



Unconfirmed Minutes Public session

Hospital Advisory Committee Board Room, Fourth Floor, Administration Building Whanganui Hospital, 100 Heads Road, Whanganui Friday 27 November 2015

Combined Committee Business meeting commenced at 11.45am

Present

Phil Sunderland, Chair
Mrs Judith MacDonald
Ms Jenny Duncan
Mr Stuart Hylton
Dr Allan Mangan
Ms Dot McKinnon (Board Chair)
Mr Matt Rayner
Mr Ray Stevens
Mr Allan Anderson
Ms Julie Nitschke
Ms Philippa Baker-Hogan

In attendance

Ms Tracey Schiebli, General Manager, Service and Business Planning
Mrs Julie Patterson, Chief Executive Officer
Mrs Sandy Blake, Director of Nursing
Mr Francois Rawlinson, Director of Health
Ms Sue Champion, Communications Manager
Mr Matthew Power, Finance and Contract Manager
Mrs Candace Sixtus, Portfolio Manager, Primary Care
Ms Andrea Bunn, Portfolio Manager, Mental Health and Health of Older People
Mr Peter Wood-Bodley, Business Manager, Mental Health and Surgical Services
Mrs Louise Torr, Business Manager, Medical, Community and Rural Health Services
Mr Jon Buchan, Portfolio Manager, Child and Youth
Mr Kilian O'Gorman, Business Support Manager, Service and Business Planning
Ms Shonelle Fergusson, Executive Assistant, Service and Business Planning (*minutes*)

Combined Committee Business

Annual Planning for 2016/17

The general manager advised that she attended the national planning day for DHBs where signals were given of expectations for the coming year.

Update of the NZ Health Strategy

The GM noted that Whanganui will be well placed to respond to the new strategy, as many of the themes are already part of the local landscape. This includes commitment to:

- Consumer co-design
- Measuring the patient experience
- Planning and improvement culture across the system
- Developing technology to enable the system to work smarter for patients and clinicians

A committee member asked whether the Ministry of Health may consider the changing the template for the annual plan next year, to achieve a shorter plan. The general manager advised that the look and feel of the annual plan will not change however there will be a section for the DHB to respond to the new health strategy.

Unfortunately, Whanganui District Health Board will still continue to have three separate plans – the annual plan, Maori health plan and the public health plan.

A committee member asked about progress with renal and urology. The general manager advised that the board is strongly committed to renal and there is a workshop scheduled to discuss renal in April 2015. Progress has been made with agreement to appoint a Nurse Practitioner for renal services across Whanganui and MidCentral. Urology is progressing with the development of a model of care for the combined district.

Health targets

The committee members were advised that the July to September results have now been received. Overall the health targets for Whanganui are pleasing with the exception of the 'Faster Cancer Treatment' target. It was noted that the ED target has a pleasing performance.

Faster access to cancer treatment

It was noted to committee members that the target 85% within 62 days is a hard target to achieve with small volumes.

The business manager gave examples as to why some issues with patients could impact on achieving the target. She noted that we are working regionally to approach the target. There have been no changes to what we have been doing rather it is due to small numbers. A variety of reasons contributed to the poor result, the most significant of which is sorting out the problems we have in urology.

It was noted that one of the local newspapers picked up only the Minister's press release which did not comment on our poor performance against the cancer target. This meant that the community received no acknowledgement that we were unhappy with this performance, and what we were doing about it, as we had included in our press release. The communications department has discussed this with the local media and we are hoping that there will be something in the papers over the weekend.

Faster access to diagnostic

The DHB expect to be in green in the next quarter.

Director Māori Health's report**Māori Consultation New Zealand Health Strategy Update**

The general manager advised that the Maori community have had a chance to feedback on the draft health strategy. Emerging themes were the importance of health literacy and healthy promotion.

Māori Health Plan 2016-17 planning guidelines

- Planning guidelines for DHB Māori health Plans have been released
- Focus is on advancing Maori health

Porritt Lecture Series – Professor Sir Mason Durie

- Both session where very well represented
- Once the video has been released we will ensure the committee will be able to view.

