



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 14 May 2018, commencing at 10.00am

Combined Statutory Advisory Committee members in attendance

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

In attendance for Whanganui District Health Board

Mr Russell Simpson, Chief Executive
Ms Tracey Schiebli, General Manager, Service and Business Planning
Mr Brian Walden, General Manager, Corporate Services
Mrs Rowena Kui, Director, Māori Health
Mr Hentie Cilliers, General Manager, People and Performance
Ms Kim Fry, Director, Allied Health
Mrs Sandy Blake, Director of Nursing and General Manager Patient Safety
Ms Sue Champion, Communications Manager
Dr Frank Rawlinson, Chief Medical Officer
Ms Andrea Bunn, Portfolio Manager, Mental Health and Health of Older People
Ms Candace Sixtus, Portfolio Manager, Primary Care
Mr Peter Wood-Bodley, Business Manager, Surgical Services
Mr Matthew Power, Funding and Contracts Manager
Mrs Katherine Fraser-Chapple, Business Manager, Medical Services
Mr Ben McMenemy, Project Manager, Bowel Screening
Mrs Eileen O'Leary, Project Manager, Service and Business Planning
Mrs Wendy Stanbrook-Mason, Nurse Manager, Medical Services
Dr Marco Meijer, Medical Director, Anaesthetics
Ms Shonelle Fergusson, Executive Assistant, Service and Business Planning (*minutes*)

In attendance for part of the meeting to support discussions

Dr John McMenamin, General Practitioner, and local and national champion for Tobacco Control
Mrs Anne Kauika, Professional Advisor Healthy Lifestyles, Whanganui Regional Health Network
Ms Julie Nitschke, Clinical Director Primary Care, Whanganui Regional Health Network
Ms Karen Goymour, InterRAI Educator for Technical Advisory Services (TAS)

Media

The Wanganui Chronicle's new health reporter Mr Jacob McSweeny was welcomed to his first committee meeting of the Whanganui District Health Board.

Public

There were two representatives of Grey Power Wanganui Inc. in attendance, along with 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 Mr Charlie Anderson (QSM).

Of note, Ms Philippa Baker-Hogan and Ms Grace Taiaroa will be leaving the meeting early today.

2 Conflict and register of interests update

2.1 Updates to the register of interests

New update:

Ms Maraea Bellamy advised that she is now:

- a director of Taihape Health Limited
- a member of the Institute of Directors.

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 16 March 2018 be approved as a true and correct record noting the following:

A committee member noted that on page 18 of the minutes in the agenda under section:

7.5.4 Restraint and seclusion 2017

- 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”. Where seclusion facilities do not exist, chemical restraint is employed, so we must be aware of best possible care.

The committee member advised that chemical restraint has been forbidden, and is in breach of the Health and Disability Services – Safe Restraint Practice Standard.

5 Matters arising

There were no matters arising from the previous meeting.

6 Committee Chair’s report

The committee chair noted that the board have been looking at strategic planning to identify specific strategic issues for the board to focus on.

7 Whanganui DHB Annual Plan Work Programme

7.1 Whanganui Alliance Leadership Team update

Lead: Tracey Schiebli, General Manager, Service and Business Planning

The general manager reported that the Whanganui Alliance Leadership Team (WALT) have met and that the re-freshed Terms of Reference (TOR) have been endorsed, for signing by the respective board chairs. The Whanganui District Health Board (WDHB) chief executive, Russell Simpson, has been confirmed as the chair. Membership of WALT still requires further discussion to make sure the composition reflects the responsibility of the group.

The focus of the discussion at the meeting held recently was about the development of a Memorandum of Understanding (MoU) to support data sharing between WDHB and both PHOs.

The WALT also agreed that four service level alliances will be established to drive planning and improvement at an operational level. The service level alliances are:

- child and youth health
- mental health and addictions
- Healthy Ageing (including long term conditions)
- clinical information systems.

These service level alliances will report to WALT on a regular basis. It was noted that the first two groups already meet, so will require a review of membership and TOR.

7.2 Whāngaia Ngā Pa Harakeke – Family harm deployment model

Lead: Rowena Kui, Director Māori Health

The aim of this is to develop a new local model to work across agencies with whānau/families impacted on by family violence. The Whanganui Police resources will be reassigned and new community-based positions are proposed to support this initiative. Committee members will be kept updated on progress.

7.3 Service improvement initiatives – tobacco control

Lead: Candace Sixtus, Portfolio Manager, Primary Care

Dr John McMenamin, General Practitioner, and local and national champion for Tobacco Control, was in attendance to support discussion.

