



Minutes Public session

Hospital Advisory Committee **Board room, fourth floor, administration building** **Whanganui Hospital, 100 Heads Road, Whanganui** **Friday 2 December 2016**

Items of mutual interest to CPHAC and HAC

This section of the meeting commenced at 11.07am

Attending CPHAC and HAC members

Mr Darren Hull
Ms Dot McKinnon
Mr Frank Bristol
Ms Jenny Duncan
Mrs Judith MacDonald
Mrs Kate Joblin
Mr Matt Rayner
Mr Allan Anderson
Mr Stuart Hylton
Ms Susan Osborne
Ms Julie Nitschke

Whanganui District Health Board staff

Mrs Eileen O'Leary, Project Manager Planning and Funding
Mr Jeff Hammond, Associate Director of Nursing Mental Health
Mrs Jevada Haitana, Associate Director of Nursing General
Mr Jon Buchan, Portfolio Manager Planning and Funding
Mrs Julie Patterson, Chief Executive
Mrs Rowena Kui, Director Māori Health
Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality
Ms Sue Campion, Communications Manager
Ms Tracey Schiebli, General Manager, Planning and Funding
Ms Andrea Dempsey-Thornton, Cancer Nurse Coordinator
Ms Marama Cameron, Acting Allied Health Manager
Mr Peter Wood-Bodley, Business Manager Surgical Services and Mental Health

General Manager, Service and Business Planning's report

centralAlliance strategic plan and sub-regional initiatives

Renal Services

The general manager, service and business planning gave the committee the background to the renal services development that has been undertaken by Whanganui DHB.

The new renal nurse practitioner role has been well received, and feedback suggests the role has contributed to a number of people being able to remain in our community for treatment.

Progress against the work programme has been good, with many small improvements implemented, to the satisfaction of the consumer advisory group. In Whanganui, a project manager is assigned to renal services and has been working on the companion piece to the MidCentral DHB review. A steering group meeting is planned for 16 December to discuss next steps.

The general manager, service and business planning advised the committee that support for dialysis in the local community would be explored however some people would always need to travel to Palmerston North for dialysis due to the availability of Nephrologist support. This is not a cost issue, rather a workforce issue. The option of having a chair in hospital to avoid admitted patients having to travel to Palmerston North will be considered. It is important that this does not create an expectation that all dialysis could be done here, as this would only be suitable for certain patients of low acuity.

Urology

Taken as read.

Laboratory services

Taken as read.

Women's health

Taken as read.

Health of older people – update including managing home based support service (HBSS)

Significant changes are underway with the home and community support sector and the following points noted:

- Regularisation of the home and community support workers
- Future sustainable home and community support models
- Implications of pay equity settlement
- 'Scene setting' that will come out of the healthy aging strategy.
- Short term restorative approach.

Advance care planning:

- Advanced care plan discussions need to be articulated well
- The nature of the conversation is important
- Aim to have completed ACP before cognitive impairment sets in.

WDHB has a well-driven advanced care planning champion network which is one of the keys to its success.

Health target three - faster cancer treatment (FCT)

The report was taken as read and the cancer nurse coordinator gave a quick background of the information that is reported and presented to MoH.

Urology

It was noted that the urology service has improved significantly since having the cancer coordinator role in place which is advocating for the clients and referrals. The committee acknowledged the great work the coordinator is undertaking.

Administration of cytotoxic medication at Whanganui Hospital

MidCentral and Whanganui DHBs are to formalise an agreement that non-complex chemotherapy will be delivered at Whanganui Hospital. It is envisaged that if approval is given this year, the service would be functional in June 2017.

Director Māori health report

Hapai te Hoe programme

Hapai te Hoe commenced in March 2015 with new staff as part of orientation. In September 2015 the programme was extended to include all existing staff. The programme is delivered three times a month (including orientation) and will move to four times per month in 2017. The programme is being rolled out to all the staff with the WDHB. Whanganui UCOL nursing tutors and students have been attending the programme. Board members have the opportunity to go through the programme in January 2017. The director Māori health advised that this programme has been very successful and the programme is leading the way to changing the culture of WDHB to embrace whānau ora, to place whānau/families at the centre of all that we do and to have our services delivered by staff who are confident working with Māori whānau and who understand and acknowledge Māori values and beliefs.

Director of nursing report

Mental health and addictions services

Taken as read.

Infant, Child and Adolescent Mental Health and Addictions Service (ICAMHAS)/SUPP

Taken as read.

Stanford House

The associate director of nursing (mental health/DAMHS) advised that Stanford House continues to have good outcomes. A service user has completed the transition to the community and discharged.

Methamphetamine

Taken as read.

New training directions

The associate director of nursing (mental health/DAMHS) advised that Whanganui District Health Board staff are completing de-escalation training. A new course on physical 'breakaways' is being rolled out next month which MidCentral are currently doing, which provides both DHBs with the same training.

Suicide prevention training

International expert Professor Annette Beautrais will be presenting advanced suicide prevention training to clinicians throughout Whanganui in early December in addition to running a youth suicide workshop for agency staff who work with youth. Annette has also presented advanced training for our clinicians this month. A committee member asked for ethnicity data to be presented in mental health and addiction service volumes for inpatient units and community mental health services.

Communications report

November update

The communications manager advised the committee that the Health Quality and Safety Commission has requested to publish four WDHB stories in their reports and the Mental Health Foundation have requested permission to publish two consumer stories.

This part of the meeting closed at 12.09pm.

Hospital Advisory Committee

This section of the meeting commenced at 12.55pm.

Attending

Mr A Anderson
Mrs P Baker-Hogan
Mr D Hull
Mrs D McKinnon, Deputy Chair
Mrs S Osborne

Public

No members of the public attended this meeting.

