West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

14 JULY 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 14 JULY 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 19 May 2011

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

6.1
- Health Targets
- Ambulatory Sensitive Hospitalisations (ASH)

6.2 Monitor performance of the Provider arm
- Management Team Report
- Financial Report
- Operational Indicators – Caseweights
- Elective Services Patient Flow Indicators
- Outpatient Department Cancellation Report
- Clinical Leaders Report
- Clinical and Theatre Production Planning Presentation – 12 noon

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7 General
- Work Plan – Revision
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8. Items to be reported back to Board

IN-COMMITTEE

1 Minutes from the Hospital Advisory Committee meeting held 19 May 2011

2 Risk Register

NEXT MEETING – 18 August 2011

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	The Fern Room, 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
Thursday 29 September 2011	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 29 September 2011	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 29 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
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	•
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)	One year	2 December 2011
Sharon Pugh (Deputy Chair)	27 January 2011	One year	2 December 2011
Doug Truman	27 January 2011	One year	2 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 THURSDAY 19 MAY 2011 AT 11.00AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT
Sharon Pugh, Deputy Chair
Barbara Holland
Richard Wallace
Doug Truman
Richard Wallace
Paula Cutbush

IN ATTENDANCE
Dr Paul McCormack, Board Chair
Peter Ballantyne, Board Deputy Chair
Garth Bateup, Acting General Manager Hospital Services
Hecta Williams, General Manager
Wayne Turp, General Manager Planning and Funding
Gary Coghlan, General Manager Maori Health
Carol Atmore, Chief Medical Advisor
Colin Weeks, Chief Financial Manager
Karyn Kelly, Acting Director of Nursing and Midwifery
Bryan Jamieson, Community Liaison Officer
Sandra Gibbens, Minute Secretary

APOLOGIES
Gail Howard
Warren Gilbertson, Chair

Karakia – Richard Wallace

1. WELCOME, APOLOGIES AND AGENDA

The Deputy Chair welcomed everyone to the meeting, and introduced Paula Cutbush who has been appointed for a three year term as a community representative. It was noted that Gail Howard has also been appointed to the Hospital Advisory Committee as a community representative. Apologies were accepted from Gail Howard and Warren Gilbertson (Chair).

2. DISCLOSURES OF INTERESTS

Paula Cutbush
Add:
- Owner and stakeholder of Alfresco Eatery and Accommodation

Barbara Beckford
Add:
- Member – Breastscreen Aoteoroa Advisory Group

Richard Wallace
Update:
- Change bullet point 2 to read “Negotiator for Te Rau Kokiri”

- Change Bullet point 10 to read "Daughter is a Board Member of both the West Coast DHB and Canterbury DHB".

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 14 APRIL 2011

Moved: Doug Truman Seconded: Richard Wallace

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 14 April 2011 be adopted as a true and accurate record."

Carried.

Hospital Advisory Committee Chair's Report to the Board 6 May 2011
The Hospital Advisory Committee Chair's Report to the Board was taken as read.

4. MATTERS ARISING

Item 1: Whole Board Programme re Outline for Prioritisation of Strategic Activities
A report was presented to the Board at their last meeting outlining the focus on gaining a better understanding of working together across strategic priorities. The Board Chair and Advisory Committee Chairs are meeting this afternoon to review and align Work Plans and Terms of Reference. The Management team are also aligning reporting.

Item 2: Revision of all Advisory Committee Work Plans
As per above.

Item 3: Quarterly Reports by Clinical Governance regarding Quality and Safety Initiatives and Outcomes
This reporting is to be on the Work Plan. To be removed from matters arising.

Item 4: Hospital Advisory Committee Vacancies
The two vacancies have been filled. To be removed from matters arising.

Item 5: Work Plan
The Work Plan is to be discussed in Item 7 of the agenda.

Item 6: Health Target Reports
These reports are being reviewed to become more meaningful. To be removed from matters arising.

Item 7: Quality and Risk Report – Number of Complaints
This item is deferred to the next Hospital Advisory Committee meeting.

Item 8: Overview of the Risks that are like to be of specific interest or importance to the Hospital Advisory Committee
This item is deferred to the next Hospital Advisory Committee meeting.

Item 9: Elective Services Recovery Plan
This Item was inadvertently left off the Matters Arising in the Agenda. A thank you letter has been drafted, and was approved for sending by the Hospital Advisory Committee.

Matters arising were taken as read and actioned.

5. CORRESPONDENCE

Outgoing

- **Elective Services Recovery Plan**
  The Hospital Advisory Committee is to send a letter of acknowledgement and thanks to management and staff for their input towards the Elective Services Recovery Plan.

  Moved: Paul McCormack **Seconded: Doug Truman**

  Motion:
  "THAT the outwards correspondence is approved."

  Carried.

6. WORK PLAN

The Work Plan was revised in anticipation of the meeting being held this afternoon by the Board Chair and Advisory Committee Chairs. Items under consideration for inclusion in the Work Plans are:

- Provider Risk
- Collaboration (specifics required)
- Rural Learning Centre (within Clinical Governance reporting)

It was noted that 2. Sustainability Project has been replaced and can now be removed.

6.1 Health Targets

The Acting General Manager Hospital Services spoke to the report:

- **Improved Access to Elective Services**
  The Elective Services volume is ahead at present, however this number fluctuates. The volumes continue to be closely monitored to ensure the West Coast District Health Board reaches the target on 30 June 2011. Planning is underway to improve the system for future production planning, which includes contract reviews and further progression on collaboration. It was noted that the Quarter Three results are scheduled for publication on Thursday 26 May 2011; with the Committee encouraging management to prepare a proactive media approach regarding the Quarter Three publication.

- **Shorter Waits for Cancer treatment**
  A dashboard reporting system is currently being considered which will provide trends and assist monitoring of this Health Target. It is anticipated that this system will be in place for the next Hospital Advisory Committee meeting.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report

The Acting General Manager Hospital Services, General Manager Community and Mental Health Services, and Acting Director of Nursing and Midwifery spoke to the report:

- Capacity Planning – Capacity Planning is underway as part of our forward planning.
- TrendCare - It was noted that the inputting of TrendCare data is not always able to be maintained due to workload demands
- Mental Health service – Clarification was provided regarding locum use. Mental Health has a good system in place that works in conjunction with the Canterbury

District Health Board; noting in particular that the West Coast service is well covered for Psychologists.

- Cornerstone Accreditation for the Karamea Clinic – It was explained that the accreditation process relates to systems, and the recommendations are currently being followed through.
- Xcelr8 – Xcelr8 is acknowledged as being a successful and positive programme that will provide long-term benefits to the West Coast District Health Board. There will be another Xcelr8 held on the West Coast at the end of this year. The Alumni have met and are being encouraged to focus on supporting projects and improvements within the West Coast District Health Board.

Human Resources

- Recruitment/Vacancies – In addition to the report, the West Coast District Health Board is now recruiting for a General Surgeon and General Physician.
- The Committee acknowledged that having close managerial ties with the Canterbury District Health Board is proving to be helpful in many areas.

Collective Employment Agreement – Bargaining Update

The Update was taken as read.

Quality and Risk Report

The General Manager Community and Mental Health Services spoke to the report:

- Advanced Directives – It was confirmed that the Clinical Quality Improvement Team are making good progress on the Advanced Directives which cover primary through to hospital services.

Action Point: The Acting Director of Nursing and Midwifery is to forward the current information on Advanced Directives to the Board Chair.

Moved: Paul McCormack **Seconded: Barbara Beckford**

Motion:
"THAT the Hospital Advisory Committee note the information provided."

Carried.

Finance Report

The Chief Financial Officer briefly spoke through the March 2011 Provider Financial Report and provided a verbal update for April 2011 results :

- The consolidated operating result for April 2011 was a deficit of $355k, this being $138k worse than budget ($217K). The year to date result was a consolidated deficit of $6,060k, $31k worse than budget.
- The Provider Arm result for April 2011 was a deficit of $895k, this being an unfavourable variance of $264k against the budgeted deficit of $631k.
- The main drivers for the unfavourable variance related to locum costs, personnel costs (consolidated), and clinical costs all being over budget for April 2011. This was partly driven by the additional volumes processed to achieve the targeted volumes. It was noted that there were a lot of public holidays and penals for this time.
- Management administration costs were $49k better than budget. Some services have been moved to Canterbury DHB which will result in a cost shift from personnel costs to outsourced service costs.
- Infrastructure costs were $91k favourable to budget. The main reason being the reduced capital charge to the budget and the change to the fleet structure. I.T. has also achieved positive results.

- There has been $590k of elective revenue brought through which is positive.
- Capital expenditure is lower than budget.
- Inter-district flows (IDFs) with the Canterbury District Health Board were discussed.
- The provision of Ophthalmology services was discussed.
- A query was raised regarding management administration staffing compliment (FTE) and reasons why this had not reduced from the initial cap set. The management and administration full-time equivalent (FTE) cap is reviewed on a monthly basis and a special review is to be undertaken on management and administration positions.
- The Committee request that handouts be provided of the most up-to-date figures and commentary for future meetings.

Moved: Barbara Holland **Seconded: Doug Truman**

Motion:
"THAT the Hospital Advisory Committee receive the Finance Report."

Carried.

Caseweights
The Acting General Manager Hospital Services spoke to this report.
- At the end of April 2011 there were some cases that were pending coding.
- It was noted that Caseweights are case-dependant and are variable.
- Although acutes are up this should not affect our ability to do electives.

Elective Services Patient Flow Indicators (ESPIs)
The Acting General Manager Hospital Services spoke to this report. The results are acceptable, with plans in place to clear some of the outstanding areas.

Action Point: The Acting General Manager Hospital Services to investigate the reason for 'Plastics' being high on the Elective Services Patient Flow Indicators.

Elective Health Target Status Report
The information in this report was previously covered in the agenda.

Clinical Leaders Report
The Committee pointed out that the wording in this report indicates that it is a Grey Hospital Model of Care, as distinct to the Grey District (whole of system) Model of Care; and that this needs to be addressed. It was confirmed that the intention of the report is as a 'whole of system' approach, and that integration of other systems are being included. The Board Chair provided the statement that "Health care is to be provided in the community, unless hospital care is required".

6.3 INVESTIGATIONS / SCOPING

Monitoring Inter District Flows - Patient Transfers
A query was raised as to the non-availability of particular specialist care and the correlation with inter-district flows. It was noted that the provided figures may also include transfers for diagnostics.

7. WORKPLAN REVISION

This was addressed earlier in the agenda.

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

- The Acting General Manager of Hospital Services' participation in taking an outside, independent view of the provider arm.

- Updated Financial Report for April 2011.
- Provider Arm management administration cap/FTE review.

8. IN COMMITTEE

Moved: Richard Wallace **Seconded: Barbara Beckford**

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 14 April 2011**
- **Buller/Westport Integrated Family Health Centre – Project Outline**
- **Better, Sooner, More Convenient Progress Report**
- **Hospital Facilities Planning**
- **Risk Register**

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 12.38pm

Moved: Doug Truman **Seconded: Paula Cutbush**

Motion:
"THAT it was agreed that the Better, Sooner, More Convenient Progress Report is to go into the public minutes."

Carried.

9. BETTER, SOONER, MORE CONVENIENT PROGRESS REPORT

This report was provided in the public section of the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting this morning.

- It was noted that feedback is being slowly received.
- Issue number 2 was discussed earlier at the Community Public Health Advisory Committee and Disability Support Advisory Committee meeting and it was acknowledged that this was a communication issue which has since been resolved.
- Discussion had also been held regarding the governance and ownership section. Progression on this area is underway.

