



Minutes Public session

Hospital Advisory Committee **Board room, fourth floor, administration building** **Whanganui Hospital, 100 Heads Road, Whanganui** **Friday 26 February 2016**

The combined committee business meeting commenced at 10.30am

HAC and board members in attendance

Mr Allan Anderson
Mrs Philippa Baker-Hogan (*apologies for lateness*)
Mrs Julie Nitschke
Mrs Susan Osborne
Mrs Dot McKinnon, Deputy Chair
Mr Philip Sunderland, Chair

CPHAC and board members in attendance

Mrs Jenny Duncan
Ms Harete Hipango
Mr Stuart Hylton
Mrs Kate Joblin, Chair
Mr Alan Mangan
Mr Matt Rayner
Ms Grace Tairoa

Apologies

Mrs Barbara Ball, Board
Mr Darren Hull, HAC
Dr James Le Fevre, HAC
Mr Ray Stevens, HAC and Board

WDHB staff in attendance

Mrs Sandy Blake, Director of Nursing, Patient Safety & Quality
Mr Jon Buchan, Portfolio Manager, Service & Business Planning
Mrs Andrea Bunn, Senior Portfolio Manager, Mental Health & Older People
Ms Sue Campion, Communications Manager
Mrs Kim Fry, Director Allied Health
Mr Jeff Hammond, Associate Director of Nursing Mental Health
Mrs Rowena Kui, Director Māori Health
Ms Deborah Mansor, Executive Assistant (minutes)
Mr Declan Rogers, Nurse Manager Surgical Services
Ms Tracey Schiebli, General Manager, Service & Business Planning
Mrs Louise Torr, Service Manager, Medical & Allied Health Services
Mr Matthew Power, Funding Manager, Service & Business Planning
Mr Brian Walden, General Manager Corporate Services
Mr Peter Wood-Bodley, Service Manager, Surgical & Mental Health Services

Members of the public

Two members of the public attended this meeting.

Media

There was no media presence at this meeting.

Welcome

Mrs Kate Joblin, CPHAC chair, welcomed all to the combined committee section of this meeting.

Regional services planning

The paper was taken as read. Mrs Tracey Schiebli asked for comment. She advised that Mrs MacDonald was looking for data by ethnicity and she advised this had been received.

It was noted there is a level of unmet need in our population and the challenge is to identify where that unmet need is and note that in the annual plan.

Faster Cancer Treatment

The papers were taken as read. The business manager medical & allied health services advised that in November and December the hospital had patients with shorter pathway diagnoses compared to more complex pathways; discussions are ongoing with MoH around the targets as different cancers take different times to go through their individual pathways.

Some DHBs are finding this causes pressures on MRIs; there are capacity issues within WDHB but as we are a small DHB, we do not face the challenges that the larger DHBs do face.

The central region is leading work on cancer pathways and will be looking at available resources. A committee member noted that having the cancer nurse in the outpatient department is a great support for the GP practices. This position is ongoing.

Whanganui reducing harm from falls and fracture liaison strategy - an update paper

The paper was taken as read. The director of nursing said this paper highlights how integration works well with the Whanganui-wide plan. She drew the committee's attention to the jigsaw diagram which shows the reporting pathways; there are nearly 200 people enrolled in exercise programmes across the district along with other activities.

Within the hospital, harm from falls has significantly decreased by caring for those with cognitive impairment differently; special care is also taken of those we know of within the community who have frail bones, as this care also contributes to decreasing harm from falls.

The information is backed up by the map of medicine for falls. The director of nursing was acknowledged for her leadership and passion around falls. The additional resource from WHRN which will help actions around targeting our vulnerable population was also acknowledged. The chair felt this work could be replicated as a model around other work such as child obesity. A committee member noted the collective impact of the work being done.

Mental health and addictions

The paper was taken as read. The associate director of nursing mental health attended the meeting to speak to this paper. He said it is not easy to establish a new service but he noted that the youth services are progressing well. A committee member noted that SUPP resonates well with youth. Another committee member congratulated the team on their facebook page as this is a particularly useful way to engage with youth.

The associate director of nursing also advised that great progress has been made with seclusion statistics over the last five years and he noted that the mental health team are fully committed to continuing with this work. Restraint also trended down over the same period.

