WAIRARAPA AND HUTT VALLEY DISTRICT HEALTH BOARDS

PUBLIC AGENDA

HOSPITAL ADVISORY COMMITTEE

Board Room, Pilmuir House
Hutt Valley DHB, Lower Hutt

Friday, 27 September 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
1.	**Procedural Business**			5	9.00 am	
1.1	Apologies	To Note	Peter Glensor			
1.2	Continuous Disclosure	To Consider	Peter Glensor			
1.3	Minutes	To Discuss	Peter Glensor			
1.4	Matters Arising	To Consider	Peter Glensor			
PRESENTATION						
2.	uBook	To Note	Pete Chandler	15	9.05 am	
INFORMATION PAPERS						
3.	Operational Services Monthly Report	To Note	Pete Chandler	30	9.20 am	
4.	Quality Report	To Note	Cate Tyrer	10	9.50 am	
5.	Violence Intervention Programme	To Note	Pete Chandler	10	10.00 am	
6.	Colonoscopy Waitlist	To Note	Pete Chandler	10	10.10 am	
7.	3D Health Service Development Report	To Note	Ashley Bloomfield	5	10.20 am	
8.	Resolution to exclude the Public	To Approve	Peter Glensor	5	10.25 am	
9.	General					
	DATE OF NEXT MEETING **Wairarapa & Hutt Valley HAC** | 25 October 2013, Lecture Room, Wairarapa District Health Board, Masterton					
Close					10.30am	

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, 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 • Husband Andrew Simpson: - Executive Director for Medicine Cancer & Community CCDHB - Executive Member of the Cancer Society Wellington Division - National Clinical Director Cancer Programme – Ministry of Health
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.

DRAFT **PUBLIC**

WAIRARAPA AND HUTT VALLEY DISTRICT HEALTH BOARDs

HOSPITAL ADVISORY COMMITTEE PUBLIC MEETING

DRAFT Board Minutes of 23 August 2013, Lecture Room
Blair Street, Masterton

PRESENT

Peter Glensor	Member
Bob Francis	Member
Viv Napier	Member
Leanne Southey	Member
Fiona Samuel	Member
Katy Austin	Member
John Terris	Member
Virginia Hope	Member

IN ATTENDANCE

Debbie Chin	Crown Monitor
Graham Dyer	Chief Executive Officer
Pete Chandler	Chief Operating Officer
Iwona Stolarek	Chief Medical Officer
Russell Simpson	Executive Director Allied Health Scientific and Technical
Nadine Mackintosh	Board Secretary, Hutt Valley DHB

APOLOGIES

Helen Kjestup	Member
David Bassett	Member
Peter Douglas	Member
Rob Irwin	Member

1. **PROCEDURAL**

1.1 APOLOGIES

Apologies were noted as received as above.

1.2 CONFLICTS OF INTEREST

Amendments to the declarations of interest were received and recorded from Fiona Samuels and Debbie Chin.

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

1.3 MINUTES

The minutes of the meeting held on 4 June 2013 were confirmed as a true and accurate record of the meeting.

MOVED Peter Glensor **SECONDED** Katy Austin **CARRIED**

1.4 MATTERS ARISING

Nil

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2. OPERATIONAL MONTHLY REPORT

The Chief Operating Officer led the Committee through the highlights in his report noting improvements to the balanced scorecard, acknowledging the significant overlap of priority focus areas for both DHBs and the additional of a purple indicator highlighting areas of planned improvement for the year ahead.

The Committee discussion ensued on:

- Pressure on the five month target
- Success on the ED target
- The two DHB Finance teams currently working together to improve data consistency
- New reporting for Mental Health and Addiction Services. Focus areas for the future will include relapse prevention plans and seclusion trends
- Strategy to address the length of stay rates in TWA
- 3DHB RMO/SMO combined unit discussions
- 3DHB Paediatrics discussions

ACTIONS

a. The COO to ensure that the next quarterly report for Mental Health and Addictions reports on the barriers to improving relapse prevention plans and includes trends analysis of seclusion rates.
b. The CMO to provide a report on the progress for a solution on the RMO/SMO 3DHB combined unit.
c. The COO to develop a 3DHB production plan view with Capital & Coast
d. The Director of SIDU to progress data collection and report on drug and alcohol presentations with existing DHB systems until a 3DHB solution is established.
e. The working draft objective list for the provider arm was discussed and Committee members were requested to provide feedback or request for additional items to the COO.

3. QUALITY REPORT

The paper was taken as read. The Committee discussed the compliments noting members have received verbal compliments which would improve the reported position further.

Discussion ensued on the use of an online survey tool for individual patients with management distilling the information and providing details on trends and substance of information collected, reporting periodically. Management need to implement the right tool to collate the right information and providing solutions.

It was noted that the reporting on falls and near miss medication errors although high, is seen as good reporting process. The Chief Executive provided credit to the GM Quality and Safety and her team for the improvements in reporting.

ACTIONS:

a. Management to consider including details of negative feedback in future reporting.
b. CLAB to be reported by exception only to the Committee from now on.

The Board resolved to **RECEIVED** the report

DRAFT **PUBLIC**

4. EMERGENCY MANAGEMENT REPORT

The report was taken as read with particular attention on resource requirements. It was also noted that water supply is an issue at the Wairarapa hospital site with a solution being provided

There was a discussion on the development of a systematic approach to communications to the Boards and key internal and external stakeholders during emergency events.

The committee discussed the ratings of each of the hospital sites for the 3DHB.

ACTION

A policy on Emergency communication protocols to be provided to the Committee to endorse Board approval.

The Board resolved to **RECEIVE** the report.

MOVED: Leanne Southey **SECONDED**: Ron Karaitiana **CARRIED**

5. 3DHB SERVICE DEVELOPMENT REPORT

The report was taken as read. Accommodation and Transport has been agreed to be a new workstream for SIDU.

ACTIONS

a. The Director of SIDU to address the medical general paediatric workforce risk
b. The Director of SIDU to report on the extent that PHARMAC will have on palliative care
c. The COO to report on successes and barriers in the use of uBook.

6. RESOLUTION TO EXCLUDE THE PUBLIC

RESOLVED The Committee resolved to agree that as provided by Clause 32(a), of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the public are excluded from the meeting for the following reasons:

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.
DHB Union Feedback on HBL	Section(2)(g)(i) which enables the withholding of information to maintain the effective conduct of public affairs through the fee 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.

DRAFT **PUBLIC**

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.

MOVED: Viv Napier **SECONDED**: Fiona Samuel **CARRIED**

7. GENERAL BUSINESS

There was a discussion on the Hutt Valley chronic pain clinic service and its availability to the local community, noting that management are exploring options for better access to the service the for the local community.

MEETING CLOSED AT 11:10am

DATE OF THE NEXT MEETING

The next meeting will be 27 September 2013

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting.

DATED this day of 2013

PETER GLENSOR

HOSPITAL ADVISORY COMMITTEE CHAIR

SCHEDULE OF ACTION POINTS FOR HAC PUBLIC

Meeting date	Ref	Topic	Action Arising	Responsible	How Dealt with	Delivery date	Date Completed
23 August 2013	**AP73**	uBook	Report in barriers and successes of uBook	COO	Presentation	September	
	AP72	Emergency Management Report	A policy on Emergency communication protocols to be provided to the Committee endorsement of Board approval	GM Quality and Safety	Policy Paper	October	
	AP72	Quality Report	Management to consider the inclusion of negative feedback in future reporting	GM Quality and Safety	Quality Reports	Ongoing	
	AP71	3DHB RMO/SMO Unit	Solution for combined unit	CMO	Progress Report	October	
	AP70	Mental Health and Addictions	Next quarterly report to include barriers to improving relapse prevention plans and includes trends analysis of seclusion rates	COO	Quarterly Report	October	
23 July 2013	**AP69**	Operational Services Monthly Report	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	
	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	
	AP63	3D Health Service Development Report	Management to provide an update on travel and accommodation work that is being provided for the 3DHBs by September 2013.	Ashley Bloomfield	Information Paper	September Boards	

	AP62		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		There was a request for management to provide an update on a common production plan across the 3DHBs.	COO	Information Paper	Delayed to October	
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	October	
	AP58	Staff Survey	An annual staff survey would be beneficial to measure improvements or deterioration.	Director HR	Information Paper	November	
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: September 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 Verbal latest service updates from the Chief Operating Officer.

1.2 Note that next month's meeting will include a joint meeting with Wairarapa, Capital and Coast and Hutt valley DHB Hospital Advisory Committees.

1.3 Today's meeting will include a presentation/ question and answer session on the Hutt Valley DHB uBook system

2 PERFORMANCE REPORTS

Refer to Wairarapa and Hutt Balanced Scorecards

2.1 Health Target: Emergency Department 6 hour wait

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

	Current Q: Month 1	Current Q: Month 2	Current Q: Month 3	Current Quarter to date
Hutt %	95%	93%		94%
Attend/day	120	130		125
Wairarapa %	96%	96%		96%
Attend/day	42	43		43

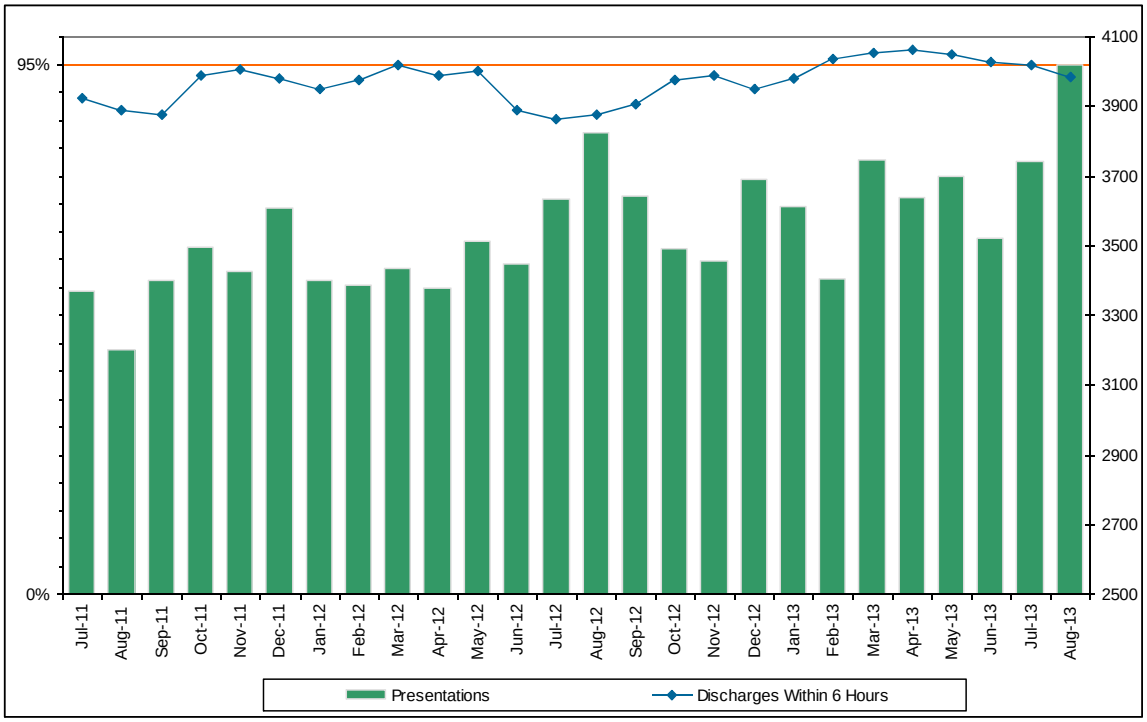
Wairarapa DHB
Wairarapa is continuing to comfortably meet the national target during the winter period.

Hutt Valley DHB
For the month of August, the organisation achieved 93% with a 94% quarter to date position; this is a significant improvement on the winter period last year albeit currently falling just short of the target.

Notably, the patients who Did Not Wait (DNW) for their treatment to be completed has reduced to 7%, compared to 9% the previous year.

The top 5 presenting conditions to the ED in August were abdominal pain, upper respiratory tract infection, chest pain, lower respiratory tract infection and gastrointestinal conditions. One of the initiatives this year is working closely with PHOs, targeting the above conditions and learning from some of the successes at Wairarapa.

Below is Hutt's ED performance for the last 24 months:



2.2 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**

	Current Q: Month 1	Current Q: Month 2	Current Q: Month 3	Current Quarter to date
Hutt %	112%	96%		104%
Volume	461	451		912
Wairarapa %	114%	108%		111%
Volume	163	152		315

Both DHBs are currently performing well this year to date from a volume perspective, being well on track with the health target for elective surgery volumes.

Hutt Valley DHB is facing some resourcing challenges in Anaesthesia, which is putting the 5 month wait position under pressure – this will begin to ease from October. Four anaesthetic SMO vacancies are being partly covered by locums, pending the commencement in post of new appointees.

2.3 Health Target: Smoking cessation advice

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

	Current Q: Month 1	Current Q: Month 2	Current Q: Month 3	Current Quarter to date
Hutt %	97%	96%		96%
Wairarapa %	98%	99%		99%

Both DHBs are comfortably meeting the hospital smoking cessation advice target.

3 FINANCIAL SUSTANABILITY

Wairarapa

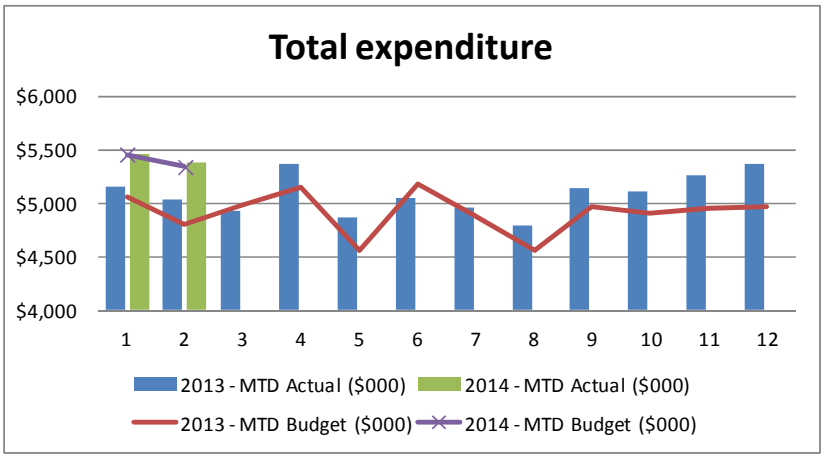
The Provider arm result for August year to date was a net deficit of $774k, which is $47k favourable to budget. This is a good result to date however this is mainly due to additional ACC revenue with clinical supply costs currently above budget – a breakdown of the Wairarapa budget for August is shown below:

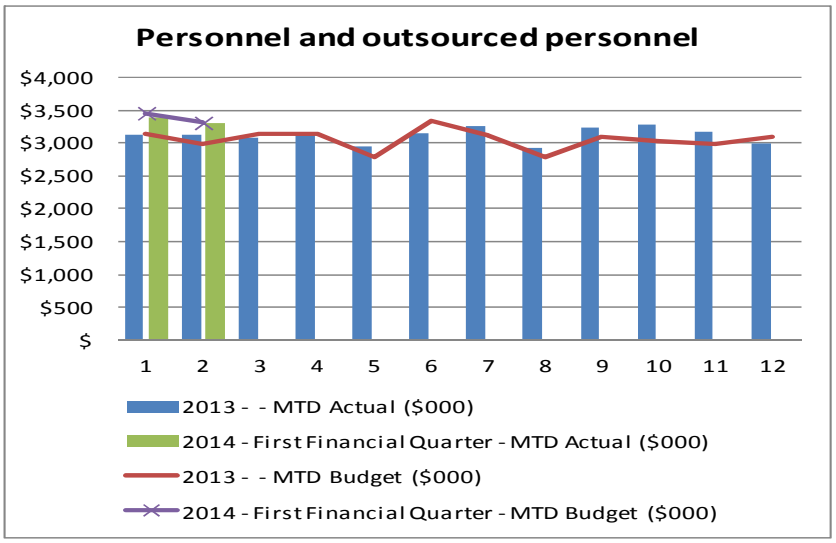
Statement of Financial Performance -Provider							
For the period to 31 August 2013							
	Month			Year To Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	$000	$000	$000	$000	$000	$000	$000
Revenue	(5,026)	(4,967)	59	(10,048)	(9,945)	104	(60,176)
Expenditure							
Personnel	2,953	3,103	150	6,015	6,344	329	35,885
Outsourced	740	589	(151)	1,513	1,174	(338)	6,581
Clinical supplies	716	697	(19)	1,458	1,407	(51)	8,251
Non clinical supplies	670	686	16	1,265	1,341	77	7,779
Financing	306	281	(25)	589	563	(26)	3,385
Efficiency adjuster	0	(17)	(17)	0	-34700	(35)	(283)
Total expenditure	**5,385**	**5,338**	**(47)**	**10,839**	**10,795**	**(44)**	**61,598**
(Net surplus)/Deficit	**360**	**372**	**12**	**791**	**850**	**59**	**1,422**

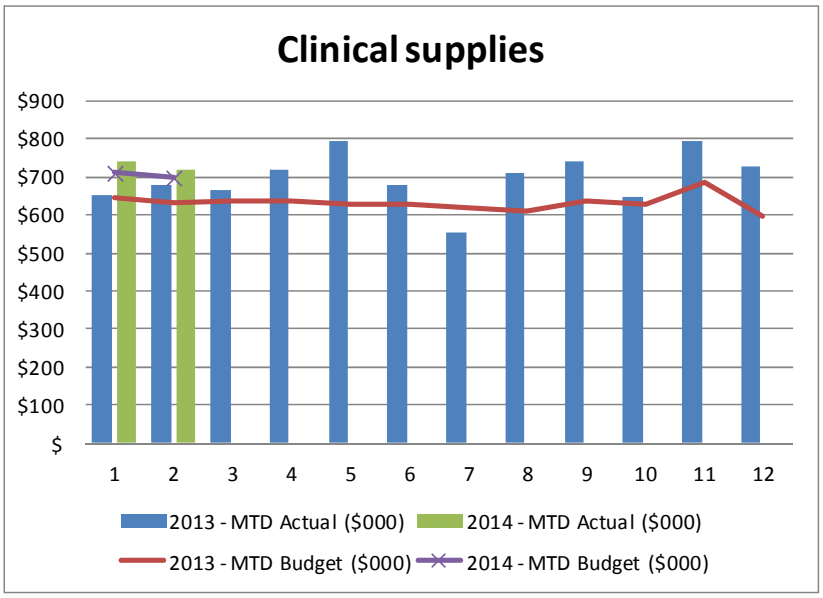
The positive start to the financial year continues with a small favourable result to budget for August. This takes the net deficit variance for the two months year to date to $59k favourable. The key factors contributing to the monthly result were as follows:

- ACC Acute Rehabilitation contract revenue was $64k favourable to budget. Other positive revenue lines were ACC reimbursement of staff salaries, patient co payments for pharmaceuticals, interest and cost recoveries.
- Workforce expenses (employed and outsourced personnel) were $6k favourable to budget. Although there was a high level of SMO leave this month across all services locum cover was managed within the employed and outsourced medical budgets. We continue to have two RMOs who cannot work nights due to MECA restrictions and locums were required to cover this and other gaps.
- Nursing personnel costs were $5k favourable to budget for August taking the year to date favourable variance to $17k
- Allied Health, Support and Management and Administration personnel costs were all within budget for the month and year to date.

- Outsourced clinical services were $7k unfavourable for August, this was mainly due to the charge for the Orthotics service being $6k higher than budget.
- Clinical supplies were $19k unfavourable to budget. Blood products were $21k unfavourable due to non achievement of efficiency target. Implants and prosthesis were $6K favourable; this will even out during the year. Air Ambulance was $9k favourable this month reducing the year to date unfavourable variance to $12k (demand driven). Patient transport and lodgings expenditure was again very high taking the year to date variance to $26k unfavourable
- Non clinical supplies remained within budget for the month. Areas of over expenditure included food and groceries, patient meals, orderlies, facility compliance costs (fire security services), doubtful debts (increase in the provision) and printing and forms. These were offset by rents, maintenance costs, transport costs and IT and telecommunications.
- The Financing variance relates to an increase in the capital charge provision re the property revaluation.


Total expenditure
$6,000
$5,500
$5,000
$4,500
$4,000
1 2 3 4 5 6 7 8 9 10 11 12
2013 - MTD Actual ($000)
2014 - MTD Actual ($000)
2013 - MTD Budget ($000)
2014 - MTD Budget ($000)


Personnel and outsourced personnel
$4,000
$3,500
$3,000
$2,500
$2,000
$1,500
$1,000
$500
$
1 2 3 4 5 6 7 8 9 10 11 12
2013 - - MTD Actual ($000)
2014 - First Financial Quarter - MTD Actual ($000)
2013 - - MTD Budget ($000)
2014 - First Financial Quarter - MTD Budget ($000)


Clinical supplies
$900
$800
$700
$600
$500
$400
$300
$200
$100
$
1 2 3 4 5 6 7 8 9 10 11 12
2013 - MTD Actual ($000)
2014 - MTD Actual ($000)
2013 - MTD Budget ($000)
2014 - MTD Budget ($000)

Hutt Valley DHB

The Provider arm result for August year to date was a net deficit of $763k, which is ($5k) unfavourable to budget. This is a reasonable result to date however there are significant savings to be achieved later in the year. The following table summarises the Provider result to date:

Total Provider

$000s	Month				YTD				Full year
	Actual	Budget	Var	Last Yr	Actual	Budget	Var	Last Yr	Budget
Revenue									
Govt & Crown Agency	1,988	2,261	(273)	2,678	4,721	4,894	(173)	4,953	29,605
Other	518	433	85	811	1,024	869	155	1,294	5,182
Internal	16,390	16,301	88	15,650	32,445	32,356	88	31,481	187,821
Total Revenue	**18,896**	**18,996**	**(100)**	**19,139**	**38,189**	**38,119**	**70**	**37,728**	**222,608**
Expenditure									
Personnel Costs	12,969	13,195	226	13,457	26,818	26,963	145	26,570	156,755
Outsourced Staff	329	147	(181)	370	551	293	(259)	510	1,774
Outsourced Services	449	450	2	520	856	775	(80)	843	4,934
Clinical Supplies	2,449	2,296	(153)	2,326	4,836	4,603	(233)	4,563	26,906
Infrastructure	2,910	3,092	182	3,043	6,000	6,343	342	6,006	37,221
Provider Payments			-				-		
Internal Allocations	(35)	(17)	18	(17)	(42)	(33)	8	(34)	(200)
Total Expenditure	**19,071**	**19,164**	**94**	**19,700**	**39,020**	**38,944**	**(76)**	**38,459**	**227,390**
Surplus/(Deficit)									
Before Overheads	**(175)**	**(169)**	**(6)**	**(562)**	**(830)**	**(825)**	**(5)**	**(731)**	**(4,782)**
Corporate Overheads	(34)	(34)	(0)	(34)	(68)	(68)	(0)	(68)	(437)
Surplus/(Deficit)	**(141)**	**(135)**	**(6)**	**(528)**	**(763)**	**(757)**	**(5)**	**(663)**	**(4,344)**

Key Points:

- Revenue reduced HWNZ ($72k) lower than expected
- Community radiology push delayed due to IT issues ($52k)
- Increased interest revenue $124k
- Personnel costs reduced $145k due to vacancies.
- Outsourced personnel up for anaesthetic locums and nurses to cover increased bed demand over winter. This should be offset by reduced costs during summer
- Clinical supply costs up $233 due to increased blood $189k and pharmacy $163k costs. Pharmacy cost is due to the new Pharmac hospital medicines list which has increased access to some high cost compounds. The blood costs are due not achieving an expected reduction in blood cost that was indicated to us earlier this year
- Improved infrastructure is largely due to changes is depreciation and insurance

In future months, tracking graphs on key spend areas will be included as per the Wairarapa examples earlier on in this section.

