



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 16 March 2018, commencing at 9.30am

Combined Statutory Advisory Committee members in attendance

Mr Stuart Hylton, Committee chair
Ms Dot McKinnon (QSM), Board chair
Mr Graham Adams
Mr Charlie Anderson (QSM)
Mrs Philippa Baker-Hogan (MBE)
Ms Maraea Bellamy
Ms Jenny Duncan
Mrs Judith MacDonald
Mr Matthew Rayner
Mr Darren Hull
Dame Tariana Turia (DZNM)
Ms Grace Taiaroa
Mr Frank Bristol
Dr Andrew Brown
Ms Annette Main (NZOM)
Mr Leslie Gilsean

In attendance

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 Sue Champion, Communications Manager
Dr Gordon Lehany, Medical Director, Mental Health
Mrs Sandy Blake, Director of Nursing and General Manager Patient Safety
Ms Candace Sixtus, Portfolio Manager, Primary Care
Mr Hentie Cilliers, General Manager, People and Performance
Mr Peter Wood-Bodley, Business Manager, Surgical Services
Ms Louise Torr, Manager Medical Management Unit
Mr Matthew Power, Funding and Contracts Manager
Mrs Anne Kauika, Professional Advisor Healthy Lifestyles, Whanganui Regional Health Network
Mrs Kath Fraser-Chapple, Business Manager, Business Management and Support
Mr Peter Wood-Bodley, Business Manager, Surgical and Mental Health
Mr Jon Buchan, Portfolio Manager, Service and Business Planning
Mr Ben McMenemy, Bowel Screening Project Manager
Mrs Kath Butters, Nurse Manager MH
Mr Jeff Hammond, Associate Director of Nursing Mental Health
Mrs Eileen O'Leary, Project Manager, Service and Business Planning
Mrs Tricia Wells, Executive Assistant to the WDHB and Medical Directorate

Media

No media representative attended the meeting.

Public

There were two members of the public present, representatives of Grey Power Ms Ailsa Stewart, historical project co-ordinator

Karakia/reflection

Mr Matt Rayner offered a Karakia.

1 Welcome and apologies

Apologies were received and accepted from Dot McKinnon.

2 Conflict and register of interests update**2.1 Updates to the register of interests**

New update:

Grace Taiaroa advised she is now the deputy chair of the Children's Action Team.

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 1 December 2017 be approved as a true and correct record.

5 Matters arising

There were no matters arising from the previous meeting.

6 Committee Chair's report

The chair welcomed the CEO to the first committee meeting of the year and acknowledged Russell's activity in the community over recent weeks, making himself known to and listening to concerns of various organisations.

7 Whanganui DHB Annual Plan Work Programme

7.1 Whanganui Alliance Leadership Team (WALT)

Lead: Russell Simpson, Chief Executive

The chief executive advised that the observations outlined in this report are his own and not necessarily opinions of others.

- There is an absence of an agreed work plan.
- The TOR has been agreed and is currently in the process of being reshaped.
- WALT in turn needs to be re-set, in terms of the question "so what?" What we are not doing is impacting on our community.
- Include inter-sectorial partners to set direction.
- The key is that we need to stop meeting in our own circles to enable us to come up with other outcomes.

Discussion points included:

- Consideration being given to the WDHB sitting at the table as the Whanganui District Council develop their economic plan as some areas could well interact.
- No existing community plans are focussed at this level. We need to challenge ourselves as a community and welcome feedback regarding stakeholder representatives.
- Health should not be the "owner" rather having the right people around the table, i.e. representing the large Pacifica community.

The CEO advised that everyone spoken to in the community shares the same concern regarding the lack of a plan for the community. An initial community forum should be established for groups to express what the imperatives are for our own community and then we look at alignment to develop the composition and develop a programme of work.

There is a wealth of knowledge in the community whose voices are stifled at this level. Matt Rayner suggested mentoring is a way to encourage the future participation from the wealth of knowledge held by young people in our community.

7.2 Relationships to support advancing Maori health

Lead: Rowena Kui, Director Māori Health

Manatu Whakaaetanga Memorandum of Understanding (MoU) 2017-2020

No further discussion.

Te Whiti ki te Uru central region Iwi relationship board forum

No further discussion.

Building relationships with Iwi, Māori communities and provider organisations

No further discussion.

7.3 Regional clinical information systems

Lead: Dr Frank Rawlinson, Chief Medical Officer

The report to the committee was corrected, in that the transition was 16/17 February 2018.

