

**Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 23 March 2010 at 1pm,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton**

Present:

Pamela Jefferies (Chair), Bob Francis, Janine Vollebregt, Liz Falkner and Vivien Napier

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 and Allied Health), Eric Sinclair (General Manager Finance and Information Services), Cate Tyrer (Director of Quality, Safety and Risk) and Diane Chesmar (Minute Taker)

1. Apologies

Apologies were received from Helen Kjestrup and Mavis Mullins

2. Conflicts of Interest

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

3. 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

4. Confirmation of Minutes of the Meeting held 16 February 2010

THE MINUTES OF THE MEETING HELD ON 16 FEBRUARY 2010 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

Matters Arising

There were no matters arising.

5. Chairman's Report

The Chairman made no report.

6. Funder's Quarterly Report on DHB Provider Performance 2009/10 – Quarter 2

- The percentage of volumes delivered externally on a caseweight basis is increasing.

- Planning underway to reduce ophthalmology and gastroenterology FSAs.
- All hospital ESPIs for Electives are green as at 31 December 2009, however January data shows ESPI 2 is orange at hospital level and this is almost entirely due to the impact of the lack of a third surgeon in the orthopaedic service.
- The Provider Arm has taken urgent action to ensure that orthopaedic ESPIs are met. This will result in hospital level ESPIs becoming compliant once more.
- Disability support services for older people – flexible funding driving assessments. These are done sporadically.
- Individual Complex HOP packages – underutilised.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

- a) **RECEIVE** THE FUNDER'S QUARTERLY REPORT ON DHB PROVIDER PERFORMANCE 2009/10 – QUARTER 2
- b) **NOTE** THE OVERALL PROVIDER ARM PERFORMANCE FOR THE SECOND QUARTER OF 2009/10 IS 9.3% OR \$1.1M LOWER THAN CONTRACTED VALUES. THE YEAR TO DATE PERFORMANCE AS AT 31 DECEMBER 2009 IS AN UNDER-DELIVERY OF \$1.7M OR 6.9%.
- c) **NOTE** THAT AN ESTIMATED \$690K OF THE UNDER-DELIVERY IS DUE TO THE CHANGE IN COUNTING METHODOLOGY OF ACUTE MEDICAL CASEWEIGHTS DUE TO THE RETIREMENT OF THE THREE HOUR RULE WHICH OCCURRED AFTER THE ANNUAL TARGETS WERE SET.
- d) **NOTE** THAT AS AT 31 DECEMBER 2009 THE PROVIDER ARM HAS AGAIN ACHIEVED GREEN STATUS ON ALL HOSPITAL LEVEL ESPIS.

7. SLT Monthly Financial Operating Report – GM Hospital Services

- Elective caseweights were up by 45 CWD and just under budget at 124 CWD. Year to date Electives are still 8% behind the budgeted target.
- Nursing and Outsourced costs were higher than budget.
- Staffing the hospital after hours will be reviewed.

8. SLT Monthly Financial Operating Report – GM Community, Mental and Public Health

- FOCUS Needs Assessment was busier in February with 18 palliative assessments undertaken. Some referrals are going direct to the Palliative Care Service. Working towards all referrals for palliative care going through FOCUS.

Gretchen left the meeting at 2.27pm

- The Ministry of Health [MOH] offered frontline health workers and high risk populations the opportunity to be vaccinated against the pandemic H1N1 strain of influenza in a two injection programme.
- The MOH has requested that DHBs make every effort to increase the uptake of the seasonal influenza vaccination, a one injection vaccination, which will protect against the pandemic H1N1 strain as well as two other influenza strains. WDHB staff have been vaccinated with the Monovalent vaccine.

There was discussion regarding staff awareness of the organisations current financial situation.

9. Provider Arm Overview

- The Provider Arm had a deficit of (\$164k) for the month which is (\$250k) adverse to plan. This brings the year to date result to a deficit of (\$1,081k) which is (\$748k) adverse to the planned result.
- Outpatient FSAs waiting longer than six months are in danger of being exceeded, therefore placing elective funding at risk. The addition of a third orthopaedic surgeon in April will help address this. Management is confident that we can recover and reduce the funding risk.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM OVERVIEW FOR FEBRUARY 2010

10. Provider Arm Balanced Scorecard ~ February 2010

- The Falls Prevention Programme is progressing and each reported fall is investigated.
- Nursing annual leave entitlement over 160 hours has increased from 73 in January to 89 in February, due to revised interpretation of the MECA entitlements.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM BALANCED SCORECARD FOR FEBRUARY 2010

11. Nursing and Allied Health Directorate Report ~ February 2010

- Partnership training was completed with the New Zealand Nurses' Organisation this month.

Gretchen rejoined the meeting at 2.54pm

- A relaunch was held for the Releasing Time to Care project. Activity follows have been undertaken on two nurses. This involved following them for an eight hour shift to monitor their workload, interruptions and workflow.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE NURSING DIRECTORATE REPORT FOR FEBRUARY 2010

12. Quality and Risk Report ~ February 2010

- Surgical Site Infections – working on retrospectively completing from September 2009 onwards. The Clinical Nurse Specialist Infection Control will undertake a survey to try to identify hospital acquired infections from community records. If a GP sees a patient post-op and notes a surgical site infection, the GP advises Infection Control by using the form in the recent GP liaison newsletter.

- The organisation has a robust system for management of complaints. There have been no complaints from WDHB under investigation by the HDC since March 2009.
- Key Developments Report from Buddle Findlay – information is sent to primary care providers via the GP Liaison and the Portfolio Manager Funding and Planning.
- Emergency Preparedness – a mass casualty exercise is planned as a “real time” exercise.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE QUALITY AND RISK REPORT FOR FEBRUARY 2010

13. Human Resources Report ~ February 2010

- Online training sessions are being developed.
- Facilitated process to get training calendar which is now on intranet.

Bob Francis and Helen Pocknall left the meeting at 3.14pm

- It was asked if the organisation is doing anything with “fresh eyes”. Currently exit interviews are undertaken. The questions asked at interview are being reviewed. It is proposed that new staff have a performance appraisal after their first three months. Either a conversation or on line survey asking what they would change.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE HUMAN RESOURCES REPORT FOR FEBRUARY 2010

14. General Business

There was discussion regarding the development of a sense of community for staff as per Taranaki DHB. Resources for staff to utilise e.g. gym equipment and other benefits for staff were discussed. Is Community Trust funding available to support staff amenities ?

The meeting was declared closed at 3.24 pm

_____ Chairman

_____ Date