4 PEOPLE AND CULTURE

4.1 'Hard to fill' key vacancies

Because of the small size of Wairarapa DHB, vacancies which arise tend to have a relatively swift service impact and are frequently difficult to cover with interim arrangements. This section ensures that there is ongoing oversight of current vacancies and progress against recruitment.

Wairarapa

Position	FTE vacancy	Status
Consultant Psychiatrist	0.8	Offer made
SMO Physician	1.0	Offer made
SMO Emergency	1.0	Offer made
SMO General Surgery		Locum cover
Sonographer	0.8	Locum cover
Midwifery	1.3	Continuing to advertise (1.9fte of offers have been made in August reducing the previous 3.2fte vacancy position)
2DHB Professional Leader Occupational Therapy	0.9	Recruitment process underway
Pharmacist	1.0	Re-advertising with interim locum cover

Hutt Valley

- SMO/Consultant roles – specifically in Emergency Medicine
- Mental Health Nurses – this has been an extremely challenging area, however there have been a number of offers made over the last month

The Executive Leadership Team are maintaining an oversight of vacancies that arise across both DHBs and ensuring consideration is given to options to share roles and specialist skills for mutual benefit where appropriate.

4.2 Improving our Systems and Culture: Clinical Leadership and Engagement

The priority of developing a stronger Clinical leadership network (across the 2 DHBs) has been discussed by the CMO with the SMOs. A concept paper will shortly be drafted for discussion on what optimal clinical leadership across two sites might look like and how might we achieve it.

Clinical leadership is one of the areas of increased focus by the Ministry of Health this year, requiring quarterly submissions on how we are progressing. As we consider priorities and key objectives for both DHBs this year, we are also building up a list of clinical champions who are taking a lead on specific agendas. As this list develops, it will be formalised and posted on our Intranets.

The need to improve engagement of our medical staff leaders in the strategic development of our services – locally and sub-regionally - is a key priority area that is being progressed this year as a specific objective area. To date we have established:

- Regular CEO,CMO, COO sessions with our Clinical Directors
- A regular information feed to our SMOs (called CoSMOS – Communications for SMOs)
- One-to-one sessions with the CMO, COO and Clinical Heads

4.3 Working with our Neighbours – partnership working brief updates

(a) The 2DHB Clinical Director for Surgical, Women's and Children's Directorate (across Wairarapa and Hutt) has been appointed and is due to commence in post in October. Mr Robert Kusel will be replacing Professor Swee Tan in this role following a recruitment process which was open to candidates from Wairarapa and Hutt DHBs.

Mr Kusel is a well respected Orthopaedic surgeon and clinical leader, who has strong support from the SMO group to take on this significant leadership position, overseeing surgical, women's and children's services at Wairarapa and Hutt.

To ensure that this role is well supported and is able to function successfully across the two DHBs, the Directorate and Executive teams will be working with Clinical Heads of Department and established SMO service area leaders this year to support role and responsibilities definitions and to identify training and development needs.

(b) The 2DHB Theatre Business Manager position is a key role in our new structure intended to provide joined-up strategic leadership over our two theatre departments at Wairarapa and Hutt. The position has not been filled to date, due to not finding a suitable candidate, however the latest advertising round appears to have been successful, with an excellent

(c) Kiwisaver Strategy for over 65s is an area that was raised at a previous Committee meeting. It has been agreed to progress a 2DHB strategy and data is currently being gathered to enable implementation. There is some complexity in this piece of work and therefore it is expected that a roll out timescale is likely to take two to three months and we will be liaising with our union partners on this.

(d) The **3DHB Facilities review** (i.e. building and site maintenance services) consultation period has closed and feedback is now being considered. The Key themes and proposals of the review are to:

a) Deploy a single manager across the three DHBs
b) Appoint a Facilities Team Leader at Wairarapa
c) Appoint a Facilities Manager at HVDHB
d) Provide helpdesk support for the BEAMS system (for reporting site facilities issues and works requests at HV and CCDHB) from CCHDB
e) Align the building services project office and administration support

A final decisions document is due to be released during September.

(e) Wairarapa have opened up the DHB's **Management and Leadership Workshop** and other clerical training opportunities to Hutt admin teams and there has been a very positive response to this from staff. Eight Hutt staff attended the Management and Leadership

workshop, three attended the "It's all about you" clerical workshop and four have booked to attend this months' Time Management workshop.

Training of admin staff at Hutt is an area of planned improvement this year. Making available existing workshops and training programmes which have been developed at Wairarapa is a new initiative to begin to improve supporting the training needs of our critical admin staff teams.

4.4 Workforce Information

Performance Appraisal update

Information was recently provided to the Committee on the performance appraisals at Hutt and further information was requested for Wairarapa staff. The current focus is to try and establish a robust position on the number of annual appraisals being undertaken in both DHBs as a starting point to improve in this area over the coming year.

Wairarapa DHB has traditionally used its Leader IT system to capture appraisal information. The below outlines current appraisal information for the DHB:

Wairarapa Performance Appraisals: 12 months July 2012 – June 2013
Appraisals input into Leader Quarter 1 = 35
Appraisals input into Leader Quarter 2 = 6
Appraisals input into Leader Quarter 3 = 3
Appraisals input into Leader Quarter 4 = 16

Total appraisals entered –60 (10%)
Current Staff Headcount – 600
Fulltime - 183
Part-time - 417
NB. Excludes casuals

It is clear that significant improvement in appraisals being undertaken is required in both DHBs. A new performance appraisal indicator set, for both DHBs, is now being developed from the baseline data that will be used for targeted improvement over the next year and this will be included in balanced scorecards later this year.

5 SERVICE UPDATES

5.1 Wairarapa Theatre Review

The main phase of the Wairarapa Theatre Review has concluded, with a comprehensive report provided to the Wairarapa Board in September.

The report looked at a wide range of aspects of theatre functionality including safety, efficiency, patient care, staffing and resourcing and there was significant staff input throughout the whole review process.

The review now moves into implementation phase, with a detailed implementation plan being developed by the management teams to:

- Refine some of the concept areas by adding further detail
- Complete costings for proposed resource changes
- Work through the dynamics involved in making changes to the theatre session roster
- Co-ordinate formal consultation with staff and unions in respect of work pattern changes
- Develop medium term training, quality and safety plans

At this stage, adverts are being placed for additional theatre staff and some low cost but high value additional equipment flagged as necessary by the review are being ordered.

The implementation team is intended to include robust stakeholder input from theatre and medical staff and build on, rather than replicating, the significant amount of workup that was done during the review. A copy of the implementation plan will be tabled at the September Committee meeting.

5.2 Wairarapa Hospital Manager

The Wairarapa Hospital Manager starts in post on 2nd September. This very significant role in our 2DHB structure will be working with our Directorate Leadership Teams to ensure that the unique needs of Wairarapa DHB are taken care of and that there is a central point of leadership and contact on site.

The first two weeks of the role involve a comprehensive induction plan in a framework intended to provide the best possible status overview of the organisation and its needs.

This role concludes the Tier two and three leadership structure for the 2DHBs and will enable the responsibilities of the local site-based team at Wairarapa and the Directorate Leadership Teams to work through final details of responsibilities and accountabilities together.

5.3 Hutt Valley/Wellington Dental Hub Update

The Oral Health Business Case was agreed by the MOH and DHB to reconfigure the school dental service. The key outcomes from the project include delivering 11 dental hubs, 11 dental transportable mobiles and a new model of care for the community.

The 11 dental mobiles have been purchased, delivered and paid for. Six of the 11 dental clinics have been built – the last two buildings completed in December 2011 and commenced operation in March 2012.

September 2013
Building of the seventh clinic began at St Claudine Thevenet Catholic School in Wainiuomata in July 2013. This is a three chair facility and along with a one chair mobile will service the oral health needs of children from Wainuiomata. Redican Allwood has secured the contract and although the build is running ahead of schedule, the official handover date is 3rd December 2013. The Bee Healthy dental service envisages having the clinic open for the first term in January 2014.

The service has now successfully sourced sites for the remaining Hubs:

Miramar Central School - 4 chair clinic. The Board of Trustees has scheduled a public meeting for the end of September to present the project to the community. It is expected that the Board of trustees will formally approve the proposal and sign the lease. The resource consent and building consent applications will then be lodged as soon as the plans are finalised. Final design and then council approvals are expected to take six weeks. Construction is expected to start mid to late November 2013

Te Ara Whanui Kura Kaupapa in Alicetown - 3 chair clinic. This has school and Board of trustee's approval, the lease for the land has been signed by the school we are waiting on for the outcome of the site geotechnical investigations and report. The design drawings are still to be completed and council approvals then obtained

Raumati Beach School – 3 chair clinic. This is subject to Board approval, Geotech and Topographical surveys are underway. The design drawings are to be completed and council approvals then obtained. HVDHB have not put the Raumati Beach school dental hub out for tender as yet.

Newtown - The HVDHB is in negotiation with CCDHB to secure a two storey historic house at Adelaide Road, Newtown. It is envisaged that this will be a five chair clinic on the ground level with offices and staffroom on the first level.

The programme is progressing with significant pace this year in its final phase with all remaining sites now identified (subject to final agreement on the Newton site in Wellington).

5.4 Nursing and Midwifery Update

Quality and Safety
Both Wairarapa and Hutt Practice Development Unit staff and Quality teams have supported the Health Quality and Safety Commission's (HQSC) "Open for Better Care" campaign with booths set up around each organisation. This provided the opportunity for better promotion of the campaign to staff and the public, with a lot of interest was shown at both sites.

HQSC have begun rolling out topic two of the national Falls programme, ASK, ASSESS, ACT, which entails surveying a number of our patients in order to gather data and analysis how well we assess and discuss the assessment with our patients and what we do about it. Falls reduction is a key improvement area for both DHBs as well as nationally.

Health Workforce New Zealand Nursing Programmes

Post graduate Education: Roadshows have been held with the sub regional tertiary education providers to promote and support post graduation education for the 2014 year. Applications are now being taken. We have combined our administrative processes across Hutt and Wairarapa with the same person undertaking this role. Support for the nurses in the Wairarapa on an ongoing basis is still being worked through.

Nursing Entry to Practice Programme: negotiations have commenced with clinical departments in order to determine the number of new graduates each organisation can employ in 2014. The application process using the Advanced Choice of Employer national portal is now open.

Midwifery/Maternity Services (Wairarapa)

Midwifery staffing for the Unit at Wairarapa Hospital and the Lead Maternity Carer (LMC) workforce are now almost at full complement thanks to the intensive recruitment drive undertaken in the first half of this year and support of the New Zealand College of Midwives. The unit is now only required to care for three to four women a month which is manageable and a big difference to the 150 women requiring care in January following the death of the district's last remaining GP LMC.

Care Capacity Demand Management (CCDM) Programme (Hutt)

The care capacity demand management programme has begun at Hutt with the first two meetings of the Council held. A project plan is under development and will be tabled at next month's Council meeting for approval. A process to select three pilot wards has also begun.

General Nursing brief points

- Work on the Nursing Intranet site as part of the Portal Oversight Group project is ongoing. The joint HVDHB/WDHB internet/intranet project is underway. SharePoint workspace for nursing collaboration across both sites (and later 3 sites) is also underway. The Practice Development Units will be the first teams to pilot SharePoint.

- Subregional alignment of IV policies and IV teaching packs continues.

- Nursing staffing continues to be closely monitored across Wairarapa and Hutt as winter demand remains high.

5.5 99% Attendance Project Phase 1: Hutt (Formally known as '*DNA reduction'*)

Goal: 99% attendance at outpatient's appointments for the people who need to be seen, when they need to be seen.

ELT sponsor: Kuini Puketapu
Operational Director Lead: Sarah Boyes
Project Co-ordinators: Saira Dayal and Nicola Giblett

In August 2013 we commenced a work programme on reducing 'did not attend rates' at outpatient clinics with a meeting of key stakeholders from within the DHB and representation from Te Awakairangi Health. Saira Dayal is an advanced trainee in Public Health Medicine who will be working with Nicola Giblett, Quality Facilitator, from the Surgical, Women's and Children's Directorate to co-ordinate the project. Steering groups and working groups are being developed and the project plan is now in progress.

Whilst originally this workstream was called the *DNA reduction project,* we are thinking more widely taking a different perspective on this work as proposed by the Te Awakairangi Health representative. Working towards an attendance goal rather than to address a perceived failure rate is expected to attract greater buy-in and the key dynamic of 'people who need to be seen' widens up the scope to reconsider unusually high (and potentially unnecessary) follow-up rates or non-essential appointments. We are also focussing on the system needs to 'enable' people to attend appointments – considering timing, location and travel factors.

To date we have held two scoping sessions and have begun linking with others including clinical nurse managers about their services. A range of reasons for variation in attendance for different populations and clinics have been identified as well as possible solutions. The next actions are to confirm the definition of DNA (aiming for consistency across the 3DHBs), developing a communications plan and prioritising workstreams which will include patient perspectives and involvement from primary care.

The programme has begun at Hutt, with plans to mirror at Wairarapa and we have proposed to Capital and Coast DHB that it would be good to link with their work going on in this area and share learnings from a sub-regional perspective.

5.6 2013 Allied Health Technical and Scientific Awards

Hutt Valley DHB scooped three out of eight awards at the inaugural 2013 Allied Health Technical and Scientific Awards that were held on 15th August.

The Healthy Environments Team at Regional Public Health won the Innovation Award, Natalie Richardson the 2DHB Allied Health Director won the Leadership Award and the Hand Therapy Team at Hutt and Wairarapa DHBs won the Across DHB Collaboration Award.

Around 200 staff from the Hutt, Wairarapa and Capital and Coast DHBs, attended the awards, held at the Horne Lecture Theatre at Wellington Hospital.

The awards were noted to be the first to bring staff from the three DHB's together at an event.

The idea for the awards came about a year ago during a monthly meeting between the teams across the three DHBs all agreeing that it was important to acknowledge our allied workers.

Over a hundred nominations were received for the eight categories, which is a good number considering it is the first awards for allied workers.

The panel of judges were made up of eight directors from Wairarapa, Hutt and Capital Coast DHBs.

The awards are the first and certainly not the last.

5.7 Rapid Cycle Improvement (RCI) – Discharge Project

A fifth update meeting for the RCI Discharge Project is scheduled to be held at Hutt Valley DHB on 25 September.

As part of the RCI Discharge project, Wairarapa & Hutt Valley DHBs are developing a 'ticket to go' template. Once in draft, this will be circulated for feedback to all inpatient wards in both DHBs. This ticket to go will provide information to the inpatient when they commence their stay on the ward and will cover the following themes:

- Ward information and process
- Patient journey
- Estimated date of discharge
- What will be needed for discharge i.e. prescription collection, transport home

Linked to this workstream is the Estimated Date of Discharge (EDD) work. Both DHBs have identified that documenting EDD is pivotal to improving care co-ordination, patient flow and appropriate, timely discharge. The initial documentation of EDD has been agreed to be done by the Consultants during the first ward round after admission. After this, the multidisciplinary team help shape this date to ensure that all the patient's needs are met by discharge date to allow for a safe discharge to an appropriate destination.

Work so far has focused on the Consultants setting the estimated date of discharge on the post take ward round. The focus now is to ensure there are consistent avenues for reviewing EDD and to ensure there is ownership from the multi-disciplinary team to adjust this appropriately and continue clear communication with the patient and family.

6 FEEDBACK TO THE COMMITTEE

6.1 Safe Sleep and Sudden Unexpected Death in Infancy (SUDI) Project – Hutt

Hutt Valley DHBs Maternity and Paediatric services are presently looking at approaches to safe sleep and sudden unexpected death in infancy (SUDI). There has been a plethora of information from many different avenues in the health sector. A SUDI working group has been formed to explore an appropriate strategy for Hutt Valley DHB. The working group is in the process of developing a policy and is exploring resources to support safe sleeping.

Pepi-pods and Wahakura are both being considered. Pepi-pods are part of a programme that includes safety education. Pepi pods are a plastic box with appropriate mattress and linen – a portable safe sleep space.

Pepi-Pod

Wahakura are woven baskets (with a similar safety education programme) specifically for at risk Maori families. At the present time there is interest from the community to be involved in the production of the Wahakura.

Wahakura

Both approaches need significant resources to support their implementation within the overall SUDI prevention strategy. Pepi-pods are $60 +GST each. Costings on resources for Wahakura are yet to be established.

Pepi-pods and Wahakura are not for all newborns, they are for babies that have a higher risk of SUDI e.g. babies who are Maori and /or exposed to smoking especially in pregnancy; born before 36 weeks or weighing less than 2500g, or are in families where use of alcohol and drugs are prevalent.

The SUDI working group seek to provide a robust and coherent overall plan aligning the different resources available. We also need to consider how to fund this ongoing need.

6.2 2DHB RMO Unit

The amalgamation of the 2DHB units is being monitored to assess the effectiveness working across 2 sites before proceeding to a 3DHB approach.

The 2DHB role has had some challenges while we find best ways for working across the two sites, latterly 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. The newly appointed 2DHB Team Leader started on 26 August. This fixed term period now aligns the appointments for the units across the 3DHBs for a 12 month review.

Executive Director P&C, 2DHB & CCDHB RMO Units met with DHB Shared Services to discuss "High-Risk" rosters and fatigue/risk assessment" that has been flagged by the RDA during the current MECA bargaining. These roster runs had been identified where the RMOs felt there were significant or high fatigue risks arising from the construction of the rosters (particularly in respect of duties involving stretches of seven consecutive nights).

The union provided a list of 39 rosters that they deemed to be the highest risk based on the inclusion of seven consecutive night duties, with limited rest opportunities. Hutt and CCDHB both had rosters on this list and are now working with Shared Services on these.

Shared Services have provided the 20 DHB's with a "Risk Index Calculator" tool for the RMO Roster Coordinators to enter their identified rosters into and try different scenarios to get the risk indicators scores to come down.

DHBs have been advised to have discussions about their current rosters but these discussions shouldn't be limited to the current arrangements, the advice is to look for the short term and longer term solutions and to think about how to promote these to RMO's.

Any identified improvement areas should be sent through to Shared Services who will collate, it is their intention to create an innovative list which will be shared with all DHBs. The Canterbury "At Night programme" is a good example of using different ideas to find solutions.

DHBs have been requested to allocate a single point of contact for their DHB and advise Shared Services of this name.

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MANATŪ HAUORA

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2 September 2013

05/09/2013.
Trace

Mr Graham Dyer
Chief Executive Officer
Hutt Valley District Health Board
Corporate Office
Private Bag 31 907
LOWER HUTT 5040

Dear Graham

The 2012/13 year has seen the sector deliver positive health target results. The year began well with exceptional early progress against both the revised immunisation coverage target for eight-month-olds, and the new combined chemotherapy and radiotherapy Shorter waits for cancer treatment target. During the year the hospital component of the Better help for smokers to quit target was achieved for the first time. Now, for the second consecutive year, both the Improved access to elective surgery and Shorter waits for cancer treatment targets have been met by every DHB in quarter four. These are very significant achievements for our sector.

With this quarter's national result of 90 percent for the Increased immunisation target, we are well placed to reach our target goal of 95 percent of eight-month-olds fully immunised by 31 December 2014, and to deliver on this important target within the Government's Better Public Services programme.

The national result for the Shorter stays in emergency department health target is 93 percent with 12 DHBs achieving the target. As you will be aware, from next quarter, agreed level two emergency department facilities will be included in the target.

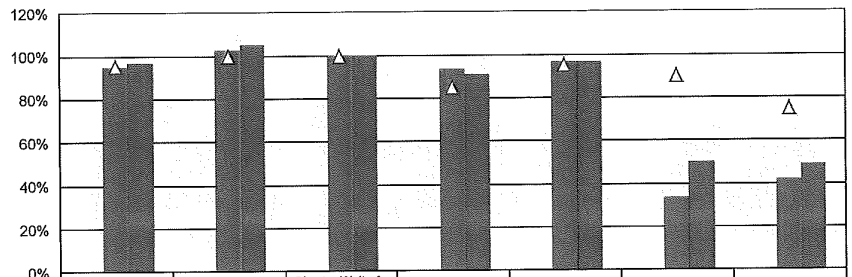
The hospital component of the Better help for smokers to quit has reached 96 percent. The primary care component of the target result is 57 percent, with the result up from 51 percent last quarter.

The national quarter four result for the More heart and diabetes checks target is 67 percent. Although the result is still some way off the national goal, this is a good improvement on the result of 49 percent in quarter four last year.

Early September, a letter will be sent with an update on PHO quarter four performance against the primary care focused health targets. This information will also be presented with wider health target results on the 'MyDHB' website www.health.govt.nz/mydhb

Your local DHB results for quarter four are summarised below.

Hutt Valley health targets quarter four 2012/13 results



	Shorter Stays in Emergency Departments	Improved Access to Elective Surgery	Shorter Waits for Cancer Treatment (radiotherapy and chemotherapy)	Increased Immunisation (8-month-olds)	Better Help for Smokers to Quit - Hospitals	Better Help for Smokers to Quit - Primary Care	More heart and diabetes checks
Ranking quarter four 2012/13	5	12	1	10	9	17	19
▪ Quarter three 2012/13	95.1%	102.6%	100.0%	93.6%	97.1%	34.1%	42.3%
▪ Quarter four 2012/13	96.5%	105.3%	100.0%	91.4%	96.7%	50.6%	49.1%
△ National goal	95.0%	100.0%	100.0%	85.0%	95.0%	90.0%	75.0%

The following feedback is provided by the Ministry's Target Champions on your quarter four results. I also encourage you to refer to the health targets material on the Ministry website for additional detail at www.health.govt.nz/healthtargets

Mike Ardagh, Target Champion, Shorter stays in Emergency Departments
It is pleasing that you have continued to achieve the Shorter Stays in Emergency Departments target in quarter four. I look forward to this continuing.

Clare Perry, Target Champion, Improved access to elective surgery
Hutt Valley DHB has continued to perform strongly during the last quarter of 2012/13, and has achieved its quarter four health target – Improved access to elective surgery. For the full year, 5208 people have been provided with elective surgery, which is 5 percent ahead of plan. This is a very good result – well done.

This is the second year in a row that all DHBs have reached their full year health target. Over the last five years the number of patients treated annually has lifted from around 118,000 to almost 158,500. Combined with the significant reduction in waiting times achieved, this represents a meaningful improvement in access for elective patients. Thank you for your local contribution to this.

Andrew Simpson, Target Champion, Shorter waits for cancer treatment
Congratulations on achieving the Shorter waits for cancer treatment target in quarter four of 2012/13. This quarter four result marks a year of achieving the cancer treatment target since chemotherapy wait times were included in target reporting. I have also been the Cancer Target Champion for a year now, and I would like to thank you for your continued commitment to achieving the cancer treatment target.

Pat Tuohy, Target Champion, Increased immunisation
Hutt Valley DHB ended the year with 91 percent of eight-month olds fully immunised. Congratulations.

While the DHB achieved excellent Pacific coverage of 94 percent, Māori and deprivation quintiles 9 and 10 coverage is much lower. This disparity will need to be addressed if the DHB is to achieve equity for vulnerable populations.

Your support of primary care is vital in the next 12 months to ensure timeliness of vaccinations and that decline rates remain low by maintaining public confidence in local services.

The DHB is in a very strong position to achieve the 95 percent target by the end of December next year. Well done to you and your teams and keep up the excellent work.

Karen Evison, Target Champion, Better help for smokers to quit
Good work, Hutt Valley DHB significantly improved its primary care result in quarter four. However, the DHB's result is still below the national result. Your report mentioned that the patient dashboard was installed in 25 practices during quarter four. Hopefully, this will improve the primary care results further in quarter one.

Well done for continuing to maintain the hospital target. You have consistently performed above 95 percent throughout 2012/13. Please pass on my thanks and congratulations to everyone involved.

