WAIRARAPA AND HUTT VALLEY DISTRICT HEALTH BOARDS

PUBLIC AGENDA

HOSPITAL ADVISORY COMMITTEE

Lecture Room, CSSB Building
Wairarapa DHB, Masterton

Friday, 23 August 2013 at 9:00am

Wairarapa & Hutt Valley HAC Committee

Peter Glensor (Chair)
Viv Napier (Deputy Chair)
Katy Austin
David Bassett
Peter Douglas
Helen Kjestrup
Rob Irwin
Fiona Samuel
John Terris
Virginia Hope
Bob Francis

	Item	Action	Presenter	Min	Time	Page
HOSPITAL TOUR					**9:00 – 9:45 am**	
1.	**Procedural Business**			5	9:45 – 9:50 am	
1.1	Apologies	To Note	Peter Glensor			
1.2	Continuous Disclosure	To Consider	Peter Glensor			2
1.3	Minutes	To Discuss	Peter Glensor			6
1.4	Matters Arising	To Consider	Peter Glensor			13
INFORMATION PAPERS						
2.	Operational Services Monthly Report	To Note	Pete Chandler	30	9.50 – 10.20	14
3.	Quality Report	To Note	Cate Tyrer	10	10.20 – 10.30	49
4.	Earthquake Update	To Note	Sharon Ritchie	10	10.30 – 10.40	60
5.	3D Health Service Development Report	To Note	Pete Chandler	5	10.45 – 10.45	62
6.	Resolution to exclude the Public	To Approve	Peter Glensor	5	10.45 – 10.50	78
7.	General			5	10.50 – 10.55	
	DATE OF NEXT MEETING **Wairarapa & Hutt Valley HAC** | 30 September 2013, Board Room, Hutt Valley District Health Board, Lower Hutt					
Close					11.00 am	

WAIRARAPA AND HUTT VALLEY DISTRICT HEALTH BOARDS – HOSPITAL ADVISORY COMMITTEE

Interest Register

22 FEBRUARY 2013

Name	Interest
Mr Peter Glensor *Chair*	• Member, Hutt Valley District Health Board • Deputy Chair, Finance Risk & Audit Committee, Hutt Valley District Health Board • Chair, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Deputy Chair, Capital & Coast District Health Board • Chair, Hospital Advisory Committee, Capital & Coast District Health Board • Deputy Chair, Greater Wellington Regional Council • Acting Chair, Wesley Community Action • Director & Shareholder, Common Life Limited • Director, Greater Wellington Rail Limited • Director, Greater Wellington Infrastructure Limited • Director, Greater Wellington Transport Limited • Director, W R C Holdings Limited • Director, Pringle House Limited • Director, Port Investments Limited • Trustee, Gillies McIndoe Foundation • Son casual employee of Capital & Coast DHB • Wife, Dr Joan Skinner, employed as a senior lecturer at Victoria University of Wellington Graduate School of Nursing & Midwifery
Vivien Napier *Deputy Chair*	• Deputy Chair, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Member, Audit and Risk Committee, Wairarapa District Health Board • RNZ Plunket Society Member • South Wairarapa District Council Deputy Mayor • Director Katson Developments (importing of farm machinery) • Vice President of the Wairarapa Branch Plunket Society
Mr Peter Douglas *Member*	• Member Hutt Valley District Health Board • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Member, Capital & Coast District Health Board • Deputy Chair, Hospital Advisory Committee, Capital & Coast District Health Board • Member, Finance Risk & Audit Committee, Capital & Coast District Health Board • Chair, Hato Paora College Board of Trustees • Chair, Hato Paora College Proprietors Trust Board • Director, Te Ohu Kaimoana Custodian Limited • Director, Charisma Developments Limited • Chief Executive, Te Ohu Kaimoana, Māori Fisheries Trust
Ms Katy Austin *Member*	• Member, Hutt Valley District Health Board • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Fergusson Home (Upper Hutt) – Voluntary input

Mr David Bassett *Member*	• Member, Hutt Valley District Health Board • Member, Finance Risk & Audit Committee, Hutt Valley District Health Board • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Deputy Mayor Hutt City Council • Son owns Hutt City Auto Services, which has an automotive contract for the DHB • Director, Capacity Infrastructure Services Ltd
Rob Irwin *Member*	• Member, Capital & Coast, Hutt Valley and Wairarapa DHBs Community Public Health Advisory Committee and Disability Support Advisory Committee • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Member, Audit and Risk Committee Wairarapa District Health Board
Helen Kjestrup *Member*	• Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Clinical Services Manager Masterton Medical Ltd • Shareholder, Property Investment Company – Kjestrup Properties • Assessor for Royal College of GPs for Cornerstones Programme • Member of Compass Quality Board
Fiona Samuel *Member*	• Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Nurse Manager at Metlifecare
Mr John Terris *Member*	• Member, Hutt Valley District Health Board • Member, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards
Dr Virginia Hope *ex officio*	• Chair, Hutt Valley District Health Board • Member, Capital & Coast, Hutt Valley and Wairarapa DHBs Community Public Health Advisory Committee and Disability Support Advisory Committee • Ex Officio, Finance Risk & Audit Committee, Hutt Valley District Health Board • Ex Officio, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Chair, Capital & Coast District Health Board • Health Programme Leader, Institute of Environmental Science & Research • Director & Shareholder, Jacaranda Limited • Fellow, Royal Australasian College of Medical Administration • 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, Crisp Interim Governance Board • Member, Laboratory Round Table
Bob Francis *(ex officio)*	• Chair, Capital & Coast, Hutt Valley and Wairarapa DHBs Community Public Health Advisory Committee and Disability Support Advisory Committee • Ex Officio, Hospital Advisory Committee, Hutt Valley and Wairarapa District Health Boards • Member, Capital & Coast District Health Board • Chair, Wairarapa District Health Board • Member, Audit and Risk Committee, Wairarapa District Health Board • Commission Member, New Zealand Fire Service • Chair, Pukaha Mount Bruce
Ms Debbie Chin Crown Monitor	• Crown Monitor, Hutt Valley District Health Board • Crown Monitor, Capital Coast District Health Board • Chief Executive, Standards New Zealand • Observer CRISP Transitional Governance Group • Rotary Club of Wellington

WAIRARAPA & HUTT VALLEY DHB EXECUTIVE LEADERSHIP TEAM

Interest Register

MAY 2013

Name	Interest
Graham Dyer *Chief Executive*	• Trustee, Bossley Dyer Family Trust • Wife is a Director of i-Management which does consulting and audit work in the Health Sector • Trustee, Hutt Hospital Foundation Trust • Member, Crisp Interim Governance Board • Member, Health Workforce New Zealand
Ashley Bloomfield *Director Service Integration and Development*	• Trustee, AR and EL Bloomfield Trusts • Fellow, NZ College of Public Health Medicine • Sister is a nurse at Hutt DHB • Wife was employed at Hutt Family Planning Association clinic during 2009-10
Pete Chandler *Chief Operating Officer*	• No interests declared.
Carolyn Cooper	• Sister in-law is an independent member of the Community Labs Group
Tania Harris *(Acting) General Manager Corporate*	• No interests declared.
Helen Pocknall *Executive Director Nursing and Midwifery*	• Board Member, Health Workforce New Zealand
Kuini Puketapu *Maori Health Advisor*	• Chair of Board of Trustees, Pukeatua Te Kohanga Reo • Board Member, Te Runanganui o Taranaki Whanui ki te Upoko o te Ika a Maui who has contracts with Hutt Valley DHB to provide health services in the Hutt Valley area and is an approved Whanau Ora provider • Member, Wainuiomata Community Governance Group • Chair, Waiwhetu Medical Group which is a limited liability company affiliated to Te Awakairangi Health PHO • Member, Whanau Ora Regional Leadership Group Whanganui a Tara
Richard Schmidt *Strategic Development Manager*	• No interests declared.
Russell Simpson *Executive Director Allied Health, Scientific and Technical*	• Director, Allied Health Wairarapa DHB • Chair, Central Region Directors of Allied Health • Member, Regional Leadership Committee
Iwona Stolarek *Chief Medical Officer*	• Member, ASMS JCC • Member, MCNZ Education Committee • National Clinical Director Cancer Programme – Ministry of Health • Husband Andrew Simpson: - Executive Director for Medicine Cancer & Community CCDHB - Executive Member of the Cancer Society Wellington Division
Cate Tryer *General Manager Quality and Risk*	• Shareholder and Director of Framework For Compliance Ltd (FFC) • Husband is an employee of Hutt Valley DHB
Stephanie Turner *Director Maori Health*	• Represent Rangitane Iwi on the Wairarapa Cultural Trust (Aratoi) • Establishing member of Pasifika Wairarapa Trust

	• Director Waingawa Ltd • Director Aroha Ki Te Whanau Trust • Member Cameron Community House Governance Group
Jill Stringer *Communications Manager*	• No interests declared
Nadine Mackintosh *Board Secretary*	• No interests declared.

WAIRARAPA AND HUTT VALLEY DISTRICT HEALTH BOARDS

PUBLIC MEETING

Hospital Advisory Committee Minutes of meeting held on 26 July 2013
Hutt Valley District Health Board, Pilmuir House, Lower Hutt
Commencing at 9:00am

PRESENT

Peter Glensor	Chair
Katy Austin	Member
Rob Irwin	Member
John Terris	Member
Bob Francis	Member
Fiona Samuel	Member
Peter Douglas	Member (arrived at 9.10am)
Virginia Hope	Member (arrived at 9.19am)

IN ATTENDANCE

Debbie Chin	Crown Monitor
Pete Chandler	Chief Operating Officer
Cate Tyrer	General Manager Quality Safety and Risk
Tania Harris	(Acting) General Manager Corporate Services
Nadine Mackintosh	Board Secretary
Sara Quirke	Nursing Director (Attending on behalf of Helen Pocknall)
Carrie Hunter	EA to the Chief Operating Officer

GUESTS

Joshua Briggs	Member of Public

APOLOGIES

Graham Dyer	Chief Executive (Hutt Valley and Wairarapa DHBs)
Viv Napier	Deputy Chair
Helen Kjestrup	Member

1. PROCEDURAL BUSINESS

Joshua Briggs (a member of the public) addressed the Committee advising he is standing as a candidate in the upcoming elections and has been engaging with staff on the strengths and weaknesses of the system. The following highlights were provided from his staff discussions:

- Good consultation process being undertaken at the hospital was pleasing news. It was reported there had been a reduction in Sharp bins and following staff consultation these have been increased to satisfactory levels.
- Anaesthetics Training Accreditation, staff concerns were flagged, noting that management are working toward full accreditation being provided back to the hospital in the near future.

The Committee noted their interest in staff discussing these issues with a member of public rather than referring these to the Committee and Board.

The Chair thanked Joshua for his address and welcomed him to join the Committee for the remainder of the meeting.

1.1 APOLOGIES

Apologies were received and recorded as listed above.

MOVED John Terris **SECONDED** Bob Francis **CARRIED**

1.2 CONTINUOUS DISCLOSURE

CONFIRMED: The Committees confirmed that it was not aware of any other matters (including matters reported to, and decisions made, by the Committee at this meeting) which would require disclosure.

1.2 CONFIRMATION OF MINUTES

The minutes from the meeting of 21 June 2013 are to record that the Committees need one member from each Board to be quorate. Wairarapa notes should be amended to reflect the meeting was held in Masterton.

The Wairarapa Notes that reference "E-referral" this is to be reported as a Wairarapa Issue.

Minutes of Wairarapa HAC (Public) Meeting held on 21 June 2013

RESOLVED: The Committee resolved to move resolutions as recorded in the minutes of the members' (Public) meeting held 21 June 2013 as a true and accurate record of the meeting subject to the amendments above.

MOVED: Bob Francis **SECONDED:** John Terris **CARRIED**

1.3 MATTERS ARISING

The Chief Operating Officer led the Committee through the action points of the matters arising from previous meetings, confirming and reporting requirements, dates and presenters.

- The Quality Awards are generally provided on a quarterly basis.
- A decision on treatment of KiwiSaver for staff over the age of 65 would be provided to the full Boards.

The Chief Operating Officer addressed the Committee advising that management are in the process of providing access to Board members to the DHB intranets. The purpose would be to provide Board members with the ability to review information that is shared with staff – a previous request of some Board members.

The Chief Operating Officer reported on the events of the recent earthquake advising on the process that provided safety checks to both the patients and building structures. The only identified area of damage across the sub-region's hospitals was the Community Public Health Building at Hutt campus – where a burst water pipe caused flooding.

The Hutt Hospital opted to open the Emergency Operations Centre (EOC) service base which linked to Capital & Coast to support co-ordination of information – primarily in assessing business continuity status of third party services. The event provided an opportunity to test disaster recovery management processes and identified a number of opportunities for improvement including:

- Clarifying the role of the Operations Centre
- The EOC having need to access to social media sites noting the services was ordinarily blocked- Amendments to the senior on-call roster.
- Staff contact lists across the three DHBs were not available at the time, noting this is being actioned with a process for continuing updates being revisted by the HR team
- There is a very useful to do list highlighted from this test scenario – which pre-empted plans to undertake a test later this year

It was noted that this event highlighted an area for Board engagement with staff noting that staff would appreciate moral support a day or so after an event like this.

It was reported that the Insurance Company, Marsh Brokers, have been notified of the damages.

AP. Do the fixtures and fittings and suspended ceilings comply with the voluntary standards of restraints.

The Chair of Wairarapa noted that what sits above the ceilings for infrastructure has now some new regulations, for a hospital especially. Wairarapa is only seven years old and this is undertaking an assessment to ensure that we are compliant.

Debbie Chin declared her interest in this due to her role at Standards NZ.

One member expressed concern that no information on the status of the buildings after the recent quake was received by Board and Committee members. The Chief Operating Officer advised of sending an email which a number of Committee members acknowledged receipt of. It was agreed to check and validate current email addresses and that in any similar future event all Committee and Board members would receive a status update as soon the situation is known.

AP. The Committee requested a report back on the learnings from the event with a request for the list of actions that were identified to the August meeting.

2. OPERATIONAL SERVICES MONTHLY REPORT

Presenter: Pete Chandler

The provisional financial results for June were reported:

- Wairarapa was ($193k) unfavourable to budget taking the year to date result to ($360k) unfavourable. Noting the efficiency adjuster that was submitted into the last years budget.
- Hutt Valley was a net position of $1,016 surplus, a favourable result for the month by $860k. The year to date results of the 12 months was a ($3,275k) deficit which was favourable to budget by $654k.

The provisional Health Target data for quarter four highlighted that both DHBs have met the ED target. There was a discussion on the increase of presentations to ED and requested advice from management on what initiatives can be provided to promote patients attending their GPs. Management reported on DHB collaboration on previous learnings, noting that the ED presentations are increasing mainly in acuity levels of 3-4 rather than 5.

The Committee requested details on data pertaining to patient presentations that are related to drug and alcohol, then would be interested to address the cost of treatment for these presentations.

The Chair reported that this discussion had been addressed at CPHAC and Capital & Coast with the assistance of Paul Quigley have a system in place that enable reporting to this level. At this meeting Hutt and Wairarapa undertook to investigate implementing a similar reporting process.

AP. The GM Quality and Safety to liaise with the Director of SIDU on the system at Capital & Coast and review against the current capabilities of both Hutt and Wairarapa DHB to identify a solution to reporting this data.

Provisional data indicates that the Elective Surgery target has been achieved for both DHBs, noting that achievement of the 5 month wait was a pressure point for the system and staff. The Chief Operating Officer acknowledged the staff efforts that were provided in order to achieve this target, referring to a 'Thank You' letter example which has been widely circulated to individuals and teams of staff in both DHBs.

The Chief Operating Officer led the Committee through the Balanced Scorecards for both the Hutt Valley and Wairarapa. The stars that appear on the Hutt Balanced Scorecard report on particularly

outstanding performance improvements during the last year. The Chair noted this is a good tool to address how areas of the hospital are tracking.

The Chief Operating Officer reported on the performance reporting tools that management are using this year, which will provide a complete set of dataflow from both DHBs. This reporting will include quarterly reporting to the Boards, Balanced Scorecards and trend charts to the Committee. The 'best of breed' approach is currently focussing on combining the Hutt-based Scorecard overview with the Wairarapa-based Scorecard trends. The first complete 2DHBs Scorecard overviews will be available next month.

The Committee discussed the budgeting of travel and accommodation for Wairarapa service provision with management reporting that the budget has been held at 2012/13 actuaals with management monitoring to maintain this level.

Nursing levels at the Wairarapa remain very tight, noting that the levels at Hutt are also under some significant pressure in some areas. The GM Corporate reported an increase of 2 FTE for Wairarapa theatres with the monitoring of a high dependency unit as that is another area of high pressure for Wairarapa.

Anaesthetics Accreditation was discussed by the Committee noting the work that is being undertaken by management and senior clinician working together.

In response to questions about why there is no subregional Anaesthetic training accreditation it was reported to the Committee that the Anaesthetics College requirements are that each DHB needs to be individually accredited in order to provide training.

Despite a recent media item which alleged that Hutt has not been replacing critical equipment, appeals to medical and theatre staff to flag any pressing equipment requirements has at this stage not resulted in any requests being made, apart from one item already planned to be purchased from 13-14 capex. It was confirmed that over the last year no specific surgical equipment needs had been flagged as being urgently required and not purchased. Funding is ringfenced in the capital programme for pressing needs which arise during the year. .

