

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

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**HOSPITAL ADVISORY  
COMMITTEE MEETING**

**23rd August 2012**

**AGENDA  
AND  
MEETING PAPERS**

**ALL INFORMATION CONTAINED IN THESE COMMITTEE  
PAPERS IS SUBJECT TO CHANGE**

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# AGENDA



## WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING

To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth

Thursday 23 August 2012 commencing at 11.00am

### ADMINISTRATION

11.00am

Karakia

Welcome and Apologies

Disclosure of Committee members' interests

1 Confirmation of the Minutes of the Previous Meeting

- 12 July 2012

Feedback from report to the Board

2 Matters Arising / Action and Responsibility

3 Correspondence

4 Work Plan

### REPORTS/PRESENTATIONS

5 Management Report 11.10am

6 Financial Report 12.00pm

7 Clinical Leaders Report 12.20pm

8 Items to be reported back to Board 12.50

### IN-COMMITTEE

Minutes from the Hospital Advisory Committee meeting

- 12 July 2012

**Finish Time**

**1.00pm**

### NEXT MEETING

- 11 October 2012

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa  
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo  
nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu  
ki Awarua.

That which is above all else let your peace and love descend on us at this time so that  
we may work together in the spirit of oneness on behalf of the people of the West  
Coast.

# WEST COAST DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE SCHEDULE JANUARY TO DECEMBER 2012



DATE	MEETING	TIME	VENUE
Friday 27 January 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 February 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 23 February 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 9 March 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 11 April 2012	TATAU POUNAMU	1.00 pm	Arahura Marae, Hokitika
Thursday 12 April 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 April 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 24 May 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 24 May 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 8 June 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 11 July 2012	TATAU POUNAMU	1.00 pm	Westport Motor Hotel, Westport
Thursday 12 July 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 July 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 August 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 23 August 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 7 September 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 11 October 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 11 October 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 19 October 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 22 November 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 22 November 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 7 December 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth

## DISCLOSURE OF INTEREST

Member	Disclosure of Interests
<p><b>CHAIR - HAC</b> Warren Gilbertson West Coast District Health Board Member</p>	<ul style="list-style-type: none"> <li>• Chief Operating Officer, Development West Coast</li> <li>• Member, Regional Transport Committee</li> <li>• Director, Development West Coast Subsidiary Companies</li> </ul>
<p><b>DEPUTY CHAIR – HAC</b> Sharon Pugh West Coast District Health Board Member</p>	<ul style="list-style-type: none"> <li>• Shareholder, New River Bluegums Bed &amp; Breakfast</li> </ul>
<p>Doug Truman West Coast District Health Board Member</p>	<ul style="list-style-type: none"> <li>• Deputy Mayor, Grey District Council</li> <li>• Director Truman Ltd</li> <li>• Owner/Operator Paper Plus, Greymouth</li> </ul>
<p>Barbara Holland</p>	<ul style="list-style-type: none"> <li>• Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests)</li> <li>• Member – Public Health Association of New Zealand</li> <li>• Member – Well Women's Centre</li> <li>• Member – National Screening Advisory Committee</li> <li>• Member – Breastscreen Aotearoa Advisory Group</li> <li>• Member – Alcohol Action New Zealand</li> </ul>
<p>Richard Wallace</p>	<ul style="list-style-type: none"> <li>• Upoko, Te Runanga o Makawhio</li> <li>• Negotiator for Te Rau Kokiri</li> <li>• Trustee Kati Mahaki ki Makawhio Limited</li> <li>• Honorary Member of Maori Women's Welfare League</li> <li>• Wife is employed by West Coast District Health Board</li> <li>• Trustee West Coast Primary Health Organisation</li> <li>• Member of Tatau Pounamu</li> <li>• Kaumatua Health Promotion Forum New Zealand</li> <li>• Kaumatua for West Coast DHB Mental Health Service (part-time)</li> <li>• Daughter is a Board Member of both the West Coast DHB and Canterbury DHB</li> <li>• Kaumatua o te Runanga o Aotearoa NZNO</li> <li>• Te Runanga o Aotearoa NZNO</li> <li>• Member of the National Asthma Foundation Maori Reference Group</li> </ul>
<p>Gail Howard</p>	<ul style="list-style-type: none"> <li>• Chairman of Coal Town Trust</li> <li>• Trustee on the Buller Electric Power Trust</li> <li>• Director of Energy Trust New Zealand</li> </ul>
<p>Paula Cutbush</p>	<ul style="list-style-type: none"> <li>• Owner and stakeholder of Alfresco Eatery and Accommodation</li> </ul>

## WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS TERMS OF APPOINTMENT



### HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Warren Gilbertson (Chair)	14 December 2007 (Re-appointed 6 March 2009, 27 January 2011, 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Sharon Pugh (Deputy Chair)	27 January 2011 (Re-appointed 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Doug Truman	27 January 2011 (Re-appointed 27 January 2012 and 30 April 2012)	21 months	31 January 2014
Barbara Holland	25 June 2003 (Re-appointed 30 June 2006 and 30 June 2009)	Three years	30 June 2012
Richard Wallace	25 July 2005	Reviewed annually by Te Runanga o Makaawhio	Until advised by Te Runanga o Makaawhio
Gail Howard	6 May 2011	Three years	6 May 2014
Paula Cutbush	6 May 2011	Three years	6 May 2014

**DRAFT MINUTES OF THE HOSPITAL  
ADVISORY COMMITTEE MEETING HELD  
THURSDAY 12 JULY 2012 AT 11.04AM IN  
THE BOARDROOM, CORPORATE OFFICE,  
GREYMOUTH**

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

**IN ATTENDANCE** Peter Ballantyne, Board Deputy Chair  
Colin Weeks, Chief Financial Manager  
Garth Bateup, General Manager Hospital Services  
Karyn Kelly, Director of Nursing and Midwifery  
Hecta Williams; General Manager  
Carol Atmore; Chief Medical Officer  
Rebecca Enright, Minute Secretary  
Silvie Sasková, Minute Secretary

**APOLOGIES** Gail Howard

**1. WELCOME, APOLOGIES AND AGENDA**

The Chair welcomed everyone to the meeting. Introduced Rebecca Enright the new minute secretary, members introduced themselves.

***Karakia – Warren Gilbertson***

Apology was accepted from Gail Howard.

**Moved: Warren Gilbertson                      Seconded: Sharron Pugh**

**2. DISCLOSURES OF INTERESTS**

There were no amendments to the disclosures of interest.

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

The minutes to be taken as read.

Page 5 - Wording Change “there are being dashboards developed” to “there are dashboards being developed”.

Page 8 - Correction – Barbara Holland has been on the Hospital Advisory Committee for the last nine years, not ten.



**Moved: Warren Gilbertson**

**Seconded: Barbara Holland**

**Motion:**

**“THAT the minutes of the Hospital Advisory Committee meeting held 24 May 2012 be adopted as a true and accurate record subject to the above amendment.”**

**Carried.**

### **Hospital Advisory Committee Chair’s Report to the Board**

The West Coast DHB’s focus has been to ensure the budget was on target for the financial year end 30 June 2012.

The committee is interested in the processes and the strengthening of systems in the Central Booking Unit.

The Executive Management team are developing a plan for feedback from the staff survey, results from this have been put to staff and the next step is to put the feedback into action. One of the issues raised was the dissatisfaction with the slowness of decision making; this will be addressed. Another issue is the lack of an appropriate system for performance management, as a result the West Coast DHB will be trialling SONAR6; an international database that will be trialled with 50 people initially.

The top five issues raised from the staff surveys will be focused on. From the survey it was noted that the midwives were the most happiest with their working environment. The engagement level from staff was overall very high.

Xcelr8 – The latest Xceler8 programme finishes on Friday 13<sup>th</sup> July. The presentations by members start at 8.30am at St Johns Meeting Room, Committee members were invited to attend the presentation and can enter and leave as they please.

Applications for a community representative for the Hospital Advisory Committee close on Monday 16<sup>th</sup> July, to date no formal applications have been lodged. The chair is looking for the participation from some Hospital Advisory Committee members for the interview.

***Action Point: The General Manager of Hospital Services to provided feedback and trends on exit interviews at the next meeting.***

#### **4. MATTERS ARISING**

##### **Item 1: A classification of complaints graph is requested to be provided specifically for hospital services**

The West Coast DHB is looking at a comprehensive reporting process; there is work being done on improving the complaint process. The next phase with be improving the reporting system and process. The current priority is on collecting, recording and classifying complaints. This will be included in the Hospital Advisory Committee Agenda once the process has been streamlined.

##### **Item 2: The ‘Shorter stays in Emergency Departments’ target to be placed on the Recovery Plan for Clinical Services**

Included as a standing general item.

##### **Item 3: Work on communication regarding what people could reasonably expect, and what can be delivered, with regards to transportation home following discharge**

A transport work stream has been created to look at transport issues faced on the West Coast and possible solutions. The West Coast DHB are not funded to provide transport, although the DHB recognise the need too look into this as affects our services; like Outpatients bookings/cancellations.

*(RICHARD WALLACE JOINED THE MEETING 11.27AM)*

**Item 4: Recruitment / Vacancy reporting to Advisory Committees to be discussed with the Chief Executive**

Information on recruitment and vacancies is included in 6.2 Management Team Report.

**Item 5: A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt**

**Item 6: The dates for the Induction for new advisory committee members to be discussed with the Board Secretary**

To be removed from Matters Arising.

***Action Point: Minute Secretary to forward induction slides to committee members.***

**Item 7: Update dates in the work plan**

***Action Point: The Chair and Minute Secretary to discuss and update the work plan.***

**Item 8: Provide regular 3 month monitoring report on any trends which are emerging from exit interviews.**

This is being progressed with the General Manager of Hospital Services and Human Resources.

**Item 9: Find out whether patients are notified about reasons behind short term clinic cancellations, and if they can be informed about the date for their next appointment when the clinic is cancelled.**

***Action Point: To be discussed at the next Committee Meeting by General Manager Hospital Services.***

**Item 10: Amend the information reported in the Out Patient Department Cancellations section to show cancellation numbers against the overall number of clinics.**

Action Point: To be actioned in the next Hospital Advisory Committee Paper.

**5. CORRESPONDENCE**

There was no correspondence inwards or outwards for May and June 2012.

The Chair has requested that all correspondence be distributed to the committee members as it comes in.

**6. WORK PLAN**

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

***Action Point: Update the dates in the Work Plan.***

## 6.1 HEALTH TARGETS

### ➤ **Shorter Stays in Emergency Departments**

It was noted that the West Coast DHB still rated very highly, the highest in country.

### ➤ **Improved Access to Elective Services**

The 1592 discharges target was achieved for the year end 30 June 2012. The in-house target had been exceeded. Final numbers are not yet available. A specific breakdown has not yet been provided although Orthopaedic procedures were above target.

The Production Plan for the new financial year has just started and will be similar to last year. Dashboards have now been prepared for clinicians so they can monitor and take ownership of the production themselves. First area will be General Surgery.

The national target for this year is to reduce the waitlist to five months the West Coast DHB hope to have this achieved and be well on the way to four months by June 2013. Engagement between the Central Booking Unit and Clinicians will be strengthened to achieve this.

A General Practice liaison from Christchurch has been co-opted for Orthopaedics, he will be reviewing all patient referrals.

### ➤ **Shorter waits for cancer treatment.**

The targets have now changed to a four week waitlist from 1 July. It was noted that the focus is on Radiation treatment however there are other forms of treatments that we need to be aware of and ensure timely access by West Coast patients..

### ➤ **Better Help for Smokers to Quit**

Achieved 91% in May, it was noted that this result fluctuates monthly as we are dealing with such small numbers with only one or two patients making up the percentages. The committee are pleased that the Maori results are tracking well. It was suggested that the price rise in tobacco may have had an effect on these results.

## 6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

### **Management Team Report**

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

### **Operational Items**

#### ➤ **Medical Personnel – Locums**

The Locum costs were higher than liked although another anaesthetist had commenced. Currently working in Canterbury and will be at West Coast DHB in three weeks. A second anaesthetist will be starting August/September.

*(CAROL ATMORE JOINED THE MEETING AT 11.45AM)*

#### ➤ **Medical Staff Recruitment**

Interviews are currently being held for a General Physician for the Grey Base hospital.

An Obstetrician and Gynaecologist consultant has advised he will be formally accepting the role and will be here before the end of 2012.

An Emergency Department physician from America has accepted a role at the West Coast DHB arriving November.

There is currently a high level of vacancies across both Private and DHB General Practices on the West Coast; the main region of concern is Buller. Currently there is 6

nights without General Practice cover, the West Coast DHB are looking into providing cover for these shifts, the issue has generated a lot of media attention.