The Hospital Advisory Committee moved out of In Committee at 12.56pm

10. NEXT MEETING

The next meeting will be held on Thursday, 14 July 2011 in the Boardroom, Corporate Office, Grey Base Hospital.

The Hospital Advisory Committee spent 18 minutes in In Committee
There being no further business to discuss the meeting concluded at 12.56pm

HAC REPORT TO BOARD

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

FROM: **Deputy Chair, Hospital Advisory Committee**

DATE: **24 May 2011**

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Thursday, 19th May 2011)

KEY ISSUES / ITEMS OF INTEREST TO REPORT TO THE BOARD

- The Acting General Manager of Hospital Services' participation was acknowledged, in taking an outside, collaborative and independent view of the provider arm.

- **Updated Financial Report for April 2011**
  March 2011 was okay, however, April 2011 was worse than budget, noting however, that some elective revenue has been received.

- **Provider Arm Management/Administration Cap/FTE Review**
  That management are conscious of the ongoing need to review the cap to ensure its effectiveness.

RECOMMENDATION

The Board is requested to note the content of this report.

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	14 April 2011	The General Manager Hospital and Support Services to liaise with the General Manager Planning and Funding and the Chief Executive Officer regarding a whole Board programme that will provide an outline for prioritisation of strategic activities	General Manager Hospital and Support Services, General Manager Planning and Funding and Chief Executive Officer	Work on the programme is progressing	
2	14 April 2011	The Board Chair to liaise with the Advisory Committee Chairs to revise all Advisory Committee Work Plans	Board Chair and Advisory Committee Chairs	Revision is progressing	7
3	14 April 2011	Quality and Risk Report – the number of complaints to be discussed	Quality Assurance and Risk Manager	14 July 2011 meeting	6.2
4	14 April 2011	Provide an overview of the risks that are likely to be of specific interest or importance to HAC	Quality Assurance and Risk Manager	14 July 2011 meeting	
5	19 May 2011	A letter of acknowledgement and thanks to be sent from the Hospital Advisory Committee to management and staff for their input towards the Elective Services Recovery Plan	Hospital Advisory Committee Chair	14 July 2011 meeting	
6	19 May 2011	Advanced Directives information to be forwarded to the Board Chair	Acting Director of Nursing and Midwifery	14 July 2011 meeting	
7	19 May 2011	The reason for 'Plastics' being high on the Elective Services Patient Flow Indicators to be investigated	Acting General Manager Hospital Services	14 July 2011 meeting	6.2
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE
MAY-JUNE 2011

Date:	Sender:	Addressee:	Details:
No correspondence received for May-June 2011			

HOSPITAL ADVISORY COMMITTEE WORKPLAN

Revision of the Workplan – Agenda Item 7

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		√		Final quarter's report submitted to Ministry of Health in August. Annual Report for 09/10 is in preparation and will be available in October 2010.
2. Sustainability Project	General Manager Planning and Funding				√		Update presented at September 2010 workshop.
3. District Health Board Hospital Benchmark Information	General Manager Hospital and Support Services		Quarterly				Provided July 2010. Next due October 2010.
Provide input into							
1. South Island Health Services Plan	General Manager Hospital and Support Services Planning and Funding				√		Final Draft of the South Island Regional Health Services Plan provided to the November 2010 meeting.
2. South Island Elective Services Plan					√		The South Island Elective Services Plan is part of the South Island Regional Health Services Plan.
3. District Strategic Plan	General Manager Planning and Funding		Annually		√		District Strategic plan is to be replaced by Regional Strategic Plan from 2010/11 onwards plus an annual output plan instead of the District Annual Plan.
4. Next Year District Annual Plan and Statement of Intent	General Manager Planning and Funding		Annually			√	Final version of both District Annual Plan and Statement of Intent for 2010/11 now approved by Minister of Health.
5. Shifting Services to Primary Health					√		Some services are being shifted as part of the Better, Sooner, More Convenient Primary Health Project.
6. Workforce Development Initiatives							
7. Health Information Strategy	General Manager Hospital and Support Services		Semi-Annual		√		National Health I.T. Plan Draft for discussion provided July 2010.
8. Annual Report	Chief Financial Officer / General Manager Hospital and Support		Annually			√	Final copy to be provided when auditors complete.

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
	Services /General Manager Planning and Funding						
9. Provision of advice to the Board on how to reduce the deficit			Six weekly		√		
10. Provision of advice to the Board on how to effectively collaborate with other DHBs			Six weekly		√		Letter from the Board Chairs to the Minister of Health is included in the November 2010 meeting papers
To monitor							
1. Financial performance	Chief Financial Officer		Six weekly		√		Regular Finance Reports.
2. Provider performance to contract	General Manager Hospital and Support Services		Six weekly		√		Included in operational indicators.
3. Productivity	General Manager Hospital and Support Services				√		Areas identified where improvements can be made. Work plans being developed to address.
4. Elective Services Patient Flow Indicators (ESPI)	General Manager Hospital and Support Services		Six weekly		√		Report included in papers.
5. Workforce Development	Human Resources Manager	Ongoing	Quarterly		√		Included in management reports.
6. Implementation of Clinical Governance Framework	Chief Executive Officer	Ongoing	Quarterly		√		Report provided from the Clinical Advisory Group for the November 2010 meeting.
7. Clinical Governance Reporting on Outcomes Achieved	Chief Medical Advisor	Ongoing	Quarterly				Report due May 2011.
8. Health Targets	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Included six weekly in the meeting papers.
9. Outpatient Department Cancellation Report	General Manager Hospital and Support Services	Ongoing	Quarterly		√		Report due July 2011.

HEALTH TARGETS

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

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

DATE: **28 June 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.

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	**For Period: 1 May 2011 to 31 May 2011** Over 6 hours 6 0.00% Under 6 hours 1,248 1.00% Total Attendances: 1,254
Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2009/10	1592 elective surgical discharges (an increase of 21 on 2009/10)	As at 31 May 2011 we have discharged 1502 patients, including 1123 discharged from Grey Hospital and 379 discharged from other DHBs. Our forecast is now for a final total of 1651 at 30 June 2011. This may vary slightly depending on the number of patients discharged at other DHBs during the month. Staff are to be commended for their effort in effecting a very challenging recovery programme.
Shorter Waits for Cancer treatment	Everyone needing radiation treatment will have this within six weeks by the	100% started within four weeks	100% of West Coast patients were seen within 4 weeks for the months of April and May 2011. During the two months, 5 West Coast domiciled patients began treatment – four of whom were in the three treatment priority bands - Category A (acute), Category B (curative) or Category C

	end of July 2010 and within four weeks by December 2010		(under radical treatment). The other patient was a pre-scheduled patient (Priority D). We are aware that one West Coast patient who has been seen thus far in June has been treated outside four weeks target due to missing their picc line insertion. This patient was subsequently seen within the 4-6 week timeframe category. In the latest weekly update that we have received at the time of preparation of this summary, it is noted that the earthquakes on 13 June have resulted in the direct cancellation of 20 appointments (from all referring DHB areas) to the radiotherapy service. Another 30 appointments were also cancelled as a result of power surges which have caused multiple hardware failures in the immediate aftermath. 27 of these appointments have been accounted for by staff working overtime and the remaining 23 appointments will be added to the end of the patient's treatment course. The radiation therapy service continues to regularly review the waiting times of all patients, using their best endeavours to ensure ongoing compliance with the Ministry target.
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	The Secondary Care Health result for the West Coast DHB in April 2011 was 90% - an increase of 5% from March 2011. However, in May 2011, it dropped to 83%. For the month of April 2011, there were 50 patients identified as current smokers and 45 received an intervention while in May 2011, there were 87 patients identified as current smokers and 72 received an intervention.

RECOMMENDATION

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

Author: **Provider Arm Management Team – 28 June 2011**

AMBULATORY SENSITIVE HOSPITALISATIONS (ASH)

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

FROM: **Wayne Turp, General Manager Planning and Funding**

DATE: **1 July 2011**

AMBULATORY SENSITIVE HOSPITALISATIONS (ASH)

Ambulatory sensitive hospital admissions are usually unplanned admissions that are potentially preventable by appropriate health services delivered in community settings, including primary health care. They provide an indication of access to, and the effectiveness of, primary health care, as well as management of the interface between the primary and secondary health sectors. If there is good access to effective primary health care for all population groups, then it is reasonable to expect that there will be lower levels of ambulatory sensitive hospital admissions.

The indicator age-group used and the rationale for the selection of these age-groups are as follows:

Age Group	Rationale
0 - 74	•Captures the high volume (44% of total ASH and 55% of 0 - 74 ASH) not covered by 0 - 4 and 45 - 64 age groups •Aligns with Headline Indicator and international reporting.
0 - 4	•High volumes for Māori and Pacific in particular •Significant differences in rates between ethnic groups •Facilitates interventions for young children.
45 - 64	•High volumes for all ethnicities •Significant differences in rates between ethnic groups •Facilitates interventions around chronic disease and excess morbidity for Māori and Pacific.

The Ministry of Health is currently looking at analysing the 65-74 age-group. The 65-74 age group is only used in this report to provide some indication of the leading ASH conditions for this age-group.

The following definitional issues are applied:

- Indirect standardisation (using age, ethnicity and deprivation) is used to address small numbers in some DHBs. This means that ambulatory sensitive admission rates are expressed as ratios of observed to expected where 100 is the national average.
- For the ASH reporting, ethnicity is defined as Māori, Pacific and Other. Pacific ethnicity is used by 'seven' official Pacific DHB with larger Pacific proportion – whereas for the WCDHB, Pacific is grouped with Other ethnicity.

- Previous WCDHB Rank (ASH) is defined as the rank for the WCDHB for that specific ASH condition for the previous 12 months ending 30 March 2010. In bracket (ASH) is the WCDHB's total ASH admissions for that specific ASH condition.

Data for this report is compiled from the latest complete previous 12 months' NMDS final data as supplied by the Ministry of Health – this being the twelve month period to 30 September 2010 (posted on NSFL website, http://www.nsfl.health.govt.nz : as confirmed in April 2011).

Figure 1: Depicts the top 15 ASH conditions for the WCDHB for the 0-74 age-group for the 12 months to 30 September 2010

Previous WCDHB Rank (ASH)	Current WCDHB Rank	ASH specific conditions	National Rank	Maori 0-74		Other 0-74		Total 0-74	
				Proportion of WCDHB's ASH total	ISDR	Proportion of WCDHB total	ISDR	WCDHB ASH admissions	% of WCDHB's total ASH
1 (65)	**1**	Pneumonia	4	n/s	53.1	12.4%	156.5	**76**	13.2%
4 (49)	**2**	Asthma	5	3.3%	220.0	8.9%	180.0	**70**	12.2%
2 (53)	**3**	Angina and chest pain*	3	n/s	63.7	7.8%	66.3	**49**	8.5%
7 (35)	**4**	Kidney/urinary infection	9	n/s		7.7%		**48**	8.4%
6 (38)	**5**	Cellulitis	1	n/s	27.6	7.7%	70.3	**46**	8.0%
5 (40)	**6**	Dental conditions	2	1.4%	70.4	5.5%	69.4	**40**	7.0%
8 (33)	**7**	Upper respiratory and ENT	6	1.0%	106.0	5.1%	97.0	**35**	6.1%
8 (33)	**8**	Diabetes	8	1.9%		3.7%		**32**	5.6%
12 (26)	**9**	Epilepsy	12	1.2%		4.2%		**31**	5.4%
10 (32)	**10**	Myocardial infarction*	10	n/s		4.9%		**30**	5.2%
3 (50)	**11**	Gastroenteritis/dehydration	7	1.0%		4.0%		**29**	5.1%
13 (24)	**12**	Constipation	13	n/s		4.0%		**24**	4.2%
11 (27)	**13**	Congestive heart failure	11	1.4%		2.4%		**22**	3.8%
15 (8)	**14**	Stroke*	16	n/s		2.1%		**13**	2.3%
16 (6)	**15**	Hypertensive disease	19	n/s		1.4%		**10**	1.7%
WCDHB 's **Total ASH admissions 0-74**				**15.3%**		**84.7%**		**574**	**100.0%**

Note: The ISDR (Indirect standardization discharge ratio) is calculated for the top 6 national conditions for 0-74 age-group, where 100 is the national average ISDR benchmark
2. *ASH admission weighed at 0.5. This means that the actual admission event for the condition would be doubled.
3. n/s = 1- 5 ASH admissions.

