

	<h2 style="margin: 0;">AGENDA</h2> <p style="margin: 0;">Held on Friday 17 June 2016 Board Room, Pilmuir House, Hutt Hospital Commencing at 9am</p>
HOSPITAL ADVISORY COMMITTEE	PUBLIC SECTION

	Item	Action	Presenter	Min	Time	Page
1.	Procedural Business			5	9am – 9.05am	
1.1	Apologies	To Note	Virginia Hope			
1.2	Continuous Disclosure 1.2.1 Interest Register 1.2.2 Conflicts of Interest	To Consider	Virginia Hope			2
1.3	Minutes of previous meeting	To Consider	Virginia Hope			4
1.4	Matters Arising	To Consider	Virginia Hope			9
2. DISCUSSION PAPERS						
2.1	Mental Health Services Presentation	To Note	Nigel Fairley	30	9.05am – 9.35am	
2.2	Operational Services Report	To Note	Warrick Frater	10	9.35am – 9.45am	10
2.3	Occupational Health & Safety Report	To Note	Warrick Frater	10	9.45am – 9.55am	34
2.4	Quality & Safety Report	To Note	Amber O’Callaghan	10	9.55am – 10.05am	43
3. OTHER						
3.1	General			5	10.05am – 10.10am	
3.2	Resolution to Exclude the Public			5	10.10am – 10.15am	52
CLOSE					10.15am	
DATE OF NEXT MEETING						
Friday 19 August, 9am – 10.30am, Board Room, Pilmuir House, Hutt Hospital						
ADDENDA						
2.2.1	Balanced Scorecard April 2016					53
2.3.1	Hutt Valley DHB specific actions from notifiable death					54
2.3.2	Hutt Valley DHB work injury claim data summary					55
2.3.3	HVDHB Monitoring Report June 2016					62
2.4.1	Annual Report for Infection Prevention and Control					64

**HUTT VALLEY DISTRICT HEALTH BOARD**

HOSPITAL ADVISORY COMMITTEE

Interest Register

Name	Interest
Dr Virginia Hope <i>Chair</i>	<ul style="list-style-type: none"> • Chair, Capital & Coast District Health Board • Chair, Hutt Valley District Health Board • Deputy Chair, 3 DHB CPHAC/DSAC committee • Chair, Hutt Valley Hospital Advisory Committee • Member, Finance Risk & Audit Committees, Hutt Valley and Capital & Coast District Health Board • Health Programme Leader, Institute of Environmental Science & Research • Director & Shareholder, Jacaranda Limited • Fellow, Royal Australasian College of Medical Administrators • Fellow and New Zealand Committee Member, Australasian Faculty of Public Health Medicine • Fellow, New Zealand College of Public Health Medicine • Member, Territorial Forces Employer Support Council • Member, National Roundtable to Strengthen Pathology & Laboratory Services • Member, Regional Governance Group, Central Region DHBs • Brother and sister work in health sector in the Wairarapa (disability support and laboratory respectively) • Member, Gillies McIndoe Research Institute • Member, DHB Shared Services Executive Team (governance/oversight role)
Ms Katy Austin <i>Member</i>	<ul style="list-style-type: none"> • Member, Hutt Valley District Health Board • Member, Hutt Valley Hospital Advisory Committee • Fergusson Home (Upper Hutt) – Voluntary input
Mr Ken Laban <i>Member</i>	<ul style="list-style-type: none"> • Member, Hutt Valley District Health Board • Member, Hutt Valley Hospital Advisory Committee • Member, Wairarapa, Hutt Valley and CCDHB Community Public Health Advisory Committee and Disability Support Advisory Committees • Trustee, Hutt Mana Charitable Trust • Member, Ulalei Wellington • Member, Hutt City Sports Awards Committee • Member, Greater Wellington Regional Council • Commentator, Sky Television • Broadcaster, Numerous Radio Stations • Member, Christmas in the Hutt Committee • Member, Hurricanes Rugby Board • Member, Wellington Rugby Football Union • Trustee, Tana Umaga Foundation
Mr John Terris <i>Member</i>	<ul style="list-style-type: none"> • Member, Hutt Valley District Health Board • Member, Hutt Valley Hospital Advisory Committee • Member, Hutt Valley Finance Risk & Audit Committee
David Ogden <i>Member</i>	<ul style="list-style-type: none"> • Member, Hutt Valley District Health Board • Member, Hutt Valley District Health Board, Finance Risk & Audit Committee

	<ul style="list-style-type: none"> • Member, Hutt Valley District Health Board, Hospital Administration Committee • Principal, Oak Chartered Accountants Limited • Accountant, affiliated, with Simple Accounting Services Limited, which has various clients involved in the Health Sector • Presiding Member – Lotteries Commission Wellington and Wairarapa Communities Committee. This Funding Committee shares some applicants with regional health board providers • Daughter was previously an Intern Psychologist with a Health Board outside this region. She is currently completing her doctorate • Founding Trustee, E Tu Awakairangi Hutt Public Art Trust – which is currently in discussions with management concerning the installation of a public art work in the HVDHB grounds • Former Mayor and Councillor, Hutt City Council. Former regional councillor
<p>Yvette Grace Member</p>	<ul style="list-style-type: none"> • Member, Hutt Valley District Health Board • Member, Hutt Valley Hospital Committee • Chair, Te Oranga O Te Iwi Kainga Maori Relationship Board to Wairarapa DHB • Trustee, Rangitane Tu Mai Ra Treaty Settlement Trust • Manager, Compass Health Wairarapa • Member, 3DHB Youth SLA (Service Level Alliance • Member, Te Whiti Ki Te Uru Central Regions Maori Relationship Board • Husband, Family Violence Intervention Coordinator and Child Protection Officer Wairarapa DHB • Husband, Community member of Tihei Wairarapa Alliance Leadership Team • Sister in law, Nurse at Hutt Hospital • Sister in Law, Private Physiotherapist in Upper Hutt • Niece, Nurse at Hutt Hospital

	<p>DRAFT MINUTES Held on Friday, 15 April 2016 Boardroom, Hutt Valley District Health Board Commencing at 9.20am</p>
<p>HOSPITAL ADVISORY COMMITTEE</p>	<p>PUBLIC SECTION</p>

PRESENT

Virginia Hope (Chair)
 Ken Laban (late)
 David Ogden

APOLOGIES

Yvette Grace
 John Terris
 Katy Austin

IN ATTENDANCE

Ashley Bloomfield (Chief Executive, Hutt Valley DHB)
 Warrick Frater (Interim Chief Operating Officer, Hutt Valley DHB)
 Carrie Maniapoto (Committee Secretary)

PRESENTERS

Helen Pocknall, Executive Director Nursing & Midwifery

1.0 PROCEDURAL BUSINESS

1.1 APOLOGIES

The Committee(s) **ACCEPTED** the apologies as listed above.

1.2 DECLARATION OF INTERESTS

1.2.1 INTEREST REGISTER

No amendment was declared by the Committee.

1.2.2 CONFLICTS OF INTEREST

No conflicts of interest were declared for any items listed on the agenda.

1.3 CONFIRMATION OF MEETING MINUTES FEBRUARY 2016

The Committee **RESOLVED** to approve the minutes of the meeting held on 19 February 2016 as a true and accurate record of the meeting.

MOVED Virginia Hope

SECONDED David Ogden

CARRIED

2.0 FOR DISCUSSION

2.1 OPERATIONAL SERVICE REPORT

The Chief Operating Officer presented the Operational Service Report noting that hospital activity during the month of March was unusually high, with the same pattern being experienced at other District Health Boards. Activity has now dropped to what we would usually expect and the organisation managed very well.

The Emergency Department 6 hour wait target has dropped slightly to 91%. The management team has agreed to appoint additional staff as part of the response to the external review, noting that all extra staff will be employed on a fixed term arrangement in the first instance.

The Faster Cancer Treatment target is tracking very well achieving 81% for the third quarter. This is a credit to all involved and Carolyn Braddock, Director of Operations for the Surgical, Women and Children's Directorate is to be commended for all the effort that she has put in to achieving a much better result.

The Hospital Advisory Committee received the report and:

- a. **Noted** the balanced scorecard and health target results;
- b. **Noted** the improvement activities undertaken to improve performance and patient flow in the Emergency Department;
- c. **Noted** the improvement in the Faster Cancer Treatment Services target result for Quarter 3 (January to March);
- d. **Noted** the key issues and initiatives for the coming months, namely the Emergency Department review project, the first stages of the Theatre Efficiency Project and winter planning;
- e. **Noted** the provider arm financial result for the period ending 29 February 2016 is a net deficit of (\$12,392k), which is unfavourable to budget by \$340k;
- f. **Noted** the Clinical Leader Reports;
- g. **Noted** the improvement in management and consistency with Average Length of Stay rates.

Ken Laban arrived at 10am

2.2 TRENDS IN NURSING CARE IN RESPONSE TO CHANGING POPULATION NEEDS AND SERVICE IMPROVEMENTS

Helen Pocknall, Executive Director Nursing & Midwifery was in attendance to present to the Committee. During the presentation Helen noted that the Daily 0930hr Bed and Staff Management Meetings are attended by Clinical and/or Associate Clinical Nurse Managers from each service. They describe what their patient/bed and staff status is, what's expected in the way of known admissions, and requests for or offers of support depending on wider needs across the organisation. It was suggested that the Committee members may like to attend this meeting one day and perhaps this could coincide with a HAC meeting.

A summary of the presentation noted:

- Hutt Hospital uses TrendCare on a daily basis to measure the acuity of patients and the hours of nursing and midwifery care required to meet the needs of those patients on a shift by shift basis;
- The real time data provided on the electronic whiteboards in the Operations Centre enables the management of variance (between actual and rostered staffing) as demand fluctuates within the hospital;
- TrendCare reports are used extensively by clinical nurse managers, duty nurse managers and management staff to monitor staffing levels;
- There has been unusually high productivity in the General Surgical and Gynaecological, Plastics and Medical wards over the past few months;
- The variance in nursing hours has reduced substantially over the past 12 months, i.e. there is a much closer match between staffing levels and hours of nursing time required.

The Committee members commended Helen Pocknall on a great presentation noting it was informative, clear with its information and included great graphs. Helen and Warrick were thanked by the Committee for all the positive work being undertaken. A copy of this presentation will be filed in the Resource Centre of Boardbooks.

AP – Carrie Maniapoto to file the presentation in the Resource Centre of Boardbooks.

The Hospital Advisory Committee received the Trends in Nursing Care in Response to Changing Population Needs and Service Improvements paper and:

- a. **Noted** that the planning and delivery of nursing care is more complicated and intensive as a result of patients being generally older, frailer and have a number of co-morbidities;
- b. **Noted** the lower average length of stay (ALOS) in the medical ward, general surgery and orthopaedics for 2015/16 YTD compared to the 2014/15 year;
- c. **Noted** that the environment is not always optimal in caring for an increasing proportion of patients with mild to severe dementia and requires creative thinking and the need to use additional staff over and above the rostered number to provide safe nursing care for these patients;
- d. **Noted** the need to balance staffing levels and productivity levels to ensure we do not compromise the quality and safety of patient care or the wellbeing of staff;
- e. **Noted** that Hutt Hospital uses TrendCare on a daily basis to measure the acuity of patients and what hours of nursing and midwifery care are required to meet the needs of those patients on a shift by shift basis;

- f. **Noted** the real time data provided on the electronic whiteboards in the Operations Centre enables the management of variance (between actual and rostered staffing) as demand fluctuates within the hospital;
- g. **Noted** that TrendCare reports are used extensively by clinical nurse managers, duty nurse managers and management staff to monitor staffing levels;
- h. **Noted** the high productivity in the General Surgical and Gynaecological, Plastics and Medical wards over the past few months;
- i. **Noted** the variance in nursing hours has reduced substantially over the past 12 months.

2.3 HEALTH AND SAFETY REPORT

The Hospital Advisory Committee received the report and:

- a. **Noted** the changes to the Health and Safety at Work Act 2015;
- b. **Noted** HVDHB's involvement in the ACC Accredited Employee Audit Programme;
- c. **Noted** the pending Health and Safety Review by the Central Region Technical Advisory Services (TAS);
- d. **Noted** the incidents for the quarter;
- e. **Noted** the health & safety focus topics.

2.4 QUALITY AND SAFETY REPORT

The Hospital Advisory Committee received the report and:

- a. **Noted** the report for **November 2015 –March 2016**.
- b. **Noted** that the DHB received 130 complaints and 110 compliments for the five months from October 2015 to February 2016 and the two most common themes for complaints were 'Standard of Clinical Care' and 'Communication', similar to previous reporting periods;
- c. **Noted** that in the National Patient Experience Survey Hutt Valley DHB was equal at 86% with the national response to the question, '*do you have confidence and trust in the Doctors treating you?*' The lowest scoring question was "*did a member of staff tell you about medication side effects to watch for when you went home?*" Nationally the score was 49%. HVDHB scored 38%. An improvement work stream is in progress to address this;
- d. **Noted** that the HDC Complaint report (1 July to 31 December 2015) identifies the most common primary complaint issue category was care/treatment (43.8%), while the most common specific primary issue was 'missed/incorrect/delayed diagnosis' (25.0%). The most complained about service types at Hutt Valley DHB were emergency department services (31.3%) and surgical services (31.3%). Hutt Valley DHB is ranked as DHB 10, in the previous 6 month period HVDHB was ranked as DHB 19;
- e. **Noted** that Hutt Valley DHB meets the target for the Surgical Site Infection Quality Safety Markers and that the Hand Hygiene marker continues to improve. An improvement programme has been put in place to meet the falls target and increase patient safety in this area;
- f. **Noted** that Hutt Valley DHB has a full Certification Audit booked in for the 24-27th May 2016;
- g. **Noted** that the 3DHB reportable event system, SQUARE, went live at Hutt Valley DHB on the 16 March 2016. This is a significant enhancement on our previous reportable event system;
- h. **Noted** that the Hutt Valley Health System Clinical Council has been established and successfully held its first meeting on the 4th April 2016.

3.0 OTHER BUSINESS

3.1 GENERAL

There was no general business to discuss.

3.2 RESOLUTION TO EXCLUDE THE PUBLIC

Committee members RESOLVED to AGREED that as provided by Clause 32(a), of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the public are excluded from the meeting for the following reasons:

SUBJECT	REASON	REFERENCE
Serious & Sentinel Event Update	To protect the privacy of natural persons, including that of deceased natural persons	9 2 (a)

Meeting Closed at 10.15am

Next meeting to be held Friday 17 June 2016, Boardroom, Pilmuir House, Hutt Valley DHB, commencing 9am



**SCHEDULE OF MATTERS ARISING -PUBLIC
HAC COMMITTEE**

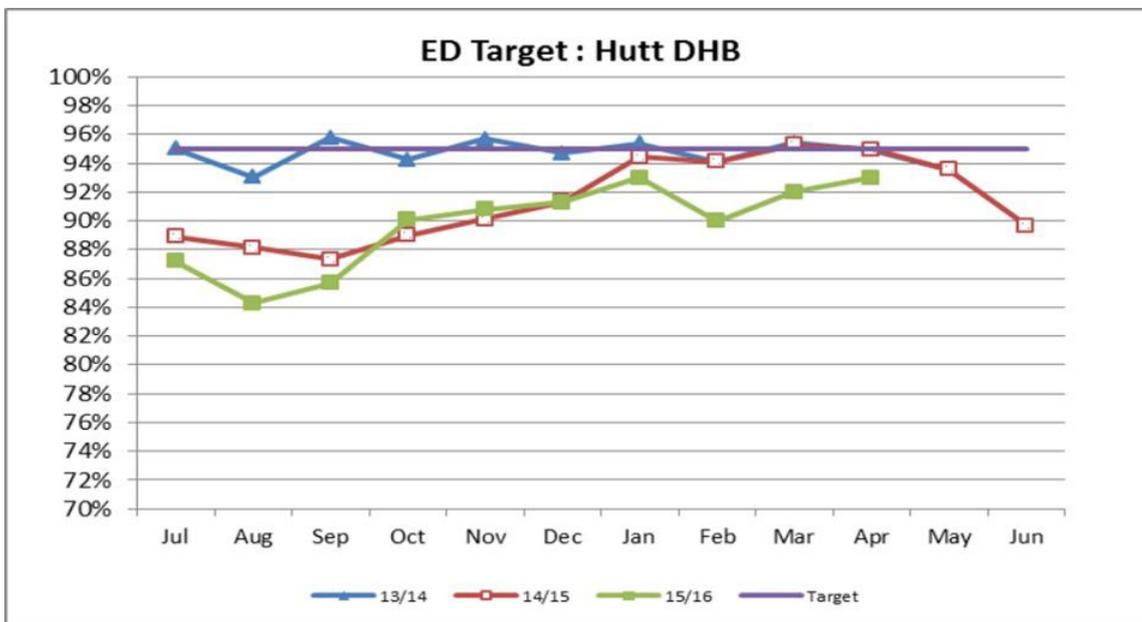
Item #	Topic:	Action:	Responsible:	How Dealt With:	Delivery Date:
Ex HAC Meeting 19 February 2016					
2.1	Hospital Advisory Committee 2016 Work Plan	Work plan to be updated to reflect the presentations to take place at each meeting as per the minutes of the meeting.	Carrie Maniapoto	Work plan updated	COMPLETE
2.2	ED Acute Demand Presentations	Presentations to be loaded to Boardbooks Resource Centre	Carrie Maniapoto	Presentations loaded to Boardbooks	COMPLETE
Ex HAC Meeting 15 April 2016					
2.3	Trends in Nursing Care in Response to Changing Population Needs and Service Improvements	Presentation to be loaded to Boardbooks Resource Centre	Carrie Maniapoto	Presentations loaded to Boardbooks	COMPLETE

		HAC DISCUSSION PAPER
		Date: 7 June 2016
Authors	Warrick Frater, Interim Chief Operating Officer Carrie Henderson, Interim Executive Director Allied Health, Scientific & Technical Sisira Jayathissa, Chief Medical Officer Helen Pocknall, Executive Director Nursing & Midwifery	
Endorsed By	Ashley Bloomfield, Chief Executive Officer	
Subject	DHB Provider Operational Service Report June 2016	
RECOMMENDATIONS		
It is recommended that the Hospital Advisory Committee:		
<ul style="list-style-type: none"> a. NOTES the balanced scorecard (appended); b. NOTES the April ED target performance of 93% of patients being seen and discharged or admitted within six hours and is tracking to achieve 93% for Quarter 4 (April to June); c. NOTES the Faster Cancer Treatment target performance achievement of 81% in Quarter 3 to date (January to March); d. NOTES the improvement activities undertaken to improve performance and patient flow in the Emergency Department, including changing the physical layout and processes to improve patient flow, staff visibility and safety in the Reception area, agreement with ambulance staff about more efficient processes for handing over and caring for patients, a review of administration staff's role and workload to increase efficiency; e. NOTES the overall average length of stay for acute admissions was 2.2 days, compared with 2.38 days in April 2015; f. NOTES that the organisation is on track and continues to remain compliant with the 4 month wait for First Specialist Appointments and Waiting List following two months of non-compliance over the high leave period of January and February; g. NOTES the decline in minder use since November 2015; h. NOTES the winter planning activities being undertaken to address behaviours of concern including training for all staff, different models of care, modification of the environment and diversional therapy. The goal is to reduce length of stay, decrease costs for 1:1 care, increase patient satisfaction and improve patient flow; i. NOTES The Provider arm financial result for year to date (YTD) 30 April 2016 is a net deficit of (\$16,481k), which is unfavourable to budget by (\$915k); j. NOTES Hutt Valley DHBs positive results in the Medical Council New Zealand Prevocational Training league tables, k. NOTES that planning has commenced for the 2016 3DHB AHS&T Awards night, which is scheduled to take place on Thursday 8 September; l. NOTES that the New Graduate Nursing numbers are continuing to grow across the Hutt Valley Health System and there is now a total of 19 graduates employed year to date, which is expected to increase; m. NOTES that there continues to be a reduction in seclusion rate for patients in Te Whare Ahuru (TWA). This is due to a number of factors including the appointment of a specialist acute inpatient psychiatrist who is assertively managing patients and increasing the patient flow, leading to less overcrowding, particularly in the PICU area. 		
ADDENDUM		
Balanced Scorecard April 2016		

1. BALANCED SCORECARD VARIANCE AND SERVICE DELIVERY

1.1 Effective Emergency Department – Meeting the Shorter Stay Target

The month of April resulted in 93% of patients being seen and discharged or admitted within six hours, and tracking to 93% for Quarter 4 (April to June). Of these patients, 84% were admitted and 96.1% were treated and discharged within six hours. This is an improvement from the previous month’s result.



There were 1% more total attendances in April than in April of last year. The largest increases in numbers were patients assessed as triage two and three. These patients generally require more extensive investigations and have a longer length of stay in the department. There were decreases in triage four and five presentations. Details are as below.

	April 2016	April 2015	Difference	% Difference
Triage One	13	15	-2	-14%
Triage Two	504	409	95	23%
Triage Three	1499	1326	173	11.5%
Triage Four	1342	1536	-194	-12%
Triage Five	245	327	-82	-26%
Total	3603	3567	36	1%

NB: data above excludes DNW (did not wait)

The average length of stay in the Emergency Department (ED) was 207 minutes (205 minutes the previous year).

There were 6% (57) more admissions and 3% (70) less patients seen and discharged from ED. Most of the admissions were to the Medical Assessment Planning Unit (MAPU) (234), General Surgery and Gynaecology Ward (GSG) (157) and the Medical Ward (127). Admissions to MAPU usually indicate ‘fast stream’, lower acuity patients. Admissions to GSG were also high but were mostly low acuity patients with a shorter length of stay.

1.2 Faster Cancer Treatment Services

Hutt Valley District Health Board (HVDHB) achieved 81% in Quarter 3 to date (January to March), which is significantly higher than 63% for the same period last year. The biggest improvement was in patients with breast and head-and-neck cancers. Other areas that the service is focussing on are gynaecological and lung conditions, most of which also depend on tertiary services input.

	Quarter	31 Day Individual Patients	31 Day Target (%)	62 Day Individual Patients	62 Day Target (%)
2015/2016	Quarter 4 (April to June)*	6	100.00%	2	100.00%
	Quarter 3 (Jan to March)	112	87.50%	52	80.77%
	Quarter 2 (Oct to Dec)	126	91.27%	41	80.49%
	Quarter 1 (Jul to Sept)	129	80.62%	45	64.44%
2015/2016 Total		373	86.60%	140	75.71%
2014/2015	Quarter 4 (April to June)	125	88.00%	45	62.22%
	Quarter 3 (Jan to March)	116	80.17%	27	62.96%
	Quarter 2 (Oct to Dec)	154	81.17%	35	62.86%
	Quarter 1 (Jul to Sept)	140	82.86%	43	60.47%
2014/2015 Total		535	82.99%	150	62.00%

Definition: 62 Day Cancer Target: patients referred urgently with a high-suspicion of cancer to receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer and the triaging clinician believes the patient needs to be seen within two weeks. The 62-day wait is measured from receipt of the referral to the date of the patient's first cancer treatment (or other management). The target is that by July 2016, 85 per cent of patients meeting the criteria should commence treatment within 62 days, increasing to 90 per cent by June 2017.

**Note that the number is currently small for Quarter 4 2015/16 as it includes only those patients who have completed their treatment so far during the period (which may take up to 62 days).*

Actions such as reviewing breaches, providing clinicians with weekly patient reports and the simple addition of a drop-down box on Concerto are all creating positive systems change. There is a quarterly meeting with Capital and Coast District Health Board (CCDHB) and Wairarapa District Health Board (WDHB) to discuss approaches to reducing breaches.