There is a high level of importance being put on recruitment and retention of medical staff and the West Coast DHB is looking into new ideas for recruitment and retention; a model is being considered from a Wellsford Rural Practice where second and third level Resident Medical Officers are recruited. The General Manager suggested the issues of medical staff shortage is not one of retention as the West Coast DHB has many medical staff who have been with the DHB for a long time; the issue is it is hard to recruit new permanent staff. It is acknowledged that the West Coast is one of the hardest places in the country to recruit. Two of our Resident Medical Office's have advised they will be staying on next year and commencing General Practice training.

Recruitment at the Hospital is going well with the focus now on recruitment of General Practitioners in Private Practices. A position for a General Practitioner has been advertised through the West Coast DHB, the Human Resources team are assisting the Private Practices in filling these positions.

General Practice revenue has increased by \$80,000 in two months, as a result of a focus on administration systems in practices owned by the West Coast DHB.

➤ **Staffing**

As there has been some difficulty in the past with the position of Clinical Manager Social Work, the decision was made not to re-advertise at this point and the West Coast DHB is looking at a transalpine solution with Canterbury DHB.

➤ **Laundry**

Canterbury Linen Services are processing the West Coast DHB supply; there have been initial issues as the volume created extra pressure on Canterbury Linen Services. The process at Canterbury Linen Services is heavily mechanised and this created rips in our stock as they were fed through the sheet picker, the stock is now being hand fed.

The West Coast DHB stock is identified and kept and processed separately at Canterbury Linen Services, and there is not an issue of supply as Canterbury Linen Services have added an additional week of stock into the West Coast DHB supply. An additional truck is also being run each week to deliver stock to the West Coast DHB.

➤ **Orthopaedic Service**

The new plan for Orthopaedic Services is into its second week, this new plan will continue for another three months. The first point of call is through the Christchurch registrar. This new process will be reviewed as time goes on, this plan will continue as long as it is a safe service. There have been a few teething problems however these are more administrative than clinical.

*(CAROL ATMORE LEFT THE ROOM 12.17)*

➤ **Maternity Services**

The Maternity Coordinator has handed in her resignation, following initially going on leave without pay. The new Acting Maternity Manager on secondment from Canterbury DHB will be here until April 2013. She will look at processes and procedures for midwifery across the West Coast DHB.

*(KAREN KELLY LEFT THE ROOM AT 12.09PM)*

The General Manager of Hospital Services advised he is preparing a paper to the Chief Executive Officer on the Electrical Infrastructure at West Coast DHB. Options

are being looked at for the relocation of the switchboard; this is currently located next to the kitchen but looking into relocating to a container for easy relocation for the future.

➤ **Buller Health**

Regular meetings are ongoing with staff to monitor the action plan; staff are fully engaged and excited.

**Industrial Relations**

The report was taken as read.

**Caseweights**

- Elective surgery numbers were over target, acute surgery was under target.
- Urology clinicians are now contracted from Canterbury DHB.
- Currently looking at Rheumatologist from Canterbury DHB to visit the West Coast.

**Finance Report**

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

- The Financial Manager advised the results are to be taken as provisional results.
- The provisional results for the end of the financial year was \$5.028million, just under the forecast of \$5.1 million; after the yearly adjustments are completed the results just under \$5.1 million.
- The Committee commended management on the result and efforts put in
  
- The month of June is going to be out of trend due to adjustments. There was a very good stock take done in theatre. This is the first year the West Coast DHB has performed a thorough stock take and reported on it in this way.

**Elective Services Patient Flow Indicators (ESPis)**

- The Central Booking unit has been working on establishing new processes and engaging with clinicians. There are improvements noticed.
- Compliant as at 30 June 2012. Waiting times for treatment are being reduced to 5 months with a view to be heading for 4 months.

**Outpatient Department Cancellations**

- It was noted that a clinic was cancelled in Buller with patients still turning up for their appointment, some travelling from Karamea. There were discussions on how to manage this process. It was queried whether patients were being reimbursed for their travel costs. Buller clinics are currently being booked from two places. Preferably all bookings should be coming from the Central Booking Unit. This issue will be reviewed in time.
- It was mentioned that the General Manager is looking for external assistance to evaluate the Central Booking Unit processes and put forward recommendations for improvement.
- The committee requested that the cancellation numbers in the future be presented against the overall number of clinics.

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

**Clinical Leaders Report**

- The report was taken as read.

**Moved: Warren Gilbertson**

**Seconded: Barbara Holland**

**Motion:**

**“THAT the Hospital Advisory Committee receive the Management Team Report as read.”**

**Carried.**

*(COLIN WEEKS LEFT THE MEETING AT 12.45PM)*

### **6.3 INVESTIGATIONS / SCOPING**

#### **Monitoring Inter District Flows - Patient Transfers**

The General Manager of Hospital services spoke to the report.

Buller unable to get access to ambulance service as there is a shortage of volunteer drivers and no paramedics available. Patients are being transported by air as a result.

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

#### **Follow-up**

- Staff Survey Results
- Exit Interview – standing quarterly item highlighting whether any trends (positive / negative) are emerging
- Health Targets – be mindful that there are other means or cancer treatments that need to be monitored.
- Financial Budget – Is a provisional Result
- General Practitioners – Work to be done around General Practitioner recruitment
- New Format – More bullet points than long paragraphs

### **8. IN COMMITTEE**

**Moved: Warren Gilbertson**

**Seconded: Richard Wallace**

**Motion:**

**“That members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act.**

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

*The Hospital Advisory Committee moved into In Committee at 12:54 pm.*

**There were no In Committee resolutions.**

*The Hospital Advisory Committee moved out of In Committee at 12:56 pm.*

### **9. GENERAL BUSINESS**

The General Surgeon team is starting to work well.

There is now a strong focus on quality and improvement projects that will be commencing during July.

Westport staff are working through the issues associated with the Integrated Family Health Centre concept.

South Westland are developing self management teams.

10. **NEXT MEETING**

The next meeting will be held on Thursday 23 August 2012 in the Boardroom, Corporate Office, Grey Base Hospital.

*The Hospital Advisory Committee spent two minutes in In Committee*

*There being no further business to discuss the meeting concluded at 1.05pm.*

# HAC REPORT TO THE BOARD

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

**SOURCE:** Chair

**DATE:** 23 August 2012

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Report Status – For:      Decision          Noting          Information   

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## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

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

## 3. SUMMARY

### Observations

- Provisional Yearend financial result to be notified to Ministry of Health, is slightly favorable to revised forecast deficit of \$5.1m – reflects solid effort over the last six months particularly in light of a number of process changes / enhancements.
- Health Targets (Shorter Waits for Cancer Treatment) – while target under this criteria has been achieved, it is worth noting that this target does not include all cancer treatments i.e. breast cancer which from a national average perspective, is relatively low.
- Linen supply – process has been reviewed to ensure adequate supplies are available at all times on the Coast.

### Monitoring

- General Practitioner Vacancies – while DHB is having relative success in recruiting specialist medical staff, focus needs to shift to both the recruitment and retention strategy to engage General Practitioners. The current shortage of General Practitioner's from a regional perspective is placing a number of community health centers under increasing pressure. This strategy needs to take into consideration the current review of the General practice model, emerging signs of progress with the Rural Academic General Practice programme, against the challenge that the Coast as with all rural and relatively remote regions nationally, continue to experience recruitment difficulties.
- Elective Services Patient Flow Indicators – recent intervention by General Practice Liaison (Orthopaedics) has resulted in DHB meeting compliance levels.
- Outpatient Department Cancellations – ongoing review required to constantly ensure improvement is achieved.
- Patient Transfers - ongoing review required to constantly ensure improvement is achieved.



## MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	18 August 2011	A classification of complaints graph is requested to be provided specifically for hospital services. Graph provided 30 September 2011 meeting.	Quality Co-ordinator	Being Developed	
2	30 September 2011  24 May 2012	The 'Shorter stays in Emergency Departments' target to be placed on the Recovery Plan for Clinical Services in order to address the high number of presentations. To be included as a standing general item.	General Manager Hospital Services	Ongoing	
3	30 September 2011  24 May 2012	Work on communication regarding what people could reasonably expect, and look at what can be delivered, with regards to transportation home following discharge. Provide update on the South Island project around patient ambulance transport.	General Manager Hospital Services	Verbal	
4	23 February 2012  12 April 2012	Recruitment/Vacancy reporting to Advisory Committees to be discussed with the Chief Executive. Ongoing.	General Manager	Refer to Management Report	
5	23 February 2012  12 April 2012	A summary of the Staff Survey results to be provided to the Hospital Advisory Committee upon receipt. To be reported at the next meeting.	General Manager	Refer to Management Report	
7	24 May 2012	Update the dates in the Work Plan.	Hospital Advisory Committee Chair, Minute Secretary		
8	24 May 2012	Provide a regular three monthly monitoring report on any trends (either positive or negative) which are emerging from exit interviews.	General Manager Hospital Services	Six Monthly report summary included	

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
9	24 May 2012	Find out whether patients are notified about reasons behind short term clinic cancellations, and if they can be informed about the date for the next appointment when their clinic is cancelled.	General Manager Hospital Services	Where possible patients are advised of an alternative date.	
<b>ITEMS REFERRED FROM THE BOARD</b>					

**HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE FOR  
JULY 2012**



***OUTWARDS AND INWARDS CORRESPONDENCE***

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

# HOSPITAL ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
<b>To receive a report on relevant section for Hospital Advisory Committee</b>							
1. Annual Plan	General Manager Planning and Funding	Ongoing	Quarterly		√		West Coast District Health Board 2011/12 Annual Plan now signed off by Ministers.
2. District Health Board Hospital Benchmark Information	General Manager Hospital Services	Ongoing	Quarterly				As available.
<b>Provide input into</b>							
1. South Island Health Services Plan	General Manager Hospital Services and General Manager Planning and Funding		Annually		√		South Island Regional Health Services Plan approved.
2. South Island Elective Services Plan	General Manager Hospital Services		Annually		√		The South Island Elective Services Plan is part of the South Island Regional Health Services Plan.
3. South Island Regional Strategic Plan	General Manager Planning and Funding		Annually		√		District Strategic plan has been replaced by Regional Strategic Plan 2010/11 on plus an annual output plan instead of the District Annual Plan.
4. Next Year Annual Plan and Statement of Intent	General Manager Planning and Funding		Annually			√	Annual Plan and Statement of Intent for 2010/11 now submitted to Minister of Health.
5. Facilities Redevelopment Plan	General Manager Hospital Services	Ongoing	As required		√		
6. Health Information Strategy	General Manager Hospital Services		Semi-Annual		√		National Health I.T. Plan for review and discussion.
7. Annual Report	Chief Financial Manager /General Manager Hospital Services / General Manager Planning and Funding		Annually			√	Final copy to be provided when auditors complete.
8. Provision of advice to the Board on how to reduce the deficit	Chief Financial Manager / General Manager Hospital Services / General Manager Planning and Funding	Ongoing	Six weekly		√		Project – GP Business Model.
<b>To monitor</b>							
1. Financial performance	Chief Financial Manager	Ongoing	Six weekly		√		Regular Finance Reports.
2. Health Targets	General Manager Hospital Services	Ongoing	Quarterly weekly		√		Report included in papers.
3. Provider performance to	General Manager	Ongoing	Six weekly		√		Included in operational

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
contract	Hospital Services						indicators.
4. Elective Services Patient Flow Indicators (ESPI)	General Manager Hospital Services	Ongoing	Six weekly		√		Report included in papers.
5. CDHB Collaboration - Monitor key deliverables / milestone dates	General Manager Hospital Services	Ongoing	Six weekly		√		Report included in papers.
6. Workforce Development	Human Resources Manager	Ongoing	Quarterly		√		Included in management reports.
7. Implementation of Clinical Governance Action Plan - Monitor key deliverables / milestone dates Framework	Chief Executive	Ongoing	Quarterly		√		Report provided from the Clinical Advisory Group.
8. Clinical Governance - Reporting on Outcomes Achieved	Clinical Leadership Team	Ongoing	Quarterly	√			Report provided from the Clinical Leadership Team.
9. Outpatient Department Cancellation Report	General Manager Hospital Services	Ongoing	Six Weekly		√		Report included in papers.
10. South Island Health Services Plan	General Manager Hospital Services / General Manager Planning and Funding		Quarterly				

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

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

**DATE:** 23 August 2012

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Report Status – For:      Decision          Noting          Information   

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## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Hospital Advisory Committee:  
i    Notes the report

