



Minutes

Public session

Meeting of the Combined Statutory Advisory Committee

held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 1 December 2017, commencing at 9.30am

Combined Statutory Advisory Committee members in attendance

Mr Stuart Hylton, Committee chair
Ms Dot McKinnon, Board chair
Mr Graham Adams
Mr Charlie Anderson
Mrs Philippa Baker-Hogan
Ms Maraea Bellamy
Ms Jenny Duncan
Mrs Judith MacDonald
Mr Matthew Rayner
Mr Darren Hull

In attendance

Ms Tracey Schiebli, General Manager, Service and Business Planning
Mrs Rowena Kui, Director Māori Health
Dr Frank Rawlinson, Chief Medical Officer
Ms Andrea Bunn, Portfolio Manager, Mental Health and Health of Older People
Ms Andrea Dempsey-Thornton, Cancer Nurse Coordinator
Mr Declan Rogers, Nurse Manager, Surgical Services
Ms Sue Champion, Communications Manager
Mrs Wendy Stanbrook-Mason, Nurse Manager, Medical Services
Dr Gordon Lehany, Medical Director, Mental Health
Mrs Sandy Blake, Director of Nursing
Ms Eileen O'Leary, Project Manager
Ms Candace Sixtus, Portfolio Manager, Primary Care
Mr Hentie Cilliers, General Manager, People and Performance
Ms Kim Fry, Director, Allied Health
Mr Peter Wood-Bodley, Business Manager, Surgical Services
Ms Louise Allsopp, Manager, Patient Safety
Mr Matthew Power, Funding and Contracts Manager
Ms Shonelle Fergusson, EA to General Manager, Service and Business Planning (*minutes*)

Media

No media representative attended the meeting.

Public

There were three members of the public in attendance.

Karakia/reflection

Mr Matt Rayner offered a Karakia.

1 Welcome and apologies

Apologies were received and accepted from Dame Tariana Turia, Ms Grace Tairaroa, Mr Frank Bristol, Dr Andrew Brown, Ms Annette Main and Mr Leslie Gilsean.

2 Conflict and register of interests update

2.1 Updates to the register of interests

New update:

Mr Charlie Anderson advised that he is now a board member of Sommerville Disability Support Services.

Amendments to the register of interest:

There were no amendments to the register.

2.2 Declaration of conflicts in relation to business at this meeting

There were no declarations of conflict in relation to this meeting.

3 Late items

No late items were advised.

4 Minutes of the previous meeting

It was resolved that:

The minutes of the public session of the meeting of the Combined Statutory Advisory Committee held on 13 October 2017 be approved as a true and correct record with the following amendment:

Attendance list to include:

Ms Dot McKinnon
Dr Andrew Brown

All agreed

5 Matters arising

There were no matters arising from the previous meeting.

Items of note:

Minutes 14 July 2017:

The DHB would take the lead in developing a Suicide Prevention Plan, and invite key people from external agencies to contribute.

Minutes of 1 September 2017:

WDHB has underway a plan which is involving key stakeholders. The plan will be presented back to this committee at a later date.

1 December 2017:

Management advised that this will be an item for the first meeting of 2018, (16 March).

6 Committee Chair's report (verbal)

The committee chair noted that the festive season is upon us and to be mindful that our community can face hard times during this period.

He noted that we are in a phase of change and with change comes opportunities, including:

- New Year
- New CEO
- New Minister, Government and expectations.

For this meeting our focus as a board and committee is to reflect on and prioritise the commitments within our annual plan.

Let's take the reports as read, ask questions and also consider future focus areas.

7. Delivery against commitments in the 2017/18 Annual Plan

7.1 DHB Collaboration

7.1.1 Regional Services Programme – Central Region Service Plan 2017/18

This is a significant work programme for Whanganui DHB to support recommendations from the Central Region Cardiac Network. There is a strong focus on equity, from prevention and promotion, through to early engagement with primary care, and access to diagnostics. There is also a project to look at future provision of interventional cardiology (PCI services) across the region.

7.1.2 Sub-regional Services Programme – centralAlliance 2017/18

Renal

Implementation of recommendations from the Whanganui DHB Renal Services Plan has commenced.

Ophthalmology

Planning to support the future sustainability of ophthalmology services is underway, led by the clinical lead.

Urology

Implementation of the urology model continues across the sub-region. Recruitment of the fifth urologist is a key milestone, along with implementation of WebPAS.

7.1.3 National Services Programme

The major focus of the national DHB work at present is on re-negotiation of the national community pharmacy contract.

7.2 Annual Plan Focus Area | Improving equity for priority populations - Healthy Ageing

7.2.1 Establishment of a Whanganui Healthy Ageing Steering Group

Lead: Andrea Bunn, Senior Portfolio Manager Health of Older Persons and Mental Health

A draft Terms of Reference (TOR) has been developed which would see the steering group report to this committee, through the Whanganui Alliance Leadership Team. Management sought input from committee members, including that the steering group has an external chair appointed.

