



Agenda

Public session

Hospital Advisory Committee

Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
Friday 11 September 2015 commencing at 9.30am

Committee members

Mr A Anderson
Mrs P Baker-Hogan
Mr D Hull
Mrs D McKinnon, Deputy Chair
Mrs J Nitschke
Mrs S Osborne
Mr R Stevens
Mr P Sunderland, Chair

1 Welcome and introductions

2 Apologies

3 Registers/schedules

- 3.1 Register of current conflicts and declarations of interest
- 3.2 Attendance schedule
- 3.3 Hospital Advisory Committee Workplan 2015

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4 Late items

Register of minor items only. No resolution, decision or recommendation may be made except to refer the item to a future meeting for further discussion.

5 Committee chair report

6 Clinical leaders' reports

There is no clinical leaders report

7 Health targets

Nil

8 Allied health

There is no allied health report

9 Financial services

There is no financial services report

10 Human resources

There is no human resources report

11 Māori health

There is no Maori health report

12 Medical services

There is no medical services report

13 Mental health

There is no mental health report

14 Patient safety and quality

There is no patient safety and quality report

15 Public health, community and rural services

There is no public health, community and rural services

16 Surgical services

There is no surgical services report

17 Minutes of the previous meeting

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Recommendation

That the minutes of the public session of the Hospital Advisory Committee held on Friday 31 July 2015 be approved as a true and correct record.

18 Matter arising from 31 July 2015 meeting

Nil

19 Information papers

Attachments

Glossary

20 Future agenda items

21 Date of next meeting

The Hospital Advisory Committee next meets on Friday 23 October 2015.

22 Exclusion of the public – confidential section

Recommendation

That the public be excluded from the remainder of this meeting under clause 32, schedule 3, of the New Zealand Public Health & 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 31 July 2015 (public-excluded session)	For the reasons set out in the committee's agenda of 31 July 2015	As per the committee's agenda of 31 July 2015
Hospital Advisory Committee minutes of meeting held on 31 July 2015 (public-excluded session)	To protect the privacy of natural persons, including that of deceased natural persons	Section 9(2)(a)
	To protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information	Section 9(2)(b)(ii)
	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Section 9(2)(i) and 9(2)(j)

Persons permitted to remain during the public excluded session

That the following person(s) may be permitted to remain after the public has been excluded because the committee considers that they have knowledge that will help it. The knowledge is 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 WDHB	Management and operational reporting and advice to the board
Committee secretary	Minute taking	Recording minutes of meetings



Minutes Public session

Hospital Advisory Committee **Board Room, Fourth Floor, Administration Building** **Whanganui Hospital, 100 Heads Road, Whanganui** **Friday 31 July 2015 commencing at 1.08pm**

Present

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

In attendance

Ms S Campion, Communications Manager
Mr H Cilliers, Regional General Manager Human Resources
Mrs J Haitana, Associate Director of Nursing General
Mr J Hammond, Associate Director of Nursing Mental Health
Mrs R Karena, Clinical Nurse Manager Māori Health Services
Dr J Le Fevre, Observer
Ms D Mansor, Executive Assistant, Minutes
Mrs J Patterson, Chief Executive
Mrs L Torr, Business Manager, Medical and Allied Health Services
Mr B Walden, General Manager Corporate

Public

No members of the public attended this meeting.

Media

There was no media representation at this meeting.

Joint strategy meeting Improving child health in the WDHB region

The committees met prior to this meeting to jointly discuss child health in WDHB. Notes are provided below.

This section of the meeting commenced at 11.30 am with invitations extended to HAC and Whanganui Alliance Leadership Team (WALT) members.

The purpose of the workshop was to update both the committees on the progress with improving child health in the WDHB region and showcase the data analysis designed to get a better understanding of where the risk sits in our community.

The general manager noted that improving child health and reducing disparities remains a top priority for WDHB and its' planning partners for the 2015/16 year. WDHB and WHRN have been working closely together, supported by members of WALT, to develop strategies for improvements in population health. Moving data analysis to the next level is a key part of the strategy. The WRHN chief executive reinforced this and explained the intent of the analysis in the context of improving the health of our vulnerable children. She also explained the potential to add data from other sectors to provide a comprehensive picture of risk and vulnerability in our community.