The Committee discussed the pressures of the DHBs annual leave liability noting the benefits that will be able to be achieved as we progress the work across the 3DHBs. The Committee promoted the physical benefits of annual leave for our staff, acknowledging the growing liability is a long standing issue.

AP. The Committee requested the staff turnover be provided at an annualised rate rather than a monthly rate for both DHBs

There was a request for the Wairarapa performance appraisal data to be provided to the Committee moving forward, acknowledging that both DHBs are currently working under different systems. The Chief Operating Officer noted that there is potential for the Wairarapa performance appraisal system to be adopted by the Hutt Valley in the longer term.

AP. There was a request for the Wairarapa performance appraisal data to be provided to the Committee next month.

Whilst covering the area of service updates the Committee noted their concerns on the requirement to move to a four month wait target, acknowledging the advice received by the clinical professionals. The information being provided to the clinicians is to remain focused on the chronological management of waiting lists (after treating clinically urgent patients). . (SEE comment in last month).

The Chief Operating Officer reported that the uBook tool is being considered for roll out across all 3DHBs noting the workload pressure on requirements for our IS team.

The Committee Chair requested that management report monthly on issues of of dysfunctional behaviour or teams in the Public Excluded Chief Operating Officer report. This will assist the Board in having transparency and applying pressure where and when required. Management confirmed that the Hutt *Healthy Workplace* approach remains a priority area in addressing unhealthy behaviours across all staff groups.

The Wairarapa theatre review preliminary report that is to be provided to the Wairarapa Board and was requested to be shared with the Hospital Advisory Committee as part of their August Committee meeting.

The Committee resolved to**:**

a. **NOTE** the contents of the report

b. **FEEDBACK COMMENTS** to the management team on specific inclusions where indicated.

3. QUALITY REPORT

Presenter: Cate Tyrer

The report was taken as read noting the drop in reporting of complaints from the Wairarapa Board. The increase in medical mistakes is a higher reporting of near misses.

Management are to provide the practice of cross referencing pressure sores and infection with ACC.

The Committee resolved to **RECEIVE** this report

4. WAIRARAPA SUDI TRAINING

Presenter: Pete Chandler

The report was taken as read and commended the training initiative at Wairarapa. The Committee discussed the potential benefits of promoting a Pepi-Pod sleep space which would allow for babies to sleep with parents.

AP. Management to provide a view on the use of the Pepi-Pod as a sleeping alternative for parents wishing co-sleeping with their babies to the August Committee meeting.

The Committee resolved to **NOTE** the contents of the paper.

5. 3D HEALTH SERVICE DEVELOPMENTREPORT

Presenter: Pete Chandler

The report was taken as read, noting the significant regional work that has been provided on transport and the development of a new work stream that is to be reported through CPHAC.

There was a discussion on the work that is being undertaken for services across the 3DHBs and how the travel and accommodation fits into this piece of work.

The following actions were requested to be provided at future meetings.

AP. Management to provide an update on travel and accommodation work that is being provided for the 3DHBs by September 2013.

AP. Regional Public Health to provide a report on the suspension of the Ear bus for Hutt Valley to the August meeting.

AP. There was a request for management to provide an update on a common production plan across the 3DHBs to the August 2013 meeting.

The Committee resolved to **NOTE** the contents of the paper.

6. APPOINTMENT OF CLINCIAL DIRECTOR FOR TE AWAKAIRANGI HEALTH

Presenter: Pete Chandler

The report was taken as read. The Chair confirmed his support for the appointment of Dr Han Snoek recognising him as a key leader in the Hutt Valley.

The Committee resolved to **NOTE** the contents of the paper.

7. RESOLUTIONS TO EXCLUDE THE PUBLIC

Presenter: Peter Glensor

The Committee resolved to exclude the following parts of the meeting of the Committee in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Committee is considering subject matter in the following table.

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:

Agenda Item	NZ Public Health & Disability Act
Confirmation of Minutes of the previous "Public Excluded Section" of the Hospital Advisory Committee Meeting	Section 9(2)(i) of the OIA which enables the withholding of information to allow the carrying out, without prejudice or disadvantage, negotiations Section 9 (2) (j) which enables the withholding of information to allow the carrying on, without prejudice or disadvantage, commercial activities.
Hutt Valley Provider Arm Financial Recovery Plan **Serious Event**	Section 9(2)(g)(i) which enables the withholding of information to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty
Endoscopy	Section 9 (2)(j) to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, negotiations

MOVED: David Bassett **SECONDED:** Katy Austin **CARRIED**

MEETING CLOSED AT 10:40am

DATE OF NEXT MEETING
The next meeting will be 23 August 2013.

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting.
DATED this day of 2013

PETER GLENSOR
CHAIR
WAIRARAPA AND HUTT VALLEY DHBS HOSPITAL AND ADVISORY COMMITTEES

SCHEDULE OF ACTION POINTS FOR HAC PUBLIC

Meeting date	Ref	Topic	Action Arising	Responsible	How Dealt with	Delivery date	Date Complete
26 July 2013	**AP69**	Voluntary Standards for restraints	Do the fixtures and fittings and suspended ceilings comply with the voluntary standards of restraints. The Chair of Wairarapa noted that what sits above the ceilings for infrastructure now has some new regulations, for a hospital especially. Wairarapa is only seven years old and is undertaking an assessment to ensure that we are compliant.	Building services Manager	COO Report	September	
	AP68	Earthquake report back	The Committee requested a report back on the learnings from the event and provide the list of actions that were identified and requirements to address the actions.	Chief Operating Officer	Information Paper	September	
	AP67	Cost of Treatment (Alcohol and Drug)	Do we have access to and can we report on data for tracking the number of presentations that are drug or alcohol related. In order to address the cost of treatment for patients that are under the influence of alcohol and drugs.	General Manager Quality & Safety	Information Paper	September	See COO repor
	AP66	Staff Turnover	The Committee requested the staff turnover be provided at annnualised rate rather than a monthly rate.	Carolyn Cooper	Conversion of standard report	August	
	AP65		There was a request for the Wairarapa performance appraisal data be provided to the Committee next month.	Carolyn Cooper	COO Report	August	August Papers
	AP64	Wairarapa SUDI Training	Management to provide a view on the use of the Pepi-Pod as a sleeping alternative for parents wishing co-sleeping with their babies.	COO	Verbal Update	August	August Meetin
	AP62	Ear Bus	Regional Public Health to provide a report on the suspension of the Ear bus in the Hutt Valley to the August meeting.	Peter Gush	Written Report	September	
	AP61	Production Plan	There was a request for management to provide an update on a common production plan across the 3DHBs.	COO	Information Paper	September	
21 June 2013	**AP60**	Balanced Scorecard	Report back on the level of elective surgery disruption due to acutes at both DHBs. Report back an overview of operations cancelled after admission for both DHBs with cancellation reasons. Estimate the financial implications of resourced but lost theatre time due to acute disruption and cancelled operations.	COO Carolyn Braddock	Information Paper	September	
	AP58	Staff Survey	An annual staff survey would be beneficial to measure improvements or deterioration.	Director HR	Information Paper	Annual - TBC	
24 May 2013	**AP53**	Patient Administration Systems	The two projects will require Board approval for budget and resourcing	CIO	Approval Paper	October	

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa / HUTT VALLEY DHB	**HAC INFORMATION PAPER**
	Date: August 2013
Author	Pete Chandler, Chief Operating Officer
Subject	Wairarapa and Hutt Valley DHB Operational Services (Provider Arm) Monthly Report

RECOMMENDATION

Management recommend that the Committee:

a. **NOTE** the contents of the report and

b. **FEEDBACK COMMENTS to** the management team on specific inclusions where indicated

1 HIGHLIGHTS

1.1 Health targets

The Quarter 4 national results are due imminently and will be circulated to Board and Committee members once received. Month 1 results for the 13-13 year show both DHBs on track with the hospital health targets to date.

1.2 General updates

Annual objectives
The CEO's annual objectives have now been circulated and these have been mapped to the developing Operational Services objectives and priority areas. This draft list is provided in Appendix 1 for discussion with the Committee.

Monthly performance reviews
Monthly performance reviews have commenced with each Directorate, led by the COO. Executive leadership members walk-through performance areas with each directorate, ensuring cross directorate work areas remain linked and developments, priorities and pressure areas are identified. The intention is to monitor, and work towards continual improvement of our services in a joined-up way – referring to MOH reports, internal balanced scorecard data, quality and finance reports etc.

Part of each session is set aside to discuss successes and achievements, to ensure that these are recognised and staff involved are acknowledged and thanked. The reviews will increasingly link to HAC and Board reporting, intended to reduce internal meeting time and email volumes in the exchange of information about reporting requirements.

2 PERFORMANCE REPORTS

2.1 Balanced Scorecards

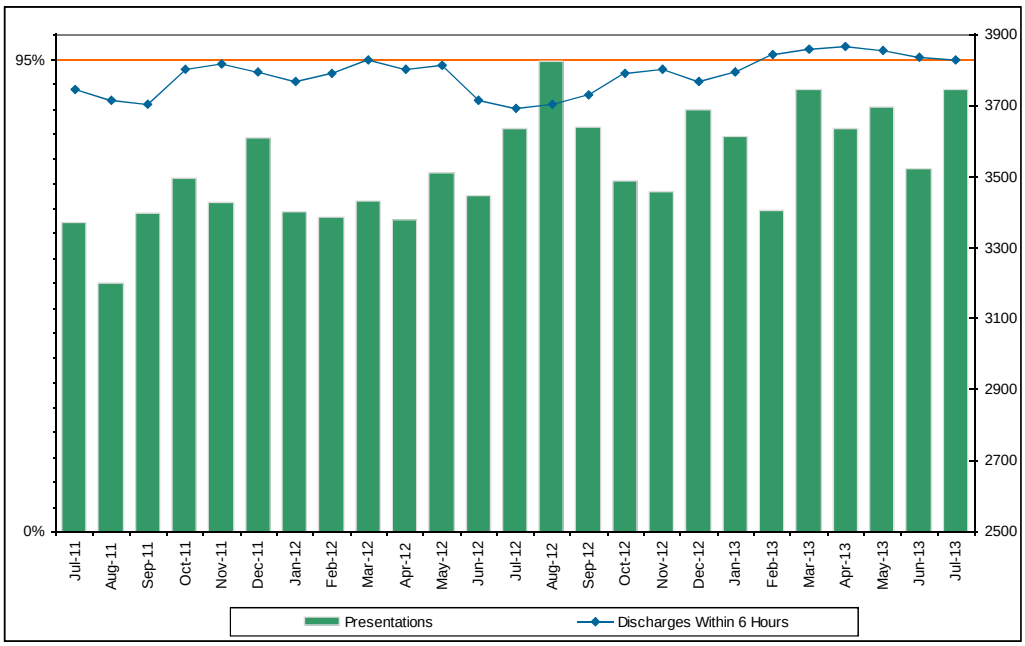
The Balanced Scorecard overview this month includes both Wairarapa and Hutt. It was identified at the Monthly Performance Review that some measures need further refinement for next month to be comparable across the two DHB. This is due to historic differences in measurement calculations. A number of trend areas for both DHBs have now been mapped and these will grow and be included in future months.

2.2 Health Target: Emergency Department 6 hour wait

95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours

	Q1	Q2	Q3	Q4	Current Q: Month 1	Current Q: Month 2	Current Q: Month 3	Current Quarter to date
Hutt %					95%			95%
Attend/day					120			120
Wairarapa %					96%			96%
Attend/day					42			42

For the month of July, Hutt Valley DHB achieved 95% against the Shorter Stay in ED Target. This is an excellent result given the high volume of presentations (3% increase from previous year) and a number of vacancies in the medical staff vacancies. Below is the month by month trend graph performance for the last 24 months.



Wairarapa DHB achieved 96% in July, which is excellent for this peak winter period.

2.3 Health Target: Elective Surgery and other Elective Services Performance Indicators (ESPI's)

TARGET:

Wairarapa DHB: **1,841 elective surgical patients will be treated and discharged during 2013/14**

Hutt Valley DHB: **4,946 elective surgical patients will be treated and discharged during 2013/14**

	Q1	Q2	Q3	Q4	Current Quarter to date
Hutt %	112%				112%
Volume	444				444
Wairarapa %	114%				114%
Volume					

Both DHBs achieved good volume throughput on elective surgery in July, however there was more minor surgery undertaken on both sites this month due to July being a peak month for SMO leave.

Hutt is experiencing some capacity constraints at the present time due to three anaesthetist vacancies and this is putting pressure on maintaining waiting time targets. There are a number of applicants for positions although it will be a few months before appointees can commence in post. Interim locum use, with some support from CCDHB, are being utilised at this stage.

2.4 Health Target: Smoking cessation advice

TARGET:
95% of hospitalised smokers will be provided with advice and help to quit by July 2013

	Q1	Q2	Q3	Current Q: Month 1	Current Q: Month 2	Current Q: Month 3	Current Quarter to date
Hutt %				96%			96%
Wairarapa %				98%			98%

Compliance with the target and remains on track for both Wairarapa and Hutt DHBs. Focus now is on Primary Care partners working to improve the primary care component of the target.

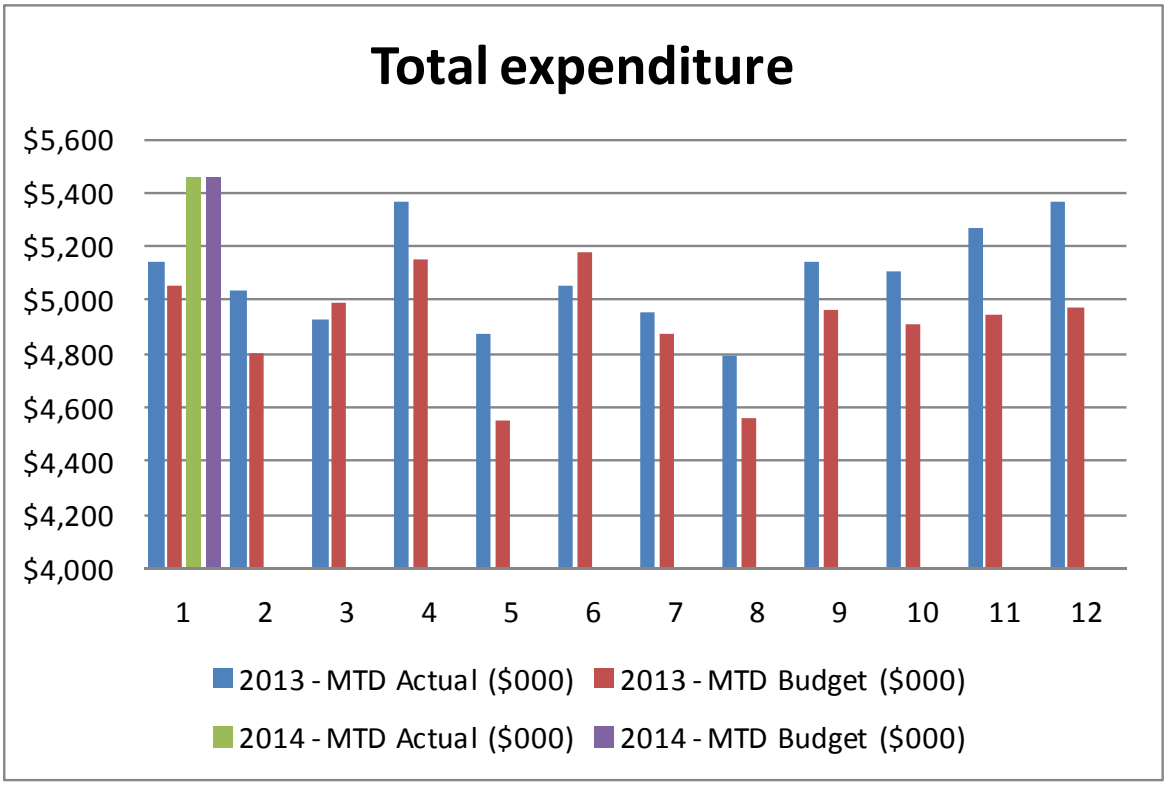
3 FINANCIAL SUSTANABILITY

Wairarapa

Statement of Financial Performance -Provider							
For the period to 31 July 2013							
	Month			Year To Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	$000	$000	$000	$000	$000	$000	$000
Revenue	(5,023)	(4,978)	45	(5,023)	(4,978)	45	(60,176)
Expenditure							
Personnel	3,062	3,241	179	3,062	3,241	179	35,885
Outsourced	773	586	(187)	773	586	(187)	6,581
Clinical supplies	742	710	(32)	742	710	(32)	8,251
Non clinical supplies	595	656	61	595	656	61	7,779
Financing	283	281	(1)	283	281	(1)	3,385
Efficiency adjuster	0	(17)	(17)	0	(17)	(17)	(283)
Total expenditure	**5,454**	**5,456**	**2**	**5,454**	**5,456**	**2**	**61,598**
(Net surplus)/Deficit	**431**	**478**	**47**	**431**	**478**	**47**	**1,422**

It was a positive start to the financial year for the Provider arm. The net deficit was $47k lower than budget. The key factors contributing to the favourable monthly result were as follows:

- Nursing HWNZ revenue was $38k favourable (post graduation accrual) and ACC Acute Rehabilitation contract revenue was $61k favourable to budget. This was offset by lower than planned cost recoveries and other income.
- Workforce expenses (employed and outsourced personnel) were $74k favourable to budget. Locum cover was required for general surgery, orthopaedics, anaesthetics, paediatrics and medical to cover annual and sabbatical leave, this was managed within the employed and outsourced medical budgets. There are currently two RMOs who are not working nights due to MECA restrictions and locums were required to cover these nights.
- Nursing was $12K favourable. Maternity was $25k favourable because of 2 FTE midwife vacancies. The process for appointments is underway with a number of applications received. The team is also reviewing workload to ensure the correct level of staffing.
- Allied health personnel costs were $54k favourable due to vacancies in Imaging (sonographer) and Mental health.
- Management and Administration personnel costs were $25k favourable due to a vacancy in IT and lower than budgeted salary related expenditure (training, professional fees etc).
- Outsourced clinical services were $82k unfavourable. This mainly related to outsourced Mental Health beds which was $71k unfavourable to budget. This was a mix of under accrual at June 2013 and a high utilisation of inpatient bed nights (100 bed nights -highest since November 2012)
- Clinical supplies were $32K unfavourable to budget. The main variances were operating leases $16k favourable, Air ambulance $22k unfavourable, Patient Transport and lodgings $11k unfavourable. The last two are both demand driven and therefore variable.
- Non clinical supplies were $61k favourable due to lower than planned electricity costs ($18k favourable), IT leases and telecommunications costs ($29K favourable).