## 3. SUMMARY

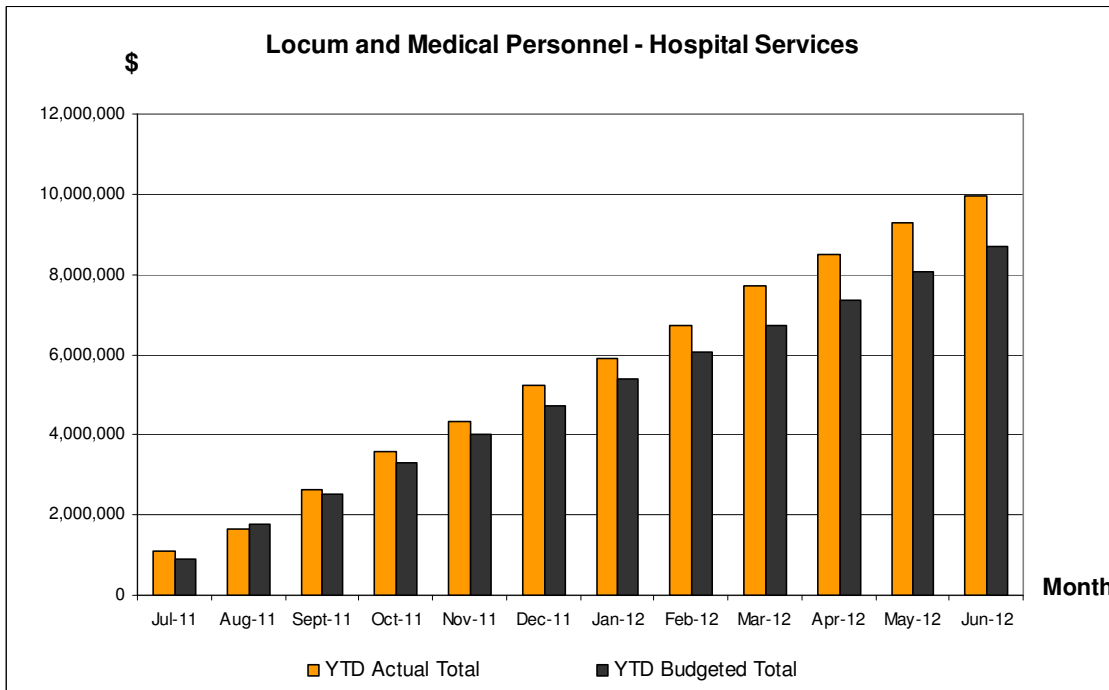
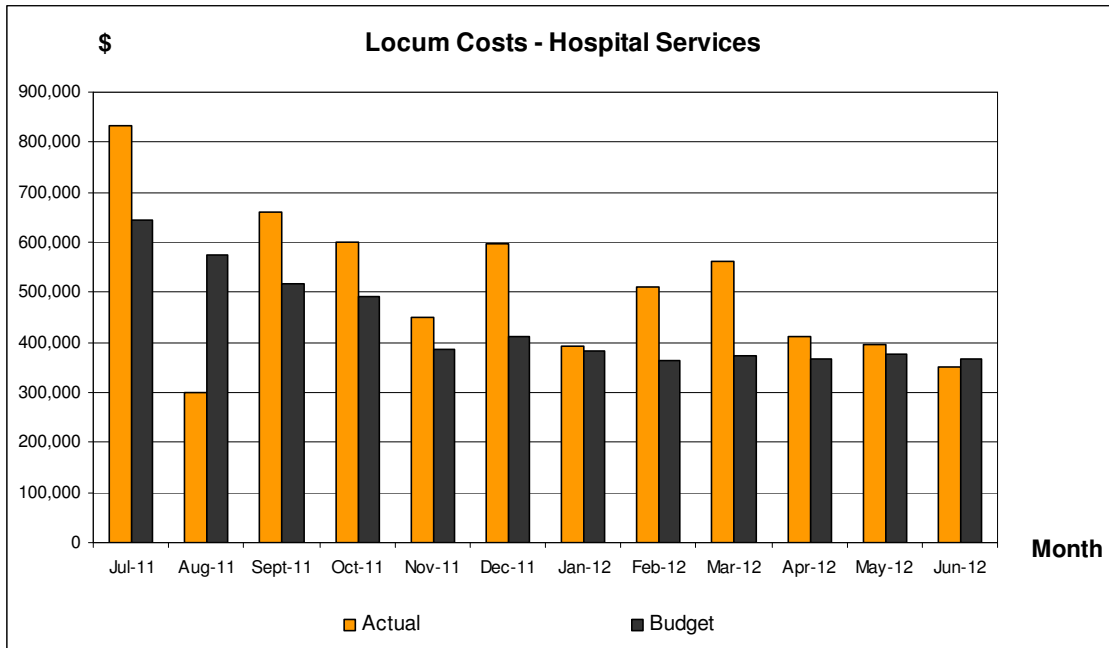
Medical staff recruitment continues with appointments or offers of employment for all vacant Grey Hospital Positions.

## 4. DISCUSSION

### 4.1 **Medical Personnel**

Locums (refer to Graphs)

- Both graphs are Hospital Services only
- Hospital Services is in this connection defined as: General Surgery, Orthopaedics, Accident & Emergency, General Medicine, Obstetric & Gynaecology, Paediatrics, Anaesthetics and Visiting Clinics.
- The figures only include Senior Medical Officer's personnel and Senior Medical Officer related locum costs
- The Senior Medical Officer locum costs include travel, accommodation, Agency Fees and other locum costs
- The graph showing Locum and Medical Personnel costs are accumulated figures
- The graph showing only the locum costs are showing the monthly spend



**Medical Staff**

Vacancy Title	FTE	Division/ Practice	Stage	Status
O&G	2	Grey Hospital	Placement 2nd Offer pending	Placement 1 – offered as Medical Officer contract to meet registration requirements. Starts October. Placement 2 – offer still under review by candidate.
Anaesthetist	1	Grey Hospital	Advertising	We have 2 x Anaesthetists to consider. Skype interviews being coordinated.

General Practitioner	1.2	Buller	1 x offer accepted	1 x 6 month locum accepted – Medical Council of New Zealand paperwork being prepared
General Practitioner	1.7	Greymouth	Advertising	Advertising
General Practitioner	1	Reefton	Advertising	No applicants received
General Practitioner	1	GTE	Advertising	Advertising
General Practitioner	1	Hokitika	Advertising	Advertising
General Practitioner	1	South Westland	Advertising	Advertising

### Allied Health

Vacancy Title	FTE	Division/ Practice	Stage	Status
Dental Therapist	1	Grey Hospital	Re-advertising	Re-advertising due to lack of suitable applicants. No candidates to date.
Senior Dietician	1	Greymouth	Under review	Role is advertised on WC website only, however no other active advertising being undertaken as role is currently under review.
Community Physiotherapist	0.5	Buller	Advertising	No suitable candidates responded to initial advertisement. A direct approach is being made to a potential applicant. Will recommence advertising should this not progress. This vacancy is new and is not required immediately.
Social Worker Manager	1	Greymouth	Under review	Role is advertised on WC website only, however no other active advertising being undertaken as role is currently under review.
Mental Health Professional	1	Greymouth	Interviewing	Closed 28 July. Received one application. Interviews week of 13 August
Alcohol & Drug Counsellor/ Practitioner	1	Greymouth	Advertising	Closes 15 August
Community Support Worker	1	Greymouth	Advertising	Closes 15 August

### Nursing

Vacancy Title	FTE	Division/ Practice	Stage	Status
Enrolled Nurses	1	Greymouth	Advertising	Closes 15 Aug
Core Midwives	3.4	Greymouth	Advertising	Closes 17 Aug
Registered Nurse	5	Greymouth	Advertising	Closes 15 Aug
Nurse Educator	1	Greymouth	Advertising	Re-advertising due to lack of suitable applicants. New closing date 17 Aug.
Duty Nurse Managers	0	Greymouth	Appointed	Offered and accepted
Caregivers	0	Buller and Reefton	Advertising closed	3 appointed in Buller. No one appointed in Reefton.
Enrolled Nurses	0	Buller	Advertising closed	Casual positions – no set FTE



### Corporate & Support Services

Vacancy Title	FTE	Division/ Practice	Stage	Status
Receptionist Perm Part time	0.6	Reefton	Interviewing	Interviewed - awaiting response from hiring manager
Receptionist Casual	0	Reefton	Advertising	No applicants, HM deciding if re-advertising
Secretary/Booking Clerk	1	Mental Health	Referencing	Referencing preferred candidate
Administrator	0.5	Buller	Advertising	Advertising - internal only
Administrator	0.1	Moana	Interviewing	Interviewing
Lead Receptionist	1	RAGP	Advertising	Advertising
Cashier	0.6	Finance	Advertising	Advertising internal only
Management Accountant	1	Finance	Drafting ad	Advertising

### Progress

*Anaesthetics* – Second Anaesthetist has commenced work at Greymouth with the third currently undergoing a period of supervision in Christchurch. Interviews are being arranged for two more anaesthetists.

*General Medicine* - Physician, Psychiatrist and Emergency Physician have been appointed and start dates confirmed.

*Obstetric Gynaecology* – First of two appointees arrives in November. Second applicant still in discussion re-employment arrangements.

*Physiotherapy* - Staffing remains particularly difficult in the Buller region with the private provider shutting her doors. Discussions are taking place with a couple of interested parties to see if we can come to some sort of collaborative arrangement in regard to funding physiotherapy positions. Information regarding ACC volumes has also been sought in order to try and confirm exactly what FTE is required for the community. We do consider this matter urgent and have been working through all contacts in regard to finding any physiotherapy capacity for Buller.

*Occupational Therapy* – The Clinical Manager has delayed her start until mid-October due to finalising up some personal issues in Australia but is committed to the West Coast. We look forward to her commencing.

We are awaiting a response from CDHB in regard to providing management and clinical support from the dietetics service. Once we have a clear direction we hope to be able to recruit another dietician to a less senior role.

Discussions continue with CDHB re social work management and clinical support. There are some concerns about both our understanding about what is needed and how that is provided, given WCDHB have been unable to recruit a Clinical Manager. Clarification around that is currently being worked through.

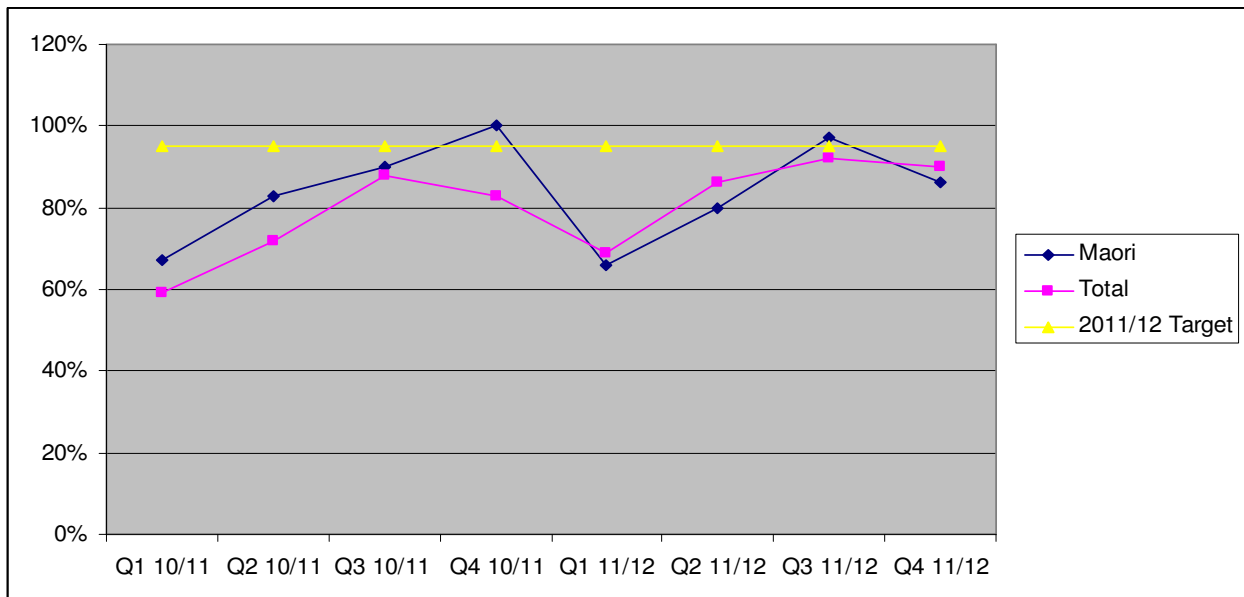
## 4.2 District Health Board Specific Targets

