

Hospitals Advisory Committee Agenda



Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	08 August 2018	Time:	8.30am

Committee Members:	Ms S Christie (Chair) Ms C Beavis (Deputy Chair) Mr M Gallagher Mrs MA Gill Mr D Macpherson Dr K McClintock Ms C Rankin Mr R Scott Ms S Webb Dr P Malpass		
In Attendance:	Mrs Vicki Aitken, Executive Director (Interim), Mental Health and Addictions Services Dr Rees Tapsell, Director of Clinical Services, Mental Health and Addictions Services Other Executives as required. Mr Rod Carpinter, Operations Manager, Waikato ISR (Integrated Safety Response)		

Next Meeting Date:	10 October 2018		
Contact Details:	Phone: 07 834 3622	Facsimile: 07 839 8680	

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Hospitals Advisory Committee Agenda



Item

1. Apologies
2. **INTERESTS**
 - 2.1 Schedule of Interests
 - 2.2 Conflicts Related to Items on the Agenda
3. **MINUTES AND BOARD MATTERS**
 - 3.1 Hospitals Advisory Committee Minutes, 13 June 2018
 - 3.2 Matters Arising
4. **SERVICES**
 - 4.1 Executive Director (Interim) Mental Health and Addictions Services, State of the Nation Presentation
 - 4.2 Integrated Safety Response (ISR) Presentation
 - 4.3 Mental Health and Addictions Services Performance Report (June 2018)
 - 4.4 Site Visit – Henry Rongomau Bennett Centre (Committee Members only)
5. **NEXT MEETING: 10 October 2018**

Hospitals Advisory Committee Agenda



RESOLUTION TO EXCLUDE THE PUBLIC NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

THAT:

- (1) The public is excluded from the following part of the proceedings of this meeting, namely:
 - Item 6: Minutes of Hospitals Advisory Committee, 13 June 2018 (items taken with the public excluded)
- (2) This resolution is made in reliance on Clause 32 of Schedule 3 of the NZ Public Health & Disability Act 2000 in that the public conduct of the whole or the relevant part of the meeting would likely 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.
- (3) Pursuant to Clause 33 (1) of Schedule 3 of the NZ Public Health & Disability Act 2000 the general subject of each matter to be considered while the public is excluded, and the reason for passing this resolution in relation to each matter, are as follows:

GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER	SECTION OF THE ACT
Item 6: Minutes – Public Excluded	Items to be confirmed were taken with the public excluded	As shown on resolution to exclude the public in minutes

6. **MINUTES OF HOSPITALS ADVISORY COMMITTEE, 13 JUNE 2018 – PUBLIC EXCLUDED**

To be confirmed: Items taken with the public excluded

RE-ADMITTANCE OF THE PUBLIC

THAT:

- (1) The Public Is Re-Admitted.
- (2) The Executive is delegated authority after the meeting to determine which items should be made publicly available for the purposes of publicity or implementation.



Apologies



Interests

SCHEDULE OF INTERESTS AS UPDATED BY HOSPITALS ADVISORY COMMITTEE MEMBERS TO AUGUST 2018

Sally Christie

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Thames Coromandel District Council	TBA	TBA	
Partner, employee of Workwise	Pecuniary	Potential	

Crystal Beavis

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Community & Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Director, Bridger Beavis & Associates Ltd, management consultancy	Non-Pecuniary	None	
Director, Strategic Lighting Partners Ltd, management consultancy	Non-Pecuniary	None	
Life member, Diabetes Youth NZ Inc	Non-Pecuniary	Perceived	
Trustee, several Family Trusts	Non-Pecuniary	None	
Employee, Waikato District Council	Pecuniary	None	

Sally Webb

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Acting Chair and Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community & Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Bay of Plenty DHB	TBA	TBA	
Member, Capital Investment Committee	TBA	TBA	
Director, SallyW Ltd	TBA	TBA	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Hospitals Advisory Committee Meeting - Interests

Martin Gallagher

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Mayor, Hamilton City Council	Pecuniary	Perceived	
Board member Parent to Parent NZ (Inc), also provider of the Altogether Autism service	Pecuniary	Potential	
Trustee, Waikato Community Broadcasters Charitable Trust	Non-Pecuniary	Perceived	
Wife employed by Wintec (contracts with Waikato DHB)	Pecuniary	Potential	
Member, Hospital Advisory Committee, Lakes DHB	Pecuniary	Potential	

