WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Unconfirmed
Minutes
Public session

Hospital Advisory Committee

Board Room, Fourth Floor, Administration Building
Wanganui Hospital, 100 Heads Road, Whanganui
Friday 19 June 2015 commencing at 1.00pm

Present

Mr A Anderson
Mr D Hull
Mrs S Osborne
Mr R Stevens
Mr P Sunderland, Chair

In attendance

Mrs L Allsopp, Manager Allied Health
Mrs S Blake, Director of Nursing, Patient Safety & Quality
Ms K Butters, Nurse Manager Mental Health Services
Ms S Campion, Communications Manager
Mr H Cilliers, Regional General Manager Human Resources
Mrs A Dempsey-Thornton, Cancer Nurse Coordinator
Mrs J Denman, Clinical Nurse Manager Outpatients
Mrs J Haitana, Associate Director of Nursing General
Mr J Hammond, Associate Director of Nursing Mental Health
Mrs C Hill, Clinical Nurse Manager Medical Services
Mrs R Kui, Director Māori Health
Ms A Lawson, Resuscitation Coordinator, Death Review Officer
Ms D Mansor, Executive Assistant, Minutes
Mrs I Mapanda, Clinical Nurse Manager Community & Rural Health
Ms K Maxwell, Management Accountant
Mr F Rawlinson, Clinical Director Mental Health
Dr J Rivers, Chief Medical Officer
Mr D Rogers, Nurse Manager Surgical Services
Mrs R Rosewarne, Acting Nurse Manager Medical Services
Mrs L Torr, Business Manager, Medical and Allied Health Services
Mr B Walden, General Manager Strategic & Corporate

Public

No members of the public attended this meeting.

Media

No media representatives attended this meeting.

1 Welcome

Mr P Sunderland welcomed the committee and attendees to the meeting which began with a silent reflection to acknowledge the passing of Mr Richard Orzecki.

2 Apologies

Apologies were received from Mrs Baker-Hogan, Mrs D McKinnon and Mrs Nitschke.

3 Registers/schedules

Conflicts of interest
Mr Sunderland advised that he has been appointed a Director of NZ Health Partnerships Ltd (which replaces HBL) to represent the central region.

Attendance schedule
Mr Anderson attended the 27 March meeting but was noted as not being present; this has now been corrected. The minute secretary apologised to Mr Anderson for this error.

HAC workplan
Mr Sunderland advised that as he takes up the role of Chair, he will consider the workplan. He advised that if there are any changes, that he will be working with the director of nursing to put those in place.

4 Late items

No late items were received.

5 Committee chair report

A written report was not provided to this meeting.

6 Clinical leaders' reports

6.1 Chief Medical Officer

The report is taken as read. The director of nursing advised that this will be Dr John Rivers' last meeting as the chief medical officer. The newly-appointed chief medical officer, Dr Frank Rawlinson, will attend the next meeting in the role of chief medical officer.

The chair said that Dr Rivers' contribution to this committee has been stellar, extremely effective and that the committee appreciated his contribution. The chair also welcomed the incoming chief medical officer.

The country of qualification information in the report had been requested by this committee; a committee member asked if that information could be expanded to show the ethnicity of the New Zealand doctors. This will be provided for the next report.

6.2 Director of Allied Health

The report was taken as read. The allied health manager spoke to the report and advised that information was expanded upon in the allied report later in this agenda.

6.3 Director of Nursing, Patient Safety & Quality

The associate director of nursing briefly explained the PDRP and NETP programmes which had audited very well recently; she noted this was a big improvement on the last audit three years previously, and that the nursing council had focused on nursing competencies and the good examples offered in the portfolios. As requested at the previous meeting, the Yellow Space recommendations are included in the information papers of this agenda.