The suicide prevention plan is underway; reaching the rural areas with advanced training is underway. There have been two suicides in our district this year to date. The new graduate nurses are employed. Relationships with primary healthcare continue as part of the integration work.

10.53. Ms Sue Osborne left the meeting.

Director Maori health report

The paper was taken as read. The director Maori health attended the meeting to answer any queries. She noted the employment of some nurses and that MoH is looking at ways to improve the Maori workforce. She drew the committee's attention to the Maori fellowship programme and articulated the positive feedback received from participants.

There is great feedback coming from the Tu Kaha conference and the director Māori health asked committee members to consider attending. A committee member spoke about an inspirational programme he had seen on three Maori doctors in Northland; he felt these doctors were a good example to younger ones in the health sector.

The committee chair asked about the feedback to colleges about improving the programmes; the director Maori health said this will be the focus of future work with the chief medical officer. A committee member spoke about the changing demographics in Whanganui with more Maori babies being born, and said this was something the committees and board needed to keep in mind with future planning.

Next combined strategy committee meeting

The next combined committee meeting between CPHAC and HAC is scheduled for 15 April 2016. At members' request, this will be a workshop on renal services development.

Whanganui District Health Board minutes

The minutes of the WDHB board meeting held on 29 January 2016 were noted.

Glossary and terms of reference

For information only (noted).

The combined committee section of this meeting concluded at 11.00am.

The Hospital Advisory Committee meeting commenced at 1.00pm.

Present

Mr Allan Anderson
Mrs Philippa Baker-Hogan
Mrs Julie Nitschke
Mr P Sunderland, Chair

Attending

Mr Declan Rogers, Nurse Manager Surgical Services
Mrs Gail Hickey, Manager Human Resources
Ms Jan Denman, Clinical Nurse Manager Outpatients
Mrs Kim Fry, Director Allied Health
Ms Deborah Mansor, Minutes
Mrs Louise Torr, Business Manager
Mrs Rowena Kui, Director Maori Health
Mrs Sandy Blake, Director of Nursing, Patient Safety & Quality
Mrs Wendy Stanbrook-Mason, Nurse Manager Medical Services

Public

No members of the public attended this meeting.

Media

There was no media presence at this meeting.

1 Apologies

Apologies were received from Mr Darren Hull and Mr Ray Stevens. Apologies were also received from Dr James Le Fevre who tendered his resignation from this committee.

2 Conflicts and register of interests update

Mrs D McKinnon advised that she is no longer chair of the Whanganui Community Foundation.

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 27 November 2015 be approved as a true and correct record. This was *agreed*.

5 Matters arising

There were no matters arising.

6 Committee chair report

The chair welcomed everyone to this meeting. He commented on the joint committee meeting items this morning. He asked that, as we go through the report, that we take note of whether the different sections could or should be in the combined business section.

The chair noted the resignation of Dr Le Fevre and also his offer to have input as and when needed if appropriate.

This committee's view is that we are lacking a clinician on this committee and would like the Clinical Board to consider how they could assist with this. A committee member asked the director of nursing her view; she responded that the committee consider whether they would like an internal or external medical person; the chair felt that the committee required an independent clinician. It was noted that a potential committee member could be from MidCentral DHB. This item will go forward as a future agenda item for this committee.

The chair noted in the last meeting of this committee that he would raise with the board whether the severity assessment code (SAC) tables could be moved from the board agenda to the confidential section of the HAC agenda.

Recommendation

That the Hospital Advisory Committee:

Request the WDHBC to consider whether the SAC tables could be moved from the board agenda to the confidential section of the HAC agenda.

7 Clinical leaders' reports

7.1 Chief Medical Officer

The report was taken as read. The chief medical officer was on leave. A committee member asked if cover was arranged for SMOs on sick leave. The nurse manager surgical services said that discussions are occurring with the orthopaedic surgeons within the department.

7.2 Director of Nursing, Patient Safety & Quality

The report was taken as read. The director of nursing mentioned the graduation ceremony for the healthcare assistants after they had undergone the 'care with dignity' training for those who are cognitively impaired, and thanked the chief executive for attending that ceremony.

7.3 Director Allied Health

No report was provided.

8 Allied Health

The report was taken as read. The manager allied health is on leave. Good news for allied health is the successful physiotherapist recruitment. A committee member asked about the principal dental officer resignation. The business manager said the department is staffed with clinicians with different skill sets so there is no imminent risk to services. However the leadership role is key, and work is being undertaken to address that. The community rehabilitation services project has yet to commence.

