AGENDA

Whanganui District Health Board

Meeting date	**Friday 13 December 2019**	
Start	10.00 am	Public session Public excluded session
Venue	Board Room Level 4, Ward and Admin Building 100 Heads Road Whanganui	

Embargoed until Saturday 14 December 2019

Contact
Phone 06 348 3140
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Also available on website
www.wdhb.org.nz

Distribution

Board members

- Mr K Whelan, Board Chair
- Ms A Main, Deputy Chair
- Mr G Adams
- Mr C Anderson
- Ms T Anderson-Town
- Mrs P Baker-Hogan
- Mr J Chandulal-Mackay
- Mrs J MacDonald
- Mr M Mar
- Ms S Peke-Mason
- Mrs N Mackintosh, Board Secretary

Executive Management Team

- Mr R Simpson, Chief Executive
- Ms L Adams, Director of Nursing/Chief Operating Officer
- Ms L Allsopp, General Manager Patient Safety, Quality and Innovation
- Mrs A Forsyth, Director Allied Health Scientific and Technical
- Mrs R Kui, Director Equity Māori Health
- Mr A McKinnon, General Manager Corporate
- Mr P Malan, General Manager, Service and Business Planning

Ministry of Health

Ms Nicola Holden

Agendas are available online one week prior to the meeting.

WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

WHANGANUI DISTRICT HEALTH BOARD
TE POARI HAUORA O WHANGANUI

Kaua e rangiruatia te hāpai o te hoe, e kore to tātou waka e ū ki uta.
Do not lift the paddle out of unison or our canoe will never reach the shore.

We foster an environment that places the patient and their family at the centre of everything we do - an environment which values:

- learning and improvement
- courage
- partnering with others
- building resilience.

We are:

- open and honest
- respectful and empathetic
- caring and considerate
- committed to fostering meaningful relationships
- family-centred.

He wāhi whakamana tangata whaiora, whakamana whānau! Ko te whai anō hoki i ngā waiaro:

- ka whai matauranga
- ka whai mana
- ka toro atu te ringa
- ka whai rangatiratanga.

Koi anei tātou:

- ka ū ki te pono
- ka aroha ki te tangata
- ka manaaki tangata
- ko te mea nui he tangata, he tangata me ōna āhuatanga katoa
- ko te whānau te pūtake.

Nothing about me without me, and my whānau/family
Ko au ko toku whānau, to toku whānau ko au

AGENDA

Held on Friday, 13 December 2019
Board Room, Level 4, Ward and Admin Building
100 Heads Road, Whanganui Hospital, Whanganui

Commencing at 10.00am

BOARD **PUBLIC SESSION**

	ITEM	PRESENTER	Time	Page
1	**Procedural**			
1.1	Karakia/reflection	A Main	10.00	
1.2	Apologies	K Whelan	10.05	
1.3	Continuous disclosure 1.3.1 amendments to the register of interests 1.3.2 declaration of conflicts in relation items on agenda	K Whelan	10.08	7
1.4	Confirmation of minutes 1 November 2019	K Whelan	10.10	9
1.5	Matters arising	K Whelan	10.15	17
1.6	Board and committee chairs reports 1.6.1 Board - verbal 1.6.2 Combined statutory advisory committee - verbal	K Whelan S Hylton	10.17	
2	**Chief Executive report**	**R Simpson**	**10.25**	**19**
3	**Decision papers**			
3.1	2020 Board and Committee Meeting Dates	A McKinnon	10.35	21
4	**Discussion papers**			
4.1	Health and safety report	H Cilliers	10.45	23
4.2	HDC Advocacy Services Report 2019	L Allsopp	10.55	29
5	**Date of next meeting** 22 February 2019, WDHB Board, Whanganui Hospital			
6	**Reasons to exclude the public**	**K Whelan**	**11.05**	**31**
GLOSSARY				

7	**APPENDIX**	
5.2.1	HDC Advocacy Services Report 2019	35

WHANGANUI DISTRICT HEALTH BOARD

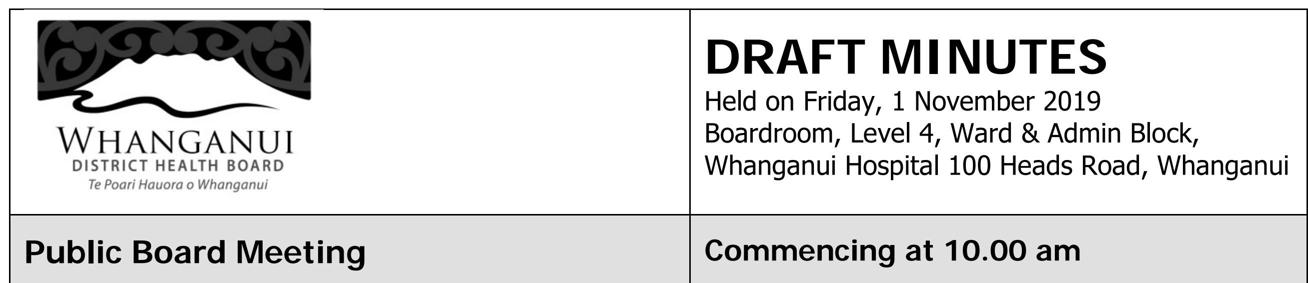
REGISTER OF CURRENT CONFLICTS AND DECLARATIONS OF INTEREST

Up to and including 13 November 2019

BOARD MEMBERS

NAME	DATE NOTIFIED	CONFLICT/DECLARATIONS
Graham Adams	16 December 2016	▪ A member of the executive of Grey Power Wanganui Inc. ▪ A board member of Age Concern Wanganui Inc. ▪ The treasurer of NZ Council of Elders (NZCE) ▪ A trustee of Akoranga Education Trust, which has associations with UCOL.
Charlie Anderson	16 December 2016	An elected councillor on Whanganui District Council.
	3 November 2017	A board member of Summerville Disability Support Services.
Philippa Baker-Hogan	10 March 2006	An elected councillor on Whanganui District Council.
	8 June 2007	A partner in Hogan Osteo Plus Partnership.
	24 April 2008	Her husband is an osteopath who works with some of the hospital surgeons, on a non paid basis, on occasions hospital patients can attend the private practice, Hogan Osteo Plus, which she is a Partner at.
	29 November 2013	Chair of the Future Champions Trust, supporting promising young athletes.
	7 November 2014	A member of the Whanganui District Council District Licensing Committee.
	3 March 2017	A trustee of Four Regions Trust.
	20 September 2019	A director of The New Zealand Masters Games Limited.
Talia Anderson-Town		No interests declared at this stage
Materoa Mar		No interests declared at this stage
Stuart Hylton	4 July 2014	▪ Executive member of the Wanganui Rangitikei Waimarino Centre of the Cancer Society of New Zealand. ▪ The Whanganui District Licensing Commissioner, which is a judicial role and in that role he receives reports from the Medical Officer of Health and others.
	13 November 2015	An executive member of the Central Districts Cancer Society.
	15 March 2017	The Rangitikei District Licensing Commissioner.
	2 May 2018	▪ The chairman of Whanganui Education Trust ▪ A trustee of George Bolten Trust
	2 November 2018	The District Licensing Commissioner for the Whanganui, Rangitikei and Ruapehu districts.