Feedback from the Committee members included:

- The group must have a clear work programme and delegations to deliver what is required.
- Membership should be wider than the health sector, including consumers.

The general manager, service and business planning confirmed that this was the intention, and that the DHB has a Consumer Remuneration Policy to support consumer participation. The general manager also noted that the NZ Healthy Ageing Strategy requires a number of agencies to work together to deliver the actions, so this will determine membership of the group.

7.3 Annual Plan Focus Area | Equitable access to clinical services - Mental health and addictions

*Authors: Jeff Hammond, Associate Director of Nursing
Katheryn Butters, Nurse Manager Mental Health and Addictions Services*

Both Jeff and Katheryn had tendered their apologies prior to this meeting and Dr Gordon Lehany, Medical Director, Mental health was in attendance.

Comment of note:

Page 33 of the agenda: Graph needs to have a key of explanation in relation to the colours.

Seclusion and Restraint

The reduction in seclusion and restraint has occurred over a number of years however 2016/17 has seen an increase in seclusion/incidents, in particular for Māori who are overrepresented in the numbers.

It was noted that many factors can play a part in this and that reducing and working to eliminate seclusion and restraint is highlighted as a priority action in *Rising to the Challenge*.

Te Pou, with support from the Ministry of Health, have developed a range of evidence based tools to support inpatient services to reduce seclusion and restraint and continue to support and work with DHBs.

The use and analysis of data allows identification of service baselines to inform and improve practice and having staff training and education to create a least restrictive practice environment.

Management noted that the rates have significantly improved and have continued to improve since 2010, as the graph on page 32 of the agenda shows.

Implementing Supporting Parents Healthy Children (COPMIA) Guidelines

Management advised the difference between 'choice' and 'partnership' appointments and the following was noted:

'Choice' appointment is the first initial appointment to decide the best service and where to, there can be two 'choice' appointments if it is unclear. It is mostly a triage appointment with a brief assessment.

'Partnership' is a full assessment which includes risk, genogram etc. Partnership is entering into a partnership with the clinician to decide goals and engage in therapy.

7.4 Annual Plan Focus Area | Equitable access to clinical services - Surgical services

*Leads: Peter Wood-Bodley, Business Manager Surgical Services & Procurement
Declan Rogers, Nurse Manager Surgical Services*

7.4.1 Urology services

The committee requested more detailed reporting of urology, including what is working and what actions need to be taken to improve service delivery.

The Urology Project Board has received approval of the regional urology model of care from the members of the Whanganui and MidCentral District Health Boards.

The Urology Department is implementing the improvement plan put forward by Central TAS which, when fully in place, will provide more seamless, patient orientated care.

7.4.2 Whanganui DHB implementation of national bowel screening project

The National Bowel Screening Programme will be implemented over four years, commencing in 2016 and concluding in 2020 with handover to 'business as usual'.

Whanganui DHB is preparing for local implementation of the National Bowel Screening Programme and the following was noted:

- Recruitment has commenced for a project leader
- A strong focus on equity
- Symptomatic referrals need to be in order before we go live with the screening programme
- Robust engagement with a broad range of stakeholders to inform service design
- Funding available:
 - phase 1 - \$50,000 one off (business case)
 - phase 2 - \$110,000 one off (implementation)
- Additional revenue of \$400,000 for colonoscopies however this will not cover the total cost of services and the DHB will need to contribute from baseline funding in 2018/19.

7.4.3 Whanganui DHB Faster Cancer Treatment performance

Central Cancer Network DHBs achieved 90% and Whanganui DHB 87% against the new target, the target changes will allow more focus on the areas where we have influence, including capacity constraints and service issues.

It was noted that strong clinical leadership is required and management advised that the FCT steering group has both executive management and strong clinical leadership. Multidisciplinary meetings (MDMs) bring together clinical expertise from across the cancer care pathway to agree on the most appropriate treatment and care for an individual patient. They are held regularly to discuss newly diagnosed cases of cancer and cases that need further review.

Management noted that timely access to services for provincial clients makes a difference, noting that MidCentral provides the Whanganui health region with an excellent service.

A small proportion of patients will not need to begin treatment within 62-days based on clinical evidence of what is most effective – for example, if further investigations are needed, or if the patient developed an infection before scheduled surgery. A small number of patients may also choose to delay treatment because of personal circumstances.

The 31-day 'decision to treat to treatment' indicator is designed to support further progress in improving access to treatment for all cancer patients and timely access to radiotherapy and chemotherapy.

7.4.4 Surgical service metrics – access and financial performance

The report was taken as read.

