

**Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 20 April 2010 at 1pm,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton**

Present:

Pamela Jefferies (Chair), Bob Francis, Helen Kjestrup, Janine Vollebregt, Vivien Napier and Mavis Mullins

In Attendance:

Tracey Adamson (Chief Executive), Gretchen Dean (Acting General Manager Human Resources), Kieran McCann (General Manager Clinical Services), Helen Pocknall (Director of Nursing, Midwifery and Allied Health), Eric Sinclair (General Manager Finance and Information Services), Cate Tyrer (Director of Quality, Safety and Risk), Stephanie Turner (Director of Maori Health) and Diane Chesmar (Minute Taker)

1. Apologies

Apologies were received from Liz Falkner, Robyn Brady, Mavis Mullins (lateness), Gretchen Dean (lateness) and Helen Pocknall (lateness)

2. Conflicts of Interest

There were no changes made to the Registration of Interest Registrar.

3. Confirmation of Minutes of the Meeting held 23 March 2010

THE MINUTES OF THE MEETING HELD ON 23 MARCH 2010 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

Matters Arising

- Once the Tier 3 and Tier 4 structure is in place, a review of after hours hospital staffing will be considered.

4. Chairman's Report

The Chairman reported that she:

- Attended the Whaiora Open Day.
- Spoke with two Whaiora staff members who are undertaking a research project on whether Whaiora should provide midwifery services. The Chairman suggested their research includes:
 - Access to midwifery services
 - The content of antenatal education
 - Explaining birth choices and understanding what a caesarean entails
 - Fitness while pregnant and post-natally
- Fielded enquiries regarding Wairarapa Ambulance Services.

HEHA has funding to carry out a review on antenatal education and the Chief Executive will check on the current status.

5. SLT Monthly Financial Operating Report – GM Clinical Services

All SLT Monthly Financial Operating Reports are now under the new structure using new codes.

- Reconciliation of nursing rosters is underway. Looking at flexible rostering options in the wards to match ward activity. Analysis shows that resources are increased to high demand, but generally not decreased at periods of low activity.
- Reconciling SMO locum backfilling costs against other options.
- IDF Mental Health bed costs are \$65k unfavourable due to increased Mental Health activity.

Mavis Mullins joined the meeting at 1.21pm

- Patient meal costs are being investigated. These costs should correlate with the level of activity.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE SLT MONTHLY FINANCIAL OPERATING REPORT – GM CLINICAL SERVICES

6. SLT Monthly Financial Operating Report – GM Finance and Information

- Management and Admin Personnel costs are \$174k favourable year to date due to vacancies.
- There is \$150,000 variance in donations attributed to the donation made to the DHB by the Shamrock Trust.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE SLT MONTHLY FINANCIAL OPERATING REPORT – GM FINANCE AND INFORMATION

7. SLT Monthly Financial Operating Report – GM Service Improvement and Clinical Support

- Health recovery volumes are down 40% year to date as compared with last year.
- Imaging is (\$40k) over budget. This is demand driven by acutes from community referred and via the hospital. Clarification was sought by the Hospital Advisory Committee on community Imaging non-urgent wait times.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE SLT MONTHLY FINANCIAL OPERATING REPORT – GM SERVICE IMPROVEMENT AND CLINICAL SUPPORT

8. Provider Arm Overview

- The Provider Arm had a deficit of (\$8k) for the month which is (\$284k) adverse to plan. This brings the year to date result to a deficit of (\$925k) which is (\$1,031k) adverse to the planned result.
- The Releasing Time to Care initiative looks at the way we work and has resulted in quality initiative projects within the wards, including the *Put It Back Jack* initiative whereby items are to be returned to their correct place.
- Elective activity increased in March 2010 to 132 case-weight discharges which was 19.6% up on contract.
- The *Special Cause Flag* graphs indicate variations outside the usual trends. An explanation will be added to future graphs to explain any flags.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM OVERVIEW FOR MARCH 2010

Helen Pocknall joined the meeting at 1.53 pm

9. Provider Arm Balanced Scorecard ~ March 2010

- The WDHB Ophthalmology service is contracted in. Additional clinics have reduced the number of patients waiting longer than six months for FSA down to eleven.
- The threshold for orthopaedics will be reviewed when the third orthopaedic surgeon has reduced the waiting list.
- A joint initiative with Unions regarding management of staff leave is underway. The nurses with the top twenty highest level balances have been identified. Most are on active leave management. Looking at multiple options for addressing this issue. An action plan is to be initiated by 30 June.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM BALANCED SCORECARD FOR MARCH 2010

10. Nursing and Allied Health Directorate Report ~ March 2010

- The safe medicines management programme presentation to the DHB confirmed that there is pilot funding available to support our medicines reconciliation project.
- Funding will soon become available for the emerging leaders programme and leadership programme through the National Maori Nursing and Midwifery Project.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE NURSING DIRECTORATE REPORT FOR MARCH 2010

11. Quality and Risk Report ~ March 2010

- Eight Quality Leaders have been appointed to the positions within key clinical areas of the hospital, working one full day every fortnight. The eight have been joined by existing quality people from Imaging, Laboratory, Selina Sutherland and Mental Health giving a team of 12 quality leaders within the hospital.
- Positive acknowledgement has been received regarding this quality initiative.

Gretchen Dean joined the meeting at 2.25pm

- The low number of staff who have had this seasons flu vaccine is unacceptable. It was suggested that a breakdown is done of staff who have been immunised (clinical versus non-clinical staff).
- Quality Leaders will liaise with the wards regarding the checklist *Statement on Safe Practice in an Environment of Resource Limitation*. The Hospital Advisory Committee requested a copy of Principle 12, 14 and 15 which are equally applicable to the DHB.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE QUALITY AND RISK REPORT FOR MARCH 2010

12. Human Resources Report ~ March 2010

- Page 54 of the report – Psychologist should read Psychiatrist.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE HUMAN RESOURCES REPORT FOR MARCH 2010

13. Appendices

2009/10 Electives Initiative – Full Year Plan and YTD CWD Summary

- Concern was raised over the orange ESPI status of Cardiothoracic, Ophthalmology and Orthopaedic services. Cardiothoracic activity is harder to resolve as it is carried out at Capital & Coast DHB. Ophthalmology and Orthopaedics are expected to reach target and go green.

14. Report Back from Public Excluded Meeting

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

A) **NOTE THE PAPER REGARDING THE CURRENT STATE OF DHB / UNION EMPLOYMENT AGREEMENTS**

B) **NOTE THE CURRENT STATUS OF THE THIRD TIER STRUCTURE**

The meeting was declared closed at 2.45 pm

_____ Chairman

_____ Date