Judith MacDonald	22 September 2006	▪ The chief executive of Whanganui Regional Primary Health Organisation ▪ A director, Whanganui Accident and Medical
	11 April 2008	A director of Gonville Health Centre
	4 February 2011	A director of Taihape Health Limited, a wholly owned subsidiary of Whanganui Regional Primary Health Organisation, delivering health services in Taihape
	27 May 2016	The chair of the Children's Action Team
	21 September 2018	A director of Ruapehu Health Ltd
Annette Main	18 May 2018	A council member of UCOL.
Soraya Peke-Mason		No interests declared at this stage
Ken Whelan		No interests declared at this stage



	DRAFT MINUTES Held on Friday, 1 November 2019 Boardroom, Level 4, Ward & Admin Block, Whanganui Hospital 100 Heads Road, Whanganui
Public Board Meeting	**Commencing at 10.00 am**

Present
Mrs Dot McKinnon, Board Chair
Mr Stuart Hylton, Deputy Chair
Mr Graham Adams, Member
Mr Charlie Anderson, Member
Mrs Philippa Baker-Hogan, Member
Mr Darren Hull, Member
Ms Jenny Duncan, Member
Mrs Judith MacDonald, Member
Ms Annette Main, Member
Dame Tariana Turia, Member

Apologies
Ms Maraea Bellamy, Member
Mr Russell Simpson, Chief Executive

In attendance
Ms Lucy Adams, Acting Chief Executive/Director of Nursingc
Mrs Nadine Mackintosh, Board Secretary
Mr Hentie Cilliers, People and Culture Manager
Mrs Rowena Kui, Director Maori Health
Mr Paul Malan, GM Business and Service Planning
Mr Andrew McKinnon, GM Corporate

Guests
One member of the public was present at the meeting. Other members in attendance were the staff responsible for presentation of papers to the Board.

1. Procedural

The Board Chair welcomed all members to the meeting, advising that no advice had been received on appointed board members at this stage and for some it may be their last meeting. J Duncan was congratulated on her appointment to deputy mayor of Whanganui District Council.

A McKinnon was welcomed to his first board meeting as GM Corporate.

1.1 Karakia/reflection

J MacDonald opened the meeting with a reflection on the Health Forum, outlining a key message to develop one health system not 20 systems. We need to continue to operate as a cohesive and confident board and work towards addressing the inequalities as one system in the upcoming term.

P Baker-Hogan arrived at 10.03am

The chair requested a moment of silence to acknowledge the recent passing of A Anderson who was a past board member.

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1.2 Apologies

The Board resolved to **accept** an apologies from M Bellamy and R Simpson.

The board chair thanked L Adams for all the work as acting chief executive and acknowledged that the departure of B Walden, GM Corporate, noting he requested to not hold a farewell.

1.3 Continuous Disclosure

1.3.1 Amendments to the Interest Register

Nil

1.3.2 Declaration of conflicts in relation to business at this meeting

Nil

1.4 Confirmation of minutes

1.4.1 9 August 2019

The minutes of the meeting held on 9 August 2019 were accepted as a true and accurate record.

CARRIED

1.4.2 20 September 2019

The minutes of the meeting held on 20 September 2019 were accepted as a true and accurate record.

CARRIED

1.5 Matters Arising

The Board received the matters arising.

1.6 Board and Committee Chair Reports

1.6.1 Board Chair verbal report

The board chair provided a verbal update on her attendance at the 2019 Health Forum. The forum had a number of informative speakers and the sessions were well attended and well received.

Some of the key points were:

- Equity
- Wellbeing
- Person directed support
- Workforce
- Future directions

1.6.2 Combined Statutory Advisory Committee verbal report

Nil

1.7 Combined Statutory Advisory Committee

The board **received** the CSAC minutes for information only.

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2. Fit for Surgery Patient Presentation

Presenters: Rosalie Drummond, Programme Participant and Christine Taylor, Sports Whanganui

The board chair welcomed R Drummond, a programme participant since April 2019, to the board meeting for the purpose of providing a consumer perspective briefing of the service.

R Drummond advised the board that the referral process was not well understood and further education was required to avoid disappointment. The major contributing factor for Rosalie was she did not meet the BMI threshold for surgery and was referred to the fit for surgery programme. Rosalie and Christine have worked as a team with Rosalie having achieved good weight loss, and improved mobility with an ability to walk over 1km. Rosalie has had a follow-up appointment with Orthopaedics and is awaiting confirmation of her surgical procedure.

Overall the programme outcome for patients is increased mobility and reduction of pain medication with an improved lifestyle change as they participate in a fit for life programme. The programme continues for 12 months following a procedure with formal reviews at 6 and 12 months. It was noted one of the key benefits is mobility as joint surgery does not fix the mobility.

One of the findings from the programme is that it the progress with mobility affects their ability to receive physio assistance.

The DHB made a shift two years ago to promote the wellness and welfare of the patient so that the patient will have the lifestyle and mobility functions following a joint replacement. This programme is a joint initiative and has been recognised both nationally and internationally.

GP learning and development on the programme has commenced and will be ongoing and this will assist with the understanding of patient criteria and referral process.

The board thanked Rosalie and Christine for their attendance and wished Rosalie all the best with the programme outcomes and surgery.

3. Chief Executive Report

The chief executive report was taken as read.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the paper entitled 'Chief Executive Report'.

b. **Note** the progress on the development of the Ministry of Health Māori Health Framework.

c. **Note** the collaborative approach being undertaken to address SH4 road closure.

d. **Note** that Whanganui DHB went live on the national bowel screening programme on 22 October 2019.

Moved D McKinnon **Seconded** S Hylton **CARRIED**

Action: Management to liaise with MidCentral in relation to the gorge closure and possible subsidy.

DRAFT

4. Decisions Papers

4.1 Trauma operating table replacement

The trauma operating table replacement paper was taken as read.

The key improvement factor for the new table is to provide correct traction, with the ability to hold a higher weight load than the current table.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the report 'Trauma operating table replacement'.

b. **Note** that the current trauma operating table is over 20 years old and is now out of date with current technology and needs to be replaced.

c. **Note** that $140,000 has been budgeted in the 2019/20 financial year, and $10k will be reallocated from the theatre capital budget.

d. **Note** that surgeons and nursing staff have been involved in trialling trauma operating tables and have supported this proposal.

e. **Approve** in accordance with the delegation policy, the purchase of a trauma operating table at a price of $150,464, which includes a maintenance agreement up to year 10.

Moved S Hylton **Seconded** J MacDonald **CARRIED**

5. Discussion Papers

5.1 DHB Elections 2019 Update

The DHB Elections 2019 Update was take as read.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the report 'DHB elections 2019 final update'.

b. **Note** that the final election result, including special votes, was received on 17 October 2019.

c. **Note** that Josh Chandulal-Mackay has been elected as a new member of the board.

d. **Note** that Ministerial appointments have not yet been advised.

e. **Note** that the new board will take office on Monday 9 December 2019.

Moved A Main **Seconded** J Duncan **CARRIED**

6. Information Papers

6.1 centralAlliance Update 2019

The board chair noted that we have not had the board to board attendance with MidCental DHB although there has been plenty of work continuing on across the DHBs'.

