

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

**Present:**

Bob Francis, Pamela Jefferies (Chair) and Helen Kjestrup

**In Attendance:**

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

Those present agreed to go ahead with the meeting, however no decisions could be made in the absence of a quorum.

**1. Apologies**

Apologies were received from Helen Kjestrup (lateness), Liz Falkner, Mavis Mullins, Vivien Napier, Stephanie Turner and Janine Vollebregt

**2. Conflicts of Interest**

There were no changes made to the Interests Register.

**3. Chairman's Report**

The Chairman advised that she had no matters to report.

**4. Provider Arm Overview**

- The Provider Arm had a deficit of (\$24k) for the month, which is \$52k ahead of the (\$77k) planned deficit.
- The Provider Arm realised \$1,137k of the \$1,987k efficiencies it was set in the FY2010 budget.
- Nursing personnel was (\$200k) adverse to budget for the year and will be the focus of FY2011.

The Hospital Advisory Committee requested that the Inpatient and Community and Ambulatory Managers are invited to the August HAC meeting.

**5. Provider Arm Balanced Scorecard ~ June 2010**

- Local elective delivery was just above the target for the full year. Overall delivery against electives for the National Health Target were ahead due to increased IDF elective work.

- National threshold targets have dropped for ESPIs. ESPI 2 thresholds will reduce from 2%-1.5% and ESPI 5 thresholds will reduce from 5%-4%. The MoH has also signalled that further adjustment to the targets are likely to be made towards the end of the calendar year. The ongoing tightening of thresholds will place additional pressure on the provider arms ability to maintain compliance and deliver the current volumes of activity, The Hospital Advisory Committee requested feedback for any emerging issues regarding compliance.
- Focus – It was noted that the Rehab assessments are for those patients that require a change in hospital level care, which is authorised by designated physicians. The data on these assessments has not been collected since October 2009. There was confusion as to whether this measure was still required when AROC functional measure introduced. The counting of these assessments has recommenced for 2010/2011, along with AROC. The overall number of assessments provided by FOCUS and Rehabilitation Service suggests the total volume is correct.
- Inter-RAI implementation timetable is on target. Jobs have been advertised for Senior Community Coordinator and community coordinators.

The Hospital Advisory Committee requested Focus waiting time data and this will be provided quarterly.

- June Outpatient DNAs (all ethnicities) for first specialist assessments is 5.6% (2% favourable) compared with follow ups at 5.9% (also 2% favourable).

June Outpatient DNAs (Maori) for first specialist assessments is 10.6% (-3% unfavourable) compared with follow ups at 12.9% (-5% unfavourable).

Maori DNAs appear to have increased since the implementation of the U-book system. This is particularly noted in follow up appointments. Discussions with the Maori Health Directorate has suggested that the U-book process of offering choice and flexibility regarding appointment times may have an adverse effect on Maori Health attendance whilst improving attendance rates for non-Maori. The GM Clinical Services and Maori Health Directorate will continue to liaise to establish the process impact and identify remedial approaches to address escalating Maori non attendance at appointments,

It was suggested that increasing the focus on follow up appointments from discharge being undertaken at GP practices may also help reduce DNAs.

- Discussion took place regarding the number of part time staff compared to full time. The issues of the competing priorities of flexibility for staff through part time positions to enable recruitment and responsive rostering options versus the savings on non worked hours costs/overheads associated with reducing the level of part time workers are complex. The Director of Nursing, Acting HR Manager and GM Clinical Services will continue to explore options on how to best manage these competing priorities,

## 6. Nursing and Allied Health Directorate Report ~ June 2010

- Medical and nursing staff need upskilling in order to enable them to care for patients, who would usually be sent to Wellington, and those patients returning earlier from Wellington, particularly for HDU patients. It was noted that whilst repatriating patients earlier from Regional Service providers may have advantages to the patient and families, the full cost of the IDF episode will still be incurred by the DHB. The earlier return of patients to convalesce has additional costs associated as this period would attract additional costs for providing care here as well as paying for the episode as an IDF,
- New Graduates – discussions need to take place with the UCOL nursing unit regarding expectations. Future workforce requirements need to be looked at.

## 7. **Quality and Risk Report ~ June 2010**

- In June twelve compliments were received and ten complaints were successfully investigated, responded to and closed.

The Chief Executive advised that she had met with the organisation's Quality Leaders and was particularly impressed with level of energy and enthusiasm. The Director Quality, Safety and Risk was commended for bringing this group together.

## 8. **Human Resources Report ~ June 2010**

Incremental cash outs of annual leave will be made from August. This offer has been extended to part time nurses, who have the highest annual leave balances. This offer has been made as part of the DHB/NZNO Annual leave working party.

## 9. **Elective Services ESPI Compliance Report**

The Chief Executive advised that future reports will include a table of five specialities showing how many people are waiting and the average wait time.

The following resolutions were unable to be passed:

### **Confirmation of Minutes of the Meeting held 22 June 2010**

THE MINUTES OF THE MEETING HELD ON 22 JUNE 2010 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

THAT THE HOSPITAL ADVISORY COMMITTEE:

**RECEIVE** THE PROVIDER ARM OVERVIEW FOR JUNE 2010

THAT THE HOSPITAL ADVISORY COMMITTEE:

**RECEIVE** THE PROVIDER ARM BALANCED SCORECARD FOR JUNE 2010

THAT THE HOSPITAL ADVISORY COMMITTEE:

**RECEIVE** THE NURSING DIRECTORATE REPORT FOR JUNE 2010

THAT THE HOSPITAL ADVISORY COMMITTEE:

**NOTE** THE QUALITY AND RISK REPORT FOR JUNE 2010

THAT THE HOSPITAL ADVISORY COMMITTEE:

**NOTE** THE HUMAN RESOURCES REPORT FOR JUNE 2010

**Confidential Business**

The following resolutions were unable to be passed:

THAT THE HOSPITAL ADVISORY COMMITTEE:

- (A) **NOTE** THE SLT MONTHLY FINANCIAL OPERATING REPORT – GM CLINICAL SERVICES
- (B) **NOTE** THE SLT MONTHLY FINANCIAL OPERATING REPORT – GM SERVICE IMPROVEMENT AND CLINICAL SUPPORT
- (C) **NOTE** THE PAPER REGARDING THE CURRENT STATE OF DHB / UNION EMPLOYMENT AGREEMENTS

The meeting was declared closed at 2.58 pm

\_\_\_\_\_Chairman

\_\_\_\_\_Date