The lead up to webPAS going live necessitated a significant increase in staff numbers and overtime during that period. The CMO stated that as a DHB we owe a great deal of thanks to the nursing and administration staff, in particular, for their commitment and hard work overcoming the challenges of working with a new system.

The committee chair offered a vote of thanks to all staff involved in the transition, on behalf of the committee.

7.4 Workforce and organisational development

Lead: Hentie Cilliers, General Manager People and Performance

Taken as read, with the following points noted:

Performance reviews and support

- Completed performance review status for senior medical staff has dropped to 30%.
- There are questions being asked nationwide regarding annual reviews and changing more to a regular managerial "check-in".
- We need to critically look at what we subject our staff to, especially those managers who have large staff numbers, i.e. webPAS culture change programmes and the general busyness of the hospital. It does not mean the conversations are not being had, rather that they are not being formalised.
- 41% completed performance appraisals in the nursing community in both primary and secondary, which is the best position we have been in.

Health and Safety

- The media sensationalism surrounding the increase in injuries from aggression was unfortunate. Many of the incidents do not involve injuries and behavioural incidents in mental health (MH) are always a challenge.
- MH has been working at capacity and incidents are currently tracking down. Every incident involves a review, from which we are trying to learn.
- There is an increasing rate of cognitive impairment in our community, which is increasing the incidents through related admissions to hospital.

Follow-up request

The incidence of aggression in comparably sized DHBs will be ascertained and reported to the next board meeting.

7.5 Service Improvement Initiatives - Mental Health and Addictions

Lead: Jeff Hammond, Associate Director of Nursing

Taken as read, with the following points noted:

7.5.1 Substance Addiction (Compulsory Assessment and Treatment) (SACAT) Act 2017

- Those directed under the Act to have compulsory treatment will be assessed over an eight week period at Nova Trust, which will potentially have nine beds. To date there is no-one in treatment under the Act.
- There is a huge amount of work going on to get people ready for Nova and then they may not meet the requirements.
- There is support within the system for the parents and children of the patients.
- There is a small SACAT team in place in this district and there are no resourcing issues which have arisen for us so far. Jeff Hammond is the area manager for Manawatu, Whanganui and Hawke's Bay.

Annette Main would like to see this community lead the way in engaging with other agencies to address the district's huge problem of addiction.

Judith MacDonald advised she has had some early meetings with the police regarding an alcohol strategy for our district and sees this as an important piece of work going forward.

7.5.2 Whanganui DHB Supporting Parents Healthy Children (COPMIA) briefing report: November 2017 - February 2018

The report was taken as read, with the nurse manager advising that we are national leads in this space and can feel rightly proud of that work.

7.5.3 Suicide prevention

Advice has been received by the associate director of nursing following the Ministry meeting with suicide prevention co-ordinators early in March which included:

- An interim plan from each DHB is required. Some community contracts will continue, but the initial advice is that the planning and co-ordination of those contracts sits with DHBs.
- We need to be aware of who those contract holders are and ask the question "are they competent".
- We need a significant plan to benefit our community and show leadership.
- Our district plan is being driven by the CMO and HOD mental health, which is yet to be presented to the board.

The associate director of nursing acknowledged all the people who work in this space, which is very hard work with unmeasured successes.

Follow-up request:

Inform the board through the CEO's Friday Update on the current status of the interim plan for our DHB.

7.5.4 Restraint and seclusion 2017

- Incidents have steadily reduced over the years, however, there are peaks, i.e. the use of synthetic cannabis, and an aging workforce which needs to be utilised in a way to keep them safe.

- Zero seclusion by 2020 is a national target, set as a goal for reducing harm of disturbed and unwell people. All treatments have potential harm, we must balance the harm and the benefits.
- Restraint is used where there is imminent harm to others, so we must protect our staff as well.
- The highest rate of seclusion is of Maori men and the highest for restraint is of European women.
- The measurement of prescribing rates of antipsychotics for restraint and physical restraint is difficult, as the medication use is more complicated than the use for a “restraint”.
- We must be careful how we collate data so that it tells the correct story, especially in the public arena.

7.5.5 Quality improvement and service development update

The nurse manager spoke to this section of the report and noted:

- Our unit has achieved the highest compliance in the country for treatment care.
- Te Oranganui, provider arm specialist services and WRHN is providing the only kaupapa Maori AOD service in Corrections in the country.
- Child and Adolescent Mental Health wait time has improved over five years from the bottom of the table to the top, i.e. up to the age of 18.

