



Unconfirmed  
**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 27 July 2018, commencing at 9.30am**

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### **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 Jenny Duncan  
Mr Darren Hull  
Mrs Judith MacDonald  
Ms Annette Main (NZOM)  
Dame Tariana Turia (DZNM)  
Ms Maraea Bellamy  
Mr Frank Bristol  
Dr Andrew Brown  
Mr Leslie Gilsean  
Mr Matthew Rayner

### **In attendance for Whanganui District Health Board**

Mr Russell Simpson, Chief Executive  
Ms Tracey Schiebli, General Manager, Service and Business Planning  
Mr Ben McMenemy, Bowel Screening Project Manager  
Mrs Wendy Stanbrook-Mason, Nurse Manager, Medical Services  
Mrs Katherine Fraser-Chapple, Business Manager, Medical Services  
Ms Louise Allsopp, Acting Director of Patient Safety  
Ms Sheree Kirkby, Quality Coordinator  
Ms Rachel Taylor, Quality Coordinator  
Mrs Kath Butters, Nurse Manager, Mental Health Services  
Mr Jeff Hammond, Associate Director of Nursing, Mental health and Addictions Services  
Ms Eileen O'Leary, Portfolio Manager, Service & Business Planning  
Mr Peter Wood-Bodley, Business Manager, Surgical Services & Procurement  
Mr Matt Power, Funding and Contracts Manager  
Mr Hentie Cilliers, GM, People and Performance  
Dr Frank Rawlinson, Chief Medical Officer  
Mrs Rowena Kui, Director, Māori Health  
Mrs Sandy Blake, Director of Nursing and General Manager Patient Safety  
Ms Andrea Bunn, Portfolio Manager, Mental Health and Health of Older People  
Ms Sue Champion, Communications Manager  
Ms Michelle Tattersall, Acting Executive Assistant, Service and Business Planning (*minutes*)

**In attendance at this meeting**

Ms Mary Bennett, Hauora A Iwi Board Chair for Ms Grace Taiaroa

**Media**

There was no media in attendance at this meeting

**Public**

Ms Anne Taylor - Grey Power

**Karakia/reflection**

Ms Maraea Bellamy offered a Karakia.

**1 Welcome and apologies**

Apologies were received and accepted from Ms Grace Taiaroa, Mr Matt Rayner, Mr Les Gilsean, Judith McDonald

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

*Amendments to the register of interest:*

Mr Frank Bristol no longer a member of Ministry of Health 'He Tangata' (MH Outcomes Framework) Informatics Workstream.

**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 15 June 2018 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 noted he had seen through the media a workshop coming up at Raetihi in August around alcohol and drug addiction especially P addiction. There is also a workshop being held in Whanganui on Saturday.

The Chair farewelled Tracey Schiebli as this is her last Combined Statutory Advisory Committee Meeting, with her final day at Wanganui District Health Board being 24 August. The chair presented some flowers to Tracey on behalf of the committee and the wider community to wish her all the best for her future and in appreciation of all of the dedicated work she has done over the years and how she will be sorely missed.

## **7 Whanganui DHB Annual Plan Work Programme**

### **7.1 Service Improvement Initiatives – Whanganui Alliance Leadership Team (WALT)**

*Lead: Tracey Schiebli, General Manager Service & Business Planning*

The Whanganui Alliance Leadership team have been working on two main objectives:

1. Developing a data sharing agreement initially between the DHB and two PHO's
2. Working on an evaluation of clinical pathways, demonstrating equity.

WALT has been provided the first copy of the Draft Annual Plan for a discussion on how do we need to organise ourselves to support the integration agenda in particular. The process for development of the 2018/19 Annual Plan will be extended due to the late planning and funding advice to DHBs. There will be sufficient opportunity for key stakeholders to inform the final draft as the process progresses.

The CE provided an overview of the last meeting saying he has observed that WALT has a different feel and a sense of purpose, one of the big items that came up is the clinical pathways and have agreed to tap into lower north island and mid central, rather than going it alone. Work programmes and dedicated resources have been given to WALT. It is still a work in progress but it is starting to deliver acknowledging that there is still along way to go.

### **7.2 Service Improvement Initiatives – Implementation of the National Bowel Screening Programme (NBSP) across the Whanganui health district**

*Lead: Ben McMenamin, Bowel Screening Project Manager, Service & Business Planning*

Report was taken as read.

A presentation was provided to the committee by Ben McMenamin

Whanganui District Health Board is scheduled to go live in May 2019. The business case to the Ministry has been submitted and signed off. A draft project plan will be submitted to the Ministry soon and are currently in the process of drawing up a communication and engagement plan.