Pneumonia is the leading ASH condition for the past two reporting period – 12 months to 30 March 2010 (ranked 1st with 65 ASH admissions) and 12 months to 30 September 2010 (ranked 1st with 76 ASH admissions).

Nutrition deficiency and anaemia was in the WCDHB's top 15 ASH for the 12 months ending 30 March 2010 but dropped out of the top 15 for the latest 12 months reporting period ending 30 September 2010. Hypertensive Disease moves into the top 15 for the latest reporting period of 12 months to 30 September 2010 (was ranked 16th in the previous 12 months ending 30 March 2010).

There has also been changes to the rankings within the top 15, the most significant being the reduction in ambulatory sensitive admissions for Gastroenteritis/dehydration from 3rd (with 50 ASH admissions for the 12 months ending 31 March 2010) to 11th with 29 ASH admissions for the 12 months ending 30 September 2010.

Among the 0-74 age cohort, West Coast Maori compared favourably in the indirect standardised discharge ratio (ISDR) for their population grouping in the top 4 national conditions in the twelve months to 30 September 2010 (where 100 is the national average ISDR benchmark). Results for West Coast Maori compared to the top national ISDR rates during this period with ISDR rates of 27.6 for cellulitis (≤5 ASH admissions); 70.4 for dental conditions (8 ASH admissions); 63.7 for angina and chest pain (≤5 ASH admissions) and 53.1 for pneumonia (≤ 5 ASH admissions).

However, in terms of asthma - the fifth-rating national ambulatory sensitive hospitalisation condition - local Maori fared poorly at a ratio of 220.0 (19 ASH admissions).

By comparison, ISDR rates among all other populations on the West Coast were 70.3 for cellulitis (42 ASH admissions); 69.4 for dental conditions (32 ASH admissions); 66.3 for angina and chest pain (46 ASH admissions); 156.5 for pneumonia (71 ASH admissions) and 180.0 for asthma (51 ASH admissions).

West Coast DHB overall total discharge rates per 1000 for ambulatory sensitive hospitalisations do not vary significantly from the overall national rates at the 99% confidence interval for any of the three Indicator age band category (0-74. 45-64 and 0-04) and ethnicity population cohorts; with the exception of ASH rates for Maori age 0 – 74, which was significantly below the national rate.

Figure 2: Shows the top 7 ASH conditions for the WCDHB for the 0-04 age-group for the 12 months to 30 September 2010.

Previous WCDHB Rank (ASH)	Current WCDHB Rank	ASH Specific Conditions	National Rank	Maori		Other		Total	
				Proportion of WCDHB's ASH total	ISDR	Proportion of WCDHB's ASH total	ISDR	WCDHB's ASH admissions	% of WCDHB's total ASH
1 (18)	**1**	Asthma	3	n/s	129.9	30.2%	255.5	**31**	36.0%
1 (18)	**2**	Upper respiratory and ENT	1	n/s	76.6	16.3%	89.8	**18**	20.9%
1 (18)	**3**	Dental conditions	2	n/s	117.7	12.8%	82.9	**14**	16.3%
5 (12)	**4**	Pneumonia	5	0.0%	0.0	14.0%	150.1	**12**	14.0%
4 (16)	**5**	Gastroenteritis/dehydration	4	0.0%	0.0	8.1%	36.9	**7**	8.1%
6 (n/s)	**6**	Cellulitis	6	0.0%	0.0	n/s	19.4	**n/s**	n/s
7 (n/s)	**7**	Dermatitis and eczema	7	0.0%		n/s		**n/s**	n/s
7 (n/s)	**7**	Constipation	9	0.0%		n/s		**n/s**	n/s
10 (0)	**7**	Vaccine preventable disease other	11	n/s		n/s		**n/s**	n/s
WCDHB' s Total ASH admissions 0-04				**15.1%**		**84.9%**		**86**	**100.0%**

Note: 1. The ISDR (Indirect standardization discharge ratio) is calculated for the top 6 national conditions for 0-04 age-group, where 100 is the national average ISDR benchmark. 2. n/s = 1-5 ASH admissions

Figure 3: Depicts the top 15 ASH conditions for the WCDHB for the 45-64 age-group for the 12 months to 30 September 2010

Previous WCDHB Rank (ASH)	Current WCDHB Rank	ASH Specific conditions	National Rank	Maori		Other		Total	
				Proportion of WCDHB's total	ISDR	Proportion of WCDHB's total	ISDR	WCDHB's ASH admissions	% of WCDHB's total ASH
2 (24)	**1**	Pneumonia	3	n/s	123.0	12.6%	162.7	**28**	14.1%
1 (29)	**2**	Angina and chest pain*	1	n/s	76.5	12.1%	62.9	**27**	13.6%
5 (14)	**3**	Cellulitis	2	n/s	64.2	10.6%	101.6	**23**	11.6%
3 (18)	**4**	Myocardial infarction*	5	n/s	117.2	8.5%	96.7	**19**	9.5%
7 (12)	**5**	Epilepsy	10	n/s		7.0%		**18**	9.0%
8 (10)	**6**	Kidney/urinary infection	6	n/s		7.0%		**15**	7.5%
11 (6)	**7**	Asthma	9	n/s		3.5%		**12**	6.0%
5 (14)	**8**	Diabetes	4	n/s	92.9	4.5%	90.8	**11**	5.5%
4 (17)	**9**	Gastroenteritis/dehydration	8	n/s		4.5%		**10**	5.0%
12 (6)	**10**	Stroke*	12	0.0%		4.0%		**8**	4.0%
13 (n/s)	**11**	Upper respiratory and ENT	17	n/s		n/s		**7**	3.5%
14 (n/s)	**12**	Congestive heart failure	7	n/s	190.4	n/s	33.0	**6**	3.0%
8 (10)	**12**	Nutrition deficiency & anaemia	11	n/s		n/s		**6**	3.0%
10 (8)	**14**	Constipation	15	n/s		n/s		**n/s**	n/s
19 (0)	**14**	Cervical cancer	22	n/s		n/s		**n/s**	n/s
WCDHB's Total ASH admissions 45-64				**14.6%**		**84.7%**		**199**	**100.0%**

Note: The ISDR (Indirect standardization discharge ratio) is calculated for the top 6 national conditions for 45-64 age-group, where 100 is the national average ISDR benchmark 2. *ASH admission weighed at 0.5. This means that the actual admission event for the condition would be doubled. 3. n/s = 1- 5 ASH admissions

Figure 4: Shows the top 15 ASH conditions for the WCDHB for the 65-74 age-group for the 12 months to 30 September 2010.

WCDHB Rank	ASH Specific Conditions	Maori Proportion of WCDHB's total	Other Proportion of WCDHB's total	WCDHB's ASH admissions	% of WCDHB's total ASH
1	Pneumonia	n/s	12.6	**18**	14.1
2	Angina and chest pain *	n/s	12.1	**14**	13.6
3	Congestive heart failure	n/s	10.6	**13**	11.6
4	Kidney/urinary infection	0.0%	8.5	**12**	9.5
5	Myocardial infarction *	0.0%	7.0	**10**	9.0
6	Hypertensive disease	n/s	7.0	**8**	7.5
7	Cellulitis	0.0%	3.5	**7**	6.0
8	Constipation	0.0%	4.5	**7**	5.5
8	Gastroenteritis/dehydration	n/s	4.5	**7**	5.0
10	Stroke *	0.0%	4.0	**6**	4.0
11	Diabetes	0.0%	n/s	**n/s**	3.5
12	Epilepsy	0.0%	n/s	**n/s**	3.0
13	Nutrition deficiency & anaemia	0.0%	n/s	**n/s**	3.0
13	Upper respiratory and ENT	0.0%	n/s	**n/s**	n/s
15	Asthma	0.0%	n/s	**n/s**	n/s
	Total ASH admissions 65-74	**6.7%**	**93.3%**	**119**	**100%**

1. *ASH admission weighed at 0.5. This means that the actual admission event for the condition would be doubled. 2. n/s = 1- 5 ASH admissions

RECOMMENDATION

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

Author:	**Wayne Turp, General Manager Planning and Funding – 1 July 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 Community and Mental Health Services
Karyn Kelly, Acting Director of Nursing and Midwifery

DATE: **29 June 2011**

OPERATIONAL ITEMS

Trend Care
The decision has been made to appoint a Trend Care Coordinator. This person will be responsible for enhancing the utilisation of Trend Care to its full potential and to ensure data is correct and used to match supply to demand more efficiently. One of the Clinical Nurse Managers has agreed to take up this role which will initially be for two days per week, with a view to reducing once systems are developed. Better use of Trend Care information is essential if we are to achieve our budget efficiencies.

Surgical Services
Meetings have been held with obstetrics and gynaecology services, surgeons at Grey Base Hospital and Christchurch and orthopedic surgeons Christchurch, Grey Base Hospital and Auckland, to discuss how to develop sustainable surgical services for the West Coast going forward. External resource to facilitate the first obstetrics and gynaecology workshop.

Model of Care
The first draft of the Model of Care for the Grey District, including primary/community and hospital services has commenced.

Incident Reporting and Investigation Processes
Work on introducing the processes used in Mental Health Services to Hospital Services is on target for a 1 July 2011 implementation. There has been extensive consultation and education with staff, with the project being well received.

Medical Rostering
A new medical rostering plan will assist achievement of our budget and elective surgery targets. A presentation to the Committee will be made at this meeting. Implementation is set for 1 July 2011.

STRATEGIC ITEMS

Mental Health

Better, Sooner, More Convenient update.
Over the past few months the Community Mental Health team in Buller have been building relationships with the General Practice at Buller Health and the Primary Mental Health Organisation to develop a model of care that will be appropriate for the proposed Integrated Family Health Facility at Buller. Key practice changes are focused on reducing the barriers for patients to access timely and appropriate treatment and include;

- increased General Practitioner – Psychiatrist liaison
- better crisis care by involving these three agencies in crisis planning
- joint assessment by Mental Health Services and Primary Health Organisation of all referrals to determine most appropriate service and avoid duplication
- shared care where some clients receive both brief intervention counselling from the Primary Health Organisation, as well as specialist intervention and support services via the Mental Health Service.

Community Services

South Westland
The new clinic building at Franz Josef is progressing well. Equipment has been ordered and will be delivered by 30 June 2011 and all IT equipment for the clinic will be installed on 1 July 2011. Staff expect to be working out of the new clinic as of 4 July 2011.

The new second General Practitioner commences work in South Westland on 1 July 2011 and will be based in Franz Josef. With a slight reduction in the current doctors FTE, South Westland will have two doctors and both working 0.75FTE each.

Buller

Integrated Family Health Centre/Better Sooner More Convenient – The community engagement meeting went well and the feedback has collated and redistributed back to community and staff. The next phase will be engaging with staff on defining the detail of the model of care through a series of three 'To Be' workshops during July 2011. This will be followed by the Facilities Design workshops with staff and architects.