Mary Anne Gill

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Sustainability Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Chief Executive Performance Review Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Life Unlimited Charitable Trust	Pecuniary	Perceived	
Member, Public Health Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Member, Disability Support Advisory Committee, Bay of Plenty DHB	Pecuniary	Potential	
Member, Health Strategic Committee, Bay of Plenty DHB	Pecuniary	Potential	

Dave Macpherson

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Board member, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Audit & Corporate Risk Management Committee, Waikato DHB	Non-Pecuniary	None	
Member, Maori Strategic Committee, Waikato DHB	Non-Pecuniary	None	
Councillor, Hamilton City Council	Pecuniary	Perceived	
Deputy Chair, Waikato Regional Passenger Transport Committee	Non-Pecuniary	Potential	
Member, Waikato Regional Transport Committee	Non-pecuniary	Potential	
Member, Future Proof Joint Council Committee	Non-pecuniary	None	
Partner, occasional contractor to Waikato DHB in "Creating our Futures"	TBA	Potential	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Hospitals Advisory Committee Meeting - Interests

Dr Kahu McClintock

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	

Christine Rankin

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Bay of Plenty DHB	Non-Pecuniary	None	

Ron Scott

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Hospitals Advisory Committee, Waikato DHB	Pecuniary	Potential	
Deputy Chair and Board member, Bay of Plenty DHB		None	
Chair, SILC Charitable Trust		None	
Member, Bay of Plenty Region Council of AA		None	
Director, Stellaris Ltd		None	
Director, Stellaris PPE Ltd		None	

Dr Paul Malpass

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Fellow, Australasian College of Surgeons	Non-Pecuniary	None	
Fellow, New Zealand College of Public Health Medicine	Non-Pecuniary	None	
Trustee, CP and DB Malpass Family Trust	Non-Pecuniary	None	
Eldest Son employed by Bayer Pharmaceuticals	Non-Pecuniary	None	
Eldest Daughter registered nurse employed by Tuwharetoa Health	Non-Pecuniary	None	
Youngest Daughter employed by Access Community Health	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Conflicts Related to Items on the Agenda

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Hospitals Advisory Committee Meeting
Held on Wednesday 13 June 2018
Commencing at 8.30am

Present: Ms S Christie (Chair)
Ms C Beavis (Deputy Chair)
Ms S Webb
Mr M Gallagher
Mrs MA Gill
Mr R Scott
Ms C Rankin

In Attendance: Dr C Wade, Board member
Dr P Malpass, Consumer Council member
Dr G Howard, Interim Chief Operating Officer, Waikato Hospital
Ms L Aydon, Executive Director, Public and Organisational Affairs
Mr N Hablous, Executive Director, Office of the Chief Executive
Ms M Neville, Director, Quality & Patient Safety
Ms H McConnell, Director, Community and Clinical Support
Ms S Hayward, Chief Nursing and Midwifery Officer
Mr M ter Beek, Chief Data Officer
Ms B Garbutt, Director, Older Persons, Rehabilitation and Allied Health
Prof M Parsons, Gerontology
Mr G Guy, Manager, Disability Support Link, START and REACH
Mr L Wilson, Business Manager, Older Persons, Rehabilitation and Allied Health
Dr S Fowler, Clinical Unit Leader, Older Persons, Rehabilitation and Allied Health
Ms C Hartley, Nurse Director, Waikato Hospital

**IN THE ABSENCE OF DELEGATED AUTHORITY ALL ITEMS WERE FOR
RECOMMENDATION TO THE BOARD**

ITEM 1: APOLOGIES

Apologies were received from Mr D Macpherson and Dr K McClintock.

ITEM 2: INTRODUCTIONS

The Hospitals Advisory Committee (HAC) Chair welcomed and introduced the following people:

- Mr Ron Scott, new Hospital Advisory Committee member.
- Dr Paul Malpass, a member of the Consumer Council.

- Ms Hayley McConnell, Director of Community & Clinical Support.
- Ms Shona Pinny, PA to Dr Grant Howard and Minute Secretary.

The HAC Chair proposed sharing stories of living the values of the Waikato DHB at future Committee meetings and this was supported by the Committee. Ms C Beavis volunteered to bring a value story to next meeting.

ITEM 3: INTERESTS

3.1 Schedule of Interests

3.2 Conflicts Related to Items on the Agenda

No conflicts of interest.