This paper provides an update on the programme of work for the 2019/20 work plan. The laboratory changes require a board endorsement and a paper will go to RAC for endorsement prior to board approval.

Board discussion ensued on the following areas:
- Prioritising governance discussions,
- Laboratory services
- A chemotherapy service based in Whanganui DHB, particularly low complexity chemo supported by a nurse practitioner.

- The chemotherapy service proposal has advanced toward an outreach clinic with telemedicine follow up appointments.
- The urology service as a single service is reliant on the WebPAS roll out.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the paper entitled centralAlliance Update – 2019/20

b. **Endorse** that the boards receive two joint governance meetings in 2020.

Moved D Hull **Seconded** S Hylton **CARRIED**

6.2 Health and Safety Update

The Health and Safety Update was taken as read.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the health and safety update.

b. **Note** that there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19 or 2019/20 YTD, financial years.

c. **Note** that the overall trend for the top five injury/incident categories indicate no change over the period.

d. **Note** the following trends for each of the five categories:

- Aggression injuries/incidents increased over the three year period.
- Manual handling injuries/incidents decreased slightly over the three year period.
- Infection Control injuries/incidents decreased over the three year period.
- Slip, Trip, Falls injuries/incidents increased slightly over the three year period.
- Struck by, bumped injuries/incidents decreased over the three year period.

6.3 Communications Unit Update

The communications unit update was taken as read.

The Board of Whanganui District Health Board

a. **Received** the paper entitled 'Communications Unit Update: April 2019 – September 2019'.

b. **Noted** the cross sectoral commitment to address and reduce the impacts of the SH4 road closure.

6.4 Smokefree 2025

The smokefree 2025 paper was taken as read.

The board had an in-depth discussion on vaping with concerns on the detrimental impacts for both non-smokers and smokers wanting quit.

The chair will have a discussion with chair of the tobacco steering group to develop a DHB position statement on vaping. It was suggested that Mr H McRobbie of MoH be invited to a future meeting to provide expert advice on vaping.

The Ministry is working on legislative policy and regulations for vaping and the DHB will want to ensure their views are captured as part of this process.

The Board of Whanganui District Health Board resolved to:

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a. **Receive** the paper entitled 'Smokefree 2025'.

b. **Endorsed** that the board write to the Minister and Ministry of Health that our board is against vaping and the harm that it does to our community.

c. **Note** that Whanganui DHB continues to support the Ministry of Health position on vaping.

CARRIED

Action: Draft a position statement for vaping to send to the Minister with a letter advising that our board is against vaping and harm that it has on our community.
Provide details of our funding contributions for quit smoking programmes.
Source influential youth prepared to be ambassadors for stop smoking campaigns.

6.5 Six month report on inter-district flows (IDFs)

We are responsible for monitoring and funding for our populations' care and IDFs report on procedures both within and outside our district.

We are beginning to look at planning for IDFs for 2020/21 in particular those areas that we have significant volumes of IDFs and what services or service components we can consider to be undertaken at our DHB.

IDFs inform a production plan and we should have a lens on it, acknowledging that as a small DHB we need to consider the viability of services for a local and regional health system.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the report 'Six-monthly report on inter-district flows'.

b. **Note** that the inter-district flows outflows and inflows for the year ending 30 June 2019 were $2,277k and $386k unfavourable to budget respectively.

c. **Note** that inter-district flows outflows continue to be higher than budget, and inflows lower than budget and combined present a risk to the forecast.

d. **Note** that mitigation strategies have been implemented to better manage the IDF volumes.

Moved D McKinnon **Seconded** A Main **CARRIED**

Action: The financial report is to separate the IDF reporting from the financial.

6.6 2019 WDHB Board welcome and induction amended programme

The paper was taken as read.

The Board of Whanganui District Health Board resolved to:

a. **Receive** the 2019 WDHB Board welcome and induction amended programme

b. **Note** schedule of meeting opportunities for new WDHB board members.

Moved P Baker-Hogan **Seconded** D McKinnon **CARRIED**

7. Date of next meeting

The next meetings of the Whanganui DHB Board were confirmed for:

- Combined Statutory Advisory Committee held on 22 November 2019 in the Boardroom
- Board meeting held on 13 December 2019 in the Boardroom.

8. Reasons to exclude the public

Whanganui District Health Board resolved to:

Agree that the public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table;

Note that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 1982 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 1 November 2019	For reasons set out in the board's agenda of 1 November 2019	As per the board agenda of 1 November 2019
Chief executive's report Board & committee chair reports	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(i) and 9(2)(j) Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Pharmacy Moratorium Insurance renewal for 2019/20	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)
Allied Laundry AGM TAS AGM	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

Persons permitted to remain during the public excluded session

That 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 is possessed by the following persons and relevance of that knowledge to the matters to be discussed follows:

DRAFT

Person(s)	Knowledge possessed	Relevance to discussion
Chief executive, senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Board secretariat or board's executive assistant	Minute taking, procedural and legal advice and information	Recording minutes of board meetings, advice and information as requested by the board

Moved D McKinnon **Seconded** J MacDonald **CARRIED**

The public section of the meeting concluded at 12.20pm

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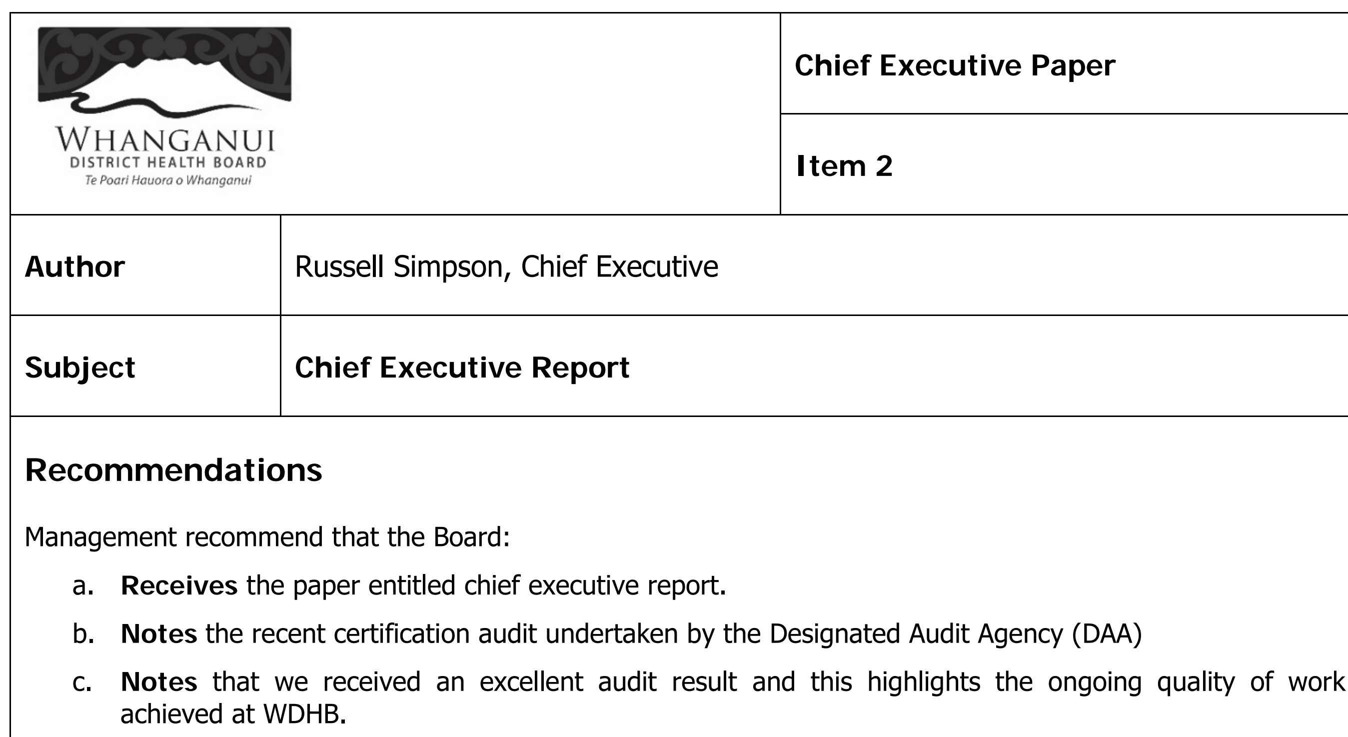
WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Matters Arising