These outstanding results were commended by the chief executive and the Communication Department will look into publication of a good news story.

7.6 Service Improvement Initiatives – surgical services

Lead: Peter Wood-Bodley, Business Manager Surgical Services and Procurement

Elective Services and ESPIs

The report was taken as read.

7.7 Cancer prevention

Implementation of the National Bowel Screen Project

Ben McMenamain, the project lead spoke to a presentation regarding the plans leading up to the roll-out of the national project.

Discussion points noted:

- The age group chosen was based on the outcome of a pilot carried out at Waitemata DHB and the data lines up well with the bowel cancer statistics locally.
- As a DHB we can request the Ministry to put priority populations first.
- Ministry will allocate money to set up the screening and ongoing costs will be funded.
- The challenge to get people to participate is in providing the information in an efficient manner, which will not be achieved if there is simply a mail delivery.
- Very clear plans need to be in place regarding how we engage with Maori and Pacifica and those within the target category can be identified through the PHOs. This will be much more efficient than depending on a national co-ordination centre.
- Local champions will be put in place to work smarter and driving the participation together to be ready by “go live” May 2019.

The presentation is available from the executive assistant to the general manager service and business planning.

Ben was congratulated for his drive and expertise as the project manager.

7.8 Service Improvement Initiatives – Community initiatives

Lead: Candace Sixtus, Portfolio Manager Primary Care, Service and Business Planning

Paper taken as read and points noted:

Fit for surgery pathway

- For those that cannot reduce the weight, are we offering other alternatives, i.e. Bariatric surgery or other programmes. Will the lack of options create more inequalities?
- There are clinical areas to delve into regarding equity and next steps on this pathway and accordingly Marco Meijer will be asked to address the committee.
- Why wait until people are obese before we do something about it – we should be educating from the kohanga through.
- During the CE's meetings with community providers they discussed ways to reduce the burden of cost to people and believes there is a commitment to providing access to transportation and entry to facilities.

Follow-up request

A report containing how many people are being told a month they are not fit for surgery, the reasons why and what happens to those people will be provided for the next committee agenda.

7.9 Service Improvement Initiatives – Maternal, Child and Youth Health

Lead: Jon Buchan Portfolio Manager: Maternal Child and Youth, Service and Business Planning

Raising Healthy Kids Target

Paper taken as read and points noted:

- The equity curve is going in the right direction and there is confidence the data collected is correct, it is an excellent result.
- The Before School programme has been going for around 10 years and is a proven measure.
- There is a lot of work being done in the healthy families' space, with kohanga children leaner than in the past.

7.10 Financial performance

*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*

Financial Performance (Funder Division)

Paper taken as read and points noted:

- The deterioration in the February financial performance will be updated in the Friday CE Update.
- Key components still lie around IDFs not being realised from Waikato.

- There are accruals and unsettled MECAS affecting the February outcome, together with the additional resource required for the initiation of webPAS.
- There is comfort in that we are not a lot different from other DHBs at this time.
- We are moving into an environment where we are up-staffing in accordance with the RDA settlement last year, which is affecting the medical staff budget.
- Collaborative discussions will take place both regionally and with MidCentral over the next six to eight weeks.

Financial Performance (Provider Division)

There was particular interest from members regarding the possible effect the lack of a medical director for the Emergency Department has had on results and the CMO made the following comments:

- Despite consistently advertising the role, there has been no permanent medical director in ED since 2015, with the CMO continuing to fulfil that role. There is also a requirement for the HOD to hold a FACEM, which further restricts applicants. Hutt Valley, although in a much better situation than us, has also struggled to fill ED positions, including that of HOD.
- We have a very good interaction within the community regarding ED and compliments are historically much higher, so it is not apparent that there are any adverse effects to service delivery.
- Traditionally graduates prefer to work where they trained, however, there is beginning to be a move South as positions in Auckland fill.
- The current quarter has been particularly difficult with the webPAS implementation and the complexity and high numbers of people accessing the department. The high number of admittances to ED reflect whole of system issues, i.e. accessing ultrasound services afterhours.

7.11 Whanganui DHB Dashboard of Measures – results for Quarter Two 2017/18

Paper taken as read, with the following explanation noted:

For a number of measures we only report for particular quarters, therefore 69% are not in red, because other factors supplied are taken into account by the Ministry.

8 Date of next meeting

Friday, 4 May 2018.

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 1 December 2017 (public excluded session)	For the reasons set out in the committee's agenda of 1 December 2017	As per the committee's agenda of 1 December 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 12.22pm.