7 Health targets

The report was taken as read. The business manager medical services and allied health said it was pleasing to see the improvement in the ED targets. The cancer nurse coordinator advised that some of the cancer targets were not met and that May and June figures to date showed that some targets would not be met during that period. The main block to meeting these targets was not identifying the "high suspicion of cancer" flag. The chair asked about MoH expectations for this target which specifically targets referrals from GPs. The business manager spoke about the GP and outpatient processes.

A committee member asked if there were any concerns about the patient who waited a year for treatment. The cancer nurse coordinator said there were no concerns around that patient complexity. She said there is a high level of patient referral into the urology service, which is similar to other DHBS. MoH is doing some work around setting national guidelines; however it was noted that time to treat does take into account patient choice and some patients do take time to choose whether or not to have treatment.

A committee member spoke to the tobacco target. He noted that price rises are often set at 1 January which is generally a stressful time; he suggested that mid-year is a much better time to increase those prices and that a minimum price should also be set. He would like to see some recommendations from an ex-smoker or from this committee around these ideas and whether these ideas could be promoted to MoH. The chair agreed with the member and the director Māori health noted that the tobacco plan is due within the next month and that this would be a good opportunity to have input.

8 Allied health

The report was taken as read. The allied health manager advised that the rapid response team commences duty at the end of June. She said that, whilst the hospital works 24 hours, allied health professionals have traditionally worked Monday to Friday only; this is a change for the allied health service however there have been many volunteers from allied health staff for places on the rapid response team.

All radiology staff have attended assertive communications training, delivered by Proven Performance. Other leadership training is ongoing and the cultural change manager position has been appointed to. Ultrasound department training is also underway and dates and times for mediation have been set.

9 Financial services

The general manager corporate spoke to the report which was taken as read; he noted there will be a small deficit at year end.

10 Human resources

The report was taken as read. The human resources manager advised that our chief executive is the lead chief executive for employee relations and will work closely with human resources around these issues.

A committee member noted that her advice to the committee about the strategies to increase the percentage of Māori in the health workforce by 3% over the next five years had been omitted from the previous meeting minutes. She noted that this information had come from Hauora A Iwi. These details have been amended in *"the minutes of the previous meeting"* in this paper.

11 Māori health

The director Māori health noted that the report was quite short this month. She said there had been no feedback from the MoH on the Māori health plan. This plan does not need to go to Treasury.

The director Māori health and the service and business planning manager attended the Hauora A Iwi meeting during the week; they noted that the committee commented favourably on the annual plan and the content around Maori health; both plans were endorsed at that meeting.

The director Māori health spoke about the MHP indicator reporting tool launch. She said Dr George Gray had put together an interactive IT tool in real time to enable DHBs to compare and to trend; this tool is Māori-health specific. The MoH have linked onto that tool an opportunity for DHBs to share excellence around the indicators. Different DHBs have put together seminars which the WDHB will be able to share either in person or by video link.

The director Māori health said it was pleasing to see the number of iwi leaders attending the launch and that there was good buy-in from the community perspective, which shows more interest from an iwi perspective.

The breastfeeding indicator within the Māori child health indicators is quite confusing; Dr Gray said the MoH is not combining the Tamariki Ora and Plunket data; the Plunket data only is being used and this data is about six months old when it is received so there is difficulty in correlating this data in a timely way; this raised concerns about this indicator and how valid it is. The description of the six-month indicator has been changed; those who provide tamariki ora are focused on this particularly in the rural areas.

The chair asked about the MoH interest in the sudden death indicator and whether this was positive. The director Māori health advised that MoH are focused on sudden death in 2015-2016; as WDHB is, unfortunately, one of the top-ranked DHBs in this category, MoH have made funding available to enable work to be undertaken.

Prior to the next HAC meeting, a meeting of central region board members is scheduled; the director Māori health will lead an initiative from Whanganui around the whanau ora experience in this region. A committee member congratulated the Māori health team on their successes at the Quality Awards.