Whanganui DHB supports the Governments long-term goal of Smokefree 2025. To achieve this an increased emphasis and focus is required to reduce tobacco uptake and increase cessation in priority groups by ensuring that all health professionals are routinely providing their patients with advice and support to quit.

The total primary care enrolled (both PHOs) population smokers at 31 March 2018 is 9,570.

Whanganui District Health Board is the fourth highest DHB with a high smoking prevalence. The data presented to the committee of smoking prevalence by DHB is census data from 2013 only. (New Zealand Census 2013, Statistics New Zealand), the next census data once captured and released will be interesting to compare.

It was noted that the year 10 students smoking has dramatically decreased and that the survey is likely to be discontinued.

During discussion the following was noted:

- Smokers will lose 10-20 years of their lifespan
- Tobacco is a major health issue for our region
- Late teens are taking up smoking (high proportion is Māori) this is a group that continues to smoke
- Whanganui has a high referral rate to the Stop Smoking service (including nationally)
- Successful engagement within young Māori coming into the service
- This is a journey for the person giving up smoking
- Some people drop off after presentation in to the service – difficult for some to set a date (stop date)
- There is a high number of ex-smokers trying to quit (this is included in the data)
- Success at quitting is the hard part of the journey
- Medication has proven to be successful.

Other DHBs including Counties Manukau DHB have tried financial incentives to stop people from smoking, which have been successful. However a lack of funding meant the programs could not be continued. These incentives work for targeting smokers in lower socio-economic communities. Whanganui have an incentive program for pregnant women which has not been successful.

Vaping is a current topic. There is limited research undertaken of the long-term adverse health effects of vaping will be.

The Ministry of Health will continue to monitor the uptake of e-cigarettes, their health impact at individual and population levels, including long term effects.

7.4 Service improvement initiatives – community initiatives: Fit for surgery

Lead: Candace Sixtus, Portfolio Manager, Primary Care

Dr Marco Meijer, Whanganui DHB Medical Director of Anaesthetics, and clinical lead for Fit for Surgery was in attendance to support discussion.

Obesity is impacting on surgery complications and this work was started to do something about improving outcomes through optimising health status prior to surgery. A co-design process was started with a project group formed to develop a clinical pathway and associated interventions and activities to reduce the risk of complications for at risk (obese) patients requiring elective hip and knee surgery.

The programme is targeted at early intervention to support pre and post-surgery weight loss and improved long-term well-being using the principles of co-design and will utilize already existing funded programmes and services including green prescription.

It is worth the committee noting that the Whanganui Hospital pre-admission clinic is working with people that have many chronic conditions and multi-conditions who require/want surgery.

Identifying those at higher risk of infections and other complications due to diabetes, heart disease and anemia or simply being sedentary and out of shape, is the key. Programs and services that include medical treatments, diets and exercise regimens are offered to improve their chances of a successful surgery.

Weight reduction can take a while to achieve but can sometimes result in the surgery not being required. Patients with a BMI of 40 or above have a high percentage of infection rates.

There will be some 'Fit for Surgery' patients who do not require this intensive approach and are able to be managed in primary care and are happy to access community based services by themselves if and when required.

An audit was undertaken over a four-month period of surgical pre-assessment clinics for patients scheduled for elective hip and knee surgery. While this did not include all clinics, the information collected identified the reasons patient's surgery was delayed or cancelled.

The recent audit that was undertaken showed that 20 patients had their scheduled surgery cancelled or postponed due to 'not being fit for surgery'. These patients were referred to primary care or other specialist services for intervention or management of their conditions.

The 'Fit for Surgery' clinical pathway has been developed and presented to the May Wanganui Inter-Professional Education forum (WIPE). This was an opportunity to socialize the pathway for general practice and outline the implementation plan. The WIPE forum was well attended by general practice.

The revised funding application that was submitted to Accident Compensation Corporation (ACC) following feedback on the first request has been granted.

It was noted that once the preferred provider for the navigator component of the programme has been completed we will link up quickly within the community services (GP and primary care services).

7.5 Service Improvement Initiatives – Health of Older People - InterRAI assessment and dashboard

Lead: Andrea Bunn, Portfolio Manager, Health of Older People

Karen Goymour, InterRAI Educator for Technical Advisory Services (TAS), was in attendance to lead the presentation to the committee.

InterRAI Assessment is an electronic assessment tool used by health professionals working with older people throughout New Zealand. The assessments highlight any issues and help assessors match services more closely to their needs.

Each tool in the interRAI suite has been developed for a specific population. The tools are standardised assessments designed to work together to form an integrated health information system. These tools are used nationwide in the home and community setting, as well as in aged residential care.

