

Hospital Advisory Committee

Board room, fourth floor, administration building
Whanganui Hospital, 100 Heads Road, Whanganui
Friday 16 September 2016 at 12.20pm

Attending

Mr A Anderson
Mrs P Baker-Hogan
Mr D Hull
Mrs S Osborne
Mr R Stevens
Mr P Sunderland

Public

No members of the public attended this meeting.

Media

There was no media presence at this meeting.

In attendance

Deborah Mansor, minutes
Declan Rogers, Nurse Manager Surgical Services
Jeff Hammond, Associate Director of Nursing Mental Health
Jevada Haitana, Associate Director of Nursing
Louise Allsopp, Manager Patient Safety & Quality
Louise Torr, Business Manager, Medical & Allied Health
Rowena Kui, Director Māori Health
Sandy Blake, Director of Nursing, Patient Safety & Quality
Sue Campion, Communications Manager
Wendy Stanbrook-Mason, Nurse Manager Medical Services

1 Apologies

An apology was received from Mrs Julie Nitschke.

2 Conflicts and register of interests update

No conflicts were advised.

3 Late items

No late items were advised.

4 Items of mutual interest to CPHAC/HAC

Attending CPHAC and HAC members

Darren Hull
Dot McKinnon
Frank Bristol
Grace Taiaroa
Harete Hipango
Jenny Duncan
Judith MacDonald
Kate Joblin
Matt Rayner
Philip Sunderland
Philippa Baker-Hogan
Ray Stevens
Stuart Hylton
Susan Osborne

WDHB staff

Eileen O'Leary, Project Manager Planning & Funding
Jeff Hammond, Associate Director of Nursing Mental Health
Jennie Fowler, Associate Director Allied Health
Jevada Haitana, Associate Director of Nursing General
Jon Buchan, Portfolio Manager Planning & Funding
Julie Patterson, Chief Executive
Katheryn Butters, Nurse Manager Mental Health & Addiction Services
Louise Torr, Business Manager Medical Services & Allied Health
Peter Wood-Bodley, Business Manager Surgical Services & Mental Health
Rowena Kui, Director Māori Health
Sandy Blake, Director of Nursing, Patient Safety & Quality
Sue Campion, Communications Manager
Tracey Schiebli, General Manager Planning & Funding
Wendy Stanbrook-Mason, Nurse Manager Medical Services

Media:

Wanganui Chronicle

4.1 Health of Older People – special topics

4.1.1 Home and community support for older Māori and how they and their whānau are supported to navigate through the system

Melina Cropp, Manager Te Oranganui Iwi, Disability Sector

Sharon Duff, Community Development, Whanganui Regional Health Network

Melina introduced herself and Sharon Duff and outlined their roles. Melina spoke about *our kaumatua, our treasures, our taonga* – a monthly luncheon is held to mitigate loneliness and social isolation for kaumatua. Melina outlined the structure of Te Oranganui Iwi and her role within that structure. There are

seven in the team and 55 frontline workers provide hands on work in the community. We are fortunate to have these committed people to ensure those with disability have the same as those with no disabilities. Support is provided with advocacy within the health sector, for independent living for those aged 16-65 years living in homes in the community, for short-term support services which those are eligible for when leaving hospitals. A vocation programme is funded by MSD to support those with long term chronic conditions, and is funded by the DHB to support those aged over 65 and by MoH for those aged under 65 years.

Melina said there is plenty of research that supports how debilitating loneliness can be. The effect on an older person's health was greater if not greater than obesity or alcoholism so is regarded as a serious health risk – the same as smoking 15 cigarettes a day.

Services are in place already and there numerous rest home facilities within the region; however Maori do not traditionally attend those, so something was looked for that would meet the social needs of our kaumatua. In the past, extended whanau often filled this role. However, in the present extended whanau may live in other areas of Aotearoa or overseas. All members of a whanau are now often working and this has a negative impact on the aging process insofar that there is not the whanau support that tended to be available in the past.

Putiki marae was used for the first meeting with twenty attending; this was a great success with most saying they just wanted to spend time with their friends. As the group grew, a bigger space was required. Kaumatua give a gold coin as koha, and support came from many quarters.

The luncheon starts at 11.00am and kaumatua are telephoned the day prior as a reminder. The agenda for the day is an exercise programme, lunch, a guest speaker such as the Alzheimer's support worker, fire brigade, age concern, hearing association etc so kaumatua know what is happening in their community. The luncheon finishes around 2.00pm. Feedback is that the three hours is just enough and usually between 65-70 kaumatua attend; this provides an opportunity to catch up with friends and we now have people volunteering to help at these luncheons and the event has taken on a life of its own.

Sharon Duff, Whanganui Regional Health Network

Sharon spoke to her presentation and outlined the increasingly important role that technology is playing now and will play in the future in keeping people connected. She spoke about the smart home hub which controls personal sensors, smoke alarms, which turns switches off and on, self-closing windows and doors, locking of back door automatically, emergency call buttons etc.

The expertise for this technology does sit in Whanganui with firms such as ehaus and other eco designers, software developers, etc. The community aspects of this sitting in Whanganui are quite broad. Would like to do a prototype of the insulation for public viewing. BUPA monitoring is also sited here in Whanganui and this monitoring has national coverage. Older people are also tending to move to Whanganui.