12 Medical service

The report was taken as read. The clinical nurse manager medical services spoke to the meeting about the close observation project. She noted that there has been an increase in patients with cognitive impairment in the acute setting and the medical ward has needed to have patients under close observation primarily to keep those patients safe from falls. These patients are also at increased risk of preventable complications with one of the most prominent risk factors being dementia. There are many physiological factors including acute stress responses for those persons being admitted to hospital. If the patient suffers from delirium this may mean that the patient may not be able to return home. This is devastating for the patient and for their families.

Studies have shown that approximately 30% of delirium cases can be reduced and this was the focus for the healthcare assistant training held recently along with the accompanying study days; the training booklet contained an education module. It was noted that delirium can often be unidentified. Training centred on providing close observation hours to elderly patients. Immediate improvements were shown in the medical ward in the reduction of agitation and aggression from patients. As noted in the report. commitment from staff to change and improve their practice has been outstanding. Staff also noted that the close observation procedure reduces stress for both the patient and the staff member.

The preservation of dignity and respect for patients has been the most important factor in this work, and there has been very good feedback from families. The diversion trolley contains a range of activities for the patients and staff education shows that the one-on-one care is instrumental in the reduction of stress. The fake pets have also been instrumental in decreasing agitation, which also has meant a decrease in medication. The pet therapy is seen to be a very powerful tool with positive benefits. This programme is ongoing and an assessment tool developed by NHS in Scotland is currently being looked at.

The director of nursing noted that the medical ward has gone twelve months now with no falls resulting in fractures. This is outstanding work and she thanked the clinical nurse manager for bringing this information to the committee.

A committee member asked about the impact on nursing hours and how that compared with TrendCare. The clinical nurse manager replied that this is being looked at through CCDM, but that the feedback from staff has been very positive with staff levels of stress decreasing markedly. She said that TrendCare had been a positive tool for this work. She also noted that there have been improvements in the cardiac service, that intervention rates had improved and that WDHB compared favourably with other DHBs in these areas.

13 Mental health and addiction services

The report was taken as read. The associate director of nursing mental health advised that the Stanford House renovations are working well. The patient-transitioning flat has its first occupant and this is working well. The clinical nurse manager Te Awhina is confirmed in that role. The youth AOD project is running well with clinics across the community.

A committee member asked whether there had been any further incidents with synthetic drugs that had caused problems last year. The associate director of nursing advised that there had been a small resurgence of homemade drugs, but that these had not caused any issues. These had been reported to the police however.

14 Patient safety and quality

The report was taken as read. The director of nursing noted that certification would be occurring in two weeks.

Self-assessment documentation had been sent to the DAA Group and further information had been provided to them.

15 Public health, community and rural health services

The report was taken as read. The clinical nurse manager community health attended the meeting and spoke about the increasing numbers of patients the district nurses are seeing and the challenges facing rural communities. The chair commented on the quality and content of the report and the clinical nurse manager asked the committee for any input and/or suggestions that could assist with the issues outlined in the report.

16 Surgical services

The report was taken as read and the nurse manager surgical services spoke to the report. He advised that at a previous meeting a committee member had asked for an update on the paediatric department. A report was provided as 16.4 of this agenda and Dr David Montgomery, Paediatrician, attended the meeting to speak to that section of the report and to answer any queries.

Dr Montgomery said he had spoken to this committee about four years ago. He said that since then child health and paediatrics have had continued strong development, and he feels confident about meeting the needs of children in our community. There is still much work to do but services are continuing to evolve. Senior medical staffing is strong and stable; we have four permanent, fully-qualified paediatricians with about 120 years' experience between them. They are fully engaged with continuing education and peer review and have a solid group of senior paediatricians around the country who will act as locums if necessary. Dr Montgomery said there was a noticeable improvement in the quality of junior staff over the last few years which he attributes to strong clinical leadership and a great human resources team.