Helen Rodenburg, Target Champion, More heart and diabetes checks
Your result, at 49.1 percent, remains well below the target however you have an increase of 6.8 percent on last quarter, so congratulations. A key to achieving the target is to gain and maintain support from primary practitioners for the CVD programme. The Ministry team and I look forward to working with you to achieve this.

To ensure sector consistency and clear accountability to our stakeholders, the health target results presented in your Annual Report should correspond with the results you have confirmed with the Ministry and referenced in this letter.

As you are aware, the health target set has remained stable for 2013/14 allowing us to build on the results from the 2012/13 year. Thank you for what you have achieved so far on the health targets and for your continuing commitment to further progress.

Yours sincerely

Kevin Woods
Director-General of Health

cc: Dr Virginia Hope, Chair, Hutt Valley District Health Board

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

Wairarapa Hospital Operational Services

Monthly Balanced Scorecard August 2013

KEY PERFORMANCE INDICATORS 2013/2014

PATIENT EXPERIENCE

		Aug-13		Period	
		Target	Month	YTD	QTR 1
Shorter Stays in Emergency Departments		95%	**96%**	96%	**96%**
Improved Access to Elective Surgery		100%	**108%**	111%	**111%**
Better Help for Smokers to Quit		95%	**99%**	98%	**98%**
		Target	Month	Target	YTD
Mental Health Relapse Prevention Plans	Jun-13	95%	**93%**	95%	**93%**
Surgical Site Infections Reported		0	**0**	0	**0**
Inpatient Falls Causing Harm		2	**2**	4	**8**
Medication Errors		1	**2**	1	**2**

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	**7**		7

HEALTHY WORKPLACE

	Aug-13		Period	
	Target	Month	Target	YTD
Staff Turnover Voluntary % (Headcount)	10.0%	**7.2%**	10.0%	**11.2%**
Sickness Absence - % Paid Hours Worked	2.5%	**3.0%**	2.5%	**3.1%**
Number of Staff having >200 hrs leave balance			51	**47**

PROCESS & EFFICIENCY

		Aug-13		Period	
		Target	Month	Target	YTD
Acute Inpatient Length of Stay		3.4	**3.5**	3.4	**3.4**
Acute Readmission Rate	Jun-13	10%	**9%**	10%	**9%**
Elective/Arranged Inpatient Length of Stay		3.8	**2.8**	3.8	**3.9**
Elective/Arranged Day of Surgery Admission		95%	**98%**	95%	**96%**
Ward Bed Utilisation - Daily (Incl Weekends)		U/D	**81%**	U/D	**82%**
Ward Bed Utilisation - Weekdays Only		U/D	**82%**	U/D	**83%**
Theatre Session Utilisation (Time in Theatre)		85%	**87%**	85%	**85%**
Theatre Sessions Starting on Time		90%	**89%**	90%	**92%**
Acute Patients impacting on Elective Sessions		U/D	**3**	U/D	**10**
Cancelled on Day of Surgery	Patient	U/D	**10**	U/D	**18**
	Hosptial	U/D	**15**	U/D	**35**
Outpatient DNA (FSA & Followup)	No. Visits	121	**158**	250	**316**
	DNA Rate	6.2%	8.1%	6.2%	7.8%

VALUE FOR MONEY

	Aug-13		Period	
	Target	Month	Target	YTD
Total Caseweight	494	**526**	989	**1,077**
Elective Caseweights	108	**127**	216	**263**
Acute Caseweights	386	**399**	773	**815**
Outpatient FSA Volumes	504	**624**	1,008	**1,309**
Outpatient FU Volumes	642	**566**	1,284	**1,121**
Hospital FTEs inc overtime	430	**423**	431	**423**
Hospital Operating Costs ($'000)	5,338	**5,385**	10,794	**10,839**
Hospital Personnel inc outsourced ($'000)	3,311	**3,304**	6,769	**6,689**

* MOH Health Targets
* MOH Performance & Ownership Dimension Measures

KEY: N/A = Not available
U/D = Under Development

Key Issue | Alert | Good News

Hutt Hospital Operational Services

Monthly Balanced Scorecard August 2013

KEY PERFORMANCE INDICATORS 2013/2014

PATIENT EXPERIENCE

	Aug-13		Period	
	Target	Month	YTD	QTR1
Shorter Stays in Emergency Departments	95%	**93%**	94%	**94%**
Improved Access to Elective Surgery	100%	**112%**	113%	**113%**
Better Help for Smokers to Quit	95%	**96%**	96%	**96%**
	Target	Month	Target	YTD
Mental Health Relapse Prevention Plans	95%	**93%**	95%	**92%**
HONOS Compliance - Inpatient	75%	**68%**	75%	**71%**
HONOS Compliance - Community	55%	**66%**	55%	**67%**
Bed Days due to Cellulitis (Avg LOS)	3.0	**2.5**	3.0	**2.7**
Surgical Site Infections Reported	1	**0**	2	**0**
Patient Falls Causing Harm	12	**10**	24	**27**
Medication Errors	1	**1**	2	**3**
Pressure Injuries	0	**0**	0	**1**

WAITLISTS

	Waitlist Patients (ESPI5 and ESPI2)			
	Target	Month	Booked	Unbooked
Waiting >150 days for Treatment (ESPI5)	0	**49**	25	24
Waiting >150 Days for Outpatient FSA (ESPI2)	0	**23**	14	9

HEALTHY WORKPLACE

	Aug-13		Period	
	Target	Month	Target	YTD
Hospital Staff Turnover % (Headcount)	10%	**5.3%**	10%	**9.4%**
Sickness Absence - % Paid Hours Worked	2.3%	**3.4%**	2.3%	**3.1%**
Number of Staff having >24 Mths O/S Leave			180	**212**

Key Issue	Alert	Good News

* MOH Health Targets

* MOH Performance & Ownership Dimension Measures

KEY: N/A = Not available

U/D = Under Development

PROCESS & EFFICIENCY

		Aug-13		Period	
		Target	Month	Target	YTD
Inpatient Acute Readmission Rate	Jul-13	8%	**10%**	8%	**10%**
Mental Health Readmission Rate	Jul-13	8%	**8%**	8%	**8%**
Acute Inpatient Length of Stay		3.8	**3.7**	3.8	**3.7**
Elective Inpatient Length of Stay (Surgical Only)		3.2	**2.9**	3.2	**3.2**
Elective/Arranged Day of Surgery Admission		95%	**95%**	95%	**95%**
Ward Bed Utilisation - Daily (Incl Weekends)		85%	**97%**	85%	**92%**
Ward Bed Utilisation - Weekdays Only		85%	**98%**	85%	**93%**
Funded Theatre Sessions Utilised		95%	**86%**	95%	**85%**
Theatre Session Utilisation (Time in Theatre)		85%	**83%**	85%	**82%**
Theatre Sessions Starting on Time		90%	**95%**	90%	**91%**
Acute Patients impacting on Elective Sessions		U/D	**44**	U/D	**78**
Cancelled on Day of Surgery - Patient		14	**13**	29	**24**
Cancelled on Day of Surgery - Hospital		12	**7**	25	**7**
Cancelled on Day of Surgery - Percentage		5.0%	**6.2%**	5.0%	**4.8%**
Outpatient DNA (FSA & Followup)		356 6%	**582** 10%	715 6%	**1114** 9%

VALUE FOR MONEY

	Aug-13		Period	
	Target	Month	Target	YTD
Total Caseweight	1,778	**1,874**	3,530	**3,678**
Elective Caseweights	548	**562**	1,069	**1,100**
Acute Caseweights	1,230	**1,313**	2,460	**2,577**
Outpatient FSA Volumes	1,501	**1,271**	2,948	**2,559**
Outpatient FU Volumes	3,305	**3,462**	6,501	**6,963**
Hospital FTEs inc overtime	1,576	**1,544**	1,572	**1,539**
Hospital Operating Costs ($'000)	15,732	**15,803**	32,094	**32,094**
Hospital Personnel inc outsourced ($'000)	11,544	**11,515**	23,552	**23,372**

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	**1 HAC DECISION PAPER**
	1.1 **Date: 13 September 2013**
1.2 Author	Cate Tyrer, GM Quality and Risk, Wairarapa and Hutt Valley DHBs
1.3 Endorsed By	
1.4 Subject	**Monthly Quality Report for Hospital Advisory Committee**

2 RECOMMENDATION

It is recommended that the Joint Hospital Advisory Committee **receive** this report

August has been a busy month for all of the Q&R team, we have made significant progress in the work towards better data analysis and trending for reportable events. We now have both the certification corrective action plans back and as part of our joint working we have looked at the commonalities across both Hospitals and identified areas where work on the corrective action plan can be combined across the sites.
I have also met several times with Dr P Boyles senior disability advisor for CCDHB to work out how quality can assist in the relaunch of the health passport at Hutt and the launch at the Wairarapa. One of the joint DHBs quality objectives is to improve the consumer experience and consumer engagement, the health passport aligns nicely with this. Pauline is returning to the Wairarapa to provide 'train the trainer' to the quality leaders who will then facilitate the rollout within the hospital, with the local disability advocate supporting it in the community setting.

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	August 2013
Hutt	67	27
Wairarapa	8	3

An example of some of the praises received:

Wairarapa DHB
"Services available are extensive and helpful. Great support to keep Mum at home as long as possible."

ED
"Can I just say I have been incredibly humbled by the way you guys took care of me. Your staff were amazing. Can you PLEASE pass on my utmost gratitude to an outstanding group of people that were very supportive at a time I felt pretty miserable."

Hutt Valley

Medical Ward

"….Very pleased with all the medical team, nurses and treatments at the Hutt hospital during my stay…"

Day Surgery Unit

"…Thank you to the nursing staff in the recovery unit, the nurse was so kind, compassionate and very helpful, she is very good at explaining things, simple communication helps a lot…"

Mental Health ICAFS

"…I am extremely grateful to you for giving me back my loving son…."

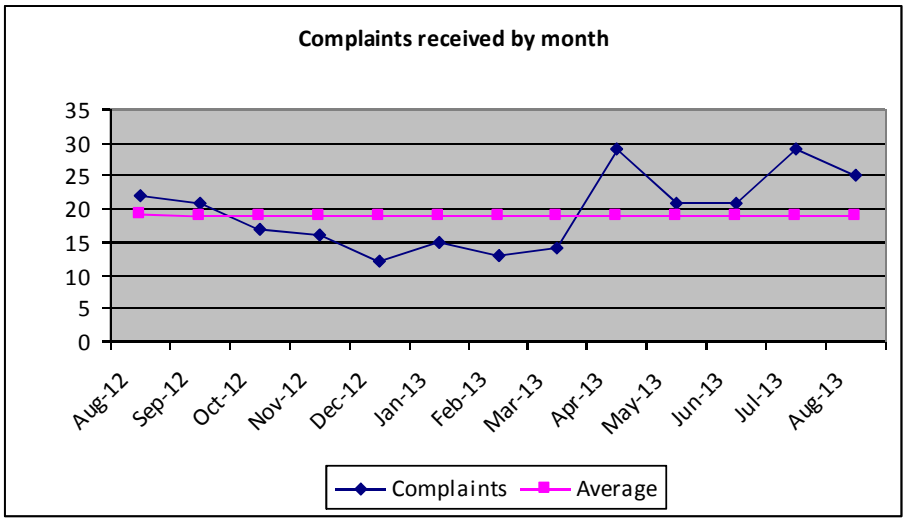
1.2 COMPLAINTS

Total received August 2013:

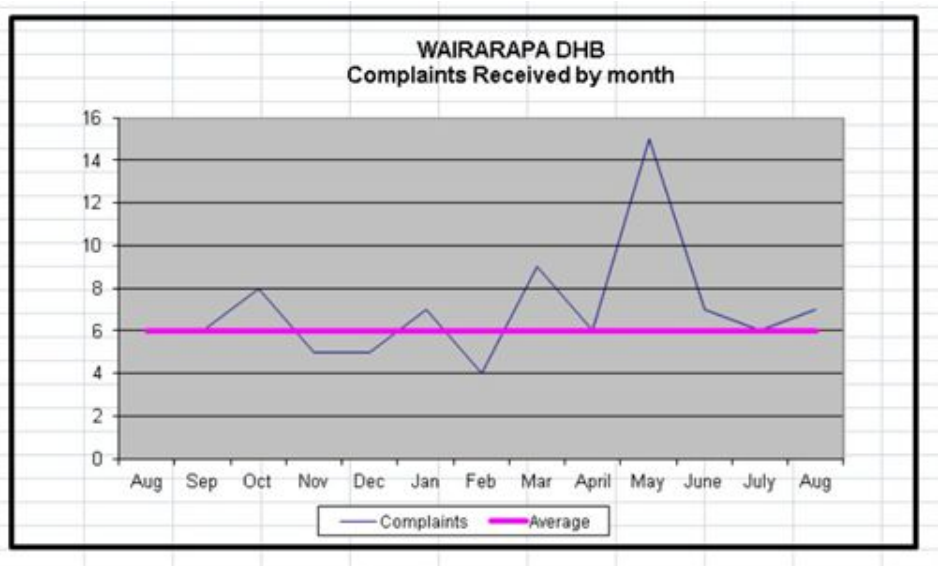
Hutt Valley DH: 25

Wairarapa DHB: 7

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

6x care provided while inpatient
2 x delays experienced in aspects of treatment
1 x issues with co-ordination of care

Communication

3 x attitude of staff
2 x communication to family and Aged Residential Care facility
2 x co-ordination of care

An example of some of the complaints received:

Orthopaedic Complaint – Closed

In late November 2012 my GP referred me to the Orthopaedics Department in relation to OA in my right hip with a view to my being considered for surgery. In early May I was contacted by telephone and asked to attend on 13 May 2013 for an appointment.
*I thought that I was going to be seen by one of the Orthopaedic Surgeons, but found that I was seen by a MR ******** who told me that he had come up from Westland to help out. At the end of the appointment he told me that he would refer me on to an "Operating Surgeon". Since then a letter has been sent to my GP saying that I was to be referred on, but I personally have not received any information direct from the Orthopaedic Department. My GP stated when I saw her three weeks ago that she would be writing to the hospital to obtain some clarity on the situation.*
I feel that I was triaged on the 13th of May, and I have now been placed on another waiting list, where I have been for over two months, to see an "Operating Surgeon" to end up being placed on a third waiting list for the actual surgery. Is this normal practice in Hutt Hospital?
Outcome:
Apology given for length of waiting time and explanation of contributing factors leading to the delay, Patient was then offered an appointment which she declined due to commitments she had on that date, she was booked for the next available appointment 23rd Of September and also offered to be added to the cancellation list in case an earlier appointment with her specialist becomes available that she may be able to attend earlier.

Wairarapa DHB

Attitude

1 x staff attitude whilst an inpatient

Process

1 x information incorrect on death certificate
1 x being discharged early from service
1 x waiting time to receive assessment report

Communication

2 x caregiver not being listened to and /or kept informed
1 x issues with communication

An example of some of the complaints received:

Complaint from Emergency Department

"Whilst undergoing an examination by the Doctor, we engaged in a conversation with reference to my state of awareness after taking my prescription meds. My friends stated to him that I was in no state to be capable of doing anything, as much as I was so drugged up and appeared "stoned". He has assumed that I am a dope smoker of marijuana. He enquired several times as to how much I have smoked, to which I said none. I can categorically state that I have never smoke

marijuana, nor wish to. I am seriously concerned that his written comments of marijuana use are now on my record as being an excessive marijuana smoker. These young doctors have to learn to listen properly, not to assume nor presume, and once he discussed the drug possibility with staff at ED, my treatment changed from that of caring to that of disdain."
Outcome:
Electronic discharge summary changed and amended copy sent to GP. An amended copy and apology letter was then sent to the patient from the Doctor involved stating he found her feedback very useful and reassured her that he had listened to her feedback and in future would ensure that he had the relevant factual information.
The patient then visited the Quality Department with the local Health and Disability Advocate to thank them for rectifying the problem in a timely and compassionate manner.

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	**54**	**12**
Oct-Dec	69	11	45	15		
Total	258	81	191	62	**170**	**59**

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 Aug	Closed Aug	Awaiting HDC Response	Month Rec'd	Dept
HDC Information / response	3	2	16	Apr 12	ED
				Apr 12	Surgical
				Jul 12	ED
				Aug 12	Plastics
				Sept 12	Obstetrics
				Nov 12	ED
				Jan 13	Plastics
				Apr 13	Maternity
				Apr 13	Maternity
				Apr 13	Mental Health
				Apr 13	Mental Health
				Jun 13	ED
				Jul 13	Medical
				Jul 13	Maternity
				Aug 13	Breast Clinic
				Aug 13	Medical
HDC Investigations	1	0	2	May 12	Paediatric
				Feb 13	Mental Health

Wairarapa DHB

	Received August	Closed August	Awaiting HDC Response	Month Rec'd	Dept
HDC Information / response	2		3	May 13	Theatre
				June 13	CAMHS
				June 13	Acute Services
				July 13	Palliative Care
				Aug 13	MSW
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	April 13		May 13		June 13		July 13		August 13	
DHB	Hutt	Wai	Hutt	Wai	Hutt	Wai	Hutt	Wai	Hutt	Wai
Hutt-Hip/Knee joint replacement Wairarapa-Clean Orthopaedic	0	NYA	1	NYA	2	NYA	0	NYA		NYA
Caesarean section	2.12% (1Pt)	14.3% (2/14)	6.25% (2 pts)	16.7% (1/6)	0	8.3% (1/12)	0	0% (0/9)	0	0% (0/12)
HA SA BSIs*	0	0	0	0	0	0	0	0	1	0
Hand Hygiene Compliance					73%	76.8%				
Central line acquired bacteraemia *Hutt only*	0		0		0		0		0	
Surgical Site Infections									0	+

* Healthcare Associated *Staphylococus Aureus* Blood Stream Infections
NYA = Not Yet Available due to the methodology and reduced staff FTE at Wairarapa site.
+ Wairarapa is awaiting the installation of ICNET to be able to report on this measure monthly. Current reporting is being done 3 monthly retrospectively.

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	34	Deaths from 2008 to 2013 (incl)	16	Deaths from 2010 to 2013 (incl)
Certificate of Findings received	5	Dec 2008	0	

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

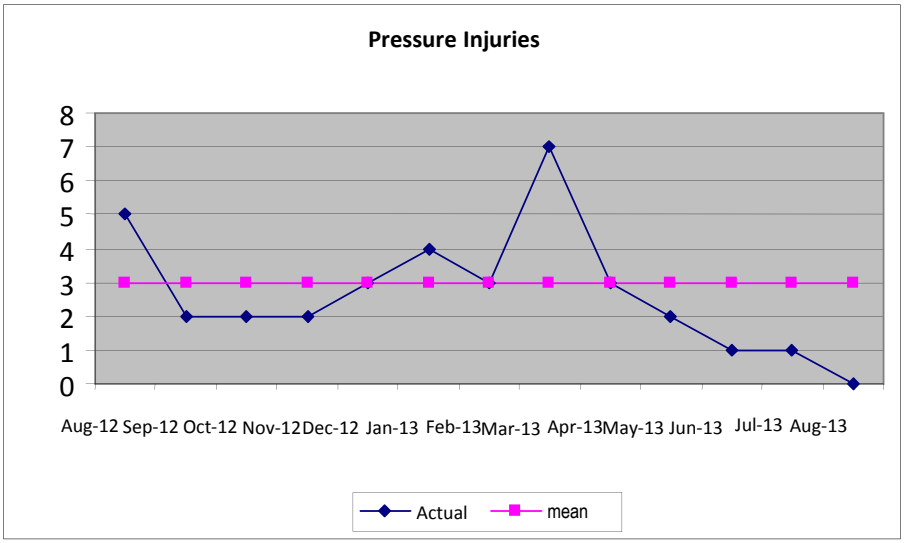
Hutt Valley

In the last month there were no serious events. Three events remain under review from previous months and a reportable event brief has been sent to the Health Quality Safety Commission. Following review, two events from previous months, were determined not to be serious or sentinel.

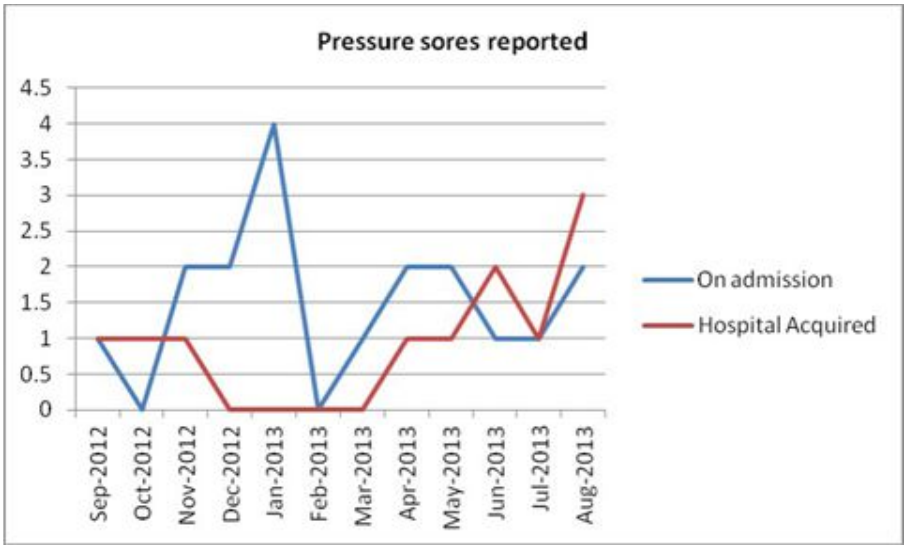
	August 2013	Under Review	Year to Date Total (01/07/13-30/6/14)
Hutt	0	3	0
Wairarapa	0	0	0

Wairarapa and Hutt- August 2013 Falls

Hutt- Pressure Injuries August 2013



Wairarapa – August 2013



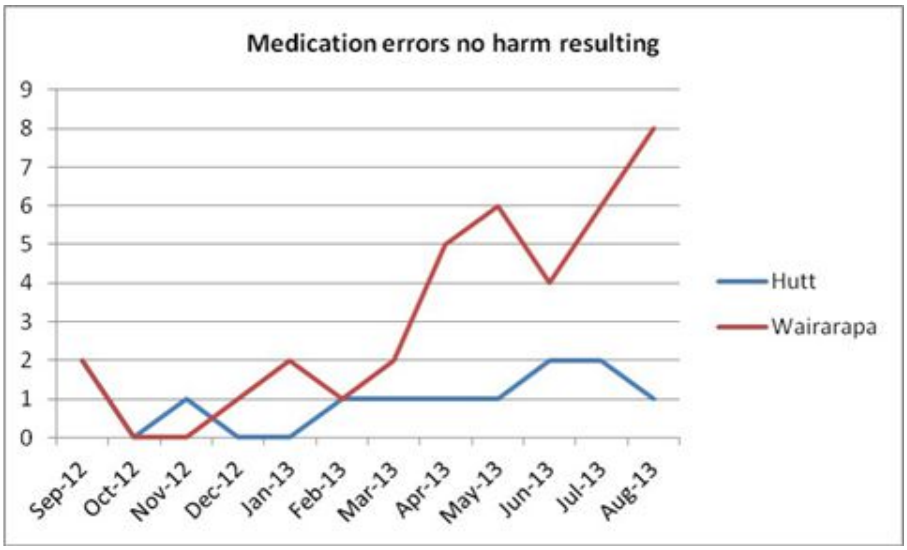
NB: an error was found in the data for past reporting since April 2013. This has now been corrected and the above graph reflects the corrected data.

In response to the increase in pressure areas a review of the reportable event reports showed a lack of consistent reviewing practice. Two of the quality leaders have been asked to develop a pressure injury review/ evaluation form to be used for all patients developing ulcers to ensure the correct things are investigated and reviewed e.g. had the patients Waterlow assessment been completed, did the daily nursing evaluation reflect how pressure area care was being managed and provided on a daily basis, did the patients care plan reflect the skin integrity needs, etc?