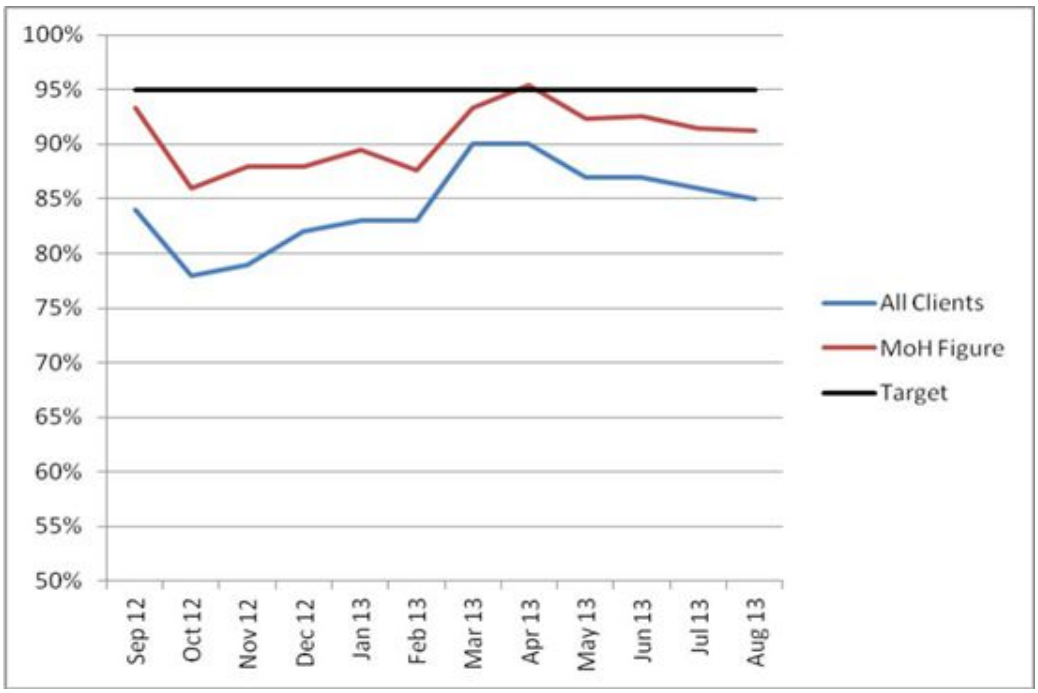

Total expenditure
$5,600
$5,400
$5,200
$5,000
$4,800
$4,600
$4,400
$4,200
$4,000
1
2
3
4
5
6
7
8
9
10
11
12
2013 - MTD Actual ($000)
2013 - MTD Budget ($000)
2014 - MTD Actual ($000)
2014 - MTD Budget ($000)

4 MENTAL HEALTH AND ADDICTIONS PERFORMANCE REPORT AUGUST 2013

In July, the first Directorate Monthly Performance Review took place and specific consideration was given to the monitoring of relevant mental health and addictions services indicators. The below are the agreed indicators for this new financial year, which best reflect the overall key performance areas of the services, initially focussed on Hutt and subsequently going on to assess availability of data for relevant services at Wairarapa.

4.1 Relapse Prevention Plans

This measure relates to the MoH 'PP7: Improving mental health services using relapse prevention planning' target. Which measures the percentage of all clients aged 20 years plus that have been in the service for longer than 2 years and one year for 0-19 year olds that have an up to date relapse prevention plan (MH Risk Assessment). At a local service level our target is for all current clients to have an up to date relapse prevention plan (MH Risk Assessment) following their initial assessment with the service. Therefore there are two figures shown on the graph below 'All Clients' and 'MoH figure' based on the two differing calculations.



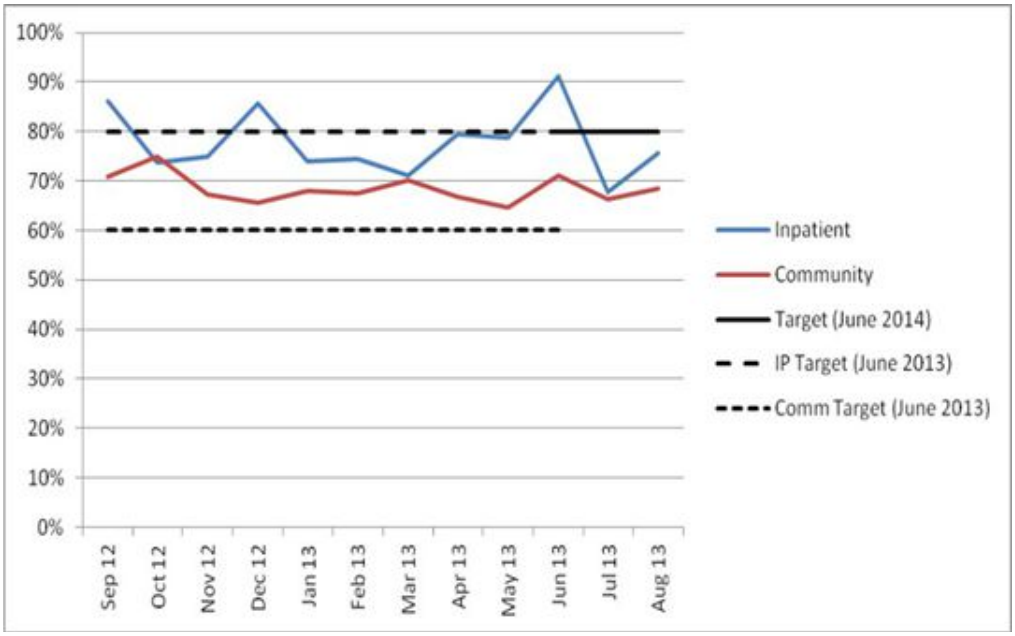
All Clients (All clients in the service that have had a least 1 face to face contact).
MoH Figure (0 – 19 years – clients in the service longer than 1 year, 19 years + - clients in the service longer than 2 years).
MoH and Local Target

Trend comments:

The compliance rate for both figures follows the same pattern over the last 12 months. The MoH Figure sits 10% higher for the majority of this period. The month of April had the highest level of compliance and was the only month during the last 12 months that the MoH target was met.

4.2 Outcome (HoNOS) Compliance

Outcome information for mental health is based on the Health of the Nation Outcome Scale (HoNOS) information that is a mandated ministry measure. HoNOS is collected at a community and inpatient setting level. The first MoH compliance target was set at 55% for the community setting and 75% for the inpatient setting to be met by June 2012. The target for June 2013 increases to 60% for community and 80% for the inpatient setting. The June 2014 target is now 80% for both settings, then 80%+ for June 2015.



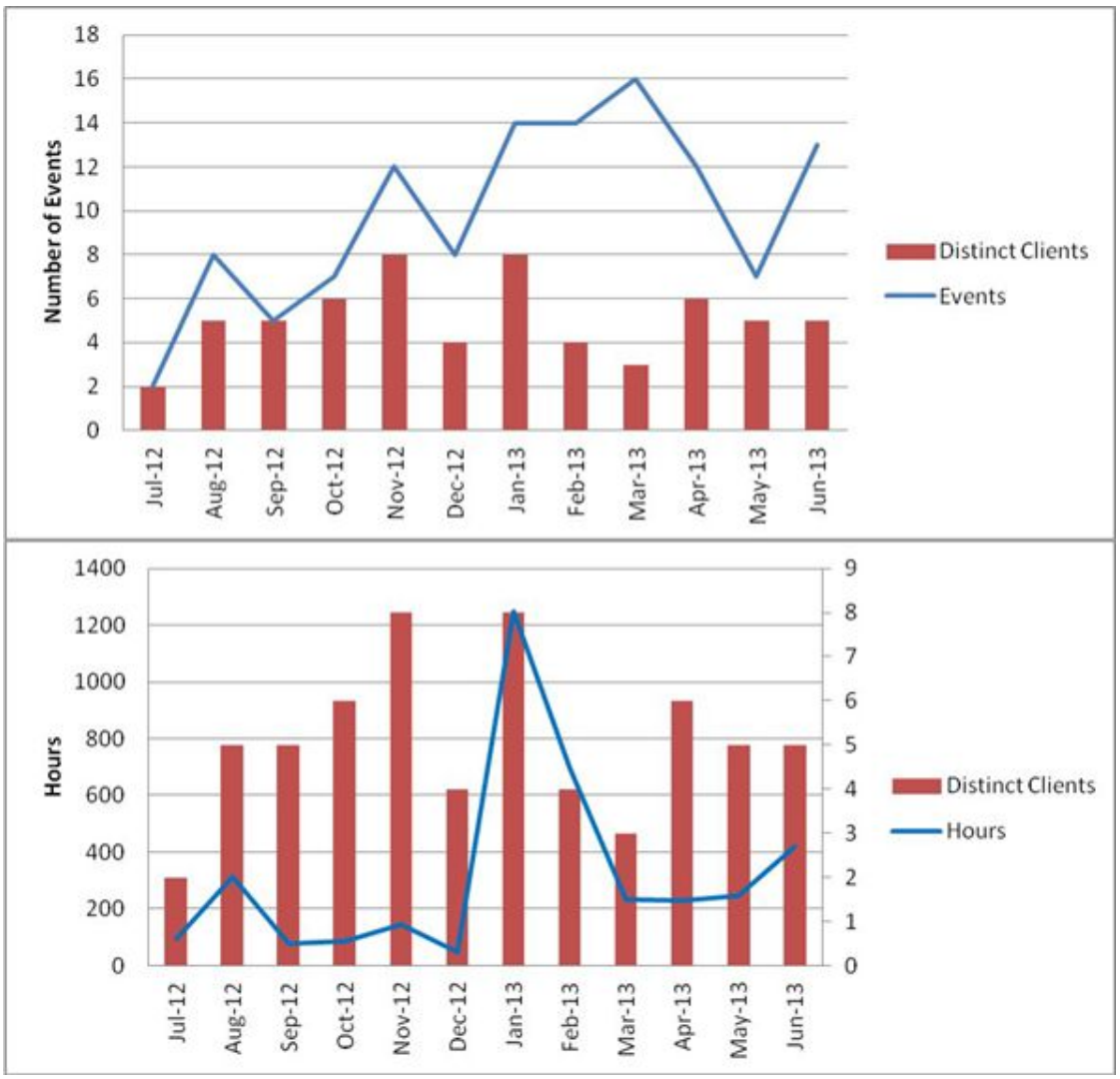
Inpatient Setting (TWA/CREDS IP)
Community Setting (All community teams)
MoH Target (June 2013 Target - 60% community setting, 80% inpatient setting. June 2014 Target - 80% + for both settings).

Trend Comments:

The community setting has exceeded the community target (60%) for the last 12 month period. The inpatient setting had met/exceeded the inpatient target (80%) for 6 of the past 12 months. The inpatient compliance is more varied as this is looking at a much smaller proportion of the MH&AS.

4.3 Seclusion

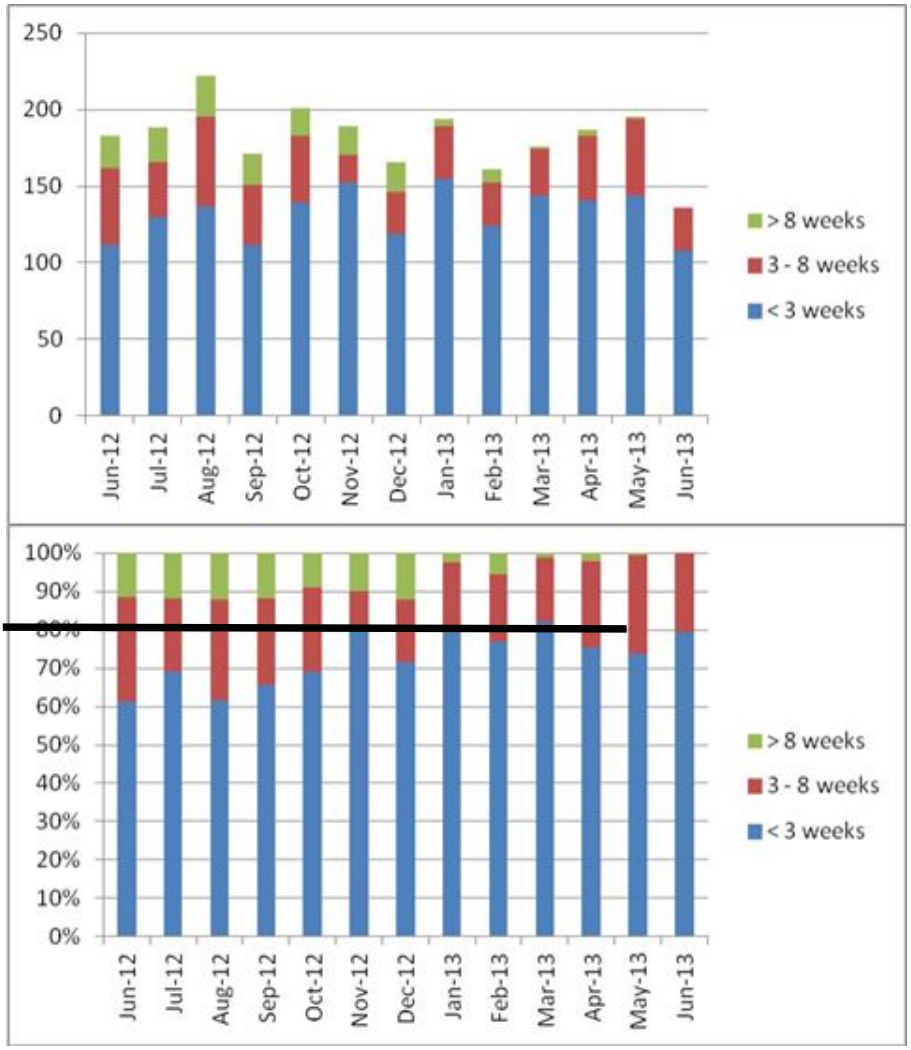
An aim for the MH&AS is to reduce the frequency and duration of seclusion and restraint episodes with a view to becoming a seclusion-free environment.



Trend Comments:
For the majority of the last 12 months the number of seclusion events have been increasing, moving from 2 events in July 2012 to 13 events in June 2013. The number of distinct client varies from 2 to 8 by month over this period.

4.4 Waiting Times

Ministry of Health waiting time target which we have three years to meet is; 80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% are seen within 8 weeks. This is calculated from the date the referral is received to the date of the first face to face contact with the client.

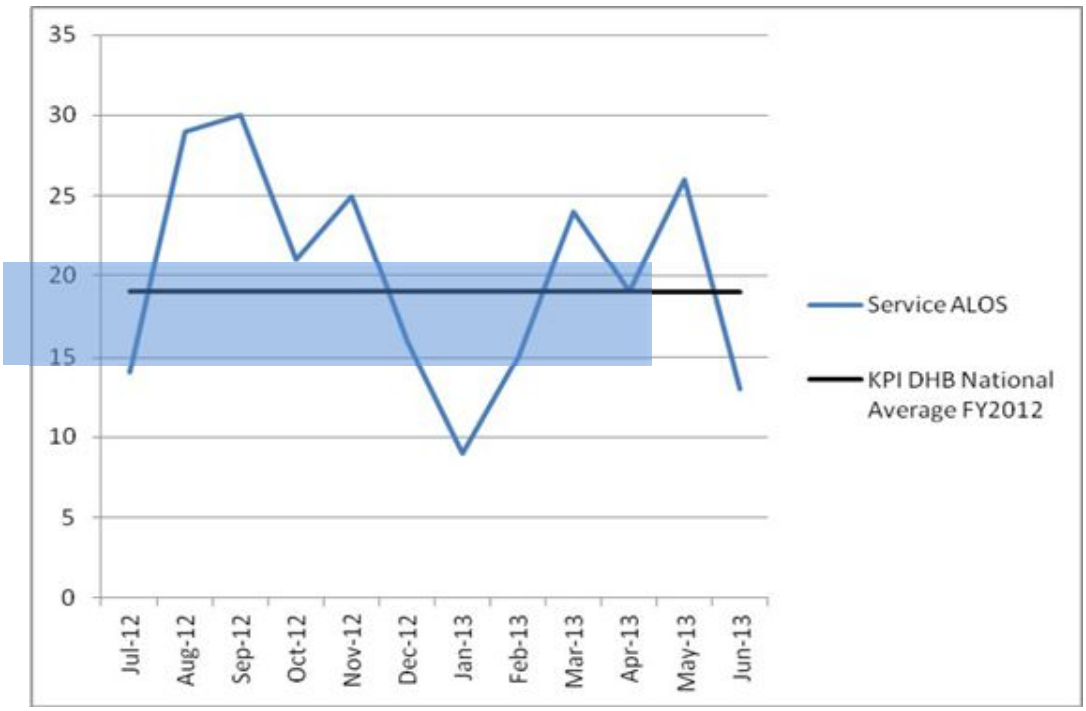


Trend Comments:

Over the last 12 months the number of clients seen within 3 weeks of their referral being received has increased from 61% to 80%, now meeting the ministry targets. The number of clients having to wait longer than 8 weeks has also decreased significantly.