Increasing volumes are being seen in acute paediatrics, but ward facilities, equipment and nursing staff are well provided for. The department has a model of flexibility for the winter and summer seasons. There are good relationships with ED, WAM, Maternity, CCU and the tertiary providers mainly in Wellington and Auckland with good retrieval services. Information sharing is good particularly on the personal level with phone calls and emails. Telemedicine is used frequently particularly for oncology and there is some use of e-portals.

There are quite a few chronically ill patients but there is a good integrated service within the community and good partnerships with our tertiary providers. Dr Montgomery said he completes all outpatient triaging and said that initial work often gets done at the point of triage, providing early intervention and early solutions to problems.

The department has a large number of visiting specialists, and a cardiologist and sonographers are visiting in the coming week. Paediatric endocrine clinics are commencing in the near future.

ASH rates are high, the main reason being deprivation, a vulnerable population and geographic isolation which influences decisions around hospitalisation, and in particular at night time. ASH is used as a surrogate indicator for access to primary care.
There are good shared guidelines between WDHB and primary care; Dr Montgomery said it is a great experience to work with primary care because of the professionalism and enthusiasm shown from that

sector. Taihape Medical Centre in particular have put in a lot of work because of the travelling they need to do to attend meetings and this has paid off for both sides.

The map of medicine work is a good example of how we should build linkages and work on shared guidelines for a range of conditions.

Developmental paediatrics is somewhat fragmented but work is being done through *Rising to the Challenge* to try and solve some of the fragmentation issues that do exist. This is a work in progress and we look forward to the next year or so when this work will come to fruition.

A child protection coordinator has been appointed and this has made a good change to our processes. The WDHB gateway programme has the highest rate of completion for Gateway in the country. There is work being done with vulnerable pregnant women and issues around family violence with good engagement with primary maternity care. The relationship with CYFS and police is a strong relationship which has been built up over the last five or six years. Immunisation registers are updated regularly, all deaths are reviewed, and there are processes to support families who have lost a child.

Highlights are the work with primary care, the appointment of the child protection coordinator, *Rising to the Challenge*, child alert systems, improvements in IT and the establishment of endocrine clinics. There is a real need to establish outreach paediatric surgery.

The chair commented that this was an outstanding report and he thanked Dr Montgomery for his verbal report. Other issues noted:

- the use of e-portals is quite rudimentary currently
- telemedicine is mostly used for meetings and education but not as much as was hoped
- with e-portals, referrals come through instantly and electronic feedback provided to the referrer
- these tools have to be managed correctly to ensure confidentially but they do improve clinical practice.

Dr Montgomery asked if the committee had any ability to assist in terms of minor surgery as the department was frustrated at not being able to provide that. The nurse manager surgical services and the management accountant advised that Capital & Coast DHB had proposed such a change of service and are putting together a formal proposal to come to WDHB for consideration. A report will be provided in due course to this committee.

A recommendation that all reports be received was put and passed.

The chair thanked staff who attended the meeting today to make personal reports. He said this is very valuable for the committee.

17 Minutes of the previous meeting

Recommendation
That the minutes of the public session of the Hospital Advisory Committee held on Friday 8 May 2015 be approved as a true and correct record.

This was ***agreed*** subject to the alterations referred to earlier around the attendance schedule and the recommendation from Hauora A Iwi to increase the percentage of Māori in the health workforce by 3% over the next five years. These two items have been amended by the minute secretary.

Matters arising
During the financial services section of the 8 May 2015 meeting, the chair asked for a paper to be provided around outsourcing of mammograms. This paper has not yet been received but will be available for the next meeting scheduled for 31 July 2015.

18 Information papers

The information papers were taken as read.

19 Item for discussion

The *Health Workforce New Zealand Training Funds* paper provided for discussion was taken as read.

20 Future agenda items

21 Date of next meeting

The next meeting of the Hospital Advisory Committee is scheduled for Friday 31 July 2015.

22 Exclusion of public

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 8 May 2015 public-excluded session)	For the reasons set out in the committee's agenda of 8 May 2015	As per the committee's agenda of 8 May 2015

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 1.55pm.