National Health Target		West Coast DHB Target																
<b>Shorter Stays in Emergency Departments</b>	95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours	>95% across all triage categories	<p><b>Emergency Department Attendances Quarterly</b> <b>For Period: 1 April – 30 June 2012</b></p> <p><b>ED - Buller</b></p> <table> <tr> <td>Over 6 Hours</td> <td>5</td> <td>0.70%</td> </tr> <tr> <td>Under 6 Hours</td> <td>705</td> <td>99.30%</td> </tr> </table> <p><b>ED - Greymouth</b></p> <table> <tr> <td>Over 6 Hours</td> <td>13</td> <td>.44%</td> </tr> <tr> <td>Under 6 Hours</td> <td>2951</td> <td>99.56%</td> </tr> </table> <p><b>ED - Reefton</b></p> <table> <tr> <td>Under 6 Hours</td> <td>76</td> <td>100%</td> </tr> </table> <p><b>Total Attendances: 3750</b></p> <p><i>This report is calculated from Arrived time to Departed time. It combines the 3 Emergency Departments – Grey, Buller and Reefton.</i></p>	Over 6 Hours	5	0.70%	Under 6 Hours	705	99.30%	Over 6 Hours	13	.44%	Under 6 Hours	2951	99.56%	Under 6 Hours	76	100%
Over 6 Hours	5	0.70%																
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<b>Improved Access to Elective Services</b>	129,000 elective surgical discharges delivered nationwide in 2010/11	1592 elective surgical discharges	West Coast DHB exceeded the number of elective surgery procedures for the 2011/12 financial year as part of our contribution to delivering upon the national elective services health target. West Coast DHB delivered 1751 procedures – 159 above our health target of 1592 for the year. This was up from 1710 delivered last financial year. These discharges resulted in case-weighted discharges of 2474.3; which was over-delivery at 112.2% of planned year-end volume.															
<b>Shorter Waits for Cancer Treatment</b>	Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010	100% started within four weeks	<p>There were 4 patients in the 2011/12 financial year who exceeded the four week waiting time to commence radiotherapy treatment (two in the July-September 2011 quarter, and one each in February and in June 2012). None were delayed due to capacity constraints, which is the factor that determines performance against the national health target; but rather, by patient choice and by clinical considerations (such as post chemotherapy recovery, or post-operative and cancer related complications). As such, West Coast DHB performance against the national health target remained at 100% for the year. All other West Coast domiciled patients treated in the priority treatment categories (acute; curative; palliative; and radical) commenced treatment within four weeks of their referral.</p> <p>There have already been two patients whose treatment was commenced outside the four week target time in July 2012 - however, neither was due to a capacity constraint. One patient was delayed due to other medical oncology assessment having to be undertaken prior to radiation therapy being started, while treatment was delayed in the second case due to patient choice and request.</p>															

<b>Better Help for Smokers to Quit</b>	90% of hospitalised smokers are provided with advice and help to quit. Introduce similar target for primary care from July 2010 through the Primary Health Organisation Performance Programme.	95% for 2011-2012	<b>ABC Implementation:</b> <b>Quarter 4 Results to date:</b> June – 92% <b>Quarter 4 result: 90%</b> It was disappointing to not reach the target of 95% for Quarter 4 as was expected after progressively improved results for quarter 2 & 3. This primarily was due to a drop in performance in April 2012 in previously high-performing areas of the DHB. Alongside hospital senior management work is continuing to improve the uptake of the Smokefree Mandatory training. Although feedback from staff is the ABC process is simple and straightforward, the training gives the important background of why this is a health target and the role both the individual and the organisation can play in significantly improving the health of the West Coast community by implementing this initiative. A letter from the General Manager of Hospital Services is being distributed to all staff who has not attended the training and inviting them to do so. After a disappointing April result meetings were held with relevant clinical nurse managers of areas not reaching the target to discuss ABC results and offer support to the manager, champion and staff as appropriate. Smokefree May 2012 was heavily promoted in both Buller and Grey Hospital, with most departments using the Smokefree merchandise to decorate wards/areas; this raised the awareness of 'Smokefree.'
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	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12
<b>Maori</b>	67%	83%	90%	100%	66%	80%	97%	86%
<b>Total</b>	59%	72%	88%	83%	69%	86%	92%	90%
<b>2011/12 Target</b>	95%	95%	95%	95%	95%	95%	95%	95%

The whole of system approach has been successful in improving the overall DHB results over the last year, the Smokefree team will now use ward specific reports to identify the few areas that are not reaching 100% and provide additional support as well as raising these areas of concern to hospital senior management to ensure leadership and endorsement is coming from this group. It will also important to continue to celebrate the success of the majority who continue to reach 100% at the ward level.



### 4.3 Case Weights

#### Inpatient Volumes

As at yearend 2011/12, overall case-weighted inpatient delivery was 3.3% over contracted volume for surgical specialty services (2,538.74 actual vs 2,457.7 contracted) and 2.69% under for medical specialty services (1,283.94 actual vs 1,319.39 contracted). The total net value of over-production for these inpatient services was \$209,618.

The split between acute and electives were as follows:

Caseweights (CWD)	Contracted YTD	Actual YTD	Variance	% Variation
<b>Surgical</b>				
Acute	1,088.83	1,057.99	- 30.84	- 2.83%
Elective	1,368.87	1,480.75	+ 111.88	+ 8.17%
<b>Sub-Total Surgical:</b>	2,457.70	2,538.74	+ 81.04	+ 3.3%
<b>Medical</b>				
Acute	1,311.39	1,283.08	-28.31	- 2.16%
Elective	8.00	0.86	- 7.14	- 89.25%
<b>Sub-Total Medical:</b>	1,319.39	1,283.94	- 35.45	- 2.69%
<b>TOTALS:</b>	3,777.09	3,822.68	+ 45.59	+ 1.21%

The major and significant contributor to over-production is orthopaedics at 8.9% with an associated \$472,598 value. Gynaecology over-production at 29.4% has a cost of \$214,809. Ophthalmology over-production at 16.2% has a cost of \$68,923. Paediatric surgery was the final over-producer by 73.5%, with a dollar value of \$43,071.

The only areas of notable under-production are:

- General Surgery (29.9 CWD) – elective volumes
- Urology (22.36 CWD) – elective volumes
- Plastic Surgery (21.51 CWD) – elective volumes

#### Outpatient Volumes:

Attendances	Contracted	Actual	Variance	% Variation
<b>Surgical</b>				
1 <sup>st</sup> Visit	4,042	3,847	- 195	- 4.82%
Subsequent Visit	6,070	6,811	+ 741	+ 12.21%
<b>Sub-Total Surgical:</b>	10,112	10,658	+ 546	+5.40
<b>Medical</b>				
1 <sup>st</sup> Visit	1,621	1,667	+ 46	+ 2.84%
Subsequent Visit	4,045	4,045	0	0 %
<b>Sub-Total Medical:</b>	5,666	5,712	+ 46	+ 0.81%
<b>TOTALS:</b>	15,778	16,370	+ 592	+ 3.75%

Value of net overall over-production was \$94,631.

The notable areas of over-production are:

- General Surgery (follow-ups)
- Orthopaedics (follow-ups)
- Ophthalmology (follow-ups)
- Plastics (follow-ups)
- General Medicine and Paediatric Medicine (FSA)
- Cardiology (follow-ups)
- Dermatology (FSA and Follow-ups)
- Rheumatology (FSA and follow-ups)



#### 4.4 Industrial Relations

- Initiation of bargaining has been received from Association of Professionals and Executive Employees representing Information Technology staff.
- The Resident Doctors Association Multi Employment Collective Agreement representing Resident Medical Officer's has been ratified

#### 4.5 Health & Safety

##### Employee Participation

Units to be included and their Safe Handling Link Reps are yet to be confirmed.

##### Hazard & Incident Management

Staff accident reports continue to be placed on the online system by Health & Safety Advisor.

##### Occupational Health

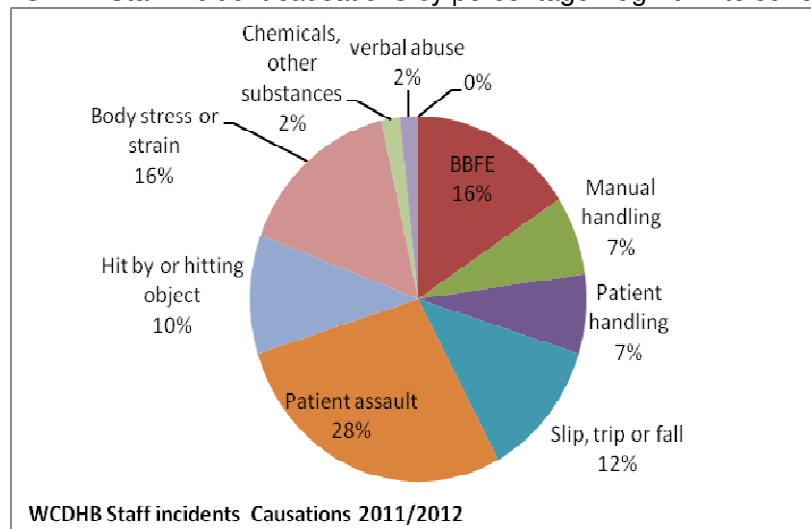
A post 2012 flu vaccination meeting took place between West Coast DHB and Canterbury DHB vaccinators. This meeting provided a 'debrief' of the flu vaccination campaign, on which the 2013 campaign can be built. Ministry of Health statistics are now being compiled. Small numbers of staff continue to make appointments for flu vaccination.

There are currently 7 staff members, and their Managers, Health & Safety Advisor is working with on Return to Work Programmes. This work is supported by Health and Safety Team staff in Canterbury DHB, particularly Dr Andrew Hilliard (Occupational Health Physician), and in the case of 2 staff, ACC.

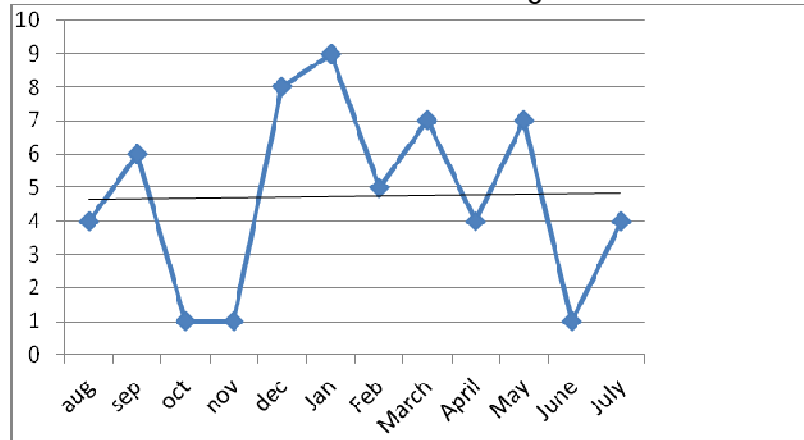
Health & Safety Advisor attended the Welfare Advisory Group meeting, chaired by Greymouth Regional Council, and observed some of the West Coast DHB emergency response during exercise Cruickshank Minor (a West Coast wide pandemic exercise).

##### Staff Incident Data

WCDHB Staff Incident causations by percentage Aug 2011 to June 2012



The number of Staff incidents recorded August 2011 to June 2012



#### 4.6 Staff Engagement Survey

The survey process was completed in early 2012, the follow up forums have been completed with the staff.

From the surveys and associated work the following is a summary of the feedback that we have:

##### People feel

- Their work is very important to them
- They have significant autonomy to do their job
- They are prepared to 'go the extra mile'
- They are comfortable raising concerns about patient safety

##### The biggest issues are

- **Leadership** – people feel that there is little direction provided by Senior Leaders and decision making by this group was slow.
- Half of the respondents **do not feel rewarded** for the work that they do
- Half of the respondents did not believe **clear performance goals and expectations** were in place
- Many (45%) felt that **development opportunities are unattainable**
- **Systems and Processes** are generally viewed as **slow and archaic**
- Team specific issues identified with Laundry and Human Resources.