13 December 2019

Topic	Action	Due date
Subsidy for road closure	Management to liaise with MidCentral in relation to gorge closure and possible subsidy	A phone call was made with the Finance Manager and no subsidy was received.
Smokefree 2025	Board Chair to work with management to produce a draft vaping statement that our board is against vaping and the harm to our community	**TBC**
	Details of the DHB funding contributions for stop smoking programmes/campaigns	**Defer to CSAC**
	Source influential youth prepared to be ambassadors for stop smoking campaigns	**Defer to Tobacco Steering Group**
IDF	Separate IDF reporting from the full financials	**Included**
Laboratory Services changes	RAC will receive paper to endorse board approval.	**RAC endorsed the next steps, no board approval required.**



	Chief Executive Paper
	Item 2

Author	Russell Simpson, Chief Executive
Subject	**Chief Executive Report**

Recommendations

Management recommend that the Board:

a. **Receives** the paper entitled chief executive report.

b. **Notes** the recent certification audit undertaken by the Designated Audit Agency (DAA)

c. **Notes** that we received an excellent audit result and this highlights the ongoing quality of work achieved at WDHB.

1 Certification Audit

The Designated Audit Agency or DAA Group visited Whanganui District Health Board (WDHB) 19-21 November 2019.The agency acts on behalf of the New Zealand Ministry of Health. The auditors are fully trained and qualified healthcare assessors. This certification process ensure safe, appropriate care is occurring in each healthcare facility as well as adherence to the New Zealand healthcare standards.

The Ministry of Health audit begins with each healthcare standard being documented, by the facility, on how this standard is met. The standards are NZS 8134:2008 Health and Disability Services Standards including NZS 8134.1.2008 Health and Disability Services (Core) Standards, NZS 8134.2.2008 Health and Disability Services (Restraint Minimization and Safe Practice) Standards, NZS 8134.3.2008 Health and Disability Standard Services (Infection Prevention and Control) Standards.

Documented evidence on how we meet the standards is supplied to the DAA Group prior to their visit. The auditors then follow system tracers to ensure that the standards are being followed throughout the organisation. Staff, patients, families and consumers are interviewed in the process.

At the end of each systems tracer a brief overview is given to DHB management. On the final day of the audit a draft report is presented to the organisation. The final report will be available in approximately three months, once peer reviewed and the Ministry of Health approval is gained.

This year the organization received 14 corrective actions in the draft report. Ten of these corrective actions were deemed low level and 4 were deemed moderate level. These corrective actions allow for ongoing quality improvement at WDHB.

Areas of excellence acknowledged included, Stanford house, medical credentialing and medicine management.

This is an excellent result, and highlights the ongoing quality of work that is achieved at WDHB.

2 National Bowel Screening Programme

Whanganui DHB commenced with the National Bowel Screening Programme on Tuesday 22nd October. Following commencement of the programme, the National Coordination Centre for bowel screening has started the process of sending invitations and test kits to eligible people aged 60-74 years. The invitation strategy is based on birthdays, with people born on an even date (i.e. 2nd, 4th, 6th etc. of the month) being invited in the first year of the programme and people born on an odd date (i.e. 1st 3rd 5th etc. of a

month) being invited in the second year. People aged 60-74 years who are in the priority population group for screening (i.e. Māori or Pacific Island ethnicity/people who reside in a high deprivation area) are eligible to be invited to participate at any time, regardless of when their birthday is.

Data from the Bowel Screening Register shows that in the six weeks since commencement, a total of 952 people have been sent test kits. Of those who have been sent kits:

- 15 people have had a positive test result, meaning they will be referred to Whanganui DHB for bowel screening colonoscopy
- 181 people have had a negative result, meaning no further investigation is required at this time and they will be invited to participate again in two years' time if still eligible
- 9 people have had a spoilt kit, meaning their kit could not be tested by the laboratory. This is usually because they have not labelled their sample correctly, have not completed the consent form or their test was not received by the laboratory within seven days, as required. Replacement kits are sent to all people who have spoilt kits, with follow-up phone-calls being made to priority population groups, via the National Coordination Centre, to clarify the reason the previous kit was spoilt, to reduce the chance of this occurring again
- 747 have not yet completed their kits

A breakdown of screening status by ethnicity is shown below:

Screening Status	Māori	Pacific	Asian	Other	Total
Abnormal	2			13	15
Normal	32	1	2	146	181
Spoilt	1			8	9
Not Completed	182	10	19	536	747
Grand Total	**217**	**11**	**21**	**703**	**952**

The achievement of equity for people of Māori and Pacific Island ethnicity is a priority for bowel screening at Whanganui DHB. The following local initiatives have been implemented to support equity for these populations:

- Whanganui DHB is seeking approval from the Ministry of Health to extend the bowel screening age range for Māori to include ages 50-59 years.
- A bowel screening equity working group, consisting of kaimahi from all five kaupapa Māori health services, Whanganui Regional Health Network, Whanganui Cancer Society and WDHB health promotion team has been established. The group meets regularly to discuss operational strategy for promoting bowel screening and engaging Māori and Pacific Island populations in the programme.
- Lists of Māori participants who have been sent test kits but have not completed them have been distributed to five kaupapa Māori Health Services, for early follow-up, to confirm receipt of the test, answer any questions and encourage participation.
- Māori and Pacific Island participants, who have not completed their kits following the active outreach services provided by the National Coordination Centre, will be referred to kaupapa Māori Health Services and the Whanganui Regional Health Network Manaaki Te Whānau team for further local outreach.
- We are encouraging General Practice teams to submit requests for bowel screening kits for all Māori and Pacific Island patients, when they present for appointments. Requests for test kits can be submitted electronically via the practice's "Patient Dashboard" system in their Patient Management System. Since commencement of the programme, 125 requests have been submitted from General Practice Teams. 28 patients have completed their test kits since receiving them, 25 of which were of Māori ethnicity.
- The project team are working with data analysts to develop a bowel screening equity report that shows participation rates by ethnicity, and monitors volumes of kits requested by General Practice teams, along with request outcomes and follow-up activity. Reports will be made available to General Practice teams, so that they are aware of equity status within their own practice, and can take action if required.
- The project team are working with primary care representatives to implement a process whereby all Māori and Pacific Island patients are sent letters advising them about the bowel screening programme and inviting them to contact their practice to arrange for a test kit to be sent, if they would like to do so.