After stable levels of nursing staff we are entering a time of change with retirement, maternity leave and some re-location. A long lead in time has enabled succession planning to occur. Doctor numbers have remained steady but still below the required number. Contingency planning and return locums help to sustain the patient flow through the practice. A full compliment of doctors is anticipated by the end of the year - early 2012.

RECOMMENDATION

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

Author: **Provider Arm Management Team – 29 June 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: **28 June 2011**

RECRUITMENT / VACANCIES FOR JUNE 2011

POSITION	STATUS
Senior Medical Staff	
General Practitioner/ Teacher/Clinical Leader Greymouth	Currently advertising
Anaesthetist	Applicants are being interviewed when they apply – recruitment ongoing.
General Practitioners – Reefton, Buller Medical, Greymouth Medical	Applicants are being interviewed when they apply – recruitment ongoing.
Medical Officer – Accident and Emergency	Applicants are being interviewed when they apply – recruitment ongoing.
General Surgeon	Applicants are being interviewed when they apply – recruitment ongoing.
Physician	Applicants are being interviewed when they apply – recruitment ongoing
Nursing Staff	
Clinical Nurse Manager Theatre	Currently Re-Advertising
Public Health Nurse	Currently Advertising
Mental Health	
Registered Nurses – Inpatient Unit	Applicants are being interviewed when they apply – recruitment ongoing.

POSITION	STATUS
Casual Registered Nurse - Kahurangi	Applicants are being interviewed when they apply – recruitment ongoing.
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.
Dental Assistant – Greymouth	Currently Advertising
CAMHS- AOD	Re-Advertising
Other	
HEHA / Smokefree Service Development Manager	Currently re-advertising
Financial Assistant / Cashier – Fixed term parental leave	Re-Advertising

Author: **Human Resource Advisors – 28 June 2011**

COLLECTIVE EMPLOYMENT AGREEMENT BARGAINING UPDATE

Unions affiliated with the Council of Trade Unions have advised that their members have agreed to enter a combined 'managed bargaining' process. This includes the New Zealand Nurses Organisation (NZNO) and Public Service Association (PSA). An initial bargaining meeting was held on 17 June 2011 and formal talks are scheduled to commence 7 July 2011.

Public Service Association (PSA) South Island Clerical
PSA members have accepted an interim settlement prior to the commencement of the managed bargaining process. The 8 month term to September 2011 includes a 0.575% increase and a $100 lump sum. This document has now been signed by the Union and is awaiting the signatures of the Chief Executive Officers of the parties to the Collective Agreement.

Association of Salaried Medical Specialists (ASMS) Senior Medical Officers (SMOs)
Bargaining remains ongoing but is on hold until the end of July 2011 when the ASMS advocate is available.

Association of Professional and Executive Employees (APEX) Psychologists
The new Multi Employer Collective Agreement (MECA) is pending union member ratification of the document. The West Coast District Health Board will not be named as a party to the agreement.

Association of Professional and Executive Employees (APEX) and West Coast District Health Board Information Technology
The West Coast District Health Board has received notice of one day of low level strike action to take place on 8 July 2011. Contingency planning is in place and disruption to patient care services is not anticipated.

RECOMMENDATION

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

Author: Kim O'Keefe, Human Resources Manager– 4 July 2011

RISK AND QUALITY REPORT

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

FROM: **Mark Bowen, Quality Assurance and Risk Manager**

DATE: **28 June 2011**

BACKGROUND

The Provider Arm, as a requirement of the Health and Disability Sector Standards, is required to establish, document and maintain a quality and risk management system that reflects continuous quality improvement principles.

OBJECTIVES

Through regular monitoring, audit, and quality improvement activities, the Provider Arm will:

- Monitor a range of quality assurance indicators
- Provide an explanation to any quality assurance indicator exceptions reported
- Be involved in the National Quality Improvement Programme
- Develop quality improvement activities based on the monitored quality assurance indicators

RECOMMENDATIONS

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

Author: **Quality Assurance & Risk Manager – 28 June 2011**

SATISFACTION SURVEYS

Results of the current quarter's satisfaction survey are not yet available and will be reported at a subsequent meeting. Unfortunately, as we do not have access to national trends at this time, data on this cannot be supplied for comparison.

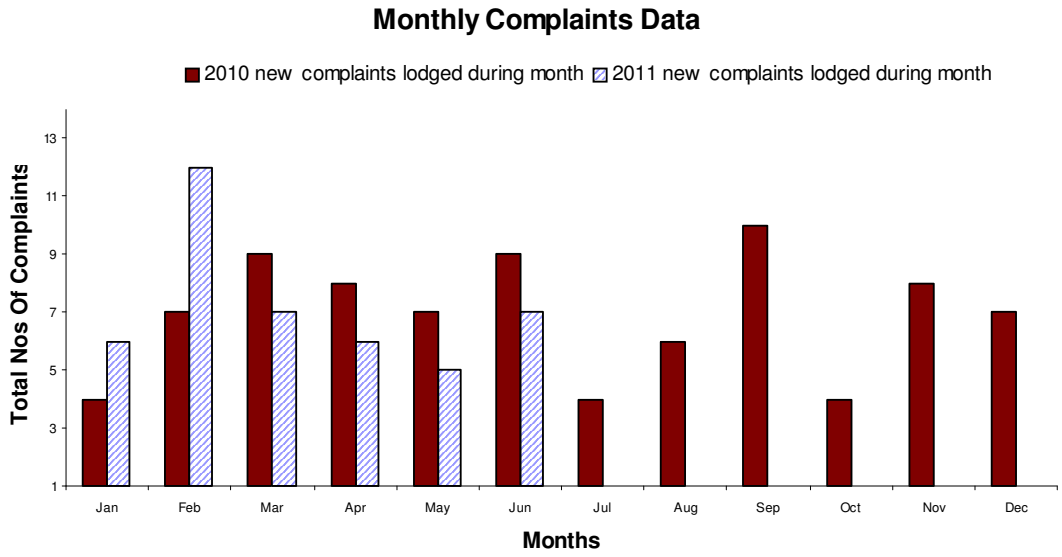
COMPLAINTS SYSTEM

Plan developed by Management has been implemented and complaints process continues to be monitored to ensure adherence to procedure and stated times frames.

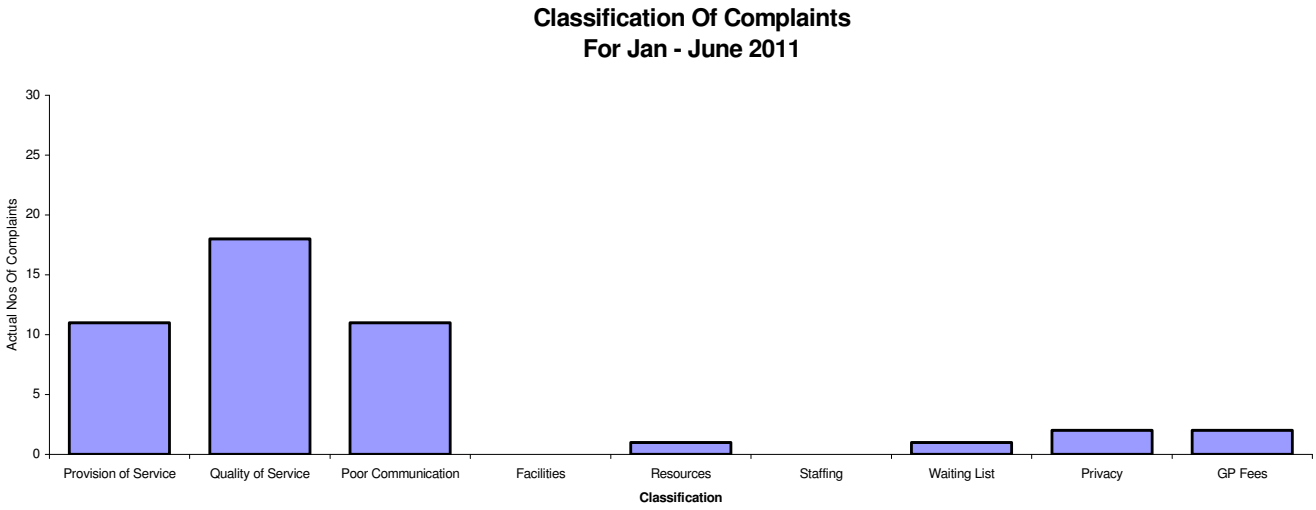
The total number of complaints received between 1 January – 30 June 2011 was 43, compared with 44 complaints received during the same time period in 2010.

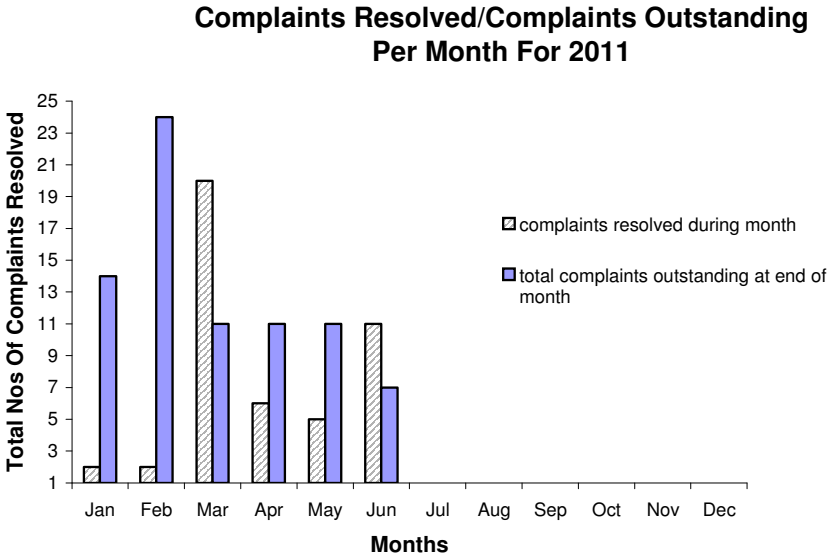
For 1 January – 30 June 2011 the average monthly response time for complaints was 33 working days (DHB target is 20 working days), compared with 28 working days for the same time period in 2010. The higher average response time for 2011 is reflective of a number of outstanding complaints that were complex in nature, being resolved.

Data on classification as to the number and type of complaints is as follows:



The large number of complaints resolved during April/June 2011 is reflective of a number of outstanding complaints that were complex in nature being resolved.