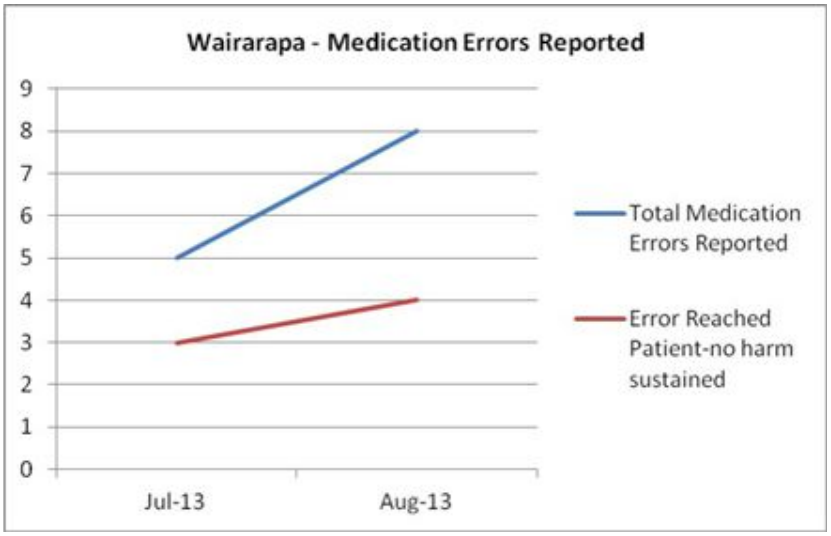
So like the falls evaluation we have a more guided review for the CNMs to follow so that we get more accurate information regarding any gaps and improvement opportunities.

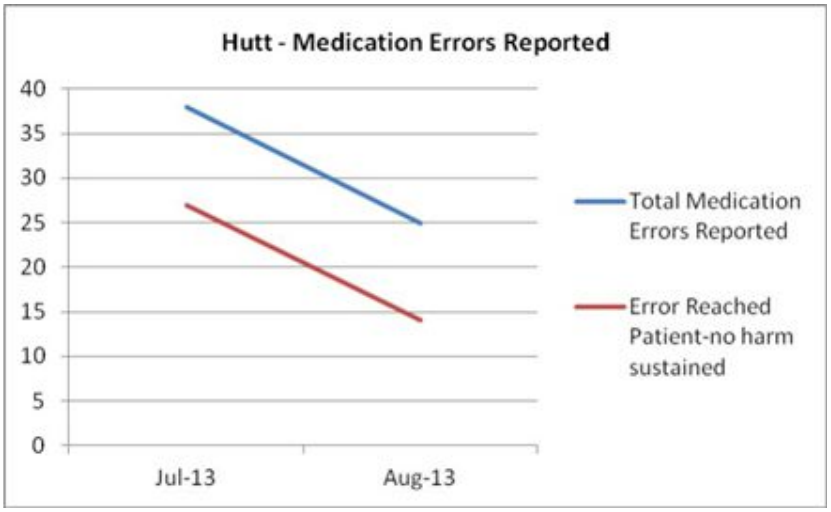
4.2 MEDICATION ERRORS

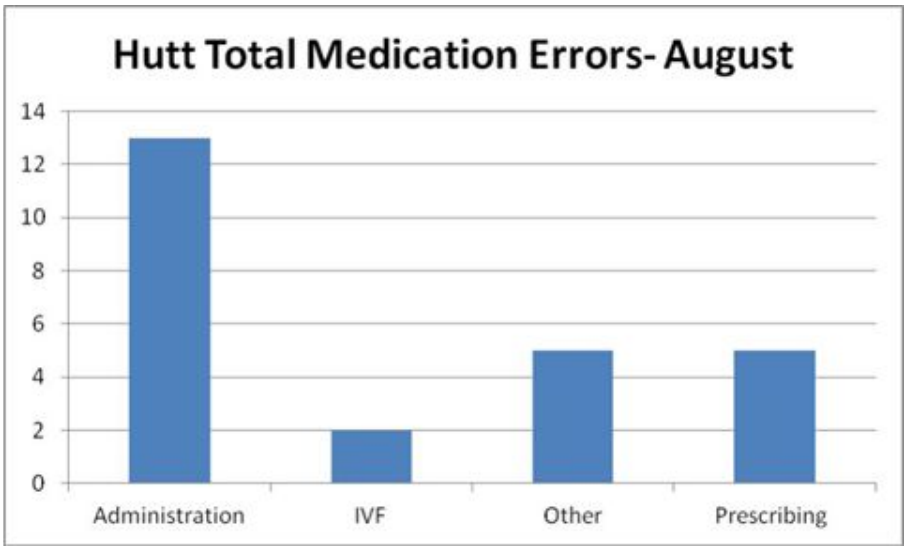
In the past medication errors were reported on a limited basis. Over the last month we have focussed on providing all data in its entirety to the Board to allow trend analysis of medication errors in future. This will highlight the departments and the type of medication errors occurring, and will allow us to advise the directorates of the quality improvement and education required in their areas to improve performance.

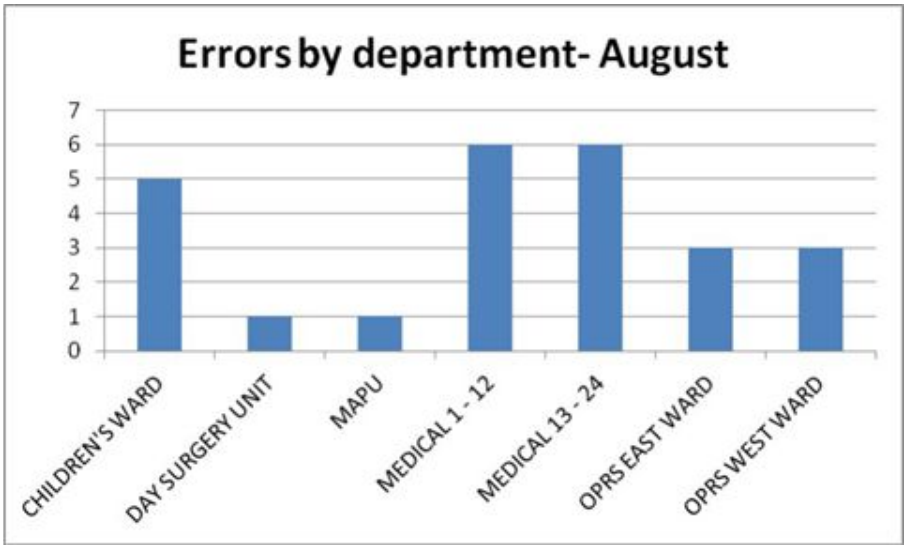


The above graph will be removed from future HAC papers, this was the old methodology where the Hutt numbers were based on a very narrow definition.









The breakdown of errors by department is being relayed back to the directorates by the quality advisors, the higher levels of incidents in the medical ward could be attributed to better reporting, or it could reflect other contributory factors. This is currently being reviewed by the quality advisor in that area.

5. OPEN FOR BETTER CARE

Both Hutt and Wairarapa PDU and Quality are developing local posters with DHB staff providing photos and quotes of what Open for better care means to them. These will be displayed around the hospital.
Wairarapa is participating in the Ask, Assess, Act part of the falls programme which uses the opportunity of people attending hospital to think about their own and their families falls risk profile.

One of our Allied Health staff has had his project developed into an Open for Better Care case study outlining his work in the ED department. (appendix 3)which will be part of the display at the APAC conference.

6 EMERGENCY MANAGEMENT- HUTT

6.1 INCIDENTS/ALERTS

	August 2013
Incidents	1
Mass Casualty Alerts	0

16/08/13 – **Earthquake (magnitude 6.6, Wellington Region)**. Incident Management Team convened and EOC activated.

An Earthquake Response Plan is under development. Please see below on what has been actioned:

- Emergency Response Procedures – updated and currently out for review by Clinical Working Group (CWG)
- Call Back Arrangements/Staff Contact List - generic template developed and issued to (CWG)
- Radio Terminal and Water Container instructions issued
- 7 Civil Defence Cabinets installed
- Latest Government Guidance/Staff Preparedness Flyer issued
- Offsite/mobile services earthquake response procedures developed
- Staff Preparedness event held (over 250 staff attended)
- Civil Defence Store Rooms – equipment audit (Store Rooms to be relocated based on seismic ratings)
- Radio Users Guide developed
- 3 DHB EM collaboration/sharing resources

6.2 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	20	0

Health and Safety (Wairarapa only)

See appendix

Regional &Sub Regional activity

- Attended the National Quality and Risk Managers meeting
- Attending the regional patient safety group – Cate

7. INPATIENT SATISFACTION SURVEY RESULTS

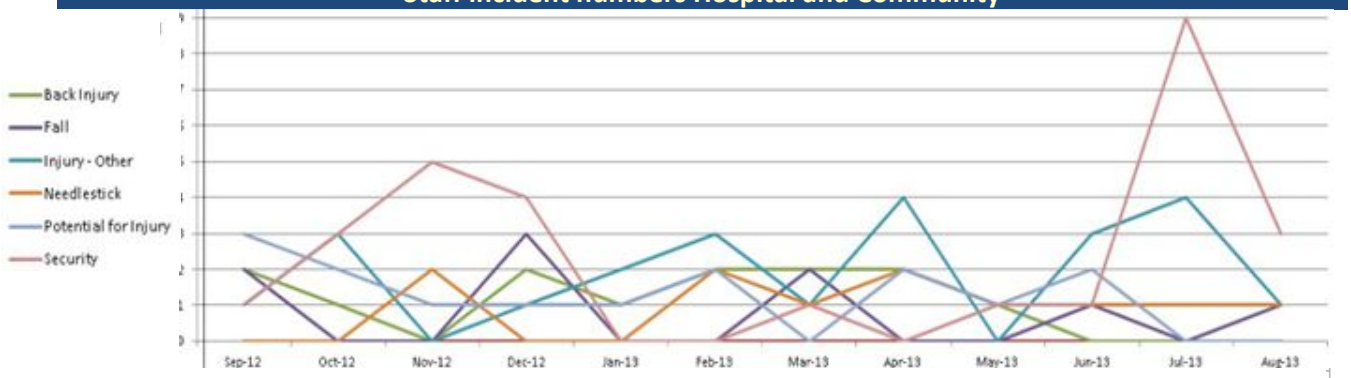
Patient satisfaction survey forms are sent out to Wairarapa monthly to 75 patients that have been admitted to the hospital. Hutt Valley send out to 200 patients a fortnight.

A summary of the quarterly results January – March are attached as Appendix 1.

A full report and analysis of responses for the Wairarapa are attached as Appendix 2.

MONTHLY HEALTH, SAFETY & PREPAREDNESS REPORT – August 2013

Staff incident numbers Hospital and Community



Back Injury	2	1		2	1	2	2	2	1			
Fall	2			3			2			1		1
Injury - Other	1	3		1	2	3	1	4		3	4	1
Needlestick			2			2	1	2	1	1	1	1
Potential for Injury	3	2	1	1	1	2		2	1	2		
Security	1	3	5	4			1		1	1	9	3

Breakdown of Incident by Service

Incident Type	MSW	Imaging	AT&R	Maternity
Security	1	1	1	
Needlestick				1
Injury other	1			

Health & Safety Plan Updates

Aligns with Element:		
2	Planning, Review and Evaluation	• Case review meeting and follow-up actions – staff incident • Debrief meeting and follow-up actions – patient incident • Draft staff safety/security work plan
3	Hazard ID	• Identified cleaning regime for new building required, reported and actioned • Notification and follow-up with Facilities on reported post quake cracks
4	Information, Training & Supervision	• Induction new CNM Acute Services • Induction new Acting CNM Maternity • Scheduling, organisation and feedback NZ Fire Service tunnel exercise
5	Incident /Injury Reporting	• Overview of incidents year to date forwarded to Managers as in insert within Health & Safety Advisory Committee minutes
6	Employee Participation	• Health and Safety Advisory Committee August meeting held • X3 workstation self assessments completed and followed up
7	Emergency Management	• Set up of group text system for rapid dissemination of information to large groups • Preliminary analysis of stock levels of emergency IV fluid etc in conjunction with individual departments • Labelling and refilling instructions for emergency water containers • Review of CD Emergency cabinets/bins and costings • Decontamination review and clarification with local Fire service • Review of option to include emergency prompts on reverse of swipe cards. • Attendance at Compass Health/PHO table top exercise • Quake prone building info/updates • Planning of advertising promotion for Civil Defence Get Ready Week • Emergency Management Group meeting held • Recommendation submitted from Emergency Management Group for pressure alarm for incoming water supply
9	Workplace	• Planning meeting for departmental move to new premises

	Observation	

Improvement Development & Innovation

Key Risks

Staff Security:
Debrief meeting held to identify areas for improvement in management of disruptive patients causing security issues.
Draft staff safety/security work plan
Back injuries
Some individualised sessions tailored to suit departments have been completed.
Areas with highest reported events sent reminder copy of who has completed training and who is due.

Key Issues

One serious harm reported

Priorities for Next Month

1. Review Manual Handling training opportunities
2. Finalisation of extra emergency water supplies required and costings on purchase, installation and reticulation
3. Meet with external company amending departmental evac plan to expedite completion
4. Progress updated Acute Mass Cas plan, training and exercises

APPENDIX 1- Unit Analysis

HUTT VALLEY INPATIENT SATISFACTION REPORT APRIL to JUNE 2013

	Overall	Hospital *n=227*	ED *n=47*	CCU *n=18*	Childrens *n=10*	GSG *n=32*	OPRS *n=4*
	Question	Mean %	Mean %	Mean %	Mean %	Mean %	Mean %
	Total – Overall Satisfaction	**84.5**	**86.0**	**86.1**	**79.3**	**85.9**	**82.4**
	Emergency	**77.0**	**76.1**	**77.4**	**83.8**	**82.9**	**58.3**
1	Keeping you informed about wait	73.7	74.4	73.3	82.5	80.6	50.0
2	Telling you how the ED would treat your problem	80.5	77.9	81.3	85.0	85.2	66.7
2.2	2.3 Treatment	**83.4**	**84.7**	**83.3**	**77.2**	**84.0**	**77.5**
3	Explaining what was wrong with you	83.3	80.0	82.4	80.0	85.5	81.3
4	Informing you about different treatment options	82.0	82.1	81.3	67.5	81.3	62.5
5	Asking your permission to treat you	85.8	83.3	83.8	77.5	85.9	75.0
6	Listening to you	85.9	85.6	81.9	77.5	89.5	81.3
7	Involving your family/whanau, as much as you wanted	86.8	87.8	78.6	77.5	89.2	75.0
8	Offering choices specific to your culture	81.7	80.4	89.6	72.2	81.7	62.5
9	Treating you with dignity and respect	89.9	91.5	89.7	85.0	90.6	83.3
10	Organising your care with other dept in hospital	88.1	92.1	85.9	82.5	86.2	91.7
11	Preparing you for leaving hospital	80.2	82.5	85.3	85.0	79.2	62.5
12	Organising your care with other health care providers	81.5	82.1	82.4	61.1	79.8	83.3
13	Staff were around when you needed them	83.0	83.9	90.3	85.0	81.3	75.0
14	How clean your ward/unit was	83.5	90.2	84.7	85.0	87.1	75.0
15	How much you liked the food we gave you	67.6	70.1	63.2	52.8	68.3	56.3
16	How safe and secure you felt in hospital	87.5	91.3	87.5	87.5	89.1	100.0
	Nursing Care	**87.1**	**90.0**	**91.7**	**81.8**	**88.5**	**90.8**
17	Friendliness /courtesy of the nurses	92.0	95.1	97.2	87.5	92.2	100.0
18	Promptness in responding to the call button	85.7	91.2	94.1	85.0	83.3	87.5
19	Nurses' attitude toward your requests	89.2	92.6	92.6	77.5	91.9	87.5
20	Amount of attention paid to your special needs	86.7	89.7	89.7	80.0	89.8	93.8
21	Nurses placed things within your reach	85.8	89.5	85.3	80.6	87.1	83.3
22	Extent meds received in timely manner	86.8	93.0	86.8	80.0	89.1	87.5
23	Nurses' efforts to help prepare you for discharge	83.7	84.8	94.1	85.0	83.6	91.7
24	How well the nurses kept you informed	85.3	84.1	92.6	80.0	88.3	87.5
25	Nurses' efforts to include you in decisions	85.1	86.9	86.8	77.5	88.7	87.5
26	Overall, how satisfied were you with nursing care	90.6	93.3	97.2	85.0	90.6	100.0
	Pain Management	**82.8**	**80.1**	**82.9**	**72.9**	**84.9**	**77.5**
27	How well your pain was controlled	87.0	84.0	85.4	81.3	89.8	87.5
28	Informed about pain control options	81.5	78.3	84.1	65.6	83.9	62.5
29	Info recd about controlling pain after hospital	79.7	77.3	79.2	71.9	80.8	75.0
	Most Importantly	**91.7**	**94.7**	**91.2**	**90.0**	**93.0**	**100.**

30	Overall, how satisfied you were with our service	91.7	94.7	91.2	90.0	93.0	100.0

Unit Analysis

	Overall	Hospital n=227	Medical *n=37*	Ortho *n=27*	Plastics n=35
	Question	Mean %	Mean %	Mean %	Mean %
	Total – Overall Satisfaction	**84.5**	**82.8**	**84.4**	**88.0**
	Emergency	**77.0**	**75.8**	**76.8**	**78.8**
1	Keeping you informed about wait	73.7	68.9	70.2	77.7
2	Telling you how the ED would treat your problem	80.5	83.1	83.8	80.2
2.4	2.5 Treatment	**83.4**	**82.6**	**83.5**	**87.1**
3	Explaining what was wrong with you	83.3	84.6	86.5	89.1
4	Informing you about different treatment options	82.0	82.6	86.5	87.9
5	Asking your permission to treat you	85.8	88.6	83.7	92.2
6	Listening to you	85.9	82.6	86.5	92.2
7	Involving your family/whanau, as much as you wanted	86.8	87.5	88.5	92.2
8	Offering choices specific to your culture	81.7	76.0	83.3	90.2
9	Treating you with dignity and respect	89.9	91.4	88.5	93.9
10	Organising your care with other dept in hospital	88.1	88.2	86.0	91.7
11	Preparing you for leaving hospital	80.2	77.9	78.0	82.6
12	Organising your care with other health care providers	81.5	85.5	82.6	84.3
13	Staff were around when you needed them	83.0	80.0	80.8	84.8
14	How clean your ward/unit was	83.5	75.7	77.0	86.7
15	How much you liked the food we gave you	67.6	72.3	71.0	67.2
16	How safe and secure you felt in hospital	87.5	83.1	89.4	85.3
	Nursing Care	**87.1**	**84.0**	**86.2**	**89.6**
17	Friendliness /courtesy of the nurses	92.0	91.4	88.9	95.7
18	Promptness in responding to the call button	85.7	79.4	84.3	90.6
19	Nurses' attitude toward your requests	89.2	85.4	88.9	91.7
20	Amount of attention paid to your special needs	86.7	83.3	86.1	86.4
21	Nurses placed things within your reach	85.8	84.7	87.0	84.8
22	Extent meds received in timely manner	86.8	80.6	86.5	91.2
23	Nurses' efforts to help prepare you for discharge	83.7	81.3	81.5	86.4
24	How well the nurses kept you informed	85.3	83.6	85.2	88.2
25	Nurses' efforts to include you in decisions	85.1	84.4	82.4	87.5
26	Overall, how satisfied were you with nursing care	90.6	85.6	90.7	93.4
	Pain Management	**82.8**	**82.4**	**84.6**	**88.2**
27	How well your pain was controlled	87.0	86.7	88.0	92.7
28	Informed about pain control options	81.5	81.5	82.4	86.7
29	Info recd about controlling pain after hospital	79.7	79.0	83.3	85.0
	Most Importantly	**91.7**	**89.3**	**89.4**	**95.7**

30	Overall, how satisfied you were with our service	91.7	89.3	89.4	95.7

WAIRARAPA DHB INPATIENT SATISFACTION REPORT JANUARY to MARCH 2013

	Overall	Hospital *n=176*	AAU *n=4*	ATR *n=2*	HDU *n=23*	MAT *n=20*	PAED *n=11*	MSW *n=116*
	Question	Mean %	Mean %	Mean %	Mean %	Mean %	Mean %	Mean %
	Total – Overall Satisfaction	**92.0**	**89.5**	**95.8**	**92.2**	**92.8**	**85.8**	**92.5**
	Emergency	**92.4**	**58.3**	**100.0**	**93.7**		**72.7**	**95.3**
1	Keeping you informed about wait	91.1	66.7	100.0	92.9		72.7	93.8
2	Telling you how the ED would treat your problem	93.7	50.0	100.0	94.4		72.7	96.9
	Treatment	**91.8**	**92.3**	**95.8**	**90.8**	**93.5**	**86.8**	**92.1**
3	Explaining what was wrong with you	91.8	75.0	100.0	95.2	91.7	80.0	92.8
4	Informing you about different treatment options	86.5	100.0	100.0	88.2	93.3	77.8	85.4
5	Asking your permission to treat you	95.8	100.0	100.0	94.7	100.0	88.9	95.7
6	Listening to you	95.2	100.0	100.0	95.2	95.0	90.0	95.4
7	Involving your family/whanau, as much as you wanted	95.7	100.0	100.0	94.7	95.0	100.0	95.2
8	Offering choices specific to your culture	90.2	100.0	100.0	71.4	100.0	66.7	92.5
9	Treating you with dignity and respect	95.8	100.0	100.0	95.5	100.0	90.0	95.4
10	Organising your care with other dept in hospital	95.7	100.0	100.0	94.1	100.0	100.0	94.7
11	Preparing you for leaving hospital	88.2	75.0	100.0	100.0	80.0	100.0	86.9
12	Organising your care with other health care providers	92.6	66.7	100.0	100.0	94.4	66.7	93.4
13	Staff were around when you needed them	90.3	75.0	50.0	91.3	85.0	100.0	91.3
14	How clean your ward/unit was	96.6	100.0	100.0	95.7	100.0	100.0	95.7
15	How much you liked the food we gave you	73.2	100.0	100.0	60.0	75.0	54.5	75.9
16	How safe and secure you felt in hospital	98.3	100.0	100.0	95.7	100.0	100.0	98.3
17	Most Importantly Overall, how satisfied you were with our service	**93.1**	**100.0**	**100.0**	**95.7**	**90.0**	**81.8**	**93.9**

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Internal memo

To: **Senior Leadership Team, Charge Nurse Managers, Quality leaders.**

From: **Cate Tyrer**

Date: **29 August 2013**

Subject **Inpatient and Outpatient Satisfaction Results**

CC:

Please find attached a copy of the Inpatient and Outpatient Satisfaction Survey results for the organisation for quarter 3 (January, February, and March 2013).

The table below provides a summary on inpatient responses for all departments and outpatient responses for all clinics.

This report and the comments received from respondents provide opportunities for improvement and form part of the quality planning process. Team Leaders are asked to circulate these reports amongst their teams.

Please do not hesitate to contact me if you have any questions regarding this.

Cate Tyrer
General Manager Quality and Risk

Questionnaire Comment Report Quarter 3, January, February, March 2013.
Inpatients Areas - Patient Comments

Date	Area	Comments
15/01/2013	MSW	Food better than Wgtn, Congrats to all staff. Excellent treatment
15/01/2013	HDU	I was admitted as an emergency with a heart attack and transferred to Wellington. At all times I was treated with extreme kindness from all staff and cared for extremely well. I wish to thank all concerned in my care for their kindness and expertise.
15/01/2013	MSW	I was well looked after
15/01/2013	MSW	I am sure, unless a patient at the hospital, little is known how it is run. Very good is a poor substitute for Excellent, the care and consideration from staff every level remarkable. I can not praise them enough.
15/01/2013	MSW	Thank you very much for all your help and looking after me
15/01/2013	MSW	I found the staff very polite and friendly
15/01/2013	MSW	HDU excellent. Rehab □to stretched and busy
15/01/2013	MSW	I am sure the food offered was all good, but I had ongoing problems and could not eat or enjoy any food due to operation. Overall an excellent service, we are really lucky to have such a well run hospital
15/01/2013	MSW	I found the whole hospital service wonderful. I went to the hospital not knowing what was wrong but knowing it was potentially serious. Your staff made i.e. all alright - they were total professionals, complemented by compassion, humanity and humour. I can't thank them enough!! That includes all staff - Doctors, nurses, receptionist, food service - all great
15/01/2013	MSW	Rewards must go to Don Banks & Chris on Ambulance. Their professional attitude towards me (from what I can remember) was so much appreciated. As was the attention from Doctor in ED. Thanks to all
15/01/2013	HDU	Questions 4 & 5 not in the right frame of mind to be asked these when I arrived (by ambulance) but very happy with the service of the Emergency Department
15/01/2013	MSW	We are very impressed by the information given around the care needed, the specialist and nursing care. Thank you
15/01/2013	MSW	I like to say thank you the doctor and nurse for looking after me while in hospital
15/01/2013	MAT	The Maternity staff and staff in Paediatric Unit were wonderful. Very caring and compassionate
15/01/2013	MSW	The nursing staff were wonderful, nothing too much trouble, as was ancillary staff. Big thank you to all concerned.
15/01/2013	MSW	They were very respectful and encouraged my religious practice. I had a long stay - and being 21 years old, it was good to feel as though I bonded with them which comforted my long stay. Overall way better than Wellington or Lower Hutt. In fact, I'm moving here now
15/01/2013	MSW	My care was terrific. However one Dr on duty during the night of Monday New Years Eve was very rough with me. Bad communication, cut off my hospital ID, and just told me to remember my name because my arm swelled so much due to tissuing. Terrible treatment. Other than that service in every way was marvellous. Thank you
15/01/2013	HDU	Staff both polite & professional & very friendly
15/01/2013	MSW	I was an emergency admission in the evening. I went into shock, and the A&E saw it and moved quickly and professionally. The service was all I could ask for, friendly and efficient
31/01/2013	AAU	Very good. Thank you
31/01/2013	MSW	I am still in hospital
31/01/2013	HDU	I was treated by a young female doctor, in ED whose treatment of me left a lot to be desired. She appeared to be angry, and she appeared to resent me. She put her face up to mine & shouted in my face continually, her words came out like bullets. At 1am when you are tired, sick & badly bruised you don't expect to be treated like this particularly by a doctor. It was very distressing
31/01/2013	MSW	Dedicated nurses going above and beyond the call
31/01/2013	MSW	Six days after leaving hospital, 2 monitors, Blood Pressure and EKG were put on for 24 hours and then returned to outpatients department. I had low blood pressure at hospital,

		have received no result from this. Reported to Dr who examined injury but did not take blood pressure. I do not know whether results of monitors were on computer at time of examination. Still suffering pain from broken rib.
31/01/2013	MSW	I found the Masterton Hospital Excellent
31/01/2013	HDU	Can't thank the nurses enough for the wonderful care they gave me - they made me feel safe & secure and not a nuisance. Unsung heroes really. Never had a bad experience in Masterton Hospital at all. Many thanks.
31/01/2013	PAED	Very impressed with whole service & felt informed & well looked after. Nurses were excellent - made our experience totally pain free and anxiety free - Thank you - really appreciated it and they do a fantastic job. Environment and services brilliant - clean and relaxing. Very impressed
31/01/2013	MSW	No complaints
31/01/2013	AAU	I was admitted by ambulance, so was in the emergency ward. The staff were extremely busy and overall the service and care was very good indeed. Thank you to all!
31/01/2013	MSW	It was very good to be offered use of family unit over night until I was admitted next day; I live 70k's away. Was very satisfied with explanations and consultations with staff and service provided.
31/01/2013	MSW	I was very impressed with the way all staff combined professionalism with the human touch. I felt safe, cared for and that I mattered as a person. Excellent experience
31/01/2013	MAT	Julia Black-Midwife provided outstanding service; Please let her boss know this! She deserves credit and is an asset to the hospital. Other nurses in the maternity ward also provided good care. Thank you
31/01/2013	PAED	With my son vomiting in the waiting area, I needed assistance and had to wait awhile before getting help. After that the doctors were faultless, absolutely fantastic and I realise how busy the emergency waiting room is and it is difficult for the one person on reception. Overall outstanding service by reception and doctors/nurses
31/01/2013	MSW	My wife and I were very impressed with all the help and treatment I received and help with accommodation for my wife. Also with travel arranged for us. These remarks include offers of help and support from all connected with this incident, including ambulance staff
31/01/2013	HDU	We were treated very well and listened to. A Paediatrician was called out, and after further investigation by him, we were transferred by helicopter to Starship. Our son is progressing well, due largely to the response and care we received at Masterton. Thank you
31/01/2013	HDU	Thank you for saving my life and looking after me
31/01/2013	MSW	Amazing care and service. I am grateful; that I got ill while in Masterton. You guys rock
31/01/2013	MSW	Nurses were exemplary
31/01/2013	MSW	Treated me well. Thanks
15/02/2013	MSW	Very disappointed surgery was day of operation. However pleased to get it done the next day
15/02/2013	PAED	ED receptionist was deliberately rude upon my arrival at hospital with my 1 year old son. She saw us enter and deliberately turned away and ignored us for about a minute (there was no one else in reception) and then said "Yes can I help you" in an unfriendly very condescending manner. After I explained that we'd been told to come to ED by our GP due to our sons condition, she replied "Oh, they did, did they" or similar words. I then had to explain why we were there and that we had been referred by the GP due to our son's condition getting worse. Over all she had a poor attitude to customer service and made me feel like we had troubled her in a large way by turning up to ED. It was not busy at the time in the reception area so I can think of no practical reason for her approach. The rest of the ED and Paediatric Staff were outstanding and not reflective of the receptionist in any way.
15/02/2013	MSW	Did not have access to personal toiletries for 24 hours till family arrived. NOT offered (a) a wash, (b) flannel, © towel (or) any help at all. Suspected heart attack, very weak and not really able to do anything. No assistance offered.
15/02/2013	MSW	I am the daughter of this patient and the service she and we received was amazing. Could not have got better treatment anywhere. A big thank you to everyone involved
15/02/2013	MAT	Masterton Maternity is an outstanding unit with a professional caring atmosphere. Thank you for taking such great care of me and our newborn
15/02/2013	MSW	My treatment from dialling 111 until discharge was superb. Thank you to everyone concerned
15/02/2013	HDU	Always treated with dignity and respect

15/02/2013	MSW	It was my first contact with the hospital (recently moved from South Island) and I was most impressed with the facility and level of care
15/02/2013	MSW	Nursing staff very good. Night nurse (maybe French) great attitude, all very friendly. Sorry about writing-broken wrists
15/02/2013	MSW	(age 100)
15/02/2013	MSW	10/10. Excellent, first class in all ways. Your staff are considerate, dedicated and very helpful
15/02/2013	HDU	Very professional, very friendly and informative
15/02/2013	MAT	I was really happy with everything. I was well treated and listened to. I had no problems at all. I was surprised because hospitals have a bad reputation sometimes but it was really nice. I stayed in the maternity ward - big ups to everyone there!!
15/02/2013	HDU	I could not fault one staff member, they were always on hand. Thank you
15/02/2013	MSW	As a registered Nurse I could find no fault
15/02/2013	MSW	Way too long to wait for discharge papers and my bed had been taken for another patient! With a back problem, a long time standing was not the best!!
15/02/2013	HDU	I would like to thank all the nurses in emergency especially young blonde nurse for her patience and care on the evening of 2nd February. Thank you to the Ambulance staff who rough me up from Featherston. Kia Kaha
28/02/2013	PAED	We were wonderfully looked after, all staff were amazing. We were very grateful, Many thanks to those in Paediatrics
28/02/2013	MSW	I was shocked to hear staff arguing between themselves & Doctors and to hear them bitching about other departments/wards. I felt like I was at Faulty Towers. It was unprofessional and clearly lack of funding is causing stress. If people keep coming from surgery to HDU, still intubated, I fear people will die. A terrible experience altogether.
28/02/2013	MSW	The toast was always cold
28/02/2013	MSW	I could not fault anything at all during my stay. The care from Dr & nurses was excellent in every way
28/02/2013	MSW	The nursing staff in MSW are first rate!!!, Special thanks to Bob Sahakian and Ian Thirsk who were brilliant. The registrars were rude - did not introduce themselves and were abrupt
28/02/2013	MSW	I have a pharmacy pack for all my medication, which is divided into small packs, for daily use - and into breakfast, lunch and dinner. However staff had been instructed to use medication from hospital pharmacy, but still had to raid my existing pack for certain items. This led to confusion. Also until I pointed it out, capsules which were to be taken with food, had been charted wrong, and were given at 6am?!! But other than this. I rate Masterton Hospital the best I have been in over the last few years - and this included Wellington and overseas - I can't fault Masterton for the care I have received from the staff.
28/02/2013	MSW	The nurses that take your blood could show the trainee doctors the correct way of doing it.
28/02/2013	MSW	Thank you for the great treatment that I received while in hospital in HDU and in MSW
28/02/2013	MSW	Fantastic!!! What would we do without you all? Ambulance, Helicopter. Hastings Hospital, Plane, Masterton Hospital, all the guys were absolutely fabulous. Thank you!!
28/02/2013	HDU	Mattress's were uncomfortable
28/02/2013	MAT	I would like to point out all my answers reflect the majority of the staff I came into contact with except for the anaesthetists who was involved in my surgery. The issues that I have with his performance I am addressing in a further complaint.
15/03/2013	MSW	Better than a hotel!!
15/03/2013	MSW	I was very appreciative with the bright co-operative attitude of the staff. The surgical process was fully explained and resulted in a painless and efficient operation. First time in a public ward which I found just as good as my previous private one.
15/03/2013	MAT	I found the staff on the maternity unit completely amazing. Was extremely impressed with the impeccable standard of care I received from all members of staff and they are a credit to the DHB.I have also heard nothing but positive feedback from others I know who have spent time on the Unit.
15/03/2013	MAT	My only disappointment was on my third night (after having two nights with no sleep, feeding a baby, and a C section) to be told at 11.50pm that I was going to be shifted to another room with another mother and baby. I felt this was pretty rough as feeling pretty emotional and worn out. In the end they didn't shift me but it made me go home the next day.
15/03/2013	HDU	Wonderful nurses, Orderly, Doctors. I was very impressed on how I was treated and most

		happy that my husband was allowed to be with me the whole time that I was there being treated by such excellent staff. Thank you Masterton Doctors, Nurses and all those involved with helping me to get better.
15/03/2013	MSW	I just felt that I was completely uninformed just discharged not seeing a doctor before I left, had no idea what my next option was?!
15/03/2013	MSW	Nurses just wonderful
15/03/2013	MSW	While my admission and stay only for over night. All care was given, staff most helpful.
15/03/2013	MAT	The maternity ward was awesome. The staff were very helpful and friendly especially at this new stage of my life. I felt very well cared for. The staff in the operating room for my C section were also very nice and the food was delicious :) very happy :)
15/03/2013	MSW	Meals so bad: unimaginable, boring, dull, very repetitive, tasteless and does nothing to get ones appetite going. Wellington Hospital can supply a better diet. I think your menus should be looked at and revamped
15/03/2013	MSW	Great Care
15/03/2013	MSW	My first time ever in hospital. I was treated very well and was impressed with the staff.
15/03/2013	MSW	Discharged at very short notice without treatment through inadequate bed space in HDU. Largely ignored after being advised of the change in theatre priorities
15/03/2013	MSW	I found the staff very attentive. All were polite and very helpful. Made my stay of only a few days very comfortable. Thanks to them all
15/03/2013	MSW	Routine THJR performed with competence and care. Much appreciated
31/03/2013	MSW	I was admitted with food stuck in my throat but could breathe Ok. I was kept overnight with the blockage to be removed first thing the next morning. I did not go into surgery until just before 12.00pm the next day& spent 13 hours in the ward with nothing to do & retching & bringing up saliva every 15 minutes. I realise I was kept in a precautionary measure, however it would have been far better to be sent home & called up an hour before the operation.
31/03/2013	MAT	Maternity team is something the DHB should be proud of! They are a super team.
31/03/2013	HDU	What wonderful caring staff. I have never had such a wonderful experience of hospital before. Thank you all so much, apart from the nurse on transfer from Wgtn which a complaint has gone in for.
31/03/2013	MSW	The best hospital I have ever stayed in. All staff were very kind and helpful
31/03/2013	MSW	Overall very good service. I am very grateful that the hospital is still in Masterton and everyone was very professional. Thanks
31/03/2013	MSW	One house surgeon wasn't up to speed. He thought I was having my operation the next day when I had already had it. He didn't read his notes before visiting me.
31/03/2013	ATR	I had come into hospital to have a hip replacement, all has gone off excellent, thank you
31/03/2013	MSW	Very good over all
31/03/2013	MAT	Felt asked to move on from Maternity unit too soon (day after birth) when have a 2 year old at home
31/03/2013	MSW	I thought the service was great
31/03/2013	MSW	Service was excellent during my stay in hospital. (2 Nights)
31/03/2013	HDU	My disappointment with the heart consultant who's English was very poor I had great difficulty understanding him. Everyone else was great
31/03/2013	MSW	I got an infection from the IV thing in my arm. This delayed my release. Was not happy with being sleep deprived by other patients condition, could have isolated him as he vomited every two hours for four days. Not fair on the rest of us.
31/03/2013	MSW	Initially when I was told my operation would be 'keyhole' I was advised of a short stay in hospital. After the operation I experience severe chest pain, difficulty in breathing and developed a secondary infection. The reason for this was never fully explained to me in hospital. I visited my GP two weeks after the operation, who informed me that not only had my appendix ruptured mid-op, but I had suffered a collapsed lung resulting in the post-op chest pain. I would have really appreciated more effective and thorough communication from both doctors and nurses, which would have reduced my own worry and that of my family
31/03/2013	MSW	Very satisfied with treatment, Made excellent recovery

Questionnaire Comment Report. Quarter 3, January, February, March 2013
Outpatients Areas - patient comments

Date	Area	Comments
15/01/2013	EYE	Out Patients has a very nice atmosphere & is always busy. It's like watching the world walk past.
15/01/2013	PAC	I am amazed that the clinics run so well to time! As an orthopaedic patient, I appreciate the choice of chair heights in the waiting area. I am almost always asked to bring all my medications to appointments - but not usually necessary as staff member does not want to see them. Over the years and it has been many years now, I have three times been phoned to ask why I have missed an appointment. In each case I had not received the letter. This is embarrassing, because I do not want to appear 'casual' about keeping appointments
15/01/2013	MED	Thrilled with the service provided. Thank you
15/01/2013	HDU	Very helpful & friendly care even at times of worst discomfort as an A&E patient and then into HDU ward.
15/01/2013	VFT	Very long wait for surgery
15/01/2013	PAC	Excellent service all round every time I have had an appointment. (Many)
15/01/2013	ENDOS	Thank you again for the care you gave me when I had my colonoscopy. The nurses were so caring and the surgeon (?) introduced himself. And also for the snack afterwards. Needless to say I was starving by then and the sandwiches and soup were very welcome
15/01/2013	SURG	Outpatient's waiting room crowded. Not enough seats
15/01/2013	MED	Great service all round
15/01/2013	PAC	As always I was treated with courtesy and respect
15/01/2013	EYE	Have always been well looked after at our hospital
15/01/2013	SURG	Thanks for giving the opportunity to comment on your services :)
30/01/2013	SURG	Not sufficient magazines in the waiting area - one Time magazine and one gossip 'girlie' magazine available
30/01/2013	SURG	From start to finish I was treated extremely professionally. All staff were 100% efficient and friendly, and the surgeon even wished me a Happy Xmas as he left my cubicle (Dec20). Top Marks Wairarapa DHB! PS The lunch was nice too.
30/01/2013	SURG	As you can see I am grateful for the health service provided
30/01/2013	HEM	The medical staff are very good. The reception staff at out patients seem in-different to the patient
30/01/2013	DAY	Very friendly staff and treatment very efficiently handled. Thanks!
30/01/2013	PLAS	Appointment was set back one week by my wife as I was away. I in fact returned early to Masterton to make the revised appointment, although this early return proved not to be necessary. However no complaints as it is better to be early than sorry
30/01/2013	OTHTC	Appointments in early morning don't suit, Only because my night time medication (includes Morphine Sulphate 30mg) leaves me with a morning hangover. Any morning appointments have always been altered by staff when possible. Thank you. Other appointments have been surgical and A & E. 'Thank you" ALL at Wairarapa Hospital
30/01/2013	ENDOS	Appreciated the phone call to see if I was alright after treatment. Thank you
30/01/2013	EYE	I would have liked more instructions on how to manage my situation after my operation
30/01/2013	EYE	Very Satisfied
30/01/2013	ORT	This was the 2nd time I arrived on time to discover I needed an X-Ray before seeing the surgeon. I even rang outpatients and asked this time if I needed to arrive early for an x-ray, to be told no I didn't. There is a disconnection happening here, which inconvenienced the surgeon.
30/01/2013	ON2	None
30/01/2013	EYE	18 months ago suggested the plastic holders inside main door and toilet which are damaged be replaced or removed. A person could be hurt if they touched them. Still no action taken

30/01/2013	ENT	My visit at the hospital was one of many repeated controls of my ears. And every times- Absolutely no complaints
30/01/2013	GYN	Medical Staff Superb
30/01/2013	PAED	I rated Q4 & 5 poor as there were no staff on the desk when we arrived, ended up waiting 5 mins and then sat down until we were seen by the doctor. Otherwise appointment with Doctor and Booking lady was perfect.
30/01/2013	DPU	I was extremely grateful for everything while at the hospital
30/01/2013	ANTN	Staff in the maternity unit were fantastic. I had a pleasant stay and found it an enjoyable visit.
30/01/2013	CARD	Splendid Service
15/02/2013	ORT	I was very satisfied with my visit and impressed by lack of waiting time. Keep the good work up.
15/02/2013	OTHTC	Podiatry O/P. It would be an advantage if patients could be under treatment from specific podiatrist and could be given an appointment with that person (unless in an emergency) Having several practitioners involved does not achieve a good outcome especially in the design and fitting of orthotics
15/02/2013	MWAN	Could have been given more information on my first visit. Visited ante-natal clinic three times now and was given info folder on third visit. Midwives are all lovely and made me feel very comfortable
15/02/2013	ENDOS	I have been a patient at 2 outpatient's clinic over the past 2 years and would like to compliment the 2 nurses that I deal with. Mary (urology) and Marie (gynaecology). They have always been open and friendly but very caring and compassionate at the times when things have not been going so well. They are both great assets to your hospital
15/02/2013	PAC	Beautiful staff in the Day stay unit. Especially was a great person who shows much empathy
15/02/2013	CARD	Selina Sutherland was better than ever expected. Excellent!
15/02/2013	EYE	Masterton Hospital is the best
15/02/2013	EYE	It should have been stated to have somebody to come with me. It was lucky a friend a friend came as I was going to be on my own
15/02/2013	ENDOS	Excellent Service
15/02/2013	ECHO	Apart from a delay in referral, I could not fault the care and expert attention I received
15/02/2013	ENDOS	Excellent Service and a great hospital, you are all doing a great job. Many thanks
15/02/2013	FRA	I received a very good service and did not spend more than 1 hour in outpatients also the plaster nurse Lucinda was excellent
15/02/2013	PAED	We appreciate your efforts and good services. Please keep on the good job. Big Thanks :)
15/02/2013	SURG	I felt very well cared for in the theatre suite and recovery area. Sill and care of medical and nursing staff very much appreciated
15/02/2013	CARD	Over all very pleased with Masterton Hospital. Thanks to all her treated me
15/02/2013	GER	All treatment, follow ups etc has been excellent, no faults where I'm concerned
28/02/2012	EYE	Felt the doctor I saw did not listen, or helpful. (referred though CCDHB to the Wairarapa DHB) Not a pleasant experience - prefer Wellington not Masterton which is disappointing as I live in Masterton
28/02/2012	PAC	This appointment was just an assessment to see whether or not I was fit for surgery. I was very happy with my appointment and all it entailed.
28/02/2012	SURG	I would have liked to have been made aware that travel expenses could be claimed and how to do this. I have attended the Pacific Radiology for mammograms, ultra-sounds and a biopsy four times and I live 22 kms north of Masterton
28/02/2012	MED	Your total health care and service is outstanding! Many thanks
28/02/2012	ANA	People very helpful. We are so lucky to have our hospital with all its facilities
28/02/2012	ENT	Had appointments with two separate specialists, both treated me extremely well with positive but friendly dignity also staff in attendance extremely supportive. Thanks
28/02/2012	ECHO	I have always had professional friendly service from medical nursing staff, clerical staff have been helpful. The hospital is maintained in a clean attractive manner and assists in a person getting treatment. Outside grounds could be improved by I guess there is a cost restraint

28/02/2012	PAC	I was pleased that my operation was moved to a morning time instead of the afternoon. I appreciated the courtesy call the next day. I found Dr Cook and the team excellent. The facilities were comfortable
28/02/2012	RAD	As usual a very high standard of care. My two areas of concern are in reference to out patients. The lady at reception is not rude, neither is she welcoming. Every time I have visited I have had to ask if appointments are on time, it had never been volunteered.
28/02/2012	EYE	Excellent
28/02/2012	MED	Overall service has been very good.
28/02/2012	ANTN	My outpatient's appointments were made by my independent midwife. I received very quick appointment times to decrease stress and the care I received from both Dr Jabar & the midwife team was excellent. Thank you
28/02/2012	PLAS	I had Dr Becker attending me and I thought she was wonderful! Helped to put me at ease as I had some melanoma removed which was a bit worrisome. Dr Becker and her staff were great
15/03/2013	ENT	Some questions not applicable as I am a staff member of out patients Dept! Also….biased answers!
15/03/2013	SURG	Very happy with overall treatment. Thank you!
15/03/2013	CARD	Excellent care & information from cardiology technician and cardiologist. Thank you!
15/03/2013	PLAS	Thought I had made the appointment for a local OP. Not for Dr to inspect & advise appointment will be made to have local in 4/6 weeks. Dr advised Hospital that was required
15/03/2013	LYMP	I attend Lymphedema clinic. I get new mits and sleeves every six months. The orders take too long. Once wasn't ordered for 4 weeks after my appointment. I also got rung to say my order had arrived, when I went to collect stockings were ordered not sleeves for my arm. I was not impressed.
15/03/2013	PAED	They were very nice and they made me laugh and they were caring about me. So thanks you are very helpful! :)
15/03/2013	MED	Apart from my experience with a surgeon who did not administer sedation for a gastroscopy which caused me terrible distress I have no complaints about prior treatment. All the theatre nurses are exceptional in their care and compassion. An excellent team
15/03/2013	HEM	Would like to say treatment received at time of hernia operation I could not fault the treatment & service received. Drs and nurses were very caring and extremely polite.
15/03/2013	EYE	My treatment here meant I did not have to travel to Wellington so I'm very grateful for this.
15/03/2013	ANA	Looked after very well
15/03/2013	ORT	Excellent service provided. Very happy with what you are doing
15/03/2013	PAC	All staff were terrific, friendly, caring & professional. Congrats on a great team
15/03/2013	OTHTC	Wonderful service. Always greeted with lovely smiles. Never have to wait very long and if there is a hold up I am told about it in advance. Have had wonderful treatment both from Out-patients and also when I was in hospital. Congratulations on having a very caring, thoughtful staff.
15/03/2013	MED	I found it disturbing and annoying that I found myself in a room that groups of people came and went well over the said visiting times. The nurses did there best to deal with this situation, but they didn't really take a lot of notice. The nurses shifted me to another room for this I was very grateful. The noise continued until a senior nurse came and had strong words and kicked them out
31/03/2013	CARD	Poor communication between the doctors/person at the hospital, appointed to organise my appointment with the specialist and my GP. This lack of communication regarding my medications led them to incorrect on the day of my appointment - a waste of the specialist's time, technician's time and mine. I was looking forward to my problem being sorted and was emotionally upset and left still worried
31/03/2013	ANA	I could not fault my care or any of the staff. They were all wonderful. Many thanks to you all
31/03/2013	PAC	Your services are excellent. Thank you very much
31/03/2013	SURG	All very good. Well done
31/03/2013	EYE	I was grateful to have been able to have the help and care I received - we are very well cared for
31/03/2013	SURG	Overall a great service offered

31/03/2013	PLAS	Good service
31/03/2013	FLOW	Why did it take so long to get an appointment with the urology nurse? Example 2 months. Why am I still waiting for my next clinic appointment for review by my specialist? It is taking to long
31/03/2013	SURG	More magazines in the waiting room.
31/03/2013	FRA	My time from inpatients to receiving a cast on my lower leg to Physio treatment was a very friendly and caring. Well done to the Wai DHB. Great service
31/03/2013	FRA	Really happy with all services and had no problems at all
31/03/2013	PAED	We saw Dr Aleinelliner, he was GREAT. Reception staff not so good…sorry
31/03/2013	ENDOS	Room for improvement

Inpatient Survey -Please tick the box which best describes your experience.