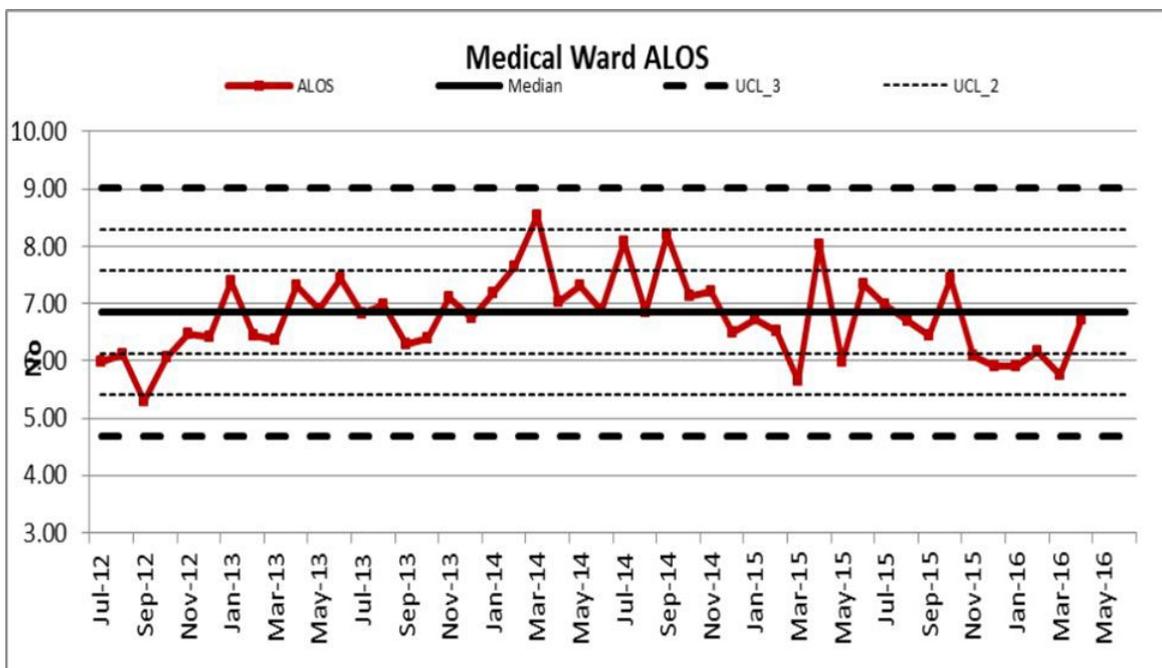
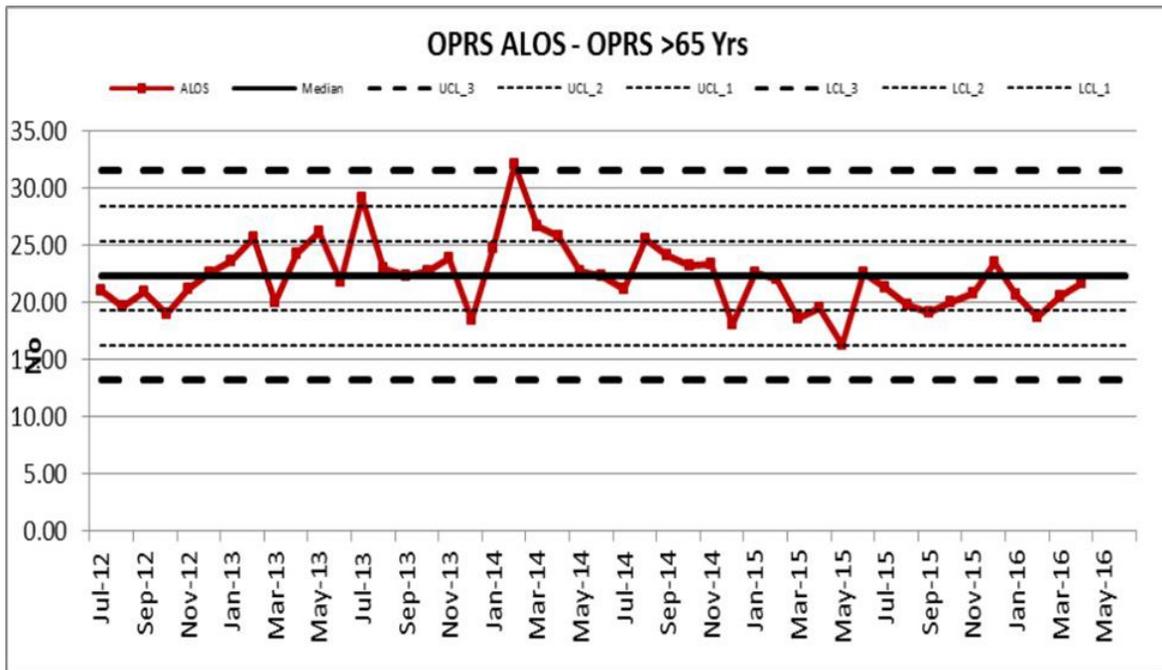
HVDHB is now in the top five performing DHBs in the country. With expectations that all DHBs are required to achieve the 85% target from Quarter One 2016/17, Hutt is in a very good position to be one of the first DHBs to achieve this.

1.3 Hospital Average Length of Stay (ALOS)

The overall average length of stay for acute admissions was 2.2 days, compared with 2.38 days in April 2015. There were 2,961 admissions in April 16 compared to 2,741 for the same period last year, an increase of 220 admissions (85). Day cases were up from 46% last year to 48% this year. For inpatients, there were an additional 1.7 beds needed. The average length of stay in the Older Person's and Medical Wards continues to drop (see graphs following).

The number of patients discharged from the medical ward in April was about the same as previous years (although higher than previous months) due to a number of long stay patients discharged in that month.

There were more patients through MAPU with a lower length of stay. Generally patients placed in MAPU are expected to have a short length of stay, while those in the medical ward are more complex and have a longer length of stay.

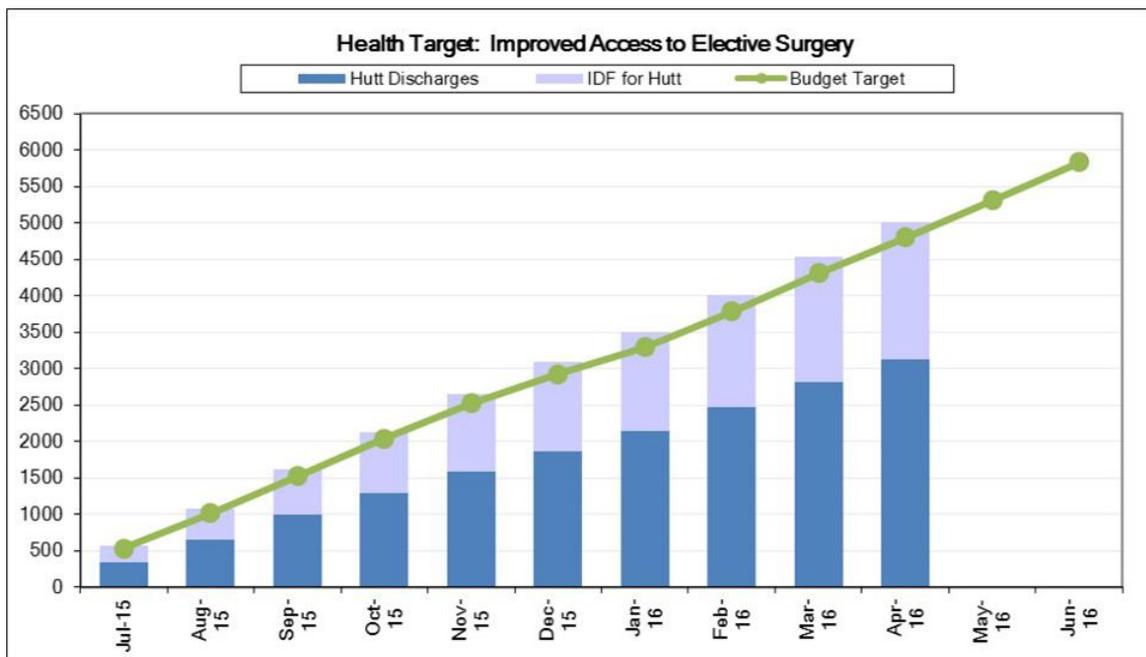


The month of April has seen the final discussions take place over the changes in nursing models of care on the medical ward. The trial commenced in May consisting of ‘pause points’, checklists and team nursing. This approach also enables bedside handovers and is being trialled in a small cohort of nurses before rolling out to the rest of the ward.

Alongside this piece of work, the stroke pilot continues to run with patients with acute strokes being actively ‘pulled’ through to rehabilitation quicker with improved outcomes and reduced length of stay. The first phase of this pilot is being reviewed to ascertain the benefits. It is likely this model of care change, if confirmed as beneficial, will continue as business as usual.

The Estimated Date of Discharge (EDD) electronic board rounds and communication strategies continue to be promoted on a weekly basis to ensure consistency and embedding into daily routine.

1.4 Surgical Production



There was reduced theatre activity for two weeks over the April school holidays (last week of April and first week of May). A significant number of theatre staff members were off on annual leave over this period

This was planned in a way that the reduction didn't compromise elective surgery and ESPI compliance. A number of the vacant sessions were used for day cases requiring less theatre staff input.

Elective throughput at Hutt is still 5% above the target year to date equating to 204 discharges ahead of the elective surgery health target (153 locally and 51 through IDFs).

Surgery provided by other DHBs for our population (and paid for through IDFs) is 2.7% above budget. Most of this additional surgery is being undertaken by CCDHB and is cardiothoracic, neurosurgery, and gynaecology procedures. It is pleasing to note there has been a 10% reduction in ophthalmology procedures at CCDHB since the commencement of surgery here at Hutt. Other areas that have seen a drop include urology and orthopaedics.

Ophthalmology surgery at Hutt started on 22 February after several months of planning and working collaboratively with CCDHB. A planned slow start to the surgery has allowed staff to become familiar with the new equipment and to resolve any administrative issues. In 15/16, CCDHB continues to be responsible for the waiting list and ESPI compliance. From 16/17, this responsibility will be transferred to Hutt. Around half of ophthalmology will continue to be delivered at CCDHB so it is important that the two organisations continue to work closely to ensure compliance and that patients receive their surgery in a timely manner.

Below are details of the ophthalmology discharges to date; all were elective patients.

Discharge FinY	Data	LOS Gro	Feb	Mar	Apr	Grand Total
2015/2016	Discharges	Daycase	7	16	29	52
		Inpatient	1	1	1	3
	Caseweights	Daycase	3.55	7.24	13.98	24.77
		Inpatient	0.85	0.85	0.66	2.36
	Avg Caseweights	Daycase	0.51	0.45	0.48	0.48
		Inpatient	0.85	0.85	0.66	0.79
	Avg LOS	Daycase	0.00	0.00	0.00	0.00
		Inpatient	1.00	1.00	3.00	1.67
	Theatre Avg Mins	Daycase	57	44	46	47
		Inpatient	110	104	96	103

The majority of the procedures are for cataracts (lens procedures) and most are day cases. Below are the details of the type of procedures, noting that a number of cases completed in April have yet to be coded. A review will be undertaken six months post implementation (August 2016). The review will include both the financial and non-financial benefits and costs.

DRGClusterDesc	Feb	Mar	Apr	Grand Total
Dacryocystorhinostomy	1	1		2
Eyelid Procedures	2	1	1	4
Lens Procedures	5	10	13	28
No DRG Assigned - Uncoded or Not Submitted to Ministry			14	14
Other Corneal, Scleral and Conjunctival Procedures		1		1
Other Disorders of the Eye		3	2	5
Other Eye Procedures		1		1

1.4.1 Elective Services Performance Monitoring Indicators (4 month compliance)

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
ESPI 2 - FSAs								
ESPI 5 - surgery								

ESPI 2 (First Specialist Appointments) and ESPI 5 (Surgical Waiting List)

The service is on track and continues to remain compliant with the 4 month wait for First Specialist Appointments and Waiting List following two months of non-compliance over the high leave period of January and February.

The number of patients to be seen in May matches the capacity available and the service expects to be compliant.

1.4.2 School Holiday Reduction in Theatre Sessions

The Perioperative Department reduced operating theatres over the school holiday period between 18 and 29 April 2016. The reduction in theatres across the two week period went well, with the main benefit being the number of staff off on annual leave. Some of the other positives include:

- Annual leave utilised by all areas of the Department (Theatre, Surgical Assessment Unit/Day Surgery Unit/Post Anaesthetic Care Unit and Central Sterile Services Department)
 - Anaesthetic Technicians - 19 days taken over the two week period by five staff
 - Nursing staff - 89 days taken over the two week period
 - 1125 hours of SMO annual leave taken (Anaesthetists and Surgeons);
- Surgeons were available across all specialties to support staff if required;
- Adequate number of staff on each shift;
- Staff felt positive about the reduced surgical activities and being able to have time with their family;
- Downtime following an extremely busy period in February, which allowed staff to 'regroup';
- Staff were able to undertake their approved Professional Development and Recognition Programmes (PDRP) and training;
- Theatre was able to adjust the skill mix of staff as they had a large contingent of new staff;
- The additional on-call team normally required over ANZAC weekend was not required;
- Limited number of casual staff were required in the surgical wards ;
- Spot annual leave taken were granted to ward staff.

Some of the learning for the closure includes:

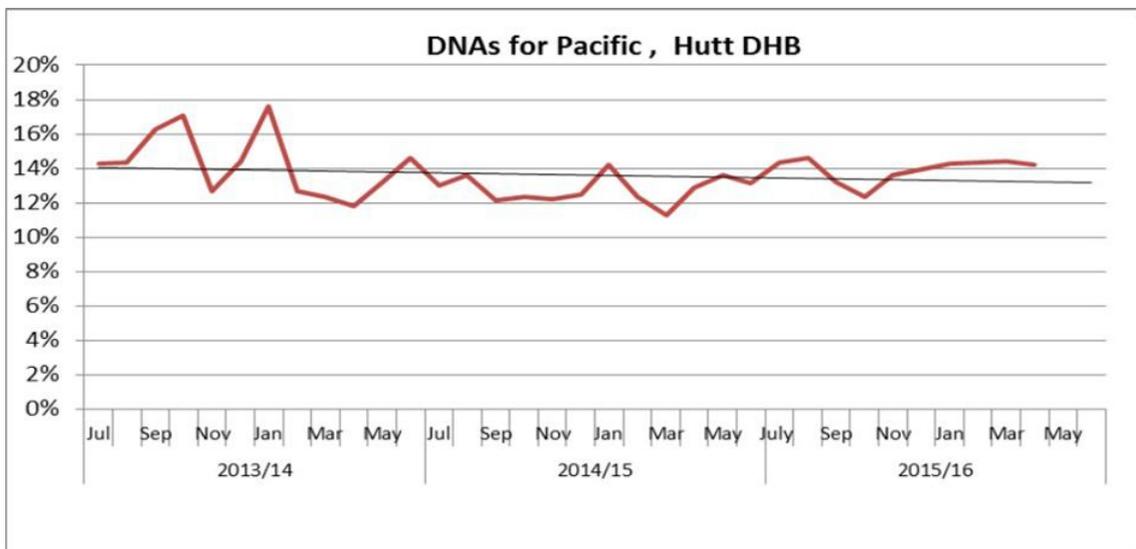
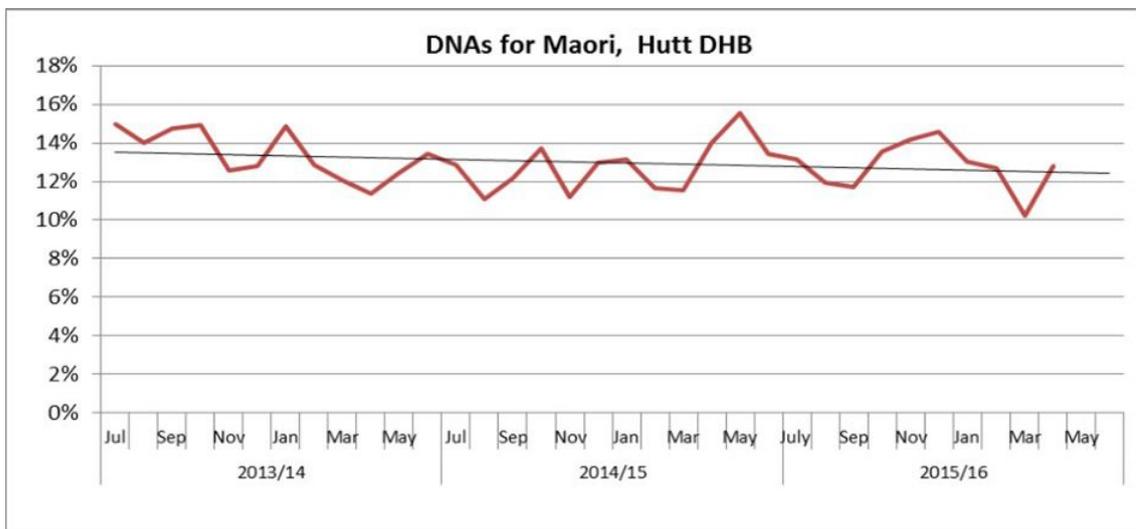
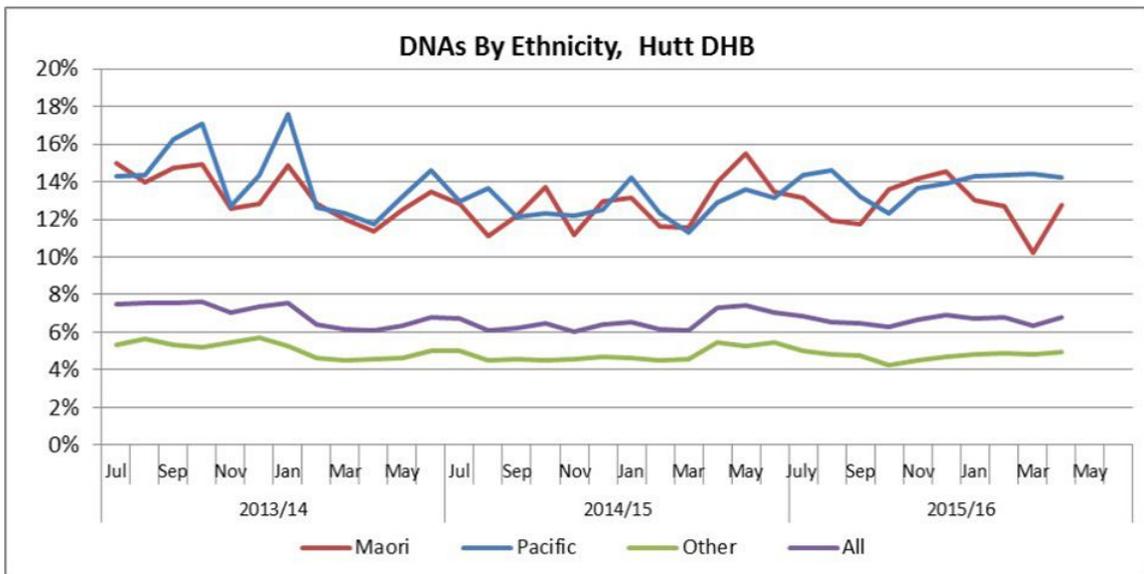
- A lot of after-hours callouts, predominantly for C-sections;
- A longer lead in time in planning for the closure is needed to allow booking of appropriate patients over this period and for the surgical wards to also reduce their staffing concurrently.

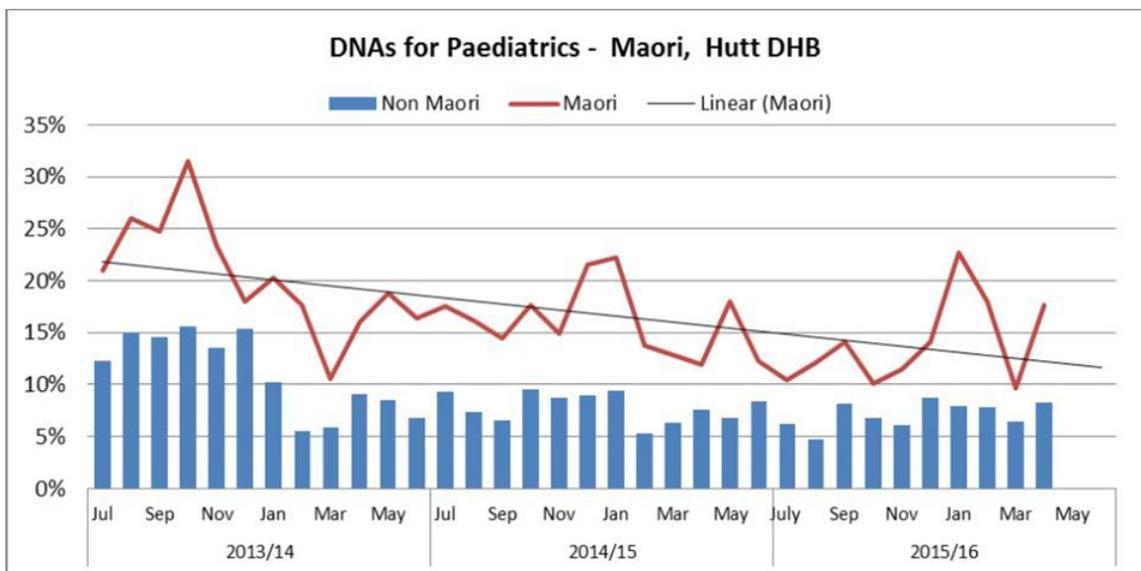
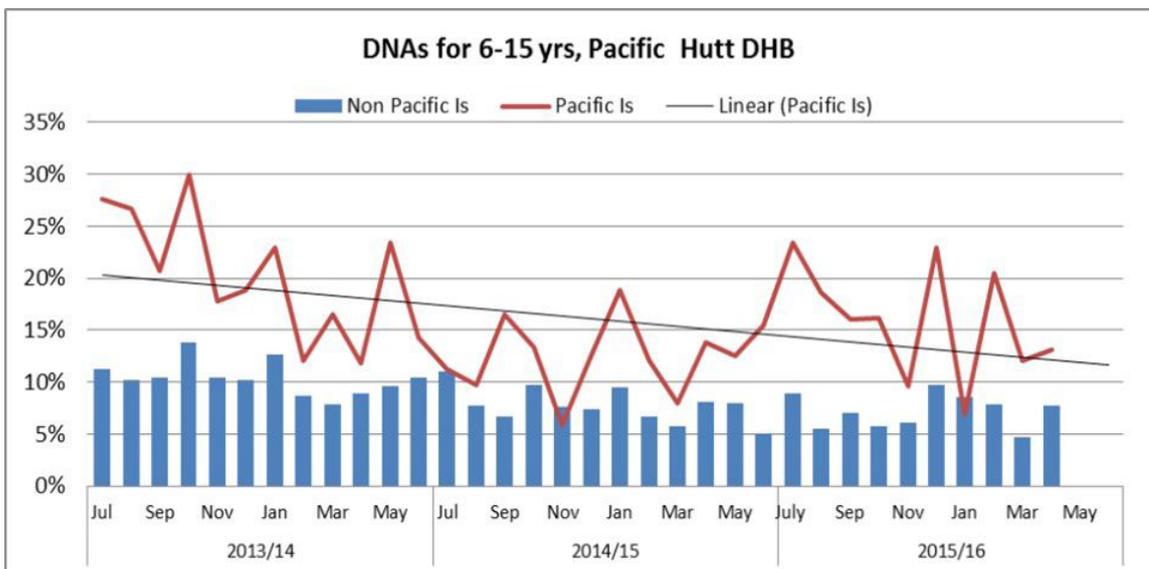
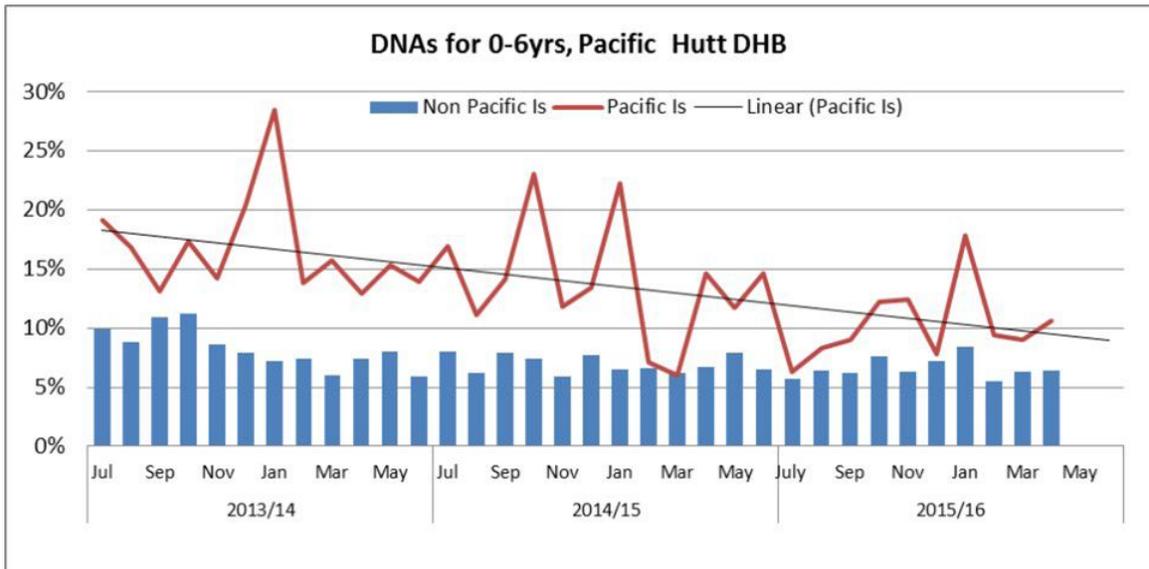
1.5 Reducing Rates of Outpatient Clinic 'DNA's (Did Not Attend)