A meeting has been held with the manager from the Cancer Society who have expressed their interest in working with the WDHB to facilitate a consumer consultation group. The intention is to get input from people about what their experiences with our service and bowel cancer has been to date. Once this is complete and the model has been finalised the model will be presented to them for their feedback. The first phase is getting out to speak with everyone who is working with us between now and end of year and then to speak to the eligible population from end year through to May.

With regard to service capacity, the process has been started for incorporating the increase volumes coming into hospital. There will be discretion from the surgeons and GP's to refer people through they are concerned about who do not meet the criteria in a black and white way. An additional surgeon has been employed by WDHB.

The group have presented to MOHAG who are very keen to partner on the project and work alongside WDHB on the programme. From a hui in Palmerston North the DHB's who have gone live shared information on the barriers that they have come up against with the programme and the way they are addressing them.

There has been a lot of feedback nationally about the 60-74 age group and discussion why this age group has not been extended to screen 10 years earlier. This was discussed at length at the equity forum in Palmerston North and feedback from this group will be taken back to the Ministry and tabled. The Ministry have released a formal statement around the benefit of keeping at 60-74 age group.

A meeting has been held with Wheturangi Walsh-Tapiata from Te Oranganui who is very supportive of the programme. An idea that has come out of discussion is that we would like each of the Iwi health providers to nominate champions in each of their areas to work with the DHB, and to identify key staff members from their organisations to work on the programme.

Clarification was provided to the meeting the 60-74 age bracket is for the invitation list. If for example you were 76 with symptoms you would go to your GP as anything symptomatic is outside of the programme. The idea behind this is to get those who aren't symptomatic picked up early. Message will be if you have symptoms to go to your GP. All people who get refereed will be triaged by surgeons. Based on the referral made by the GP, if urgent 14 days treatment, semi urgent is 52 days.

The Fit Kit is done at home and then sent away, then only if the result is above a certain level will it be sent to a GP. The Fit Kit test is not to be used outside of the programme. The Ministry have released a formal statement around the use of the test outside the program.

Funding is a combination of one off and ongoing, however there are some unknowns about what the actual cost and implication of implementation will be. Based on population data there will be 175 extra colonoscopies presenting for bowel screening care. This is based on numbers which have been available. The Committee would like the WDHB to monitor closely to ensure financial sustainability.

The Ministry are standing behind their data and decisions re Māori and Pacifica. Maori have lower incidents of bowel cancer but present at a later stage. Screening rates for Maori and Pacifica are a lot lower than the rest of the population. The Ministry want to wait till all DHB's are live in 2021 and will then revisit their decision.

The question was raised as to why the assessment is for Maori and Pacifica and why not for all? The offer for coming in for an assessment is there for all, it's more around service capacity. DHB currently needs to be for priority population.

There is a web site set up but is a little general at the moment as the programme is still being rolled out region by region, once every one is on board there will be a national communication.



NBSP Combined  
committee presenta



Use of  
self-purchased FOB

### **7.3 Service Improvement Initiatives – Cardiology service development**

*Leads: Wendy Stanbrook-Mason, Nurse Manager Medical Services  
Kath Fraser-Chapple, Business Manager Medical, Community & Allied health Services*

Report was taken as read.

Work is just commencing on the equity lens, following a phase of ensuring the core services are in place, particularly for diagnostic services. Decision has been made to employ a FTE and are in the recruiting phase for this.

Have data on equity and not the data on where the inequities are. There is a big piece of work to be done about community awareness, similar to the approach being taken in bowel screening.

There is a meeting to be held where being under represented in the presented ratios will be discussed. The data was taken during June which was when there was the strike period. After the strike period there were six patients waiting for transfer to Wellington.

In relation to building PCI capability across the central region, MidCentral have got approval for a Project Manager for PCI and Hawkes Bay have permission but are expected to be three years after Mid Central where the dates are expected to be 2020 and 2021. Long-term benefit for Whanganui people is they can be closer to home and will not need to go to Wellington. It will be important that Whanganui are involved in development of the sub-regional service with MidCentral DHB and development of the model is expected to be a central piece of work for next year for the Central Alliance.

### **7.4 Service Improvement Initiatives – Cancer service improvement**

*Leads: Kath Fraser-Chapple, Business Manager Medical, Community & Allied health Services  
Andrea Dempsey Gordon*

Report is taken as read

Still working on work plan continuation of what we are doing currently and some new initiatives for Māori, same for cancer as bowel screening, aware there is a problem with cervical screening, the service has improved and the PHOs are starting to think about this.