	Decision paper
	Item 3.1
Author	Nadine Mackintosh, Board Secretary
Endorsed by	Russell Simpson, Chief Executive
Subject	**2020 Board and Committee Meeting Dates**

Recommendations

It is recommend that the board

a. **Receive** the paper entitled 2020 Board meeting dates
b. **Note** the proposed meeting dates have been aligned to the timelines for approving financial statements and production of key ministerial reporting.
c. **Approve** the 2020 board and committee meeting dates

1 Purpose

This report seeks the Board's support of the 2020 meeting schedule for Board and Committees.

2 Summary

The Board's meeting schedule is set annually and is done on a calendar year basis.

Members recently affirmed Friday's as being the preferred day for Whanganui DHB meetings.

Management has reviewed the meeting calendar and proposed dates that align with timelines for approving financial statements and production of key ministerial reporting.

In the current financial environment management would like to recommend that the Financial Risk and Audit Committee (FRAC) receive the consolidated financial results in a more timely manner. To achieve this, it is proposed that FRAC meetings be held the week prior to Board meetings, and that on two occasions the FRAC and Board meetings be held on the same day.

It is recognised that often reports seeking a Board decision need to first receive committee endorsement. So that this can occur within the meeting cycle, it is proposed that the same report would be submitted to the committee and the Board, and that the committee chair would provide a verbal report to the Board outlining the committee findings.

Key approval dates associated with the annual planning process can be accommodated within the meeting calendar.

A copy of the proposed meeting calendar is set out overleaf.

3 Proposed Meeting Schedule

2020 MEETING SCHEDULE FOR WDHB BOARD & COMMITTEES						
Meeting	**Annual Plan**	**CSAC**	**FRAC**	**Board**	**Joint Boards**	**Rem**
Time	10 – 3 pm	9am-1pm	1pm-4.pm	9am-1pm	1pm – 3pm	1.00pm
Date of meeting	**28 February**	**14 February**			**21 February**	
Deadline for reports	14 February	31 January			7 February	
Reporting period	Jul 20–June 21	31 Dec Qtr			Dec 19/Jan 20	
Date of meeting				**20 March**		**17 March**
Deadline for reports				1 April		4 March
Reporting period				Feb 20		PE 31.12.19
Date of meeting			**17 April**		**24 April**	
Deadline for reports			8 April		10 April	
Reporting period			Feb/Mar 20		March 20	
Date of meeting		**15 May**		**22 May**		
Deadline for reports		1 May		8 May		
Reporting period		31 March Qtr		April 20		
Date of meeting			**19 June**			
Deadline for reports			5 June			
Reporting period			May 20			
Date of meeting				**24 July**	**24 July**	
Deadline for reports				10 July	10 July	
Reporting period				June 20	June 20	
Date of meeting		**14 August**	**16 August**			**11 August**
Deadline for reports		31 July	2 August			29 July
Reporting period		30 June Qtr	19/20 YE/Jul 20			YE 30.6.20
Date of meeting			**18 September**	**25 September**		
Deadline for reports			4 September	7 September		
Reporting period			August 20	August 20		
Date of meeting				**23 October**	**23 October**	
Deadline for reports				9 October	9 October	
Reporting period				September 20	September 20	
Date of meeting		**13 November**	**13 November**	**27 November**		
Deadline for reports		30 October	30 October	13 November		
Reporting period		30 Sept Qtr	Sept 20	October 20		

The next central alliance meeting has been proposed for March/April.

	Information Paper
	Item. 4.1

Author	Hentie Cilliers, General Manager People and Performance
Subject	Health and Safety update

Recommendation

Management recommend that the Board:

a. **Receive** the health and safety update.

b. **Note** that there were no notifiable events reported to WorkSafe New Zealand in the 2017/18, 2018/19 or 2019/20 YTD, financial years.

c. **Note** that the overall trend for the top five injury/incident categories indicate a slight decline over the period. This is the first report indicating a slight decline in overall number of incidents/injuries since the new report format commenced in September.

d. **Note** the following trends for each of the five categories:

- Aggression injuries/incidents increased over the three year period.
- Manual handling injuries/incidents decreased over the three year period.
- Infection Control injuries/incidents decreased over the three year period.
- Slip, Trip, Falls injuries/incidents increased slightly over the three year period.
- Struck by, bumped injuries/incidents decreased over the three year period.

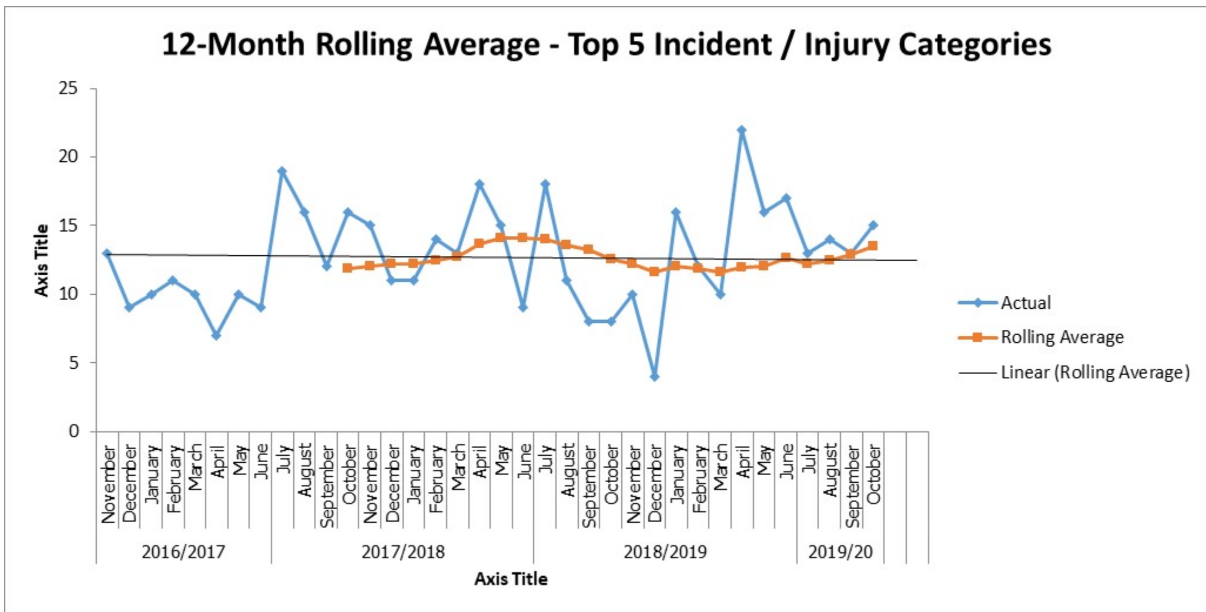
1 Purpose

To enable the board to exercise due diligence on health and safety matters. This report on key health and safety system risks covers:

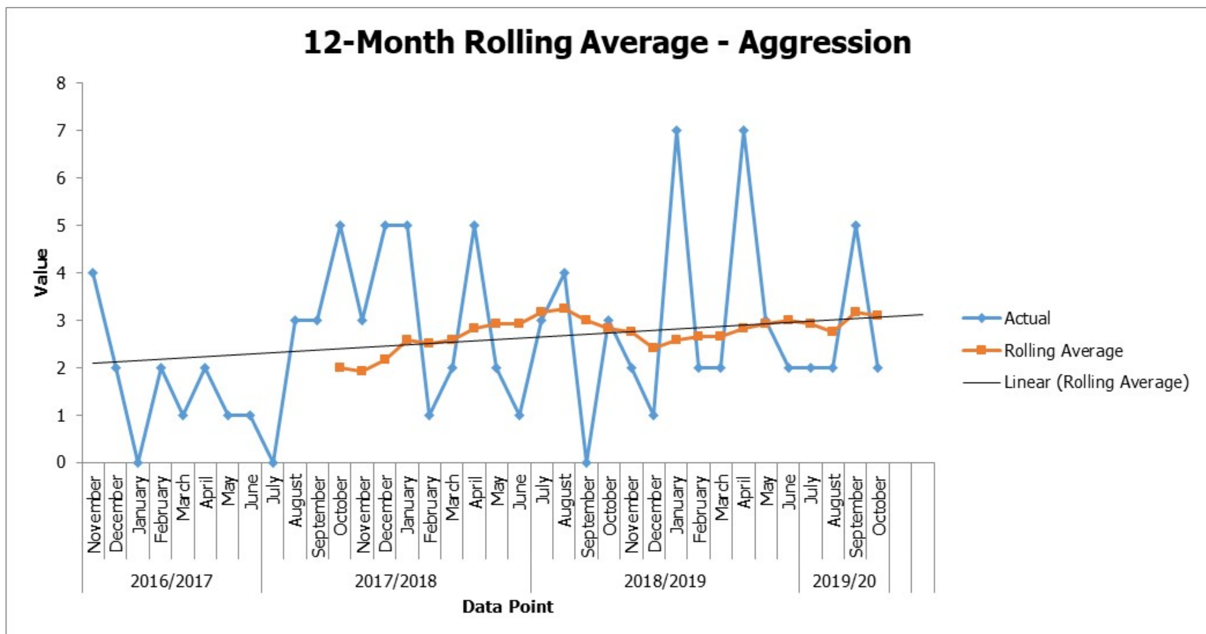
- incident/injury trends.
- incident/injury details.
- employee participation.
- contractor management.

2 Incident/injury trends

The graph below provides a rolling average, actual summary and trend line of the last three years' top five injury/incident trends. The trend line (based on the rolling average) indicates a slight decline in the overall number of incidents/injuries (top five) over the three year period.



The following graphs provide a rolling average, actual three year breakdown of monthly incidents and trend line for each of the top five incident/injury categories.



The trend line (based on the rolling average) shows an increase in the number of incidents/injuries over the three year period. Te Awhina, ED and the Medical Ward are areas with the highest number of reported injuries/incidents.

During October 2019 there were two physical aggression incidents at Te Awhina and the Emergency Department involving a confused patient and/or medical condition.

The incident in the Emergency Department involved a patient who wasbrought in by ambulance. The patient was hallucinating due to the possible influence of drugs. Police were called and the patient was restrained. In Te Awhina, a Mental Health Assessment Home Treatment (MHAHT) staff member was assaulted by a proposed patient.

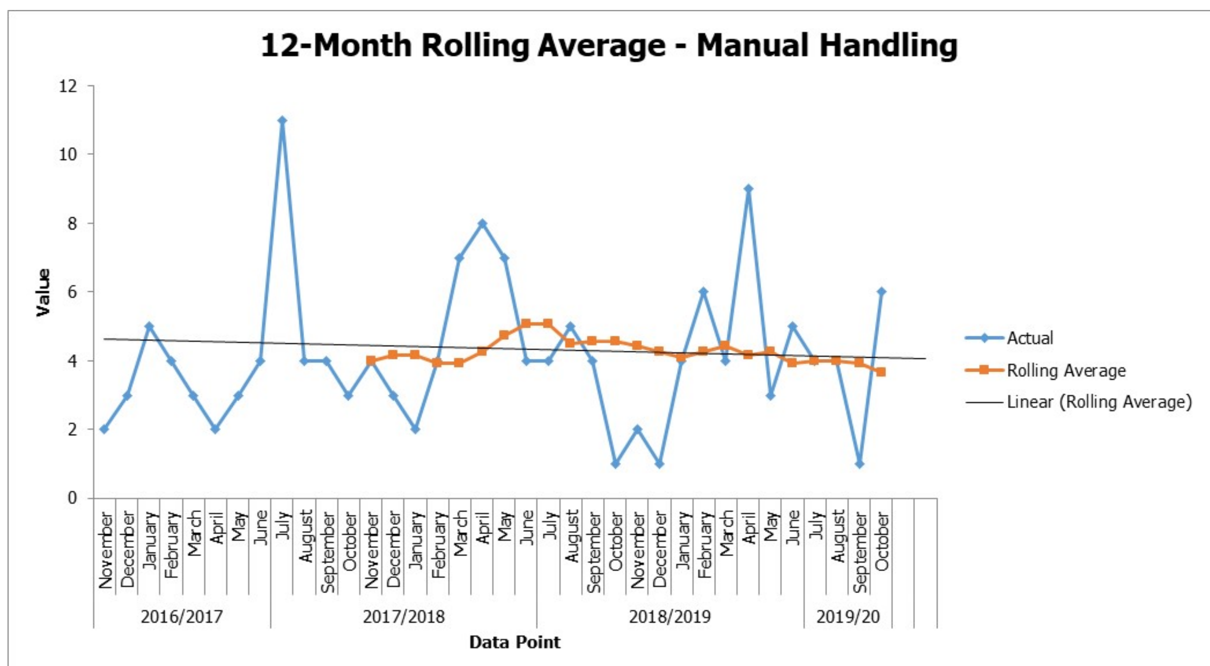
Te Awhina

Issues identified

- MHAHT assessments need to occur for patients when they have significant risk factors, historical and current, or for patients that are new to the service and have high potential risks must not be seen until there is a solid plan in place to mitigate that risk.

Risk mitigations to be introduced in Te Awhina include:

- choosing an appropriate environment i.e. wall alarm, close CTV proximity to the seclusion room if this is warranted
- Clinical Nurse Coordinator (CNC) / Nurse Intervention Coordinator (NIC) to communicate with senior MHAHT staff member to ensure a safe staffing plan is in place prior to the assessment starting
- To include safe practice effective communication (SPEC) trained staff supporting MHAHT clinicians to be available in close proximity or in the room
- CNC to be reminded in the next meeting 13 December 2019



The trend line (based on the rolling average) shows a decrease in the number of incidents/injuries over the three year period.

During October 2019 six manual handling injuries, three patient related Medical (2) and Emergency, two equipment/object (Medical, and Supplies) and one occupational overuse syndrome (OOS) in ATR.