4.5 Inpatient Average Length of Stay

This measure looks at the average length of stay (days) that clients spend while in our inpatient setting. There is no ministry or locally set target for this measure, included is the national average and target from the KPI benchmarking project for FY2011/2012.



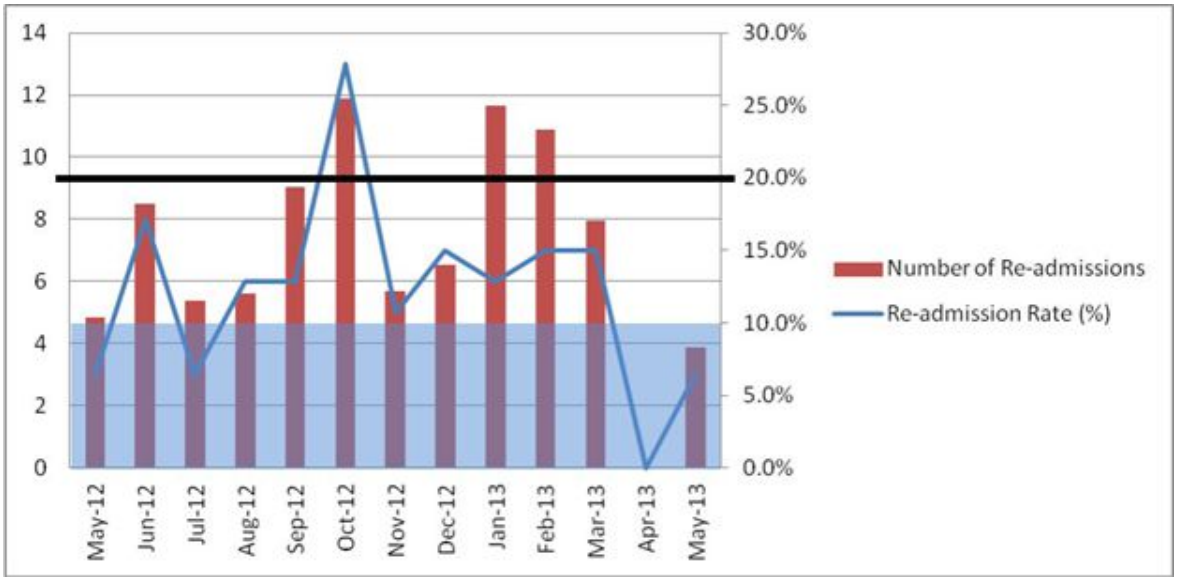
KPI FY11/12 National Average LOS is 19% (adult MH inpatient services).
Service Average LOS
KPI FY11/12 target is 14 – 21%.

Trend Comments:

Over the last 12 months the average length of stay varies from 9 to 30 days. 6 months of the past 12 months had a lower/same average length of stay as the KPI national average.

4.6 28 Day Acute Re-Admission Rate

This measure looks at the number of clients that are re-admitted to the inpatient unit within 28 days of discharge and the 28 day re-admission rate. This measure does not exclude planned admissions. There is no ministry or locally set target for this measure, included is the national average and target from the KPI benchmarking project for FY2011/2012.



KPI FY11/12 national average re-admission rate is 20%.
KPI FY11/12 target is 0 – 10%.

Trend Comments:

Over the last 12 month period we had a lower than average (KPI national average FY11/12) 28 day re-admission rates, excluding the month of October 2012.

5 PEOPLE AND CULTURE

5.1 Hard to Fill Vacancies

There were some encouraging developments this month, with applicants for the Hutt ED Clinical Head of Department position which has been difficult to fill, along with four suitable applications for the theatre business manager role.

Hutt Valley - Hard to fill list:

- Midwives
- Mental Health Nurses
- Psychiatrist and Paediatricians

Wairarapa - Hard to fill list:

- SMO Consultant Psychiatrist
- SMO General Surgery – currently filled with regular locum.
- SMO Emergency - Offer of employment has been made
- SMO Physician - Offer of employment has been made
- Sonographer
- Midwifery
- 2DHB Business Theatre Manager

5.2 Human Resources general update

- Draft "General process for consultation and approval of Sub Regional HR Policies" has been sent out for consultation and feedback.
- Second Sub Regional Collaboration meeting with Unions held 7 August. This was an opportunity to engage the unions on the 3D Work Program

5.3 Workforce Information

2DHB RMO / SMO Unit

With the resignation of the 2DHB RMO /SMO Manager, the position was reviewed and a decision was made to appoint a 12 month fixed term Team Leader. This fixed term period will align the appointments for the units across the 3DHBs.

5.4 Update for HWNZ

Pipeline for medical workforce

Based on discussion with a number of sector stakeholders in recent weeks HWNZ will bring forward its medical workforce pipeline work programme. This is to ensure that appropriate measures can be taken in short, medium and long term for a sustainable medical workforce. HWNZ on behalf of the Ministry of Health has initiated the establishment of a multi-stakeholder working party chaired by Professor Gorman. The scope of this working party will need to look at the supply, career pathways, and demand of the medical workforce within the context of integrate and new models of care.

Summary

In summary HWNZ had committed to providing same subsidy funding to cover all 380 New Zealand citizens and permanent resident graduates should they wish to take up a PGY1 position in New Zealand public hospitals this November 2013. In addition HWNZ will bring forward the medical workforce pipeline programme.

Following the HWNZ update, NZRDA advised there are a number of 3rd and 4th year house officers still looking for positions, Medical and paediatric registrar positions seem to have been mainly affected but there are others. NZRDA has offered the use of its website and will be linking it Kiwihealthjobs to assist in House Officers who have not been successful in finding a position. The NZRDA notice has been sent to the RMO/SMO units in case there are vacancies matches to our workforce requirements. DHBs and NZRDA are working collaboratively to resolve this issue.

5.5 RMO Recruitment

Hutt has now been approached by National Health Board to consider increasing PGY 1 positions in the sub region (with some extra funding attached) as there were 27 NZ residents NZ trained people without jobs for November. The RDA was contacted to get support for possible run changes etc and the 2DHB RMO Unit Manager was asked about possible scenarios. With the National Health Board requiring an urgent response, Hutt and Wairarapa approved 2 extra positions.

How we use these needs to be carefully managed to ensure that it is cost neutral and provides efficiencies. The RMO Unit are working on options.

5.6 BMJ Careers Fair 2013

The national GM HR group had sought further information following the presentation of the original proposal at the May meeting. This further information was discussed by the Regional GM HR Chairs at their July teleconference and it was agreed not to participate for 2013 given the current positive supply situation, on-going discussions about PGY1 numbers, and projected RMO numbers generally. This decision does not preclude attendance at future events as appropriate. There is also the opportunity to undertake targeted recruitment/advertising via KiwiHealthJobs based on identified need. KiwiHealthJobs will also keep an on-going marketing presence in the UK market.

5.7 Workforce Data: Wairarapa

Staff Turnover % - Financial YTD Group	Data	Month Jul-13	Annualised Staff Turnover
Medical	Sum of Headcount Start of Period	129	129
	Sum of Resignations during Period	0	0
	Sum of Annualised Staff Turnover	0.0%	0.0%
Nursing	Sum of Headcount Start of Period	786	786
	Sum of Resignations during Period	9	9
	Sum of Annualised Staff Turnover	13.7%	13.7%
Allied	Sum of Headcount Start of Period	495	495
	Sum of Resignations during Period	5	5
	Sum of Annualised Staff Turnover	12.1%	12.1%
Support	Sum of Headcount Start of Period	122	122
	Sum of Resignations during Period	0	0
	Sum of Annualised Staff Turnover	0.0%	0.0%
M'ment Admin	Sum of Headcount Start of Period	318	318
	Sum of Resignations during Period	6	6
	Sum of Annualised Staff Turnover	22.6%	22.6%
Total Sum of Headcount Start of Period		**1850**	1850
Total Sum of Resignations during Period		**20**	20
Total Sum of Annualised Staff Turnover		**13.0%**	13.0%

5.8 Staff Exit – Wairarapa update

Over the period 1 April to 4 November there were 25 people who resigned from the DHB. 44% (11) of those who resigned completed an exit interview. The key themes that have been captured as a result of the exit interviews are:

- 7 of those who choose to resign had tenure greater than 5 years
- Relocation and working conditions were given as the top two reasons for resigning. However when asked what the DHB could have done to change the individuals mind about leaving a general theme was not observed - 2 said remuneration, 2 said nothing, 2 said 'other'.
- The two things that the majority of people said they enjoyed most about working for the DHB was that they found the role fulfilling and they enjoyed working within their team
- 9 of the 11 said that they would consider working for us again
- Only 4 of the 11 had a performance development plan in place
- 9 of the 11 had attended some form of training in the last 18 months

6 SERVICE UPDATES

6.1 Nursing Update

Falls Programme
Both Wairarapa and Hutt are working with all the Central Region DHBs to place Falls Assessment into the TrendCare system (electronic acuity and workload assessment tool) which is used by five out of the six DHBs. The assessment tool will be linked to a care plan which has also been identified as an area that needs strengthening. A meeting was held with the Central Region Falls Group on 22 July to progress this at a Regional level.

Professional Development and Recognition Programme
Coordinators from both sites have been working on further aligning the two programmes. This work is now 90% complete. Hutt has begun rolling out its senior leadership portfolio.

Nursing Entry to Practice Programme
The Minster of Health and Health Workforce New Zealand have begun to strongly encourage DHBs to ring fence their new graduate numbers to maintain some consistency and assist with national workforce planning. Whilst the current numbers graduating outnumber the employment opportunities available the data shows that the country will require all the nurses who are being trained now. In fact even more will be needed in order to meet future service delivery needs especially given that 50% of the country's nursing workforce is aged over 50 years currently.
The ACE recruitment portal will be opened for 2014 applications this month. Conversations have begun at both sites regarding the numbers for the 2014 programme.

Staffing
Nursing Hours per Patient Day remains extremely tight across both sites. Some requests for further staff are unable to be filled and care rationing occurs in these instances. The care capacity demand management programme begins in August at Hutt with the first meeting of the Council established to govern the programme. Reports are closely monitored by the EDoNM and the Nursing Directors as well as the care Capacity Manager. The functions of the operations centre at the Hutt assists in real time with the measurement of staffing. The medical floor at Hutt and the medical surgical ward at Wairarapa are the areas whereby currently supply frequently does not meet demand.

Faster cancer treatment – Cancer Care Coordination
The Clinical Nurse Specialist role appointed to in the Wairarapa earlier in the year is proving its worth. The nurse has highlighted gaps in the service and is now closely monitoring all referrals. She has implemented new systems to ensure patients do not slip through the cracks. She recently presented at the first national forum for all the new cancer care nurse roles which the Minster of Health also attended. She has been commended for her Wairarapa initiatives. This was also noted in the Q4 MoH reports by the Ministry.

7 FEEDBACK TO THE COMMITTEE

7.1 Drug and Alcohol related presentations to ED

The issue of being able to monitor drug and alcohol related presentations to ED was discussed at the last Committee meeting and subsequently considered by the management teams.

CCDHB have been collecting data regarding alcohol related ED presentations for some time now. Hutt do not have an electronic system that captures the data whereas Wairarapa started to collect the data when the electronic ED records were introduced, but as yet cannot extract it; our IT teams are working on a process for extracting the data.
It was raised that the different systems which have evolved in each of the DHBs could result in loss of longitudinal data with the introduction of a single system, and we need to consider the ways to mitigate this risk. Further work will be required to develop visibility on this issue over coming months.

7.2 Joint Production Plan

The Committee, along with the Hospital Advisory Committee at Capital and Coast DHB, have requested a single view elective surgery production plan for the three DHBs. This is currently being verified at CCDHB and will be available for circulation shortly.

7.3 Navigation Support Programme for Maori Diagnosed with Cancer

In June 2013 a paper went to Wairarapa DHB Board titled 'Inequalities in cancer control- how well are we doing and how can we improve?' The paper recommended that a project be set up to establish a pilot navigation programme to support Maori patients with cancer in the Wairarapa. The Board approved the recommendation.

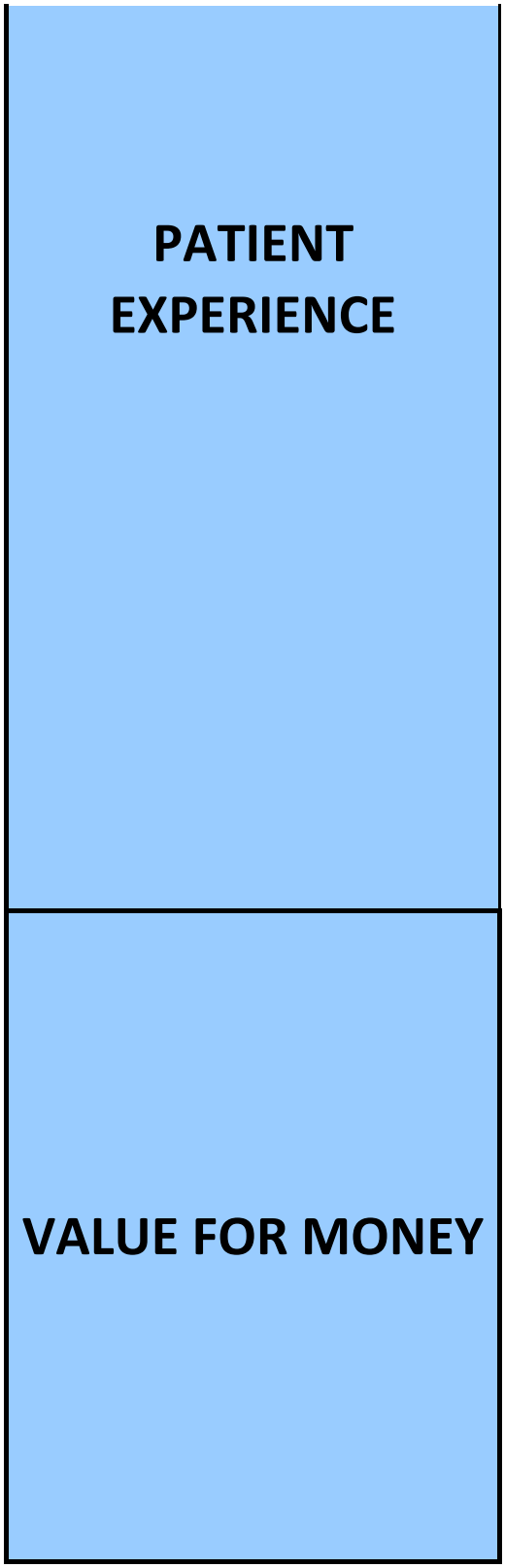
The project group developed the terms of reference for the programme whikch were agreed by the Executive Leadership Team. The goal of the project is to develop and implement a patient navigation programme that provides support, information, education, care coordination, empowerment and advocacy for Maori diagnosed with cancer in the Wairarapa. Navigation service referral and assessment processes will be developed and integrated into daily routines.

The project will be delivered within current staff resources. The approach is whanaungatanga – working alongside others, facilitating access to services, walking alongside the person seeking support. The project includes the development of agreed protocols across OPD, Social Work and the Maori Directorate, an agreed psychosocial Assessment tool & a Maori worldview service evaluation tool which will be completed and ready for service implementation by 1 November 2013.