As a result of the survey it has been decided to focus on the following five areas where there is opportunity to effect improvement at the same time involving staff;

- Process and systems
- Leadership
- Reward and recognition
- Performance management
- Development

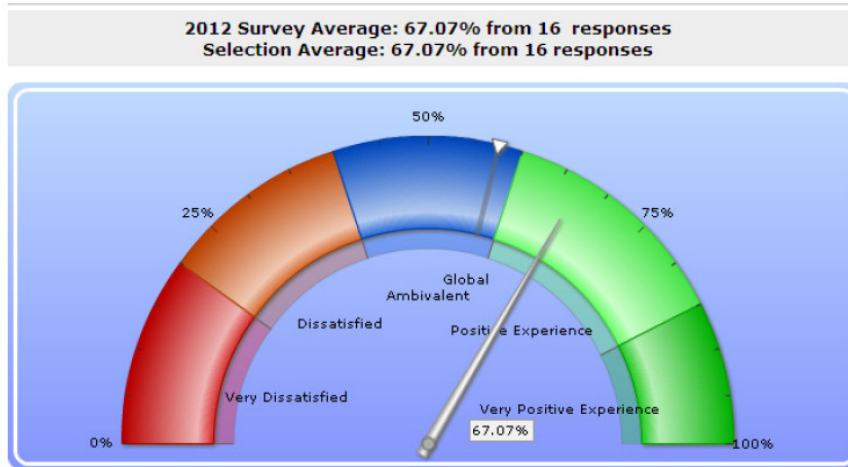
#### 4.7 Employee Exit and Turnover Report

The first published report covering the period 1 January 2012 to 30 June 2012. The following summarises the overall comments.

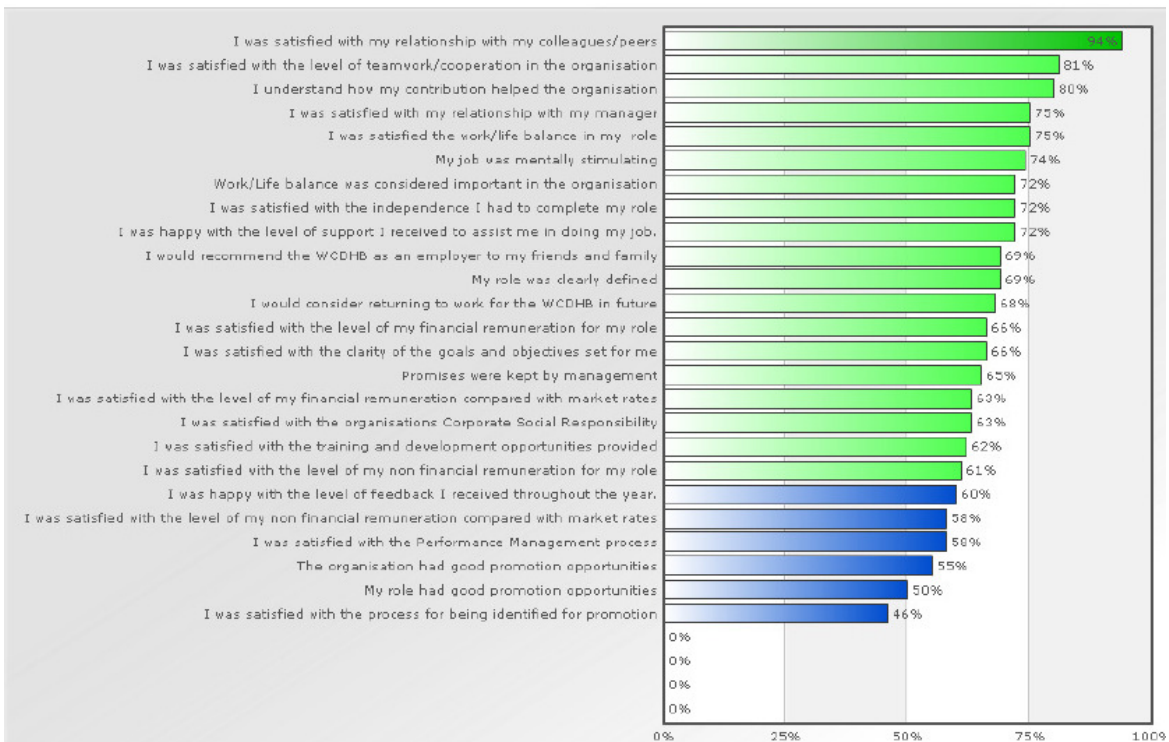
Period 1 January to 30 June 2012

Online exit interviews were introduced in January 2012. Confidential exit interviews bring unknown issues to the surface and when combined with data e.g. engagement and attachment surveys, assist us in creating the most engaged and productive culture possible. When an employee notifies their Manager of their departure they are emailed a link to a confidential survey and asked to complete it within 30 days.

Overall Employee Experience



Survey Questions



Of those who completed an exit survey, the majority of people report having had a positive experience during their time with the West Coast DHB, and this is considerably higher than the global average.



## 4.8 Quality Improvement Activities

The Clinical Quality Improvement Team continues to meet monthly, activities by the group has gathered momentum since additional resource was introduced earlier this year. Apart from its standard monitoring activities the group has identified the following projects for ongoing monitoring and review;

- Electronic signoff
- Metal on metal project
- Primary/secondary electronic Interface
- Acute Observation Unit Processes
- Reinstatement of Epidural Service
- Provocation Project

Hospital Services Improvement Project continue to be progressed with the following having been completed (but still subject to monitoring);

- Orthopaedic Pathway
- DOSA rate (Day of Surgery Admission)
- Revenue opportunities from Department of Justice
- ACC High-tech Imaging Contract
- Cardiac patient transfer options.

## 4.9 Patient Transfers

Transfers to Tertiary Centres June 2012 – July 2012

Reasons for Patient Transfers	June	July
Service not available at Grey Base	1	2
Service not available at Grey Base – at time	-	1
Severity of illness	4	3
Special Procedure (not done at Grey Base)	3	4
Specialist Care Not available (at Grey Base)	5	13
Specialist Care Not available (at Buller)	-	-
Service Not available (at Buller)	-	-
Specialist Care Required Urgently	-	3
Other Staffing Issue	-	-
Post Operative Complication	-	2
Other reason for transfer	-	-
<b>Total No. of Patients Transferred for month</b>	<b>12</b>	<b>22</b>
<b>Total No. of Categories (reasons*) for month</b>	<b>13</b>	<b>28</b>

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

Reasons for Patient Transfers	Explanation
Service not available at Grey Base	This service is never offered at Grey Base Hospital e.g. Magnetic Resonance Imaging MRI.
Service not available at Grey Base – at time	Service temporarily not available e.g. a CT Cologram can not be done without a Radiologist.
Severity of Illness	Patient too ill to stay at Grey Base, requires tertiary level care.
Special Procedure (not done at Grey Base)	Procedure never done at Grey Base Hospital e.g. cardiology.

Specialist Care not available at Grey Base	Never have this type of Specialist on staff e.g. Neurologist.
Specialist Care required urgently	Patient requires urgent transfer e.g. cardiac evaluation.
Other staffing issue	Staffing issue other than specialist availability e.g. recently surgeons could not operate on a patient that might have required a ventilator as there was no one available to operate the ventilator. Normally the ventilator would have been available, the patient would have had the operation and there would have been someone to operate the ventilator for 24 hours prior to transferring the patient.
Post Operative Complication	Complication arising out of surgery that requires tertiary level specialist care.
Other Reason for Transfer	Reasons falling outside of the above categories: e.g. Christchurch patient admitted, once stable wants to be transferred back to Christchurch.

**Definitions:**

- Service – equipment, resources and operators
- Specialist – Expert clinician

**Patient Transfers from Buller to Grey Base Hospital  
June 2012 – July 2012**

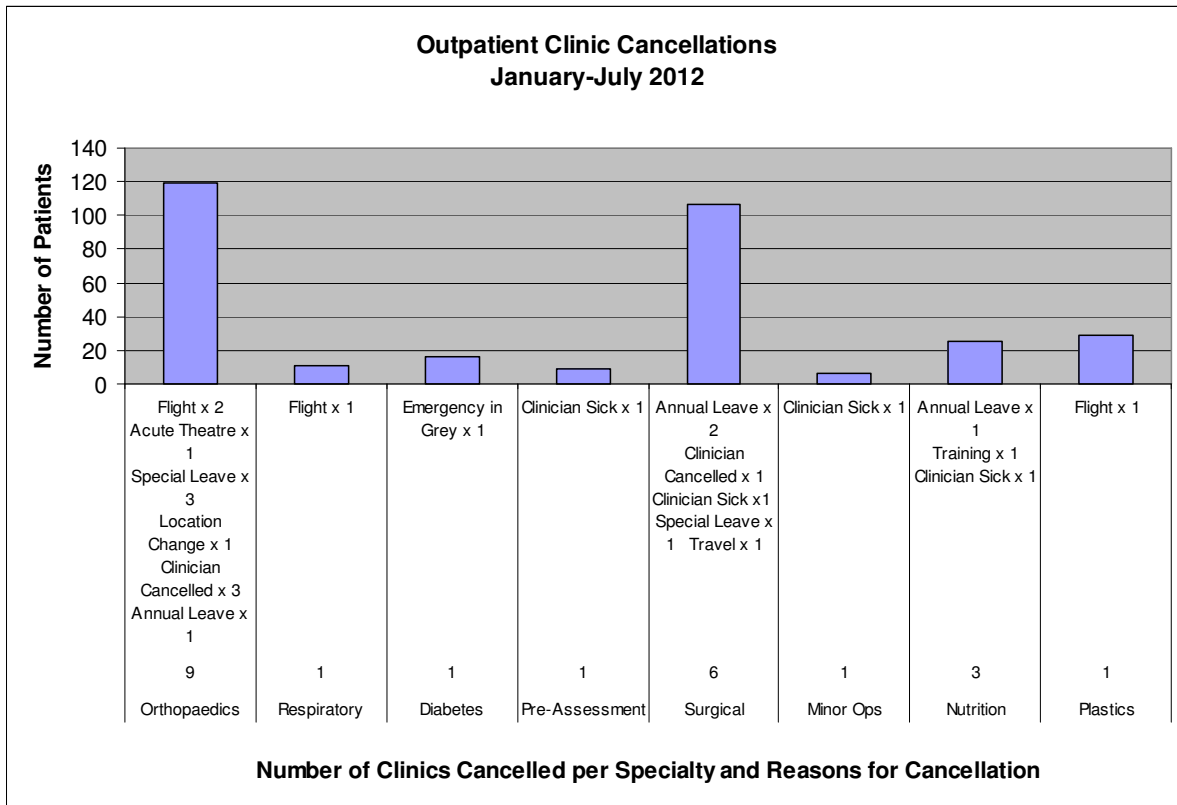
Reasons for Patient Transfers	June	July
Service not available at Buller	8	8
Specialist care not available at Buller	1	1
Specialist care required urgently	2	1
Other staffing issue	-	-
Post Operative complication	-	-
Other reason for transfer	-	-
Severity of illness	-	-
<b>Total No. of Patients Transferred for month</b>	<b>11</b>	<b>10</b>
<b>Total No. of Categories (reasons*) for month</b>	<b>11</b>	<b>10</b>