9 Financial services

The report was taken as read. Mr Brian Walden spoke to the report; he said the result was favourable for the month. The benefits of leave were felt for this period and a slowdown in surgery in early January was also reflected. Staff costs were favourable overall. The revenue continues to be positive for the provider. Supply costs were higher than planned but are at a similar level to last year.

A committee member asked about outsourced radiology services. Mr Walden said referrals from WDHB for diagnostic mammograms are completed in Palmerston North. The Breastscreening Programme itself continues in Whanganui.

A committee member asked about the Pharmac rebate and the ACC revenue; she asked what work is being undertaken to capture these revenues. Treatment injuries are also being looked at (covered by ACC); subsequent visits could be charged back to ACC. Work is being taken to see where revenue could be captured and this work needs to have a clinical eye to ascertain appropriateness.

Admissions for non-residents generates a minor income stream and administration staff have been alerted to procedures to capture this revenue. It was noted that professional fees occur at differing times of the year.

10 Human Resources

The report was taken as read. The manager human resources attended the meeting to take any questions. A committee member asked about the turnover in allied health; this was noted as business as usual. A committee member asked about the aims of increasing the Maori workforce by 1%; she noted that there was a recommendation to look at the workforce with a 3% increase rate over a five-year period. The chair asked for an update on this data for the next report. The director Maori health commented on work being undertaken on exploring opportunities to improve Maori workforce in the medical staff; there has also been work underway on an affirmative work process for Maori and changing recruitment practices to take into account cultural differences. The manager human resources said work is being undertaken in local schools but applicants are not coming forward. The chair asked if more work could be undertaken in this area.

11 Medical Services

The report was taken as read. There has been a notable increase in ED admissions and the target may not be achieved in this quarter. It is thought there was a 20% increase in admissions throughout the month. The chair said that other DHBs are experiencing similar situations. A committee member noted that prevention strategies through pathways are not yet being implemented and these strategies could make a difference to the ED admissions.

A committee member asked about ethnicity data with those admissions and whether that is being captured. She noted that gaps and/or barriers could be identified from that data. The business manager said this is an emerging risk and more data is required to truly understand what is happening and that a whole of system approach is required; the committee asked for a report for the next meeting to describe the issues and trends. The nurse manager medical services said the report would be able to identify what is occurring but may not at this stage have realistic solutions. She noted that she and others are attending a winter planning workshop in the near future and learnings from that would be able to be integrated into that report

12 Patient Safety and Quality

The report was taken as read. The director of nursing advised that the manager patient safety unit position has been advertised. This position will have a clinical knowledge requirement as well as managerial experience.

A committee member mentioned that flu vaccination needs to be encouraged with staff; the director of nursing said the infection prevention & control nurse had a plan underway for this.

13 Public Health, Community and Rural Services

The report was taken as read. The chair asked about the community palliative care service; the business manager said this service falls under district nursing and the business manager will follow up.

14 Surgical Services

The report was taken as read. The clinical nurse manager outpatients attended the meeting along with the nurse manager surgical services.

The nurse manager spoke about the work being undertaken in the Outpatients Department and noted the report in the information section. A committee member asked how many Maori if any were in the patient scheduling team. The clinical nurse manager said there was one person. It was noted that the outpatient report had not been included in the agenda. This report was circulated to the committee that day.

The nurse manager spoke about the project underway to reduce the 'did not attends' and how we hope to reduce that rate by the end of the year. If successful, this project will be undertaken with other specialities. The clinical nurse manager said staff are quite excited about this project and by the support being provided by management. The director of nursing said the consumer advisory group is now underway and there would be opportunities for that group to have input into this work.

A committee member felt that the initial frontline experience when a person first comes in the hospital door is vitally important. The business manager advised that a volunteer group operates in the morning and plans are underway to increase that incrementally.

15 Information papers

The outpatient report had not been included in this agenda; the report was circulated to the committee that day via email.

16 Future agenda items

No future agenda items were advised.

17 Date of next meeting.

The next meeting of this committee is scheduled for Friday 15 April 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 27 November 2015 (public-excluded session)	For the reasons set out in the committee's agenda of 27 November 2015	As per the committee's agenda of 27 November 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 2.15pm.