Operational 2013/14

DEVELOPMENT AREA (BSC)

PROCESS AND EFFICIENCY


PATIENT EXPERIENCE
VALUE FOR MONEY


HEALTHY WORKPLACE
MAINTAINING IMPROVEMENTS ACHIEVED

Services Priorities and Objectives [working draft for discussions and service additions 15 Aug]

HIGH LEVEL BOARD OBJECTIVE with related sub objectives/workstreams
SERVICE DELIVERY IMPROVEMENT RESPONSIBI
Achieve Key Performance Indicators within Annual Plan an
Policy Framework
Redesign accountability and clinical governance framework
Implement new Monthly Performance Review programme linked to organisational objectives delivery
Re-design Wairarapa and Hutt Performance and Management Reports to align
Transforming the Surgical Pathway **Programme**
Minor procedures Annual Plan entry
Next phase developments in ***Optimising the Surgical Pathway*** Programme
Reduce cancelled on the day operations to < 5% of scheduled elective operations
Implement ***Enhanced Recovery After Surgery*** initiative for Orthopaedic Patients
BETTER, SOONER, MORE CONVENIENT HEALTH
Greater community –primary- secondary integrat
More services are delivered closer to home
Long term and avoidable conditions are address
Transformation activities to reduce bed demand by 12 beds at Hutt and best
Complete ***Optimal Discharge from Hospital*** Initiatives linked to Rapid Cycle Programme
Progressing programmes to reduce avoidable hospital admissions:
Gastro (ASH project)
COPD
Respiratory conditions

Improving child health for 0-4 year olds
Review models of Community and Ambulatory Care, identifying innovation opportunities to progress
Exploring Community and Ambulatory paediatric models of care
Continue to develop an Ambulatory Emergency Care approach in ED, MAPU and Medical Day Stay
WORKING WITH OUR NEIGHBOURS
Constructive planning and delivery of regional and sub-regi
Conclude Optimal Facilities modelling and explore potential alternative service delivery options
3d workstream: Progress towards single subregional child health service
3d workstream: Progress towards single subregional ENT service
3d workstream: Progress towards single subregional Gastro/Endoscopy service
3d workstream: Radiology subregional review
3d workstream: Orthopaedics subregional review
3d workstream: Increasing elective surgery service provision at Hutt (in conjunction with CCDHB)
Implementation of Joint Laboratory Information System with CCDHB
Finalise joint Laboratories review with CCDHB and implement outcomes
Seek appropriate opportunities for joint appointments across the subregion
Progression of Regional Service Plan Projects
Participate in development of regional radiology strategy
Active participation, and ensuring clinical engagement in CRISP activites
Site maintenance and development
Review Mental Health & Addictions care models to determine future accommodation needs
Commence Hutt/Wairarapa Capital and Estates Committee to better co-ordinate site investments
Continue Wairarapa site changes to address seismic risks
Improve Emergency Management procedures and review business continuity plans
Other Better Healthcare Systems Projects and initiatives
Utilise Operations Centre to develop seasonal staffing models based on clinical demand patterns
Development of appropriate Operations Centre toolkit items at Wairarapa
Progress optimal rollout of uBook across the DHBs
Develop and activate a programme to reduce Outpatient DNAs to <6% by Dec 2015
Continuing *Releasing Time to Care, The Productive Operating Theatre & Ward* initiatives
QUALITY OF SERVICE DELIVERY
The DHB complies with HDSS standards and achieves target
quality and safety indicators
Quality of care is seen internally and externally as a hig
Quality and safety - Monitoring/Measuring Harm and Learning from Adverse
All three parts of the *Surgical Safety Checklist* are used for > 90% of surgical patients
Redesign *Capturing the Patient Experience*

Avoidable Acute re-admissions are identified and strategies developed to reduce
Ensure an open and supportive approach to reporting of adverse events and reporting of SSEs
Development of Quality Accounts framework for reporting of quality improvement
Improving the standard of patient care documentation
Continue to develop visibility of care outcomes to ensure we are providing safe, quality care
FALLS: 90% of patients over 75 receive a falls risk assessment
PRESSURE SORES: Reducing hospital acquired pressure sores
HAND HYGEINE: Achieve 70% compliance with World Health Organisation *Five Moments*
CLAB: Insertion bundles are used for > 90% of central line insertions
Government health targets & priority areas
Ensure appropriate booking processes support gradual move to a 4 month wait for surgical patients
New target: 75% of accepted CT and MRI referrals receive scans within 6 weeks
New target: 50% of *urgent* diagnostic colonoscopies will occur within two weeks (14 days)
New target: 50% of diagnostic colonoscopies will occur within six weeks (42 days)
New target: 50% of surveillance/follow up colonoscopies will occur within 12 weeks of date planned
95% of Mental Health clients have relapse prevention plans
Achieve 70% Maori and Pacific breast screening targets
Compliance to the National Maternity Safety & Quality Programme
73% of 0-4 year olds enrolled in dental service
75% of adolescents enrolled with CDA provider at the end of each school year
Improving patient access to, and experience of, our services
Explore the opportunity to provide ophthalmology surgery at Hutt Hospital
Redevelop and implement patient engagement strategy
Participate in Dementia Pathways programme
FINANCIAL SUSTAINABILITY ***Meet AP financial targets individually and collectively across*** ***and savings plans***
Continue to identify waste/duplication reduction opportunities across the hospital
Active participation in HBL activities
Expanding in-house provision of imaging services to the community
Develop business case for implementing HD MRI scan technology
Finalise optimal blend of telephone, face to face and staff supported interpreting services
Oversight of IDF outflows to avoid loss of revenue where care can be provided across the 3DHBs
Continue to identify and progress joint procurement opportunities with CCDHB
Review arrangements for control of non-resident access to services
Minimising printing and developing paperlite systems
Continue progress to reduce annual leave debt by $1m, including full capture of SMO leave taken
Continue to develop mechanisms to reduce sickness absence to maximum average 6.1 days/person
Service benchmarking to assess productivity per cost with similar organisations

LEADERSHIP

Staff and service providers indicate that there is a strong sens

and a clear direction for the DHBs

Senior management capability is developed to provide CE cov

Progress against 'In Good Hands'

Improve communications, engagement and information flows across all employee groups
Implement support and development programme for Clinical Heads of Departments
Identify Clinical Champions for all major workstream and development areas
Develop SMO workforce plan (recruitment and retention) for Wairarapa and Hutt
Actively involve clinical staff in the design, delivery and troubleshooting of our Operational Services
Implement strategies to foster a healthy workplace and improve morale
Continue to seek opportunities to ensure a positive, Healthy Workplace environment for all staff
Release *Code of Rights* for hospital employees
Administrative and Clinical Leaders Working with Unions to identify and address dysfunctional teams & damaging behavioural issues
Ensure that all departments have a planned schedule of individual employee appraisals
Improve oversight of discretionary training requests to ensure equity and alignment with priorities
Progress administration staff support and development programme

RELATIONSHIPS / COMMUNITY PERCEPTIO

Ensure the DHB has a positive external image

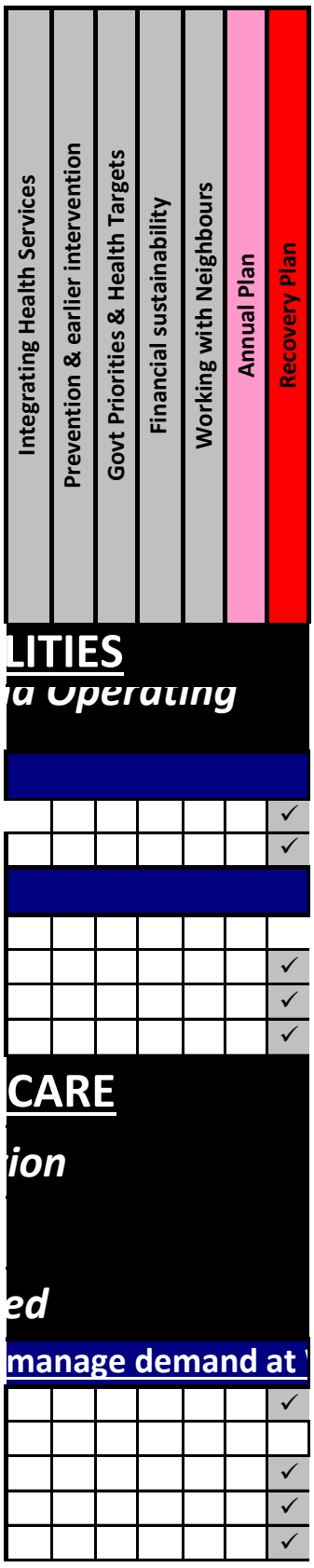
Actively promote the DHBs values widely

Ensuring that service improvements and efficiency gains are embedded and maintained
Maintain tight vacancy management and new starter salary controls - develop visibility of in-out costs
Maintain controls on clinical supplies usage and stock control
Maintain wins in reduced wasted laundry usage (estimated 25% cost reduction)
Maintain hospital drug spend efficiencies achieved in 2013-13
Maintain blood product usage efficiencies achieved in 2012-13
Maintain compliance with 95% ED 6 hour wait target
Deliver elective surgery volumes for each quarter and maintain a 5 month wait time
Maintain ED Triage 4 and 5 reductions at Wairarapa
Maintain reductions in hospital bed demand from Cellulitis workstream
Maintain efficiencies in casual, overtime and minder costs (balanced with recruitment)
95% smoking cessation advice target is maintained

Maintain parking, meals on wheels and other income improvements
Maintain Day of Surgery Admission and length of stay improvements achieved

KEY:

CEO Objectives from the Boards
Operational Services Objective Areas


Integrating Health Services
Prevention & earlier intervention
Govt Priorities & Health Targets
Financial sustainability
Working with Neighbours
Annual Plan
Recovery Plan
LITIES
a Operating
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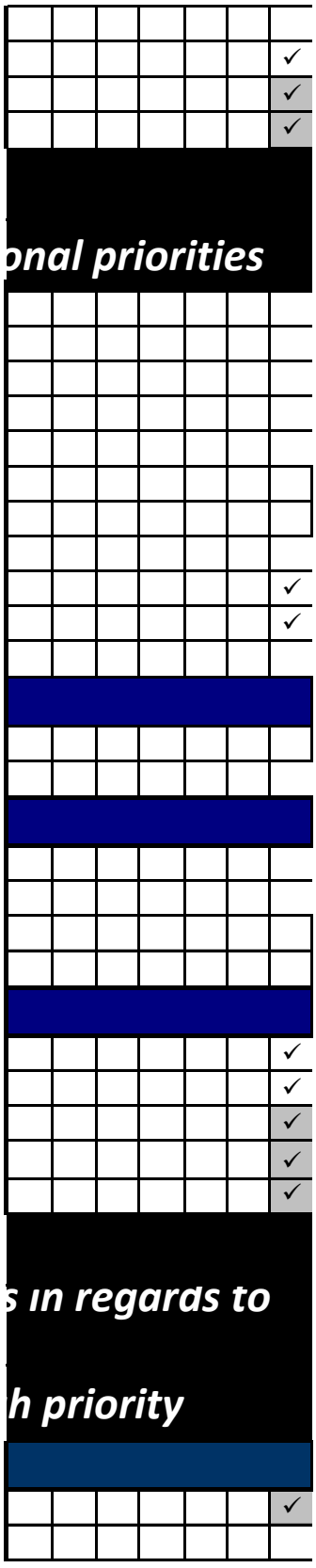
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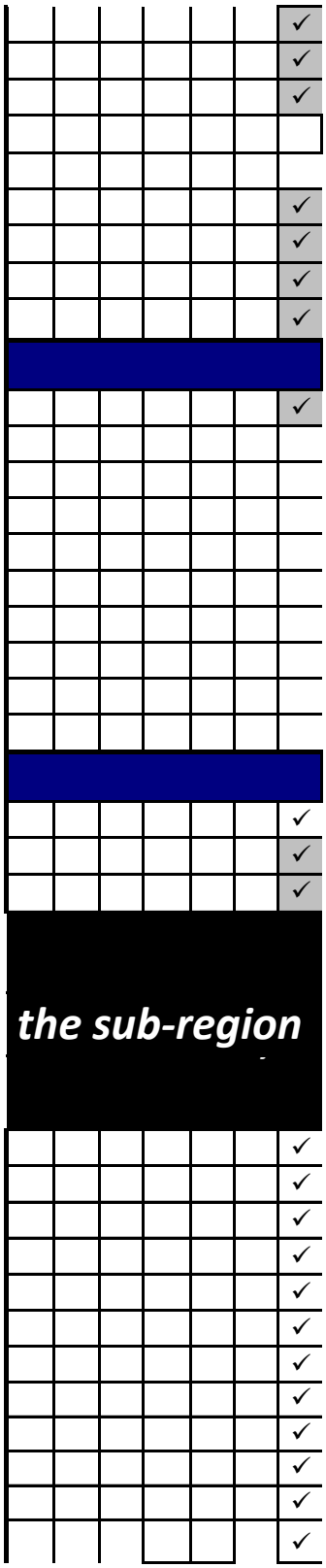
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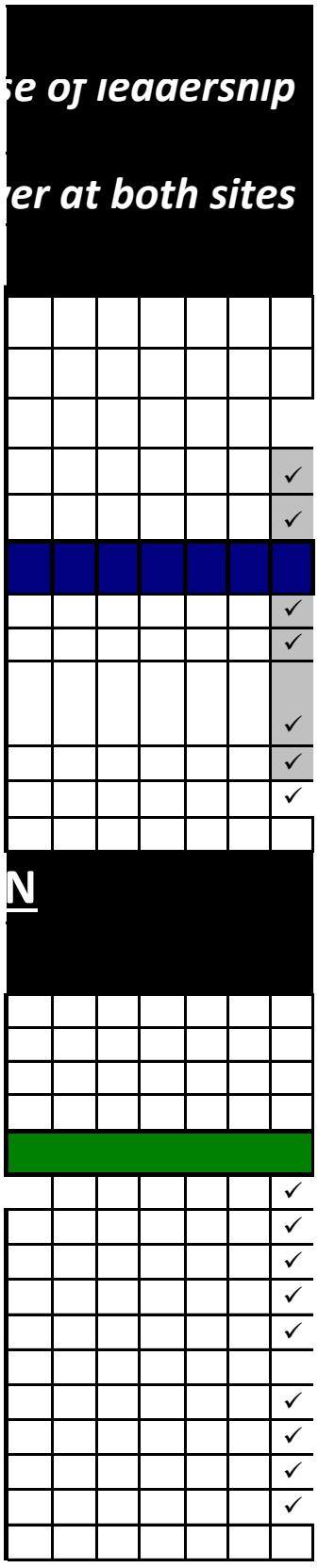
se of leadership
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N

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Hon Tony Ryall
Minister of Health
12 August 2013

Health Minister congratulates Hutt Valley ED

"Hutt Valley DHB is to be congratulated for its outstanding progress on faster better care for patients in emergency departments says Health Minister Tony Ryall.

"Hutt Valley ED has improved its performance to 97 per cent, exceeding the national target of patients admitted, discharged or transferred from EDs within six hours.

"Hutt Valley patients have some of the best ED care in the country," Mr Ryall says.

Mr Ryall has congratulated all district health boards for the significant progress they've made over the past five years in the Shorter Stays in Emergency Departments (EDs) National Health Target.

"Nationally this quarter, 94 per cent of patients had their treatment completed at their ED within six hours – which is a huge improvement of 30 per cent compared to 2008," Mr Ryall says.

"National ED champion Professor Mike Ardagh tells me ED patients are now getting better care more quickly, Mr Ryall says.

"He says this is a very clear trend in improvement for all DHBs – and that the old regular scenes of people waiting far too long in waiting rooms for treatment, or in EDs for a bed in the hospital are now rarely seen.

The Government's six hour target is the result of advice from top ED clinicians who tell me it is the best measure to ensure faster and better services for patients.

They advise this is better than the previous Labour Government's focus on triage times – which is how long a patient waits to be first seen by a doctor or a nurse.

"In fact Labour was so concerned about overcrowded EDs, long patients stays in EDs and long patient waits for treatment it commissioned a report that recommended replacing the triage system with the six hour full treatment target," Mr Ryall says.

Up and down the country doctors and nurses tell me that faster ED treatment times save lives and improve service.

The former clinical director of Auckland Hospital ED, Dr Tim Parke, is reported as saying he believes this national health target has contributed to saving about 200 lives nationally

Increasingly Australian hospitals are adopting a very similar ED target to New Zealand. New Zealand is now seen as a leader in reducing ED wait times, and many countries, including Australia, Canada and Ireland, are learning from our successes

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

Wairarapa Hospital Operational Services

Monthly Balanced Scorecard July 2013

KEY PERFORMANCE INDICATORS 2013/2014

PATIENT EXPERIENCE

	Jul-13		Period	
	Target	Month	YTD	QTR 1
Shorter Stays in Emergency Departments	95%	**96%**	96%	**96%**
Improved Access to Elective Surgery	100%	**114%**	114%	**114%**
Better Help for Smokers to Quit	95%	**98%**	98%	**98%**
	Target	Month	Target	YTD
Mental Health Relapse Prevention Plans	0%	**0%**	0%	**0%**
Surgical Site Infections Reported	0	**0**	0	**0**
Inpatient Falls Causing Harm	*	**6**	*	**6**
Medication Errors	*	**0**	*	**0**

5 Month Wait

	Waitlist Patients (ESPI5 and ESPI2)			
	Target	Month	Booked	Unbooked
Waiting >150 Days for Outpatient FSA (ESPI2)	0	**0**		0
Waiting >150 days for Treatment (ESPI5)	0	**0**		0

HEALTHY WORKPLACE

	Jul-13		Period	
	Target	Month	Target	YTD
Staff Turnover Voluntary % (Headcount)	10.0%	**7.2%**	10%	**11.4%**
Sickness Absence - % Paid Hours Worked	2.5%	**3.3%**	2.5%	**3.3%**
Number of Staff having >200 hrs leave balance			52	**44**

PROCESS & EFFICIENCY

		Jul-13		Period	
		Target	Month	Target	YTD
Acute Inpatient Length of Stay		3.8	**3.3**	3.8	**3.3**
Acute Readmission Rate		10%	**0%**	0%	**0%**
Elective/Arranged Inpatient Length of Stay		3.8	**5.0**	3.8	**5.0**
Elective/Arranged Day of Surgery Admission		95%	**96%**	95%	**96%**
Ward Bed Utilisation - Daily (Incl Weekends)		U/D	**83%**	U/D	**83%**
Ward Bed Utilisation - Weekdays Only		U/D	**84%**	U/D	**84%**
Theatre Session Utilisation (Time in Theatre)		85%	**84%**	85%	**84%**
Theatre Sessions Starting on Time		90%	**96%**	90%	**96%**
Acute Patients impacting on Elective Sessions		U/D	**7**	U/D	**7**
Cancelled on Day of Surgery	Patient	U/D	**8**	U/D	**8**
	Hosptial	U/D	**20**	U/D	**20**
Surgical Outpatient DNA (FSA)	No. Visits	0	**2061**	0	**2061**
	DNA Rate	6.2%	**7.7%**	6.2%	**7.7%**