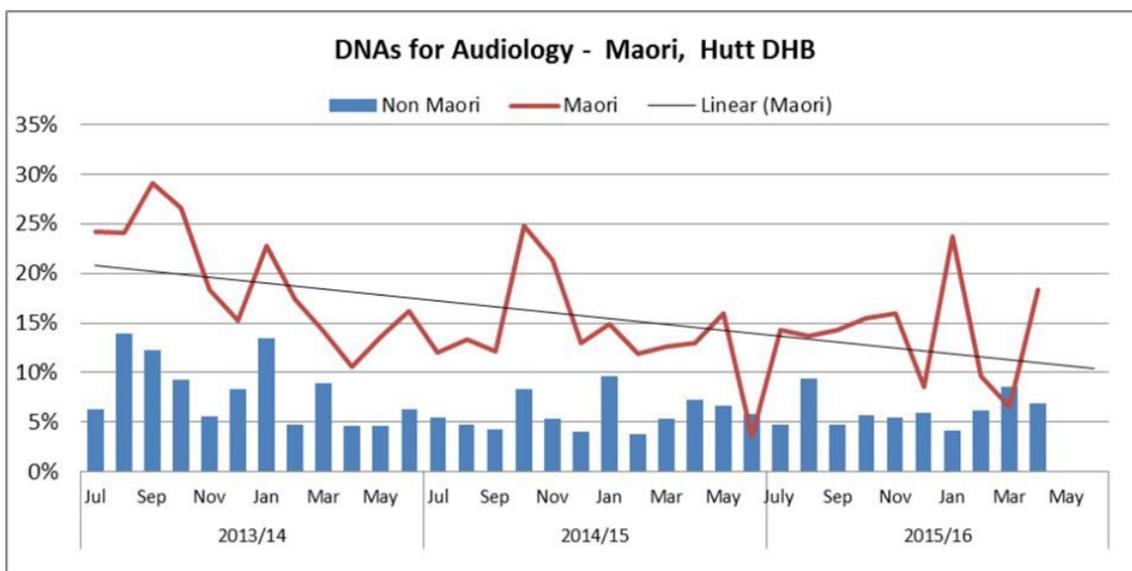
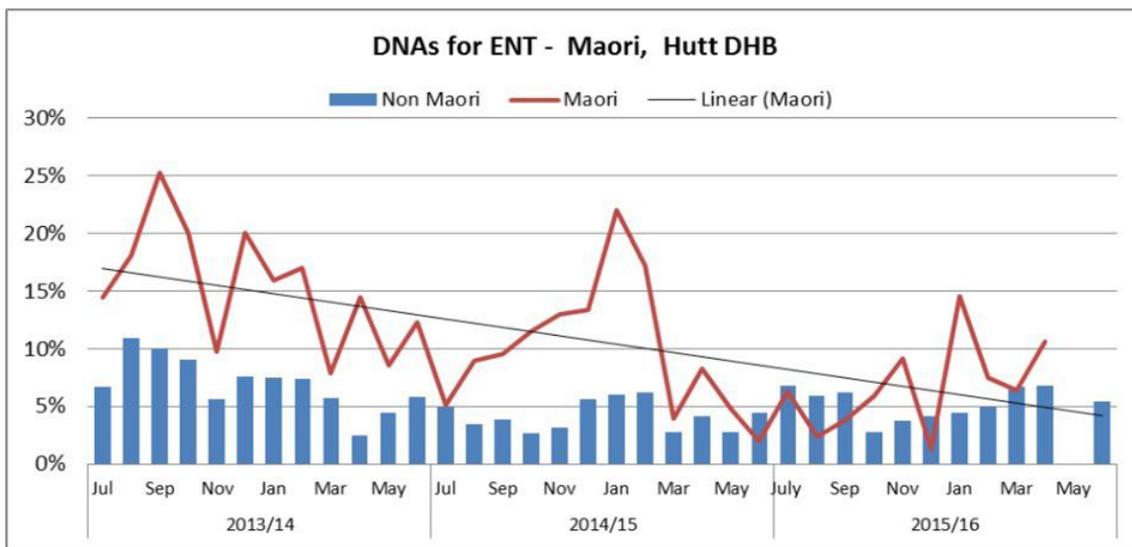
DNA for the month of April was 7% as follows:

- Maori 13%
- Pacific Island 14%
- Other 5%.

The initiative by the Pacific team to reduce DNAs was originally only targeting the under 15 year olds. The team will now be targeting key vulnerable services such as Ears Nose and Throat (ENT), gynaecology, colposcopy, rheumatology, cardiology and audiology. The Maori Health team has been targeting Audiology, Paediatric, ENT, Plastics and Dental Services patients.







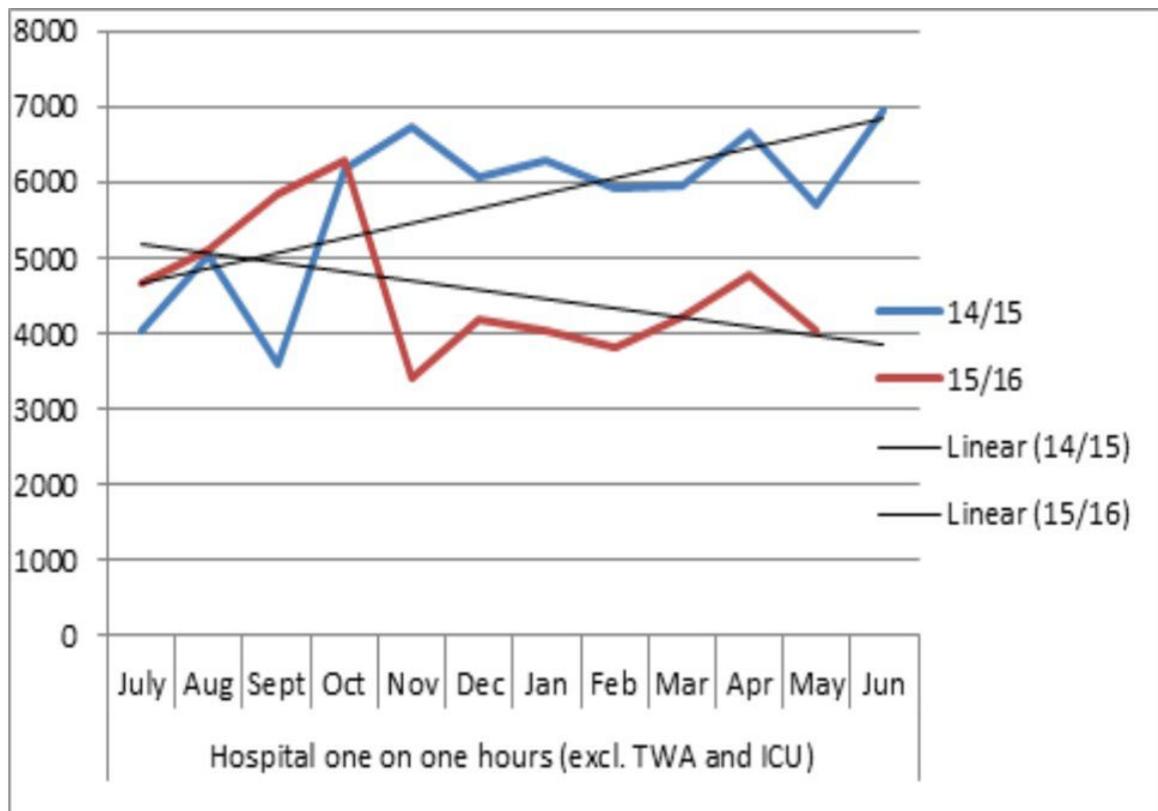
1.6 Use of Minders

A project commenced in November 2015 to, among other things, reduce the number of minders used for one-on-one patient management is showing results. The project includes actions designed to impact on the use of one-to-one care and since November there has been a steady decline in minder use.

Over the 11 months of this financial year this equates to around 6 FTE less a month than in the previous financial year. However, taken over the months since November when the real change started it is around 12 FTE less per month than the same 7 months last year. Note the data below exclude Te Whare Ahuru (TWA) and ICU.

Table and Graph: Hours of minder use by month since July 2014

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total 14/15	4020	5044	3579	6190	6728	6050	6280	5907	5963	6656	5681	6960
15/16	4666	5115	5829	6276	3392	4183	4021	3814	4229	4776	4052	



2 KEY ISSUES AND INITIATIVES FOR THE COMING MONTHS

2.1 Emergency Department Improvement Project

The Effective ED Improvement Project is well underway to make improvements to how the ED functions, including addressing recommendations of last year's external review of the department.

The project's goals are to deliver a sustainable operating model that will result in improved patient flow, improved staff morale, and improved performance on the Shorter Stays in ED target. Dr Angela Pitchford, the Ministry of Health's ED target Champion visited in February 2016 and had been briefed on the project approach. ED staff members are currently participating in project working groups to agree on the issues that need to be addressed and design changes. The following are some of the main areas being investigated and developed into specific initiatives for piloting.

Front of House (Triage, Ambulance, Reception and Waiting Room)

- Change physical layout and processes to improve patient flow, staff visibility and safety in the Reception area;
- Agreement with ambulance staff about more efficient processes for handing over and caring for patients;
- Starting clinical interventions in the waiting room, through a rapid assessment and triage team and/or assessment nurse and nurse initiated pathways and protocols;
- Review of administration staff's role and workload to increase efficiency.

Back of House (Resuscitation, High Dependency, Acutes, Sub-acutes Areas)

- Redesign of medical staffing according to geographic area to improve efficiency and oversight;
- Introduce the Rapid Assessment and Treatment Team (RATT) to improve medical staff oversight of the department;
- Review nursing roles and rosters to ensure they meet demand of the department;
- Clarifying the functions of nursing leadership roles, to reduce duplication and improve supervision and flow;
- Establishing an ED Observation area (within the existing footprint) to care for ED patients who only require observation.

System Interfaces (Inpatient specialty response, bed management and multidisciplinary support)

- Agreed pathways for common conditions where diagnosis is unclear and further workup is required, e.g. pelvic pain;
- Organisational agreement on services ED will and will not provide, and on how to respond as an organisation to ED overload;
- Early identification of the frail elderly in ED (using an electronic tool) and ensure support is provided to reduce ED attendance and admission, linking in with early supportive discharge and GPs to ensure a smooth discharge process;
- Dial a GP, primary care liaison and a more cohesive community/secondary services model for caring for frail elderly patients who are likely to re-present to hospital.

Proposed changes were presented and discussed at a workshop with ED staff, ED improvement expert Professor Mike Ardagh, and members of the oversight and Steering Groups on 19 May. Over the coming months, any resourcing implications will be considered by the Steering Group alongside the future benefits. As previously reported, additional (fixed term) staff have already been approved as an interim measure while the improvement work is in progress and to help address winter pressures.

The Effective ED Project is linked in with other wider health system projects addressing long term conditions, acute care and winter planning.

2.2 2016 Winter Planning

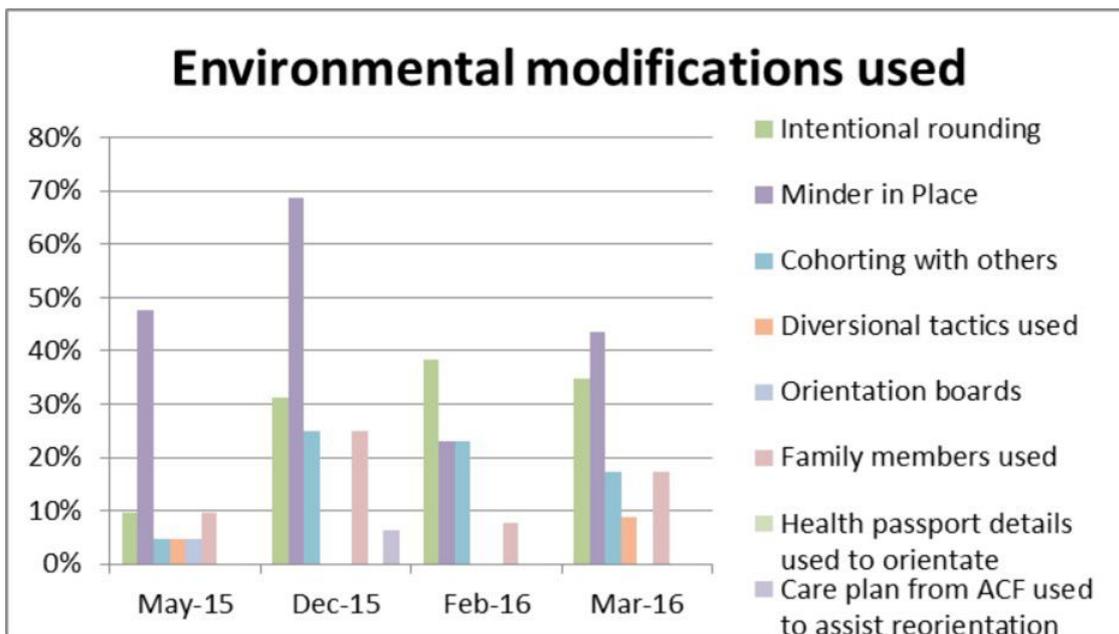
Winter planning for the hospital has been underway for some time as a subset of the primary/secondary Acute Planning Project. For the hospital, the focus is on:

- Additional casual nursing positions, which are only used if required, to provide cover for staff sickness and during peak demand;
- Increased bed 'surge' capacity in the medical wards of the Heretaunga Building - 8 beds in the Medical Ward, and additional 10-12 beds on the 6th Floor. If required, these beds will be staffed using casual nursing staff;
- CAU (Children's Assessment Unit) will be open to help address the demand in ED;
- From 1 May, medical registrars have been seeing stable GP-referred patients in MAPU rather than having them assessed and seen in ED first, which decreases the pressure on ED and improves patient flow;
- Risk identification of frail elderly in ED using the electronic Mayo Clinic Risk tool, has been adapted in-house and is close to implementation;
- Trial of an ED Observation Unit between June and September; this will be a four space area (three lazyboys and one trolley) located in the sub-acute area of ED for stable patients who only require formal observation for a period of time but do not need admission;
- Early identification of patients with 'behaviours of concern', which include delirium, dementia, mental health issues and confrontational behavioural.

Specific activities to address behaviours of concern include training for all staff, different models of care, modification of the environment and diversional therapy. The goal is to reduce length of stay, decrease costs for 1:1 care, increase patient satisfaction and improve patient flow.

Resource equipment trolleys have been established in the wards to support engagement with patients with dementia. OPRS is employing an occupational therapy assistant to support this. The project team is still reviewing changes required in the environment in both medical ward and OPRS to ensure staff can provide the most appropriate care.

Training for Health Care Assistants in more mindful and engaged care for patients with behaviours of concern has commenced. Training for nursing staff around the CAM (Confusion Assessment Method) scoring to enable them to better assess the cognition of their patients has led to the development and use of improved 'minder' (one-to-one nursing or HCA) request forms. These ensure that the 'minder' requests are appropriate and staff members have considered all other options before relying on the traditional 'one-to-one' patient support. The decrease in the use of minders since November last year relates to staff using alternate means including cohorting, orientation boards, diversional tactics and, if appropriate, family members.



2.3 The Advisory Board Workshop – 28 June 2016

Together with WDHb and CCDHB, Hutt subscribes to The Advisory Board, which provides the organisation with the latest global intelligence and best practices to assist with identifying and implementing health system improvements. Hutt is a member of the Global Centre for Nursing Executives and Clinical Operations Board.

Last year, The Advisory Board held a workshop at Hutt on ‘Discharge Strategy’. This year’s workshop in June is ‘The New Normal: Redesigning Care around Complex Multimorbid Patients’. Historically patients have flowed through the hospital in a straightforward way – every doctor and department taking their turn. This system works well for patients who have one identifiable problem, however such patients are now the exception rather than the rule. This workshop offers best practices from organisations around the world that have begun to redesign care to make better, faster decisions for complex patients, thereby improving the care these patients receive. We expect this workshop to be well attended by primary care, allied health, nurses, care coordinators and medical staff.

3 FINANCIAL UPDATE

Provider Arm Result

The Provider arm result for year to date (YTD) 30 April 2016 is a net deficit of (\$16,481k), which is unfavourable to budget by (\$915k).

DHB Provider
Statement of Financial Performance
For the period ending 30 April 2016
\$000s

Month			Year to Date			Annual	
Actual	Budget	\$ Var	Actual	Budget	\$ Var	Budget	
Revenue							
703	721	(17)	MOH - Public Health	7,213	7,207	6	8,648
596	557	40	MOH - Personal Health	5,965	5,642	324	6,788
150	150	0	MOH - Disability Support Services	1,499	1,499	0	1,799
733	753	(19)	Clinical Training Agency	3,334	3,392	(58)	3,515
2,183	2,180	3	Non-Devolved MOH Revenue	18,012	17,740	272	20,750
428	481	(53)	ACC Revenue	4,321	4,807	(486)	5,769
2,708	3,007	(299)	IDF Inflows	30,154	30,069	85	36,083
358	244	115	Other DHB Revenue	3,778	2,454	1,324	2,942
356	690	(335)	Other Revenue	5,227	6,905	(1,678)	8,286
12,596	12,580	16	Funder Revenue	129,019	128,588	431	155,165
18,628	19,181	(553)	Total Revenue	190,512	190,564	(51)	228,994
Expenditure							
Personnel Costs							
3,865	3,979	114	Medical Personnel Cost	41,297	41,628	330	49,936
5,095	4,827	(268)	Nursing Personnel Cost	50,575	49,425	(1,150)	59,300
2,268	2,278	10	Allied Health Personnel Cost	23,954	24,636	682	29,387
538	529	(9)	Support Personnel Cost	5,623	5,477	(146)	6,586
1,658	1,683	25	Management/Admin. Personnel Cost	16,694	17,471	777	20,979
13,423	13,296	(128)	Total Personnel Costs	138,144	138,637	493	166,189
Outsourced Services							
178	90	(88)	Outsourced Medical	2,360	908	(1,452)	1,088
11	6	(5)	Outsourced Nursing	119	60	(59)	72
13	22	9	Outsourced Allied Health	198	239	42	283
39	5	(33)	Outsourced Support	172	112	(60)	132
133	64	(70)	Outsourced Management/Admin	1,390	644	(746)	771
373	186	(187)	Total Outsourced Personnel Costs	4,238	1,963	(2,275)	2,346
916	924	8	Outsourced Clinical Services	7,418	7,188	(230)	9,095
365	385	20	Outsourced Corporate Services	3,109	3,644	535	4,384
1,281	1,309	28	Total Outsourced - other	10,527	10,832	305	13,479
1,654	1,495	(159)	Total Outsourced Services	14,765	12,795	(1,970)	15,824
Clinical Supplies							
666	739	72	Treatment Disposables	7,834	6,995	(839)	8,398
55	64	8	Diagnostic & Other Clinical Supplies	956	1,033	77	1,168
312	366	54	Instruments & Equipment	3,649	3,824	175	4,659
54	50	(4)	Patient Appliances	531	472	(59)	624
308	381	73	Implants & Prostheses	2,947	3,061	114	3,738
448	355	(93)	Pharmaceuticals	3,884	3,726	(159)	4,502
82	121	38	Other Clinical & Client Costs	942	1,221	279	1,460
1,925	2,074	149	Treatment Related Costs	20,742	20,331	(411)	24,548
Infrastructure & Non-Clinical Supplies							
270	306	36	Hotel Services, Laundry & Cleaning	3,022	3,084	63	3,705
356	396	39	Facilities	3,594	3,669	75	4,489
93	116	24	Transport	1,004	1,148	145	1,381
124	252	128	IT Systems & Telecommunications	2,565	2,549	(16)	3,062
114	149	35	Professional Fees & Expenses	1,354	1,723	369	2,024
120	190	70	Other Operating Costs	1,728	1,858	130	2,254
4	1	(3)	Democracy Costs	10	8	(2)	10
1,112	1,098	(13)	Asset Expenses	10,952	11,065	113	13,255
2,194	2,508	315	Non Treatment related Costs	24,228	25,104	876	30,180
921	955	34	Total Interest & Financing Costs	9,598	9,753	154	11,644
(16)	(16)	(1)	Internal Allocations	(158)	(164)	(6)	(196)
20,101	20,312	211	Total Expenditure	207,319	206,456	(863)	248,189
(1,473)	(1,131)	(342)	Net Surplus/Deficit Before Overhead Alloc.	(16,808)	(15,893)	(915)	(19,195)
(33)	(33)		Overhead Allocations	(327)	(327)		(393)
(1,440)	(1,099)	(342)	Net Surplus/Deficit	(16,481)	(15,566)	(915)	(18,802)

Month			Employee Details for April 2016			Year to Date			Annual
Actual	Budget	Variance	FTE			Actual	Budget	Variance	Budget
250.66	248.84	(1.82)	Medical			253.38	251.00	(2.38)	238.89
754.48	735.77	(18.71)	Nursing			764.34	740.93	(23.41)	738.47
394.03	400.57	6.54	Allied Health			407.95	418.06	10.11	415.23
129.81	132.86	3.05	Non Health Support			135.68	132.86	(2.82)	127.70
314.17	316.78	2.61	Management/Administration			316.54	317.63	1.09	317.63
1,843.15	1,834.82	(8.33)	Total			1,877.89	1,860.48	(17.41)	1,837.92

The key factors contributing to this YTD result were as follows.

3.1 Revenue

3.1.1 Non-Devolved MOH Revenue favourable by \$272k; \$581k due to higher volumes of screening than budgeted offset by Community Radiology (\$171k).

3.1.2 ACC revenue is unfavourable by (\$486k) YTD and (\$53k) for the month. We have achieved \$514k of the expected \$1,000k planned additional ACC revenue YTD. There is a delay in implementing the new ACC system. Some back billing has been completed from the test and production systems. The treatment injury awareness campaign has been rolled out and is starting to bear fruit. This will make a greater impact in the coming months.

3.1.3 Other DHB revenue is favourable by \$1,324k, arising from:

- Capital & Coast DHB \$694k overall favourable due to increase in Imaging & X-Ray \$121k, Outpatients Clinics \$79k, secondments and two DHB services (off set by costs) \$326k.
- Wairarapa \$593K favourable where \$263k Imaging and X-Ray, \$54k CSSD, \$234k 2 DHB Services (offset by expenses) and offset by ICAFS (\$102k).
- Canterbury DHB adverse by (\$131k) due to lower than budgeted procedures in Plastics.
- Mid Central DHB favourable by \$85k mainly due to Regional Public Health shared SMO.

3.1.4 Other Revenue is unfavourable by (\$1,678k) primarily in Surgical (\$842k) relating to the savings initiative for additional electives for CCDHB, which will be reflected in IDF inflow when achieved. Additional theatre sessions for plastics started in February. Car parking revenue is down by (\$141k), Cafeteria by (\$142k).

3.1.5 IDF inflows favourable by \$85k resulting from IDFs mainly from:

- Capital & Coast \$285k favourable, Plastics \$118k (\$17k acute and \$101k elective), Rheumatology \$335k, offset by Maternity (\$209k) and Orthopaedics (\$184k).
- Mid Central \$370k favourable, Plastics \$256k (acute \$182 and elective \$75k).
- Nelson & Marlborough (\$405k) adverse due mainly to Plastics (\$440k). (See IDF section).

3.1.6 Funder Revenue is favourable by \$431k mainly due to additional funding received from the Ministry for the National Patient Flow system (NPF) and Cancer Multi-Disciplinary Meetings (which is passed through to the provider *in toto*).

3.2 Expenditure

Personnel costs are (\$1,782k) unfavourable, employees \$493k and outsourced (\$2,275k).

YTD Variance (\$000)	Employee	Outsourced	Total
Medical	330	(1,452)	(1,121)
Nursing	(1,150)	(59)	(1,210)
Allied Health	682	42	724
Support	(146)	(60)	(206)
Management & Admin	777	(746)	32
Total	493	(2,275)	(1,782)

Total annual leave balances are lower than this time last year, \$15,647k versus \$16,074k last year. The number of staff with more than two years annual leave is now 171 against 214 in April last year. Sickness levels over the 10 months have been similar to last year.

