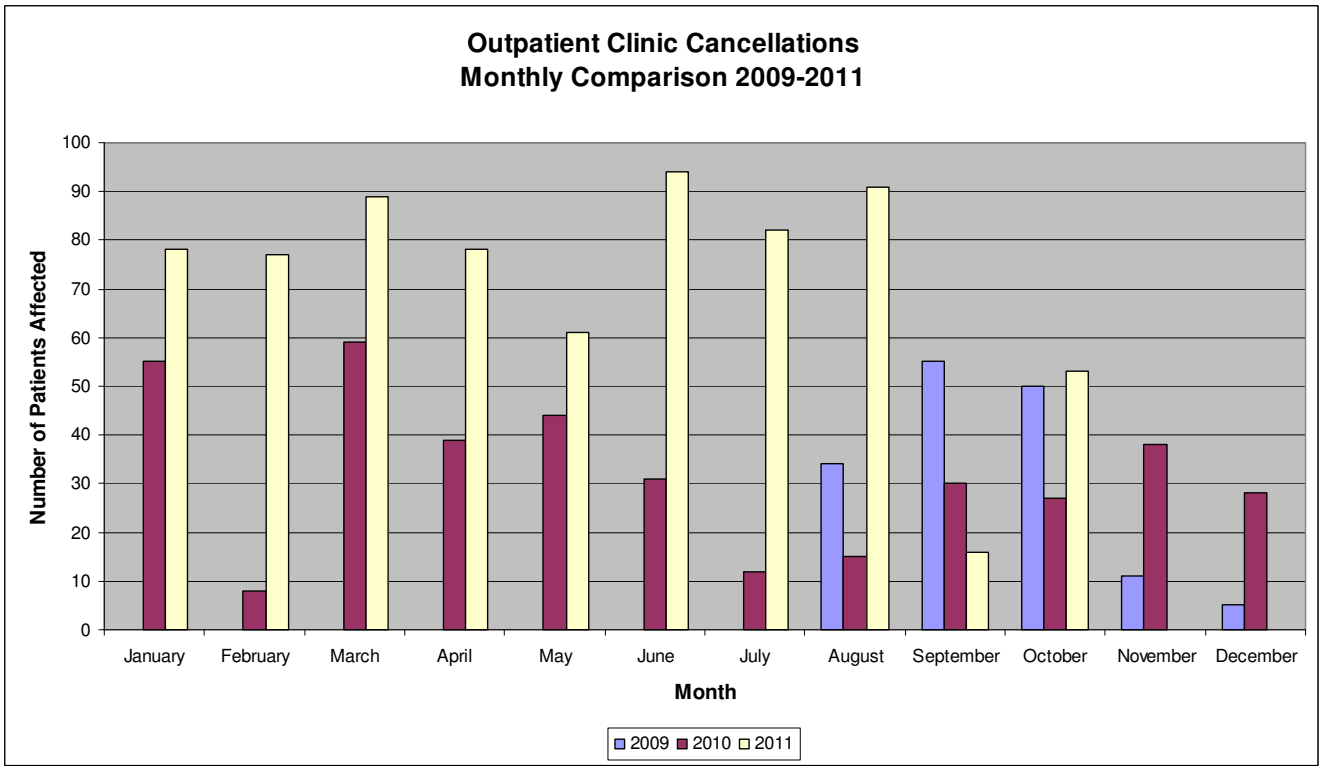
GRAPHS

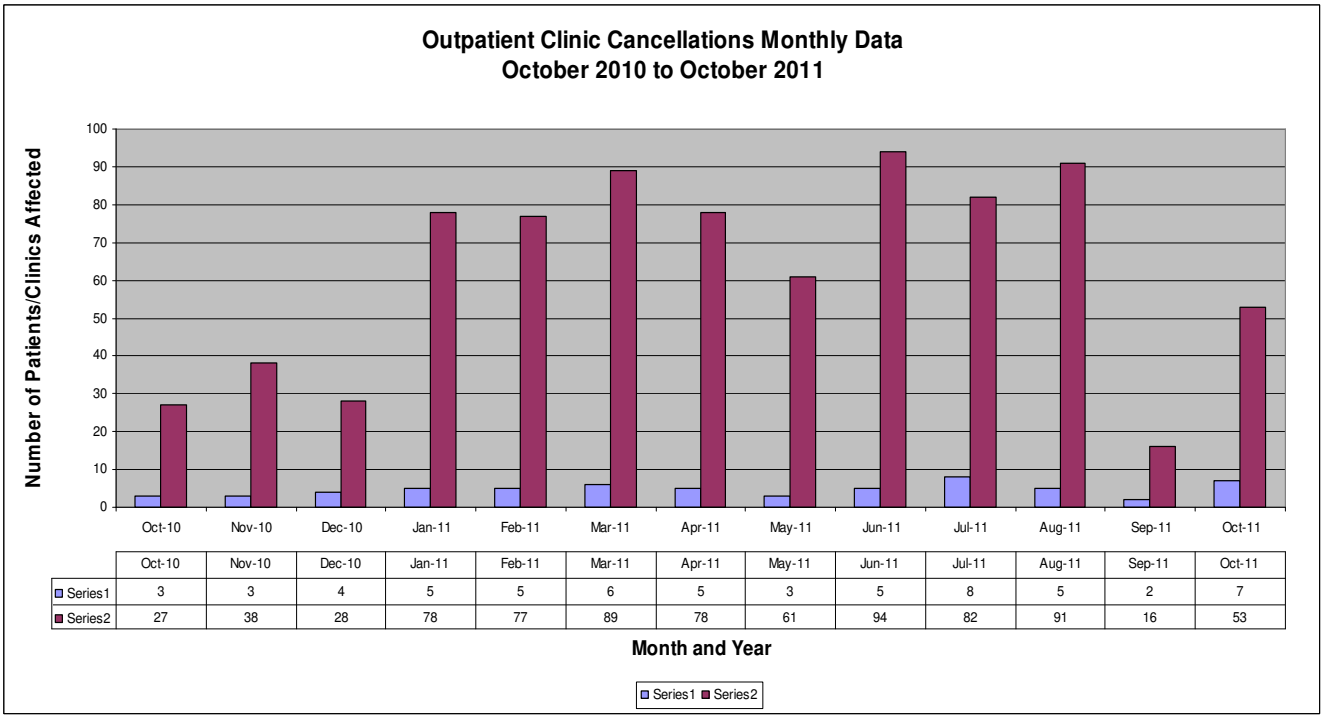
The following graphs provide an overview of current data against last year's data to capture the movement.