The WRHN/WDHB information analyst presented 'Paediatric health and vulnerable children from an information perspective'. The following points were noted from discussion:

- there is real commitment to deliver on the Children's Action Plan (CAP) locally through establishment of Children's Teams
- it is about the wellbeing of our children and the desire to support early intervention strategies
- reducing avoidable hospitalisations for children is a top priority
- commitment is required from all agencies for a repository of information to identify a picture of risk profile in our community across health and social domains
- community education is needed to support children and each other through skills development, for example, cooking, budgeting, parenting
- Whanganui has good relationships across sectors and is therefore well-placed to establish Children's Teams.

The committee acknowledged the comprehensive presentation and the commitment to improving child health.

1 Welcome

The chair welcomed Dr James Le Fevre who has been appointed as a member of this committee for a term of one year. Dr Le Fevre is an ED locum for Auckland District Health Board (DHB), he is an elected member of Waitemata DHB, and is chair of Waitemata DHB HAC committee. Dr Le Fevre's appointment will be confirmed at the WDHB meeting and he is here today as an observer. The committee agreed that they would appreciate Dr Le Fevre's contribution to this meeting as an observer.

2 Apologies

An apology was received from Mrs J Nitschke.

3 Registers/schedules

Mrs S Osborne advised that she has been appointed as a trustee of Nga Tangata Tiaki. The conflicts of interest register has been updated to reflect this.

4 Late items

No late items were received.

5 Committee chair report

Mr Sunderland confirmed that there is potential for the September and October committee meetings to be joint committee meetings. The September meeting would discuss the centralAlliance plan and the health of older people. The October committee meeting will discuss health informatics and the clinical portal. The chair advised that these are significant strategic meetings and that any issues regarding monitoring will be picked up by the Board.

There was a request for the October meeting to be held on 22 October rather than 23 October 2015. The board chair will discuss with the chief executive and advise.

6 Clinical leaders' reports

6.1 Chief Medical Officer

The report was taken as read. The chief medical officer is on leave. The chief executive advised she will take questions on his behalf. A committee member asked for an update on recruitment. The chief executive responded that an ED physician is starting in August and the recruitment process is going smoothly. She said she will provide information about ophthalmology recruitment in her weekly update.

6.2 Director of Allied Health

The report was taken as read.

6.3 Director of Nursing, Patient Safety & Quality

The report was taken as read. The associate director of nursing mental health attended on behalf of the director of nursing. He spoke about the work the AT&R work is doing and that a team from Wairarapa DHB had visited recently to look at how that is being progressed. He noted that the NSCI survey workshop will be undertaken with residential aged care in August.

7 Health targets

The report was taken as read. The business manager medical services was available for questions. The third quarter results will be available mid-August.

A committee member asked about the neurology patient who breached the 31-day target by 94 days. The business manager advised there are capacity issues around urology and that WDHB is working with MidCentral DHB to provide this service. Senior staff from WDHH are at MidCentral DHB this afternoon to advance this issue. The MidCentral service has been under pressure but MidCentral have not retrenched from offering services at Whanganui. Urology capacity is constrained in other areas; regional work is underway to develop pathways.

A committee member asked for more information on the delays; he asked how bad it has been for the patients concerned. The chair said it was important to get this information, anonymised, as this could well be a serious issue for the patient. He asked for the chief executive to provide feedback for the next board meeting. The chair also asked if there could be a section on the RAC agenda on how WDHB is going on each of the health targets.

The chair noted that the smoking target results were encouraging. The business manager advised that MRIs are behind due a team member taking extended leave.

A committee member noted that it was possible to track when staff are on leave as this occurs when the targets are not being met. She asked if CT/MRI are areas where team members could possibly be working across disciplines. It was noted this could be an item for the public excluded session.

8 Financial services

The report was taken as read. Results were favourable to budget; the flood in June resulted in additional costs due to staff not being able to attend work; those staff members receive time-in-lieu and this gets accrued as part of annual leave entitlements so does add to costs.