- 3.2.1** Medical staffing: Senior Medical Officers are 9.95 FTE YTD below budget mostly in anaesthetics, mental health and general surgery. This has been offset by additional outsourced costs. Earlier in the year we had a number of senior clinicians on sabbatical plus long-standing vacancies in Anaesthetics and Mental Health. The anaesthetics positions have now been filled. The 3D mental health service is now employing some clinicians as 3DHB at CCDHB, which then appear as outsourced staff for Hutt Valley but is overall within budget. SMO overtime is overspent by (\$435k); this has been in a number of services to cover vacancies, additional theatre time and additional x-ray reading. RMOs are 11.76 FTE over budget, additional FTE has gone into Orthopaedics to cover gaps in rosters, General Medical and Emergency department to help improve the flow.
- 3.2.2** Nursing staffing are 23.4FTE's over budget YTD, including overtime, however the number of employed nursing FTE has fallen steadily since August and are now 33 FTE lower than at that time. Internal Bureau Nurses are overspent by (\$1,459k), mostly in emergency department, children's, maternity and mental health these are the areas that have had high throughputs so far this year. Health care assistants are overspent by (\$981k) YTD, which is mostly for minders in the medical ward, and some surgical areas. New criteria for minders have been developed and are currently being trialled across the hospital. The CCDM executive governance group is now in place.
- 3.2.3** Allied Health YTD favourable by \$724k and 10 FTEs under budget. The favourable variance is mainly made up of Social workers \$315k (mostly mental health), Dental \$165k, Health Promotion \$200k (where contracts have been outsourced), Occupational Therapists \$132k, The overspend mainly in Medical Laboratory Scientists (\$151k) relates to the cost of annual leave pay-out as a result of the WSCL laboratory contract.
- 3.2.4** Support Staff is unfavourable by (\$146k) made up of Cleaners (\$158k), Laundry (\$50k), and Sterile Supply Assistants (\$73k) in CCSD seconded to Wairarapa and for additional plastics and ophthalmology. New rosters for orderlies have resulted in reduced costs since December. Cleaners have also implemented a new roster in February which will see a reduction in costs.
- 3.2.5** Management/Admin staffing vacancies in some executive positions mainly CEO (first quarter), COO, CIO have been filled by contractors. The 3DHB mental health management team is mainly employed in CCDHB showing a positive variance in employed staff offset by outsourced personnel costs.
- 3.2.6** Outsourced Clinical cost is unfavourable (\$230k), with outsourced radiology including MRI and CT (mostly PET scans not provided by DHB) being over spent (\$328k) mostly in plastic surgery and symptomatic breast clinic. PET scans are required as part of the cancer pathways. Psychogeriatrics is adverse (\$314k) due to the cost of beds in Kenepuru; this has been renegotiated and will transfer into an IDF next year.
- 3.2.7** Outsourced Corporate Costs are favourable by \$535k, of which \$560k relates to Information Services costs and CRISP, which are mainly due to timing differences in IS and Procurement.
- 3.2.8** Clinical Supplies (Treatment Related Costs) are adverse by (\$411k). Primarily the overspend is in
- Treatment disposables (\$839k) of which (682k) relates to Blood supplies which are not included in the outsourced Laboratory contract and Infusion Injection Supplies (\$165k), Bandages and Dressings (\$55k).

- Patient Appliances (\$58k), offset by favourable variances in Diagnostic \$77k, Other clinical supplies \$279k and Instruments & Equipment \$114k.
- Pharmaceuticals are adverse (\$159k) medical day stay remains overspent at (\$240k) but under in Surgical \$84k YTD.

3.2.9 Non Treatment Related costs are favourable by \$876k largely due to Compliance and Corporate Costs \$369k favourable primarily due to savings in Consultant Fees \$328k.

Linen and Laundry cost (\$75k) adverse; for the first part of the year CCDHB increased the price and the new provider took over in November. There should be some cost reduction if imprest levels are well managed.

Asset Expenses favourable by \$112k, made up of Buildings depreciation \$773k due to the revaluation of buildings, offset by IT intangibles Depreciation (\$567k)

3.3 Hospital Throughput

Month					Hutt Valley DHB Hospital Throughput YTD April 2016	Year to Date					Annual	
Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year		Actual	Budget	Variance Actual vs Budget	Last year	Variance Actual vs Last year	Annual Budget	Last year
<i>Discharges</i>												
1,010	952	(58)	1,052	42	Surgical	10,426	9,793	(633)	10,132	(294)	11,804	12,686
1,487	1,381	(106)	1,283	(204)	Medical	15,195	14,206	(989)	14,764	(431)	17,123	13,592
464	391	(73)	406	(58)	Other	4,912	4,020	(892)	4,451	(461)	4,846	5,602
2,961	2,725	(236)	2,741	(220)	Total	30,533	28,019	(2,514)	29,347	(1,186)	33,774	31,880
<i>CWD</i>												
1,005	1,025	20	1,125	121	Surgical	10,642	10,538	(104)	10,692	50	12,703	12,686
898	858	(40)	821	(77)	Medical	9,779	8,822	(957)	9,381	(398)	10,634	9,573
416	356	(60)	340	(77)	Other	4,224	3,664	(561)	3,727	(498)	4,416	5,019
2,319	2,239	(81)	2,286	(34)	Total	24,646	23,024	(1,621)	23,800	(846)	27,753	27,278
<i>Other</i>												
3,855	3,871	16	3,740	(115)	ED Attendances	39,865	39,808	(57)	39,370	(495)	47,816	37,703
914	914	(0)	857	(57)	ED Admissions	9,724	9,483	(241)	8,893	(831)	11,409	10,804
756	758	2	780	24	Theatre Visits	7,875	7,795	(80)	7,738	(137)	9,396	9,213
6,516	6,678	162	7,087	571	Bed Days	72,027	68,676	(3,351)	71,784	(243)	82,780	66,153
4.43	4.59	0.16	4.40	(0.03)	ALOS Inpatient	4.43	4.59	0.16	4.57	0.14	2.43	3.39
2.30	2.43	0.13	2.38	0.08	ALOS Total	2.36	2.43	0.07	2.41	0.05	4.59	2.55

Note: Other inpatient includes mental health and maternity.

3.3 IDF inflows

Purchase Unit	Actual Caseweights	Budget Caseweights	Variance Caseweights
D01001 Dental Treatment	37.34	27.06	10.28
M00001 General Medicine	98.81	96.64	2.17
M05001 Emergency Medical Services	63.35	59.02	4.33
M10001 Cardiology	23.56	14.17	9.39
M25001 Gastroenterology	1.87	3.30	-1.43
M55001 Paediatric	50.46	36.21	14.26
M70001 Rheumatology	149.68	73.37	76.30
S00001 General Surgery	113.48	90.06	23.43
S25001 Ear, Nose and Throat	21.94	24.69	-2.74
S30001 Gynaecology	24.04	24.07	-0.02
S40001 Ophthalmology	3.70	0.00	3.70
S45001 Orthopaedics	137.99	166.38	-28.39
S60001 Plastics/Max/Burns	2405.11	2458.16	-53.05

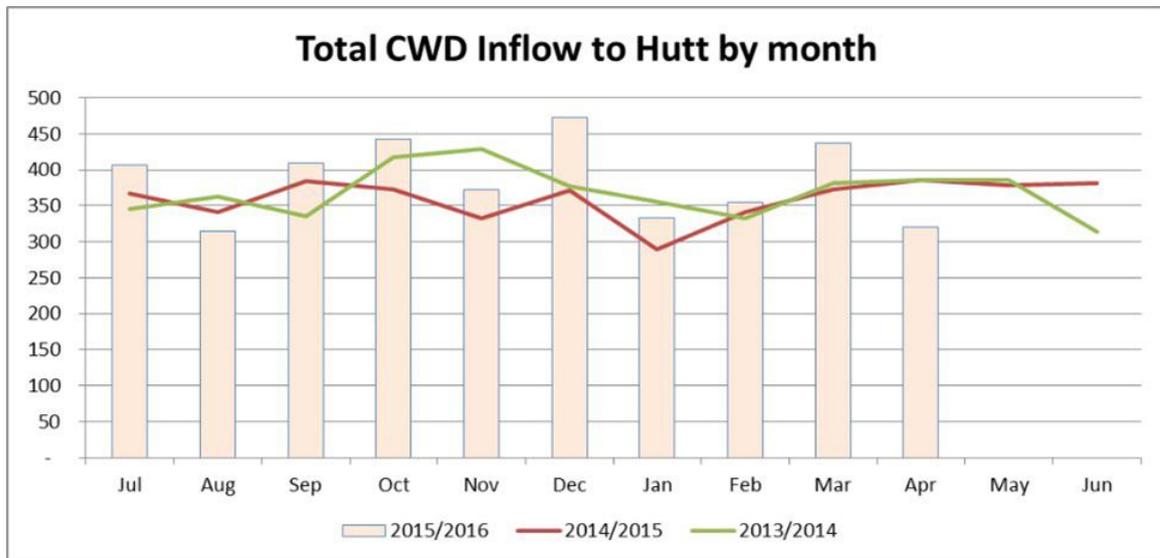
W06003 Specialist Neonates	18.65	17.56	1.09
W10001 Maternity Inpatient	94.49	135.85	-41.36
Grand Total Acute & Elective	3244.47	3226.54	17.94

At the end of April, elective CWD are under budget by 79 and acutes over by 97. The net over-production year to date totals 18 CWD, \$85k. The school holiday closure of theatres meant that there was a reduction of approximately 30 CWD in the month.

Elective Plastic surgery is behind by 96 CWD although up 37 cases. They are over 21 CWD for CCDHB and 10 for Southern; however, this is offset by reduced volumes from other DHBs, notably Nelson Marlborough 72 and Whanganui 48.

Elective Rheumatology is up 50 CWD.

With the exception of maternity (41 CWD under budget) and orthopaedics 12 CWD all specialities are over budget for acute CWD, notably plastics 43 CWD and general surgery 32. Note the 2015/16 CWD price is \$4,752.



4 CLINICAL LEADER REPORTS

4.1 Chief Medical Officer Update

4.1.1 Clinical Leadership

Clinical leadership and engagement are essential for improving clinical governance, ie accountability for quality and safety, at Hutt Valley DHB. As part of this, we have developed a framework for appointing and developing clinical leaders.

We recently appointed Dr Meera Sood as the new clinical leader for Obstetrics and Gynaecology, which provides opportunity for a new dynamic leader to engage with all clinicians to improve the performance of the department. We also appointed Dr Madeline Wall as a clinical leader for breast screening and breast radiology and Mr David Gaskell as lead breast surgeon for breast screening.

The Clinical leadership position in paediatrics has been vacant for the last 2 years. The CMO and COO have met with the paediatricians and encouraged them to work towards developing an approach to leadership including filling the CHOD position and a follow up meeting is planned soon. The Clinical leader of the Emergency Department has resigned and we are advertising nationally and internationally to find a suitable applicant who can assist us in implementing the recommendations of the ED review as part of providing the best acute care model for our Hutt Valley population.

4.1.2 Clinical Leadership Workshop for Leaders run by The CEO Group

The first part of the seven-day leadership development workshop was held on 26 and 27 May. The workshops are aimed at developing the skills required to develop a thriving and highly reliable Hutt Valley DHB. Eleven senior medical staff, six nursing, two allied health leaders and one senior manager attended the workshop. The workshop was very well received by the participants. Peer groups for improvement have now been established, based on the participants' interests.

4.1.3 Appointment of GP liaison for ED

We have appointed Dr David Young, a senior retired GP from Hutt Valley and a current director of Hutt After-hours medical centre, as GP liaison for ED. This role will be vital in improving care for acutely unwell patients in Hutt Valley area. Dr Young is working closely with the ED team, the medical directorate leadership team and the CMO.

4.1.4 Medical Council New Zealand Prevocational Training

The Medical Council of New Zealand has released 'league tables' of DHBs regarding timely completion of the Eport System to document end of run meetings and of interns completing their learning outcomes. It is pleasing to see Hutt Valley DHB ear the top in all categories.

DHB ePort meeting progress for quarter 2

Training Provider DHB	No of interns	Beginning meetings recorded		Mid meetings recorded		End meetings recorded	
		No	%	No	%	No	%
Wairarapa DHB	6	6	100	6	100	6	100
Hutt Valley DHB	23	23	100	23	100	18	78
Midcentral DHB	32	32	100	30	94	24	75
Canterbury DHB	91	91	100	88	97	56	62
Southern DHB	54	52	96	51	94	29	54
South Canterbury DHB	14	13	93	12	86	7	50

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Auckland DHB	108	92	85	72	67	49	45
Capital and Coast DHB	52	51	98	49	94	23	44
Waitemata DHB	75	67	89	61	81	30	40
Hawke's Bay DHB	37	37	100	31	84	14	38
Tairāwhiti DHB	13	13	100	13	100	5	38
Nelson Marlborough DHB	29	25	86	20	69	10	34
Bay of Plenty DHB	50	44	88	31	62	16	32
Waikato DHB	64	61	95	54	84	19	30
Counties Manukau DHB	87	78	90	64	74	24	28
Lakes DHB	25	25	100	22	88	7	28
Whanganui DHB	13	12	92	12	92	2	15
Taranaki DHB	25	22	88	17	68	3	12
Northland DHB	26	21	81	18	69	2	8

DHB ePort NZCF learning outcomes progress for PGY1 and PGY2 interns

By the time the Advisory Panel meets at the end of the year, each intern needs to ensure that their record of learning in ePort is up to date and PGY1s need to have substantively obtained the learning outcomes, and PGY2 should have recorded all learning outcomes from the NZCF.

Training Provider DHB	Number of PGY1 interns	Average* NZCF learning outcomes recorded	Training Provider DHB	Number of PGY2 interns (Gen Reg*)	Average* NZCF learning outcomes recorded
Wairarapa DHB	1	286	Lakes DHB	12	345
Waikato DHB	38	152	South Canterbury DHB	7	337
Hutt Valley DHB	19	150	Capital and Coast DHB	22	334
Canterbury DHB	52	149	Hutt Valley DHB	4	333
Southern DHB	35	148	Wellington Region	41	330
Canterbury DHB	51	146	Tairāwhiti DHB	4	329
Counties Manukau DHB	48	144	Hawke's Bay DHB	18	324
Taranaki DHB	13	143	Wairarapa DHB	5	322
Capital and Coast DHB	52	143	Midcentral DHB	15	320
South Canterbury DHB	7	140	Nelson Marlborough DHB	14	318
Hawke's Bay DHB	19	132	Southern DHB	18	315
Midcentral DHB	18	132	Auckland DHB	76	313
Waitemata DHB	51	129	Waitemata DHB	29	311
Auckland DHB	52	125	Waikato DHB	29	308
Bay of Plenty DHB	31	125	Counties Manukau DHB	44	305
Nelson Marlborough DHB	16	125	Canterbury DHB	44	294
Tairāwhiti DHB	9	110	Taranaki DHB	14	294
Whanganui DHB	9	94	Bay of Plenty DHB	22	288
Northland DHB	14	84	Northland DHB	12	275

*Gen Reg – Intern holds general registration with endorsement.

*Average – The average number of NZCF learning outcomes recorded by an intern out of a total of 373.

4.2 Director Allied Health, Scientific and Technical Update

4.2.1 3DHB Allied Health, Scientific & Technical 2016 Awards

We have commenced planning for the 2016 3DHB AHS&T Awards night, which is scheduled to take place from 4.30pm on Thursday 8 September in the Horne Lecture Theatre, Wellington Hospital. Communications are currently being developed and invitations for Board and ELT/EMT members will be extended within the next few weeks. Though still to be confirmed, possible Award categories this year include:

- Outstanding Assistant Award
- Champion for Collaboration Award
- Excellence in Clinical Practice Award
- Delivering the Vision Award
- Outstanding Leadership Award
- Outstanding Contribution by a New Graduate Award
- Supporting the Growth of Others Award
- Team of the Year Award.

4.2.2 Technology Valley Awards and Industry Day

Each year, Hutt City Council focuses on scientific and technology careers available in the Hutt Valley with a view to showcasing these to college staff and students. This year's focus is on Health. The DHB has encouraged all staff groups to submit nominations for the technology valley awards, specifically in the categories of emerging individual, outstanding individual and outstanding STEMM educator (tertiary or community).

In addition, the DHB is hosting an industry day on 10 June 2016 when a group of college principals will visit the DHB to learn more about scientific and technical careers within health. There will be an afternoon session that covers the general business of the DHB, information stands for a range of relevant professions, and specific visits to departments of interest.

4.3 Executive Director Nursing and Midwifery Update

4.3.1 International Day of the Midwife and International Nurses' Day Celebrations

Both of these important days in the nursing and midwifery calendar were celebrated with a number of activities across the organisation. A celebration breakfast was provided for all midwives cooked by the Clinical Midwife Manager and Associate Clinical Midwife Manager, followed by an afternoon tea held with awards presented to four staff members who have consistently shown exceptional care and commitment to team work and morale.

A combined quiz was held for both workforces with MAPU being the clear winner this year! Some of the wards chose to decorate their areas, with Orthopaedics winning this event, and awards were presented to nursing staff members who have shown commitment to team work and morale and a high standard of practice.

MHAIDS organised a get-together in all three DHBs, where a cake, fruit platters and tea and coffee was shared. The DON for MHAIDS gave a brief presentation that included a video message specifically directed at our MHAIDS nurses from Dr Frances Hughes, a New Zealand Registered Nurse who trained at Hutt Hospital, was previously the Chief Nurse at the New Zealand Ministry of Health and is now the Chief Executive of the International Council of Nurses in Geneva. The winner of the 3D Mental Health Nurses' Quiz and goodies hamper was the Infant Child and Family Service (ICAFS) from the Hutt Valley.

Lanyards were given to all nurses and midwives employed by the DHB with each profession's by-line for 2016, "Women and Newborns – The Heart of Midwifery" and "Nurses – A Force for Change".

On both days, the Chief Executive and Executive Director of Nursing and Midwifery visited all areas on the Hutt Hospital campus starting at 6am on International Nurses' Day in order to catch many of the staff working night shifts; this was very well received by all areas.

4.3.2 Nursing Entry to Practice (NETP) Programme

New graduate nursing numbers are continuing to grow across the Hutt Valley Health System and there is now a total of 19 graduates employed year to date, which is expected to increase. The second intake of the year from the Advanced Choice of Employer [application] portal indicates that 70 nurses have indicated Hutt as a choice of employment for them.

4.3.3 Mental Health, Addictions and Intellectual Disability Services

There continues to be a reduction in seclusion rate for patients in Te Whare Ahuru (TWA). The rate has been trending downwards since February due to a number of factors including:

- Appointment of a specialist acute inpatient psychiatrist who is assertively managing patients and increasing the patient flow, leading to less overcrowding, particularly in the PICU area.
- More emphasis by nursing staff on the early intervention and de-escalation of potentially aggressive situations.
- More use of sensory modulation equipment and the sensory room.
- The decision to stop using designated seclusion rooms as bedrooms, reducing the amount of incidents of going over numbers in the unit.

This was favourably mentioned by the auditors during the certification audit in May.

The DON for MHAIDS and professional nursing leader continue to work with the senior nurses, the Team Leaders and the Operations Manager in TWA at HVDHB and Te Whare O Matairangi (TWOM) at CCDHB to strengthen and standardise professional practice and protocols across the two units as well as working to reduce seclusion rates.

4.3.4 Midwifery

Occupancy was up again during May and rates have been slowly rising since June last year. There was also an increase in caesarean section rates in May, which has impacted on acuity and length of stay. The breastfeeding rate (on discharge) remained constant at 78%.

Staffing continues to be an issue with only one midwife applying for a position after two months of advertising. This has created difficulty covering shifts and has also incurred additional costs for personnel. Hutt Lead Maternity Carers (LMCs) have been providing additional support to their DHB core colleagues by supplying food, covering for them so they can have a meal break and answering bells. Advertising for Registered Nurse cover for a short time in Maternity is underway.

Maternity now has a fridge to store their vaccinations in so can offer opportunistic immunisations to pregnant women coming in for clinic or Maternity Assessment Unit assessments. Pertussis (Whooping cough) and the flu vaccine are offered.

4.3.5 TrendCare

Hutt Valley has been chosen to be part of TrendCare national timing studies in Mental Health. Initial training commenced mid-May with studies scheduled to commence mid-June. There is also some discussion regarding surgery and possibly Special Care Baby Unit to also be involved in timing studies at a later stage.

All Inter Rater Reliability (IRR) testing was completed during May. This testing ensures all staff members using TrendCare are tested against the standards and information entered into the system is accurate.

MidCentral DHB has developed an e-learning package for TrendCare. This is currently being considered for use at Hutt and would be made mandatory for all new staff members who use TrendCare.

4.3.6 Flu Vaccination 2016 Campaign

Year to date the number of staff vaccinated is higher than last year but there is still room for even higher vaccination rates. Midwifery/Maternity has so far reached the same level as last year at 95% and the challenge has been put out to all other departments to raise their levels considerably by the end of June. Messages are been sent through the regular CEO update, on the intranet and via staff meetings.

		HAC INFORMATION PAPER
		Date: 31 May 2016
Author	Shauna McGuinn, Acting Occupational Health & Safety Manager	
Endorsed By	Warrick Frater, Interim Chief Operating Officer Ashley Bloomfield, Chief Executive	
Subject	Occupational Health & Safety Report – March to May 2016	
<p>RECOMMENDATION</p> <p>It is recommended that the Hospital Advisory Committee:</p> <ol style="list-style-type: none"> NOTES Interviews for the Hutt Valley DHB Health & Safety Manager are scheduled in June 2016; NOTES an ACC Accredited Employer Audit was undertaken on 07/04/16 focusing on injury management. Following this audit, Hutt Valley DHB has maintained its tertiary level accreditation; NOTES the Flu Vaccination Program has been rolled out and continues to be promoted among staff; NOTES an eLearning tool focussed on informing managers of their responsibilities with regards the Health and Safety Legislation that came into effect on 4 April 2016 has been developed and being promoted for completion by Managers; NOTES the signed Bipartite Worker Participation System Agreement 2016/2017. 		
<p>ADDENDA</p> <ol style="list-style-type: none"> Specific actions from notifiable death, injury, illness or incident Work injury claim data summary Hutt Valley DHB ACC Monitoring Report 		

1. BACKGROUND

1.1 Health and Safety at Work Act 2015 (the Act)

The new Act aims to clarify and broaden the accountability of health and safety and the focus of health and safety has changed to being more about risk management as opposed to hazard management. Everyone has a role in managing health and safety and the Act introduces the term 'Persons Conducting Business or Undertaking (PCBUs)'. PCBU's have a duty to ensure, so far as is reasonably practicable, that the workplace is without risks to the health and safety of any person. Additional duties on PCBUs include managing risks and monitoring the workplace. PCBU is broader in definition than definitions used in previous legislation and encompasses all employers, landlords, manufacturers/suppliers of equipment.

An 'Officer' is also a new definition in the Act and imposes a primary duty of care on managers to include boards, directors, partners etc. Officers must take an active role in health and safety by understanding the health and safety risks, the processes by which these are managed and keeping up

to date with health and safety issues. An Officer must ensure that adequate resources are available for health and safety.

Worker engagement, participation and representation relate to work groups, health and safety representatives and health and safety committees to support effective worker participation. Workers must be included in health and safety risk management. Health and Safety Representatives must be in all workplaces to represent their colleagues and duties include the identification and risk assessment of hazards, participation in health and safety investigations and monitoring control effectiveness.

The essence of the Act for the DHB is that it needs to identify health and safety risks in its business that could seriously harm workers and others, and then consider and put in place the behaviours, practises, systems, processes and training needed to eliminate, and where they can't be eliminated, minimise those risks. This needs to be done collaboratively with the people in the organisation and with the other businesses the DHB works with.

Safety leadership is critical. It requires a focus from the top just like any other business risk, and managing it well is good for both the DHB and our employees.

The Bill works to focus effort on what matters, based on business risk, control and size:

- It reinforces proportionality – what a business needs to do depends on its level of risk and what it can control
- It shifts from hazard spotting to managing critical risks – actions that reduce workplace harm rather than trivial hazards
- It introduces the “reasonably practicable” concept – focusing attention on what’s reasonable for a business to do
- It changes the focus from the physical workplace to the conduct of work – what the business actually does and so what it can control
- It supports more effective worker engagement and participation – promoting flexibility to suit business size and need.