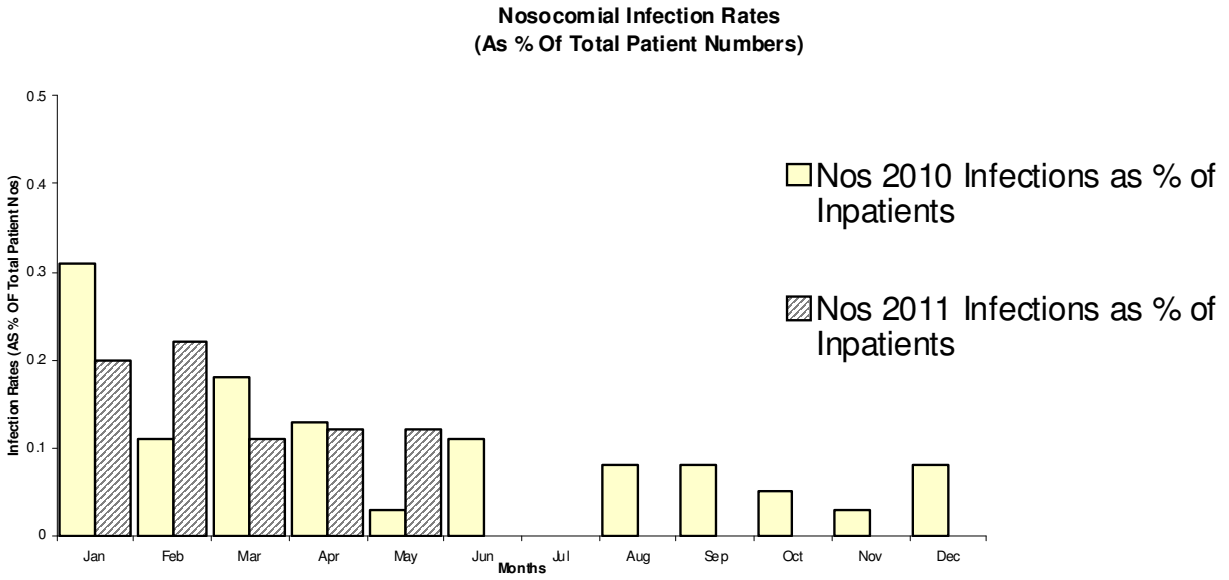

Classification Of Complaints
For Jan - June 2011
Actual Nos Of Complaints
30
25
20
15
10
5
0
Provision of Service
Quality of Service
Poor Communication
Facilities
Resources
Staffing
Waiting List
Privacy
GP Fees
Classification


Complaints Resolved/Complaints Outstanding
Per Month For 2011
Total Nos Of Complaints Resolved
25
23
21
19
17
15
13
11
9
7
5
3
1
complaints resolved during month
total complaints outstanding at end of month
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Months

INFECTION CONTROL

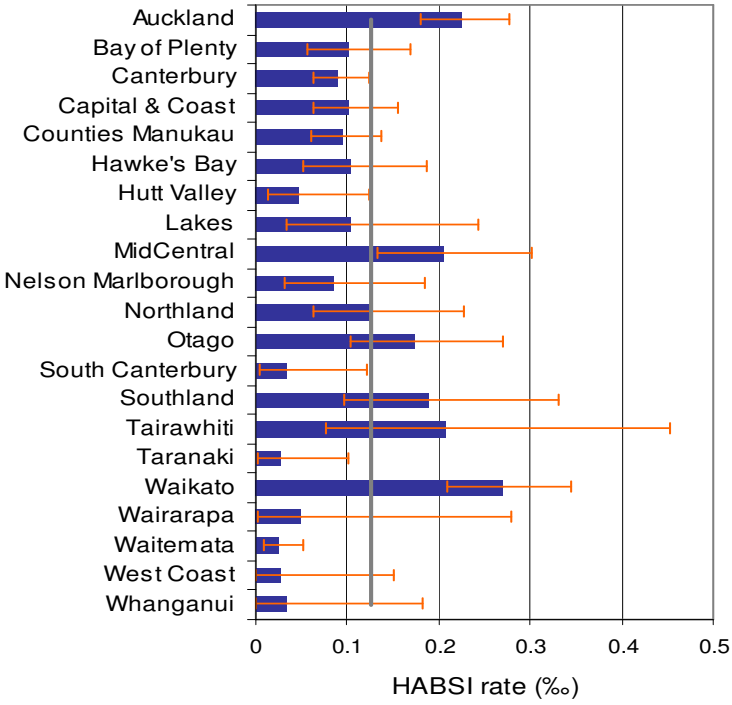
The West Coast District Health Board aims to continue to decrease the level of hospital acquired bloodstream infections.

For the period 1 January 2011 till 30 May 2011 there were 31 hospital acquired bloodstream infections detected within the Inpatient services, compared with 44 for the same period in 2010.



The following is a benchmark study showing hospital acquired bloodstream infection rates for all District Health Boards in New Zealand.

As you can see the West Coast District Health Board performs well in comparison to other District Health Boards. The solid line represents the national average.



QUALITY IMPROVEMENT PROJECTS

The West Coast District Health Board is required by the Operation Policy Framework and the Health and Disability Sector standards to take an approach of continuous quality improvement with all activities and services that it provides. The West Coast DHB encourages staff to identify areas where improvements can be made in the services that it provides.

National Medication Chart
The new National Medication Chart has been implement through the Inpatient services of the West Coast DHB. This is a nationwide project aimed at reducing medication errors through the standardisation nationwide of Inpatient medication charts. Post-implementation monitoring and review of use continues.

Standing Orders
The Standing Orders training has been completed as far as the introductory component is concerned. This section introduced the Westland Medical Centre Standing Orders as the adopted model/framework for the West Coast DHB. It also introduced the nurses using Standing Orders to the health assessment and pharmacology requirements, and over the next 3 years all nurses using Standing Orders will have to complete the advanced health assessment and applied pharmacology level 8 PG papers.

Health Pathways
The Health Pathways Group continues it's work adapting the Canterbury DHB Pathways for use on the West Coast. A survey of General Practitioners regarding their views on the Pathways adapted to date has now been completed, and is to be presented to the Clinical Leadership Group. The findings will be incorporated into further development of the Pathways on the West Coast.

Falls Prevention
A small working party is continuing its work on improving the West Coast DHB Falls Prevention Processes and has established a revised assessment process and monitoring process, which are to currently being trialled. This is in conjunction with a national initiative for the reduction in patient falls that is being co-ordinated by the National Quality & Risk Managers Group and the Ministry of Health.

Complaint/Incident Investigation Training
A one-day training course for staff in the techniques of effective complaint and incident investigation was held recently in Westport. Further courses will be held at other sites throughout the year. Additional training is also being provided to front line staff. An audit process has been established regarding improvement actions that are identified as part of the complaint resolution process. The audit will ensure that any improvements identified have been actioned.

Acute Theatre Booking Process
Identified as an outcome from a recent Health and Disability Commission investigation at Northland Hospital, Theatre staff have worked on developing a process for the prioritisation of acute theatre bookings. Formal guidelines have now been developed and have been implemented, and are being monitored.

Early Warning System
This has been implemented in response to the national directive and Health and Disability Commission case, this project has developed a process for the recognition and management of the deteriorating or at risk of deteriorating patient. Currently this project is undergoing monitoring to identify effectiveness and any issues that require addressing.

Advanced Directives
Work continues on this project, with the project currently focusing on aligning the format for documenting advanced directives with that used by Canterbury DHB. The revised Procedure and Form has been approved by Clinical Governance, and an education programme for staff is being developed.

Restraint
A new education programme has been developed and is being trialled in the aged-care residential areas of the DHB. This programme aims to up-skill staff in the use of the revised DHB restrain guidelines. To date education sessions have been held in Buller and Reefton with further sessions planned for Greymouth.

Rostering Guidelines
The Clinical Leadership Group is currently working on developing a generic process for the rostering of clinical staff as well as specific aspects for each profession.

Policy and Procedure
Work continues on reviewed various West Coast DHB Policy and Procedures. The most recently reviewed include documents for General, Clinical and Personal Health Information.

ISBAR Communication Tool for Nursing and Clinical Staff
The ISBAR communication tool is used by nursing and clinical staff and is a system that provides a clear process for communicating a patient's state to another health professional. This tool has recently been introduced throughout the Hospital Services and is currently being monitored with a review of its usefulness to be undertaken in early July 2011.

Emergency Management Plans
Work has commenced on reviewing the West Coast DHB Emergency Management plans. The first series of plans (Health Emergency and Recovery) are now in draft form. Further work on additional plans (EOC) continues.

CLINICAL QUALITY IMPROVEMENT COMMITTEE (CQIT)

This Committee has a formal role as the co-ordination centre for clinical quality activities and indicatives.

The Committee oversees a range of other clinical committees throughout the DHB (Infection Control, Medication Review, Product Evaluation, Primary-Secondary Liaison, Theatre, and Caesarean Review). It received regular reports from these committees, including activities that they are engaged in and also items that require input or a decision from CQIT.

This Committee is also responsible for overseeing and monitoring various clinical quality assurance indicators.

This Committee's most recent activities include approving the revised DHB Inpatient Death Procedure, and discussion on the revised Incident Report Form and Procedure.

CURRENT CLINICAL RISK CASES

	April	May	June
Treatment Injury Claims (ACC)	0	2	4
HDC Investigation*	7	7	7**
Privacy Commissioner Investigation*	1	1	1
Legal Actions	0	0	0

(*Indicates complaint investigations which are ongoing)
(**2 investigations were completed during June (both with no-breach findings), and two new HDC complaints were received during June)

CORONERS CASES

Two new cases reported since the last report.

EXTERNAL CLINICAL AUDITS

The Ministry of Health recently audited the DHB's Family Violence processes. This is an annual activity undertaken as part of the Ministry's Violence Intervention Programme which aims to reduce and prevent the health impacts of violence and abuse through early identification, assessment and referral.

The Ministry requires DHBs to achieve and audit score of 70 out of 100. For this audit period the West Coast DHB achieved an audit score of 86 for the Partner Abuse section of the audit, and 87 for the Child Abuse section of the audit.

While the audit results are pleasing, staff are continuing working to develop and target service-specific strategies to support higher rates of screening and disclosure, as well as developing service-level champions.

CLINICAL CREDENTIALLING

Work continues on ensuring that the clinical credentialling processes at West Coast DHB align themselves with the work being undertaken in the patient pathways collaborative activities with Canterbury DHB.

RISK MANAGEMENT REVIEW

A workshop on risk management was recently held (facilitated by Board's Internal Auditors (Delloittes)) and was attended by members of the Board and Senior Management. Delloittes are now analysing the outcome of this workshop and will soon be providing a report on this.

FINANCE REPORT
PROVIDER ARM
MAY 2011

FINANCIAL OVERVIEW MAY 2011

	Actual Month	Budget Month	Variance	Variance	Last Yr Month	Actual YTD	Budget YTD	Variance	Variance	Last Yr YTD	Full Yr Forecast	Full Yr Budget	Full Yr Act Last Yr
REVENUE													
Provider	6,379	6,012	367	6.1%	6,436	68,535	67,538	997	1.5%	67,458	74,405	73,836	74,599
Governance & Administration	108	101	7	6.8%	112	1,168	1,114	54	4.9%	1,307	1,269	1,214	1,419
Funds & Internal Eliminations	4,446	4,390	56	1.3%	4,387	48,785	48,677	108	0.2%	47,080	54,138	53,350	51,354
	10,933	10,502	431	4.1%	10,935	118,488	117,329	1,159	1.0%	115,845	129,812	128,399	127,372
EXPENSES													
Provider													
Personnel	4,681	4,360	(321)	(7.4%)	4,382	47,564	46,969	(595)	(1.3%)	46,458	50,820	51,150	50,836
Outsourced Services	957	834	(123)	(14.8%)	1,078	12,116	9,705	(2,411)	(24.8%)	10,807	12,384	10,682	12,087
Clinical Supplies	679	612	(67)	(11.0%)	610	7,001	6,512	(489)	(7.5%)	6,505	7,216	7,120	7,111
Infrastructure	1,294	1,384	90	6.5%	1,359	14,538	15,228	690	4.5%	15,459	16,243	16,611	17,292
	7,611	7,189	(422)	(5.9%)	7,429	81,219	78,413	(2,806)	(3.6%)	79,229	86,663	85,563	87,326
Governance & Administration	193	194	1	0.6%	(7)	2,106	2,178	72	3.3%	369	2,381	2,369	2,306
Funds & Internal Eliminations	3,896	3,918	22	0.6%	4,321	41,990	43,566	1,576	3.6%	43,559	47,967	47,666	45,443
	11,700	11,301	(399)	(3.5%)	11,743	125,315	124,157	(1,158)	(0.9%)	123,157	137,012	135,599	135,075
NET RESULT	(767)	(798)	31	3.8%	(808)	(6,827)	(6,828)	1	0.0%	(7,312)	(7,200)	(7,200)	(7,703)

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 for the Hospital Advisory Committee. The detailed report and commentary is limited to the Provider Arm of the Board of the West Coast District Health Board.