VALUE FOR MONEY

	Jul-13		Period	
	Target	Month	Target	YTD
Total Caseweight	494	**496**	494	**496**
Elective Caseweights	108	**118**	108	**118**
Acute Caseweights	386	**378**	386	**378**
Outpatient FSA Volumes	504	**701**	504	**701**
Outpatient FU Volumes	642	**613**	642	**613**
Hospital FTEs inc overtime	431	**424**	431	**424**
Hospital Operating Costs ($'000)	5,456	**5,454**	5,456	**5,454**
Hospital Personnel inc outsourced ($'000)	3,458	**3,385**	3,458	**3,385**

* Key Improvement Areas 13/14

* MOH Health Targets

* MOH Performance & Ownership Dimension Measures

KEY: N/A = Not available

U/D = Under Development

Key Issue | Alert | Achieved

Hutt Hospital Operational Services

Monthly Balanced Scorecard July 2013

KEY PERFORMANCE INDICATORS 2013/2014

PATIENT EXPERIENCE

	Jul-13		Period	
	Target	Month	YTD	QTR1
ED 6 Hour Wait	95%	**95%**	95%	**95%**
Elective surgery	100%	**112%**	112%	**112%**
Smoking cessation advice to hospital patients	95%	**96%**	96%	**96%**
	Target	Month	Target	YTD
Mental Health Relapse Prevention Plans	95%	**91%**	97%	**91%**
HONOS Compliance - Inpatient	75%	**76%**	75%	**76%**
HONOS Compliance - Community	55%	**69%**	55%	**69%**
Bed Days due to Cellulitis (Avg LOS)	3.0	**2.9**	3.0	**2.9**
Surgical Site Infections Reported	1	**0**	1	**0**
Patient Falls Causing Harm	12	**17**	12	**17**
Medication Errors	1	**2**	1	**2**

* Targets for 13-14 pending

5 Month Wait target

	Waitlist Patients (ESPI5 and ESPI2)			
	Target	Month	Booked	Unbooked
Waiting >150 days for Treatment (ESPI5)	0	**32**	6	26
Waiting >150 Days for Outpatient FSA (ESPI2)	0	**28**	11	17

HEALTHY WORKPLACE

	Jul-13		Period	
	Target	Month	Target	YTD
Hospital Staff Turnover % (Headcount)	10%	**12.8%**	10%	**12.8%**
Sickness Absence - % Paid Hours Worked	2.3%	**2.7%**	2.3%	**2.7%**
Number of Staff having >24 Mths O/S Leave			180	**213**

Key Issue | Alert | Good News

* Improvement areas for 13-14

* MOH Health Targets

* MOH Performance & Ownership Dimension Measures

KEY: N/A = Not available

U/D = Under Development

PROCESS & EFFICIENCY

		Jul-13		Period	
		Target	Month	Target	YTD
Acute Inpatient Length of Stay		4.6	**3.7**	4.6	**3.7**
Acute Readmission Rate	Jun-13	8%	**9%**	8%	**8%**
Elective/Arranged Inpatient Length of Stay		3.2	**3.8**	3.2	**3.8**
Elective/Arranged Day of Surgery Admission		95%	**96%**	95%	**96%**
Ward Bed Utilisation - Daily (Incl Weekends)		85%	**87%**	85%	**87%**
Ward Bed Utilisation - Weekdays Only		85%	**88%**	85%	**88%**
Funded Theatre Sessions Utilised		95%	**84%**	95%	**84%**
Theatre Session Utilisation (Time in Theatre)		85%	**81%**	85%	**81%**
Theatre Sessions Starting on Time		90%	**86%**	90%	**86%**
Acute Patients impacting on Elective Sessions		U/D	**33**	U/D	**33**
Cancelled on Day of Surgery - Patient		15	**11**	15	**11**
Cancelled on Day of Surgery - Hospital		13	**7**	13	**7**
Cancelled on Day of Surgery - Percentage		5%	**3%**	5%	**3%**
Outpatient DNA (FSA & Followup)		340	**510**	340	**510**
		6%	**9%**	6%	**9%**

VALUE FOR MONEY

	Jul-13		Period	
	Target	Month	Target	YTD
Total Caseweight	1,808	**1,759**	1,808	**1,759**
Elective Caseweights	578	**534**	578	**534**
Acute Caseweights	1,230	**1,224**	1,230	**1,224**
Outpatient FSA Volumes	1,447	**1,287**	1,447	**1,287**
Outpatient FU Volumes	3,197	**3,475**	3,197	**3,475**
Hospital FTEs inc overtime	1,545	**1,510**	1,545	**1,510**
Hospital Operating Costs ($'000)	16,011	**16,011**	16,101	**16,101**
Hospital Personnel inc outsourced ($'000)	11,658	**11,658**	11,802	**11,802**

Ward Utilisation is General Wards Only: Surgical, Medical, Rehab, Orthapaedic, Plastics Wards

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa / HUTT VALLEY DHB	**HAC INFORMATION PAPER**
	Date: 9 August 2013
Author	Cate Tyrer, GM Quality and Risk, Wairarapa and Hutt Valley DHBs
Subject	**Monthly Quality Report for Hospital Advisory Committee**

1 RECOMMENDATION

It is recommended that the Committee **RECEIVE** this report

This month has seen both DHB's implement their emergency management responses during the swarm of earthquakes experienced in the Wellington Region.

1. PATIENT EXPERIENCE AND PATIENT FEEDBACK

1.1 COMPLIMENTS

It should be noted that the compliments data collated represents formal written compliments received by the Quality and Risk Teams and does not represent the countless cards and kind words received by our services.

	Year to Date 1/7/13 – 30/6/14	July 2013
Hutt	40	40
Wairarapa	5	5

An example of some of the praises received:

Wairarapa DHB
"I have had cause to visit a number of departments and each encounter has been brilliant. Appointments, phone calls, paperwork, medical attention – very impressed. I count myself lucky. I cannot speak highly enough of the care provided."

Hutt Valley
CCU
"….I was really happy with the treatment I received from all involved, I couldn't praise them more. I was informed what was happening every step of the way. I felt safe and confident and secure that I was going to make a full recovery…"

ED
"…I was overwhelmed by the wonderful way the staff cared for me and wish to say thank you to those who were there and the excellent attitude shown towards me…"

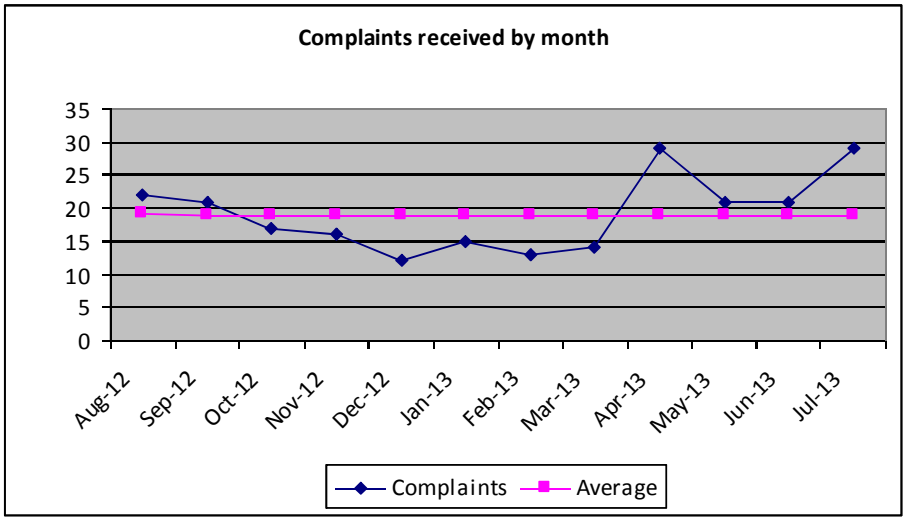
Mental Health Crisis Assessment and Treatment
"…for their courtesy and concern and for making available a safe environment for my son..".

1.2 COMPLAINTS

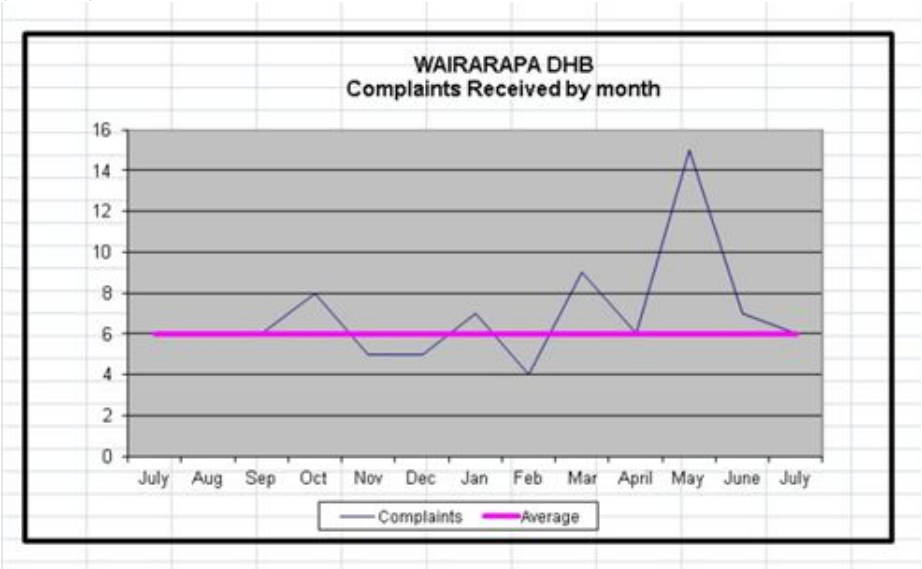
Total received July 2013:

Hutt Valley DH: 29
Wairarapa DHB: 5

Hutt Complaints Trend



Wairarapa Complaints Trend



Each complaint is broadly categorised based on the main reason the patient has complained. Those categorised as treatment, communication, attitude and process can be further broken down as follows:

Hutt Valley DHB

Treatment

2 x care provided while inpatient
1 x options given regarding managing condition
1 x treatment and advice given following procedure
2 x difficulties with referral process
1 x historical complaint (2010) about care given during birth of child
1 x management and communication following a procedure

Communication
6 x attitude of staff
1 x dissatisfied with how earlier complaint was dealt with
1 x change of demographic details

Wairarapa DHB

Attitude
2 attitude of patient on ward

Process
1 incorrect information in discharge summary
1 timeframe between appointments
1 incorrect information given re discharge

Comparison of Complaints received 2011-2013

Quarter	2011		2012		2013	
	HVDHB	WDHB	HVDHB	WDHB	HVDHB	WDHB
Jan-Mar	63	27	60	18	41	20
Apr-Jun	67	21	57	14	75	27
Jul-Sep	59	22	74	15	**29**	**5**
Oct-Dec	69	11	45	15		
Total	258	81	191	62		

1.3 HEALTH AND DISABILITY COMMISSIONER COMPLAINTS

The HDC will refer patient complaints to us for response or further information (e.g. copy of medical records). From this response, the HDC determine if the complaint warrants further investigation. It is at the investigation stage that the HDC determine if there has been any breach of the health and disability code of rights.

Hutt Valley DHB

	Received Jul	Closed Jul	Awaiting HDC Response	Month Rec'd	Dept
HDC Information / response	2		16	Apr 12	ED
				Apr 12	Surgical
				Jul 12	ED
				Aug 12	Plastics
				Sept 12	Obstetrics
				Nov 12	ED
				Jan 13	Gynae
				Jan 13	Plastics
				Apr 13	Maternity
				Apr 13	Maternity
				Apr 13	Mental Health
				Apr 13	Mental Health
				Jun 13	Orthopaedics
				Jun 13	ED
				Jul 13	Medical
				Jul 13	Maternity
HDC	1	0	2	May 12	Paediatric

Investigations				Feb 13	Mental Health

Wairarapa DHB

	Received July	Closed July	Awaiting HDC Response	Month Rec'd	Dept
HDC Information / response	1		3	May 13	Theatre
				June 13	CAMHS
				June 13	Acute Services
				July 13	Palliative Care
HDC Investigations			3	March 12	ED
				June 12	Community Nursing
				May 12	ED

2. INFECTION PREVENTION AND CONTROL

The surgical site infection data below contains the type of infections can occur 90 days post procedure, and the infections and figures are captured/reported for the month the infection has been detected but the data is susceptible to increase within that time period as infections develop, or antibiotics prescribed.

Known Healthcare Acquired Infection	Mar13		April 13		May 13		June 13		July 13	
DHB	Hutt	Wai	Hutt	Wai	Hutt	Wai	Hutt	Wai	Hutt	Wai
Hutt-Hip/Knee joint replacement Wairarapa-Clean Orthopaedic	0	NYA	0	NYA	1	4.3% (1/23)	0	NYA	0	NYA
Caesarean section	6.45% (2 pts)	5.5% (1 Pt)	2.12% (1Pt)	NYA	6.25% (2 pts)	0	0	NYA	0	NYA
HA SA BSIs*	0	0	0	0	0	0	0	0	0	0
Hand Hygiene Compliance	62 %	68.1 %					73%	76.8%		
Central line acquired bacteraemia *Hutt only*	0		0		0		0		0	

* Healthcare Associated *Staphylococcus Aureus* Blood Stream Infections
NYA = Not Yet Available due to the methodology and reduced staff FTE at Wairarapa site.

Hutt Valley - Overall hand hygiene compliance rate for the Hospital was 73.1%. Although this seems healthy in comparison to last quarter's 62%, this is not a true reflection as the numbers (or moments) collected were extremely low.

Wairarapa – Staff Influenza Vaccinations

The seasonal influenza vaccination season for staff finished 31st July. Our total for this year is 358.

Year	Total no of Staff & non Staff Vaccinated
2013	358
2012	337
2011	339
2010	347
2009	296
2008	247
2007	209
2006	216

3. MORTALITY/CORONERS

	Hutt		Wairarapa	
Status	**Number**	**Date of Death**	**Number**	**Date of Death**
Inquests held - awaiting findings	2	Sept 2010 (Inquest-June 2013) Apr 2011 (Inquest-Feb 2013)	0	
Inquests scheduled	0		0	
Under consideration for inquest by Coroner	30	Deaths from 2008 to 2013 (incl)	16	Deaths from 2010 to 2013 (incl)
Certificate of Findings received	5	Dec 2008	1	May 2012

Please note that stillbirths do not have National Health Indicators allocated so are not recorded in their own right. The stillbirth is recorded as an outcome against the mother's National Health Indicator. Therefore they are not reported in the monthly hospital mortality figures.

4. INCIDENT MANAGEMENT

4.1 SERIOUS AND SENTINEL EVENTS – *(REPORTABLE EVENT BRIEF REPORTED TO THE HQSC)*

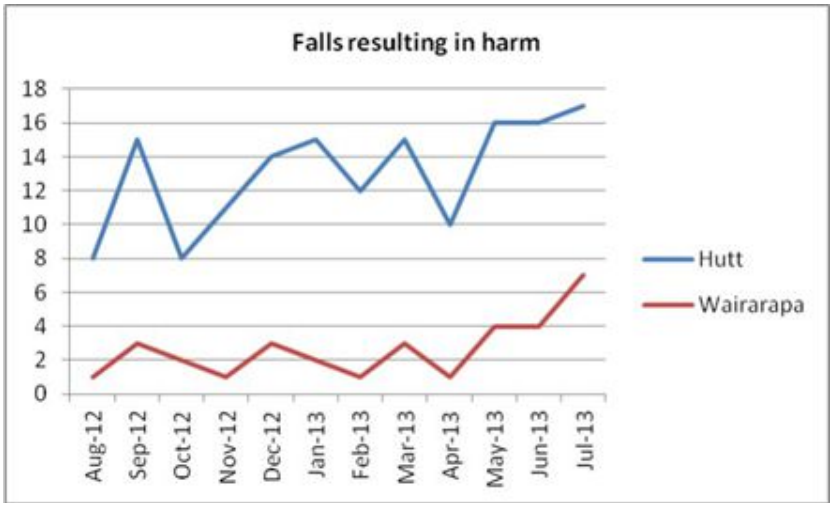
	July 2013	Under Review	Year to Date Total (01/07/13-30/6/14)
Hutt	2	3	2
Wairarapa	0		

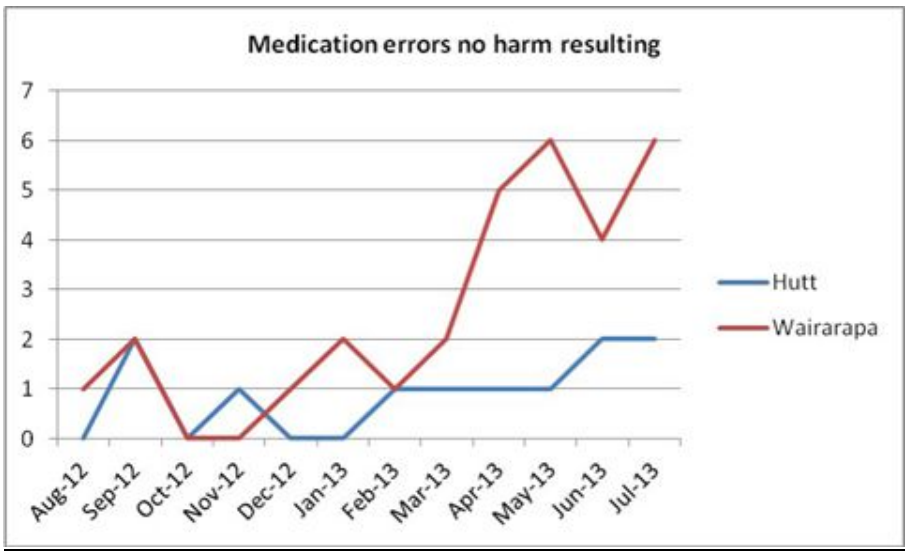
Hutt Valley

In the last month there were two serious events that are currently under review. Three events remain under review from previous months and a reportable event brief has been sent to the Health Quality Safety Commission. Following review, one event from a previous month, was determined not to be serious or sentinel.