The DHB has a number of new and ongoing initiatives in place to ensure effective implementation of the obligations under the new Act.

2. PERFORMANCE

2.1 Notifiable Death, Injury, Illness or Incident

There has been one incident over the period March to May 2016 that meets the definition under the Health and Safety at Work Act 2015. This was reported to WorkSafe NZ. The details of this incident are as follows:

11 February 2016 – A staff member lifted a tray that fell on her finger and resulted in a small fracture of the middle right finger. A full investigation has been completed by the Clinical Nurse Manager (CNM) and Health and Safety Representative (HSR). The investigation is ongoing. No follow-up action is required from WorkSafe NZ.

A summary of the incident and findings is attached in addendum one.

2.2 Incidents

The table below identifies the number of reportable events by incident type/hazard reported for the period March – May 2016:

Hutt Valley DHB - March to May 2016						
Directorate/Corporate group - staff health and safety related incidents reported this quarter						
Number of incidents last quarter (December 2015 – February 2016) in brackets						
Incident type/hazard category	Mental Health Services	Medical & Community Health	Surgical Women's & Children's	Clinical & Corporate Support	Population Health	Total number of incidents in incident category across DHB
Blood & Body Fluid Exposures	0 (0)	2 (8)	11 (18)	1 (3)	4 (1)	18 (30)
Assaults/Threatening behavior	5 (7)	19 (7)	6 (2)	1 (0)	0 (0)	31 (16)
Slips/trips/Falls	1 (3)	2 (1)	4 (3)	1 (4)	0 (2)	8 (13)
Manual handling Patient	7 (1)	3 (10)	8 (6)	0 (0)	1 (0)	19 (17)
Manual Handling Object	0 (0)	1 (2)	4 (0)	1 (2)	0 (0)	6 (4)
Running into or being hit by object	0 (0)	5 (5)	3 (5)	1 (4)	2 (2)	11 (16)
Total number per Directorate	13 (11)	32 (33)	36 (34)	5 (13)	7 (5)	93 (96)

While assaults on staff by patients remain the most commonly reported event, there has been a reduction in the number of events in the Mental Health, Addictions and Intellectual Disability Service (MHAIDS) over the last quarter. Increases in Medical and Community Health (MCH) and Surgical Women's and Children's (SWC) were noted this quarter. The gap analysis of DHB systems to prevent and manage physical assaults on staff in the workplace is currently being reviewed to assess progress since this draft report was completed at the end of 2015.

Manual handling patient is the second largest harm category and a focus by 3DHB Health and Safety (H&S) Advisor in Manual Handling is being prioritised to Mental Health and SWC.

Blood and body fluid exposures are our third highest incident group. It is pleasing to see a continued reduction in reported exposures for the quarter in the Medicine, Cancer & Community (MCC) Directorate. There is a continued focus by the Occupational Health Nurses on the availability of sharps containers, staff disposal of sharps and personal protective equipment (PPE). Reminders are currently being added to the surgical safety checklist.

2.3 Workplace Injuries

Workplace injuries are managed in-house as per the ACC Partnership Programme and a breakdown of the registered claims and costs provided by ACC can be reviewed in addendum two.

Further work is being done with Wellnz (third party administrator) to collect claim data, breaking down the injury mechanism.

3. AUDITS

3.1 ACC Partnership Programme audit

Hutt Valley DHB is an Accredited Employer as part of the ACC Partnership Programme with full self cover. This means that Hutt Valley DHB is responsible for the management and cost of our employees' work-injury claims for the life of the claim.

By being part of the ACC Partnership Programme, Wellnz (a third party administrator) has a contract with ACC, with Hutt Valley DHB approval, to manage Hutt Valley DHB non-work injury claims that have more than seven days lost time. Wellnz has delivered significant savings for Hutt Valley DHB with reduced time away from work and sustainable return-to-work programmes, benchmarking well against other DHBs.

The ACC Partnership Programme Audit was undertaken by PriceWaterhouse Coopers New Zealand on 7 April 2016 and focused on Injury Management. It included audits of claim file injury management practices, and focus group interviews with Managers and case studies. The audit resulted in Hutt Valley DHB maintaining tertiary level.

A full audit in April 2017 will include injury management and workplace safety management practices.

A summary of progress against the recommendations the ACC Partnership Programme Audit completed in 2015 is attached as addendum two.

3.2 Technical Advisory Services (TAS) Health and Safety audit

The objective of this review is ensure a reasonable health and safety framework, which aligns with the Institute of Directors of New Zealand (IoD) and Ministry of Business, Innovation and Employment (MBIE) guidance, exists and is functioning within each DHB.

The scope of this review includes the following areas:

- **Leadership and Governance** – Assessing the level to which the Board has demonstrated commitment to health and safety and ensured adequate resources (people, equipment, systems and budget) have been made available to support the health and safety programme
- **Policy and Planning** – Assessing how connected management and Board are with what happens front line and at various locations for where services are delivered, existence/reporting/monitoring of measures and processes to ensure contractors have appropriate health and safety standards
- **Legislative Compliance** – Ensuring the DHB has processes in place that identify legal requirements (including changes in them) and responds appropriately where required through changing systems and processes to reflect changing requirements
- **Worker Participation** – Ensuring staff at all levels of the DHB are involved in health and safety, are aware of their accountabilities and responsibilities, are able to raise concerns to appropriate levels and that successes are identified and celebrated,
- **Delivery of Health & Safety Systems** – Assessing how actions identified in incident reports, audits and reviews are communicated and effectively implemented, DHB risks are appropriately identified and mitigated, and

- **Monitoring, Reporting and Review** – Ensuring health and safety targets exist that are challenging and realistic, risk of unintended consequences is known and assessed, sufficient information is reported to Board, assurance over processes is regularly provided and benchmarked to other DHBs.

This field work for the audit was completed in April and the report will be available in two weeks time.

3.3 DESIGNATED AUDIT AUTHORITY (DAA) AUDIT

Auditors visited Hutt Hospital from Tuesday, 24 May to Friday, 27 May 2016. Audits such as these provide an opportunity for the DHB to look at how we deliver services and meet the required standards. The audit findings will be presented to the Board when finalised.

3.4 ACC MONITORING AUDIT

Hutt Valley DHB is an Accredited Employer as part of the ACC Partnership Programme with full self cover. An injury management monitoring audit was undertaken by ACC on 2 June 2016, which focused on our injury management procedures and the review of seven claim files.

4. HEALTH & SAFETY MANAGEMENT SYSTEMS

4.1 Progress against the annual Health & Safety Plan

Organisational (DHB) Health and Safety (H&S) Monitoring			
Key performance indicators	Actions	Monitoring	Progress
Revised H&S training programme increases staff and manager uptake of training opportunities.	OH&SS to work with Learning and Development Service to develop online programme. All staff/managers to complete programme.	Pilot programmes to be ready by end of July 2015 % of staff /managers per Directorate/Corporate Group who have completed programme to be included in quarterly OH&SS report.	Managers eLearning developed and available for completion
H&S risks to the DHBs and staff are assessed accurately. Action plans to mitigate the risk of harm are effectively monitored.	Risk score card assessments are completed in liaison with relevant services. Action plans are signed off by risk owner at relevant senior level of management.	Summary of risk score card assessments completed and progress on action plans to be included in OH&SS quarterly report.	Risk score cards in place
H&S systems are integrated into normal work practice and their effectiveness is reviewed regularly.	Incident trends in the number of events associated with significant hazards across the DHB are monitored and reviewed. H&S systems are audited regularly.	Data is included in quarterly OH&SS report	Continued achievement
Increase by 5 % overall the number of staff vaccinated against seasonal influenza virus at each DHB.	All areas to provide resources for and support to local /service “flu vaccination champions”.	Numbers of staff vaccinated to be documented and reported to Boards in final quarterly OH&SS reports for 2015/2016 year.	In progress

Directorate Health & Safety Monitoring

Key performance Indicators	Actions required	Monitoring	Progress
Staff engagement in H&S is encouraged and directly promoted by senior management.	Each directorate will nominate at least one staff member for DHB annual H&S award by March of each year.	Recognition of staff innovation or outstanding performance in workplace H&S are recorded in Directorates' annual reports.	Priority to be given
Senior management can demonstrate active commitment/involvement with H&S representatives.	At least quarterly Directorate H&S committee meetings are attended by a delegated Senior Manager.	Minutes are recorded and copies sent to each service /area in Directorate for staff to read in H&S manual.	Achieved

Directorate Health & Safety Monitoring

Key performance Indicators	Actions required	Monitoring	Progress
Opportunities are provided for consultation with staff on H&S issues, projects or plans with potential impact on workplace H&S.	Workplace H&S is a standing agenda item at all staff meetings.	Outstanding H&S issues are included in Directorate monthly reports.	In progress
Incident findings are integrated into Directorate hazard management processes.	All events involving staff, contractors, visitors or volunteers are reviewed according to the Management of Incidents Policy (under review). Action plans are developed to prevent recurrence of harm to staff and others. Plans include timeframes for monitoring and review.	Number and brief description of outstanding corrective actions arising from health and safety investigations are included in regular Directorate report.	In progress
H&S systems are integrated into normal work practice and their effectiveness is reviewed regularly.	All area Hazard Registers are complete and updated within the last six months with documented evidence of employee participation.	Percentage of workplace Hazard Registers reviewed in March each year is included in regular Directorate/Clinical Governance reporting.	All Hazard registers have been reviewed.

Managers Health and Safety Monitoring

Key performance Indicators	Actions required	Monitoring	Progress
H&S systems are integrated into normal work practice and their effectiveness is reviewed regularly.	Service/Area Hazard Registers are complete and updated within the last six months with documented evidence of employee participation. Six monthly planned general inspections of work area are completed by manager and employee H&S representative. Workplace hazards with sub optimal controls in place –	OH&SS to audit random selection of area Hazard Registers throughout each DHB twice a year. Documented evidence is available in work area H&S manual. Action plans with corrective	Progressing Achieved

	residual risk rating of 2 or above are escalated to senior management and included on the directorate risk register.	actions to mitigate risk to organisation associated with workplace H&S issue are in place.	Achieved
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Managers Health and Safety Monitoring

Key performance Indictors	Actions required	Monitoring	Progress
Opportunities are provided for consultation with staff on H&S issues, projects or plans with potential impact on workplace H&S	H&S is a standing agenda item at all staff meetings.	Copies of minutes are kept in area H&S manual or other suitable place all staff has access to. If staff meetings are not regularly held, evidence of availability of opportunities for staff to contribute to workplace H&S may be provided in area communications book.	Achieved
	H&S representatives are allocated sufficient time and resources to complete their duties, attend meetings and represent the H&S concerns of their colleagues. (as per DHB Employee Participation Agreement)	H&S representative’s attendance at quarterly Directorate meetings and ongoing training is recorded.	In Progress
H&S is an integral part of the training given to all staff.	All staff have completed an appropriate area specific H&S orientation to the workplace. All staff complete H&S refresher training each year.	Orientation records and annual H&S refresher training records are maintained by area.	Achieved
	Managers have completed an appropriate H&S training programme/course within the last two years.	Records kept in central repository at each DHB.	In progress

4.2 Employee Participation

4.2.1 Health & Safety Focus Topics

Posters and information to stimulate Health and Safety discussion and promote continuous improvement initiatives have been distributed to all work areas via the Health and Safety representative network on the following topics.

MONTH	HEALTH & SAFETY TOPIC	KEY MESSAGE
February 2016	Being able to move and handle bariatric or very large patients	Manual handling of bariatric patients
March 2016	SQUARE (Safety, Quality and Reportable Events)	A new online healthcare event system from Quality & Risk
April 2016	Prevention of Influenza	Influenza campaign commenced
May 2016	Health & Safety at Work Act 2015	Key messages from the new Act
And coming up....		
June 2016	Hazard registers and self-assessment audits	Completion and review of hazard registers and self-assessment audits by Manager and HSR in individual departments
July 2016	Dry July	Alcohol free month
August 2016	Managing hazards associated with sedentary work	Health and Safety promotion for sedentary workers

4.2.2 Managers Health & Safety Training

Development of an eLearning tool (available through Ko Awatea, Hutt Valley DHB's training system) including an assessment for Managers at Hutt Valley DHB, introduces the new Act and enables Managers to clearly articulate and practise good health and safety practices in line with the new legislation.

Hutt Valley DHB Managers and people leaders are expected to undertake this training and tracking of the e-learning training will be monitored to ensure this eLearning module has been completed.

4.2.3 Health & Safety Representative Training

Jen Breed, Trainer and Learning Advisor for Working Wise, will be completing training for new Hutt Valley DHB Health & Safety Representatives in August 2016.

Workshops and course materials have been updated to reflect the new Health and Safety at Work Act. The training material will include assessment for the required unit standard 29315 and will be delivered through a programme specifically tailored for the DHB.

Transitional training available through 'Action 'n Safety' has been made available to our existing Health & Safety Representatives at no cost to the DHB. Currently 50% of the H&S Representatives have completed this training and an extension to government funding available has been given into June.

4.2.4 On-Line Hazard Register

The Working Wise on-line hazard register (GOSH) is an on-line hazard reporting system specifically designed for the DHB and being built with hazard categories and risk management controls specific to the DHB. Currently we utilise a paper hazard risk reporting system.

Consideration is currently being given to using SharePoint in future, which is an existing system at the DHB and as an alternative more cost-effective option for the DHB.

4.2.5 HVDHB Bipartite Worker Participation System Agreement 2016/2017

The purpose of this agreement is to improve health and safety in the workplace by promoting cooperation between the employer, employees and the unions representing the employees, in part by ensuring all workers are provided with a reasonable opportunity to be actively involved in the ongoing management of health and safety.

This agreement has been updated reflecting the Health & Safety at Work 2015 Act and is now signed by our Union Representatives.

5. POLICY UPDATES

A project is underway to identify existing Health & Safety Policies that require updating to reflect the new Act. Once policy reviews have been completed to the final draft stage these will be reviewed by an external Health and Safety Advisor to ensure they both reflect the requirements under the new Act.

The 3DHB Contractors Policy is being revised to reflect the wider range of contracts that the DHB has, with further consideration being given to the processes and procedure documents to work alongside this policy document. Once complete an external provider will review this document prior to further consultation and sign off.

PUBLIC

		HAC INFORMATION PAPER
		Date: 31 May 2016
Author	Amber O'Callaghan – Executive Director Quality & Risk Wairarapa and Hutt Valley DHBs	
Endorsed By	Ashley Bloomfield, Chief Executive Officer, Hutt Valley DHB	
Subject	HVDHB Quality Report for Hospital Advisory Committee (HAC)	
RECOMMENDATIONS		
<p>It is recommended that the HVDHB Hospital Advisory Committee:</p> <ol style="list-style-type: none"> a. NOTES the report for April – May 2016; b. NOTES that in the National Patient Experience Survey: Hutt Valley DHB scored higher than the national response to the question '<i>Overall, did you feel staff treated you with respect and dignity while you were in the hospital?</i>' with 88% of patients answering 'Yes, always'. HVDHB scored 91%, which is an increase from 84% the previous quarter; and that the lowest scoring question nationally and for HVDHB was '<i>Did a member of staff tell you about medication side effects to watch for when you went home?</i>', where nationally the score was 46% – HVDHB scored 45%, which is an increase from 38% on the previous quarter; c. NOTES that for the Hand Hygiene audit period 1 November 2015 to 31 March 2016 HVDHB achieved an 80.2% compliance rate; this is the first time that the HVDHB has achieved the national target for this indicator; d. NOTES that the Falls marker audit period January – March 2016 showed an increase from 66% to 72% of patients aged 75 and over (Maori and Pacific Peoples 55 and over) who were given a falls risk assessment; e. NOTES that Hutt Valley DHB underwent a full Certification Audit 24-27 May 2016, which identified key areas for improvement including organisational management, staffing (Nursing) and care delivery – a full update with responses will be provided to HAC and the Board once the audit report is finalised; f. NOTES that the HVDHB Infection Prevention and Control (IPC) team has produced an Annual Report (appended) reflecting the outcomes of the IPC work programme for 2015; g. NOTES that the Hutt Valley Health System Clinical Council continues to progress and will be discussing a proposed Clinical Governance Framework at its next meeting; h. NOTES that Quality and Safety 'Walk Rounds' involving the CEO and Professional Leaders will commence in June 2016; i. NOTES that a proposal for discussion on Consumer Engagement for HVDHB is in development and is scheduled to be provided to the August Board meeting. 		
ADDENDUM		
<p>Infection Prevention and Control Annual Report 2015.</p>		

1 PATIENT EXPERIENCE

Focusing on consumer value encourages our sub-region to involve our communities in improving current performance and planning for the future, and to achieve improved health outcomes and equity for our populations.

As individual DHBs, we receive consumer feedback through our complaints and compliments processes, DHB-specific patient satisfaction surveys and consumer group forums. This information is analysed and reflected in continuous improvements, focused on access, quality, safety, sustainability and efficiency of health service delivery both locally and sub-regionally.

1.1 National Adult Inpatient Experience Survey

Each DHB undertakes a patient satisfaction survey, which is a minimum mandatory requirement by the Ministry of Health. Nationally, the Health Quality & Safety Commission (HQSC) has facilitated a quarterly National Adult Patient Experience Survey (adult inpatients over 15 years of age and excluding Mental Health & Te Mahoe). This is based on four domains: communication, partnership, coordination, and needs (physical and emotional). This commenced in August 2014 and the most recent one was conducted in February 2016 in HVDHB (results below).

Response rates

The national level response rate was 29%, which is the highest since the survey started. HVDHB's response rate was 32%, a 10% increase on the previous quarter's response rate. This was also the highest response rate for HVDHB since the survey started.

DHB	February 2015 response rate	February 2016 response rate
Hutt Valley	31%	32% ↑
National average	27%	29% ↑

Note: HSQC has indicated 40% is the national 'target' response rate being aimed for.

National results for patients treated in February 2016 – key messages

- Results for the four domains remained consistent across all seven survey rounds.
- There was little variation between DHBs.
- Weighting has been undertaken, as before, in line with the methodology and procedure documents.

The table below shows a comparison between the National and HVDHB scores in the four domains, noting the changes in scores (increases/decreases) from the November 2015 report.

Four Domains	Nationally February 2016	HVDHB February 2016
Communication	8.2 ↓	8.2 ↓
Partnership	8.4 -	8.4 -
Co-ordination	8.3 ↓	8.4 ↑
Physical and emotional needs	8.6 -	8.5 -

Nationally the two highest scoring questions were:

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- (1) *'Overall did you feel staff treated you with kindness and understanding while you were in the hospital?'* with 86% of people answering Yes. HVDHB scored 88%, which is in line with the national average and an increase from 83% last quarter.
- (2) *'Overall, did you feel staff treated you with respect and dignity while you were in the hospital?'* with 88% of patients answering 'Yes, always'. HVDHB scored 91%; this is an increase from 84% last quarter. This was HVDHB's highest scoring question.

The lowest scoring questions nationally were:

- (1) *'Did a member of staff tell you about medication side effects to watch for when you went home?'* Nationally the score was 46%. HVDHB scored 45%. This is an increase from 38% last quarter. This continues to be HVDHB's lowest scoring question.
- (2) *'Did the hospital staff include your family/whanau or someone close to you in discussions about your care?'* with 56% of people answering Yes. HVDHB scored 58%. This is a slight decrease from 61% last quarter.
- (3) *'Do you feel you received enough information from the hospital on how to manage your condition after your discharge?'* with 59% of people answering Yes. HVDHB scored 61%; this is the same as last quarter.

A workstream to improve the process and quality of communication regarding medication side effects is being developed to enable better communication and information sharing with patients and their families. This improvement work forms part of the Medication Safety Committee's work programme.

Some examples of the narrative feedback about meeting needs, communication and partnership:

- "The nurses are amazing and go above and beyond to make you feel safe and cared for. I know this because I didn't get annoyed about anything."
- "I had the same information from my pre-op meetings through to discharge. I found the staff to be very thorough. Overall excellent care."
- "I could talk to them as equals and get the answers I needed."
- "I had regular visits from physio, OT and social helpers to discuss various aspects of my health and security. "

2 EFFECTIVENESS

Effectiveness focuses on monitoring and evaluation of patient care and performance in relation to our peers to ensure focused quality improvement.

2.1 Health Quality Safety Commission Open Campaign – Quality Safety Markers

The Health Quality & Safety Commission (HQSC) is driving improvement in the safety and quality of New Zealand's health care through the national patient safety campaign *Open for better care*. The quality and safety markers (QSMs) help to evaluate the success of the campaign nationally and determine whether the desired changes in practice and reductions

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in harm and cost have occurred. The January – March 2016 data will be published at the end of June 2016.

Workplans are in place for the 'Falls' and 'Hand Hygiene' Quality Safety Markers; these are markers where HVDHB had fallen short of the national goals.

Falls

Following Hutt Valley DHB's poor results for falls assessments and care planning targets, the Executive Leadership Team escalated this target as a priority. The aim is to minimise patient harm, meeting best practice requirements and reduce costs associated with falls. A working group involving the Quality & Risk Team and Practice Development Unit was established. An improvement plan is in action to improve patient safety and to meet this target. The programme of work increases front-line accountability and aims to improve upon the standards of documentation. Monthly monitoring of this target rather than quarterly is in place to ensure the workplan is keeping on track and improvements are being realised, with reporting back to ELT monthly. The workplan has been in place for six weeks. The audit period January – March 2016 showed an increase from 66% to 72% of patients aged 75 and over (Maori and Pacific Peoples 55 and over) who were given a falls risk assessment.

Hand Hygiene

The Hand Hygiene compliance audit period 1 November 2015 to 31 March 2016 has been completed. Hand Hygiene compliance is audited against the five moments of Hand Hygiene outlined by the World Health Organization (WHO). These are the key moments in patient care where hand hygiene is required to stop the transfer of microorganisms and decrease Hospital Acquired Infections.

Hand Hygiene moments were collected in 12 clinical areas to portray a cross section of compliance across the hospital.

A total of 1,807 Hand Hygiene moments were collected, which is greater than the required 1,750. Our compliance rate in this audit was 80.2%. This is an increase of 2.4% from the previous audit, and is the first time we have achieved the national target of 80% set by the HQSC. The national average compliance by DHBs for this audit period is 81%.

May 5th was World Hand Hygiene Day. The theme for this year's campaign was safe surgical care, with a focus on improving hand hygiene practices in all surgical services through the continuum of care, from surgical wards to operating theatres, to outpatient surgical services. IPC representatives at Hutt Valley DHB made morning tea for staff, which included hand-shaped biscuits, and cupcakes decorated with hands made of icing.



Paper hand awards, spot prizes and hand-shaped biscuits were part of World Hand Hygiene Day at Hutt Valley DHB. The team handed out spot prizes to people seen performing hand hygiene (including visitors and patients) using hand-shaped certificates, some of which came with a coffee voucher.

2.2 Certification

Hutt Valley DHB underwent a full Certification Audit from 24-27 May 2016.

Certification is the auditing of inpatient services provided by Hutt Valley DHB to ensure we comply with the Health and Disability Sector Standards. Hutt Valley DHB has a service agreement with the DAA Group to provide certification services as our audit agency.

Certification provides the DHB with an opportunity to highlight the things that we do well. It also provides the opportunity for an external lens to be applied to our organisational management and patient care systems and procedures to identify areas for improvement.

There are 130 criteria assessed during the audit; the audit noted 30 areas that required organisational improvement. A draft Certification Report will be submitted to the DHB in mid-June. The DHB will have one week to note any factual corrections in the draft report. The Ministry of Health will then release a final Certification Report that details corrective actions with timeframes for completion. In the meantime, a draft set of indicative Corrective Actions has been provided to the DHB following the audit and action plans to address the Corrective Actions are currently in development.

The auditors noted that the staff were committed, friendly, caring and open. Many positive comments were made about patient care and the systems that we utilise to support this.

The audit focused on systems and samples of processes and patient journeys. The opportunities for improvement that were noted by the auditors are not a surprise to the staff and it was acknowledged that the organisation already had some processes in place for improvement on many of the corrective actions noted.