CONSOLIDATED RESULTS

The year to date consolidated result to May 2011 is a deficit of $6,827k which is on budget ($6,828k deficit).

For the month of May 2011 the consolidated result was a deficit of $767k, $31k better than the budgeted deficit of $798k.

Year to Date to May 2011

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(13,586)	(11,773)	(1,813)	unfavourable
Funder Arm surplus / (deficit)	6,795	5,112	1,683	favourable
Governance Arm surplus / (deficit)	(36)	(167)	131	favourable
Consolidated result surplus / (deficit)	**(6,827)**	**(6,828)**	**(1)**	**favourable**

COMMENTARY ON YEAR TO DATE VARIANCES

REVENUE

Provider revenue is $68,535k which is $997k better than budget ($67,538k).

- Inter DHB and internal revenue (WCDHB) is $57,171k; $635k better than budget. This revenue is eliminated on consolidation and the main contributors to the variance are:
  - Internal revenue for mental health community support services is $330k greater than budget. This service is provided by the provider arm and this will continue to be so for the remainder of the year. This service was budgeted to be provided by a non government organisation contracted by the Funder arm.
  - Operational expenditure funding of $218k for dental services has been paid to the Provider Arm. This is received by the Funder arm from the Ministry of Health (budget was under other Ministry of Health funding and not under internal funding).
  - Internal revenue for elective services is $1,073k year to date, against a budget of $884k. Payment of $643k was received in June for quarter 3 electives volumes.
  - Internal revenue for aged related care and home based support services is $143k better than budget and revenue for laboratory tests is $149k less than budget. No internal funding has been paid to the Provider arm for Carelink ($58k budget to date) or longer post natal stays ($79k budget to date),

- Other Ministry of Health funding is $1,711k; $174k less than budget.
  - Operational expenditure funding for the dental service has been treated as internal revenue (as above) as it is received in the monthly crown funding but the budget ($218k to date) is under Ministry of Health funding (was previously paid directly to the Provider on invoice).
  - Funding for Child Adolescent and Youth alcohol and drug services ($49k) covering the eleven months to date was received in May (new contract).

- Other Government funding is $5,755k; $55k better than budget.
  - Accident Compensation Corporation revenue is $71k greater than budget. The revenue derived from ACC is demand driven and the variance is made up of the following elements:
    - Accident Compensation Corporation elective and clinical contract revenue is $214k better than budget to date.
    - Aged related Accident Compensation Corporation revenue is $38k greater than budget to date.
    - Community nursing, primary practice, accident and emergency are together $181k less than budget; these areas are volumes driven.
  - Payments to GP clinics from the WCPHO are $239k better than budget.

- Non health related revenue is $463k better than budget.

Kiwi Saver rebates are $327k. As the budget ($321k) is under other government funding, non health related revenue will continue to be over budget for the rest of the year.

EXPENSES

The Provider arm expenditure is $2,806k worse than budget. The main variances are detailed below:

- Personnel costs are $47,564k $595k worse than budget ($46,969k).
  - Medical personnel costs are $136k worse than budget. Within this group there are areas over budget and areas under budget.

- Resident Medical Officers are over budget by $161k to date. This relates to allowances that have been paid, including cross cover and retention. Changes have been made to retention allowances resulting in the percentage variance of this overspend to budget reducing over the last half of the year.
- Medical Specialists are $296k over budget to date, partially due to roster changes to cover staff on special leave.
- Psychiatrists are $465k over budget to date due to a change in the staff mix (budget is under outsourced services and actual costs here are $148k less than budget to date) and increase in FTE. This will continue over the rest of the year.
- General Practitioners's are $607k under budget to date due to vacancies, (covered by outsourced locum services which are $1,132k over budget to date-including the Rural Academic Practice). Outsourced locum costs include fees for service, agency fees, travel and accommodation.
- Other personnel costs (including recruitment, relocation and training) are $77k less than budget.

- Nursing personnel costs are $631k over budget. Of this, payment of penal rates and overtime are $516k over budget.
- Allied health personnel costs are $78k better than budget. The favourable variance is mainly due to vacancies. Offsetting this variance are community mental health support worker costs which are $300k to date. There is no budget for these costs as this service was budgeted as outsourced under the Funder arm. This cost will continue over the remainder of the year.
- Support personnel costs are $143k worse than budget. Of this $58k relates to laundry staff where volumes are higher than was budgeted. Sterile supply staff costs are $59k worse than budget, included here are payments for an on-call roster that was brought in after the budget was set.
- Management and administration personnel costs are $237k better than budget due mainly to staff vacancies in certain areas and the sharing of services with Canterbury DHB.

➢ Outsourced service costs are $12,116k, $2,411k worse than budget ($9,705k).
- Outsourced medical personnel costs are over budget by $1,816k for the 11 months to date. This is due to utilising locum services to cover staff leaves and vacancies.
- Outsourced nursing costs are $21k (no budget). Of these, $6k were incurred due to the Pike River disaster.
- Outsourced clinical service costs are $3,439k, $596k more than budget.
  - Outsourced orthopaedic services are $333k over budget ($471k to date against a budget of $138k), mainly due to demand and the type of procedure performed.
  - Other specialist services are $226k more than budget (includes ENT, ophthalmology and urology).
  - Radiology services are $90k more than budget to date (largely MRI and breast ultrasound) and laboratory services are $8k worse than budget.

➢ Overall clinical supplies are $489k worse than budget.
- Pharmaceuticals are $93k over budget, the unfavourable variance relates mainly to pharmaceutical cancer treatments as more patients are receiving treatment at Grey Base hospital.
- Implants and prostheses are $25k over budget to date, reducing previous months favourable variance as electives volumes have improved.
- Air transfers (included in other clinical and client costs) are $117k over budget with several high cost transfers and patient accommodation is $17k over budget. The Christchurch earthquake has also led to increased air transfer costs as patients have been sent to other centres for treatment ($33k to date).
- Instruments and equipment costs are $252k over budget, largely due to service contracts which are $126k over budget and disposable instruments which are $132k over budget.

- Overall infrastructure costs are $690k under budget.
  - Facility costs are $184k over budget.
    - Utilities are $114k over budget due to higher prices than budgeted. Rents are $30k over budget (offset by higher rental income) and rates are $42k more than budget. Security services are $12k more than budget, with $10k relating to the Pike River disaster.
  - Transport costs are $165k under budget.
    - Motor vehicle lease costs are $253k under budget to date as leases were not renewed on expiry and vehicles were purchased (overall fleet size has decreased). In return motor vehicle depreciation has increased ($88k over budget to date). Overall impact is a net financial benefit. Staff travel and accommodation costs are $54k worse than budget with $20k of this relating to the Pike River disaster.
  - Interest and financing charges are $670k under budget.
    - Capital charge costs are $627k under budget and interest costs are $51k under budget. A credit of $254k for 09/10 years capital charge was recognised in December.
    - Term loans with the Crown Health Financing Agency were rolled over at lower interest rates; interest costs will continue to be under budget for the remainder of the year (to date $51k under budget).

FORECAST FOR 2010/11

The forecast as at 31 May 2011 for the year ending 30 June 2011 remains a consolidated deficit of $7.200m (2010/11 - approved budget deficit - $7.200m).

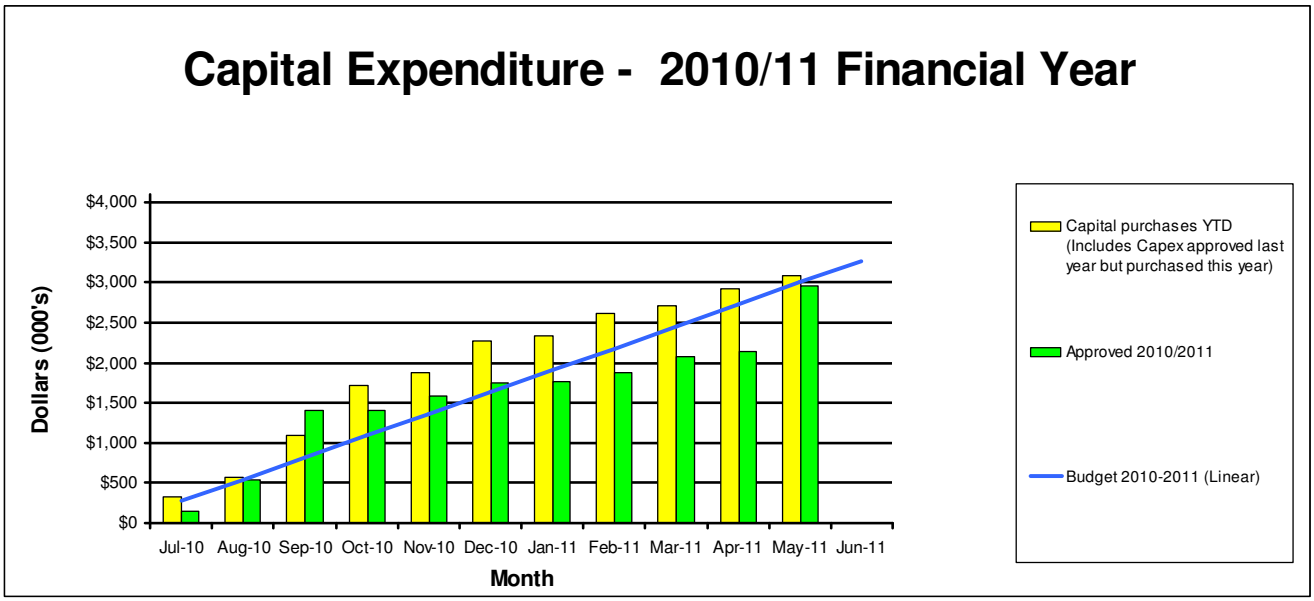
RECOMMENDATION

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

Author:	**Financial Accountant – 28 June 2011**

DHB Provider Arm - Statement of Financial Performance for the month of May 2011

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budge	Variance	Variance	Last YTD	Forecast	Full Budge	Last Full Yr
Revenue													
Inter DHB and Internal Revenue	5,358	5,059	299	5.9%	5,432	57,171	56,536	635	1.1%	56,417	61,891	61,891	57,221
Other MoH Funding	220	171	49	28.4%	290	1,711	1,885	(174)	(9.2%)	1,948	1,957	2,057	1,555
Other Government Funding	461	477	(16)	(3.4%)	425	5,755	5,700	55	1.0%	5,543	6,213	6,167	5,642
Patient / Consumer Sourced	252	226	26	11.4%	221	2,583	2,564	19	0.7%	2,479	2,842	2,792	2,575
Non Health Related	88	77	11	13.7%	68	1,315	852	463	54.4%	1,071	1,502	929	924
	6,379	6,012	367	6.1%	6,436	68,535	67,538	997	1.5%	67,458	74,405	73,836	67,917
Personnel Costs													
Medical Personnel	854	895	41	4.5%	1,034	9,713	9,577	(136)	(1.4%)	9,598	10,326	10,438	7,997
Nursing Personnel	2,344	1,994	(350)	(17.5%)	1,930	21,887	21,256	(631)	(3.0%)	20,835	23,141	23,154	19,876
Allied Health Personnel	752	740	(12)	(1.7%)	728	8,078	8,156	78	1.0%	8,293	8,753	8,871	10,156
Support Personnel	186	163	(23)	(14.2%)	157	1,925	1,782	(143)	(8.1%)	1,861	1,997	1,939	1,779
Management / Admin	545	568	23	4.0%	533	5,961	6,198	237	3.8%	5,871	6,603	6,748	6,974
	4,681	4,360	(321)	(7.4%)	4,382	47,564	46,969	(595)	(1.3%)	46,458	50,820	51,150	46,782
Outsourced Services	957	834	(123)	(14.8%)	1,078	12,116	9,705	(2,411)	(24.8%)	10,807	12,384	10,682	13,427
Clinical Supplies													
Treatment Disposables	110	103	(7)	(6.5%)	103	1,192	1,127	(65)	(5.8%)	1,065	1,217	1,227	1,161
Diagnostic Supplies & Other Clinica	2	7	5	70.1%	9	66	74	8	10.3%	70	80	80	54
Instruments & Equipment	181	135	(46)	(34.4%)	145	1,734	1,482	(252)	(17.0%)	1,551	1,642	1,617	1,486
Patient Appliances	35	28	(7)	(27.2%)	41	329	303	(26)	(8.7%)	316	330	330	374
Implants and Prostheses	111	78	(33)	(42.3%)	42	883	858	(25)	(2.9%)	773	828	936	733
Pharmaceuticals	158	156	(2)	(1.3%)	195	1,692	1,599	(93)	(5.8%)	1,707	1,793	1,744	1,586
Other Clinical & Client Costs	82	106	24	22.3%	75	1,105	1,069	(36)	(3.3%)	1,023	1,326	1,186	1,112
	679	612	(67)	(11.0%)	610	7,001	6,512	(489)	(7.5%)	6,505	7,216	7,120	6,506
Infrastructure Costs													
Hotel Services, Food & Cleaning	308	295	(13)	(4.6%)	278	3,333	3,240	(93)	(2.9%)	3,209	3,559	3,535	3,424
Facilities	419	389	(30)	(7.8%)	391	4,405	4,221	(184)	(4.4%)	4,657	4,741	4,608	5,509
Transport	14	109	95	87.1%	105	1,093	1,258	165	13.1%	1,227	1,314	1,367	1,498
IT Systems & Telecommunications	183	174	(9)	(4.9%)	178	1,952	1,919	(33)	(1.7%)	1,870	2,053	2,094	2,088
Interest & Financing Charges	157	188	31	16.3%	183	1,394	2,064	670	32.5%	2,115	1,981	2,252	949
Professional Fees & Expenses	15	23	8	35.9%	45	252	257	5	2.1%	406	271	281	532
Other Operating Expenses	198	206	8	4.0%	179	2,109	2,268	159	7.0%	1,975	2,325	2,475	2,181
	1,294	1,384	90	6.5%	1,359	14,538	15,228	690	4.5%	15,459	16,243	16,611	16,181
Expenses Total	7,611	7,189	(422)	(5.9%)	7,429	81,219	78,413	(2,806)	(3.6%)	79,229	86,663	85,563	82,896
Allocated to Governance & Admin	82	82	(0)	(0.4%)	82	902	898	(4)	(0.4%)	902	980	980	960
Surplus (Deficit)	**(1,314)**	**(1,259)**	**(55)**	**(4.4%)**	**(1,075)**	**(13,586)**	**(11,773)**	**(1,813)**	**(15.4%)**	**(12,673)**	**(13,238)**	**(12,707)**	**(15,939)**



CAPEX $10 K+ for May 2011				Special Funding
CAPITAL CODE	**REQUEST FOR**	**DATE APPROVED**	**APPROVED AMOUNT (excl GST)**	
10493	SAN Consolidation Project	31/05/2011	69,274.00	
10494	Backup Upgrade Project	31/05/2011	59,506.00	
10495	Citrix Upgrade Project	31/05/2011	39,674.00	
10496	Oracle Upgrade Project	31/05/2011	37,970.00	
10504	3x GE Medical Aisys Anaesthetic machines	27/01/2011	280,000.00	
10505	7x Laerdal MRX Defibrillators	06/05/2011	305,000.00	
			791,424	

CASE-WEIGHTS

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

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

DATE: **27 June 2011**

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

Inpatient Volumes:

As at 31 May 2011, overall case-weighted [CWD] inpatient delivery was 8.8% over contracted volume for surgical specialty services (2,400.25 actual vs 2,204.96 contracted) and 6.3% over for medical specialty services (1,185.32 actual vs 1,114.76 contracted). The total value of over-production was $1,172,511.

The split between acute and electives was as follows:

Caseweights (CWD)	Contracted YTD	Actual YTD	Variance	% Variation
Surgical				
Acute	861.10	1,061.64	200.54	+ 23.3%
Elective	1,343.86	1,338.61	- 5.25	- 0.4%
Sub-Total Surgical:	2,204.96	2,400.25	195.29	+ 8.8%
Medical				
Acute	1,105.59	1,185.32	79.73	+7.2%
Elective	9.17	0.00	- 9.17	0%
Sub-Total Medical:	1,114.76	1,185.32	70.56	+ 6.3%
TOTALS:	3,319.72	3,585.57	265.85	+ 8%

The areas of under-production were:

- Dental (17.80 CWD) – elective volumes
- General Surgery (59.91 CWD) – elective volumes
- Plastic Surgery (12.27 CWD) - - elective volumes
- Urology (29.17 CWD) – elective volumes
- Paediatric Surgical (11.29 CWD) – elective volumes

Significant YTD acute demand on orthopaedics (+35.1%) and general surgery (+21.9%) is noted.

Outpatient Volumes:

Attendance	Contracted	Actual	Variance	% Variation
Surgical				
1st Visit	3,745	3,663	- 82	- 2.2%
Subsequent Visit	5,803	6,087	284	+ 4.9%
Sub-Total Surgical:	9,548	9,750	202	+ 2.1%
Medical				
1st Visit	1,482	1,367	- 115	- 7.7%
Subsequent Visit	3,395	3,584	189	+ 5.5%
Sub-Total Medical:	4,877	4,951	74	+ 1.5%
TOTALS:	14,425	14,701	276	+ 0.006%

Value of over-production was $44,370.

The areas of under-production were:

- Gynaecology – 1st visit (94) / subsequent visit (169)
- ENT – 1st visit (185) / subsequent visit (175)
- Ophthalmology – subsequent visit (266)
- Urology – 1st visit (61) / subsequent visit (26)
- General Medicine – 1st visit (40) / subsequent visit (300)
- Paediatric Medical – subsequent visit (68)
- Neurology – 1st visit (22) / subsequent visit (14)
- Haematology – 1st vist (11) / subsequent visit (32)
- Oncology – 1st visit (34)
- Rheumatology – 1st visit (24)

RECOMMENDATION

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

Author:	Service Manager Allied Health, Diagnostics and Support Services – 27 June 2011
Approved:	Acting General Manager Hospital Services – 29 June 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 27 June 2011:

INTERNAL ESPI RESULT
27 June 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	0	0.00	1	-1	-	-	-	-
Dental	-	-	-	-	1	2.78	1	0
Dermatology	1	0.84	2	-1	-	-	-	-
Ear Nose Throat	1	0.50	3	-2	-	-	-	-
Gynaecology	0	0.00	6	-6	2	0.95	0	2
Haematology	0	0.00	0	0	-	-	-	-
Medical	0	0.00	7	-7	-	-	-	-
Neurology	2	*10.00*	0	2	-	-	-	-
Oncology	1	1.37	1	0	-	-	-	-
Ophthalmology	2	0.51	6	-4	5	2.16	9	-4
Orthopaedics	1	0.09	17	-16	3	0.63	21	-18
Paediatrics	0	0.00	4	-4	3	15.79	1	2
Plastic	0	0.00	3	-3	0	0.00	3	-3
Renal	1	0.00	0	1	-	-	-	-
Respiratory	1	*1.89*	1	0	-	-	-	-
Rheumatology	0	0.00	2	-2	-	-	-	-
Surgical	2	0.15	20	-18	18	2.80	26	-8
Urology	4	*1.78*	3	1	0	0.00	4	-4
OVERALL	**16**	**0.31**	**77**	**-61**	**36**	**1.99**	**72**	**-36**

Outpatients ESPI 2:

Overall the results are improving. The number of patients waiting to see the specialist for their first visit is lower especially in Orthopaedics and Ear Nose and Throat. With some other specialist services only visiting 3 times per year it does cause a delay for those patients to have their first appointment.

Inpatients ESPI 5:

This has also improved with Paediatrics being the exception. A surgery date of 22 July 2011 will clear this.

N.B. Plastics (April 2011 report) was high because of the timing of visiting specialist available to complete the operating list. This had been rectified by mid May 2011.

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 ESPI2 (FSA) component to Dental and there is no ESPI5 (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 – 27 June 2011**

MoH Elective Services Online

Comparison of surgical services for March 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	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	X	X	X
Ear, Nose & Throat	1 of 1	100.0 %	0	17	9.3 %	-15	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	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	14	2.5 %	0	X	0.0 %	0	13	2.3 %	0	52	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	22	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	21	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	5	0.0 %	0	0	0.0 %	0	0	0.0 %	0	10	2.5 %	0	X	0.0 %	0	9	0.0 %	0	66	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	9	100.0 %	0 %
Plastics	1 of 1	100.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	3	0.0 %	0	X	0.0 %	0	3	0.0 %	0	4	100.0 %	0 %
Urology	1 of 1	100.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	X	X	0.0 %	0	0	0.0 %	0	9	100.0 %	0 %
Total				**27**			**0**			**0**			**29**			**X**			**27**			**183**		

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: 05/Jun/2011

Report Run Date: 07/Jun/2011

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

DHB Name: West Coast

	2010 Apr			2010 May			2010 Jun			2010 Jul			2010 Aug			2010 Sep			2010 Oct			2010 Nov			2010 Dec			2011 Jan			2011 Feb			2011 Mar			
	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).	29	0.5%	0	25	0.5%	0	25	0.5%	0	16	0.3%	0	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	< 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	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
4.Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5.Patients given a commitment to treatment but not treated within six months.	30	1.9%	0	24	1.5%	0	21	1.3%	0	22	1.4%	0	22	1.4%	0	26	1.7%	0	20	1.3%	0	17	1.1%	0	24	1.6%	0	34	2.2%	0	28	1.8%	0	29	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	0		0	0		0	0		0	0		0	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	19	1.2%	0	10	0.6%	0	8	0.0%	0	12	0.8%	0	19	1.2%	0	23	1.5%	0	18	1.2%	0	15	1.0%	0	20	1.3%	0	32	2.0%	0	27	1.7%	0	27	1.7%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	130	100%	0.0%	161	100%	0.0%	116	100%	0.0%	92	100%	0.0%	128	100%	0.0%	103	100%	0.0%	138	100%	0.0%	142	100%	0.0%	125	100%	0.0%	158	100%	0.0%	156	100%	0.0%	183	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: 05/Jun/2011

Report Run Date: 07/Jun/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: **1 July 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.

OUTPATIENT CLINIC CANCELLATIONS YEAR TO DATE (YTD)

Month	Number of clinics cancelled	Number of Patients affected (rebooked)	Total number of Patients booked
July 2010	1	12	
August 2010	1	15	
September 2010	2	30	
October 2010	3	27	
November 2010	3	38	
December 2010	4	28	
January 2011	5	78	
February 2011	5	77	
March 2011	6	89	
April 2011	5	78	
May 2011	3	61	
Total YTD	38	533	18,738

This equates to **2.84%** of patients affected by Outpatient clinic cancellations for the year to date at the West Coast District Health Board.