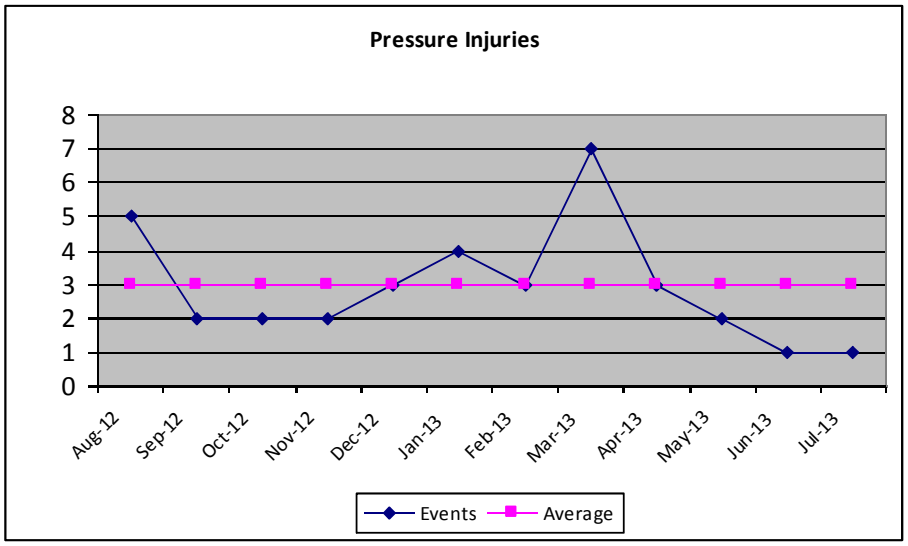
There is a change this year to the national reporting of serious and sentinel events. The Health Quality & Safety commission have requested that DHBs provide 2 reports: one for mental health incidents, the other for the 'general' events.

Publication of the 'general' serious event report is provisionally set for November 2013. Publication of the mental health report is scheduled for September 2013, with a plan that the information will be released by region (subject to confirmation). A list of reported incidents is included in Appendix 1.

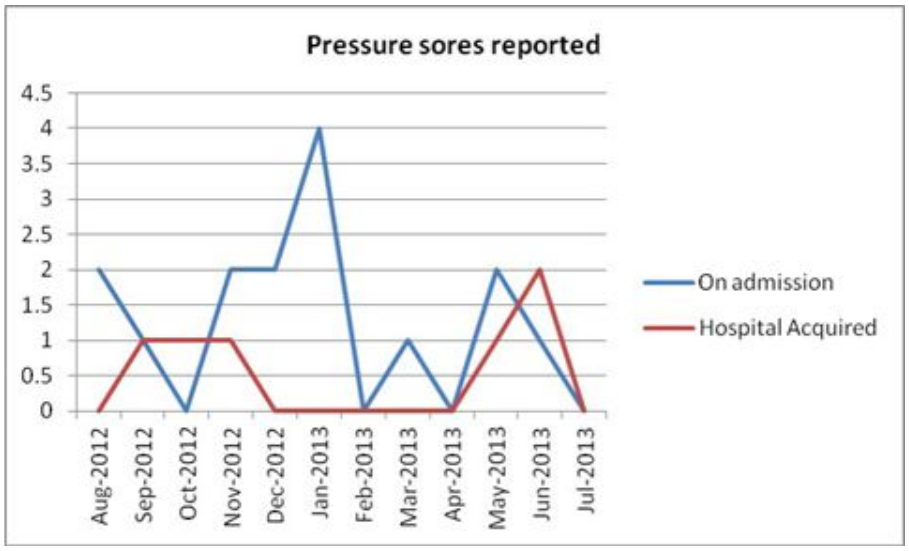




Hutt- July 2013



Wairarapa – July 2013



5. OPEN FOR BETTER CARE

Both Hutt and Wairarapa hosted Open for Better Care booths in the foyers of the hospitals. These were aimed at informing staff visitors and patients about reducing falls and the cost and impact of falls in health care settings. The booths were manned by the commission and hospital staff and aimed to support and reinforce the key messages from the falls project.

6. EMERGENCY PREPAREDNESS/MANAGEMENT

5.1 Incidents/Alerts

	July 2013
Incidents	1
Mass Casualty Alerts	0

21/07/13 – **Earthquake (magnitude 6.5, Wellington Region)**. Incident Management Team convened and EOC activated. Board paper will provide further details.

5.2 Fire Safety

Hutt Hospital Trial Evacuation 21/03/13

Lead	Corrective Actions Identified	Corrective Actions Completed	Outstanding
Building Services	8	0	8
Emergency Management	20	19	1

5.3 Off Site Premises

80% of Bee Healthy Regional Dental Service sites received fire training and trial evacuations.

Health and Safety (Wairarapa only)

See appendix

Regional &Sub Regional activity

- Sub-regional emergency management meeting and working and progressing well
- Attending the regional patient safety group – Cate

7. QUALITY ACCOUNTS

Both the Hutt and Wairarapa Boards have approved the approach for producing the Quality Accounts for both sites by December 2013. Work is now underway with the project team having met several times to develop the approach. Templates for data are being produced, themes and content are being developed and sub-project groups identified for each area.

Each group will gather data, write about quality initiatives, describe trends and nominate a case study/story line with photos. It is expected that this initial content will be completed by the end of October.

Appendix 1

Mental Health & Addiction Services

Hutt Valley District Health Board Serious and Sentinel Event Report to HQSC

30 June 2012 – 1 July 2013

Date of Event	SAC Rating	Event Code	Legal Status	Classification of Event	Review Status
24.7.12	**1**		Nil	Suspected Suicide - Outpatient	Awaiting inquest
16.9.12	**1**		Nil	Suspected Suicide- Outpatient	Awaiting inquest
11.3.13	**1**		Nil	Suspected Suicide- Outpatient	Awaiting inquest
1.6.13	**1**		Nil	Suspected Suicide- Outpatient	Awaiting inquest
5.6.13	**1**		Nil	Suspected Suicide- Outpatient	Awaiting inquest
24.6.13	**2**	10	S 11	Serious Adverse Behaviour/AWOL- Inpatient	Reported to HQSC
16.8.12	**2**	10	S 13	Serious Adverse Behaviour - Inpatient	Reported to MOH
26.8.12	**2**	12	Nil	Serious Adverse Behaviour -Inpatient	Reported to HQSC

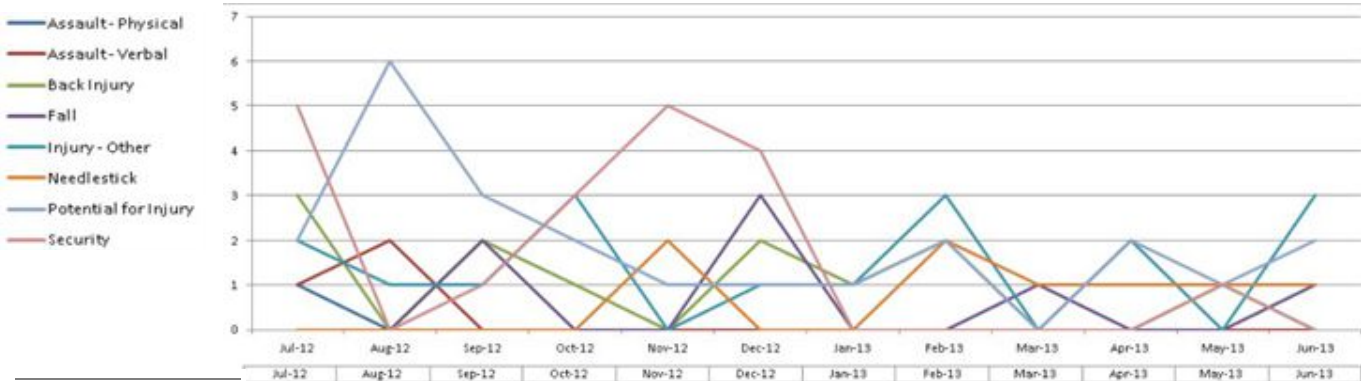
Wairarapa District Health Board Serious and Sentinel Event Report to HQSC

30 June 2012 – 1 July 2013

Date of Event	SAC Rating	Event Code	Legal Status	Classification of Event	Review Status
28.07.12	**1**		Nil	Suspected suicide- Outpatient	Under review
14.12.12	**1**		Nil	Suspected suicide- Outpatient	Review completed

MONTHLY HEALTH & SAFETY REPORT – June 2013

Staff incident numbers Hospital and Community



	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Assault – Physical	1											
Assault – Verbal	1	2										
Back Injury	3		2	1		2	1	2			1	
Fall			2			3			1			1
Injury other	2	1	1	3		1	1	3		2		3
Needlestick					2			2	1	1	1	1
Potential for Injury	2	6	3	2	1	1	1	2		2	1	2
Security Staff –Physical	5		1	3	5	4					1	

Breakdown of Incident by Service

Incident Type	MSW	MSW Periop Acute	MSW	Ambo/Transfer
Fall	1			
Injury Other		3		
Needlestick/Sharps			1	
Potential for injury				2

Health & Safety Plan Updates

Aligns with Element:		
6	Employee Participation	• One new Health and Safety Rep confirmed in department previously never represented.
7	Emergency management	• Chief Fire Warden training refresher held. • Warnings sent out and emergency action taken around severe winds and subsequent damage/dangers. • Amendment of WDHB process for BCP initiation or EOC activation process. • Provided introductory presentation on WDHB BCP, EOC and CIMS overview for population health.
9	Workplace Observation	• 2 ergonomic assessments carried out, adjustments made and loan equipment provided. • Trial heating & ventilation equipment loaned to department experiencing discomfort.
3	Hazard ID	• 4 early discomfort reports processed and followed up with completion of workstation self assessments. • Material Safety Data Sheets updated – hospital wide

Improvement Development & Innovation

Development of promotional poster on bullying

Key Risks

Staff Security:
Initial WDHB case review held around recent staff assault.
Involvement in review of Patient Transfer Policy and Procedure

Key Issues

No serious harm reported

Priorities for Next Month

1. Progression of Haz Mat PPE for Acute Services
2. Surveillance Audit activity
3. Review amendment/update of main hospital facility evacuation plan
4. Quarterly update of pandemic PPE stocks
5. Host Wairarapa Health and Safety Forum

PUBLIC

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa / HUTT VALLEY DHB	**HAC INFORMATION PAPER**
	Date: 19 August 2013
Author	Sharon Ritchie, Emergency Planning Manager
Subject	Response To And Lessons Identified Post 6.5 Magnitude Earthquake, 21 July 2013

RECOMMENDATION

It is recommended that the Committee **NOTES** the contents of the paper.

1 INTRODUCTION

This report provides an outline of the Hutt Valley DHB response, lessons identified and requirements to improve resilience.

2 INITIAL RESPONSE

Key senior management attended the site within an hour of the earthquake to complete a site assessment, implement the response strategy and recovery plan to mitigate business impact. Incident Management Team meetings occurred daily along with communications briefings to all staff and the EOC was activated to co-ordinate information.

3 INFRASTRUCTURE DAMAGE

Flood damage on 2nd/3rd floor, Community Health Building was the most significant issue on site. An internal site assessment was completed post quake. Seismic engineers attended the site 22 July, 2013 and no significant issues were found. Off site – Community Mental Health relocated until their leased accommodation was seismically assessed.

4 SERVICE DISRUPTION

Managers of areas affected by flood damage were immediately informed to enable activation of business continuity arrangements. Community Health and the Community Mental Health team are to be commended for their efforts during the recovery phase.

PUBLIC

The table below details lessons identified and resource requirements:

Lessons Identified - Themes	Description	Resource Requirements
Plans and associated documents	Plan review Development of Earthquake Response Plan Emergency Procedures (Flip Chart) to be updated	To allow this to occur there needs to be dedicated finances allocated for Capex Additional staffing FTE above the existing allocated FTE in quality.
Emergency Operations Centre	EOC Activation Guide for Primary/Secondary Sites Equipment Review Information Systems User Guide	
Training Needs Analysis	Key Training developed and delivered CIMs, EOC and EMIS	
Civil Defence Equipment	Distribution on/off site and minimum levels for clinical and non clinical areas to be developed	
Heretaunga Evacuation	Specific Plan required Evacuation equipment requirements to be identified	

5 ADDITIONAL KEY WORK STREAMS

- Heretaunga Evacuation Desk Top Exercise
- Strategic Resilience Group to sign off the Emergency Management Strategy and annual work plan
- Increased collaboration with WDHB and CCDHB Emergency Management
- Co-ordination of Clinical Earthquake Working Party

Appendix 1: 3 DHB Health Service Development Report

Sub Regional Clinical Leadership Group	
Reporting Period:	June 2013
Issue Date:	27th June 2013
Report Completed By:	Simon Everitt, Group Manager Service Development, SIDU Berni Marra, Programme Manager 3 DHB

1. Summary

The following section provides an overall view of the status of the agreed projects under 3 DHB Health Service Development (HSD) Programme.

3D Programme Team Planning

The 3D programme team were joined by ICT and HR for their planning workshop to clarify the 2013-2014 3D work programme. The programme team identified their goals and objectives for the 3D programme for the coming year including:

- Ensuring steering groups are clear on mandate, purpose and deliverables
- Implementing consistent programme/project methodology across the 3D projects
- Supporting the development of one single sub-regional clinical service across the 3 DHBs
- Implementing the 3D Benefits Realisation reporting
- Working with Clinicians to agree processes for prioritising 3D programme work and clinical projects
- Demonstrating effective change management across 3D.

The meeting was valued by all and it is anticipated that these will be held quarterly throughout the year.

The team identified it would be helpful to provide greater clarity on the steps required and the components of a sub regional clinical service. As services come onto the programme, being clear for example about whether the end goal is to work more collaboratively or whether the end goal is a fully integrated sub regional clinical service. The current approach appears to have been more organic with each clinical work stream left to identify its own approach and what needs to be undertaken. Building on work already done by CLG we will bring back a sub regional service design draft framework for you to consider.

As already noted developing a process for prioritising what comes onto the 3D programme would be useful so that CLG can be actively engaged in directing the work flow. We currently have received requests to resource ophthalmology, non melanoma skin cancer and enquiries regarding our approach to dermatology but limited further programme staff to support these new initiatives.

Gastroenterology

The Gastroenterology Steering Group reconvenes in July after a break. The group will work on refining the outcomes of the colonoscopy workshop and completing a project brief for developing a sub-regional colonoscopy service. This will be provided to SRCLG in August for approval. There are strong commonalities between these structure of this project and ENT requirements.

ENT

The ENT Steering Group has prioritised the completion of the Head and Neck Workforce Sustainability business case. This is in response to timing with a locum at Hutt Valley due to complete their contract in December and a more sustainable sub regional approach being required.

The completed ENT pathways will be incorporated into the sub-regional approach to clinical pathway implementation as it progresses. In the interim it is anticipated that these pathways are located and made accessible in current web sites or processes used by primary and community care across Wairarapa, Hutt Valley and CCDHB. In collaboration with local PHOs, four Continuing Professional Development (CPD) sessions are to be held across the district to support the implementation of the pathways.

A working group is being established to develop a single approach to planning and coordinating bookings of ENT services following FSA's. Two specific actions will be progressed:

1. Developing a single consolidated booking form utilising collated information regarding current booking forms
2. Establishing a standardised sub regional policy and procedure.

As follow-up from the successful workshop the ENT group is also progressing a sub-regional community paediatric ear health service. This process will include:

1. The development of a pathway to better integrate community ear health services
2. Developing ear health management skills and knowledge within primary care
3. Improving access to and quality of ear health services.

Child Health

A substantive amount of work has taken place over the past month in an attempt to identify and progress this project and clarify the scope of this work. Recently there have been early discussions by some of general paediatricians who are interested in further exploring a single sub-regional general paediatric service for ambulatory and acute care. Given this scope, the sub-regional approach would include nursing, allied health and general practice in service design, development and delivery. To enable this to be progressed further, an initial meeting is being held with the general paediatricians from the sub-region to give an update on the 3D programme in general and signal the potential next phase. If supported, it is anticipated a wider workshop will be held to agree the design principles, establishment of a specific design steering group and membership approach and proposed timelines for delivery. The current 3D Steering Group received an update on this approach and is supportive of the potential change. CLG will receive a verbal update from the meeting with the paediatricians on the 28th June.

Non-melanoma skin cancer

The first meeting with Chris Adams is being held on 27th June in anticipation of developing a draft project mandate. Chris has undertaken some preliminary work and potentially identified steering group membership.

Orthopaedics

Brett Krause has recently returned from overseas and it is anticipated that a project mandate will be emailed as a late paper for CLG to approve. During Brett's absence additional data requested by Brett has been provided by the analysts but still needs to be discussed with Brett on his return. Brett had identified potential steering group membership and had anticipated first meeting end of July. This work will be closely linked to the Optimal Facilities workstream.