InterRAI Services is the national provider of services to support interRAI and a business group within the Central Region's Technical Advisory Service (TAS). The team provides education and support, secretariat services to the interRAI New Zealand Governance Board, data analysis and reporting, and software services. The website was shown to committee members and how to use the data collection areas - access link to the website is as follows: www.interrai.co.nz

Having standardised tools on a national IT platform produces quality data which can be used in many different ways.

It was noted that the Ministry of Health is looking into the tool being used for under 65 years old, however Whanganui District Health Board is currently using this for under 65's who have chronic conditions. There is potential to use this tool as a risk assessment also, noting that this tool is a clinical assessment not an outcome measure.

A committee member noted that there is a lack of communication around what tools and supports there are, and also accessing the range of health services. It is only when you need to access them that you get a small sense of what is out there. Many people don't know to access websites or attend their GPs to get information. Management acknowledged that it maybe timely to do some communication around health of older people.

7.6 Service Improvement Initiatives – Whanganui DHB community responsiveness programme

Lead: Eileen O'Leary, Project Manager, Service and Business Planning

Our current community responsiveness work is focused on supporting patients/whānau to attend appointments.

7.6.1 Community responsiveness - Audiology and newborn hearing screening improvement initiative

Dalreen Larkin, Whanganui DHB Enrolled Nurse Whānau Support Liaison Coordinator was to be in attendance at the meeting however, this has been deferred to the next meeting to make sure sufficient time is set aside for the discussion.

The project manager praised the efforts of Dalreen to-date in this area resulting in a reduction in DNA rates.

We are also looking at other DHBs use of 'texting'. A committee member suggested that Whanganui District Health Board look into using email as another way of communicating.

Whanganui District Health Board is working with another DHB on electronic options, if a person decides to have this option of receiving an appointment via text or email we need to move with the times.

7.6.2 Community responsiveness - Supporting patient navigation

A survey of patients and staff has highlighted difficulties for patient/whānau in navigating their way around the hospital campus.

A Wayfinding Work Programme has been developed aimed at improving support for patients/whānau to find their way around the hospital. This programme has incorporated consumer feedback.

7.6.3 Community responsiveness – Patient transport

Whanganui has contributed to the Ministry of Health review and an update from the review's leadership group is expected shortly.

7.7 Managing acute demand – Integrated resilience and winter planning 2018

*Lead: Wendy Stanbrook-Mason, Nurse Manager Medical Services, Whanganui DHB
Julie Nitschke, Clinical Director, Whanganui Regional Health Network*

This plan is in its initial phase with key identified work to be undertaken in 2018 and onwards. It will continue to be a 'live' document which has been developed with key stakeholders.

The development of a health promotion strategy along with consistent health messaging for our community; health promotion has worked to achieve this in an integrated approach. This has been seen as very positive.

During discussion the following was noted:

- Wanting people managed at home – self-managed for low care options
- Managed through pharmacy and GP
- 'Back of the bus' health messages – keeping well through winter
- Having the public informed during period of peak capacity.

The regional strategic planning workshop will take place in Wellington on Monday 7 May. The purpose of the workshop is to:

- Explore contingencies around a predicted severe winter and the potential for increased pressure on services
- Collaborate on potential new initiatives to address capacity and demand
- Any major concerns in relation to capacity/demand/pressure
- Possible opportunities to work together/collaborate regionally.

7.8 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*

Funder division

Taken as read.

Provider arm financial performance

It was noted that there was a mistake on the table on page 44 of the agenda, however the correct figures were supplied in *Appendix One: Provider Arm Financial Performance - Cluster Reporting*.

The following was noted during discussion:

- The WebPAS implementation has impacted on staffing levels
- Sick leave and maternity leave of medical clinical staff has been at a cost
- There has been a lack of elective volumes received from Waikato
- Volumes and pressure will remain in terms of forecast.

WebPAS impact:

- Showing in nursing and Allied Health (Trendcare to show resource issues if any)
- Big change for ED (paper to e-copy)
- Patient scheduling has had a lot of pressure
- Staff moving from paper has been a challenge
- Not too much impact on the wards
- Mental health have coped well
- The system for staff is quite complex and not entirely user friendly
- Training is still on-going
- District nursing – getting the devices to work in the person home is a challenge.

8 Date of next meeting

Friday, 15 June 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 16 March 2018 (public excluded session)	For the reasons set out in the committee's agenda of 16 March 2018	As per the committee's agenda of 16 March 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

The public session of the meeting ended at 12.02pm.