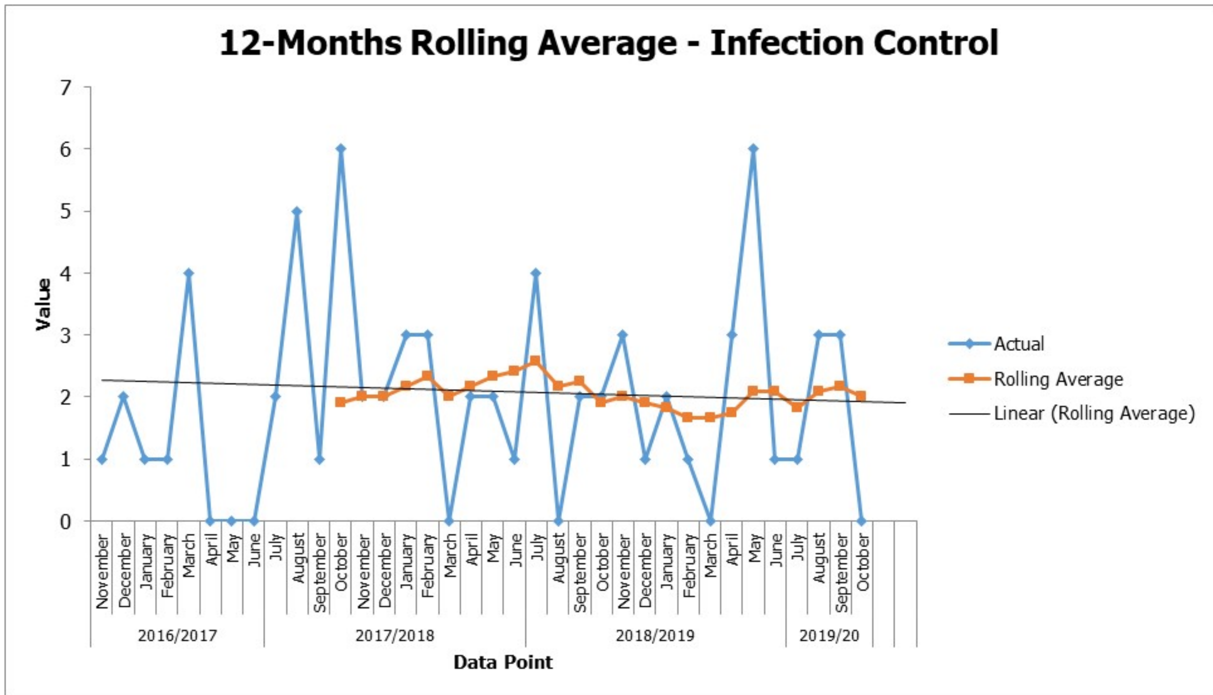
Issues identified:

- Staff member/s not using correct body mechanics and safe working height of equipment
- No regular maintenance schedule for lazy boys on medical ward, some may need replacing
- In an emergency situation staff are unclear on what procedure to follow
- Appropriate equipment not being identified and used by staff members although training on correct use of equipment is provided
- Several assessments with recommendations have been completed in supplies. Area is not fit for purpose going forward.

Improved risk mitigation include:

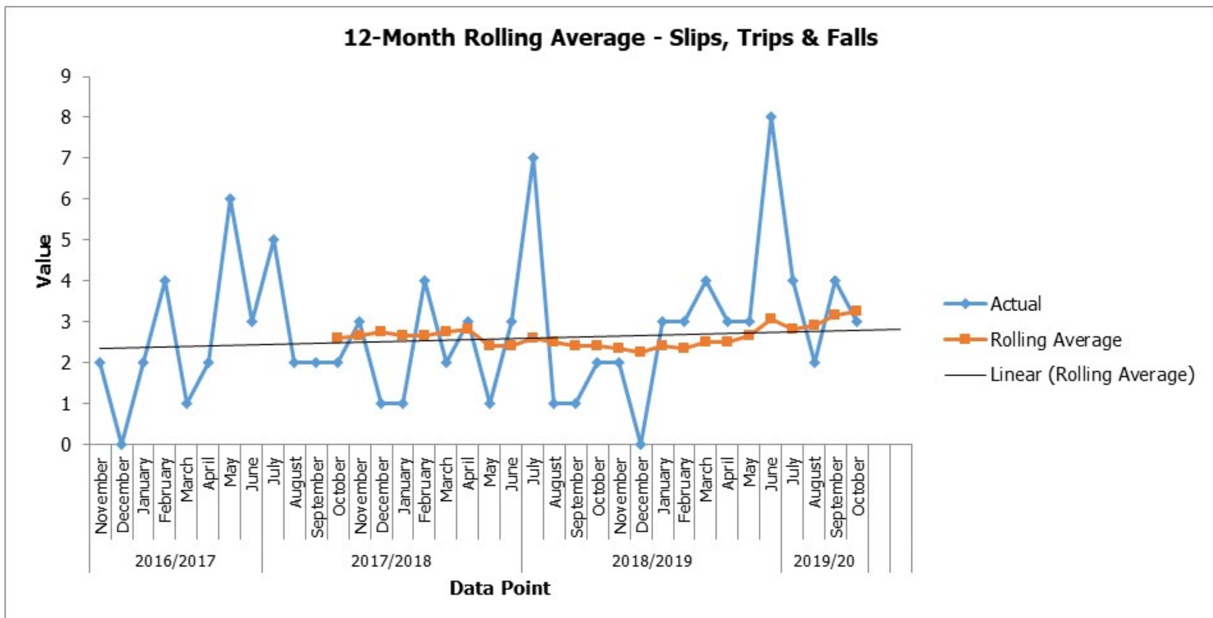
- Strengthening ward champion program – requires support from nursing directorate
- Manual handling co-ordinator to assess lazy boys with CNM medical ward and place on a maintenance schedule
- Manual handling co-ordinator to review procedures in an emergency situation with nursing
- Staff who incur an injury are asked to complete on-line Ko Awatea training

- Manual handling training co-ordinator and manager assess whether injured staff member requires one-on-one training
- Move supplies to a larger ergonomically designed area where staff can get down and lift correctly and not stack equipment above head height. GM Corporate Services is aware and is looking at the issues.