Start here if were admitted to a ward from our Emergency Department. If not, please go to question three.

Please rate our Emergency Department staff on:	Very Poor	Poor	Average	Good	Very good	Does not apply
1. keeping you informed about how long you could expect to wait	☐	☐	☐	☐	☐	☐
2. telling you how the Emergency Department would treat your problem	☐	☐	☐	☐	☐	☐

If you were not admitted to a ward through the Emergency Department, please start here.

Please rate our ward / unit staff on:	Very Poor	Poor	Average	Good	Very good	Does not apply
3. explaining what was wrong with you	☐	☐	☐	☐	☐	☐
4. informing you about different treatment options	☐	☐	☐	☐	☐	☐
5. asking your permission to treat you	☐	☐	☐	☐	☐	☐
6. listening to you	☐	☐	☐	☐	☐	☐
7. involving your family/whanau, as much as you wanted	☐	☐	☐	☐	☐	☐
8. offering choices specific to your culture	☐	☐	☐	☐	☐	☐
9. treating you with dignity and respect	☐	☐	☐	☐	☐	☐
10. organising your care with other departments in the hospital	☐	☐	☐	☐	☐	☐
11. preparing you for leaving hospital	☐	☐	☐	☐	☐	☐
12. organising your care with other health care providers (such as your doctor or midwife)	☐	☐	☐	☐	☐	☐

Please rate:	Very Poor	Poor	Average	Good	Very good	Does not apply
13. if staff were around when you needed them	☐	☐	☐	☐	☐	☐
14. how clean your ward / unit was	☐	☐	☐	☐	☐	☐
15. how much you liked the food we gave you	☐	☐	☐	☐	☐	☐
16. how safe and secure you felt in the hospital environment	☐	☐	☐	☐	☐	☐

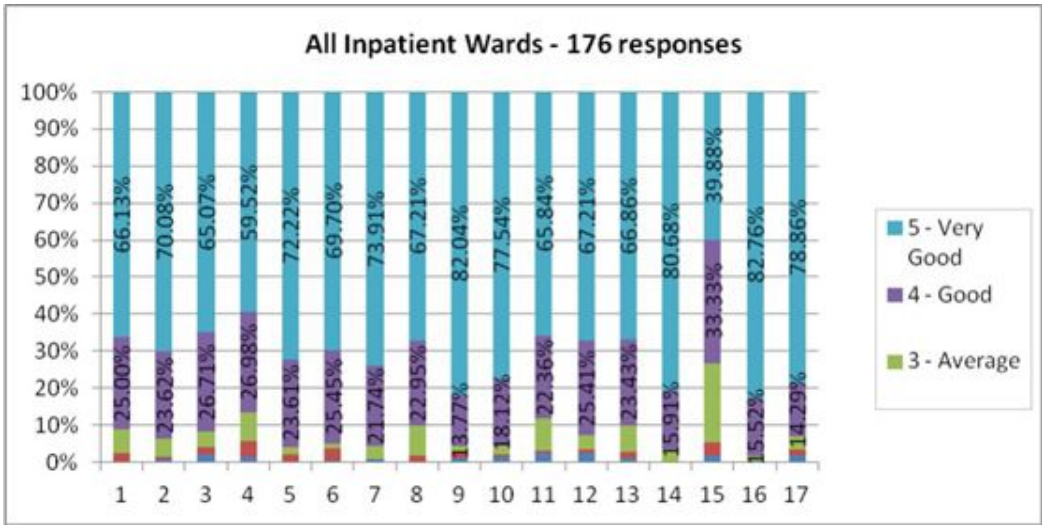
Most importantly:	Very Poor	Poor	Average	Good	Very good	Does not apply
17. Overall, how satisfied were you with our service?	☐	☐	☐	☐	☐	☐

18. Which age group do you belong to? ***(Please tick the box or boxes which apply to you)***

0-4 years ☐ 15-24 years ☐ 45-64 years ☐ 75-84 years ☐

5-14 years ☐ 25-44 years ☐ 65-74 years ☐ 85+ years ☐

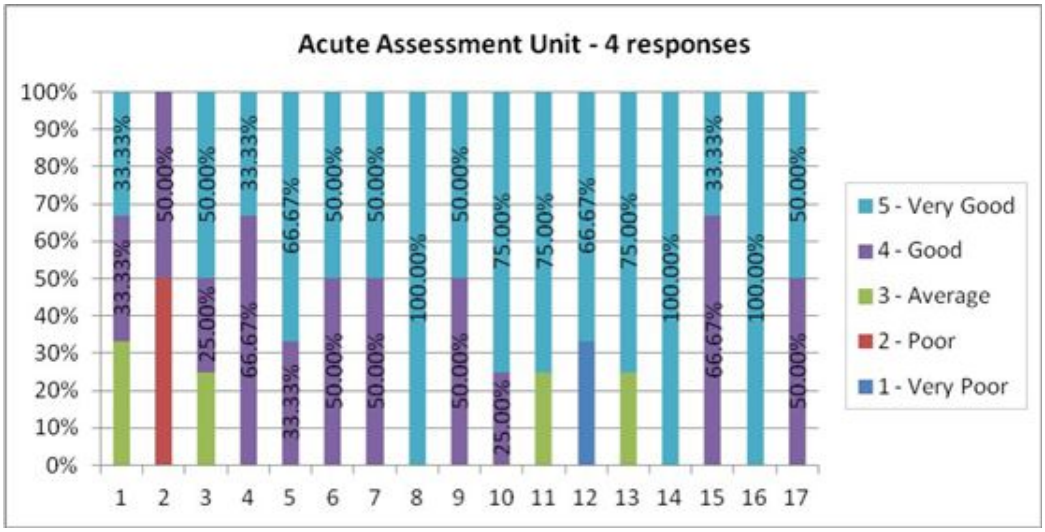
	No of responses	Very poor / poor	Good / very good
Inpatients - all departments			
AAU	4	3.51%	89.47%
HDU	23	3.42%	92.24%
MAT	18	0.85%	94.89%
MSW	116	2.66%	92.52%
PAED	11	4.32%	85.80%
MAN	2	0.00%	76.67%
ATR	2	0.00%	95.83%
Inpatients - all clinics	176	2.65%	92.04%



Location	(All)					
Count of Result	Result					
Question Order	1 - Very Poor	2 - Poor	3 - Average	4 - Good	5 - Very Good	Grand Total
1	0.00%	2.42%	6.45%	25.00%	66.13%	100.00%
2	0.79%	0.79%	4.72%	23.62%	70.08%	100.00%
3	2.05%	2.05%	4.11%	26.71%	65.07%	100.00%
4	1.59%	3.97%	7.94%	26.98%	59.52%	100.00%
5	0.00%	2.08%	2.08%	23.61%	72.22%	100.00%
6	0.61%	3.03%	1.21%	25.45%	69.70%	100.00%
7	0.72%	0.00%	3.62%	21.74%	73.91%	100.00%
8	0.00%	1.64%	8.20%	22.95%	67.21%	100.00%
9	1.20%	1.20%	1.80%	13.77%	82.04%	100.00%
10	1.45%	0.72%	2.17%	18.12%	77.54%	100.00%
11	2.48%	0.62%	8.70%	22.36%	65.84%	100.00%
12	2.46%	0.82%	4.10%	25.41%	67.21%	100.00%
13	1.14%	1.71%	6.86%	23.43%	66.86%	100.00%
14	0.00%	0.00%	3.41%	15.91%	80.68%	100.00%
15	1.79%	3.57%	21.43%	33.33%	39.88%	100.00%
16	0.57%	0.00%	1.15%	15.52%	82.76%	100.00%
17	1.71%	1.71%	3.43%	14.29%	78.86%	100.00%
Grand Total	1.13%	1.53%	5.31%	21.95%	70.08%	100.00%

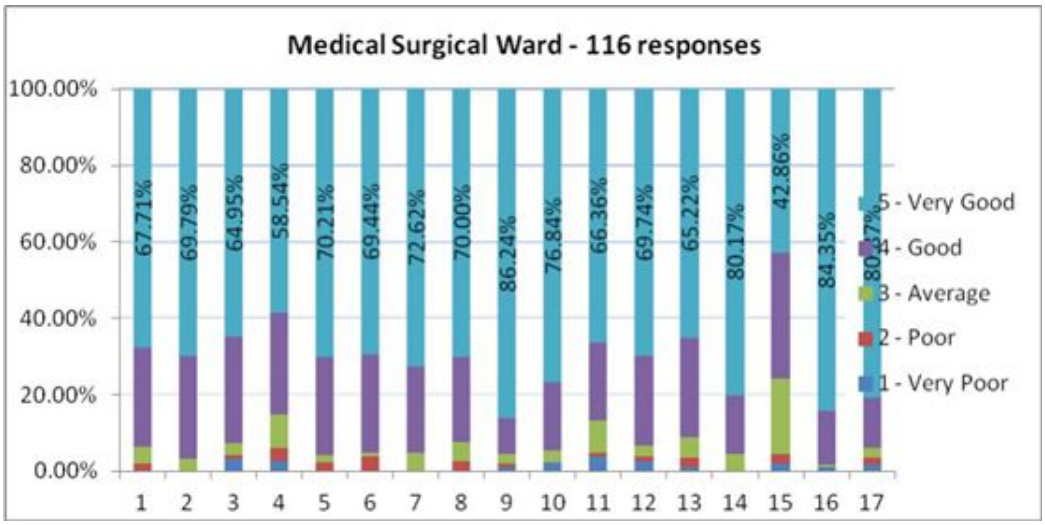
AAU

Location	AAU					
Count of Result	Result					
Question Order	1 - Very Poor	2 - Poor	3 - Average	4 - Good	5 - Very Good	Grand Total
1	0.00%	0.00%	33.33%	33.33%	33.33%	100.00%
2	0.00%	50.00%	0.00%	50.00%	0.00%	100.00%
3	0.00%	0.00%	25.00%	25.00%	50.00%	100.00%
4	0.00%	0.00%	0.00%	66.67%	33.33%	100.00%
5	0.00%	0.00%	0.00%	33.33%	66.67%	100.00%
6	0.00%	0.00%	0.00%	50.00%	50.00%	100.00%
7	0.00%	0.00%	0.00%	50.00%	50.00%	100.00%
8	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
9	0.00%	0.00%	0.00%	50.00%	50.00%	100.00%
10	0.00%	0.00%	0.00%	25.00%	75.00%	100.00%
11	0.00%	0.00%	25.00%	0.00%	75.00%	100.00%
12	33.33%	0.00%	0.00%	0.00%	66.67%	100.00%
13	0.00%	0.00%	25.00%	0.00%	75.00%	100.00%
14	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
15	0.00%	0.00%	0.00%	66.67%	33.33%	100.00%
16	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%
17	0.00%	0.00%	0.00%	50.00%	50.00%	100.00%
Grand Total	1.75%	1.75%	7.02%	29.82%	59.65%	100.00%



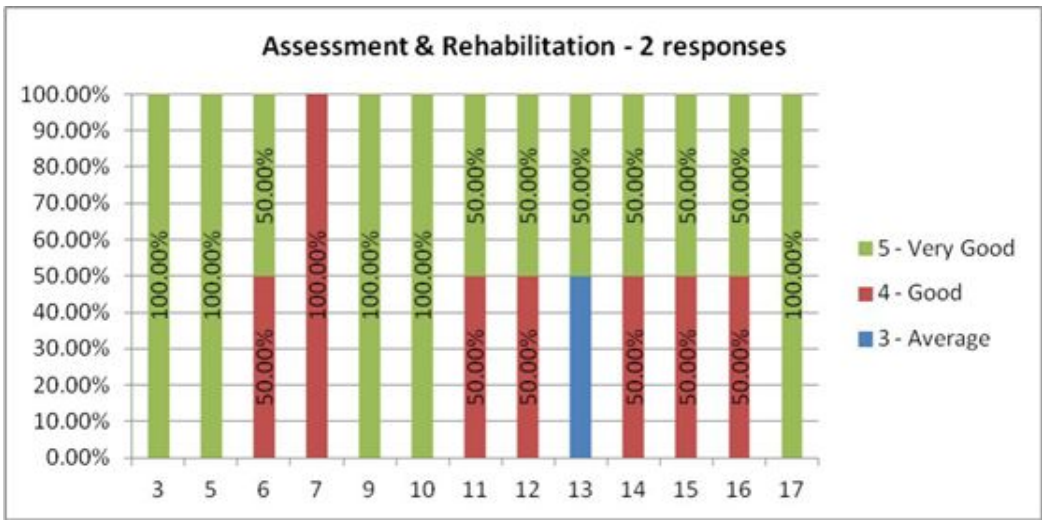
MSW

Location	MSW					
Count of Result	Result					
Question Order	1 - Very Poor	2 - Poor	3 - Average	4 - Good	5 - Very Good	Grand Total
1	0.00%	2.08%	4.17%	26.04%	67.71%	100.00%
2	0.00%	0.00%	3.13%	27.08%	69.79%	100.00%
3	3.09%	1.03%	3.09%	27.84%	64.95%	100.00%
4	2.44%	3.66%	8.54%	26.83%	58.54%	100.00%
5	0.00%	2.13%	2.13%	25.53%	70.21%	100.00%
6	0.00%	3.70%	0.93%	25.93%	69.44%	100.00%
7	0.00%	0.00%	4.76%	22.62%	72.62%	100.00%
8	0.00%	2.50%	5.00%	22.50%	70.00%	100.00%
9	0.92%	0.92%	2.75%	9.17%	86.24%	100.00%
10	2.11%	0.00%	3.16%	17.89%	76.84%	100.00%
11	3.74%	0.93%	8.41%	20.56%	66.36%	100.00%
12	2.63%	1.32%	2.63%	23.68%	69.74%	100.00%
13	0.87%	2.61%	5.22%	26.09%	65.22%	100.00%
14	0.00%	0.00%	4.31%	15.52%	80.17%	100.00%
15	1.79%	2.68%	19.64%	33.04%	42.86%	100.00%
16	0.87%	0.00%	0.87%	13.91%	84.35%	100.00%
17	1.74%	1.74%	2.61%	13.04%	80.87%	100.00%
Grand Total	1.21%	1.45%	4.83%	21.91%	70.61%	100.00%



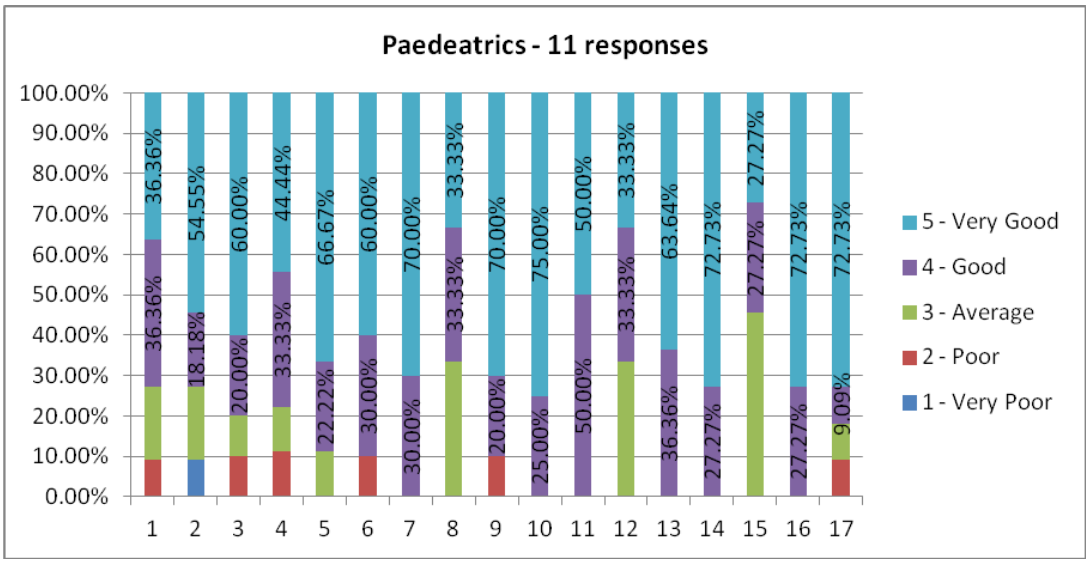
ATR

Location	ATR			
Count of Result	Result			
Question Order	3 - Average	4 - Good	5 - Very Good	Grand Total
3	0.00%	0.00%	100.00%	100.00%
5	0.00%	0.00%	100.00%	100.00%
6	0.00%	50.00%	50.00%	100.00%
7	0.00%	100.00%	0.00%	100.00%
9	0.00%	0.00%	100.00%	100.00%
10	0.00%	0.00%	100.00%	100.00%
11	0.00%	50.00%	50.00%	100.00%
12	0.00%	50.00%	50.00%	100.00%
13	50.00%	0.00%	50.00%	100.00%
14	0.00%	50.00%	50.00%	100.00%
15	0.00%	50.00%	50.00%	100.00%
16	0.00%	50.00%	50.00%	100.00%
17	0.00%	0.00%	100.00%	100.00%
Grand Total	4.17%	29.17%	66.67%	100.00%



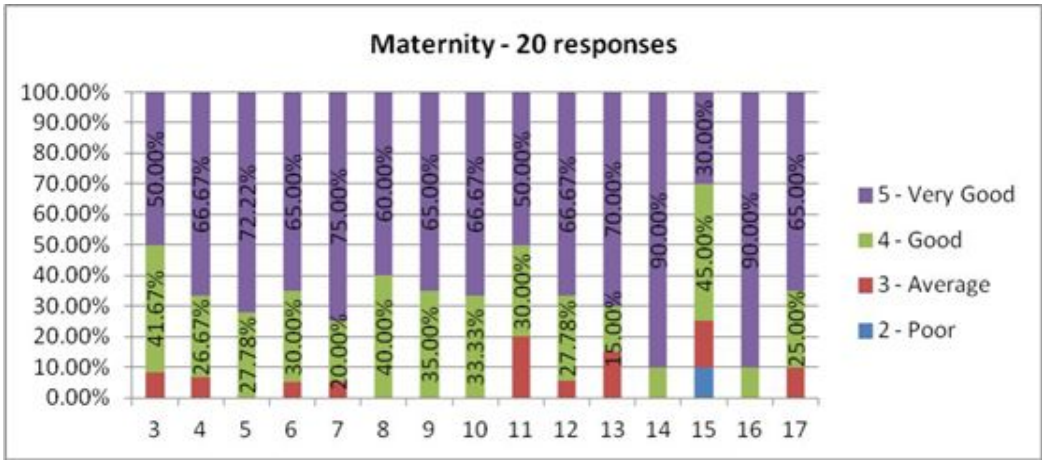
PAED

Location	PAED					
Count of Result	Result					
Question Order	1 - Very Poor	2 - Poor	3 - Average	4 - Good	5 - Very Good	Grand Total
1	0.00%	9.09%	18.18%	36.36%	36.36%	100.00%
2	9.09%	0.00%	18.18%	18.18%	54.55%	100.00%
3	0.00%	10.00%	10.00%	20.00%	60.00%	100.00%
4	0.00%	11.11%	11.11%	33.33%	44.44%	100.00%
5	0.00%	0.00%	11.11%	22.22%	66.67%	100.00%
6	0.00%	10.00%	0.00%	30.00%	60.00%	100.00%
7	0.00%	0.00%	0.00%	30.00%	70.00%	100.00%
8	0.00%	0.00%	33.33%	33.33%	33.33%	100.00%
9	0.00%	10.00%	0.00%	20.00%	70.00%	100.00%
10	0.00%	0.00%	0.00%	25.00%	75.00%	100.00%
11	0.00%	0.00%	0.00%	50.00%	50.00%	100.00%
12	0.00%	0.00%	33.33%	33.33%	33.33%	100.00%
13	0.00%	0.00%	0.00%	36.36%	63.64%	100.00%
14	0.00%	0.00%	0.00%	27.27%	72.73%	100.00%
15	0.00%	0.00%	45.45%	27.27%	27.27%	100.00%
16	0.00%	0.00%	0.00%	27.27%	72.73%	100.00%
17	0.00%	9.09%	9.09%	9.09%	72.73%	100.00%



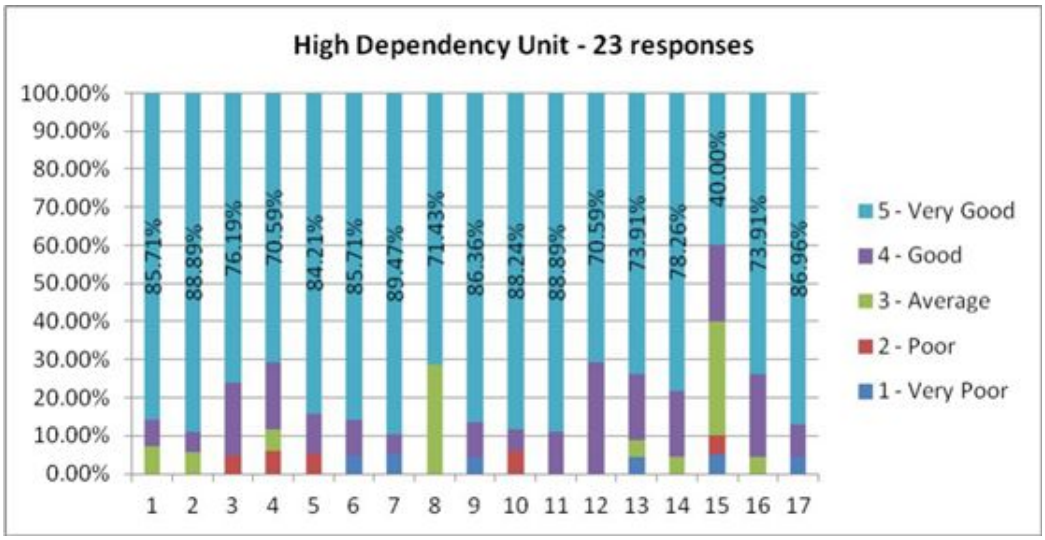
MATY

Location	(Multiple Items)				
Count of Result	Result				
Question Order	2 - Poor	3 - Average	4 - Good	5 - Very Good	Grand Total
3	0.00%	8.33%	41.67%	50.00%	100.00%
4	0.00%	6.67%	26.67%	66.67%	100.00%
5	0.00%	0.00%	27.78%	72.22%	100.00%
6	0.00%	5.00%	30.00%	65.00%	100.00%
7	0.00%	5.00%	20.00%	75.00%	100.00%
8	0.00%	0.00%	40.00%	60.00%	100.00%
9	0.00%	0.00%	35.00%	65.00%	100.00%
10	0.00%	0.00%	33.33%	66.67%	100.00%
11	0.00%	20.00%	30.00%	50.00%	100.00%
12	0.00%	5.56%	27.78%	66.67%	100.00%
13	0.00%	15.00%	15.00%	70.00%	100.00%
14	0.00%	0.00%	10.00%	90.00%	100.00%
15	10.00%	15.00%	45.00%	30.00%	100.00%
16	0.00%	0.00%	10.00%	90.00%	100.00%
17	0.00%	10.00%	25.00%	65.00%	100.00%
Grand Total	0.75%	6.42%	26.79%	66.04%	100.00%