Priority improvement areas highlighted by the auditors include:

- **Organisational Management:** The audit team commented on the positive impact of some of the work that has progressed as a result of having a shared Executive and Senior Leadership Team with Wairarapa. However, the current structure was noted to have also had a negative impact on the organisation's staffing resources and as a result, some organisational outcomes. The auditors recognised that the new organisational structure is about to be proposed and the organisation is in the process of separating the senior management team from being 2 or 3DHB managers to being largely stand-alone for HVDHB.
- **Staffing:** In particular nursing staffing was highlighted as an area for improvement. A number of examples of rostering processes, workload pressures, patient flow and negative nursing hours' variance were commented on by the auditors. The auditors' view was that the DHB's position regarding to current nursing staffing is unsustainable. Note that this relates to the combination of nursing numbers and work processes.
- **Care Delivery:** The auditors noted that at times care was not being delivered in a timely manner due to workload, that care planning across the organisation was not uniform and that variations and duplications existed. The audit team observed that although assessments were generally well completed, there was little evidence that the findings of the assessments were being pulled actively into an individual patient's care plan.

3 SAFETY

The 2015 Annual Report produced by the HVDHB IPC team was submitted to the ELT in mid-April 2016. The IPC Service is part of the Quality and Risk Directorate and is governed by the HVDHB IPC Committee. The Committee has endorsed the IPC Programme 2015-2018. In accordance with this plan, the Committee aims to reassure the Executive and Board that appropriate steps are being taken to minimise the risk of infection to consumers, service providers and visitors.

The broad aim of the IPC service is to use its expertise to manage IPC issues by encouraging frontline ownership and sustained culture change with regards to infection prevention. The IPC service operates in accordance with the Health and Disability (Infection Prevention and Control) Standards. The annual report is organised to reflect how the hospital is performing according to these standards.

The Annual Report notes:

- the IPC service has established a Hutt Valley DHB IPC Committee
- a Hutt Valley DHB IPC Programme for 2015-2018 has been developed
- an updated surveillance and monitoring system has led to efficiency gains regarding data collection and analysis for IPC
- there has been an increase in the incidence of hospital-acquired *S. aureus* bloodstream infections
- the improvements made in meeting the Hand Hygiene Quality Safety Marker, compliance has improved from 50% in mid-2014 up to 78% by the end of 2015 [and now over 80%]
- surgical site infection surveillance and prevention is well established in orthopaedics with consistently high performance in the HQSC's KPIs, and infection rates consistent with the national average
- the HQSC programmes add to the workload of IPC and pose resourcing challenges as there is a consistent drive for more surveillance. There is an increasing need for an IT solution
- in the 2016 year, the IPC service will have a particular focus on the following areas:
 - continued improvement in hand hygiene
 - reducing the number of cases of healthcare-associated *S. aureus* bacteraemia
 - reducing the number of cases of *Clostridium difficile* diarrhoea
 - developing a care bundle and surveillance system for caesarean sections
 - rolling out the central line monitoring programme hospital-wide

4 CLINICAL GOVERNANCE

Clinical governance refers to the systems and processes in place across the organisation to ensure accountability for quality and safety. A number of activities are underway to strengthen clinical governance at HVDHB. One significant development is the establishment of a Clinical Council.

4.1 Clinical Council

The Hutt Valley Health System Clinical Council had its second meeting on 9 May, welcoming Hans Snoek (co-chair) and Andrew Harris who were unable to attend the first meeting. The Clinical Council confirmed its revised Terms of Reference and discussed clinical governance, the NZ Health Strategy Update, improving mortality review processes and the introduction of quality and safety ‘Walk Rounds’.

There was robust discussion about the understanding of clinical governance by members of the Council. The Irish framework was proposed as useful for Hutt Valley (Table below). Current activities are being identified, mapped with processes in the framework and a checklist applied to identify gaps. Challenges include appropriate integration with primary care and clinical governance for 3DHB services. The Clinical Council endorsed the direction of travel and a future meeting will see a draft framework for discussion.

TABLE. PROPOSED CLINICAL GOVERNANCE FRAMEWORK – ADAPTED FROM IRISH QUALITY AND PATIENT SAFETY INITIATIVE

<u>Structure</u>	<u>Process</u>	<u>Outcome</u>
Board	Quality and Performance Indicators	Patient care
Clinical Council	Learning and Sharing Information	Patient experience
Executive Leadership Team	Patient and public involvement	Staff experience
Patient Safety Group	Risk management and patient safety	Service improvement
Directorates	Clinical effectiveness and audit	
Clinical Leadership	Staffing and staff management	
Accountability Spine	Information management	
	Capacity and capability	

4.2 Quality and Safety Walk Rounds

The Clinical Council discussed and endorsed Quality and Safety Walk Rounds. Quality and Safety Walk Rounds involve members of the ELT visiting an area in the DHB to meet with patients and staff. The aims include demonstrating leadership’s commitment to quality and safety for patients, staff and the public, increasing staff engagement, and strengthening commitment and accountability for quality and safety. Through structured and informal discussions issues can be raised, good practices identified and actions agreed to improve

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quality and safety. Walk Rounds are planned to occur monthly, and commence in June 2016.

4.3 Consumer Engagement

In 2015, Chris Walsh, Director of Partners in Care at the HQSC, spoke to staff at HVDHB about the importance of consumer engagement, and mechanisms for doing so at DHBs. Subsequently Graeme Norton, chair of the Hawke's Bay DHB Consumer Council, gave a presentation to the Board in February of this year and the Board has requested a proposal for consumer engagement be presented in coming months. A review of national and international approaches has been conducted and a small group will shortly undertake a self-assessment of the DHB's current consumer engagement activities. A proposal for discussion will be complete by the end of July.

5 GENERAL QUALITY MATTERS**Asia Pacific Quality Forum (APAC)**

This year's APAC is to be held in Sydney in September 2016; this is widely regarded as one of the most useful quality improvement conferences held each year. ELT has managed attendance applications through the Executive Director Quality and Risk to ensure our attendance maximises the value for key individuals and the DHB. The DHB will be supporting the attendance of four staff.

Health Quality & Safety Commission (HQSC)

Patient Safety Week will be taking place from 30 October to 5 November 2016 and HVDHB is represented on the working group developing the programme.

The Safe Surgery NZ programme aims to improve perioperative care by encouraging teams to consistently apply evidence-based practices and safety checks to all patients and by improving teamwork and communication. The programme is rolling out surgical teamwork and communication interventions nationally in a staggered approach from 2015 to 2017. HVDHB is in cohort 2 and is halfway through the implementation phase of the programme. It is anticipated that, by the end of the implementation period, cohort members will have embedded the paperless checklist into usual practice (considering local circumstances) and started implementing briefing and debriefing before and after theatre session. The Surgical Site Infection process quality and safety marker (QSM) was retired at the end of June 2015. A new process QSM will be introduced from 1 July 2016 that look at how engaged teams are, and use an observational audit methodology.

National Improvement Network

TAS and Ko Awatea have collaboratively coordinated a workshop for 10 June 2016 to lead a discussion around the development of a National Improvement Network. The key aspects of the network include:

- 1) building stronger relationships with each other and gaining understanding of what is going on locally.
- 2) enabling sharing of information around who is working on what and supporting members to capture the great work being done around the country. There is currently no easy way to see what others are doing, potentially leading to duplication of effort.

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- 3) networking resources and knowledge, again avoiding unnecessary duplication.
- 4) focusing on supporting each other to solve our own problems, this could be through:
 - a. building capability/training and knowledge of quality improvement
 - b. coaching and mentoring at an organisational, departmental, team and individual level.
- 5) ensuring interdisciplinary connections.
- 6) sharing information about international or national visitors and providing access to these expert resources.
- 7) creating a small coordinating backbone/secretariat or hub to support the work of the network.

Hutt Valley DHB is represented on this group.

HOSPITAL ADVISORY COMMITTEE

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		HAC PUBLIC SECTION
		Date: 17 June 2016
Author	Virginia Hope	
Subject	Resolution to Exclude the Public	
<p>RECOMMENDATION</p> <p>It is recommended that the Public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 (“the Act”) where the Board is considering subject matter in the following table.</p> <p>The grounds for the resolution is the Committee, relying on Clause 32(a) of Schedule 3 of the Act believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists under the Official Information Act 1982 (OIA), in particular:</p>		

Agenda Item	NZ Public Health & Disability Act
Serious & Sentinel Event Update	Section 9(2)(i)(j) Papers contain information and advice that is likely to prejudice or disadvantage commercial activities and/or disadvantage negotiations

Hutt Hospital Operational Services											
Monthly Balanced Scorecard April 2016											
KEY PERFORMANCE INDICATORS 2015/2016											
PATIENT EXPERIENCE	Apr-16		Period		PROCESS & EFFICIENCY	Apr-16		Period			
	Month	Target	YTD	QTR4		Month	Target	YTD	Target		
	Shorter Stays in Emergency Departments	93%	95%	90%		92.9%	Acute Inpatient Length of Stay	2.2	2.5	2.3	2.5
	Improved Access to Elective Surgery	97%	100%	104%		97.3%	Elective Inpatient Length of Stay (Surgical)	1.1	1.7	1.4	1.7
Better Help for Smokers to Quit	94%	95%	95%	93.7%	Elective/Arranged Day Surgery Rate	58%	58%	59%	58%		
	Month	Target	YTD	Target	Ward Bed Utilisation - Daily (Incl Weekends)	79%	85%	83%	85%		
Number of Patient Deaths	14	U/D	177	U/D	Ward Bed Utilisation - Weekdays Only	81%	85%	85%	85%		
Severity 1 & 2 (Confirmed)	0 (0.0)	U/D	8 (0.1)	U/D	Theatre Sessions Utilised	78%	90%	85%	90%		
Ambulatory Sensitive Hospitalisation - Children (0-4)	37	74	707	740	Theatre Utilisation (Time in Theatre)	84%	85%	86%	85%		
Surgical Site Infections Reported	N/A	1	N/A	10	Theatre Sessions Starting on Time	84%	90%	89%	90%		
Hospital Acquired Pressure Areas	6	3	25	30	Acute Patients impacting on Elective Sessions	60	52	546	520		
Patient Falls Causing Harm (per 1000 bed days)	7 (1.1)	12 (1.9)	150 (2.2)	120 (1.7)	Cancelled on Day of Surgery - Patient	11	15	107	165		
Medication Errors (per 1000 bed days)	11 (1.7)	20 (3.1)	215 (3.1)	200 (2.9)	Cancelled on Day of Surgery - Hospital	12	10	86	110		
Complaints (per 1000 bed days)	27 (4.2)	U/D	282 (4.1)	U/D	Cancelled on Day of Surgery - Percentage	4.5%	5.0%	3.5%	5.0%		
Compliments (per 1000 bed days)	22 (3.4)	U/D	220 (3.2)	U/D	Outpatient DNA (FSA & Followup)	448	322	4310	3284		
Acute Readmission Rate (Mar 16)	6.5%	7.0%	7.3%	7.0%	Outpatient DNA (FSA & Followup) - DNA Rate	8.3%	9.0%	7.9%	9.0%		
<small>Acute Readmission Rate update to reflect Planned readmission exclusion - Target for 2014/2015 is 7%</small>											
WAITLISTS	Waitlist Patients (ESPI5 and ESPI2)				VALUE FOR MONEY	Apr-16		Period			
	Month	Target	Booked	Unbooked		Month	Target	YTD	Target		
	Waiting >120 days for Treatment (ESPI5)	5	10	3		2	Total Caseweight	1870	1948	20283	19712
Waiting >120 Days for Outpatient FSA (ESPI2)	10	10	0	10	Elective Caseweights	537	589	5612	5969		
					Acute Caseweights	1333	1359	14671	13743		
HEALTHY WORKPLACE	Apr-16		Period		Outpatient FSA Volumes	1245	999	11761	10440		
	Month	Target	YTD	Target	Outpatient FU Volumes	2935	2303	30703	24066		
	Staff Turnover % (Headcount)	1.0%	0.8%	9.0%	8.3%	Hospital FTEs inc overtime	1589	1563	1617	1588	
	Sickness Absence - % Paid Hours Worked	2.9%	2.3%	3.0%	2.3%	Hospital Operating Costs (\$'000)	16,569	16,252	169,516	165,271	
	Number of Staff having >24 Mths O/S Leave			166	226	Hospital Personnel inc outsourced (\$'000)	11,936	11,382	122,761	118,857	
	Physical Assaults	2	U/D	30	U/D						
	Blood and Body Fluid Exposure	6	U/D	28	U/D						
	Slips, Trips and Falls	1	U/D	20	U/D						
	Employee Appraisals (Last 12 Months)	46%	80%	46%	80%						
<small>KEY: N/A = Not available U/D = Under Development</small>											
					MOH Health Targets		Key Issue				
					MOH Performance Measures		Alert				
							Good News				

Addendum 1: Hutt Valley DHB specific actions from notifiable death, injury, illness or incident

May 2016

1. INTRODUCTION

The following report is based on HVDHB Reportable Events that meet the definition of notifiable death, injury, illness or incident under the Health and Safety at Work Act 2015.

It provides a summary of new, closed and events in progress for all notifiable events across Hutt Valley DHB as at the end of May 2016. Events are reported to WorkSafe NZ.

2. NEW NOTIFIABLE DEATH, INJURY, ILLNESS OR INCIDENT

Month Notified to WorkSafe	Reference	Event summary	Injury sustained	Date of Injury	Date lodged	Directorate
May	27455	Lifted a tray that fell onto the finger.	Right middle finger fracture (delayed diagnosis)	11/02/16	16/02/16	SWC

3. NOTIFIABLE DEATH, INJURY, ILLNESS OR INCIDENT CLOSED

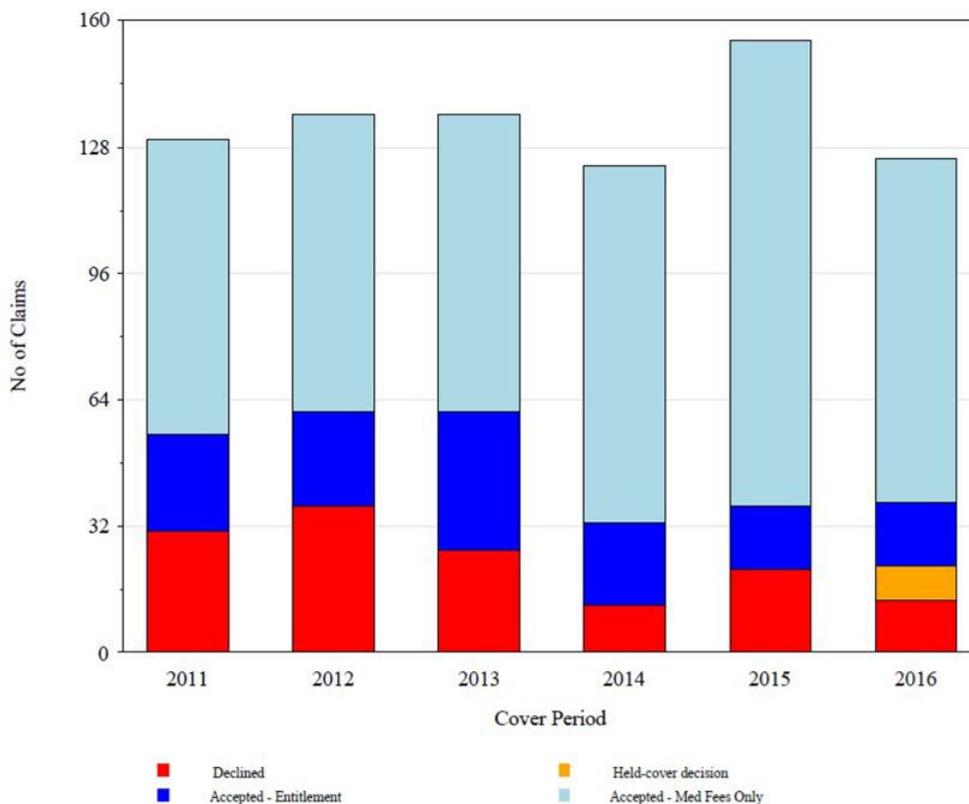
Month Notified to WorkSafe	Reference	Event summary	Injury sustained	Date of Injury	Date lodged	Directorate	Outcome WorkSafe
Nil last quarter	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Addendum 2. Hutt Valley DHB work injury claim data summary

May 2016

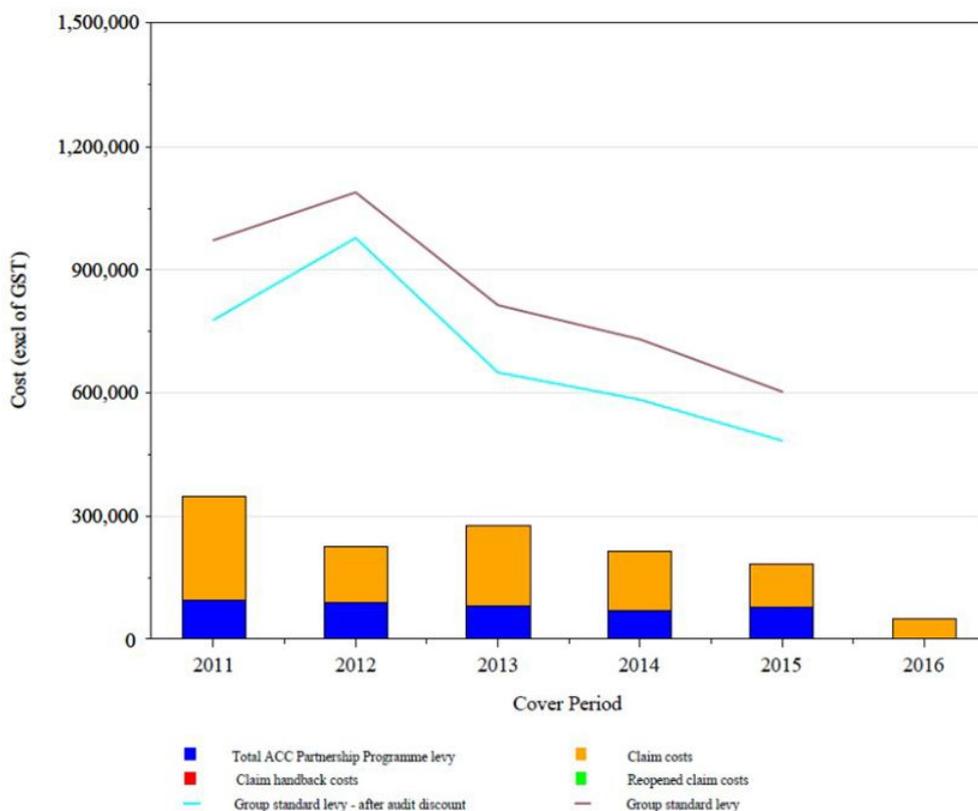
Breakdown of Registered Claims

Claim Category	Cover Period					
	2011	2012	2013	2014	2015	2016
Registered	130	136	136	123	155	125
Declined	31	37	26	12	21	13
Held-cover decision	0	0	0	0	0	9
Accepted	99	99	110	111	134	103
Accepted - Entitlement	24	24	35	21	16	16
Accepted - Medical Fees Only	75	75	75	90	118	87



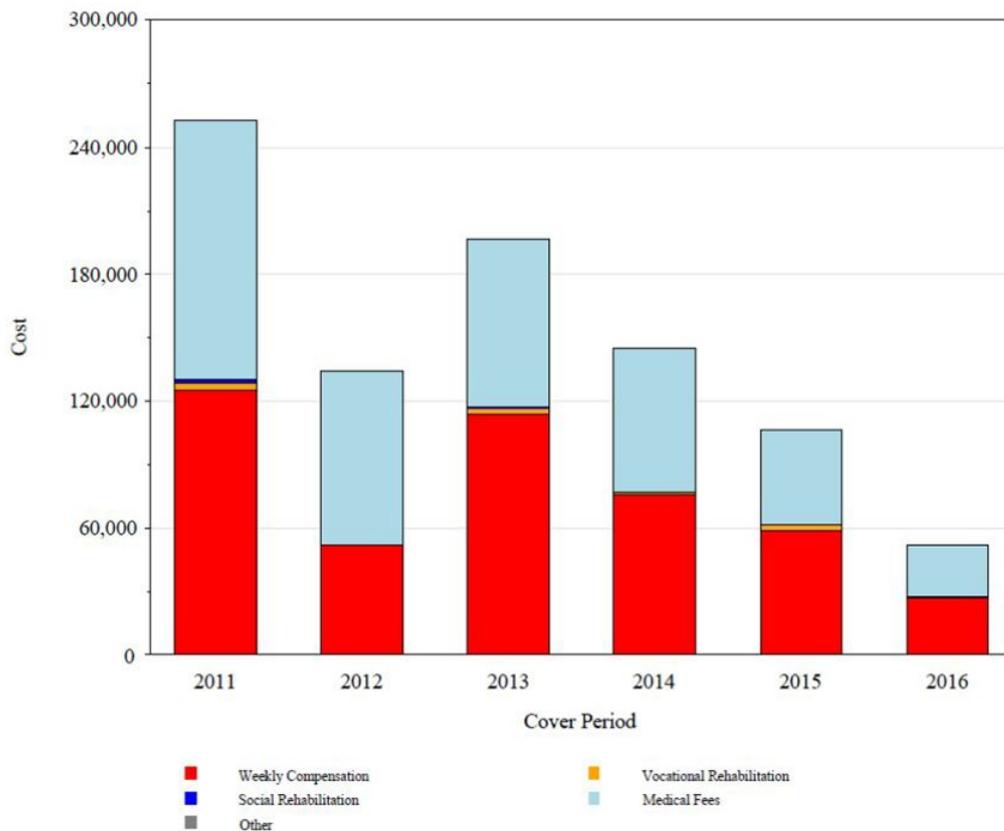
Costs by Claim Cover Period

Type of Cost	Cover Period					
	2011	2012	2013	2014	2015	2016
Reopened claim costs	\$0	\$0	\$0	\$0	\$0	\$0
Claim handback costs	\$0	\$0	\$0	\$0	\$0	\$0
Claim costs	\$252,389	\$134,633	\$196,743	\$145,030	\$106,828	\$51,690
Total ACC Partnership Programme levy (excl. GST)	\$95,411	\$91,066	\$80,791	\$69,690	\$77,664	
Group standard levy - after audit discount (excl. GST)	\$778,242	\$977,873	\$651,116	\$583,862	\$482,557	
Group standard levy (excl. GST)	\$972,802	\$1,086,526	\$813,895	\$729,827	\$603,196	

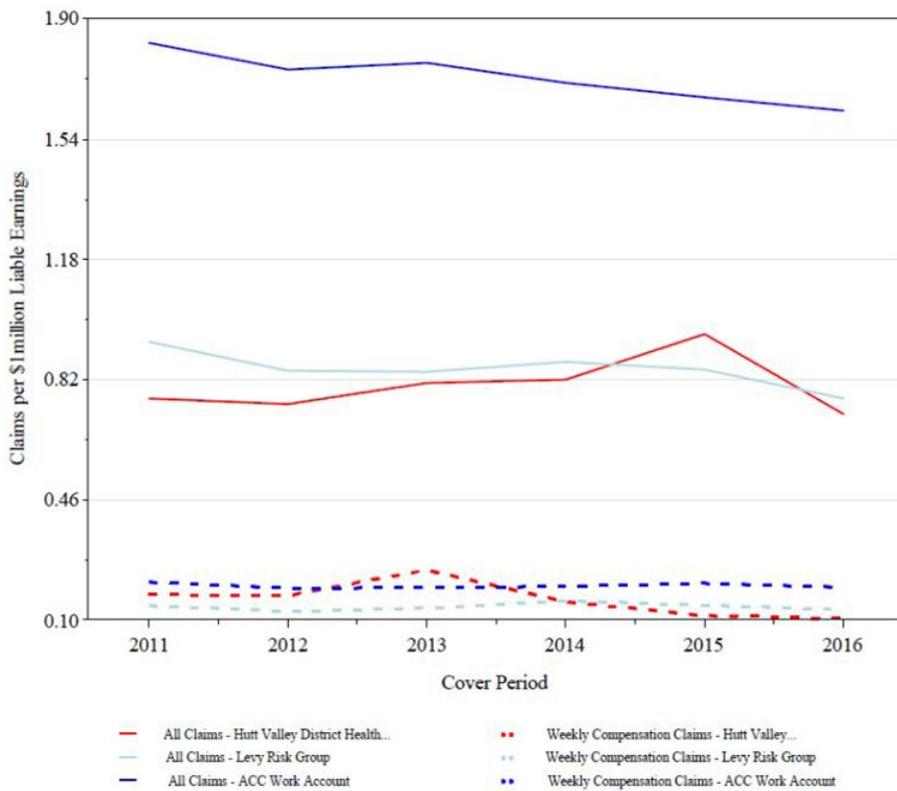


Claim Costs by Category

Claim Costs by Category	Cover Period					
	2011	2012	2013	2014	2015	2016
Weekly Compensation	\$125,068	\$52,001	\$114,063	\$75,482	\$58,990	\$26,784
Vocational Rehabilitation	\$3,292	\$0	\$2,470	\$1,002	\$3,053	\$448
Social Rehabilitation	\$1,418	\$0	\$672	\$135	\$0	\$0
Medical Fees	\$122,611	\$82,632	\$79,539	\$68,411	\$44,785	\$24,458
Other	\$0	\$0	\$0	\$0	\$0	\$0
Total Claim Costs	\$252,389	\$134,633	\$196,743	\$145,030	\$106,828	\$51,690