Revenue has been received for a number of charges with outpatient clinics. The infrastructure costs for CRISP are being budgeted at a high level; the programme is over time which offsets other costs. Staff costs relate mainly to RMOs and job sizing around senior doctors. Elective revenue is down but is offset by other revenue including ACC where WDHB has performed well. Budgeting for next year is underway. A committee member noted that the shortfall in CRISP in this financial year will impact on the next financial year.

Complex MRIs continue to be outsourced due to equipment; breast MRIs are being outsourced and the radiology team have asked if we should be purchasing equipment at a cost of \$70k; the general manager corporate will follow up on this.

Air ambulance cost has been rolled over. The bad debt areas are mainly due to dental patient charges, and there is mixed success in recovering those costs. There is very limited patient charging in public health but dentistry is an area where there is a level of charging; however patients accessing this service are often those who are most disadvantaged and are unable to pay for this service. It was also noted that Pacific island families are often unable to pay for treatment for relatives from their home islands.

The dental caravan costs are related to the cost of moving the caravans between schools. WDHB covers emergency costs up to one percent, therefore if expenditure relating to emergencies is less than \$2m, that cost is covered by WDHB.

The air ambulance internal audit draft report has been received and returned for more input; patients to Wellington are going by air rather than road, and this will be investigated to understand why. A committee member asked if there are national guidelines for this. Dr Le Fevre advised there are no national guidelines in New Zealand and that DHBs will struggle with this issue until guidelines are in place. He advised that transfer decisions are very dependent on advice from clinicians.

9 Māori health

The report was taken as read. The clinical nurse manager Māori health attended the meeting on behalf of the director and paid tribute to Aunty Dardi Metekingi. She advised that MoH have approved the joint Māori health plan between WDHB and WRHN.

A committee member asked whether there is monitoring or some form of evidence on the work that the haumoana are doing and if there had been a decrease or increase in complaints. The clinical nurse manager said the service has been in action for a year now and that haumoana are encouraged to ask families for constructive feedback. She advised that work with the patient safety unit clearly indicated that positive and negative feedback from Maori whānau has increased and that this is seen as a positive, as it highlights areas for improvement. She noted this as an opportunity to work with patient safety to support whānau.

The chair noted two outstanding presentations, one from Sir Mason Drurie on whānau ora which was memorable and educational along with the presentation by the WDHB Maori health team; he said this was an impressive presentation outlining how whānau ora is working at WDHB.

10 Mental health

The report was taken as read. The associate director of nursing mental health answered queries on how the SUPP team work is progressing. He said that the team are building their contacts and their work and are on track. He described the SUPP service for Dr Le Fevre.

A committee member asked about risk to staff when restraint is used. The associate director of Nursing advised that restraint is used rarely and that staff are well-trained.

A committee member asked about adults presenting with foetal alcohol syndrome. Work is underway to understand if this condition could have been diagnosed earlier in a person's life. It was also asked if there had been any spike in the use of legal highs. The associate director of nursing advised that information is shared with police and that confiscated substances are sent to CARMS. The key to this work is clinicians reporting usage to CARMS, then if there is a spike in use, CARMS will advise government.

The chief executive advised that information obtained through OIAs will now be credited to the relevant clinical person. She also advised that she and the new CMO have agreed on a transition path to that position and that, in the interim, a HOD role is looking after mental health issues.

11 Minutes of the previous meeting

Recommendation

That the minutes of the public session of the Hospital Advisory Committee held on Friday 19 June 2015 be approved as a true and correct record. This was *agreed*.

12 Matters arising from the previous meeting.

The matter arising paper was taken as read. The business manager medical services advised that WDHB are in consultation with BreastScreen Aotearoa.

13 Information papers

The information papers were taken as read. It was noted that CCP progress is based on the resource in terms of GPs being released.

14 Future agenda items

No future agenda items were advised.

15 Date of next meeting

The next meeting of the Hospital Advisory Committee is scheduled for Friday 11 September 2015.

16 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 19 June 2015 public-excluded session)	For the reasons set out in the committee's agenda of 19 June 2015	As per the committee's agenda of 19 June 2015

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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 2.17 pm.