HDU

Location	HDU					
Count of Result	Result					
Question Order	1 - Very Poor	2 - Poor	3 - Average	4 - Good	5 - Very Good	Grand Total
1	0.00%	0.00%	7.14%	7.14%	85.71%	100.00%
2	0.00%	0.00%	5.56%	5.56%	88.89%	100.00%
3	0.00%	4.76%	0.00%	19.05%	76.19%	100.00%
4	0.00%	5.88%	5.88%	17.65%	70.59%	100.00%
5	0.00%	5.26%	0.00%	10.53%	84.21%	100.00%
6	4.76%	0.00%	0.00%	9.52%	85.71%	100.00%
7	5.26%	0.00%	0.00%	5.26%	89.47%	100.00%
8	0.00%	0.00%	28.57%	0.00%	71.43%	100.00%
9	4.55%	0.00%	0.00%	9.09%	86.36%	100.00%
10	0.00%	5.88%	0.00%	5.88%	88.24%	100.00%
11	0.00%	0.00%	0.00%	11.11%	88.89%	100.00%
12	0.00%	0.00%	0.00%	29.41%	70.59%	100.00%
13	4.35%	0.00%	4.35%	17.39%	73.91%	100.00%
14	0.00%	0.00%	4.35%	17.39%	78.26%	100.00%
15	5.00%	5.00%	30.00%	20.00%	40.00%	100.00%
16	0.00%	0.00%	4.35%	21.74%	73.91%	100.00%
17	4.35%	0.00%	0.00%	8.70%	86.96%	100.00%
Grand Total	1.86%	1.55%	4.35%	13.35%	78.88%	100.00%

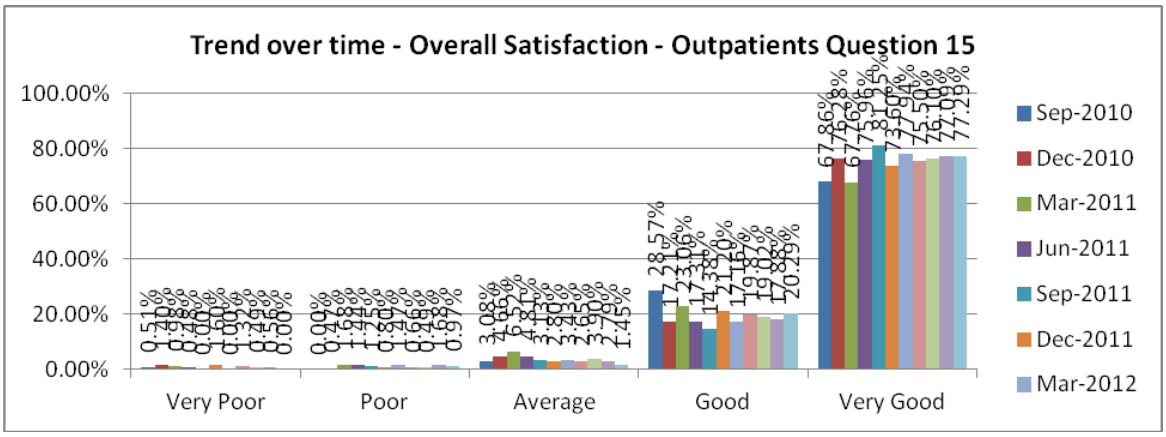


Out-patient satisfaction

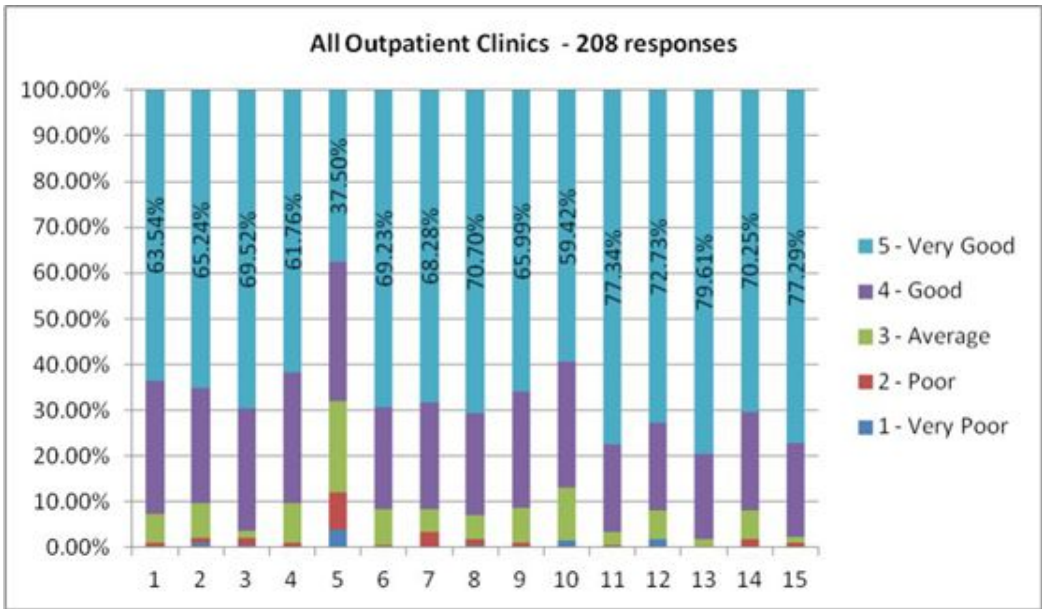
Please tick the box which best describes your experience.	Very Poor	Poor	Average	Good	Very good	Does not apply
1. How well did your appointment time suit you?	☐	☐	☐	☐	☐	☐
Please rate our staff on:	Very Poor	Poor	Average	Good	Very good	Does not apply
2. their effort to make an appointment time that suited you	☐	☐	☐	☐	☐	☐
3. providing clear information to prepare you for your appointment	☐	☐	☐	☐	☐	☐
4. making you feel welcome when you arrived	☐	☐	☐	☐	☐	☐
5. telling you how long you would wait, when you arrived	☐	☐	☐	☐	☐	☐
6. explaining what was wrong with you	☐	☐	☐	☐	☐	☐
7. informing you about different treatment options	☐	☐	☐	☐	☐	☐
8. asking your permission to treat you	☐	☐	☐	☐	☐	☐
9. listening to you	☐	☐	☐	☐	☐	☐
10. offering choices specific to your culture	☐	☐	☐	☐	☐	☐
11. treating you with dignity and respect	☐	☐	☐	☐	☐	☐
12. organising your care with other health care providers (such as your doctor or midwife)	☐	☐	☐	☐	☐	☐
Please rate:	Very Poor	Poor	Average	Good	Very good	Does not apply
13. how clean our facilities were	☐	☐	☐	☐	☐	☐
14. the information we gave you on how to manage your condition after your visit	☐	☐	☐	☐	☐	☐
Most importantly:	Very Poor	Poor	Average	Good	Very good	Does not apply
15. Overall, how satisfied were you with our service?	☐	☐	☐	☐	☐	☐

16. Which age group do you belong to? **(*Please tick the box or boxes which apply to you)***

0-4 years	☐	15-24 years	☐	45-64 years	☐	75-84 years	☐
5-14 years	☐	25-44 years	☐	65-74 years	☐	85+ years	☐



Overall Satisfaction - Question 15			
Row Labels	**Count of Question Order**		
AAU	2	LYMP	1
ANA	4	MAT	1
ANTN	2	MED	13
CARD	11	MWAN	6
DAY	3	ON2	3
DIAB	2	ORT	8
DPU	5	OTHTC	3
ECHO	6	PAC	14
ENDOS	15	PAED	4
ENT	7	PAIN	2
EYE	25	PLAS	17
FAR	1	RAD	3
FLOW	3	SURG	27
FRA	7	UROL	1
GER	2	VTF	1
GYN	2		
HDU	2		
HEM	5		



Count of Question Order	Column Labels					
Row Labels	1 - Very Poor	2 - Poor	3 - Average	4 - Good	5 - Very Good	Grand Total
1	0.00%	1.04%	6.25%	29.17%	63.54%	100.00%
2	1.07%	1.07%	7.49%	25.13%	65.24%	100.00%
3	0.53%	1.60%	1.60%	26.74%	69.52%	100.00%
4	0.00%	0.98%	8.82%	28.43%	61.76%	100.00%
5	3.80%	8.15%	20.11%	30.43%	37.50%	100.00%
6	0.00%	0.59%	7.69%	22.49%	69.23%	100.00%
7	0.00%	3.45%	4.83%	23.45%	68.28%	100.00%
8	0.64%	1.27%	5.10%	22.29%	70.70%	100.00%
9	0.00%	1.02%	7.61%	25.38%	65.99%	100.00%
10	1.45%	0.00%	11.59%	27.54%	59.42%	100.00%
11	0.00%	0.49%	2.96%	19.21%	77.34%	100.00%
12	1.82%	0.00%	6.36%	19.09%	72.73%	100.00%
13	0.00%	0.00%	1.94%	18.45%	79.61%	100.00%
14	0.00%	1.90%	6.33%	21.52%	70.25%	100.00%
15	0.00%	0.97%	1.45%	20.29%	77.29%	100.00%
Grand Total	**0.54%**	**1.55%**	**6.41%**	**23.96%**	**67.53%**	**100.00%**

Falls prevention after discharge from the emergency department

open FOR BETTER CARE
Hāpai ake te toiora

OVERVIEW

To improve falls prevention for patients being discharged from the emergency department (ED), Wairarapa District Health Board (DHB) began an initiative to identify at-risk patients and implement falls-prevention measures in the community.

Background

Patients who presented with injuries as a result of a fall were commonly being discharged from ED without input from an occupational therapist. This was often because ED staff didn't fully understand or consider the role of occupational therapists in falls prevention, or didn't have the time in a busy ED to offer falls-prevention advice.

In some cases district nurses followed up with falls patients after they were discharged, but this was not routine and there were no other falls-prevention interventions in place. Patients often returned with further injuries (such as cuts, abrasions, bruising and sometimes minor fractures) after falling again.

National Patient Safety Campaign

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

newzealand.govt.nz

www.open.hqsc.govt.nz

FCS3-0813

Method

To identify at-risk patients, an occupational therapist used the Concerto data system to screen patients over the age of 65 who had been discharged from ED, for the type of injury and co-morbidities. Patients identified as being at risk were interviewed by phone and asked about previous falls, living status and environment, and mobility or safety equipment used.

Where the interview suggested a high risk of further falls, a home visit was arranged and an environmental assessment carried out.

Results

Since April 2012, 110 patients have been screened. About 10 percent of those were identified as being at risk of further falls and followed up with a home visit.

As a result of the follow-ups, equipment such as chair raisers, shower stools, toilet frames and bed levers were issued, along with falls-prevention information. In some cases, applications for housing alterations were made, and in other cases, cognitive assessments undertaken. Referrals were made to other services where needed, such as physiotherapy or needs assessment service coordination services.

Several patients were found to be at very high risk of having further falls. It is anticipated fall-related re-admission to hospital for these patients will be prevented or reduced because of the interventions made by the occupational therapists, together with the patients' increased awareness of safety.

Lessons learnt/Top tips

"Even if the intervention was only by telephone, this still provided an excellent opportunity to talk about falls and falls prevention," says Andrew Kercher, occupational therapist at Wairarapa DHB.

He noted it was important to listen, identify what was not being said and pursue this with some pertinent questions, for example, 'Do you require two or three attempts to get out of your chair?' or 'Do you use the seat for support when toileting?'

Evaluation

Generally, there has been a very positive reaction to the follow-ups from patients, and the initiative has demonstrated clear benefits for both the patients and the hospital.

Next steps

Other relevant questions will be added to the phone interview, such as asking about exposure to sunlight and exercise.

Home visits will be used to assess vitamin D suitability and use, as an additional preventative measure.

The team will also look for a way to provide falls-prevention pamphlets to patients who are interviewed by phone, but don't require a home visit.

A list is being developed of groups in the region that offer suitable exercise programmes, such as the Parkinson's group, Arthritis Society and Wairarapa Organisation for Older Persons. The team also plans to work with the Accident Compensation Corporation to organise groups that it can refer at-risk clients to.

CONTACT INFORMATION

For more information about this initiative, please contact:

Andrew Kercher, occupational therapist, Wairarapa DHB

TEL 06 946 9800 ext 4323, **EMAIL** Andrew.Kercher@wairarapa.dhb.org.nz

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa / HUTT VALLEY DHB	**HAC INFORMATION PAPER**
	Date: September 2013
Author	Sarah Boyes, Director of Operations, Surgical, Women's and Children's
Endorsed By	Pete Chandler, Chief Operating Officer
Subject	**Violence Intervention Programme**

RECOMMENDATION

It is recommended that the Committee

a. NOTE the contents of the paper

Background:

Violence and abuse causes significant and cumulative health harm - the longer violence and abuse continues the worse the mental and physical health harm. Victims of violence use health services at approximately three times the rate of people who are not abused or victimised (Fanslow 2004, Krug 2002; Koss, Koss & Woodruff 1991). Studies show that being a victim of child abuse and/or witnessing partner abuse is linked to serious health problems in adulthood (Felitti et al 1998). The health sector is therefore a vital component of the child safety net able to identify children at risk and to monitor and measure ongoing safety and wellbeing. With a screening programme in the health sector, adult victims of family violence can also be better identified, assessed and referred to support services via a health encounter.

The implementation of the NZ Ministry of Health (MoH) Family Violence Guidelines: Partner and Child Abuse (2002) is the most recent addition to the Health sector response to Family Violence. The guidelines recommend the routine screening of all women 16 yrs-65yrs for family violence at health encounters in various services both in primary and secondary care. Where partner abuse is identified, children are also screened for abuse. Additionally, the guidelines outline best practice for the identification of child abuse when children present to health services with injuries that are not consistent with the history of the injury, or where symptoms or injuries are either suspected or indicative of child abuse.

Responsibility:

The sub-regional Service Integration and Development Unit (SIDU) is accountable for the VIP contract to the Ministry of Health. Reporting is through the SIDU Population Health Manager. The delivery of the VIP for the WDHB and HVDHB provider arm will be the responsibility of the Chief Operating Officer and Director of Operations, Surgical ,Women's and Children's Health Directorate.

Programme Coordinator status:

At HVDHB two Nurse Specialists contribute a combined 1.0FTE to implement the Violence Intervention Programme

At WDHB two Coordinators contribute a combined 1.1FTE to implement the Violence Intervention Programme

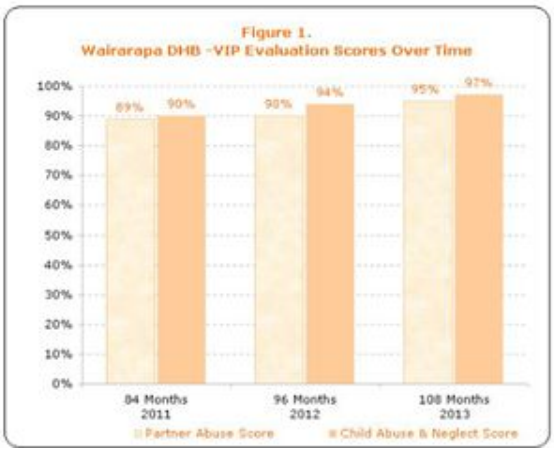
Programme Status:

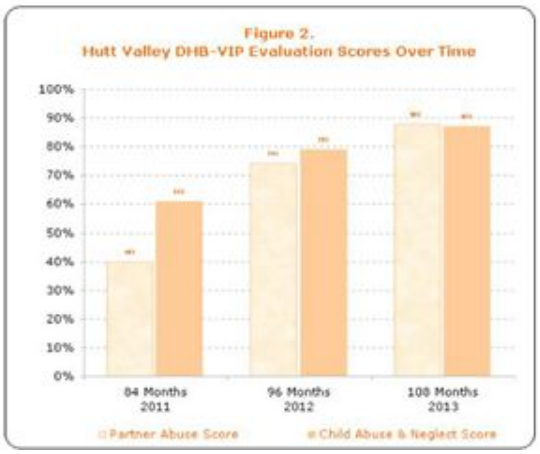
WDHB VIP gained approval for national training package in November 2008 with training commencing in February 2009.

HVDHB VIP gained approval for national training package in January 2013 with training commencing in February 2013.

WDHB has a well established programme of training and screening in the hospital whereas HVDHB has only started officially screening this year (apart from Maternity Services where it has been undertaken for a number of years). Significant work at HVDHB over the last eighteen months is reflected in the MOH VIP audit results in May 2013. Outlined below are the MOH audit results for the last three years.

Violence Intervention Programme Evaluation – Ministry of Health Audit Results 2011 - 2013





Programme Delivery

	Wairarapa DHB	Hutt Valley DHB
Training	• All designated services for VIP have been fully implemented with all staff trained. • In 2013 there are four refresher training sessions planned with one completed in this period and three core full day training days available for new staff and our partners in the community. 80 primary care health workers have attended training. • Core training day is four hours Partner Abuse and four hours Child Abuse and also includes Elder Abuse. Maori Health Unit presents "Maori Perspective" on FVIP training day. • A total of 451 people have attended training since February 2009 when Ministry	• HVDHB VIP completed the site visit from the National Training Provider on 23 January 2013 to assess the HVDHB FVIP Training Team. A training team of 7 HVDHB staff and a community panel has been established. • HVDHB has implemented the national VIP training in Child Health Services and Mental Health (community and alcohol and drug) services. • 93% of Community Mental Health had completed core VIP training • 100% staff from Child Development Service • 100% of Community Paediatric Nurses • 29 Public Health Nurses

	approved training commenced. 80 primary care health workers have attended training.	• Five Vision Hearing Technicians from Regional Public Health • 42 staff from Children's Ward and SCBU • All Maori Health and Pacific health unit staff have attended training.
Screening	<u>Quarterly Screening for 2013</u> **Rehabilitation** March - 60% June – 90% **Mental Health** April - 20% screening rate. **CAMHS** –April 90% screen rate **ED –** March – 20%, June 30% **Paediatrics** – April – 20% **MSW (Medical Surgical Wards)** – April – 40% 5 elderly **Public Health** – April – 100% **Maternity –** April – 80%	• There are low screening rates for partner abuse in the designated services where the programme has been implemented**.** Following the recommendations of the latest external Audit, there will be a focus on the implementation of the Plan-Do Study-Act (PDSA) cycles to improve screening rates for partner abuse in the designated areas that have already attended VIP training.
Priorities for 2013/14	• WDHB began National Child Protection Alert System in November 2012 and will continue to review and refine process particularly with partner agencies and the community • The Shaken Baby Project was launched on 4 September with the National Manager of Shaken Baby coming from Auckland. This is a partnership between family violence programme and Maternity to educate about Shaken Baby – staff, NGO's, carers, and primary health • Introduce a multidisciplinary /interagency process for vulnerable women and unborn babies in the maternity Unit with support from Hutt	• HVDHB will focus on progress the application for the National Child Protection Alert System (NCPAS) by December 2013. The ministry goal is to increase the number of DHBs have implemented the NCPAS to 12 by 30 June 2014 • It is proposed that HVDHB will roll out this programme in 2014 calendar year • Continuing and strengthening the multidisciplinary/interagency process for vulnerable women and unborn babies in the maternity Unit
Working with our Communities	• One of the VIP coordinators is co-located within the Wairarapa Maori Health Unit • He is working closely with two iwi in Wairarapa – Rangitane and Ngati Kahungunu and NGO providers to develop better pathways and relationships. • Funding allocated to Maori	• HVDHB VIP continues to have strong leadership and strong links to the community. HVDHB is a key partner in the regional WHO safe City programme, Safe Hutt City. With DHB leadership, a family violence work stream has been included in the Safe Hutt Valley Programme, supporting networks among agencies such as Te Ahuru o te Awakairangi, local Whanau

	initiatives in this financial year. • Continuing to work with small Pacific Island community. • FVIP Training Programme been evaluated by Jigsaw for cultural content in November 2012 with good report received with some suggested enhancements.	Ora programmes, Naku Enei Tamariki and others. • There is a regular panel of Community Family Violence Services who attend the Core VIP training to support the programme and staff training. • There is evidence of DHB and community team approach and in particular for vulnerable pregnant women and unborn babies and the Child Health Integrated Referral Pathway (CHIRP) for high risk complex families.
Working together across 2 DHBs	Director of Operations, Surgical, Women's and Children's is now responsible the programme across the 2 DHB's, Chief Operating Officers is the Sponsor for the programme across 2 DHB's. SIDU portfolio Population Health Manager is responsible after programme for 3 DHB's First step is a combined steering group, first meeting on 26 September. Meeting after this with Coordinators/SIDU and Operations Manager to look at aligning the programme across the 2 DHB's. Aim to develop one strategic plan for the programme for both DHB's. The SIDU Population Health Manager and Director of Operations linking this with CCDHB direction. Both the Child Protection Alerts and Shaken Baby programmes have already been initiated at WDHB and to be rolled out this year at HVDHB – learning's to be shared HVDHB to support Wairarapa with MDT/interagency, vulnerable women and unborn baby process	

Wairarapa DHB Wairarapa District Health Board Te Poari Hauora a-rohe o Wairarapa / HUTT VALLEY DHB	**HAC INFORMATION PAPER**
	Date: September 2013
Author	Kate Broome, Charge Nurse Manager, Endoscopy Andrew Bos, Director Of Operations, Medical & Community Health Directorate
Endorsed By	Pete Chandler, Chief Operating Officer
Subject	Update on the Colonoscopy waiting list

RECOMMENDATION

It is recommended that the Committee **NOTE** the contents of this paper

Overview

This paper provides an update on the current situation in regard to risk and options for the Endoscopy Service around managing increasing colonoscopy demand. The increasing demand for diagnostic colonoscopy (estimated at around 7% annually) and follow up procedures (surveillance) is reflected nationally. HVDHB has had a static clinical resource capacity over the last 3 years (SMO FTE = 2.3) and hence our ability to provide increased numbers of colonoscopies has not kept pace with demand.

The endoscopy service now has a Clinical Fellow (pre consultant qualified doctor) who is completing an extra 20 Colons per week. This increased capacity means we can now meet demand and also start reducing our waitlist (see detail and timeframes below)

New Guidelines

New guidelines for colonoscopies were introduced at end of 2012 to reduce waiting times for diagnostic procedures. The changes in criteria will limit the number of referrals accepted.

The new colonoscopy waiting time targets are:

Urgent - within 14 days Semi Urgent - within 42 days Surveillance/Follow Up/family history, previous polyps etc.-within 84 days).

We report to the Ministry Monthly on:

- number of patients waiting under the stipulated wait time each month (1.1)
- number of patient procedures completed under the wait time for each category.(1.2)

Table 1.1 - Patients Waiting (Waitlist)

Triage Category	Total Patient #'s waiting in each category	Number of patients < wait time in each triage category	MOH Target	% currently achieved
Urgent- <14 days	4	3	50%	75%
Routine <42 days	305	80	50%	26%
Surveillance < 84 days	315	106	50%	34%
Grand Total	624	189	50%	30%

Table 1.1 – This shows July's figures of the number of patients on the waitlist *under vs. over* target of 50% and the achieved %. Of 624 patients on our waitlist, we have 189 patients who fall within the allocated wait time and 435 have gone over their wait time.