7.5 Annual Plan Focus Area | Improving equity for priority populations - All of population initiatives, including prevention and management of long term conditions

7.5.1 System Level Measures (SLM) – Acute Bed Days

Lead: Wendy Stanbrook-Mason, Nurse Manager Medical Services

The measure is very comprehensive and all types of acute bed stays are included, including transitional care which is provided in the community but makes our volumes look artificially high.

WDHB is on target with our short term target of acute bed days 396 per 1,000. Nationally we are now rated sixth and are tracking to reflect the national target of 392.9 for acute bed days.

A work plan is in development to create service improvements and improve equity in this target area. Identification of key roles in both secondary and primary have occurred to progress the work plan.

7.5.2 Whanganui DHB Responsiveness Programme

Lead: Eileen O'Leary, Portfolio Lead Consumer and Community Development

There are two core projects currently underway that have a specific focus on improving attendance rates: the oral health project; and the audiology and newborn hearing screening project.

Audiology and newborn hearing screening project

Background

- Babies to be screened by one month of age
- Audiology assessment completed by three months of age
- If a clear response is unable to be obtained and the result of screening is 'refer', ideally baby should have diagnostic audiology testing by three months and, if a hearing loss is found, intervention can start by six months.

Some babies need another screen because the earlier screening did not show a strong enough response in one or both ears, for the following reasons:

- Baby was unsettled
- Too much noise in the testing room
- Fluid in baby's middle ear
- On first screen of the baby a hearing loss may have been indicated.

For babies who are not screened in hospital or are born at home, hearing screening will be available either at the hospital or at a health clinic as an outpatient. Trained hearing screeners will carry out the screening. Ideally baby will need to be settled or asleep during the screen. The repeat screen will be done either before baby leaves hospital, or as an outpatient appointment.

This screening had very high DNAs (did not attend) for the Whanganui health region, examples of real life stories received from carers and mothers where given to the committee around why they did not attend scheduled appointments. The need to fly to Auckland has not been a good experience for mother or baby. An option closer to home is required and this is in progress.

Examples were also given how and where the testing takes place and how the success has been made with the whanau/family support person who has been making direct contact with people and the outcomes and response have been wonderful to-date.

Other points of interest:

- Systematically learning from this project and will roll out to other services in time
- Follow up appointments are very important, looking into patient focused bookings, for example asking when would an appointment suit
- Valuing cancellation phone calls as an opportunity for us to engage with people
- Essential to think about people's precious time
- Capturing the learning from this project and establishing trend data
- This work links to our workforce strategy of employing for values and attitude, which contributes to a positive culture over time.

7.6 Annual Plan focus area | Quality and Safety

An updated graph was tabled with committee members to replace the one on page 80 of the agenda which was incorrect.

7.6.1 Whanganui DHB adult inpatient experience survey August 2017

The response rate for the survey being completed has improved by 35%. The survey helps identify areas we need to improve on. Understanding the patient experience is vital to improving patient safety and the quality of service delivery and this is part of the WDHB Annual Plan.

7.6.2 Whanganui DHB complaints management

The report shows HDC data for the last six months and the last three months for complaints received internally by the WDHB.

It was noted that women are more likely to complain however this is likely because they often advocate more on behalf of their spouse, family and friends.

Most complaints are about communication and behaviour of staff, including ineffective communication and inappropriate style of communication. WDHB is very open and honest in dealing with complaints, and discussions are held directly with staff involved after the first complaint. An opportunity is given to the family to meet with staff concerned and this normally results in a positive outcome for all involved.

The DHBs approach is that every complaint should be taken seriously because the persons' perception is their reality, and we should learn from this.

7.7 Annual Plan focus area | Living within our means

*Leads: Matt Power, Funding and Contracts Manager
Kath Fraser-Chapple, Business Manager Medical, Community and Allied Health
Peter Wood-Bodley, Business Manager Surgical Services and Procurement*

7.7.1 Consolidated performance and service and business planning

The report was taken as read and the following points noted:

- Need to remember we are only four months into the year
- Achieving budgeted IDFs remains the biggest risk.

7.7.2 Mental health and addictions services (provider division)

Report was taken as read.

7.7.3 Medical services including ED, medical ward, critical care unit, AT&R (provider division)

Report was taken as read.

7.7.4 Surgical Services (provider division)

The 2017/18 budget includes revenue for delivering 75 elective cases for Waikato DHB. No Waikato cases have yet been delivered, as Waikato referrals are not assured and WDHB does not have an exclusive relationship with Waikato. Once the contract from Waikato has been received, the business manager will advise the board chair.

8 Date of next meeting

Friday, 23 February 2018 – Annual planning workshop
(All WDHB board and committee members, NHC, WRHN and HAI members)

9 Glossary and terms of reference

Report was taken as read.

10 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
Minutes of meeting held on 13 October 2017 (public excluded session)	For the reasons set out in the committee's agenda of 13 October 2017	As per the committee's agenda of 13 October 2017

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, senior managers and clinicians	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 meeting

The public session of the meeting ended at 12.04pm.