

**Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 15 December 2009 at 10am,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton**

Present:

Pamela Jefferies (Chair), Bob Francis, Janine Vollebregt, Liz Falkner, Helen Kjestrup, Perry Cameron and Vivien Napier

In Attendance:

Tracey Adamson (Chief Executive), Robyn Brady (Acting General Manager Hospital Services), Gretchen Dean (Acting General Manager Human Resources), Maggie Morgan (General Manager Community, Public and Mental Health), Helen Pocknall (Director of Nursing), Eric Sinclair (Chief Financial Officer), Stephanie Turner (Director of Maori Health) and Diane Chesmar (Minute Taker)

1. Apologies

An apology was received from Mavis Mullins

2. Conflicts of Interest

There were no changes made to the Registration of Interests Register:

3. Confirmation of Notes of the Meeting held 17 November 2009

THE NOTES OF THE MEETING HELD ON 17 NOVEMBER 2009 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

Matters Arising

- A long service leave badge is a new initiative to be introduced in the coming year to recognise the input of long service from staff.

4. Chairperson's Report

The Chairperson advised that she had attended a *Transformation of Health System* workshop in Wellington. This was facilitated by National Health System (NHS) Britain for the Ministry of Health.

5. Arts Committee Report

The report updated progress of the Arts Committee. Points raised from discussion:

- The Terms of Reference need confirmation.
- Part of the Arts Committee role was to control what could be displayed inside the new hospital and to ensure a high standard was maintained.
- Noticeboards will be installed in non-public areas for display of clinical information, particularly KPI performance and quality initiatives.
- The Arts Committee to continue to report to the Board.
- Membership is to be reviewed.

- Need to work with Iwi Kainga regarding the hospital chapel courtyard.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

1. **NOTE** THE PROGRESS OF THE ARTS COMMITTEE
2. **AGREES** ON THE FUTURE OF THE ARTS COMMITTEE IN RELATION TO THE SUGGESTED PROPOSALS AND BUDGETS

6. Provider Arm Overview

- The Provider Arm had a deficit of (\$64k) for the month which is (\$353k) adverse to plan. The year to date result is a deficit of (\$634k) which is (\$161k) adverse to the planned result.
- A number of one off costs which had an adverse impact, included redundancy payments to the FOCUS service restructure of \$55k and job sizing back payments to Senior Medical Officer's of \$108k.
- The efficiency target of \$165k for month of November was not achieved.
- Capture of ACC work has improved with only a couple of areas requiring further investigation.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM OVERVIEW FOR NOVEMBER 2009

7. Provider Arm Balanced Scorecard November 2009

- Health Recovery FOCUS clients under target by 25. Suggested that the target is reviewed.
- Audit almost completed of caesarean rate. Look to see if there is any correlation between the low uptake by Maori for ante-natal care and high Maori caesarean rate of 44.4% (19.4% above the target 25%). The Hospital Advisory Committee requested a report from the Clinical Board on caesarean sections for the next HAC meeting.
- Target for outpatient patients screened re Smokefree is 31% below the target of 80%. First specialist assessments should be targeted and not include follow up outpatient appointments.
- Voluntary resignations only are included in the staff turnover rate.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM BALANCED SCORECARD NOVEMBER 2009

8. Nursing Directorate Report November 2009

- One of the nurse educator team and the Director of Nursing attended the *Releasing Time to Care* national event. They returned with plenty of feedback and advice from other DHBs,

who have successfully rolled out the programme. The patient will notice that the nurses are able to spend more time with them. The direct care percentage will increase. Processes will become more streamlined. This initiative will be relaunched in February / March 2010.

- The Clinical Training Agency has confirmed the new graduate training programme funding for next year. Funding has been reduced for next year and this will mean that some trainees will not be fully funded.
- The South Wairarapa Nurse Practitioner was supported by the Director of Nursing through her interview with the Nursing Council to obtain New Zealand Nurse Practitioner registration.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE NURSING DIRECTORATE REPORT FOR NOVEMBER 2009

9. Quality and Risk Report November 2009

- There has been a recent focus on Infection Control practice and reporting.
- The surgical site infection rate has increased. This is being monitored monthly and will be reported quarterly to the Clinical Board and Hospital Advisory Committee.
- Addressing several complaints regarding vulnerable patients being discharged late at night.
- Several complaints received regarding orthopaedic waiting times and dates of certainty. It was asked if the improvements that are being initiated should be in a press release.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE QUALITY AND RISK REPORT FOR NOVEMBER 2009

10. Human Resources November 2009

- Efficiencies for Mental Health Services are being worked through.
- Approach made by MidCentral/Wanganui regarding O&G services.
- General surgery – recruitment currently underway. Negotiating with Hutt Valley DHB regarding service cover.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE HUMAN RESOURCES REPORT FOR NOVEMBER 2009

12. Other Business

- The reasons for resignations of senior key staff was raised. Recent resignations have been for personal reasons and there are no underlying organisational concerns. Improvements could be made regarding orientation and secretarial support. The Wairarapa DHB relationship with

ASMS is improving and quarterly meetings are held. Senior medical staff have dedicated meetings. The sustainability of senior medical staff is a key issue for the Board. The question of medical workforce sustainability will be discussed at the Board meeting.

The meeting was declared closed at 11.26 am

_____ Chairman

_____ Date