Table 1.2 - Number of patient procedures completed under the wait time for each category.

Category	Number of Colonoscopy's done in July per category	Number of patients who had procedure within agreed timeframe	Ministry Target	What we achieved
Urgent	10	5	50%	50%
Routine	107	33	50%	31%
Surveillance	28	7	50%	25%
Grand Total	145	45	50%	31%

Table 1.2- This shows July figures for number of Colonoscopies completed and how many were completed within the agreed timeframes.
As we are using the increased capacity to focus more on the patients over wait time these statistics will get worse initially and then improve. i.e. the number of procedures completed within timeframe will go down dramatically while we focus on patients over wait time. This will start self-correcting within 2-3 months.

Capacity and demand

We are funded to do 1,459 Colons annually. Last year we completed 1105 Colons
Looking at our production plan with the Fellow in place we should complete approx 1756 Colons this year 13/14.
The other competing demands on the Gastroenterologists time include other gastroenterological procedures such as ERCP, Gastroscopy, Enteroscopy, PEG insertion along with other diagnostics such as capsule endoscopy and PH monitoring. There are also a significant number of acute colonoscopies performed every year.
We are now doing approx 145 Colons a month.
We receive on average 84 new referrals (demand) each month – therefore we can remove approx 61 Colons per month off the remaining waitlist.

Waitlist trends

Below is a graph (Fig.1) showing a prediction of waitlist numbers if we continue at our current capacity.

The second graph (Fig.2) shows if we increased this removal further by taking off an extra 30 Colons per month on top of our current capacity when we would reach the ministry target of 50%.

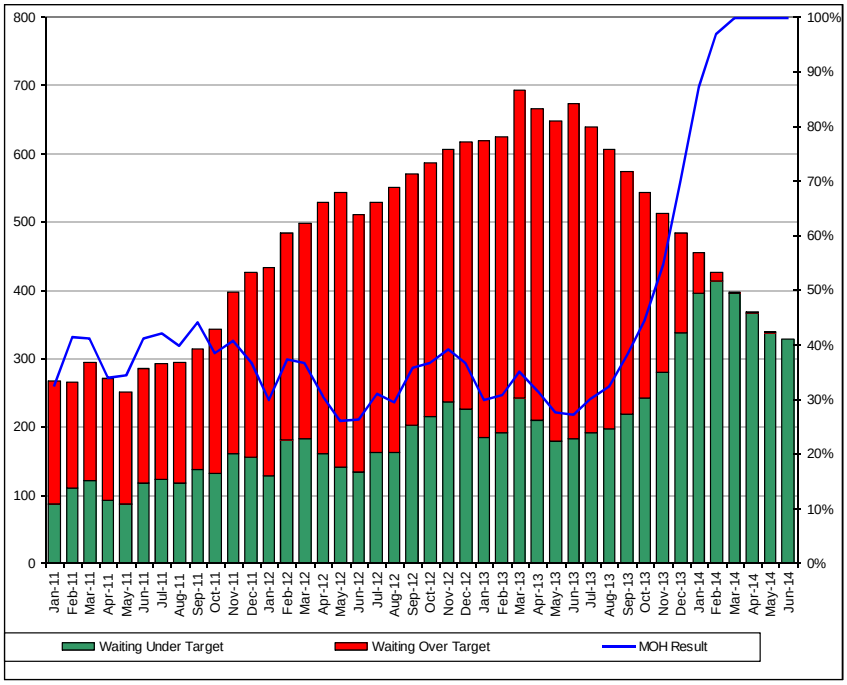


Fig 1. Waitlist prediction with current capacity – removing even numbers from urgent/routine/surveillance.- **Should meet 50% target approx end of Feb early March**

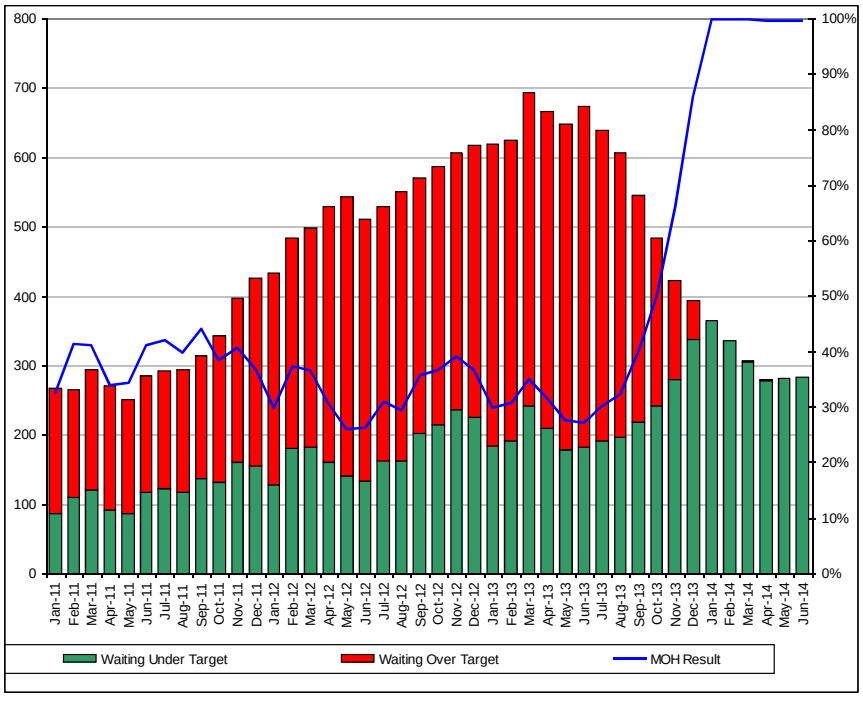


Fig 2.
Waitlist prediction with current capacity + removing an additional 30 Colonoscopies per month for 3 months (90 Colons in total) – **Should meet 50% target by January 2014**

Variables to Data
These predictions rely heavily on us removing majority of patients off the **over target list**. (80%). The larger the number under target the larger the numbers over target.

The capacity (number of Colonoscopy slots available to use) has been spread over Routine and Surveillance categories and allows for a percentage of removals being under target due to Clinical need and urgency. We should have greater accuracy in next month as we still do not have huge amount of trend data with new capacity figures.

Waitlist Cleansing
This is an on-going project, however a QA report is being finalized by Business Support that will list the patients who have moved out of district or deceased and these will be removed from the waitlist over the next two weeks.

Options To Further Reduce Wait Times
The options listed below would allow us to reduce the backlog before the predicted date of March 2014. All three options carry extra unbudgeted cost.

1. Contracting out to Private Hospital.
This option would allow us to remove a further **30 Colons per month (90 in total)** at a cost of $900.00 per Colon.
Total cost (not including extra admin/nursing to co-ordinate) = **$81K**
By using this option we would meet the ministry target by end of January.
There are other costs and risks associated with contracting out such as making sure all the specimen results are collated and all follow up appointments go back into booking system – this involves extra nursing and admin time to co-ordinate process's – this expense would be in addition to the $81K.

2. Increasing lists at Hutt
We have the capacity to do 4 extra colonoscopy lists per week. If we had extra consultant time, 2 more scopes and 0.4 extra nursing hours. We could remove an extra **32 Colons per month (96 Colons in total over 3 months)**. This would allow us to meet the MoH target of 50% by the end of December.
CCDHB are currently recruiting a fixed term Gastroenterologist who Hutt could potentially contract back 0.2 FTE
Costs are estimated at approximately **$50K** (Dr time (0.2), nursing time $28K (0.4) and consumables)

3. Weekend List
The DHB have done this previously and managed to remove 14 Colons each Saturday List.
This relies on current staff to increase hours so we would not contemplate doing more than 2 Saturdays per month.
Therefore a total of **28 extra Colons per month could be removed from the list**.
Cost per weekend is approximately $500.00-$600.00 per Colon (incl all staff and disposable costs).Total cost = **$46K for 3months**
By taking this option it is estimated that we would meet our target by approximately mid-January.

In order to reduce the clinical risk associated with the current waiting list the DHB will take advantage of Option 2.

Wairarapa DHB · Hutt Valley DHB · Capital & Coast District Health Board	**HAC INFORMATION PAPER**
	Date: September 2013
Author	Berni Marra, Programme Manager, 3D Programme, SIDU
Subject	**3DHB Health Service Development Report**

RECOMMENDATION

It is recommended that the Committee

a. NOTE the contents of the paper

1. Summary

The following section provides an overall view of the status of the agreed projects under 3 DHB Health Service Development (HSD) Programme. Please also refer to Project Register and Risk Register attached as Appendix 1 and 2 to this report.

The project work in August primarily focused on progressing actions within each work stream. There are no key papers or presentations for CLG to review this month from the work programme. The programme team are preparing a six month work plan for CLG outlining the key milestones and decision papers expected each month which will assist with future planning and work load management. This will be provided to CLG at the October meeting.

Communications
The August 3 DHB update was completed and circulated. Changes were made to the formatting of the monthly update which resulted in it being more visually appealing. This month has highlighted the sub-regional colonoscopy service design and profiled the development of a sub-regional clinical role. Discussions are underway to develop a more comprehensive communications plan for the 3 DHB programme projects.

Sub-regional approach to clinical pathways
An RFP (Request for Proposal) process has been completed to select a preferred vendor for a clinical pathway tool. The clinical pathway work group reviewed responses and selected a tool based on the prioritised values identified in the business case. Discussions are progressing to secure funding to progress this work through the CEO forum and DHB Executive Teams.

Radiology
There has been a range of feedback provided to inform the sub regional radiology concept paper which will be considered by the three Boards. It was agreed that a full Steering Group meeting would occur to finalise and endorse the concept paper, which is now due to the Boards at their October meetings. This work is a priority for the 3 DHB Programme.

Laboratory
A Laboratory Service Strategy has been developed over the past 8 weeks looking at medium to long term options for laboratory services for the sub region. This strategy has;

- provided a view of the current issues, challenges and opportunities facing laboratory services across the 3 DHBs and,
- outlined a range of future configuration options that Boards could consider, including integration between community and hospital laboratory services.

This strategy is currently being considered by the three Boards.

Health of the Older People (HOP)
A range of activities are underway through the Acute Demand Project being led by SIDU to progress an improved response to the management of frail elderly through a clinical pathway development. Initially this was a project within the Capital and Coast Integrated Care Collaborative (ICC) however discussions are now underway with the other two DHBs to look at how this work could be applied across the sub-region.

As there are a number of initiatives and discussion underway across the sub-region in relation to HOP, we are aiming to host a workshop in October to share information on all the work underway currently and explore a common work plan as a sub-region. October has been selected to coordinate with the return visit of Ian Sturgess.

Clinical Work streams

ENT
A key focus for this project for the month has been the development of a single booking form for ENT. Recommendations for further standardisation of ENT booking systems and processes have also been made to ENT Steering Group for endorsement.

This aligns with the detailed work required in the colonoscopy work stream. Our aim is to progress this work in tandem. There has been strong interest and support from the administration teams across the sub-regional DHBs in designing these processes.

We have noted the significant and detailed changes required within the patient administration system to move to single sub regional processes for management of the patient flow for both ENT and Colonoscopy. A more detailed report will be provided in October, outlining the strengths and risks identified to date.

Child Health
A workshop was held on the 30th August to agree the design principles and process to progress the development of a concept paper for a single sub-regional general paediatric service for acute and ambulatory care. Invitations to the workshop were distributed widely to the community and hospital services across the sub-region. A strong response was received and approximately 60 people attended the workshop. We received a positive response to moving to a single service, with a sense of commitment to operating in a new paradigm of a single service. Design principles included some challenges to traditional terminology utilised in child health services and agreement was sought to focus on a whole of system approach, recognising the value of keeping children well in the community.

A full report and project mandate for the newly scoped project will be provided in October. The expectation is that there will be two work streams focused on the service design of sub

regional child health services for planned and unplanned care, reporting to an overarching steering group. Feedback provided from the workshop on the ideal membership for work streams suggested they should aim to be multi disciplinary representing a range of skills and expertise along with system design expertise and project support. The Programme Team will be seeking interest from across the sub-region to establish the work-streams by end of September 2013.

Orthopaedics

Brett Krause has meet with orthopaedic clinical leaders from across the sub- region facilitating a discussion on a sub-regional approach to orthopaedic surgery. This has been met with a positive response. Further analysis on current theatre utilisation is being provided to inform this discussion. This project is a sub-set of optimal facilities. This project aims to bring an options paper to the December CLG.

Mental Health and Addictions

This is still in pre-project stage, as a range of activity is underway to progress a 3D strategic framework for mental health and addiction services. A workshop is planned for the 24th September, with representation from NGO, Community and the Provider arm. A presentation will be provided to the October meeting on proposed mandate and project work plan for the coming year.

Palliative Care

There are challenges involved in providing a response to the latest Health Workforce NZ request for further information following the initial RFP process to develop a sub-regional Palliative Care Network. Discussions are ongoing with the Clinical Lead, management and HWNZ to progress this work.

Acute Demand

Not the attached report from Alison Hannah from SIDU which highlights some of the acute demand activity planned at Capital Coast DHB, the linkages to the HOP / frail elderly work already discussed in this report and the intention to look at a sub regional approach where appropriate.

2. Overall Programme Status

PROJECT STAGES	0 Preproject	1 Initiate	2 Concept	3 Design	4 Develop	5 Approve	6 Implement	7 Evaluate
Enablers Work streams								
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 Work streams								
1. ENT				G				
2. Gastroenterology				G				
3. Child Health			G					
4. Ophthalmology	G							
5. Orthopaedics	.		G					
6. Non melanoma skin cancer		G						
7. Palliative care initiative								
8. CC/HVDHB Laboratories amalgamation						G		
9. Sub-regional radiology services				G				
10. Reducing outsourced electives	Not initiated							

11. ICU/HDU	G							
12. Mental Health and Addictions	G							
13. Sub-regional approach to Acute Demand	G							

3. Highlight Report

This section covers the key activities for the reporting month

	Enabler Work stream Projects	Stage	Status	Work Completed	Current Activity	Planned activity	New Risks	Benefits Tracking 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	All 3 Boards approved the recommendations in the Board paper. Feedback from all three incorporated into project planning. Sub-regional meetings organised with Clinical Heads of Department and Swee Tan and John Tait. Brett Krause leading the discussion for Orthopaedics, linking in with John and Swee as appropriate.	CHOD meetings underway. Anushiya Pooniah has returned from leave and resumed project management. Detailed analysis of theatre utilisation underway. Linkages to medical model of care being progressed. Information on transport being accessed.	Modelling to progress incorporating feedback from Wairarapa. Work plan confirmed to achieve concept paper for December Board meeting.		
2	Sub-regional policy alignment Common Corporate policies and procedures in HR and Occupational Health are aligned across the sub region Clinical alignment.	4 Develop	G	3D Health and Safety plan due to complete mid August. H&S Procedures including Hazard Register Management of reportable events procedures (H&S staff and others) including serious harm investigation template being progressed.	Other policies to be progressed: • Impairment at work • Employee Assistance Programme.	Full report on clinical policy alignment will be provided to the October meeting.	None	
3	Sub-regional SMO and RMO teams	6 Implement	G	The concept of a 3 DHB single RMO unit has paused while the 2D RMO /SMO process is complete.	With the resignation of the 2DHB RMO/SMO Manager, the position was reviewed and a decision was made to appoint a12 month fixed term Team Leader. The newly appointed 2DHB Team Leader started on 26 August.	The 2 units will be working closely together to achieve proposed changes defined in earlier reports.	None	

					The fixed term period will align the appointments for the units across the 3DHBs			
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 Implement	G	Developing relationships across the two sites and identification of mutual benefit opportunities in service delivery and infrastructure support. Common Balanced Scorecard reporting under development.	Implementation progressing towards completion. Summary of outcomes to be included in next report.		None	(P) (F)
5	Wairarapa/HVDHB Provider team amalgamation	6 Implement	G	Plans developing to roll out Book and Operations Centre facilities for the Wairarapa. Developing Joint support services general efficiency taskforce across the 2DHBs. Developing cross-DHB objectives frameworks for the Directorate Leadership Teams. Review of Wairarapa and Hutt Theatre Services.	Re-advertising for single Theatre Manager. Developing an integrated anaesthesia and ICU service under a single Clinical Head of Department. (on hold). Linking Family Violence Intervention and Emergency Management teams. Learning from the rapid cycle workshops reflected into the wider work programme.		None	TBC
6	Funder arm value for money review	6 Implement	G	All discretionary funder arm expenditure across the 3 DHB's reviewed. All 3 Boards have received papers outlining savings identified to date and potential reprioritisation options. We are currently on target to meet the total of $7M savings across the 3DHB's in 13/14.	Implement recommendations from Boards as appropriate.	Planning for 14/15		(P) $7.0M (F)

7	3D ICT Service Alignment	6 Implement	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. Discussion with DHBs regarding key priorities has commenced. 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 integration. A 3DHB programme to progress this work has commenced. Engagement with the CRISP programme as a single voice for the sub region.	Rationalisation of vendors across the sub region to be progressed. Progress interim structure of operational ICT teams to remove duplication and deliver efficiencies and savings. Continued engagement with the DHBs regarding priorities and communicating the work of the ICT team. Progress the conversations regarding CRISP and relationship to 3D initiatives.		(P)$2.0M (F)
8	CAPEX	0 Pre project	Not initiated				N/A	
9	Single HR Team	1 Initiated	G	Director of People and Culture commenced role.	Wairarapa & Hutt HR Teams have been working together to update their DHB documents to reflect the new 2DHB environment. 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 to be rescheduled due to postponement because of Wellington Storm.	N/A	

	Clinical Work stream Projects	Stage	Status	Work Completed	Current Activity	Planned activity	New Risks	Benefits Tracking Anticipated
1	ENT (integrated service pilot) Implement sub regional referral pathways for common ENT conditions *Stage 6* Develop a business case for an additional Sub-regional pathway to better integrate community ear health services. *Stage 2* Progress a sub regional booking form *Stage 2* Pilot a clinic to provide non-acute multidisciplinary assessment and therapy for voice disorders. *Stage 4*	Overall 3	G	Developed an implementation plan for ENT pathways. Completing Head and Neck Workforce Sustainability business case. Single Booking Form working group meetings occurred. Opportunities identified for standardising booking processes from referral to FSA including single booking form. Project Brief for Voice Clinic completed. Presentation and 6 month update to Steering Group undertaken.	Clinical Pathways are currently in process of being uploaded to local pathway websites across the sub-region. Business case for Head and Neck Workforce Sustainability completed for ENT Steering Group. Establishing Community Paediatric Ear health working group and hold workshops. Process for a single booking form underway. Options for standardising booking processes from referral to FSA awaiting Steering Group consideration. Voice Clinic pilot continues.	Primary clinicians to be informed on ENT Pathways availability and progressing of establishing 4 seminar dates across the sub-region. Business case for Head and Neck Workforce Sustainability to be sent to CLG for consideration. Develop clinical pathways for 4 common paediatric ear health issues and make recommendations for Community Paediatric Ear Health. A further workshop to identify opportunities for standardising booking processes post FSA. Further voice clinic session held.	None	To be completed

	Clinical Work stream Projects	Stage	Status	Work Completed	Current Activity	Planned activity	New Risks	Benefits Tracking Anticipated
2	Gastroenterology Create a single sub-regional colonoscopy referral and waitlist process. *Stage 2* Undertake a two year pilot of improvements to hepatitis C services. *Stage 6*	Overall 3	G	Draft project plan for developing a single sub-regional colonoscopy service model completed. Hepatitis C pilot continues.	Chairs for all 4 implementation working groups identified and group members being confirmed.	Working groups to be established and first meeting dates set.	None	To be completed
3	**Child Health** To develop a sub-regional paediatric service including an agreed sub regional model of care.	2 Concept	G	Workshop held 30th August to agree design principles and steering group process. Project brief and timelines agreed and adhered to. Unions to be invited to workshop.	Project mandate to be approved based on workshop outcomes. Steering Group membership and supporting work streams to be finalised. Two work streams to be established focused on planned and unplanned child health care delivery as a sub-region. Membership sought from across the sub-region. Alignment with Acute Demand clinical pathway development to be mapped.	Work streams membership to be finalised and first meeting held end of September.		To be completed
4	Ophthalmology	0 Pre Project	G	Scoping meeting established for early next reporting period.				To be completed

	Clinical Work stream Projects	Stage	Status	Work Completed	Current Activity	Planned activity	New Risks	Benefits Tracking Anticipated
5	Orthopaedics	2 Concept	G	Further theatre analysis underway for next phase of meetings. Brett leading discussion with clinical leads in Wairarapa, CCDHB and Hutt Valley. Positive feedback from all three on opportunity to refocus as a sub-region to best meet acute and elective orthopaedic demand.	Current profile of orthopaedic delivery in all three sights being developed to support further discussion and options paper development.	Options paper to be developed further for December meeting.	None	To be completed
6	Non melanoma skin cancer	1 Initiate	G	Work with clinical lead to establish workshop with wider stakeholders agreeing design principles and Steering Group process. Meeting set for October 10th.		Steering Group progress in September with clear project brief and clinical pathway service design principles/processes	n/a	To be completed
7	Palliative care initiative	2 Concept		3D programme office provided benefit realisation diagram for Palliative Care response. Review of project viability and purpose.	Discuss potential project to scope and design model of care for Palliative Care for Sub-region. SIDU service integration team to assist.		Project support required. Scope of project changed.	
8	HV/CCDHB Hospital Laboratories amalgamation	5 Approve	G	Analysis of feedback and preparation of final outcomes document Laboratory Strategy completed and provided to 3Boards.	Outcome of laboratory strategy to be taken into account when finalising recommendations for Hutt/CCDHB hospital laboratory amalgamation with Steering Group.	Laboratory strategy currently being considered by the three Boards.	n/a	To be completed

	Clinical Work stream Projects	Stage	Status	Work Completed	Current Activity	Planned activity	New Risks	Benefits Tracking Anticipated
9	Sub-regional radiology services	3 Design	G	Concept paper reviewed at August CLG. Recommendation that the Steering Group progress the options to produce a Board paper for the September Board meeting.	Full Steering Group unable to meet in August. Paper has progressed with input provided by Steering Group members.	Full Steering Group meeting planned for September to sign off on proposed model of care and implementation. To Boards in October.		To be completed
10	Reducing outsourced electives	Not Initiated						(P)$2.0M (F)
11	ICU / HDU	0 Pre project	G	Initial discussion underway within Wairarapa. Once Wairarapa contribution to sub-regional service is confirmed the wider Steering Group will be progressed.	Confirm Steering Group and scope information needed for project mandate. Link to Optimal Facilities.	Establish Steering Group meetings with project mandate.		To be completed
12	Mental Health and Addictions	0 Pre project	G	EOI distributed to sub-regional Mental Health NGO's, Primary Care/PHO's and the Provider Arm seeking representation for upcoming workshop and providing context to 3D work programme.	Workshop to be held on 24th September.	Sector expert group to be established. Presentation to be provided to CLG in October on proposed approach.		To be completed
13	Acute Demand	1 Initiate	G			Refine ED and acute admission data across the 3 DHBs based on identified .programmes of work (e.g. readmissions) Map current activity against System framework and identify gaps, new		To be complete

						work and opportunities to share learning's across the 3 DHBs Maintain relationships across the 3 DHBs ALTs Establish stakeholder working groups.		

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. Health of Older People	Board priority. Clinical Directors to discuss. Scope stroke, high end psycho-geriatric, <65 rehab
3. Dermatology	Discussed at March CLG. Further clinical discussions to occur.
4. Sub-regional Clinical Governance	CMO, DON and Quality meeting to discuss currently

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

Wairarapa DHB / Hutt Valley DHB	**HAC PUBLIC SECTION**
	Date: September 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	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.
ESPI Compliance	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