Reminder:

On 2nd December 2015 the Whanganui DHB Health Needs Assessment (2015) will be discussed at a joint workshop between the Board and Hauora a Iwi.

Communications report

Taken as read.

Items for decision

There were no items for decision at this meeting.

Date of next meeting

Friday, 12 February 2016 – Annual Planning Workshop
Combined Board, Statutory Committees, Hauora A Iwi and Whanganui Regional Health Network

The public session of the meeting ended at 12.17pm.

Hospital Advisory Committee

The public session of the Hospital Advisory Committee commenced at 2.00pm

Present

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

Attending

Mrs L Allsopp, Allied Health Manager
Mrs S Blake, Director of Nursing, Patient Safety & Quality
Ms S Campion, Communications Manager
Mrs L Dunlop, Manager Patient Safety & Quality
Mr H Cilliers, Regional Manager Human Resources
Mr J Hammond, Associate Director of Nursing, Mental Health
Ms D Mansor, Executive Assistant (*minutes*)
Mrs I Mapanda, Clinical Nurse Manager, Public Health Community & Rural Services
Mrs J Patterson, Chief Executive
Dr F Rawlinson, Chief Medical Officer
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 B Walden, General Manager Corporate
Mr P Wood-Bodley, Business Manager, Surgical Services and Mental Health

Public

No members of the public attended this meeting.

Media

There was no media presence at this meeting.

1 Apologies

The Chair noted an apology from Mrs D McKinnon.

2 Conflicts and register of interests update

Dr LeFevre advised he will provide a schedule to the committee and also advised he had no conflicts with this agenda.

3 Late items

No late items were advised.

4 Minutes of the previous meeting

Recommendation

That the minutes of the public session of the Hospital Advisory Committee held on Friday 11 September 2015 be approved as a true and correct record. This was *agreed*.

5 Matters arising

Mr Darren Hull attended the 11 September 2015 meeting, but this was not noted in the minutes. Those minutes have been amended to reflect Mr Hull's attendance.

6 Committee chair report

A report was not provided.

7 Clinical leaders' reports

7.1 Chief Medical Officer (CMO)

The report was taken as read. A committee member asked if the CMO could update this committee on the Medical Council being unlikely to give certificates of good standing. Smaller DHBs need to work on strategies to manage this. The CMO spoke about the medical leadership structure. He said the Heads of Departments (HODs) are largely focussed in their own departments and the clinical directors have a strategic, overview organisational focus. The CMO believes this DHB is small enough for HODs to have a wider focus and is considering renaming HODs to either medical director or medical head of department. The CMO believes this is about empowering the person to enable an organisation-wide focus rather than focusing on one area only. A committee member asked if this system had been used elsewhere; the CMO said he had talked to other organisations and that for a small DHB such as ours, such changes could and should work. There was some discussion around job sizing, whether this would add to a person's responsibilities and whether this would have a financial impact.

The CMO advised that this change would enable staff to actively engage in the business of the organisation. He said there is scope within current allocations to encompass such changes.

7.2 Director of Nursing, Patient Safety & Quality (DON)

The report was taken as read. A number of senior nurses have been involved in certification audits using the tracer methodology for other DHBs which is an opportunity for DHBs to learn from each other. The nursing workforce is continuing to professionally develop and funding for external courses and postgraduate education is taken up each year.

7.3 Director Allied Health (DAH)

The report was taken as read. The next report for this committee will have clinical board information encompassed within the patient safety report.

Good progress is being made on the radiology department service improvement plan and initial recommendations are being worked through. There has been some outsourcing within the ultrasound department due to sick leave but the department is now fully staffed. Nationally, there is not a shortage of physiotherapists but locally there is difficulty in recruiting new graduates. Three graduate positions are currently being advertised.

8 Allied health

The report was taken as read.

9 Financial services

The report was taken as read. The provider is performing well and this is mostly driven by additional internal revenue from elective performance and an increase in ACC revenue across a range of contract lines. There has been an increase in staffing costs, some of which relates to outsourcing for locums. Supply costs largely reflect the volume of activities. Nursing is being impacted by an increase in the MECA. There is an error in the wash up between the provider and the funder for some surgical activity; however this does not impact on the bottom line.

A committee member spoke about the retrieval system as being ad hoc; he said this is an issue for the MoH and asked if chief executives could talk about this nationally. The chief executive advised this was a long-standing issue which impacts nationally and she said she would brief the board chair on the issue.

10 Human resources

The report was taken as read. The general manager spoke to the report and commented on sick leave as following the same trend as previous year, probably as a result of late season influenzas. He did not believe this was of concern. He advised of the system to deal with excessive leave balances and said this was a continuous focus.

WDHB rates above average for sick leave, and is the lowest DHB with excessive leave balances. Injury and overtime rates are also low. WDHB has 11% of staff identifying as being Maori which is the fifth highest DHB, however, Pacifica representation is low.

11 Medical services

The report was taken as read. The nurse manager medical services and the business manager spoke to this paper. The nurse manager acknowledged the work of ED staff as numbers presenting were high over the winter period but targets were met. This was achieved by using the expertise and systems of doctors from other countries and learning from those; she also noted that the nurses work very much as a team and face challenges with a team approach. A clinical pharmacist based in ED also contributed to targets being achieved.

The cognitive approach in medical ward has had an effect on sick leave; the previous year's sick leave was at 16%, this reduced to 1% and is currently zero; the nurse manager believed this was a good measure of the success of the approach in the ward. She advised that twelve other DHBs have approached this DHB for advice on this initiative.

12 Mental health and addiction services

The report was taken as read. Suicide contagion issues have been spoken about at previous meetings and the nurse manager advised that tragedies are responded to quickly. There is extensive education regarding suicide prevention in the rural areas and in the local community.

Restraint and seclusion figures are at a record low. Future work will focus on what is happening to the patient prior to admission and following discharge. The positive relationship with police will also be focused on. A committee member thanked the mental health team for the work they are doing around suicide prevention. She also talked about upskilling a person in each school in the region to assist in education around suicide prevention. The ADON said this is a recognised need and that work has started to address this issue.

13 Patient safety and quality

The report was taken as read. The manager of the unit spoke to the report. She said Patient Safety Week had a good response from staff and patients. Complaints continue mainly to be about clinical care and communication with the patient. The national adverse event report is being released in December and a summation of patient stories from each DHB will be published.

14 Public health, community and rural services

The report was taken as read. The clinical nurse manager noted the changes in how district nurses record data. These changes have meant the district nurse team recording systems are in line with hospital systems.

15 Surgical services

The report was taken as read. In the financial services section of this meeting, there was a conversation about orthopaedics. It was noted there that WDHB has twice the national average in discharge rates which comes with considerable consumerable cost. The nurse manager surgical services highlighted the OPD and UNHEISP programmes and advised that all recommendations have been closed off. He also noted the drop in theatre cancellations which have been monitored since 2013. The business manager advised ESPI non-compliance is standing at one month and that there is a three-month period before penalties are imposed. He advised that compliance is likely in December but that theatre work in January may impact.

16 Information papers

Workforce influenza immunisation coverage rates by district health boards for 2015

The report was noted.

17 Future agenda items

The committee advised they would like to see reports on falls and fracture liaison and outpatient department work for the combined section of the next meeting.

A committee member asked if quality indicators such as workplace safety and SAC one and two events could be reported in the confidential section to enable the committees to discuss actual cases. Those cases are provided in the board agenda but would enable the committee to have a more general discussion.

The chair said he would ask the board if the SAC tables could be moved from the board agenda to the confidential section of the HAC agenda.

18 Date of next meeting

The next meeting of the committees is scheduled for Friday 12 February 2016 and is to consist of an annual planning workshop, a combined board meeting, statutory committee meetings, and including Hauroa A Iwi and the Whanganui Regional Network.

19 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 11 September 2015 (public-excluded session)	For the reasons set out in the committee's agenda of 11 September 2015	As per the committee's agenda of 11 September 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 2.38pm.