Claims per \$1million Liabe Earnings		Cover Period					
		2011	2012	2013	2014	2015	2016
Total Liabe Earnings (\$million)		\$129.71	\$132.50	\$135.65	\$135.15	\$140.28	\$143.83
All Claims	Hutt Valley District Health Board	0.76	0.75	0.81	0.82	0.96	0.72
	Levy Risk Group	0.93	0.85	0.84	0.87	0.85	0.76
	ACC Work Account	1.83	1.75	1.77	1.71	1.67	1.62
Weekly Compensation Claims	Hutt Valley District Health Board	0.18	0.17	0.25	0.16	0.11	0.10
	Levy Risk Group	0.14	0.13	0.14	0.16	0.15	0.13
	ACC Work Account	0.21	0.20	0.20	0.20	0.21	0.20



APPENDIX 3 - SUMMARY OF RECOMMENDATIONS AND ACTIONS FOLLOWING ACC PARTNERSHIP PROGRAMME AUDIT 2015 & 2016

AUDIT ELEMENT	RECOMMENDATION	ACTION PROPOSED	DATE FOR IMPLEMENTATION	MONITORED BY
Element 1 Employer commitment to safety management practices	<p>1.8.3 Strengthen the way health and safety contribution by employees is recognised. Acknowledgement by a member of the executive team (including Chief Executive) is a powerful way to encourage and foster good safety behaviours (“What is safety leadership” – A Guide for Chief Executives October 2014).</p> <p>1.9.2 Consider maintaining attendance records for “Grand Round” briefings.</p>	<p>Recognise staff at local level leading projects to minimise harm or improve staff health in line with H&S Plan objectives.</p> <p>Attendance record</p>	<p>APRIL 2016</p> <p>Immediate</p>	OHSS
Element 2 Planning, review and evaluation	2.2.4 Ensure the strategic health and safety plan 2014-2015 is signed off in a timely manner so that work can commence on its implementation.	3DHB health and safety plan implemented 2015/2016	COMPLETE	OHSS
Element 3 Hazard identification, assessment and management	<p>Consider including refresher information for staff regarding the process to log a BEIMS request (this could be a monthly topic).</p> <p>3.4.1 Completion of core health and safety training (including hazard management) is a health and safety KPI for managers – this could be a “lead” health and safety performance measure.</p>	<p>Monthly health & safety topic</p> <p>on-line managers eLearning module</p>	<p>END OF 2016</p> <p>IMPLEMENTED</p>	OHSS COO
Element 5 Incident and injury reporting, recording and investigation	<p>5.2.1 It is very important that the ability to report accidents/incidents/near miss events is unrestricted (this recognises that access to some layers of personal information will be restricted, but the overall premise is that reporting is unrestricted).</p> <p>It may be necessary to gather further feedback to fully</p>	<p>Implementation of SQUARE accessible to all staff.</p> <p>Access available to staff via another member of staff or Manager if staff member does not have computer</p>	IMPLEMENTED	QUALITY & RISK

	<p>determine what the road blocks to reporting may be. A positive safety culture requires effective reporting from staff of all front-line issues.</p> <p>It may also be worth considering allowing anonymous reporting (e.g. harassment/bullying). While individual circumstances would not be able to be investigated under an anonymous report it could facilitate the collation of patterns of data to identify trends.</p> <p>5.4.2 The plan to include accident/incident investigation training in the health and safety training planned for managers is supported.</p>	<p>login.</p> <p>Anonymous reporting available through HR process.</p> <p>on-line managers eLearning module</p>	<p>IMPLEMENTED</p>	<p>COO</p>
<p>Element 6 Employee participation in health and safety management</p>	<p>6.1.1 Clarify the structure of directorate health and safety forums and ensure there is a feedback loop between the DHB Committee and Directorate Committees.</p>	<p>Feedback received from Directorate Committees and discussed at DHB H&S Committee.</p>	<p>IMPLEMENTED</p>	<p>COO</p>
<p>Element 7 Emergency planning and readiness</p>	<p>It will be important for a fire safety policy to be finalised in a timely manner so that there is a consistent understanding of roles and responsibilities and approach to the provision of fire training.</p> <p>7.3.3 Implement targeted fire training for high risk clinical area as a matter of priority.</p>	<p>Fire Prevention Officer role appointed in April and implementing recommendations.</p>	<p>IN PROGRESS</p>	<p>Emergency Management Manager</p>
<p>Element 8 Protection of employees from on-site work undertaken by contractors and subcontractors</p>	<p>To ensure all health and safety aspects of contractor management are completed on a systematic basis consider developing a quality checklist that administrators can use to confirm appropriate completion.</p> <p>8.2.1 Consider including a risk assessment approach in the decision to tender i.e. work may involve high risk activity such as work at height and yet not trigger the financial indicator for assessment of health and</p>	<p>Template for managers overseeing H&S performance of contractors providing on-going services to be developed. Template will include "lead" KPIs in addition to injury report data.</p> <p>Procedure for monitoring of contractors to be referenced in H&S</p>	<p>DEC 2016</p>	<p>OHSS</p>

PUBLIC

	<p>safety capability.</p> <p>8.4.1 Further to meeting minutes it is strongly recommended that a checklist or similar is used to formalise the structure of and findings from contractor monitoring activities.</p> <p>8.5.2 Ensure that the evaluation of health and safety performance is a regular component of contract completion. Feedback from the evaluation of health and safety performance should be considered during the contractor re-selection process.</p>	<p>management of Contractors Policy now going through 3DHB consultation process.</p> <p>Procedure for post contract evaluation and template for completion by manager overseeing contract to be developed and referenced in H&S Management of Contractors Policy now going through 3DHB consultation process.</p>		
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SUMMARY OF RECOMMENDATIONS AND ACTIONS PLANNED FROM 2016 ACC AUDIT				
<p>Element 12 File Management</p>	<p>12.1.1 Review and update file management procedures to reflect the use of the electronic claims management system.</p>	<p>Update ACCPP procedure manual</p>	<p>DEC 2016</p>	<p>OHCM</p>
<p>Element 15 Development of rehabilitation policies, procedures and responsibilities</p>	<p>15.1.1 It is essential that the workplace rehabilitation policy is reviewed in a timely manner, given that the review period is stated as September 2015</p>	<p>Review and update workplace rehabilitation policy</p>	<p>DEC 2016</p>	<p>OHCM</p>

Accredited Employer Monitoring Summary Report



Employer	Hutt Valley District Health Board
Standard achieved at audit	Tertiary
Third party administrator	Self Managing
Date of monitoring review	2 June 2016
ACC Compliance Advisor	Sandra Ramsay

Background

Hutt Valley District Health Board (HVDHB) joined the Accredited Employer Programme on 1 May 2003 and has maintained tertiary accreditation for the past five years. Claims management is undertaken by a single in house case manager working out of HVDHB who is also responsible for the management of claims for Capital & Coast District Health Board as part of a shared services environment. Currently however, the case manager is only handling existing claims pre January 2016. Following the departure of the Manager Occupational Health & Safety supporting both DHB's in January, Wellnz was contracted to manage all new claims for both DHBs pending recruitment of two new Occupational Health and Safety Management positions. This arrangement is temporary and has enabled the case manager to fill the role of Acting Manager Occupational and Health and Safety in the interim. It is understood that recruitment of the two new roles is imminent. Monitoring was undertaken utilising electronic files.

Data Transfer - At the time of file selection, data was last successfully transferred for period ending 30 April 2016.

File Reviews - Seven files were selected for review.

Files selected for review

Employee	Date of Injury	Claim ID
Donna TAYLOR	5.6.15	HV119475
Wendy ENGLEBRET	16.11.15	HV123267
Kasum PRASAD	19.8.15	HV121471
Evivi CIRIKIWAI	1.2.16	HV124706
Rochelle GIBBONS	1.3.16	HV125409
Liz McCLOAT	2.12.15	HV123922
Deborah TAYLOR	3.3.16	HV125864

Summary of file reviews

Lodgement dates were correctly reported in all cases.

Decision letters - were provided well within legislative timeframes.

Declined Claims - the claim of Taylor was declined as the claimant was no longer an employee of the DHB. The claim was immediately transferred to ACC, however, was reported as "declined". Claims transferred to ACC should not be reported as "Declined" as doing so inflates the number of genuine declines. Please see the recommendation below.

Consent Forms - were present in all claims viewed. The date for consent renewal was clearly noted as a prompt should the claim go beyond this date.

Weekly compensation - earnings calculations were clearly recorded and dates of first incapacity (DOFI's,) and in the case of McCloat date of subsequent incapacity (DOSI), were accurate. Entitlements were documented and advice letters to the claimants contained a clear breakdown of amounts being paid.

Initial Needs Assessments (INA) - were well within the requirement of within two days of formal injury notification. In all instances these occurred on either the same day or earlier, before an ACC45 was received. Those viewed were completed by the DHB on receipt of the Work Injury Report in the first instance, and followed up with a further INA/Action Plan by the TPA. These were well documented clearly outlining requirements.

Review Rights - were appropriately worded and included in all decisions.

Rehabilitation Plans - were well documented outlining the responsibilities of all involved with expected timeframes. The plans confirmed meaningful and on-going discussions to support goals and were linked to weekly monitoring reports when gradual return to work was being undertaken. Weekly monitoring is undertaken by either the manager, or Occupational Therapist assigned to manage a safe return. Claimants who are fully off work are monitored weekly by the case manager. In the case of Cirikiwai and Gibbons no plans were required as both had less than seven days off work.

Further observations

Claim decisions were well supported by appropriate in-house medical specialist interventions.

Closed claims contained a closure summary noting the total cost. The Figtree/Wellweb system is not able to break down this total to identify individual costs.

Summary of findings and recommendations

- Ensure that claims transferred to ACC appear in the reported data as "Transferred to ACC" and not as "Declined" A Guideline explaining the procedure was previously distributed to employers and Third Party Administrators and a further copy is attached for your information.

Sandra Ramsay
Employer Compliance Advisor
June 2016



Infection Prevention & Control Annual Report 2015

Authors:

Dr Matthew Kelly, Clinical Lead IPC

Claire Underwood, IPC CNS

Angela Corn, IPC CNS

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EXECUTIVE SUMMARY

In 2015 the Infection Prevention and Control (IPC) service has clarified its governance and reporting structures, established the Hutt Valley DHB Infection Prevention and Control Committee and developed the Hutt IPC Programme for 2015-2018. The service has updated its surveillance and monitoring systems while at the same time improved efficiency around data collection and analysis. Whilst there are consistent and shared IPC practices across the subregion, there is no subregional governance structure to allow IPC to become truly 3D at this stage.

Hutt Hospital currently has good systems in place for monitoring infection control and escalating issues appropriately when identified. There is good control of Multidrug Resistant Organisms (MDRO) and *Clostridium difficile* infections (CDI). There has been a concerning increase in the incidence of hospital-acquired *Staph aureus* blood stream infections which most likely relates to poor care of peripheral cannula.

Infection control issues relating to facilities continue to pose a major challenge to the IPC service. This relates to issues around maintenance and renovation of ageing facilities, some of which were not designed according to modern infection control principals.

Considerable progress has been made on hospital cleaning. An auditable cleaning standard has been successfully implemented. Allocation and roles of cleaners is being reviewed to ensure maximal efficiency. Cleaning afterhours remains an issue given that cleaning tasks often fall to nurses and healthcare-assistants. The successful trial of steam cleaners at the end of 2015 means that the hospital is now in a position to move towards highly effective and chemical free steam and microfiber cleaning.

A significant amount of work around improving hand hygiene has taken place. This has included the roll out of hospital wide monitoring of hand hygiene compliance. As a result compliance has improved from 50% in mid 2014 up to 78% by the end of 2015.

Surgical site infection surveillance and prevention is well established in orthopaedics with consistently high performance in the HQSC's KPIs, and infection rates consistent with national average. Surgical site infection surveillance for caesarean sections continues although an infection prevention bundle requires updating and monitoring to prepare for the move to include this in the HQSC programme in coming years. The HQSC programmes add to the work load of IPC and pose resourcing challenges as there is a consistent drive for more surveillance. There is an increasing need for an IT solution.

Education remains a major focus of the IPC service and an annual education day was well attended by community and hospital staff from the wider region, in a 3 DHB partnership. Excellent feedback was received. There have been numerous other teaching sessions supported, as well as papers presented at international conferences and articles are in preparation for publication in peer-reviewed journals.

In 2016 the IPC service will consolidate the improvements made during the previous year while remaining ready to address new IPC issues as and when they occur. The service will have a particular focus on the following areas:

1. Continued improvement in hand hygiene
2. Reducing the number of cases of healthcare-associated *Staph aureus* bacteraemia
3. Reducing the number of cases of *Clostridium difficile* diarrhoea
4. Developing a care bundle and surveillance system for caesarean sections
5. Rolling out the central line monitoring programme hospital-wide

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INTRODUCTION

The Hutt Valley DHB Infection Prevention and Control (IPC) Service is part of the Quality and Risk Directorate and is governed by the HVDHB Infection Prevention and Control (IPC) Committee. The Committee has endorsed the IPC Programme 2015-2018. In accordance with this plan the Committee aims to reassure the Executive and Board that appropriate steps are being taken to minimise the risk of infection to consumers, service providers and visitors.

The IPC service currently consists of two Clinical Nurse Specialists and an Infectious Diseases Physician, and works closely with the microbiology laboratory. The service works with departments and professional groups throughout the hospital on a broad range of issues. The broad aim of the service is to use its expertise to manage IPC issues by encouraging frontline ownership and sustained culture change with regards to infection prevention. The IPC service operates in accordance with the Health and Disability (Infection Prevention and Control) Standards NZS 8134.3:2008. This annual report is organised to reflect how the hospital is performing according to these 6 standards.

The IPC service would like to acknowledge the significant support it has received in 2015 from the Executive Leadership Team and members of the IPC Committee. This support has been essential in being able to further develop a hospital wide culture of infection prevention.

MANAGED ENVIRONMENT

Standard 1: There is a managed environment which minimises the risk of healthcare acquired infection to patients, staff and visitors.

BUILDING AND RENOVATIONS

Challenges relating to the maintenance and renovation of ageing facilities are a major focus of the IPC service. The IPC service has made recommendations to Maternity and Postnatal wards regarding the poor state of repair of the rooms and bathrooms. Many of the rooms, including the isolation room, have peeling wallpaper and chipped paint meaning these surfaces are unable to be effectively cleaned. Bathroom facilities have ingrained mould and are not fit for purpose. Work is planned to commence in early 2016.

The parent bathroom on the childrens ward was leaking into SCBU on the floor below. The bathroom was closed for repair. Considerable renovation was required to make this room fit for purpose and was completed in January 2016. Toilet facilities for patients on the ward are inadequate for the number of patients on the ward and this becomes an infection control risk during high occupancy times due to requirements for isolation bathrooms. Only two of seven isolation rooms on the childrens ward have en-suite toilet facilities.

Recommendations have been made for the Older Persons Rehabilitation service. There are inadequate facilities to properly isolate patients. All of the isolation rooms lack en-suite toilet facilities and bathrooms are located across corridors from patient rooms. The carpet flooring in the day rooms requires removal and replacement; the flooring to both sluice rooms requires repair.

AIR HANDLING AND PRESSURISED ROOMS

All four negative pressure rooms on the medical ward were functioning below required standards when tested in 2014. Various and protracted efforts were made to find a solution. Three rooms have been upgraded with improvements to the sealing of air leaks and installation of manometric gauges to provide a visual indicator of the negative pressure. The rooms have also been painted. One room is yet to be completed. The rooms will be re-tested when all four rooms are completed and annually thereafter.

There are three positive pressure rooms in the plastics and burns unit used for protective isolation. All of these rooms are not functioning at positive pressure. The cause of the problem is still yet to be assessed and so there is currently no date to address this issue. This has been added to the risk register.

All the operating theatres meet the standards for required air changes per hour. However some of the low level and high level extract grilles do not meet the current requirements and need to be made larger. There is no current plan to do this work. This has been added to the risk register.

PLASTIC SURGERY MINOR PROCEDURES ROOMS

The IPC service performed an assessment of the plastic surgery outpatients department minor procedures rooms following clinical concerns about an increased rate of surgical site infections. The following recommendations and actions were made as part of a formal response:

- The procedures rooms to be added to the regular quarterly cleaning audits for outpatient areas
- Installation of a sink suitable for surgical hand hygiene; removal of vertical blinds in the laser room; procedure room doors to remain shut when a procedure is in progress to prevent contamination of the surgical field.
- Surgeons to don correct surgical attire; surgical gloves, mask and gown.
- Chlorhexidine gluconate 2% and alcohol 70 % is recommended for surgical antisepsis for all procedures below the neck.
- Updating of the antibiotic policy and guidelines for minor surgery.

CENTRAL STERILE SUPPLY DEPARTMENT (CSSD)

CSSD requires a wall to be built in the clean room. This will provide an air lock area to prevent cross contamination from the corridor. This is a priority as there are non sterile goods including theatre rubbish and dirty laundry which contaminate this corridor. Currently CSSD have to transport the sterile trays across the corridor on enclosed trollies to try and reduce the risk.

The doors into the sterile store also require alteration work. These doors were meant to be altered so that both sets of doors into the sterile store could not be open at the same time. This would reduce the risk from contamination in a corridor which is used by multiple people. It would also reduce the risk caused by multiple door openings causing air pressure changes in this room. There is no current plan to do this work. This has been added to the risk register.

FOOD SERVICES

Food services at HVDHB are currently supplied in house. The IPC service has concerns with the potential for food to be prepared and outsourced outside the hospital environment. This could potentially result in the loss of the ability to effectively work with the contracted service provider to ensure that food is delivered to a high standard and any issues related to infection are appropriately addressed.

LAUNDRY

The IPC Service has been involved with the consultation project to move all hospital laundry service to Allied Laundry Services in Palmerston North. IPC issues relating to this included the existing facilities location and suitability; catalogue of linen and scrubs; compliance with AS/NZ 4146 laundry practice; supply and removal of dirty linen and storage of clean linen.

The IPC service has been working closely with regional colleagues who currently utilise the Palmerston North site for their laundry provision and have been involved in standards based audits which have highlighted a number of issues which have been discussed with the CCDHB/HVDHB steering group.

The new laundry service was successfully rolled out to HVDHB in late 2015 with prior consultation to all wards and departments regarding linen choice from the new catalogue. IPC were able to support the Domestic Services Manager with this process. New storage cupboards were built in most areas to accommodate the new linen.

WATER AND PLUMBING

Hutt Hospital has a process for monthly Legionella testing of the cooling towers. Any unacceptable results are notified to Building Services who are responsible for informing Infection Prevention & Control. In the event of positive results the cooling towers are cleaned, disinfected and then re-tested.

Drinking water is also tested monthly for the total coliform count. Results are sent to Building services and reported to Infection Prevention & Control. In the event of a positive coliform test the sampling area is cleaned and disinfected and then re-tested.

WASTE MANAGEMENT

Waste Management NZ have the contract for general waste and recycling of paper, cardboard, glass and plastic. The biggest issue is a lot of recyclable waste ends up in general waste as it needs to be sorted at ward level, or recycling bins are contaminated with the incorrect waste. Domestic Services are currently looking at other recycling and composting options especially around food waste but this is much more expensive.

A recycling committee was established in 2015 with representation from the IPC service. An initial waste audit was undertaken to see what could be recycled. Currently PVC plastics are being recycled in PACU. Single use scissors and tweezers can also be recycled into dedicated sharps bins and the

metal recycled via Interwaste. Cost savings can be generated by not filling up our regular sharps bins with this waste.

Interwaste manages hazardous waste. There has been a large increase in hazardous waste with the outsourcing of the labs with more than 1000kg of hazardous waste being recorded for a one month period. Current concern is ensuring that waste is correctly being disposed of. There is a potential issue around hazardous material being placed into general rubbish from theatre. This issue is being investigated further.

CLEANING

Monthly cleaning audits are completed by Domestic Services in line with the Victorian Cleaning standards. Domestic Services have required significant support from IPC to perform this auditing correctly. The results are sent to the CNM's and Building Services for any staff cleaning responsibilities and maintenance issues to be addressed. The Victorian Cleaning standards audit tool is less than ideal and very subjective. IPC have supported the Domestic Services manager to procure the Top Cat audit system which can be combined with glow germ technology. This is a more reliable and quantifiable method of auditing for cleaning.

Domestic Services were able to relinquish collection of meal trays and beverage rounds in late 2015. This took up the equivalent of 2 FTE and was an infection control risk for cleaners to be involved in cleaning activities and then dispensing drinks to patients.

Steam and microfiber cleaning technology has been introduced for isolation cleans with a successful business case for 2 steam cleaners approved. This is a highly effective, chemical free cleaning method. The isolation cleans will now be completed by a team of staff trained to do these cleans. Curtains will be able to be steam cleaned insitu which will save on laundering costs. IPC and Domestic services are investigating how this technology can be rolled out throughout the hospital.

ISOLATION AND ALERTS

There is currently no way to easily determine which inpatients are in isolation for infections at any given time in the hospital. Currently the IPC team access the hospital isolation data daily from Trend Care, although this data is frequently inaccurate. An IPC nurse then conducts a walk around of all the isolation rooms to ensure patients are correctly isolated. Patients and families are provided with written information explaining why they are in isolation.

Alerts for Multi-Drug Resistant Organisms (MDRO) are manually added to patients' concerto records from weekly laboratory data. There is currently no way to identify or search for patients with national NHI alerts for Multi Drug Resistant Organisms.

CONTACT TRACING AND SCREENING

Contact tracing and screening of patients and staff is conducted when there has been unintentional exposure to a significant infectious disease. This is done in collaboration with the Occupational Health service. In 2015 there was one contact trace. A patient seen as a day case for nasal

endoscopy examination and biopsy was later confirmed as tuberculosis. Eight staff required contact tracing for this exposure.

OUTBREAK MANAGEMENT

There was an influenza outbreak in OPRS East and West in July requiring closure to admissions during an extremely busy time for the hospital. Thirteen patients acquired Influenza and many staff took sick leave. The outbreak lasted 16 days. A debrief and analysis of the outbreak was performed and several actions have been taken as a result:

- An outbreak management checklist has been developed to fill a gap in the current outbreak management policy.
- Major problems with the OPRS facility have been identified with regards to meeting infection control standards. The IPC service will continue to advise on any refurbishment of these wards.
- Low staff and patient influenza vaccination rates contributed to the outbreak. A programme for vaccinating OPRS patients has been developed and there will be an increased effort to improve staff vaccination rates in 2016.
- Pressure to continue admitting patients to OPRS at the start of the outbreak contributed to prolonging the outbreak. This is being addressed through IPC education and IPC presence at bed meetings during busy periods.

There was a norovirus outbreak in OPRS East affecting three patients in August 2015. The ward was immediately closed to admissions. This halted the outbreak immediately and it lasted 3 days with no further hospital acquired cases.

In September there was an outbreak of Influenza like illness (ILI) in CCU affecting 22 staff but no patients and lasted for two weeks. No patients were known to be affected. Low staff influenza vaccination rates may have contributed to this.