RECOMMENDATION

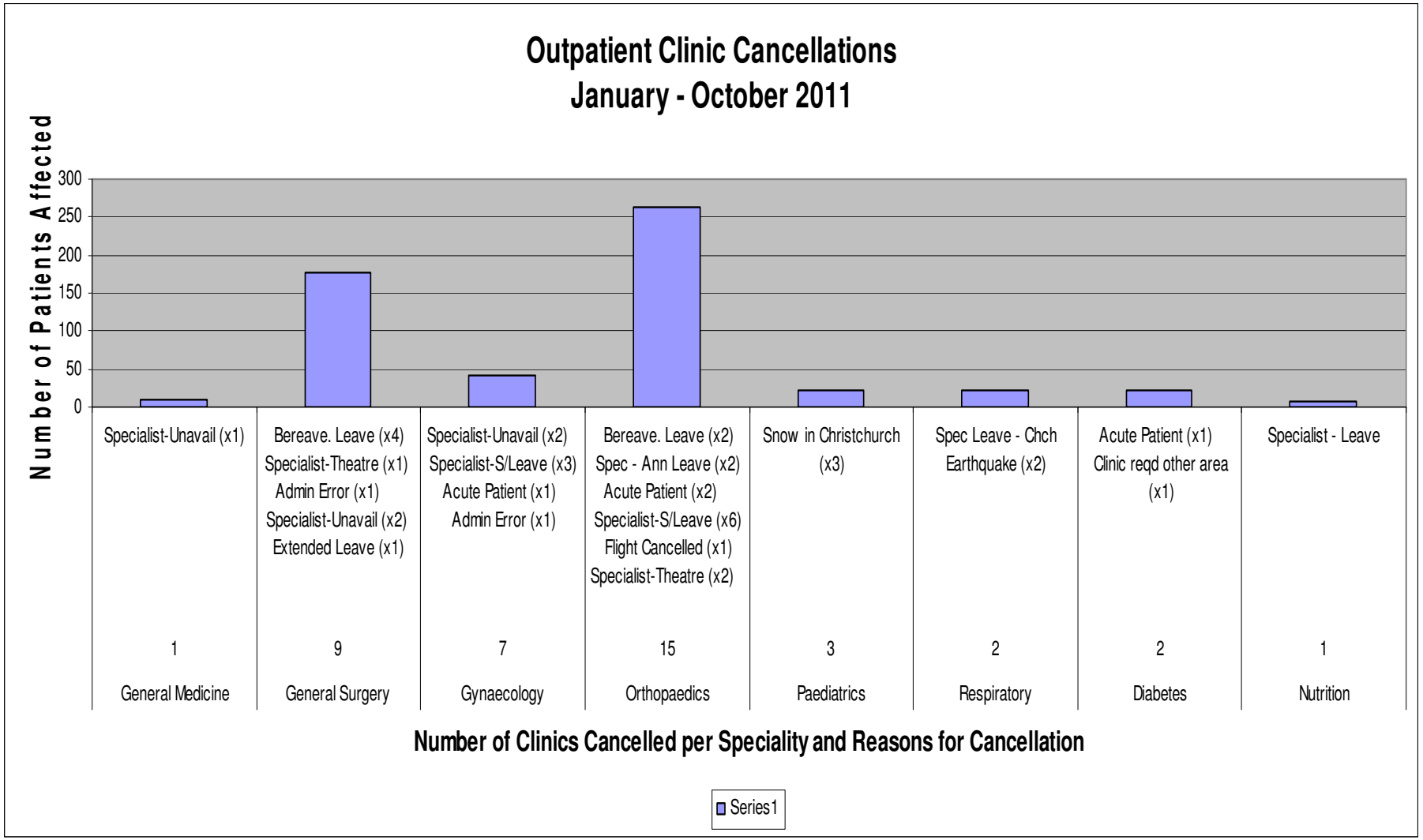
That the Hospital Advisory Committee note this report for their information.

Author: **Personal Assistant to the Acting General Manager Hospital Services – 2 November 2011**





	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
Series1	3	3	4	5	5	6	5	3	5	8	5	2	7
Series2	27	38	28	78	77	89	78	61	94	82	91	16	53


Outpatient Clinic Cancellations
January - October 2011
Number of Patients Affected
300
250
200
150
100
50
0
Specialist-Unavail (x1)
Bereave. Leave (x4)
Specialist-Theatre (x1)
Admin Error (x1)
Specialist-Unavail (x2)
Extended Leave (x1)
Specialist-Unavail (x2)
Specialist-S/Leave (x3)
Acute Patient (x1)
Admin Error (x1)
Bereave. Leave (x2)
Spec - Ann Leave (x2)
Acute Patient (x2)
Specialist-S/Leave (x6)
Flight Cancelled (x1)
Specialist-Theatre (x2)
Snow in Christchurch (x3)
Spec Leave - Chch Earthquake (x2)
Acute Patient (x1)
Clinic reqd other area (x1)
Specialist - Leave
1
9
7
15
3
2
2
1
General Medicine
General Surgery
Gynaecology
Orthopaedics
Paediatrics
Respiratory
Diabetes
Nutrition
Number of Clinics Cancelled per Speciality and Reasons for Cancellation
Series1