Exceptional Circumstances

There was a good deal of discussion at the Capital and Coast Medicines Committee, which at this point decided not to progress a 3 DHB Sub Regional Exceptional Circumstances Committee. This is because Pharmac is introducing the Hospitals Medicine List (HML) from 1 July, and it was thought best to rely entirely on Pharmac EC processes in particular the use of the "rapid" Named Patient Pharmaceutical Assessment process which should have a robust supporting framework that is superior to any DHB's capability. The Medicines Committees will keep the local gatekeeper functions under review to see how this new system works. The clinical lead is proposing this work be put on hold for 3 months pending a further report on the workings of the urgent Pharmac system.

Clinical Pathway Development

The clinical pathway business case has progressed and being discussed with the three Alliance Leadership Team's over the coming weeks and also with CLG this month. The completed business case and any feedback from the three ALTs will be provided to the August CLG meeting.

Optimal Facilities

A project brief has been included in the July agenda.

Communications

Work continues with the communications team to progress the newsletter; however it is recognised that in addition to the newsletter a wider more comprehensive engagement approach is required with both our internal stakeholders and wider communities of interest.

2. Overall Programme Status

PROJECT STAGES	0 Preproject	1 Initiate	2 Concept	3 Design	4 Develop	5 Approve	6 Implement	7 Evaluate
Enablers Workstreams								
1. Optimal Facilities			G					
2. Sub-regional policy alignment					G			
3. Sub-regional RMO management			G					
4. HV/WDHB Executive team amalgamation							G	
5. HV/WDHB Provider team amalgamation		G						
6. Funder arm value for money review			G					
7. 3D ICT Service Alignment					G			
8. CAPEX spend review	Not initiated							
9. Single Communication Team		G						
10. Single HR Team		G						
Clinical Workstreams								
1. ENT							G	
2. Gastroentology			G					
3. Child Health			G					
4. Ophthalmology	Not initiated							
5. Orthopaedics	G							
6. Non melanoma skin cancer	G							
7. Palliative care initiative			O					
8. CC/HVDHB Laboratories amalgamation						G		
9. Sub-regional radiology services				G				
10. Sub-regional exceptional circumstances				G				
11. Reducing outsourced electives	Not initiated							
12. ICU/HDU	G							

3. Highlight Report

This section covers the key activities for the reporting month

Projects	Stage	Status	Work completed	Current Activity	Planned activity	New Risks	Benefits Tracking
Enablers							**Anticipated 13/14**
1. Capacity Modelling/ Optimal Facilities *Detail options available for future design of the four hospitals and the potential implications (for patients, communities, workforce, clinical support services, hospital processes and financial)*	2 Concept	G	Acute and Elective surgery analysis completed Project membership expanded to include HVDHB clinicians Key messages and communication drafted	Principles paper to August Board meeting	Scenario modelling to continue Meeting with clinical HODs (surgery)	No Wairarapa clinician membership. Lack of HVDHB membership engagement (attendance).	
2. Sub-regional policy alignment *Common Corporate policies and procedures in HR and Occupational Health are aligned across the sub region.* *IT policy development and reporting will now be incorporated in sub regional ICT update*	4 Develop	G	*HR* -Collate second cohort of policies *Occ. Health* -in consultation process at HHS level at C&CDHB and its equivalent at Hutt Valley.	*HR*- Now looking at a single set of HR policies across the 3 DHBs. *Occ. Health*- Feedback on policies to CLG is planned for August	This is an ongoing process with policies regularly entering into this review cycle as required.	None	
3. Sub-regional SMO and RMO teams	2 Concept	G	The concept of a 3 DHB single RMO unit has paused while the 2D RMO/SMO process is completed	Interviews for a 12 month Fixed Term Manager position for CCDHB have just been completed. There is an expectation that this role will work closely with the Hutt / Wairarapa position.	This will be monitored over the coming year and learning's incorporated into any future service development for a single unit.	None	

Projects	Stage	Status	Work completed	Current Activity	Planned activity	New Risks	Benefits Tracking
4. Wairarapa/HVDHB Executive team amalgamation *Single Executive Team structure across the 2 DHBs to reduce duplication of time effort and resources across with an emphasis on delivering the triple aim.*	6 Implementation	G	Executive Leadership Teams and EA support confirmed. Joint HAC established.	Developing relationships across the two sites and identification of mutual benefit opportunities in service delivery and infrastructure support. Common Balanced Scorecard reporting under development.		None	(P) (F)
5. Wairarapa/HVDHB Provider team amalgamation	1 Initiate	G	Directorate Leadership Teams established and Wairarapa Hospital Manager appointed. Single, integrated senior management on-call roster implemented. Rapid cycle improvements underway to improve service delivery on both sites (surgical pathway, patient discharge, and endoscopy services).	Plans developing to roll out uBook and Operations Centre facilities to Wairarapa. Leveraging resources to deliver 5 month waiting time target. Developing a joint support services general efficiency taskforce across the 2DHBs. Developing cross-DHB objectives frameworks for the Directorate Leadership Teams.	Re-advertising for single Theatre Manager. Developing an integrated anaesthesia and ICU service under a single Clinical Head of Department. Linking Family Violence Intervention and Emergency Management teams Learnings from the rapid cycle workshops reflected into the wider work programme	None	TBD
6. Funder arm value for money review	2 Concept	G	SIDU Group managers have systematically reviewed all Funder Arm contracts to identify discretionary spend and potential	Developed a process for reviewing discretionary spend and identifying options for more formal service reviews.	Workshop options with wider SIDU team. Discussion with 3 ELTs in July and	Time slippage. Benefits expected for 13/14.	(P)$7.0M (F)

			options.		Board paper in August with options to consider and prioritisation criteria.		
7. CC/HVDHB IT Service alignment	4 Develop	G	Appointment of sub regional CIO, 3 DHB Portfolio Manager and 3 DHB Operations Manager is complete.	Creation of a sub regional project work plan is underway. Development of a convergence plan to bring together duplicated functions within the ICT team The leadership is working together to establish how a single team view is created Progression of the common operating environment which will be a key enabler for future sub regional service integrations Engagement with the CRISP programme as single voice for the sub region	Signoff of the convergence plan and implementation of quick wins Engagement with the Dubs regarding priorities and communicating the work of the ICT team	None	(P)$2.0M (F)
8. CAPEX spend review	0 Pre project	Not initiated				N/A	
9. Single Communication Team	1 Initiated	G	Director of People and Culture commenced role. CCDHB's Communications Manager is now formally reporting to Dir P&C.	Meeting with the Communications Teams to get an understanding of the needs of each DHB.	Director to agree on a work plan and timing once evaluated each DHBs Communications Teams requirements and expectations for this group.	N/A	(P)$0.35M (F)

			The Hutt & Wairarapa Communication Teams combined during the ELT restructure and also report thought Dir P&C.				
10. Single HR Team	1 Initiated	G	Director of People and Culture commenced role.	21 June the 3DHB HR Teams will hold their first combined meeting. Wairarapa & Hutt HR Teams have been working together to update their DHB documents to reflect the new 2DHB. These are also being reviewed by CCDHB to try and combine across the 3 DHB where possible.	Director to agree on a work plan and timing. Planning day for 3DHB HR teams scheduled for 21 June 2103 – to be rescheduled due to postponement because of Wellington Storm. Awaiting the result of the HBL review and recommendations for HR resources before proceeding with workplan.	N/A	

Projects	Stage	Status	Work completed	Current Activity	Planned activity	New Risks	Benefits Tracking
Clinical Workstreams							**13/14**
1. ENT (integrated service pilot) • *Implement sub regional referral pathways for common ENT conditions* • *Develop a business case for an additional Sub-regional ENT consultant (head & neck surgery sub speciality)* • *Develop a sub-regional pathway to better integrate community ear health services.* • *Progress a subregional booking form* • *Pilot a clinic to provide non-acute multidisciplinary assessment and therapy for voice disorders.*	5 4 2 1 4	Overall G	Purpose of head and neck business case revisited. Community Ear health Workshop held Project Brief for Community Paediatric ear health service completed and agreed Project Brief for single booking form completed and agreed	Developing an implementation plan for ENT pathways Completing Head and Neck Workforce Sustainability business case Establishing Community Paediatric Ear health working group and meetings Establishing Single Booking Form working group and meetings	Business case to be completed for Steering Group Develop recommendations and Project Plan for Community Paediatric Ear Health Develop a Single Booking form and an implementation plan. Meet with MDT participants of pilot voice clinic held with ENT to identify progress and next steps	None	

Projects	Stage	Status	Work completed	Current Activity	Planned activity	New Risks	Benefits tracking
2. Gastroenterology • *Create a single sub-regional colonoscopy referral and waitlist process* • *Undertake a two year pilot of improvements to hepatitis C services*	2 6	Overall G	Sub-regional colonoscopy workshop held. Summary report and minutes prepared for Steering Group. Hepatitis C pilot underway.	Steering Group to discuss workshop report and key actions identified to progress next steps.	Develop project plan and milestones required to progress to single sub-regional colonoscopy service model	None	
3. Child Health • *To develop a sub regional paediatric service including an agreed sub regional model of care.*	2 Concept	Overall G	. A number of discussions with clinical leads to progress an agreed approach. Agreed single sub-regional paediatric service for acute and ambulatory care to be explored.	Meeting with paediatricians, nursing and allied health to progress. Planning specific actions required and steering group approach that will lead service design if progressed	Workshop to agree design principles and steering group process Project brief and timelines agreed and adhered to.	Medical general paediatric workforce not supportive of project and subregional progress limited	
4. Ophthalmology	0 Pre Project	Not initiated	Request received 20 June to prioritise this project and initiate ASAP.				
5. Orthopaedics	0 Pre project	G	Draft mandate completed and with clinical lead for review	Ensure data is finalised and available for clinical lead on return. Finalise project mandate for SRCLG approval in June	Establish steering group for July.	None	

Projects	Stage	Status	Work completed	Current Activity	Planned activity	New Risks	Benefits tracking
6. Non melanoma skin cancer	0 Pre Project	G	Chris Adams contacted and meeting with project team end June to under pre project scoping	Steering Group to be confirmed and invites sent out. Draft project mandate to be discussed	Steering Group planned for August.	n/a	
7. Palliative care initiative	2 Concept	O	Contract from HWNZ for $5000 received to progress the next steps for the business case	Business case to HWNZ in progress for project manager to complete this project	Clarify what is needed and who is leading next steps. Requesting a plan with outline of an implementation plan.	Time delays	
8. Critical Care Management	0 Pre Project	Not initiated	Project concept has been discussed with clinical leads.	Pre project scoping to be undertaken.			
9. HV/CCDHB Laboratories amalgamation	5 Approve	G	Preparation of consultation document for single hospital Laboratory Service completed and released for consultation	Consultation phase commencing 30 May. Feedback closes 5 July (extended from 24 June)	Consultation on a single hospital Laboratory Service model for CC/HVDHB.	n/a	(P) (F)
10. Sub-regional radiology services	3 Design	G	The group has established separate Project and Steering groups. We are setting up a more formal operational group to discuss joint issues across the 3 DHB's. First rough draft of the options document in development.	Project team completing draft options paper. 11th July Options paper is circulated to Steering group. Steering Group meeting July 18 to discuss. Feedback incorporated, options paper to CLG August.	Sign off on proposed model of care and implementation.	n/a	(P) (F)

11. Sub-regional exceptional circumstances	3 Design		See earlier update	See earlier update	Project on hold for 3 months	Time delays	n/a
12. Reducing outsourced electives	0 Pre project	Not initiated					(P)$2.0M (F)
13. ICU / HDU	0 Pre project						

4. Potential Clinical workstreams under discussion

The following workstreams are under discussion for potential inclusion to the 3 DHB HSD programme. If agreed, they will move into the project reporting framework.

Workstream	Status
1. Anaesthesia	To be considered in context with Optimal facilities and ICU/HDU
2. Mental Health	Board priority. Clinical Directors to discuss. Secondary, Primary, NGO or whole of service
3. Health of Older People	Board priority. Clinical Directors to discuss. Scope stroke, high end psycho-geriatric, <65 rehab
4. Dermatology	Discussed at March CLG. Further clinical discussions to occur.
5. Sub-regional Clinical Governance	CMO, DON and Quality meeting to discuss currently
6. Sub-regional approach to management of Acute Demand	Recently identified as a priority across sub-region

5. Business as Usual

Following projects have concluded this reporting period and now operating as business as usual.

Project	BAU lead	Project Items for BAU to address
SIDU establishment	Director SIDU	12/13 savings realised, 13/14 target of $0.5M built into budget
Joint governance establishment	Joint CEOs	Integrated Accountability Framework
Fly in specialties Wairarapa	Hutt Valley / Wairarapa CEO	High cost fly in specialties savings target $100k

Appendix 2:	**Confirmed 3D HSD Project Register**				
Outcome areas	**Status**	**Oversight Body**	**CEO Lead**	**Operational Lead**	**Clinical Lead (where appropriate)**
Enablers					
Optimal facilities	ACTIVE	SRCLG	CCDHB	CCDHB COO	
Sub Regional policy alignment- HR/Occupational Health	ACTIVE	SRCLG	Joint CEO	Director HR and CIO CCDHB	
SMO and RMO sub-regional team management	ACTIVE	SRCLG	Joint CEO	CMO HVDHB/WDHB	
Single Communication Team	TO BE INITIATED	Boards	Joint CEO	Executive Director People and Culture	
Single HR Team	TO BE INITIATED	Boards	Joint CEO	Executive Director People and Culture	
Executive team amalgamation HV and WDHB	ACTIVE	HV & W Boards	Joint CEO	HVDHB/WDHB CEO	
Funder arm value for money review	ACTIVE	CPHAC	CCDHB	Director SIDU	
3 DHB IT Service alignment	ACTIVE	FRAC	Joint CEO	Kelvin Woods (confirm correct)	
Provider team amalgamation HV / WDHB	ACTIVE	HAC HV and W	Joint CEO	HVDHB/WDHB COO	
CAPEX spend review	TO BE INITIATED	A/R and FRAC	CCDHB	CCDHB CFO	
Clinical work streams					
ENT	ACTIVE	SRCLG	CCDHB	HVDHB/WDHB COO	Rebecca Garland
Gastroenterology	ACTIVE	SRCLG	Joint CEO	CCDHB COO	Jeffery Wong
Child Health	ACTIVE	SRCLG	CCDHB	DON HVDHB/WDHB	Vaughan Richardson
Ophthalmology	TO BE INITIATED	SRCLG	CCDHB	CCDHB COO	Dallas Alexander
Orthopaedics	ACTIVE	SRCLG	CCDHB	CCDHB COO	Brett Krause
Non melanoma skin cancer	Pre project discussion	SRCLG	CCDHB	HVDHB/WDHB COO	Chris Adams
Palliative care initiative (MOH funding)	ACTIVE	SRCLG	CCDHB	CMO HVDHB/WDHB	Jonathon Adler
Amalgamation HV and CCDHB Laboratories	ACTIVE	SRCLG	Joint CEO	HVDHB/CCDHB COO	
Sub-regional radiology service	ACTIVE	SRCLG	Joint CEO	CCDHB COO	James Entwisle
Sub-regional exceptional circumstances	Active	SRCLG	Joint CEO	CCDHB COO	Geoff Robinson

1

Reducing outsourced electives	TO BE INITIATED	HAC – single report	CCDHB	HVDHB/CCDHB COO	
Sub-regional ICU/HDU	Pre project discussion	SRCLG	CCDHB	CCDHB COO	To be confirmed
Clinical work streams for discussion in 2013					
Anaesthesia	To be incorporated in ICU/HDU clinical workstream	SRCLG	CCDHB	CCDHB COO	Linked to Optimal facilities discussion
Mental Health	Pre project discussion	SRCLG	CCDHB	Director SIDU	Board priority. Clinical Directors to discuss. Secondary, NGO, primary or whole of service?
Health of Older People	Pre project discussion	SRCLG	CCDHB	Director SIDU	Board priority. Clinical Directors to discuss. Scope stroke, high end psycho-geriatric, <65 rehab.
Dermatology	Pre project discussion	SRCLG	TBD	TBD	
Sub-regional Clinical Governance	Pre project discussion	SRCLG	TBD	TBD	CMO, DON and Quality in pre-project discussion
Sub regional approach to Acute Demand management	Pre project discussion	TBD	TBD	TBD	
Business as usual activities to note					
SIDU establishment	Completed	CPHAC	CCDHB	Director SIDU	
Establishment of joint governance committees	Completed	Boards	Chairs	Joint CEO	
Programme Management SIDU	Ongoing	CPHAC	CCDHB	Director SIDU	
Integrated accountability frameworks	Ongoing	Boards	CCDHB	Director SIDU	

3

Wairarapa DHB / Hutt Valley DHB	**HAC PUBLIC SECTION**
	Date: August 2013
Author	Peter Glensor
Subject	**Resolution to Exclude the Public**

RECOMMENDATION

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.

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:

Agenda Item	NZ Public Health & Disability Act
Confirmation of Minutes of the previous "Public Excluded Section" of the Hospital Advisory Committee Meeting **Hutt INC July Draft Minutes**	Section 9(2)(i) of the OIA which enables the withholding of information to allow the carrying out, without prejudice or disadvantage, negotiations Section 9 (2) (j) which enables the withholding of information to allow the carrying on, without prejudice or disadvantage, commercial activities.
Sustainability Plan **DHB Union Feedback on HBL**	Section 9(2)(g)(i) which enables the withholding of information to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty
Update on Wairarapa Theatre **HDU Update** **3DHB Radiology Project Brief**	9(2)(a), 9(2)(i) Protect the privacy of natural persons and to enable a Minister of the Crown or any department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities