WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Minutes
Public session
Confirmed

Hospital Advisory Committee

Board room, fourth floor, administration building
Whanganui Hospital, 100 Heads Road, Whanganui
Friday 27 May 2016 at 1.00pm

Attending

Mr A Anderson
Mrs P Baker-Hogan
Mr D Hull
Mrs J Nitschke
Mrs S Osborne
Mr R Stevens
Mr P Sunderland, Chair

Public

No members of the public attended this meeting.

Media

There was no media presence at this meeting.

In attendance

Mrs L Allsopp, Manager, Patient Safety & Quality
Mrs S Blake, Director of Nursing, Patient Safety & Quality
Ms M Cameron, Manager Health Promotion
Ms S Campion, Manager, Communications
Mr H Cilliers, Manager, Human Resources
Mrs K Fry, Director Allied Health
Mrs I Mapanda, Clinical Nurse Manager, Public Health, Rural & Community
Ms E O'Reilly, Consultant
Mr D Rogers, Nurse Manager Surgical Services
Mrs W Stanbrook-Mason, Nurse Manager Medical Services
Mrs L Torr, Business Manager Medical and Allied Health Services
Mr P Wood-Bodley, Business Manager Surgical and Mental Health Services

1 Apologies

Apologies were received from Mrs McKinnon and Mrs Ball.

2 Conflicts and register of interests update

Mr Darren Hull advised he has resigned from the Risk and Audit Committee, Whanganui Regional Health Network.

3 Late items

Financial
3.1 Medical Cluster
3.2 Allied Health Cluster
3.3 Public Health & Community Cluster

4 Items of mutual interest to CPHAC and HAC

The minutes of this section follow:

5 Minutes of the previous meeting

Recommendation

That the minutes of the public session of the Hospital Advisory Committee held on Friday 15 April 2016 be approved as a true and correct record. This was *agreed.*

6 Matters arising

There were no matters arising.

7 Committee Chair report

No report was provided.

8 Clinical Leaders' reports

8.1 Director of Nursing, Patient Safety & Quality

The report was taken as read. The Director of Nursing spoke about the evening function for International Nurses' Day held at Whanganui Museum with approximately 70 attendees. She also noted that the Ko Awatea online learning programme had been rolled out to primary care.

8.2 Director Allied Health

The report was taken as read. Points noted:

- A recruitment process is underway to fill the vacancy of manager allied health.
- The opoid collaborative is a project between the HQSC and 19 DHBs and is tasked with reducing harm from opiate medications; each DHB has its own work underway; the HQSC has provided a package of tools to all DHBs and part of that work is reporting on side-effects and how they are

treated; Mrs Nitschke noted HQSC will take a whole of sector approach and will look at the national data where there is a high use of opiates; this matter will be on the clinical board agenda at WRHN.

- Individual rehabilitation programmes (home-based), an individualised rehabilitation care plan and goals being developed with the MDT and patient/family/whānau – a committee member asked if there were specific strategies in this programme to increase workforce development; she noted that an increase in Māori workforce would help to reduce inequalities; she asked what in particular was being focused on and said it would be useful for this committee to receive a report on what is happening.
- VIP is the Violence Intervention Programme.
- Pharmacy recruitment – this is a concern for this and other DHBs as the DHBs are competing in the open market and graduates often want to work privately or in the community sector; this is a nationwide issue.

8.3 Chief Medical Officer

The report was taken as read. Noted there are two new permanent staff in ED.

9 Health targets

The business manager medical and allied health services spoke to this report which was taken as read. Points noted:

- Results in ED were disappointing in this period, but ED is struggling with high attendances.
- The faster access to cancer treatment target is currently at 80% with 85% being the target; WDHB is the fifth highest DHB in reaching the target; the business manager noted that some cancer streams are much longer than others; during the period, staff leave occurred and WDHB has an arrangement with private providers to pick up any overflow.
- The business manager surgical and mental health services said he would report further in the next report as to whether referrals to colonoscopy were having any effect.
- The chair was complimentary on the good results achieved.

10 Human Resources

The report was taken as read. Points noted:

- Turnover continues to be low; our figures are collated on a quarterly basis and we do not know how we compare with other DHBs; this information will be provided at the next meeting.
- Noted that about ten percent turnover is a good thing as it brings fresh eyes.
- The main reason for turnover is voluntary resignations; dismissals and redundancies are very low.
- Staff employed for more than ten years show the lowest turnover, but over time more of these staff members will be retiring.
- All staff resigning have exit interviews which can highlight any problems; the general feedback is that resignations are due to career choices as staff look for better exposure in a bigger place.
- Sick leave follows a similar low trend; WDHB does not have open-ended sick leave agreements
- Excessive leave balances include annual leave, long service leave, lieu leave, shift allowances.
- The table on page 68 of the agenda, *Grow our own pipeline,* should be read in conjunction with the Director Māori Health report; the pipeline applies to all ethnicities but specifically Māori.
- A committee member thanked the human resources manager for this report; she asked if the next report could have a table to indicate how the organisation is tracking with staff attendance at the newly-instigated cultural training and from which services those staff members come from.
- The human resources manager replied that all newly-employed staff have participated in this training since October 2015 and feedback has been very positive; the training has now been rolled

out to team leaders, EMT and board members up until September 2016 and after that all employees will be encouraged to participate.
- The human resources manager advised that the mental health workforce is being looked at to see how the retention of the Māori workforce could be improved.

11 Medical Services

The report was taken as read. The committee requested a discussion report on the increase in presentations to ED. This report is on page 74 of the agenda. Points noted from that report:

- The increase in ED presentations has been noted nation-wide and is not specific to WDHB, this is a national change that we are seeing which is confirmed by colleagues, other DHBs and MoH.
- The 5-14 and 25-44 age groups have seen the highest attendances.
- Higher numbers in ED has not translated to higher admission rates.
- There is a clear surge after WAM closes at 9.00pm.
- WDHB is the only ED in NZ which uses TrendCare in ED as a predictive tool.
- The graphs on page 77 of the agenda show the changes in presentations with ED and WAM.
- This information was shared with MoH.
- More resource was allocated to reflect the TrendCare data.
- ED is not elective, flow cannot be controlled.
- A committee member thanked the staff for the good work in ED; she noted that we would not want to miss diagnoses because of staff numbers; patient safety is our mantra; the spike after WAM closes tells a story about affordability.
- The nurse manager medical services said that predictions can be made to a certain degree; Sunday is the day with highest numbers of presentations for a mixture of reasons and presentations are not specific to Monday to Friday.
- Some staff attended a workshop recently about winter planning for the smaller DHBs; a summer lull did not occur this year and so winter plans were already in place early; this is of concern to clinicians who are worried as to how presentations will occur over the winter period.
- A committee member thanked the staff for this report; she noted it was good to look at the strategic context and also to look at how we manage long-term and chronic conditions in the community rather than in ED.
- The director of nursing said WDHB is committed to matching staff to need.
- The business manager said that the late shift has been increased to deal with late presentations and we will be using locums in the RMO space in the near future.
- The committee asked if this matter could be a regular agenda item.

12 Patient Safety and Quality

This is the first report from the new manager of the unit. She asked the committee to comment on the report and to advise if there was any other matters they would like to see reported on. She said it is pleasing to see incident reporting increasing as this is an opportunity to see what is happening on the floor and that the unit is committed to closing the loop on incidents to ensure learnings and to put mitigations in place.

Other points noted:

- A committee member noted it was good to see some of the learning and strategies put in place; she asked if there were any cultural complaints and if so, what were the learning from those.
- The graph on page 90 of the agenda showed that WDHB is the only DHB to maintain the handwashing target.

- A committee member asked if graphs could be presented in a 12-month period as it was easier to see trends.
- The national emergency management exercise scheduled for later in the year will involve all staff.
- It was noted that the HDC findings have not been shared widely with primary care; however the nurse educators do spend time with aged residential care and with practice nurses.
- Quality safety markers are from inpatient data, not outpatient data.
- The committee chair said it would be good to have a report at some stage for both committees from a combined WDHB/WHRN perspective.

13 Public Health, Community and Rural Services

The report was taken as read. Points noted:

- The diabetes nursing service has full time cover for a fixed-term of 12-months, WDHB and MCDHB are working together and good support will develop in this area.
- A committee member felt that this report would fit well into the combined committee section as the service has wide-reaching integrated skills in the community.
- A committee member queried the extended leave given to the clinical nurse specialist; there were special circumstances involved in this which required sign-off by the chief executive.

14 Surgical Services

The report was taken as read. Points noted:

- A committee member noted the CWD was still low and asked if WDHB would meet the end-of-year target; clarification that the contracted CDW period is year to date March 2016.
- A new locum is starting mid-June.
- The opthalmology intervention rate is high.
- Elective surgery is high, acute surgery is low.
- Urology at WDHB is dependent on service provision from MCDHB.
- The colonoscopy screening service – cohort narrowed to concentrate on the particular age group that needs this the most, then will be rolled out more widely.
- Some DHBs have capacity, some struggle with capacity; have allowed 2,000 patients to be shared by all DHBs with the expectation that the region will agree where additional electives will be delivered and discharged from; MoH will invite a regional view and then will set the deliverables.
- Twenty-four Waikato DHB patients have been identified for elective surgery at WDHB and three have been taken to date; patients are being taken from Waikato DHB at this stage because they are struggling with their workload.
- The business manager said WDHB would like to target Taumarunui and their clinics; a committee member said that from the Māori perspective, Taumarunui fits into the WDHB catchment and it would be beneficial; this area comes under Hauora A Iwi.
- The project update work is slow in progress; this work is driven by clinicians and the committee will continue to be updated.
- Clinicians have moved away from the surgical safety checklist to the use of wall mounted posters; clinicians have engaged with this and some consultants have taken a lead; it is good to see this shift in culture.
- The anaesthetist technical clinical training programme accreditation for five years is an achievement and a good selling point for recruitment.
- ERCP (endoscopic retrograde CholangioPancreatogram) will be performed in theatre for six-months and then the programme will be evaluated.

15 Information papers

The information papers were noted.

16 Date of next meeting.

The next meeting of this committee is scheduled for Friday 22 July 2016, and will be a combined committee workshop.

8 Exclusion of the public – confidential section

It was resolved that:
The public be excluded from the remainder of this meeting under clause 32, Schedule 3 of the New Zealand Public Health and Disability Act 2000 on the grounds that the conduct of the following agenda items in public would be likely to result in the disclosure of information for which good reason for withholding exists under sections 6, 7 or 9 (except section 9(2) (g) (i)) of the Official Information Act 1982.

Agenda item	Reason	OIA reference
Hospital Advisory Committee minutes of meeting held on 15 April 2016 public-excluded session)	For the reasons set out in the committee's agenda of 15 April 2016.	As per the committee's agenda of 15 April 2016.

Persons permitted to remain during the public excluded session
The following person(s) may be permitted to remain after the public has been excluded because the board considers that they have knowledge that will help it. The knowledge possessed by the following persons and relevance of that knowledge to the matters to be discussed follows.

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Committee secretary	Minute taking	Recording minutes of committee meeting

The meeting finished at 2.25 pm.