ITEM 4: MINUTES AND MATTERS ARISING

4.1 Hospitals Advisory Committee Minutes: 11 April 2018

Resolved THAT

The Hospitals Advisory Committee meeting minutes on 11 April 2018 are confirmed as true and correct.

The Committee requested an update on item 5.1, regarding the Waikeria Prison expansion.

The Committee acknowledged the work Mr M Spittal had done for the DHB and the Waikato region and wished him well for his new role in Australia.

4.2 Bay of Plenty DHB – Hospital Advisory Committee: 2 May 2018

Minutes were noted.

The presentation by Mr P Chandler on Adverse Child Experiences (ACEs) was noted as a highlight of the BOP Committee meeting.

4.3 Lakes DHB – Hospital Advisory Committee: 28 May 2018

Minutes were noted.

ITEM 5: QUALITY AND PATIENT SAFETY

5.1 Quality and Patient Safety report

Ms M Neville presented this agenda item.

- The committee received the report.
- Dr Clyde Wade raised the issue of increased standardized mortality rates (SMR) and requested feedback on progress to address these.

- Ms Neville reported the SMR had improved overall, and that in the recent past coding variances of the clinical record had been found to explain some of the variance.
- Work is being done around data accuracy as this relates to SMR and identification of issues, particularly drilling down to the service level performance for SMR.
- Four services have been invited to present to the Mortality committee on SMR and related outcome data.
- Ms Neville further raised the issue of clarity being required on the role of the Board of Clinical Governance (BoCG) and the relation between this body and the Board.
- The larger quality and safety environment in New Zealand was discussed in context, in particular the role of the Health Quality and Safety Commission (HQSC). A Workshop around governing for quality for Board and Executives is scheduled for 26 September 2018 in conjunction with the HSQC.

Resolved

THAT

The Committee received the report.

ITEM 6: SERVICES CHALLENGES

6.1 Waikato Hospital Services

Dr G Howard presented this agenda item.

- Dr Howard suggested in preamble that the HAC receive reporting rounds in turn from the Waikato Hospital, Mental Health and Addiction Services, and Community and Clinical Support.
- The Waikato Hospital Services report looked at data 10 years apart to provide a mid-to-long term overview of where we have come from and current challenges to be considered for future.
- Notable trends in the last five years include:
 - Growth in in-centre dialysis – greater than 60%
 - Growth in ED short stay episodes – approx. 50%
 - Little change in pregnancy related admissions.
- Committee members reiterated a concern with regard access to services and support to address factors leading to renal disease in rural and Maori and assurance was sought that the relevant issues were being considered and planned for. Dr Howard provided advice that the clinical service plan would cover these issues, and was underway.
- Dr Paul Malpass requested that consumer engagement be kept to the fore, and that a focus was placed on rural and Maori as at risk populations.
- The Committee sought advice on when the current trends would become unsustainable. Dr Howard suggested that we have already reached that point.
- Note was made of the need for the Board and staff to work closely together to develop a view of future service provision that would be sustainable.

Resolved

THAT

The Committee received the report.

The Committee agree to the meeting format of a focus on each of the three major parts of the health services as suggested in the preamble, with Mental Health and Addictions Service reporting to the HAC next.

6.2 Care Capacity Demand Management (CCDM)

Ms S Hayward presented this agenda item.

- The utilisation of the acuity tool Assignment Workload Manager (AWM) measures the workload of nurses and midwives, and outcomes will inform the appropriate hours per patient per patient day (HPPD) required for safe practice and care delivered.
- AWM is now in place in majority of wards with an expected completion date of rollout June 2019.
- An AWM exemplar report was provided across three areas / wards clearly indicated, by colours: red, amber or green, where workload was considered high, reasonable or deficient.
- Although the exemplar report showed results for three wards only, the majority of wards are in fact showing as red. Whilst these first reports are to be considered as preliminary, they should also be taken as consistent with feedback at ward level.
- Note was made that wards that are shown to be short of nursing resource using the AWM may be indicating a need to change the experience and skill mix, and/or the availability of other professional groups.
- At face value the AWM results suggest a further 50 FTE of nursing would be required at a present cost of approximately \$4 million.
- This cost may well be offset by the liability currently being incurred with respect to annual leave being earned but not being able to be taken by nursing staff.

Resolved

THAT

The Committee received the report.

6.3 Improving the Lives of Older People in their last 1000 Days

Ms B Garbutt and Prof M Parsons presented this agenda item.