CLINICAL LEADERS REPORT

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

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

DATE: **7 November 2011**

ACHIEVING EFFECTIVE CLINICAL LEADERSHIP

Nursing
Collaboration with Canterbury District Health Board continues to benefit the West Coast with the offer of four Canterbury DHB funded Nursing Entry to Practice (NETP) positions for the West Coast District Health Board in 2012. These graduates will be employed by the West Coast DHB but funding for the positions will be supported by Canterbury DHB until such a time as a vacancy within the West Coast DHB becomes available for these nurses. Chief Executive Officer David Meates and Executive Director of Nursing for Canterbury DHB Mary Gordon have offered, agreed and enabled this for the West Coast, in their support of our ongoing growth of the future nursing workforce. This approach has been in response to our current situation of being at our full Full Time Equivalents (FTEs) for nursing.

The West Coast DHB has a vacancy model for the new graduate programme, which means when we are fully staffed we have a reduced ability to employ new graduate nurses. With our commitment to reducing our deficit, nursing is concentrating on managing FTEs and operating within budget. The implications with this and the vacancy model meant we were at risk of not being able to maximise our new graduate programme for 2012.

Health Workforce New Zealand (HWNZ) allocate 11 NETP positions for the West Coast annually, we will be recruiting six in total for 2012 with this generous support from Canterbury DHB. With the HWNZ regional approach, unused HWNZ allocated positions will be distributed to our partnering/neighbouring DHBs for utilisation.

The plan going forward is that NETP advertising, recruitment and implementation of the programme will be run in partnership between West Coast DHB and Canterbury DHB. This approach is in line with Health Workforce New Zealand regional workforce planning and the two DHBs desire to work more collaboratively and innovatively to benefit the people of each region in their health care. It will also enable the ongoing development of well rounded nurses who have had exposure to an important rural/urban mix of experience, and contribute to the close partnership between DHBs.

We sincerely thank David and Mary for their support and vision.

Medicine
Ongoing efforts continue to recruit senior doctors, both into hospital and general practice vacancies, in collaboration with the Canterbury DHB recruitment team. Some promising leads are being followed on.

There is current focus on how to improve the structure and processes of the West Coast DHB owned primary practices to work to a common vision within a business model that is well matched for the tasks required.

Focus is also on developing the appropriate model of care for Grey region's health services in the future. This work is looking at primary, community and hospital level services as a whole, with support from the Canterbury DHB. It involves the Better Sooner More Convenient (BSMC) work around a Greymouth Integrated Family Health Centre, but is necessarily broader than the remit of BSMC because of the integration of hospital level services. Part of this is developing a process for community contribution to this discussion.

A recent South Island Chief Medical Officers' meeting was useful for further developing the linkages across the South Island health sector.

Another very successful Annual Celebration Day was held by the West Coast Primary Health Organisation (PHO) recently, with good levels of engagement from the primary practices across the West Coast. John Ayling was re-elected chair of the PHO at the associated Annual General Meeting.

Allied Health, Technical & Scientific
Collaboration with Canterbury DHB continues with a number of allied health staff receiving remote clinical supervision from Canterbury clinicians.

Focus on the transition of care between hospital and community clinicians is a core component of the Buller model of care and is being co-led by allied health and nursing. This will include the revamp of systems and processes to support seamless care coordination as part of a patient's journey.

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

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

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

Report of Progress against Annual Plan 2011-12
(progress reported in italics)