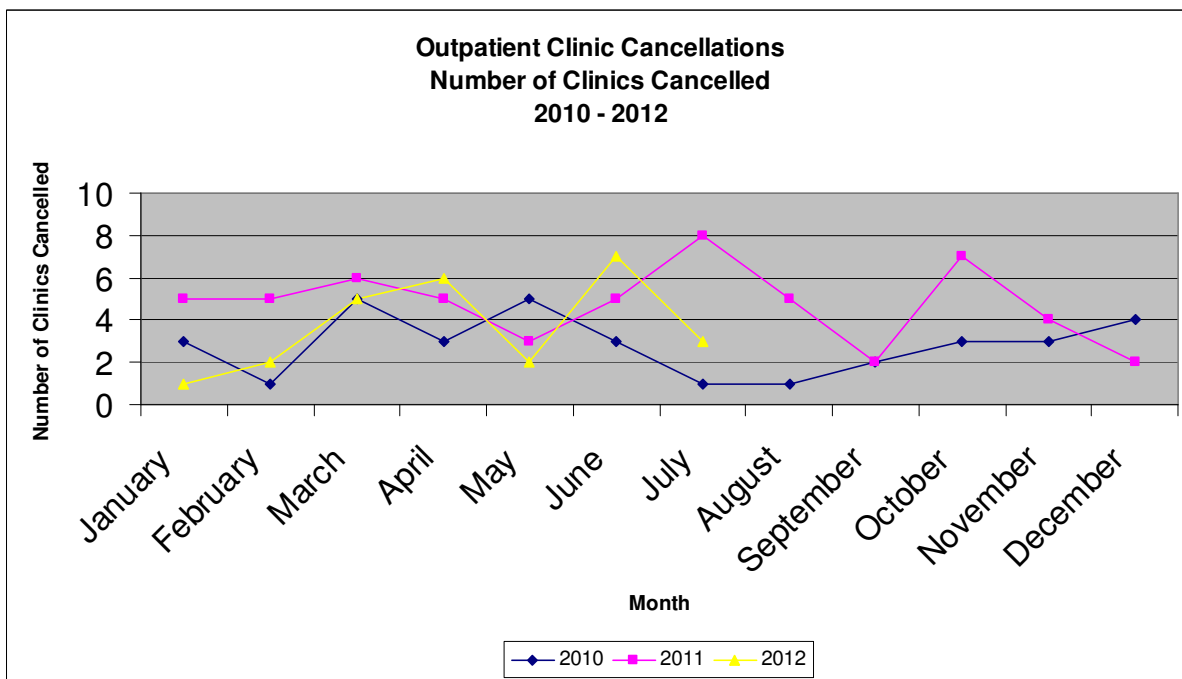
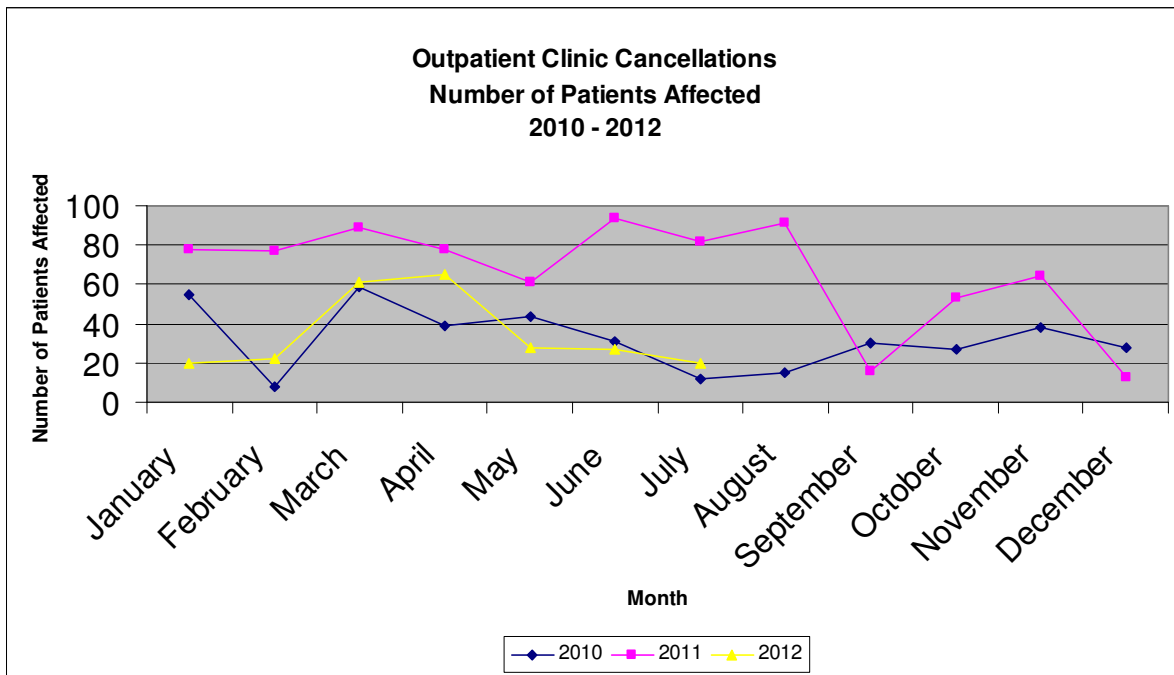
**Patient Transfers from Reefton to Grey Base Hospital  
June 2012 – July 2012**

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

#### 4.10 Outpatient Clinic Cancellations

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend (DNA)	Percentage of patients did not attend (DNA)	Number of patients affected by clinic cancellations (rebooked)	Percentage of patients affected by clinic cancellations
July 2011	2145	1897	166	7.74%	82	3.82%
August 2011	2093	1817	185	8.84%	91	4.35%
September 2011	2368	2148	204	8.61%	16	0.68%
October 2011	1979	1750	176	8.89%	53	2.68%
November 2011	2299	2022	213	9.26%	64	2.78%
December 2011	1978	1776	189	9.56%	13	0.66%
January 2012	1587	1421	146	9.20%	20	1.26%
February 2012	2128	1937	169	7.94%	22	1.03%
March 2012	1974	1752	161	8.16%	61	3.09%
April 2012	1972	1728	179	9.08%	65	3.30%
May 2012	2290	2047	215	9.39%	28	1.22%
June 2011	1668	1511	130	7.79%	27	1.62%
July 2012	2098	1891	187	8.91%	20	0.95%
<b>13 month rolling totals</b>	<b>26579</b>	<b>23697</b>	<b>2320</b>	<b>8.73% Average</b>	<b>562</b>	<b>2.11% Average</b>





#### 4.11 Community Services

##### Carelink

The Carelink service is under review which has affected the progress forward until the future is known. The service will become the Complex Clinical Care Network led by Dr Jackie Broadbent. The Management of change process underway is currently underway.

An appointment has been made for the interRAI Lead Practitioner position for the West Coast DHB. Training has been completed and she is now managing the interRAI processes for the West Coast DHB in conjunction with the manager of Carelink. Links have been set up with

the team in Christchurch. There is a new interRAI assessment, the Community Health Assessment to be introduced nationally in August/September 2012. The InterRAI Lead Practitioner will train the existing team how to use this new tool.

The Dementia training "Walking in Another's Shoes" is progressing well with the two workshops one in Buller and one in Greymouth being held monthly. These first two workshops are for Carers working in Residential facilities but the workshops in 2013 will include support workers from the Service Provision agencies, Access and West Coast DHB. Feedback from these workshops has been positive. This programme is well supported by the Dementia team in Christchurch and is planned to be rolled out nationally. The West Coast were the first DHB outside of Christchurch to join this programme and fund a leader to carry out the training on the West Coast, thanks to Torfrida Wainwright, Older Persons Portfolio Manager in Planning and Funding.

#### Dental

Utilisation of DHB funded dental services by adolescent from school year 9 - up to and including age 17 received outstanding comment from Ministry of Health for the 2011 result with a final result of 81.2% (our target was 80%)

At the end of the 2011 year the DHB achieved and exceeded the District Annual Plan target (of 55%) for all five year olds caries free by 6%. This is an increase of over 9% over 2010. The percentage of Maori five year olds improved from 38% in 2010 to 47% in 2011 (up 9%). For the period January to June 2012 63% of all five year olds and 60% of Maori five year olds seen in the school dental service were caries free, an indication that the caries free rate is improving.

Adolescent Oral health service utilisation has increased from 77% in 2010 to 81% in 2011. Blaketown School (decile rating 2) has been introduced into our mobile schedule; this has been very well received and greatly improved the DNA (Did Not Attend) rate.

### **4.12 Mental Health**

#### Consumer engagement:

On the 8<sup>th</sup> August 2012 a Consumer/ PRIMHD (Programme for the Integration of Mental Health Data) forum was held in Greymouth. The Ministry of Health attended and canvassed the views of the 50 local consumers who attended regarding the Co Existing project (intention of this project is to enhance the capability of the service to meet both alcohol and other drug issues as well as mental health needs ), as well as discussing what a good service should look like. A patient flow chart was established from a service user perspective and also an Outcomes list defined - "What do good outcomes look like to a consumer"

The Ministry of Health team acknowledged the West Coast DHB as leaders in the field of Consumer and PRIMHD interface, and will provide a report back to the Consumer Advisor on the outcomes of this forum. This report will be made available to the MHS Quality Improvement Committee via the Consumer Advisor.

#### Consumer Satisfaction Survey:

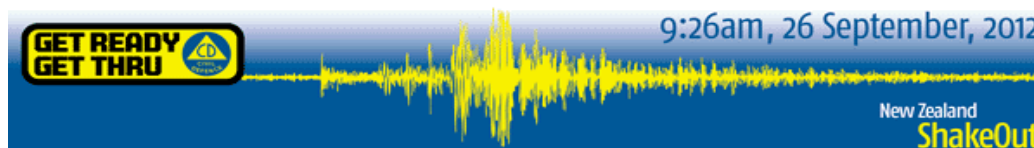
The results of the national Consumer Satisfaction Survey for 2011/ 12 have been received from the Ministry of Health. The survey covers a range of aspects including perceptions of access and responsiveness of staff/service, respect shown, inclusion in treatment and the community, rights upheld, provision of information regarding illness and treatment, staff's level of belief in client, support provided to family, encouragement of independence, changes to level of symptoms experienced, new coping strategies learnt, and ability to manage personal relationships.

The results were very positive with 85 of the 88 survey's returned indicating that overall consumers are satisfied with the services received.

A significant increase in the response rate was also pleasing – 190 surveys sent out with 88 returned (42% - which doubled last year's responses and previous years). This improvement was attributed to a different approach taken to circulate the surveys where offers of follow up phone call to complete the survey were made, and undertaken by student nurses and peer support personnel.

#### 4.13 Emergency Planning

The DHB participated in a Civil Defence exercise during July and is registered to be involved in the national New Zealand Shakeout exercise on 26 September. Additionally, we are hosting the South Island Emergency Planners meeting in August.



#### 4.14 Nursing Update

##### Maternity services

The Acting Clinical Midwife Manager has commenced her secondment from Canterbury DHB on 23<sup>rd</sup> July. Workforce issues, in addition to clinical safety issues have been identified as her key priorities in the role.

##### Norovirus outbreak in Morice Ward

A recent outbreak of the virus rendered the ward in lock-down for 10 days. Staff availability was reduced, by up to half, on some days. The staff did a commendable job working under difficult circumstances. A debrief and several recommendations will be put to the General Manager for consideration.

##### Standardisation of neonatal resuscitation

Lead by the Resuscitation Service Leader, this project aims to standardise our equipment, layout of equipment and resuscitation procedures across all clinical services, to improve patient safety. This will also enhance standardisation with Canterbury DHB.

##### Countdown Kids Appeal

The Countdown Kids Appeal was launched on 3 August with representation from the trust, our local countdown supermarket, regional dignitaries and West Coast DHB staff. The appeal aims to raise money for children's wards to make their stay more comfortable. A fund raising walk/ run was held the following day and was well attended with good weather.

##### Standardisation of South Island linen stock

This project aims to agree on standardised linen stock across the South Island. An initial meeting was held on 3 August 2012 to begin the process. Feedback will be sought from clinical services within each DHB, prior to any decisions being made. It has been noted that West Coast DHB has a large number of laundered items that are particular to our DHB. This project has the potential to explore other initiatives over time for example disposable curtains and uniforms.

Report prepared by:

Garth Bateup, General Manager Hospital Services  
Hecta Williams, General Manager

# MoH Elective Services Online

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

DHB Name: West Coast

	2011			2011			2011			2011			2011			2012			2012			2012			2012			2012			Target						
	Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr				May			Jun		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.		Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	18 of 18	100%	0	16 of 16	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	18 of 18	100%	0	17 of 18	94%	1	17 of 18	94%	1	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	13	0.3%	0	20	0.4%	0	15	0.3%	0	19	0.4%	0	7	0.0%	0	14	0.3%	0	23	0.4%	0	32	0.6%	0	50	0.9%	0	60	1.1%	0	29	0.5%	0	0	0.0%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	16	0.9%	0	23	1.2%	0	20	1.0%	0	17	0.8%	0	0	0.0%	0	13	0.6%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.0%	0	6	0.0%	0	6	0.0%	0	< 5%
4. Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5. Patients given a commitment to treatment but not treated within six months.	29	1.5%	0	24	1.2%	0	32	1.6%	0	27	1.3%	0	30	1.5%	0	34	1.6%	0	35	1.7%	0	34	1.7%	0	41	2.1%	0	34	1.8%	0	16	0.8%	0	0	0.0%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	7	0.0%	0	10	43.5%	-7	9	0.0%	0	8	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	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.	31	1.7%	0	30	1.6%	0	34	1.7%	0	31	1.5%	0	27	1.3%	0	24	1.2%	0	27	1.3%	0	24	1.2%	0	33	1.7%	0	28	1.5%	0	11	0.6%	0	0	0.0%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	164	100%	0%	190	100%	0%	189	100%	0%	137	100%	0%	186	100%	0%	127	100%	0%	117	100%	0%	150	100%	0%	109	100%	0%	158	100%	0%	170	100%	0%	149	100%	0%	> 90%

This report displays overall ESPI results for a DHB over a 12 month period. The ESPI results do not include non-electives or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools. Medical specialties are currently included in ESPI 1 and 2 results but excluded from other ESPI results. In August 2010 the ESPI 2 threshold was reduced from 2% to 1.5%, and the ESPI 5 threshold was reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs. ([elective\\_services@moh.govt.nz](mailto:elective_services@moh.govt.nz)).