OUTPATIENT CLINIC CANCELLATION REASONS MARCH 2011 TO MAY 2011

Reason for Cancellations	Percentage of Clinics Cancelled
Annual Leave	28.6
Dr required in Theatre (including Acutes)	28.6
Sick Leave	21.4
Bereavement Leave	14.3
Dr required to be on call	7.1
Total	100%

OUTPATIENT CLINIC CANCELLATION TYPE SEPTEMBER 2010 TO FEBRUARY 2011

Clinic Type	Percentage of Clinics Cancelled
Surgical	28.6%
Medical	64.3%
Orthopaedic	7.1%
Total	100%

RECOMMENDATION

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

Author:	**Personal Assistant to Acting General Manager Hospital Services – 1 July 2011**

CLINICAL LEADERS REPORT

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

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

DATE: **29 June 2011**

ACHIEVING EFFECTIVE CLINICAL LEADERSHIP

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. ▪ *Workshop with existing clinical governance groups across the West Coast health system to be held 3rd week in July*	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. ▪ *Clinical leaders will contribute to the Board and Advisory committees with this new style of report aligned to the Annual Plan (please feedback on value); apologies from the Clinical Leaders for this meeting as all are at a National Patient Safety conference in Auckland* Strengthen clinical inputs into the planning of future services provision across the West Coast health system. ▪ *Doctors, nurses and allied health staff involved in workshops being held to develop Buller integrated family health centre model of care* ▪ *Allied health staff, nurses and doctors involved in Grey Hospital and Grey District integrated family health centre model of care discussions* ▪ *Midwives and doctors involved in planning women's health services in collaboration with Canterbury*	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. ▪ *Academic Board established and meetings have commenced* Facilitate increased opportunities for the professional development of clinical staff. ▪ *General Practice Quality Improvement Teams met to develop long term conditions management skills and use of information technology in the General Practice setting* Work with Human Resources and Primary Care recruitment and retention coordinator to focus on activities that enhance recruitment and retention. ▪ *Recruitment coordinator from CDHB has visited West Coast twice to discuss needs with individual practices* ▪ *Retention strategy draft developed by CDHB HR, for consultation* ▪ *Recent appointment to South Westland General practitioner new position* ▪ *Focused effort on hospital medical senior staff recruitment*	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.
Quality improvement and safe patient care	Lead activities to promote and maintain clinical quality and safety, including supporting the development of the Xcelr8 Alumni. ▪ *Recent meeting of Xcelr8 alumni held* Monitor clinical and professional standards and ensure actions from audits are completed. ▪ *Health & Disability Sector Standards Certification Audit Progress Report and Corrective Action Plan submitted to Ministry of Health on time* Develop a Quality Team for the West Coast Health System. *Review of quality systems being undertaken to establish required form for quality team*	Quarterly meetings of Xcelr8 alumni. 95% of audit actions completed. Reduced mortality as measured by standardised mortality ratio. Quality team established by September 2011.

RECOMMENDATION

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

Authors: **Chief Medical Advisor,**
Acting Director of Nursing and Midwifery, and
Executive Director of Allied Health (WCDHB and CDHB) – 29 June 2011

CLINICAL AND THEATRE PRODUCTION PLANNING PRESENTATION

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

FROM: **Alison McDougall, Process Improvement Leader**

DATE: **4 July 2011**

CLINICAL AND THEATRE PRODUCTION PLANNING PRESENTATION

For the last year key operations staff within the hospital have been looking at various ways we can improve our systems for planning and scheduling our production. There are a number of issues with our current systems that create a high level of variation, leading to an increase in short notice changes which greatly affects our ability to plan in advance.

As of 1 July 2011 West Coast District Health Board is trialling some new tools to help our key staff plan and schedule, and to make information around planning and scheduling more accessible to all staff.

The first tool is a new format for the Senior Medical staff roster. The new roster format is designed to make our activity more visible and is based on a "rolling" six months rather than the current monthly format.

The second tool is a production planning matrix that uses our available capacity to plan how we will deliver against our annual District Health Board and Ministry performance targets for elective surgery. The plan schedules our activity on a weekly basis and gives key nursing and medical staff the opportunity to see how many patients they can realistically care for in each week of the year based on their available physical and human capacity. With this information the service will be able to more accurately plan their output across the year.

RECOMMENDATION

That the Hospital Advisory Committee receive this presentation for their information.

Author: **Alison McDougall, Process Improvement Leader – 4 July 2011**

PATIENT TRANSFERS

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

FROM: **Credentialling & Clinical Audit Facilitator**

DATE: **27 June 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
March - May 2011

Reasons for Patient Transfers	March	April	May
Service not available at Grey Base	-	-	1
Service not available at Grey Base – at time	-	-	-
Severity of illness	4	6	1
Special Procedure (not done at Grey Base)	2	10*	6
Specialist Care Not available at Grey Base	15	10	14
Specialist Care Required Urgently	3	1	1
Other Staffing Issue	-	-	-
Post Operative Complication	1	-	-
Other reason for transfer	1•	2	-

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."***

* Most of these are Coronary Care patients
• Pt returning from Waikato Hospital

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
March – May 2011

Reasons for Patient Transfers	March	April	May
Service not available at Buller	8	6	9
Specialist care not available at Buller	3	1	4
Specialist care required urgently	4	5	5
Other staffing issue	-	-	-
Post Operative complication	-	-	-
Other reason for transfer	-	-	-
Severity of illness	-	1	3

Patient Transfers from Reefton to Grey Base Hospital
March - May 2011

Reasons for Patient Transfers	March	April	May
Service not available at Reefton	-	-	-
Specialist care not available at Reefton	1	-	1
Specialist care required urgently	-	1	-
Other staffing issue	-	-	-
Post Operative complication	-	-	-
Other reason for transfer	-	-	-
Severity of illness	3	3	1

RECOMMENDATIONS

The Committee notes the above information.

Author: **Credentialling & Clinical Audit Facilitator – 27 June 2011**

WORKPLAN AND TERMS OF REFERENCE REVISION

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

FROM: **Warren Gilbertson, Hospital Advisory Committee Chair**

DATE: **30 June 2011**

WORKPLAN REVISION AND TERMS OF REFERENCE

As members will be aware, the matter of needing to review the Hospital Advisory Committee (HAC) Workplan to ensure it remains current and relevant has been discussed for some time. HAC members are requested to review the following draft HAC Terms of Reference and Workplan - for feedback and discussion at the next meeting on 14 July 2011. The Workplan has also had input by the West Coast DHB Chair and Chief Executive Officer.

RECOMMENDATION

It is intended that once the Committee has discussed the content of these papers and any proposed amendments made - that a recommendation is forwarded to the Board of the DHB to adopt the Terms of Reference and Workplan.

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		√		Final quarter's report submitted to Ministry of Health due in August. Annual Report for 10/11 is in preparation and will be available in October 2011.
2. District Health Board Hospital Benchmark Information	General Manager Hospital and Support Services	Ongoing	Quarterly				Provided. Next due.
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 Draft for discussion provided July 2010.
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	Ongoing	Six weekly		√		Project – GP Business Model

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
	Funding						
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 for the November 2010 meeting.
8. Clinical Governance - Reporting on Outcomes Achieved	Chief Medical Advisor	Ongoing	Quarterly	√			Report due May July 2011.
9. Health Targets	General Manager Hospital and Support Services	Ongoing	Six weekly		√		Included six weekly in the meeting papers.
10. Outpatient Department Cancellation Report	General Manager Hospital and Support Services	Ongoing	Quarterly		√		Report due July 2011.
11. South Island Health Services Plan	General Manager Hospital and Support Services Planning and Funding		Quarterly				

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

HOSPITAL ADVISORY COMMITTEE

INTRODUCTION

The Hospital Advisory Committee is a Statutory Committee of the Board of the West Coast District Health Board established in terms of Section 36 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board.

FUNCTIONS

The functions of the Hospital Advisory Committee (as per Schedule 4 of the NZ Health & Disability Act 2000) are to:

- "*monitor the financial and operational performance of the hospital and specialist services of the West Coast District Health Board; and*
- *assess strategic issues relating to the provision of hospital and specialist services by the West Coast District Health Board; and*
- *give the Board advice and recommendations on that monitoring and that assessment".*

The Hospital Advisory Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the Strategic Plan of the West Coast District Health Board.

ACCOUNTABILITY

The Hospital Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Hospital Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Hospital Advisory Committee members and members will abide by the West Coast District Health Board's External Communications Policy and Procedure and Standing Orders.
- The Committee Chair will annually review the performance of the Hospital Advisory Committee and members.

LIMITS ON AUTHORITY

The Hospital Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Hospital Advisory Committee provides advice to the Board by assessing and endorsing recommendations on the reports and material submitted to it.
- Requests by the Hospital Advisory Committee for work to be done by management or external advisors should be made by the Chair and directed to the Chief Executive or their delegate (the Principal Administrative Officer).
- There will be no alternates or proxy voting of Committee members.
- All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:
- The term of members not exceeding three years
- A conflict of interest statement being required prior to nomination.

- Remuneration
- Resignation, vacation and removal from office.

RELATIONSHIPS

The Hospital Advisory Committee is to be cognisant of the work being undertaken by the other Committees of the West Coast District Health Board to ensure a cohesive approach to health and disability planning and delivery and as such will be required to develop relationships with:

- the Board
- other Committees of the West Coast District Health Board.
- clinical staff of the West Coast District Health Board
- management of the West Coast District Health Board
- Manawhenua ki Te Tai O Poutini
- the community of the West Coast
- consumer groups

TERM

These Terms of Reference shall apply until 31 December 2013 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee. An interim review will also be carried out by the Committee in June 2009.

- The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.

MEMBERSHIP OF THE COMMITTEE

The Hospital Advisory Committee will ordinarily comprise a mix of Board members and members selected from the Community up to a maximum of ten members. However the Board may appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee.

- Members of the Hospital Advisory Committee will also be appointed by the Board who will comply with requirements of the Act and provide for Maori representation on the Committee.
- The Board will not appoint to the Hospital Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. All members of the Hospital Advisory Committee must make appropriate disclosures of interest.
- The Chair of the Hospital Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board and Chairs of other Advisory Committees will be ex-officio members of the Hospital Advisory Committee with voting rights.

The Chair, Deputy Chair and members of the Hospital Advisory Committee shall continue in office for the period specified by the Board or until such time as:
- the Chair, Deputy Chair or member resigns; or
- the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- the Chair, Deputy Chair or member is removed from that office by notice in writing from the Board.

MEETINGS

The Hospital Advisory Committee will meet as determined by the Board or the Committee in accordance with the Act, with the frequency/timing taking into account the times and dates of the other Committee meetings and the Board meetings.

- Subject to the exceptions outlined in the Act, the date and time of the Committee meetings shall be publicly notified and the public are allowed to attend. The agenda, any reports to be considered by the Committee, and the minutes of the Committee will be made available to the public.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the West Coast District Health Board's Standing Orders, adopted by the Board on 19 January 2001 (as amended from time to time).
- In addition to formal meetings the Committee members may be required to attend workshops or forums for briefing and information sharing.

REPORTING FROM MANAGEMENT

Management will provide exception reporting to the Hospital Advisory Committee to allow measurement against the financial and operational performance indicators of the Hospital and Specialist Service of the West Coast District Health Board.

MANAGEMENT SUPPORT

In accordance with best practise and the delineation between governance and management, key support for the Hospital Advisory Committee will be from staff designated from the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.

- The Hospital Advisory Committee will also be supported by clinical staff (including the Chief Medical Advisor , Director of Nursing and Midwifery and the Executive Director of Allied Health) and by internal secretarial support, community and public health, planning and funding and financial management staff as required.

- The Board may appoint advisors to the Hospital Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work. Such advisors may be sourced internally using internal resources or at management's discretion out-sourced from external consultants in which case the West Coast District Health Board policies on probity and tendering will be followed.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Ministerial direction, members of the Hospital Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings, total payment per annum ($2,500). The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings, total payment per annum of ($3,125). Ex officio members are not remunerated.

- These payments are made for attendance at public meetings and do not include workshops.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board –

ITEMS TO BE REPORTED BACK TO BOARD