IPC RESOURCES

Standard 2: There are adequate human and physical resources to implement the IPC programme that meets the needs of the organisation

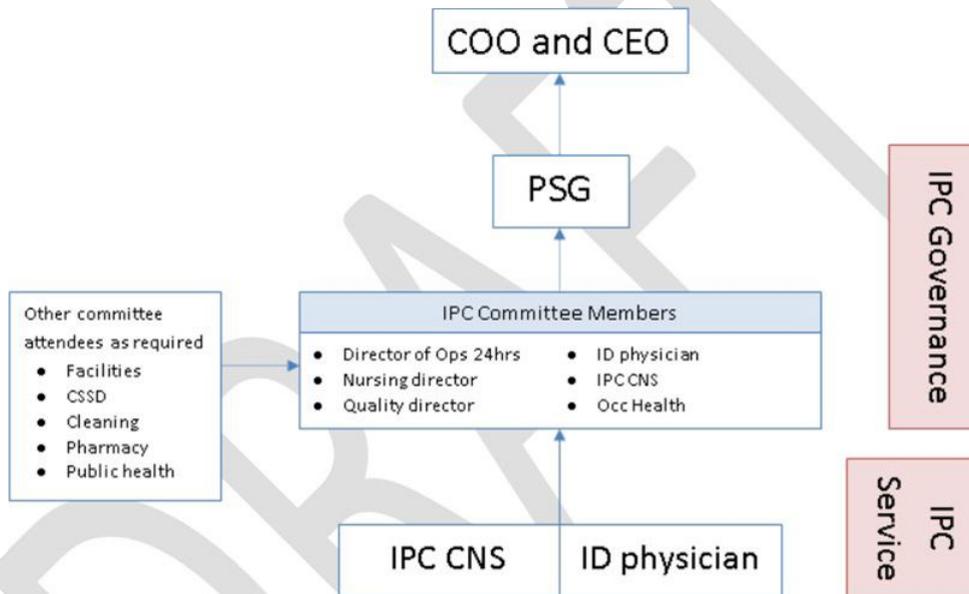
IPC STAFFING

Dr Matthew Kelly	Clinical Leader Infectious Diseases Physician	0.7 FTE
Claire Underwood	Clinical Nurse Specialist	1.0 FTE
Angela Corn	Clinical Nurse Specialist	0.6 FTE
VACANT	Registered Nurse	0.4 FTE

Following the resignation of an IPC CNS in April the position has remained vacant. Advertising to find a replacement for this position has occurred in 2016. Reduced IPC nursing FTE has limited the level of education and support that the IPC service has been able to offer and the ability to initiate or follow-up on IPC projects.

GOVERNANCE STRUCTURE

The 3D IPC committee was disestablished at the start of 2015 due to a lack of clear governance structure at a 3D level. Subsequently the Hutt IPC service established the Hutt IPC Committee in July after clarifying governance and reporting structures. Although the Committee is independent from Wairarapa and Capital and Coast DHBs the IPC service works closely with these DHBs at an operational and policy level. An IPC Plan has been developed and tabled through the committee and is current until 2018.



IPC TEAM CONTINUING PROFESSIONAL DEVELOPMENT

Matthew Kelly	Advanced Course in Applied Hospital Epidemiology Australasian Society of Infections Diseases Annual Meeting
Angela Corn	‘Building Beyond’ Infection Prevention and Control Nurses conference 2015 Hand Hygiene NZ Gold Auditor training RPH Rheumatic Fever update Vortex Macerator Technical Training
Claire Underwood	‘Building Beyond’ Infection Prevention and Control Nurses conference 2015

POLICIES

Standard 3: Documented IP&C and related policies reflect best practice

HOSPITAL IPC POLICIES

Hutt Hospital has documented IPC policies which reflect accepted best practice and legislative requirements. The IPC service takes an on going view of policy revision in relation to the policies that we own. Where feasible, policies are developed or revised in collaboration with Wairarapa and Capital and Coast DHBs. The IPC service also provides feedback and consultation on a number of other organisational policies.

COMMUNITY SECTOR POLICY INPUT AND REVIEW

IPC was consulted to review the IPC policy for Rimatuka Prison Service in early 2015. IPC service involvement in community IPC work has been restricted due to the limited nursing resources of the service.

SERIOUS INFECTIONS AND PANDEMIC RESPONSE POLICIES

Following the work around Ebola planning in 2014/2015 the IPC service is now working to use the lessons learnt from this to establish a serious infections response plan and a pandemic response plan. This work is being done in conjunction with the Emergency Planning Manager, the Emergency Department and the Capital and Coast DHB IPC Service.

EDUCATION

Standard 4: The organisation provides relevant education on IP&C to all service providers, support staff and consumers

EDUCATION PROVIDED TO PATIENTS AND THEIR WHANAU

Written information is provided to patients and their whanau who are identified as being MDRO carriers or who are in isolation precautions. The information leaflets were reviewed and updated during 2015. The IPC nurses are also provide direct education and advice to patients and their whanau around these issues when required.

EDUCATION PROVIDED TO STAFF BY IPC NURSES

Topic	Audience	Audience Number
Hand hygiene auditor training x 3 training days	Registered Nurses	32
Hand hygiene update for multiple wards, Ortho, GSG, Medical, PACU, CCU,	Registered Nurses and Allied Health	150

PPE donning and doffing training for clinical staff	Registered Nurses and Health Care Assistants	150
Infection Prevention and Control Representatives study day	IPC reps	40
MRSA and standard precautions presentation to residential care facilities	Stokeswood Resthome Laura Fergusson residential care facility Woburn Resthome	40
Standard precautions for Ropata Medical centre	Registered Nurses	15
Outbreak management workshop	ARC facility staff	20
Standard precautions and PPE	Cleaners	20
Infection control principals for dental staff	Dental technicians	40
Biennial sub regional IP& C seminar Emerging Issues in IPC	Registered Nurses and Allied Health	150
Orientation Education	Registered Nurses, Allied Health, Orderlies, Executive team, Clerical staff 7 sessions throughout a twelve month period	150
Ebola preparedness	ED Staff	35
Hand hygiene	Student Nurses	35
IPC/ Hand Hygiene	Student Nurses Whitireia	150
Standard precautions	Weltec Students x2 a year	80
Standard Precautions and Sterilisation	GP's and GP nurses x 2 a year	60

The Infection Prevention and Control E-Learning module has been updated and is available online through Ko Awatea LEARN. A new module for non-clinical staff and a yearly update quiz for clinical staff has also been developed.

EDUCATION PROVIDED TO STAFF BY INFECTIOUS DISEASES PHYSICIAN

Topic	Audience	Audience number
Hand hygiene Antibiotic guidelines update PPE use	Hutt Medical Meeting	60

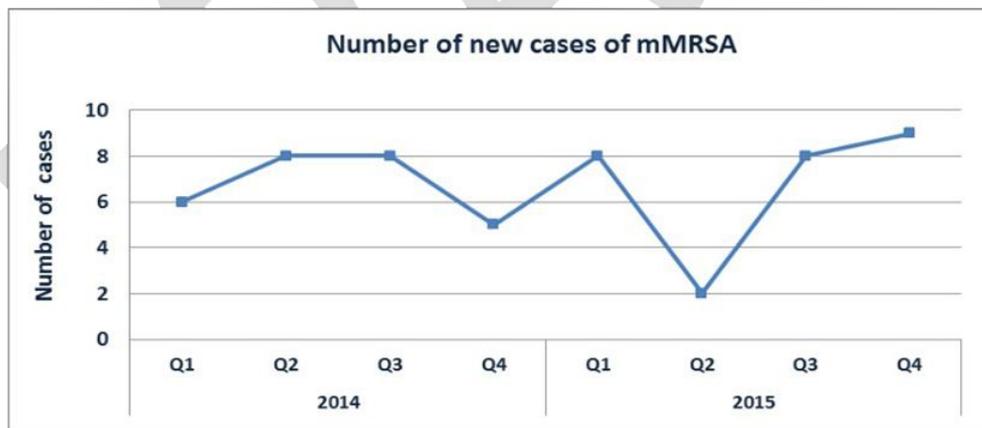
Management of MDRO infections	Medical SMOs and RMOs, Acute Medicine Conference	90
MDRO update	GPs	50
RMO orientation and teaching	RMOs 4x per year	40
Biennial sub regional IP& C seminar Emerging Issues in IPC	Registered Nurses and Allied Health	150
Outbreak management workshop	IPC nursing reps	20

SURVEILLANCE

Standard 5: IPC Surveillance activity is carried out in accordance with specified objectives priorities and methods as specified in the Surveillance policy

METHICILLIN RESISTANT STAPHYLOCOCCUS AURUES (MRSA)

The IPC service and laboratory classifies MRSA strains into nonmulti-resistant (nmMRSA) and multi-resistant (mMRSA). Multi-resistant MRSA is more associated with healthcare-associated acquisition and hospital outbreaks whereas nmMRSA tends to be community acquired. mMRSA is an organism of IPC significance and rates are monitored monthly. Primary control measures are hand hygiene, isolation of patients with mMRSA and alerts added to the electronic record. Rates of mMRSA have remained stable indicating effective control measures are in place.

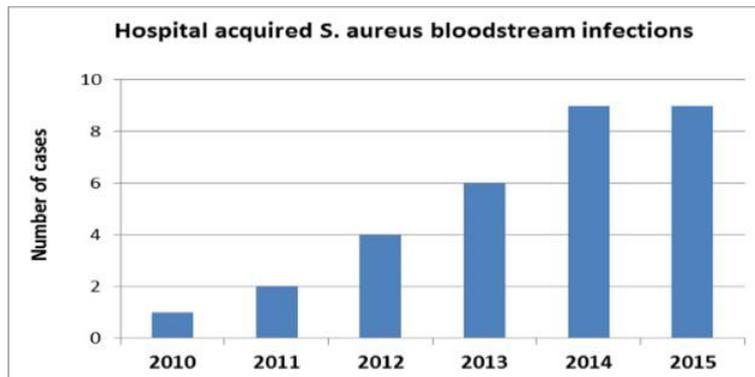


HOSPITAL ACQUIRED STAPH AUREUS BLOODSTREAM INFECTIONS

This statistic is often referred to in MOH and Health Round Table monitoring. The rate will depend on practices related to intravenous device placement and management, hand hygiene and surgical practice. NZ data shows that one case of HASABSI costs the hospital approximately \$25,000.

Surveillance data from Hutt Hospital indicates a significant increase in hospital associated *Staph aureus* blood stream infections over recent years. This data has been checked and appears to be

accurate. The rate for 2015 was 0.9 cases per 10,000 bed days. Almost all cases were associated with phlebitis from a peripheral cannula. Although this rate is comparable with national and international figures, the increasing number of cases is a concern to the IPC service and reducing HASABSI will be a major focus in 2016.



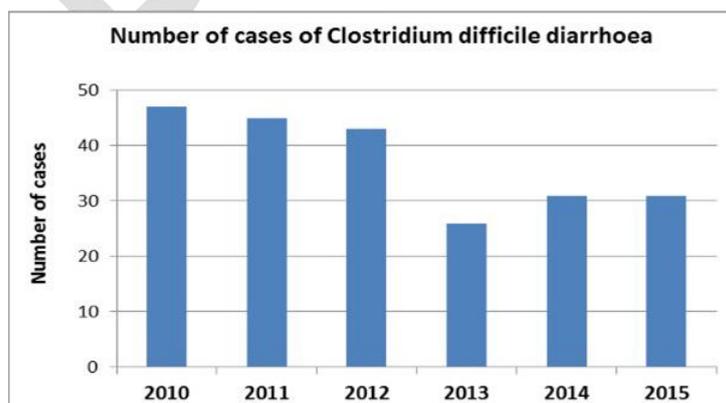
CENTRAL LINE ASSOCIATED BACERAEMIA (CLAB)

The HQSC has ceased to collect data on CLAB now that the programme is well established nationally. The IPC service has elected to continue to monitor this although has streamlined the process now that there are no HQSC reporting requirements. There were no ICU central line infections for 2015.

There were 5 cases of CLAB which occurred outside of ICU in 2015. The IPC team will be engaging with educators and ward staff to institute a streamlined version of the CLAB programme throughout the hospital in 2016, starting with GSG and Medical wards.

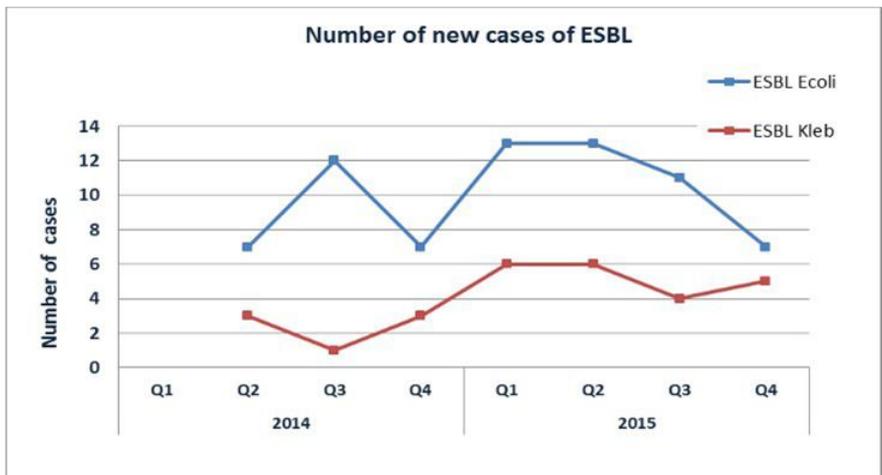
CLOSTRIDIUM DIFFICILE INFECTION (CDI)

Clostridium difficile diarrhoea is strongly associated with antibiotic use and is often hospital-acquired although can be community-acquired. Rates of *Clostridium difficile* are monitored monthly and have remained stable over the past 3 years. The incidence of CDI in 2015 was 3.6 cases per 10,000 patient days which is similar to rates reported from other Hospitals in New Zealand and Australia. It is likely that improved hospital cleaning and improved antimicrobial stewardship would lower the incidence of CDI at Hutt Hospital and this will be a focus of the IPC service in 2016.



EXTENDED SPECTRUM BETA LACTAMASE (ESBL) ORGANISMS

Extended spectrum beta lactamase (ESBL) producing organisms are important because they are usually multiresistant and require non-routine carbapenem intravenous antibiotic therapy. ESBL producing *E. coli* are increasing in the community internationally and in NZ, and are not a useful measure of hospital hygiene. On the other hand ESBL *Klebsiella* are more highly associated with healthcare and can cause hospital outbreaks. The number of new cases of ESBL is monitored monthly and has remained stable during 2015.



VANCOMYCIN RESISTANT ENTEROCOCCI (VRE)

Vancomycin-resistant *Enterococci* (VRE) is relatively uncommon in New Zealand at present and there were no detected cases at Hutt Hospital in 2015. This organism can cause hospital outbreaks which can be difficult to control or eradicate and so we continue to monitor for this with laboratory surveillance.

CARBAPENEM RESISTANT ENTEROBACTERIACEAE (CRE)

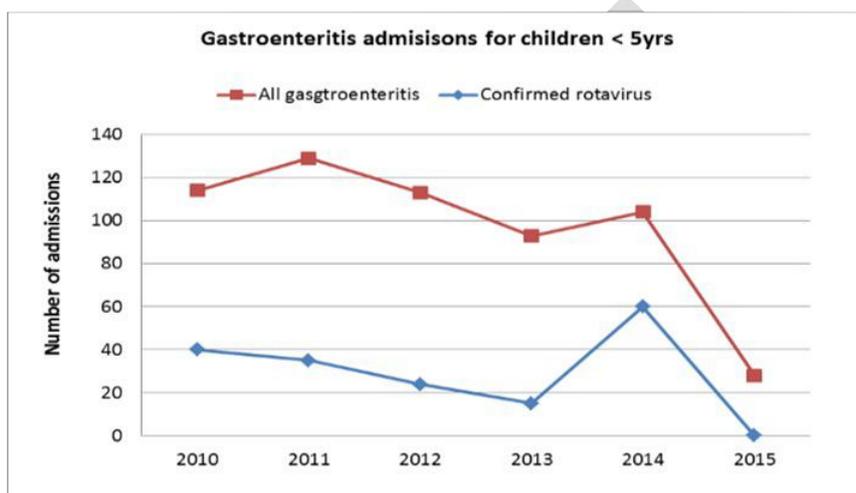
Carbapenem resistant enterobacteriaceae are the most antibiotic resistant pathogenic bacteria known. Sustained transmission of these organisms in NZ has not been documented and most patients in NZ who have been found to carry these bacteria have had exposure to healthcare overseas.

In 2015 one patient admitted to Hutt Hospital was found to have CRE. This was detected as result of screening performed accordance with the IPC screening policy. The patient was isolated appropriately from the time of admission as per IPC policy and so the risk of transmission to other patients was minimal. No further CRE cases were detected in other patients in the months following this patient’s admission. The detection and isolation of this case demonstrates that Hutt Hospital has appropriate screening methods and policies in place to deal with this growing threat. Sporadic cases of patients colonised with CRE are likely to continue given the increasing prevalence of these organisms internationally and the growing number of patients who receive medical care overseas.

These organisms pose a significant threat to the New Zealand health system and patients with these organisms will be a challenge to manage from an IPC perspective in our low prevalence setting.

ROTAVIRUS GASTROENTERITIS

Rotavirus vaccination was added to the national immunisation schedule in July 2014. During 2015 there was a marked reduction in the number of paediatric admissions with gastroenteritis and no confirmed cases of rotavirus. This has substantially lowered the risk of hospital-acquired rotavirus infections which is fortunate given the less than ideal isolation facilities available on the childrens ward.



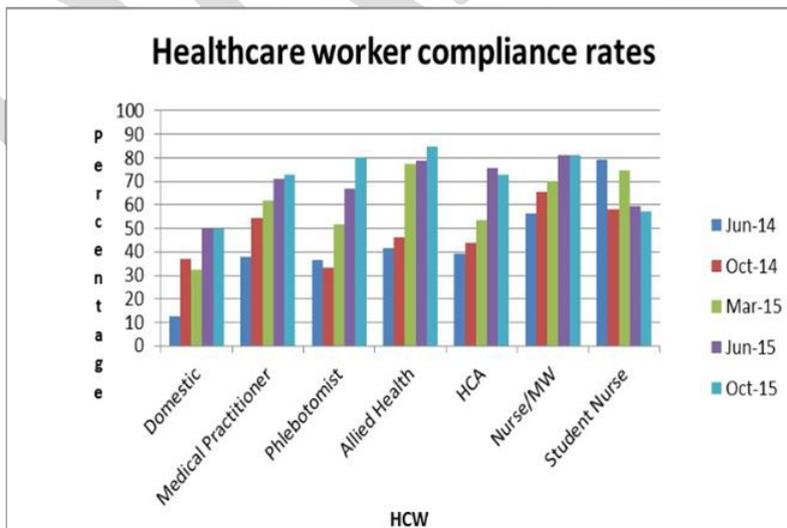
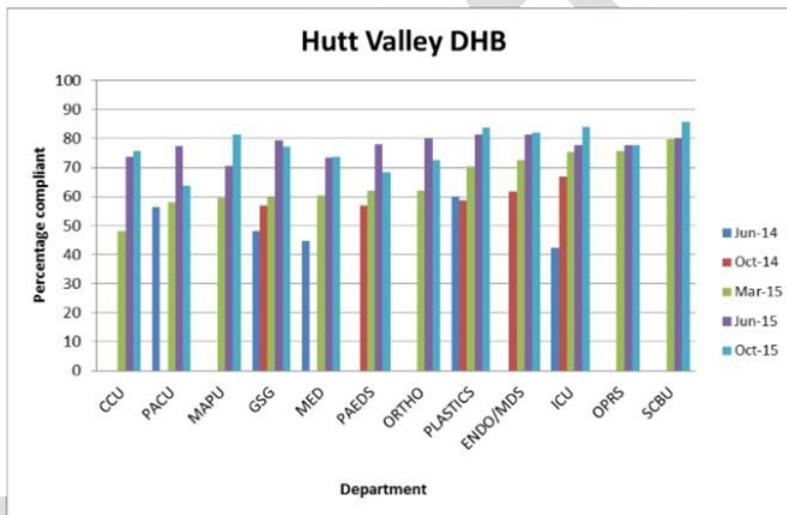
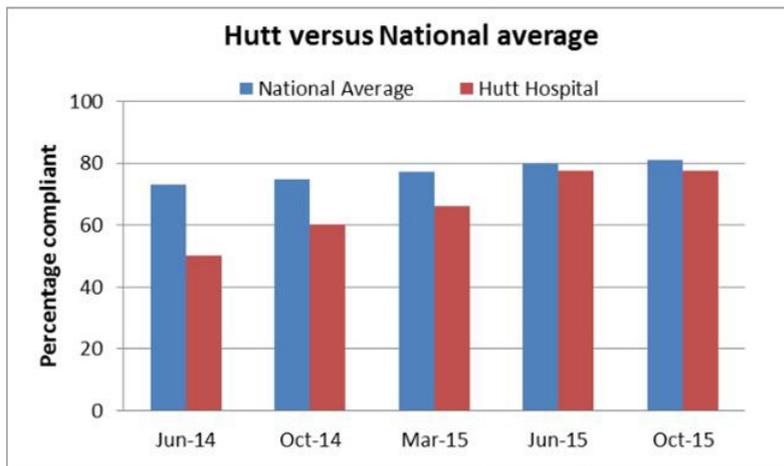
ENDOSCOPE SURVEILLANCE

The microbiological surveillance programme for endoscopes is managed by the Sterile Service and Endoscopy staff. Endoscopes are tested as per Policy. No issues have arisen with positive surveillance samples in 2015.

HAND HYGIENE

The IPC service has put considerable effort into hand hygiene during 2015. The IPC service provides organisational coordination, training of auditors, auditing, mentorship, reports, analysis and presentation of data. During 2015 a total of 24 staff were successfully trained in auditing the 5 moments of hand hygiene which ensures a minimum of one auditor in every clinical area. This has enabled frontline ownership of hand hygiene compliance and freed up time of IPC staff to coordinate the programme.

Compliance with the 5 moments of hand hygiene at Hutt Hospital had consistently been well below the national average and the national target of 80%. In the first quarter of 2015 compliance was 66.3% and in the final quarter of 2015 this had increased to 77.8%. Improving compliance further will be a priority of the IPC service in 2016.

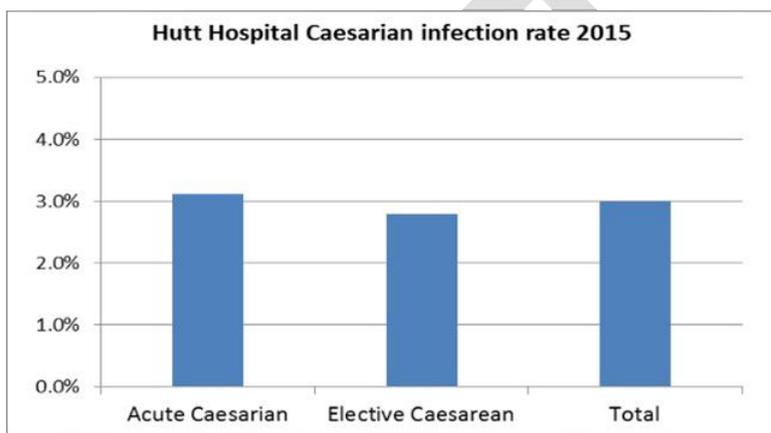


ORTHOPAEDIC SURGICAL SITE INFECTION IMPROVEMENT PROGRAMME

This HQSC programme is now well established at Hutt Hospital. The surgical site infection rate for orthopaedic joint replacement surgery at Hutt Hospital is currently 1.6%, which is in line with the national rate of 1.2%. Process compliance in relation to prophylactic antibiotics, skin preparation and other quality markers remains consistently high with results in the range of 96 – 100%.

CAESAREAN SECTION SURGICAL SITE INFECTION SURVEILLANCE

The method used to monitor caesarean infection rates is by matching laboratory data of confirmed *S. aureus* isolates within 30 days of caesarean section. During 2015 there were 17 cases of infection with overall rate of 3.0%. It is likely that monitoring of caesarean section infection rates will become part of the HQSC programme in coming years.



ANTIMICROBIAL STEWARDSHIP

Standard 6: Acute care hospitals will have established and implemented policies and procedures for the use of antimicrobials

The 3 DHB antibiotic guidelines were reviewed in 2015 and have been adopted at a regional level. Surgical antibiotic prophylaxis guidelines for Plastic Surgery have been developed in conjunction with this department.

An Antimicrobial Stewardship (AMS) Committee has been established. This committee developed a successful business case for an Antimicrobial Pharmacist. A pharmacist was appointed to this role at the end of 2015. With this position in place the AMS committee will now be able to role out initiatives which had been planned during the year.

PRIORITIES FOR 2016

In 2016 the IPC service will consolidate the improvements made during the previous year while remaining ready to address new IPC issues as and when they occur. The service will have a particular focus on the following areas:

1. Continued improvement in hand hygiene to exceed the national target of 80%.
2. Reducing the number of cases of healthcare-associated *Staph aureus* bacteraemia.
3. Reducing the number of cases of *Clostridium difficile* diarrhoea.
4. Developing a care bundle and surveillance system for caesarean sections.
5. Rolling out the central line monitoring programme hospital-wide.