- Professor Parsons presented data on survival of people in the Waikato following a review by Disability Support Link (DSL) using tools such as the International Resident Assessment Instrument (Inter-RAI).
- Two issues were considered using the mortality of people following Inter-RAI assessment at various levels of frailty:

- the ability to use this data to help people engage with advanced care planning processes in the community, and,
- the development of a screening tool to be used to guide treatment discussions when a person presents to a hospital or other agent for acute care.
- The Committee discussed the issues and the need to coordinate where and how discussions with regard advanced care directives took place. At present the DHB has more than one approach, and caution was expressed with regard the ability of the primary care sector to facilitate more, and more intensive, discussions with families.
- At present only a very small percentage of patients attending the emergency department have advanced care plans in place.
- Mrs Barb Garbutt requested the support of the Committee to develop a business case for Board approval to address the approaches outlined in the presentation.

Resolved

THAT

The Committee received the report.
The Committee supports the development of a business case to proceed to the Board in principle.

6.4 KEEZZ Update

Dr Grant Howard presented this agenda item.

- The report was for information purposes, providing background to KEEZZ project, outcomes and performance to date, and intended as a lead in to the tour of the Surgical Operations Centre.

Surgical Operations Centre Tour notes:

- Committee members attended the surgical operations centre and were provided with an overview of the systems and practices being developed to provide an end-to-end view of each patient.

Resolved

THAT

The Committee received the report.

ITEM 8: NEXT MEETING: 8 August 2018

**MEMORANDUM TO THE
HOSPITALS ADVISORY COMMITTEE
8 AUGUST 2018**

AGENDA ITEM 4.1

**MENTAL HEALTH & ADDICTIONS SERVICES – STATE OF THE
NATION**

Purpose	For information
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Recommendation THAT

The Committee notes the presentation

**Vicki Aitken
Executive Director (Interim)
Mental Health and Addictions Service**

**MEMORANDUM TO THE
HOSPITALS ADVISORY COMMITTEE
8 AUGUST 2018**

AGENDA ITEM 4.2

WAIKATO ISR (INTEGRATED SAFETY RESPONSE)

Purpose	1) For information
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Rod Carpinter, Operations Manager of the Waikato Integrated Safety Response (ISR) initiative will provide a presentation to the Committee.

Recommendation

THAT

The Committee: Notes the presentation.

**Vicki Aitken
Executive Director (Interim)
Mental Health and Addictions Service**

**MEMORANDUM TO THE
HOSPITALS ADVISORY COMMITTEE
8 AUGUST 2018**

AGENDA ITEM 4.3

**MENTAL HEALTH AND ADDICTIONS SERVICES
PERFORMANCE (JUNE 2018)**

Purpose	1) For information
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Recommendation THAT
The Committee: Notes the report

**Vicki Aitken
Executive Director (Interim)
Mental Health and Addictions Service**

Key Performance Dashboard

Mental Health

June 2018

Waiting Times

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Emergency Department < 6 Hours	% of patients	82.7	95.0	(12.3)	85.6	95.0	(9.4)		

General Throughput Indicators

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Mental health seclusion hours	Hours	1,583	736	(847)	8,696	8,831	135		
Mental health recovery plans	% Cases	94.3	95.0	(0.7)	83.4	95.0	(11.6)		
Mental health HoNos matched pairs	% Cases	85.9	95.0	(9.1)	96.3	95.0	1.3		
Mental health inpatient bed occupancy	%	102.5	85.6	16.9	98.3	49.0	49.4		
Mental health GP methadone cases	Cases	69.0	76.0	(7.0)	82.2	76.0	6.2		

Discharge Management

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Mental health post discharge follow up - % seen in 7 days	%	81.2	90.0	(8.8)	86.0	90.0	(4.0)		
Mental health follow up - numbers seen in 7 days	Number of Cases	56	62	(6)	74	77	(3)		
Mental health community contract positions filled	% FTEs	99.2	95.0	4.2	97.6	95.0	2.6		
Mental health 28 day readmission rate	%	7.9	15.0	7.1	11.0	15.0	4.0		

Health target measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Better help for smokers to quit	% of smokers	100.0	95.0	5.0	98.3	95.0	3.3		

Quality Indicators - Patient Experiences

Indicator	Unit of Measure	Month			YTD			Last 12 Mths Trend	Note
		Actual	Target	Variance	Actual	Target	Variance		
Complaints	Numbers (All)	5	8	(3)	103	99	4		