Data Warehouse Refresh Date: 04/Aug/2012  
 Report Run Date: 06/Aug/2012

# FINANCE REPORT

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

**SOURCE:** Chief Financial Officer

**DATE:** 23 August 2012

Report Status – For: Decision  Noting  Information

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

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

## 3. DISCUSSION

### Financial Overview for the period ending 31 July 2012

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
<b>REVENUE</b>						
Provider	6,157	6,354	(197) x	6,157	6,354	(197) x
Governance & Administration	179	183	(4) x	179	183	(4) x
Funds & Internal Eliminations	4,592	4,642	(50) x	4,592	4,642	(50) x
	10,928	11,179	(251) x	10,928	11,179	(251) x
<b>EXPENSES</b>						
Provider						
Personnel	4,464	4,463	(1) x	4,464	4,463	(1) x
Outsourced Services	1,116	1,130	14 √	1,116	1,130	14 √
Clinical Supplies	568	702	134 √	568	702	134 √
Infrastructure	1,062	936	(126) x	1,062	936	(126) x
	7,210	7,231	21 √	7,210	7,231	21 √
Governance & Administration	152	183	31 √	152	183	31 √
Funds & Internal Eliminations	3,693	4,007	314 √	3,693	4,008	315 √
<b>Total Operating Expenditure</b>	11,055	11,421	366 √	11,055	11,422	367 √
<b>Deficit before Interest, Depn &amp; Cap Charge</b>	127	242	115 √	127	243	116 √
<b>Interest, Depreciation &amp; Capital Charge</b>	532	510	(22) x	532	510	(22) x
<b>Net deficit</b>	659	753	94 √	659	753	94 √

## CONSOLIDATED RESULTS

The consolidated result for the month of July 2012 is a deficit of \$659k, which is \$94k better than budget (\$753k deficit).



## RESULTS FOR EACH ARM

### Year to Date to July 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	\$000	\$000	\$000	
Provider Arm surplus / (deficit)	(1,585)	(1,387)	(198)	Unfavourable
Funder Arm surplus / (deficit)	899	634	265	Favourable
Governance Arm surplus / (deficit)	27	0	27	Favourable
<b>Consolidated result surplus / (deficit)</b>	<b>(659)</b>	<b>(753)</b>	<b>94</b>	<b>Favourable</b>

### Provider Arm

Provider revenue received for ACC and other government is \$115k worse than budget. ACC from electives services and AT&R are both less than budget for the month; we expect to catch up on this in coming months. General Practice revenue from the WCPHO is less than budget in July; again we expect to catch up on this in future months.

## EXPENSES

### Provider Personnel

Personal cost for the month are \$4,533k; \$19k worse than budget (\$4,514k).

- Medical Personnel costs are \$31k worse than budget.
  - General Practitioners costs are \$44k worse than budget, due to higher payments for allowances and overtime to cover vacancies. All other specialities are under budget.
- Allied Health Personnel costs are \$48k; better than budget.
  - This is due to a number of vacancies within allied services.

### Outsourced Services Costs

Outsourced services costs are \$1,073k; \$22k worse than budget (\$1,051k).

- Outsourced Senior Medical Costs (locums) were \$623k; \$98k better than budget. Locum costs within hospital services were under budget and locum services within primary services over budget due to vacancies.
- Outsourced clinical services were over budget with orthopaedic services and ophthalmology being the two main contributors. Both these services are being reviewed and costs should reduce as new patient pathways are embedded.

### Clinical Supplies

Overall clinical supplies are \$145k better budget

- All clinical supply expense areas were under budget apart from pharmaceuticals which were marginally over budget by \$6k.

### Infrastructure and non Clinical Cost

Overall infrastructure and non clinical cost for the Provider arm are \$1,062k, \$126k over budget. Within this variance are the following specific variances:

- Professional fees and expenses are \$96k worse than budget.
  - Insurance premiums were \$27k over budget. This is due to greater than budgeted increase in premiums as a result of the Christchurch earthquakes that were only confirmed in August 2012.

#### 4. **APPENDICES**

Appendix 1: Provider Operating Statement – 31 July 2012  
Appendix 2: Provider Arm Performance Graphs

Report prepared by: Colin Weeks, Chief Financial Officer

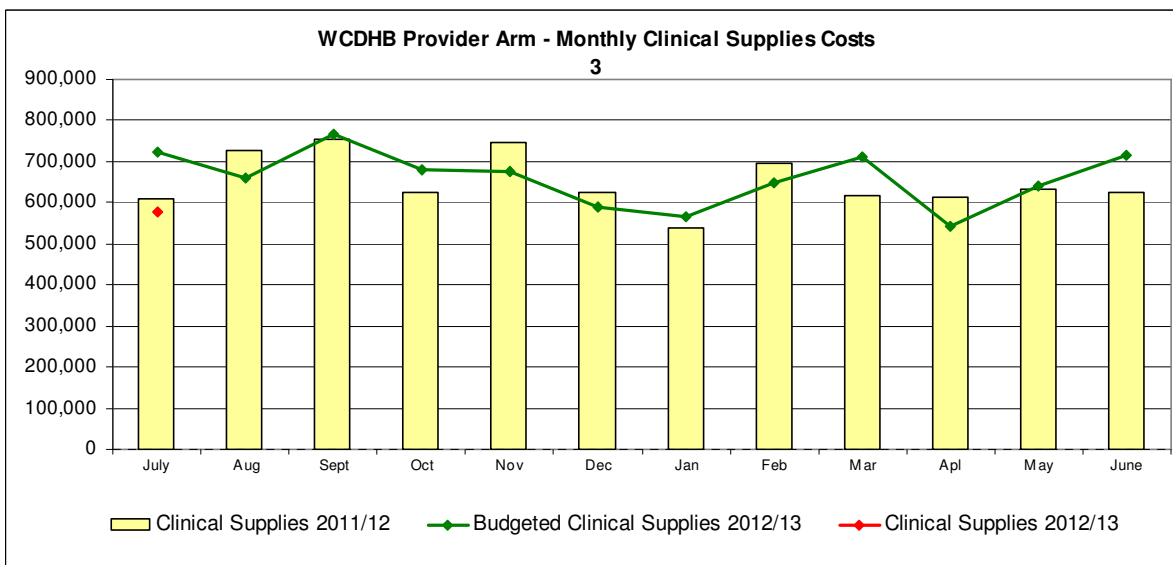
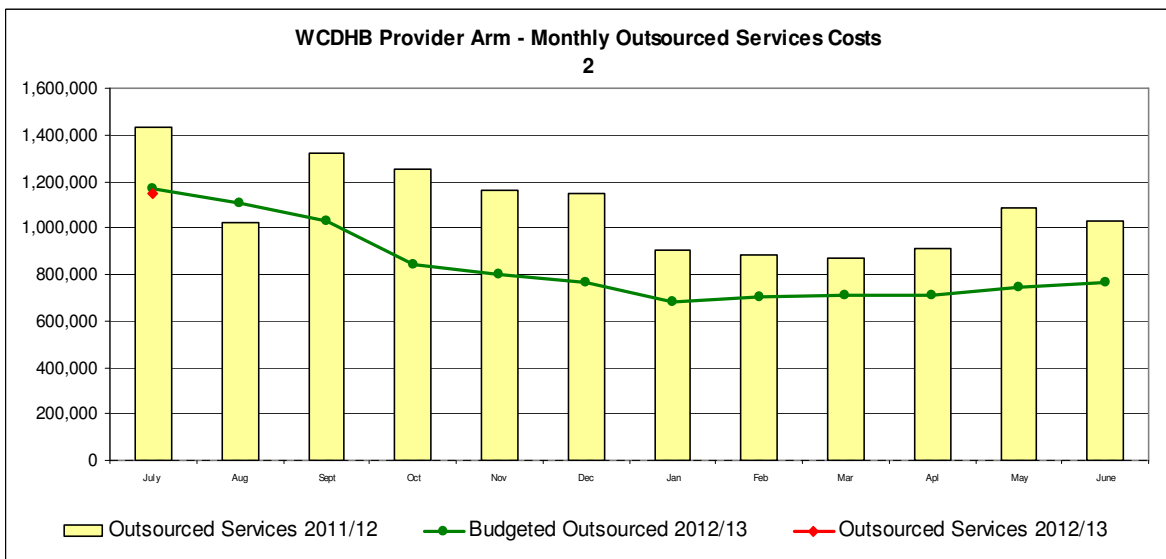
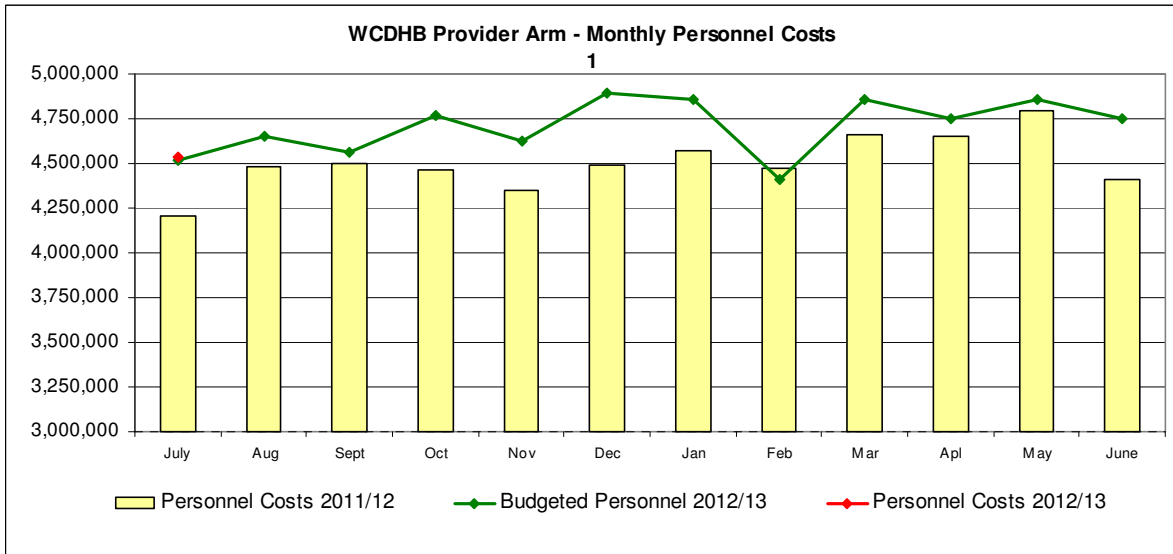
Report approved for release by: Hecta Williams, General Manager

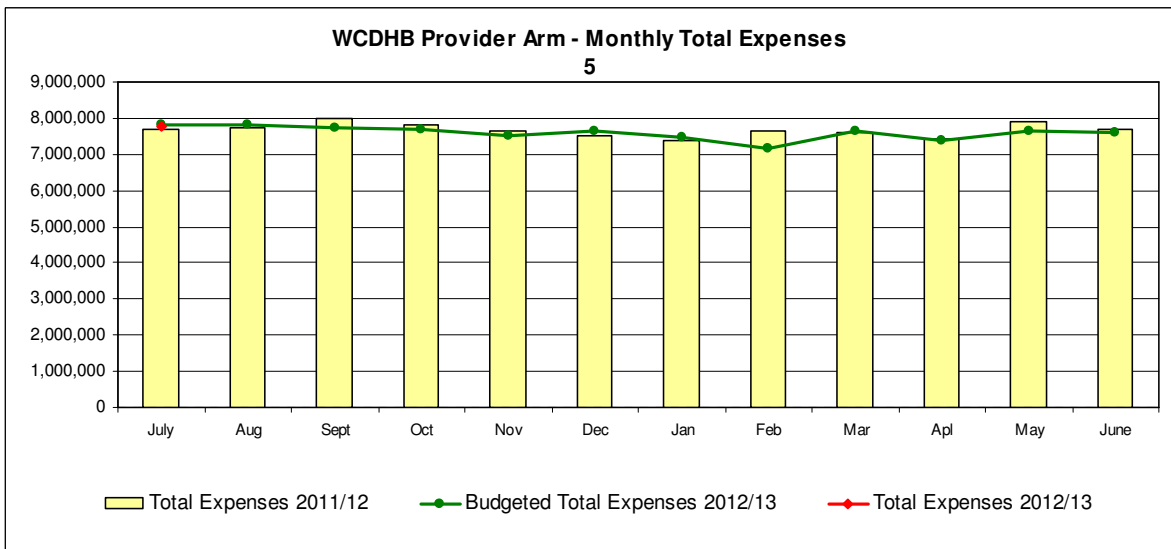
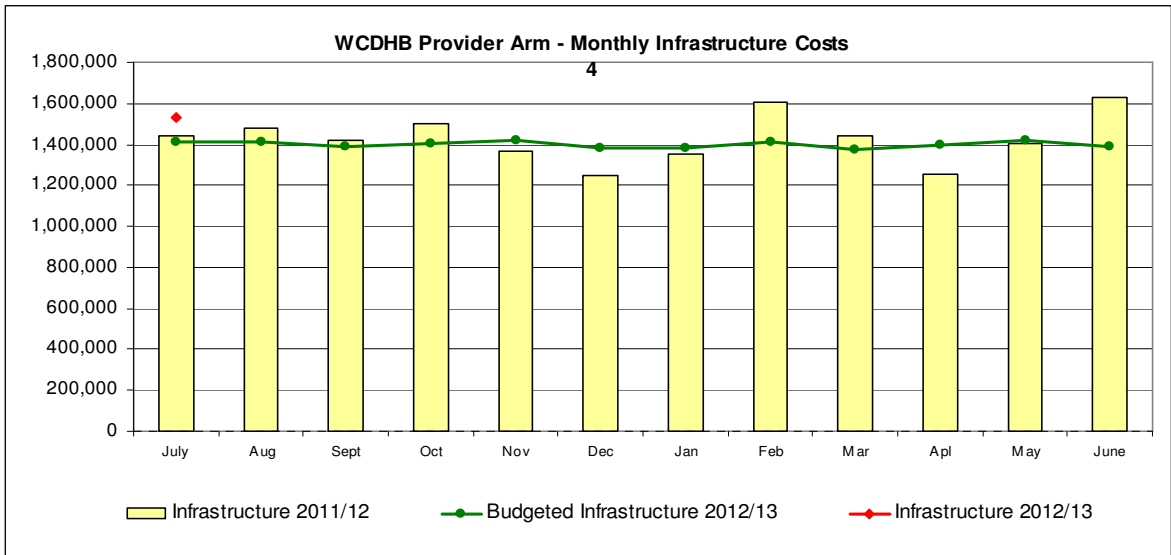
West Coast District Health Board  
 Provider Operating Statement for period ending  
 in thousands of New Zealand dollars