An additional Haumoana is just about to be put into cancer pathway treatment to support people and linkage and to ensure how the pathway links out to the people, another piece of work is what happens to our people when they go out of the district and out of care, need to do some work around this.

Common thread is of people presenting late. Need to take a different approach on how to get the message out.

There was a query around why health workers are not going out to Marae. In the past there were people which would go out and it didn't matter what was going on at the Marae they were their getting the message out.

The audit that is going to be commissioned over the district will look to address this not just as a service but by population and the results will be influential. The commencement of the audit is next month with the conclusion around mid-November. There will be presentation back to Hauora a Iwi and Board along with a workshop.

11.00 Dot McKinnon left the meeting

## **7.5 Service Improvement Initiatives - Patient safety and service quality**

*Leads: Louise Allsopp, Acting Director of Patient Safety  
Sheree Kirkby, Quality Coordinator  
Rachel Taylor, Quality Coordinator*

Rachel provided a demonstration of the dashboard.

The dashboard is online and available for all to access. Equity is an area on the dashboard which is not populated and will need to be revisited. The dashboard is a set of triggers and not factual of where we are at. Inside the bullet the target green is better than average, the line of green between this and orange is national average. The dashboard does not give demographics but does give an ability to look at our data in our context. The dashboard is not to be used as a ranking system and you can further draw down into graphs. The dashboard is not just the hospital but against primary care as well, so you can see what is happening across the sector.

Efficiency is not being populated and the dashboard is very much an early look and flavour. The information is pulled from quality and safety markers, patient experience safety survey and the MoH. The dashboard will provide a high level picture in the future. Equity was taken down as the methodology used was not vigorous and robust.

In the 12 months to 30 June 2018 Whanganui District Health Board had no falls or breaks of femur.

[https://public.tableau.com/profile/hqi2803#!/vizhome/Dashboardversion2\\_0\\_2/Home](https://public.tableau.com/profile/hqi2803#!/vizhome/Dashboardversion2_0_2/Home)

## **7.6 Service Improvement Initiatives – Mental Health and Addictions**

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

The mental health enquiry team has now gone back to base, and are reviewing all of the submissions nationally. They are expected to come back and give feedback in October. WDHB will be at the national meeting to receive the feedback, with an official paper to come from the Ministry of Health.

National KPIs' have been published with One News noticing WDHB is doing well in certain areas and asked Whanganui they are doing differently. Changes have been made intentionally on what can be achieved together rather than specialised services in a silo. Data gained on key spots has been used and changes have been made to increase capacity in those key spots.

Certification is another external objective measure and WDHB has been given positive feedback on how we are doing. The VIP screening difference was due to being between a paper system and moving into an electronic system.

## **7.7 Service Improvement Initiatives – Whanganui DHB responsiveness programme: Wayfinding project & Meeting the needs of people with disabilities**

*Lead: Eileen O'Leary, Portfolio Manager Service & Business Planning*

This project has been driven by consumers, and stories of patients and Whānau getting lost getting to hospital departments.

All the buildings will have a clear letter to identify them. Gate two will lead you in and then you will see the new directory inside.

The project team will also be working on improving a script for the staff, and any txt reminder sent to patients will include a message to come to gate two.

The work around lighting, particularly after hours, ruts in road, people in wheel chairs, has spilled into this area. Les Gilsean has sent a note to acknowledge and support the work Eileen is doing on the disability lens.

WDHB will work with Te Oranganui on staff training and once signage is done all maps will be redone.

## **7.8 Service Improvement Initiatives – Surgical services**

*Leads: Peter Wood-Bodley, Business Manager Surgical Services & Procurement  
Jan Denman, Clinical Nurse Manager*

Report is taken as read.

The CE has applied for dispensation due to ongoing WebPAS issues, which has been granted, but only until the end of June. The DHB is non-compliant in June but will be compliant in July. New ophthalmologist has arrived which is an additional capacity for WDHB and a benefit for the region.

As a DHB overall there will be no significant financial effect from the nurses strike as less elective surgeries were performed, however from a hospital point of view there might possibly be a slight negative effect.

## **7.9 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  
Mike Bothma, Business Manager Mental Health Services*

Inerim new end of year result – will be tabled into Part 2 of the meeting.

## **8 Date of next meeting**

Friday, 7 September 2018.

## **9 Glossary and terms of reference**

For information only.

## 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 15 June 2018 (public excluded session)	For the reasons set out in the committee's agenda of 15 June 2018	As per the committee's agenda of 15 June 2018

### 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

### General

DHB Chair, Dot McKinnon, announced Maraea Bellamy has been appointed as a Board Member of Whanganui DHB.

The public session of the meeting ended at 11.45am