Media

There was no media presence at this meeting.

In attendance

Mr Graham Adams, Board Member Elect
Mrs Louise Allsopp, Manager Patient Safety Unit
Mrs Sandy Blake, Director of Nursing, Patient Safety & Quality
Mrs Marama Cameron, Acting Manager Allied Health
Mrs Sue Campion, Communications Manager
Mr Hentie Cilliers, Manager Human Resources
Mrs Kim Fry, Director Allied Health
Mr Raju Gulab, Management Accountant
Mrs Jevada Haitana, Associate Director of Nursing
Mr Grant Hood, Facilities Service & Project, Commercial Services
Deborah Mansor, minutes
Mrs Itayi Mapanda, Clinical Nurse Manager Community & Public Health
Mrs Eileen O'Leary, Project Manager Service & Business Planning
Mr Declan Rogers, Nurse Manager Surgical Services
Mrs Louise Torr, Business Manager Medical Management Unit

1 Apologies

Apologies were received from Mrs B Ball, Mr R Stevens and Mr P Sunderland.

2 Conflicts and register of interests update

No conflicts were advised.

3 Late items

No late items were advised.

4 Minutes of the previous meeting

The minutes of the public session of the Hospital Advisory Committee held on Friday 16 September 2016 were approved.

5 Matters arising

There were no matters arising.

6 Health targets

The health targets were taken as read.

7 Clinical leaders' reports

The reports were taken as read. Points noted:

- Recruitment of doctors is ongoing.
- The violence intervention prevention updates were noted.
- The nursing directorate is committed to taking the UCOL graduates and is working hard to improve the numbers of Māori nurses.
- The nurse sensitive care indicator survey is underway next week; the information gathered will assist in planning future care.

8 Patient safety and quality

The report was taken as read. A committee member noted the rising trend in patient incidents. The manager of the patient safety unit said there are various reasons for this - the reporting culture itself is improving and medication error reporting is increasing.

Other points raised:

- An in-depth report will be prepared for the committee which will include theatre and outpatient cancellations.
- The patient safety manager and director of nursing will discuss putting all theatre cancellations on RiskMan for a period of time and look at the individual items to ascertain what the reasons are.
- The director of nursing said gaps have been identified; a committee member said there is a need to focus on strategies to bridge those gaps.
- The patient experience is the key point of contact as is in any business.
- The director of nursing updated the committee on the recent certification; a large number of staff attended the feedback sessions with very positive responses; the auditors had no suggestions for the infection prevention and control processes nor the quality and safety processes, however there is always room for continuous improvement and we will continue on that journey.
- Mr Darren Hull offered his congratulations to the teams and asked if this achievement could be celebrated publically; he said the perception within industries can be that the WDHB is not delivering and the results from certification should be disseminated widely to illustrate how far we have come.
- Mrs Osborne noted that we should see some health gains for Māori as a result; the director of nursing observed that the work of the Māori health team is probably the best in the country.

9 Medical services

The report was taken as read. The deputy chair said she is pleased with the work on the Yellow Space project.

10 Surgical services

The report was taken as read.

A committee member noted the nursing costs; as it is one of the functions of this committee to oversee financial performance, he asked what plans are in place to address the forecast position. The director of nursing replied that she has confidence in the system of acuity; the care capacity demand management (CCDM) programme has shown an increase in staff doing close observations which is actively managed. Also, the nursing budget does not reflect all the issues allocated to it. However, nursing has invested in areas such as the nurse practitioner roles. There used to have three fractured hips a year, mainly with the cognitively impaired patients; however with the close observations being increased, there has not been a fractured hip over the past two years.

Other points raised:

- The ophthalmology position is vacant; however a consultant will commence a fixed-term contract in April 2017. Patients will continue to be managed by their referrer.
- Issues with urology were discussed at the CPHAC meeting earlier this morning.
- If ESPIs are non-compliant there is a financial penalty.
- Baby hip checks are now completed by midwives; this is within the midwifery scope of practice and the midwife can refer on to orthopaedic service if required.

11 Public health, community and rural services

The report was taken as read. Points raised:

- The deputy chair said the report provided a good overview of the services which are looking good.
- It was noted that eight patients are receiving treatment for rheumatic fever; this should have been nine patients.
- The safe sleeping project is underway.
- School based health services are working well.
- The high risk foot clinic has progressed and all stakeholders have been involved in discussions.

12 Allied health services

The report was taken as read. The director allied health introduced Marama Cameron as the allied health manager for a fixed-term of six months. At this point, the deputy chair said that many of the topics in the allied health services report were mentioned in the committee papers earlier in the day. She said she would like to see one committee meeting only as many items are mentioned at both meetings. There are frustrations around the radiology service, however WDHB went live with radiology reporting during the current week and no issues have been raised to date. The process of reporting has changed but not the format, with patient safety being the overall focus.

13 Human resources

The report was taken as read. The human resources manager noted that turnover has been low consistently over the past five years. The focus on human resources during certification was around

health and safety and no negative findings were raised. Long-term sick leave is trending upwards which is expected with an aging workforce. However it is the younger person who tends to have more sick leave due to family commitments. The manager said that the focus is on keeping people safe at work and the safety and wellbeing of staff is always paramount.

14 Financial services

The report was taken as read, with no discussion.

15 Information papers

The information papers were taken as read, with no discussion.

16 Future agenda items

No items were advised.

17 Date of next meeting

The next combined committee workshop is scheduled for 17 February 2017.
The next Hospital Advisory Committee meeting is scheduled for Friday 3 March 2017.

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 16 September 2016 (public-excluded session)	For the reasons set out in the committee's agenda of 16 September 2016.	As per the committee's agenda of 16 September 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 2.15pm.