31 July 2012

	Monthly Reporting					Year to Date					Full Year 2012/13	Prior Year
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance	Prior Year	Budget	2011/12
<b>Income</b>												
Internal revenue-Funder to Provider	5,250	5,250	(0)	(0.0%)	5,122	5,250	5,250	(0)	(0.0%)	5,122	63,005	62,828
Ministry of Health side contracts	125	168	(43)	(25.5%)	159	125	168	(43)	(25.5%)	159	1,862	1,657
Other Government	441	556	(115)	(20.7%)	649	441	556	(115)	(20.7%)	649	6,841	6,521
InterProvider Revenue (Other DHBs)	0	10	(10)	(100.0%)	7	0	10	(10)	(100.0%)	7	124	100
Patient and consumer sourced	269	284	(15)	(5.3%)	239	269	284	(15)	(5.3%)	239	3,396	3,076
Other income	72	85	(13)	(15.0%)	93	72	85	(13)	(15.0%)	93	1,258	1,565
<b>Total income</b>	<b>6,157</b>	<b>6,354</b>	<b>(197)</b>	<b>(3.1%)</b>	<b>6,269</b>	<b>6,157</b>	<b>6,354</b>	<b>(197)</b>	<b>(3.1%)</b>	<b>6,269</b>	<b>76,486</b>	<b>75,747</b>
<b>Expenditure</b>												
<b>Employee benefit costs</b>												
Medical Personnel	944	933	(11)	(1.2%)	759	944	933	(11)	(1.2%)	759	13,316	10,671
Nursing Personnel	2,030	1,993	(37)	(1.8%)	1,961	2,030	1,993	(37)	(1.8%)	1,961	24,086	24,566
Allied Health Personnel	735	784	49	6.2%	710	735	784	49	6.2%	710	9,647	8,956
Support Personnel	209	198	(11)	(5.5%)	160	209	198	(11)	(5.5%)	160	1,988	2,161
Management/Administration Personnel	546	554	8	1.5%	536	546	554	8	1.5%	536	6,842	6,601
	<b>4,464</b>	<b>4,463</b>	<b>(1)</b>	<b>(0.0%)</b>	<b>4,126</b>	<b>4,464</b>	<b>4,463</b>	<b>(1)</b>	<b>(0.0%)</b>	<b>4,126</b>	<b>55,878</b>	<b>52,955</b>
<b>Outsourced Services</b>												
Contracted Locum Services	631	741	110	14.9%	963	631	741	110	14.9%	963	4,931	8,132
Outsourced Clinical Services	442	309	(133)	(43.0%)	380	442	309	(133)	(43.0%)	380	3,710	4,041
Outsourced Services - non clinical	43	79	36	45.8%	46	43	78	35	45.1%	46	952	515
	<b>1,116</b>	<b>1,130</b>	<b>14</b>	<b>1.2%</b>	<b>1,389</b>	<b>1,116</b>	<b>1,130</b>	<b>14</b>	<b>1.2%</b>	<b>1,389</b>	<b>9,593</b>	<b>12,688</b>
<b>Treatment Related Costs</b>												
Disposables, Diagnostic & Other Clinical Supplies	111	125	14	11.2%	113	111	125	14	11.2%	113	1,323	1,404
Instruments & Equipment	123	166	43	26.1%	166	123	166	43	26.1%	166	1,968	1,814
Patient Appliances	21	33	12	36.4%	23	21	33	12	36.4%	23	354	346
Implants and Prostheses	60	72	12	16.7%	86	60	72	12	16.7%	86	817	879
Pharmaceuticals	204	199	(5)	(2.5%)	125	204	199	(5)	(2.5%)	125	1,923	2,074
Other Clinical & Client Costs	49	107	58	54.2%	98	49	107	58	54.2%	98	1,525	1,294
	<b>568</b>	<b>702</b>	<b>134</b>	<b>19.1%</b>	<b>611</b>	<b>568</b>	<b>702</b>	<b>134</b>	<b>19.1%</b>	<b>611</b>	<b>7,910</b>	<b>7,811</b>
<b>Infrastructure Costs and Non Clinical Supplies</b>												
Hotel Services, Laundry & Cleaning	320	303	(17)	(5.6%)	301	320	303	(17)	(5.6%)	301	3,671	3,759
Facilities	231	216	(15)	(6.8%)	276	231	216	(15)	(6.8%)	276	2,554	2,535
Transport	86	71	(15)	(21.7%)	91	86	71	(15)	(21.7%)	91	850	1,034
IT Systems & Telecommunications	129	121	(8)	(6.7%)	103	129	121	(8)	(6.7%)	103	1,527	1,374
Professional Fees & Expenses	114	18	(96)	(542.3%)	17	114	18	(96)	(542.3%)	17	209	557
Other Operating Expenses	72	97	25	25.9%	76	72	97	25	25.9%	76	969	1,015
Internal allocation to Governance Arm	110	110	0	0.2%	110	110	110	0	0.2%	110	1,322	1,320
	<b>1,062</b>	<b>936</b>	<b>(126)</b>	<b>(13.5%)</b>	<b>974</b>	<b>1,062</b>	<b>936</b>	<b>(126)</b>	<b>(13.5%)</b>	<b>974</b>	<b>11,102</b>	<b>11,594</b>
<b>Total Operating Expenditure</b>	<b>7,210</b>	<b>7,231</b>	<b>21</b>	<b>0.3%</b>	<b>7,100</b>	<b>7,210</b>	<b>7,231</b>	<b>21</b>	<b>0.3%</b>	<b>7,100</b>	<b>84,483</b>	<b>85,048</b>
<b>Deficit before Interest, Depn &amp; Cap Charge</b>	<b>(1,053)</b>	<b>(877)</b>	<b>176</b>	<b>(20.1%)</b>	<b>(831)</b>	<b>(1,053)</b>	<b>(877)</b>	<b>176</b>	<b>(20.1%)</b>	<b>(831)</b>	<b>(7,997)</b>	<b>(9,301)</b>
<b>Interest, Depreciation &amp; Capital Charge</b>												
Interest Expense	55	61	6	10.2%	62	55	61	6	10.2%	62	735	732
Depreciation	397	388	(9)	(2.2%)	375	397	388	(9)	(2.2%)	375	4,661	4,753
Capital Charge Expenditure	80	60	(20)	(32.8%)	76	80	60	(20)	(32.8%)	76	723	613
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>532</b>	<b>510</b>	<b>(22)</b>	<b>(4.3%)</b>	<b>513</b>	<b>532</b>	<b>510</b>	<b>(22)</b>	<b>(4.3%)</b>	<b>513</b>	<b>6,119</b>	<b>6,098</b>
<b>Net deficit</b>	<b>(1,585)</b>	<b>(1,387)</b>	<b>198</b>	<b>(14.3%)</b>	<b>(1,344)</b>	<b>(1,585)</b>	<b>(1,387)</b>	<b>198</b>	<b>(14.3%)</b>	<b>(1,344)</b>	<b>(14,116)</b>	<b>(15,399)</b>

## Provider Arm Expense graphs





# CLINICAL LEADERS UPDATE

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

**SOURCE:** Clinical Leaders

**DATE:** 23 August 2012

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Report Status – For:      Decision          Noting          Information   

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## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders Update

## 3. SUMMARY

### Sustainability

Ongoing work to develop the model of care for sustainable health services for the West Coast continues. The submission of the Grey Integrated Family Health Service Business Case and the Indicative Business for the Grey Regional Hospital redevelopment marks a key milestone in this work. Ongoing work will focus on the further development and implementation of service delivery improvements, both in primary and community care, and in hospital services, including implementing the transalpine service delivery models.

### Transalpine Services

A recent meeting with Canterbury and West Coast senior doctors was held, where the transalpine model of care was discussed in more detail.

Anne Atkins from Canterbury DHB has been appointed (seconded) as the interim Clinical Midwifery Manager for the West Coast. Anne has been seconded from her existing midwifery role at Burwood Hospital and brings a wealth of knowledge and experience to her new role, having worked across primary, secondary and tertiary services, both in New Zealand and Australia. It is anticipated she will work with the local team and its development within the evolving models of care and improved service delivery, as well as further enhancing the Transalpine Maternity relationship.

The Canterbury and West Coast Maternity Quality and Safety Plan are in final draft, with a collaborative approach by the Transalpine team. This will have a significant impact on ensuring robust and safe maternity care across Canterbury and West Coast. Within this two roles are to be recruited into, the Maternity Quality & Safety Programme Coordinator and the Lead Maternity Carer Liaison position.

### Leadership and Clinical Governance

Leadership in quality and clinical governance included the second meeting of the West Coast Health System Clinical Board, the West Coast Primary Health Organisation, the Better Sooner More Convenient Alliance Leadership Team, the hospital Continuous Quality Improvement Team, and the South Island Regional Training Hub. Clinical leaders from all the professions and across

the system continue to participate in the development and design of new models of care; services and patient pathway.

#### Service Improvements

The Close Observation Unit in the surgical ward was opened on June 25 2012. This was in response to specific requests from the general and orthopaedic surgeons to enable closer monitoring of patients with increased acuity postoperatively. The Clinical Quality Improvement Team was actively involved in endorsing the concept and ensuring implementation. The unit will be run within existing nursing FTE and is aligned with similar units in Canterbury. Senior anaesthetic, orthopaedic and general surgical medical staff closely with the nursing team to plan the unit and prepare the guidelines, and these senior doctors will be the clinical leads for the unit. A close relationship between the nursing staff of the Critical Care Unit and the Close Observation Unit will ensure shared clinical skill development, with monitoring facilities from the Close Observation Unit enabled through to Critical Care Unit.

Focus is continuing on improving the structure and processes of the West Coast DHB owned primary practices to work to a common vision within a business model that is sustainable.

#### Workforce

Ongoing efforts continue to recruit general practitioners and senior hospital doctors, in collaboration with the Canterbury DHB Recruitment team. Significant success has been achieved with senior hospital appointments, and a good number of good quality junior doctors have applied for positions for next year. There is significant focus on General Practice recruitment and a range of avenues to address General Practitioner recruitment have been identified through recent meetings with West Coast General Practitioners' and the Recruitment team.

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

The Workforce Plan final draft for 2012/13 has been completed for submission to the Ministry of Health and Health Workforce New Zealand.

#### **4. CONCLUSION**

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

Report prepared by:

Carol Atmore, Chief Medical Officer  
Karyn Kelly, Director of Nursing & Midwifery  
Stella Ward, Executive Director, Allied Health

**ITEMS TO BE REPORTED BACK TO THE BOARD**