Finance and Human Resource Measures

Indicator	Unit of Measure	Actual	Target	Variance	Actual	Target	Variance	Last 12 Mths Trend	Note
Actual Expenditure vs Budget (\$000s)	\$000s	6,484	6,375	(109)	77,354	75,917	(1,437)		
Actual FTEs vs Budget	FTEs	745.8	767.0	21.2	752.8	753.8	1.0		
Sick Leave	% of paid hours	4.0	3.6	(0.4)	3.6	3.1	(0.5)		
Overtime \$'s	\$000s	163	78	(85)	1,612	929	(682)		
Annual Leave Taken	% of Budget	Rolling 12 month measure			83.5	100.0	(16.5)		

Key - MTD Measures

At or above target	
Below target by less than 5%	
Below target by more than 5%	

Key - YTD Measures

At or above target	
Below target by less than 5%	
Below target by more than 5%; operational plan in place	

Key - Trend Measure

Favourable Trend	
Unfavourable Trend - but YTD performance has met target	
Unfavourable Trend - but YTD performance is below target	

KPI Report: Mental Health & Addictions Services June 2018

The following is a current state KPI dashboard for the directorate (Year to 30 June 2018)

Note	Indicator	Commentary
1	Emergency Hours <6 hours	<p>Summary of Emergency Department (ED) presentations for June 2018</p> <p>A total of 104 ED attendances, included in the measure, with 18 discharges occurring six hours or more after arriving at ED – representing 82.7% achievement of being seen and discharged within six hours. This equates to 86 of 104 presentations meeting the target.</p> <p>The total number of MH presentations was 148, although not all required, or were discharged by, MH.</p> <p>105 of the 148 presentations had an arrival time after hours (between 5pm and 8am) equalling 70.95%. During this time there is one registrar on duty for all mental health related work (including inpatient).</p> <p>Individuals presenting to ED do so with a range of reasons including anxiety, suicidality, psychosis and behavioural changes.</p> <p>Whilst the busiest days of the week in June were Friday and Saturday, in May the busiest days were Tuesday and Thursday. There does not appear to be a consistent pattern to presentations.</p> <p>Of the 18 breaches, five of them occurred on a weekend. The highest number of MH presentations in one day was 11 (this was a Saturday).</p> <p>There were 45 presentations to ED of children and youth in May and June.</p> <p>With the appointment of a Nurse Practitioner in Mental Health, plans are underway to support a small team of mental health practitioners to be based in the Emergency Department of Waikato Hospital. This team will work across afternoons and evenings and will be an extension of the Crisis team. We will be working with ED colleagues to promote an integrated approach to ensure upskilling across both general and mental health staff. It will be important to ensure this occurs from the beginning to mitigate against a siloed approach.</p>
2	Recovery Plans	<p>Work has occurred looking at recovery planning and to improve performance in two key areas:</p> <ul style="list-style-type: none"> • Compliance with the national KPI for recovery plan completion • Using a staff led project to improve the quality of recovery plans within the service <p>Recovery plans are sitting at 94.3% with the target being 95% so a definite improvement since previous report.</p>
3	Sick Leave	The 12-month sick leave trend is favourable with target of 3.6% for

		<p>June. The overall sick leave for the entire service was 4% which has been consistent with all acute services experiencing consistently high occupancy, acuity, service demand and overtime required to meet service need.</p>
4	Overtime	<p>Overtime use particularly in our inpatient unit and in the crisis team continues to be a significant issue. Overtime in general is monitored by name and by ward, as well as reviewing where double shifts have needed to be worked to maintain staff and service user safety.</p> <p>With the over-occupancy of the adult acute beds, additional staff are required to be deployed daily, this depletes the internal bureau quickly, along with agency and overtime use being high.</p> <p>Inpatient adult vacancies are virtually filled, although due to a number of internal senior nurse moves, opportunities for secondments and permanent appointments may mean this position is not sustained.</p>
5	Annual Leave taken	<p>The downward trend is favourable. The service continues to have strong plans in place to manage annual leave. Annual leave in the service has been budgeted at a flat rate across the year, despite there being a consistent seasonal pattern. In the 18/19 year annual leave will be phased according to historical patterns and the KPI will be more meaningful at this point.</p>

Committee members only - will visit the Henry Rongomau Bennett Centre



**Date of next meeting
10 October 2018**