OBJECTIVE	ACTION	EVIDENCE
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*
Strong clinical governance in the planning and delivery of services across the West Coast DHB	Develop an integrated whole of system clinical governance framework for the West Coast. ▪ *Work continues with the establishment of an 'interim clinical board' with representation from across the health system to agree clinical governance; patient safety and quality systems priorities for 2012.*	A documented clinical governance framework for the West Coast Health system will be in place by December 2011. Staff survey results indicate improved participation in decision making; clinical leadership and clinical quality initiatives.
Provision of clinical leadership across nursing, allied health and medical staff	Strengthen senior clinical contribution into the West Coast DHB and Advisory Committees. ▪ Strengthen clinical inputs into the planning of future services provision across the West Coast Health system ▪ *Work continues with regular participation from all disciplines in the various workstreams underway for future care delivery for the West Coast*	Regular attendance and reporting from Clinical Leaders group to Board and Advisory Committee meetings. Future health service models of care are developed by the doctors, nurses and allied health professionals who provide the service.
Increased professional development opportunities for clinical staff to increase staff retention	Develop the West Coast as a Rural Learning Centre. ▪ *The South Island Regional Training Hub Progress Report for nursing has been completed with 100% of new graduate nurses and post graduate trainees to complete comprehensive career plans from 2012. Innovative clinical posts/placements have been identified across the region with a focus for the West Coast on Nurse Practitioner development for Primary Care and Aged Care. Regional workforce planning includes strengthening the rural workforce, replacing the ageing workforce, increasing the Maori and Pacific workforce and further development of advanced practice roles such as Clinical Nurse Specialists. Clinical Leadership development is also prioritised across the region. This activity for nursing will be coordinated through the Rural Learning Centre.* ▪ *The Regional priorities have been agreed for Allied Health, Technical and Scientific professions and have been included in the Regional Training Hub progress report – the leadership of remote and rural services will be led by the West Coast DHB Rural Learning Centre* Facilitate increased opportunities for the professional development of clinical staff. ▪ *The final stages for HWNZ funded Nursing Post Graduate education is currently underway, with last minute applications being processed. A regional approach will*	Rural learning centre meets its work plan. Number of professional development workshops/ sessions provided. Increased staff retention. Workforce plan developed that will outline actions to retain and attract clinical staff and report against these – reduced staff turnover and reduced time to recruit into vacancies.

	see the redistribution of under spending in any areas to other DHBs for Post Graduate nursing where there is an increase in demand. This will facilitate the regional approach to nursing workforce development. Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention. ▪ *The decision to recruit six new graduate nurses has been made and offers have been sent to the successful applicants. This has been enabled by support and collaboration with Canterbury DHB.*	

RECOMMENDATION

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

Authors:	**Chief Medical Advisor,** **Director of Nursing and Midwifery, and** **Executive Director of Allied Health (West Coast DHB and Canterbury DHB) – 14 September 2011**

PATIENT TRANSFERS

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

FROM: **Credentialling & Clinical Audit Facilitator**

DATE: **3 November 2011**

BACKGROUND

The following data on transfers to Tertiary Centres is provided at the Senior Clinicians' Morbidity & Mortality Review Meetings on a monthly basis.

Transfers to Tertiary Centres
July – September 2011

Reasons for Patient Transfers	July	August	September
Service not available at Grey Base	6	-	-
Service not available at Grey Base – at time	-	1	-
Severity of illness	1	1	2
Special Procedure (not done at Grey Base)	1	2	6
Specialist Care Not available at Grey Base	15	12	20
Specialist Care Required Urgently	2	2	1
Other Staffing Issue	-	-	-
Post Operative Complication	-	-	-
Other reason for transfer	-	-	-

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."***

Guide to using the Tables

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
July – September 2011

Reasons for Patient Transfers	July	August	September
Service not available at Buller	8	7	8
Specialist care not available at Buller	5	8	16
Specialist care required urgently	8	3	13
Other staffing issue	-	-	-
Post Operative complication	-	-	-
Other reason for transfer	-	-	1
Severity of illness	-	-	-

Patient Transfers from Reefton to Grey Base Hospital
July – September 2011

Reasons for Patient Transfers	July	August	September
Service not available at Reefton	-	1	2
Specialist care not available at Reefton	-	1	2
Specialist care required urgently	-	1	-
Other staffing issue	-	-	-
Post Operative complication	-	-	-
Other reason for transfer	-	-	-
Severity of illness	1	3	-

RECOMMENDATIONS

The committee notes the above information.

Author: **Credentialling & Clinical Audit Facilitator – 3 November 2011**

ITEMS TO BE REPORTED BACK TO BOARD