The chair thanked Sharon for this presentation and the articulate way that progress was outlined.

Tracey Schiebli, planning and funding manager and Andrea Bunn, portfolio manager health of older people, spoke about their trip to Amsterdam

The facility visited was the highlight - seeing people with severe dementia living ordinary lives doing ordinary things in this village. The clinical people in the group remarked on how they could not believe these people had dementia, so well did their surroundings fit them.

Andrea spoke about her impressions on the unique village model they visited. This is not common across the Netherlands, nor is it common internationally. Andrea said she had high expectations and those expectations were met. The residential system in the Netherlands is quite different to New Zealand. Probably 80% of our long term residents have a cognitive impairment. In the Netherlands if you have a

diagnosis of dementia you go into dementia care which is not the case in New Zealand. The highest level of care in New Zealand is 'specialist hospital' and we have Broadview in Whanganui that covers that role. Andrea commented on the environment and how that affects people's behaviour. The expectations around environmental design and health and safety need to be balanced.

A committee member queried how this was funded. Andrea said she believed this was state-supported but that there was community support as well which helped this village to occur. A village is being developed in Rotorua based on this design as a demonstration model.

Andrea did note that there are many things we are doing well and some that we are doing better, so we can share our expertise internationally.

The chair noted it is important to share this knowledge with the community. Andrea chairs the regional dementia group and is part of a national collaborative and said these are venues to share this work. It was also noted that the WDHB Care with Dignity programme is garnering attention nationally.

This part of the meeting closed at 12.30pm.

4.2 Health targets

The report was not discussed.

4.3 Director Māori health

The report was not discussed.

4.4 Mental health and addiction services

The report was not discussed.

This part of the meeting closed at 12.35pm.

5 Minutes of the previous meeting of the Hospital Advisory Committee

Recommendation

That the minutes of the public session of the Hospital Advisory Committee held on Friday 22 July 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 Chief Medical Officer

The report was taken as read. There was some discussion around recruitment.

8.2 Director Allied Health

No report was provided.

8.3 Director of Nursing, Patient Safety & Quality

The report was taken as read. The associate director of nursing said it is exciting to have a nurse practitioner and the ability to prescribe for district and rural nursing is welcomed. WDHB received an award for their future plan on the care of patients in Whanganui.

9 Patient safety & quality

The report was not discussed.

10 Medical services

The report was taken as read. Close observation hours were high last month which identified a change in patient presentations. ED waiting room redesign work is underway. This work has had wide consultation including the Maori health team. Growth in presentations to ED has been seen nationally in 2016. Patient flow is a particular focus of the redesign.

11 Surgical services

The report was taken as read. The nurse manager surgical services attended to answer any queries. Two committee members commented on the quality of the report and that it was easily understood. Mr Rogers advised that the two ophthalmologists have not accepted the offered positions.

4.4 Mental health

At this point, the chair asked the nurse manager mental health services to talk to the combined committee mental health paper which was not discussed during the combined session. Reducing seclusion has been a long-term focus for the service. The nurse manager spoke about the challenges faced. The ADON mental health said the ombudsman has made two unannounced visits and these have gone well. Stanford House have now reduced their night safety orders by 85%. This is now national practice standard and staff are concentrating in these areas. The night safety orders are being assisted by technology.

A committee member asked about the impact of not smoking on the services. The nurse manager said there have been no significant incidents and the transition was a lot smoother than was anticipated. She also advised, in answer to a committee member, that alcohol is the most problematic drug the service deals with and that methamphetamine was also a problem.

12 Public health, community & rural services

The associate director of nursing spoke to this report; the kohanga te reo service has been strengthening exponentially. Integration into GP practices is also going well. District nursing is over budget as the model of care is currently changing.

13 Allied health services

The director of allied health spoke to the report. The allied health manager position has been appointed for a six-month period and recruitment for a permanent appointee will continue. A committee member asked about collaborative work going on in the dental care area. The director allied health said there is a variety of work going on to ensure messages are reaching the wider community. The water in schools project is being led through public health in conjunction with the WRHN.

14 Human resources

The HR manager attended. She said there are challenges for the team currently with negotiations underway for a variety of position and in particular retaining the services of a sonographer. However a physiotherapist from Ireland is currently going through immigration services and we are hoping that this will be successful.

A committee member noted there is a significant increase in excessive leave balances but the commentary says it is in line with national data. This point will be clarified for the next meeting.

1.30pm Philippa Baker-Hogan left the meeting.

15 Financial services

The management accountants attended the meeting; Kelly Maxwell distributed a statement of financial performance for the period ended 31 August 2016. Mike Bothma spoke to the report and there were no questions. Kelly updated the committee with the August figures and identified a couple of adverse trends – staffing costs (locum use) and nursing (higher sick leave than budgeted for). Work is underway in the clinical supplies area in terms of higher volumes; discussions are underway with the funder and extra funding may be provided. Nursing have had some one-off costs attributed to new graduates, also with summer months coming, things will ease up.

16 Information papers

The information papers were not discussed.

17 Date of next meeting

The next meeting of this committee is scheduled for Friday 28 October 2016.

18 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 22 July 2016 public-excluded session)	For the reasons set out in the committee's agenda of 22 July 2016.	As per the committee's agenda of 22 July 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 12.40pm.