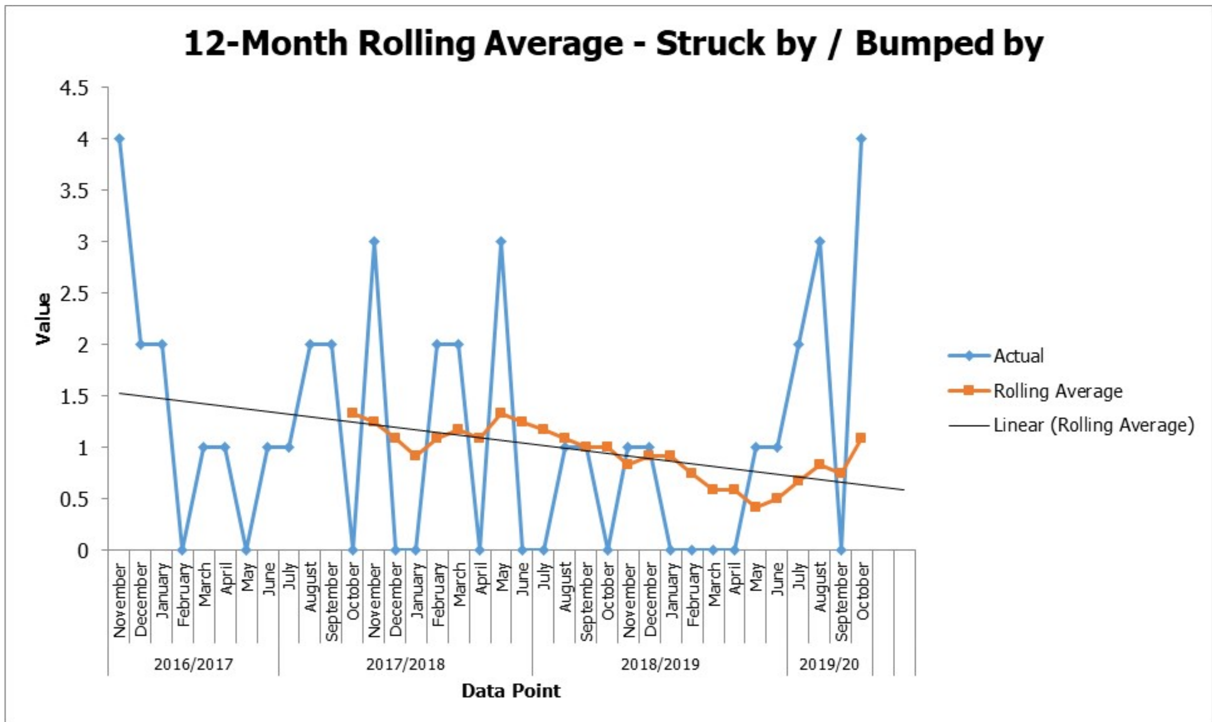
The trend line (based on the rolling average) shows a decline in the number of infection control incidents/injuries over the three year period.

During October 2019 there were no infection control incidents.



The trend line (based on the rolling average) shows a slight increase in the number of slips, trips and falls incidents/injuries over the three year period.

During October 2019 three slips, trips and falls incidents/injuries were reported. Injuries/incidents included: slipped on wet floor, slipped whilst walking in the car park and tripped on tree roots whilst walking on the walking track.



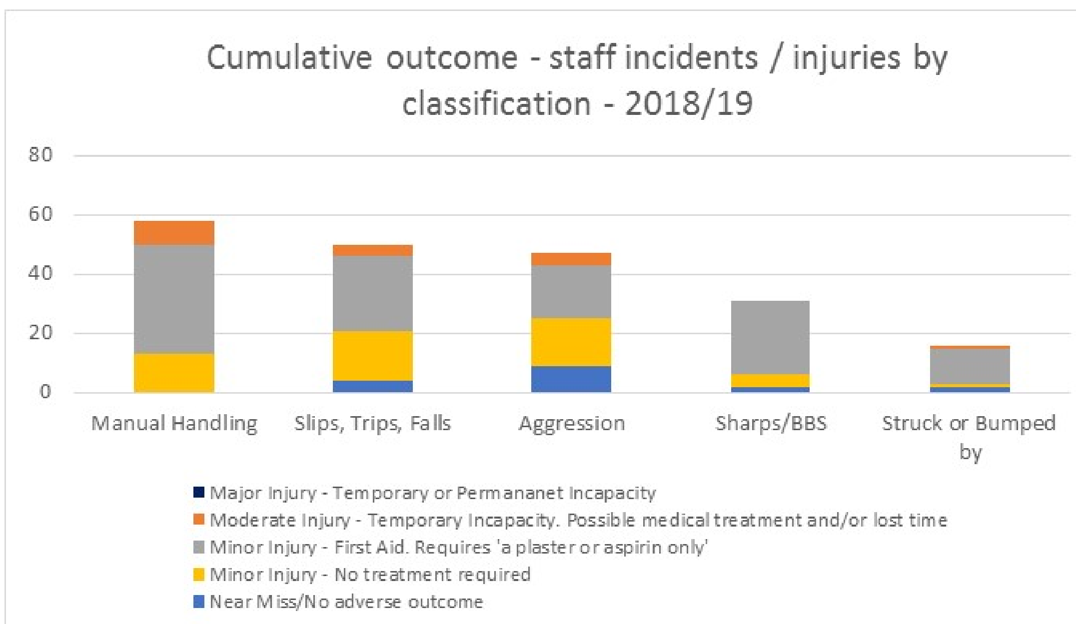
The trend line (based on the rolling average) shows a steep decline in the number of struck by and bumped by incidents/injuries over the three year period.

During October 2019 four stuck, bumped by incidents/injuries were reported. Injuries/incidents included: arm struck by closing lift door, hit at force by moving wheelchair, thumb caught between wall and door and whilst moving a bed.

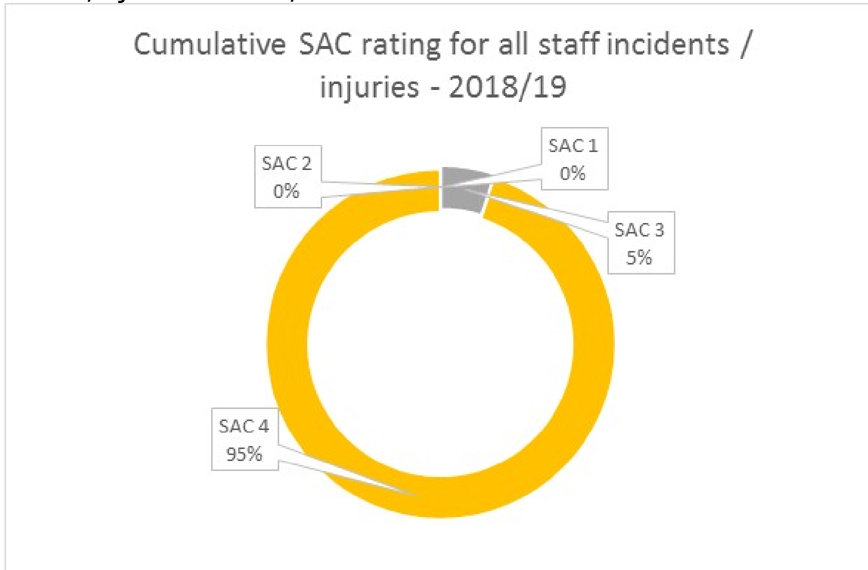
3 Incident/injury details

There were 15 staff incidents (injuries/potential injuries) recorded by staff on RiskMan in October.

The graph below provides a cumulative view of outcomes classifications for 2018/19.



The graph below provides a cumulative SAC rating (Likelihood x Consequence) for all staff incidents/injuries for 2018/19.



Definitions used in the graph:
SAC 4 Minor/minimal – no injury
SAC 3 Moderate - permanent moderate or temporary loss of function
SAC 2 Major - permanent major or temporary severe loss of function
SAC 1 Severe – death or permanent severe loss of function

SAC 1 incidents/injuries (and potentially SAC 2 incidents/injuries) requires WorkSafe notification. No notifiable events were reported to WorkSafe New Zealand in the 2017/18 or 2018/19 financial years. For all SAC 1 and 2 incidents/injuries, a Critical Systems Analysis (CSA) is undertaken. All injuries reported to Wellnz (tertiary ACC provider) are investigated.

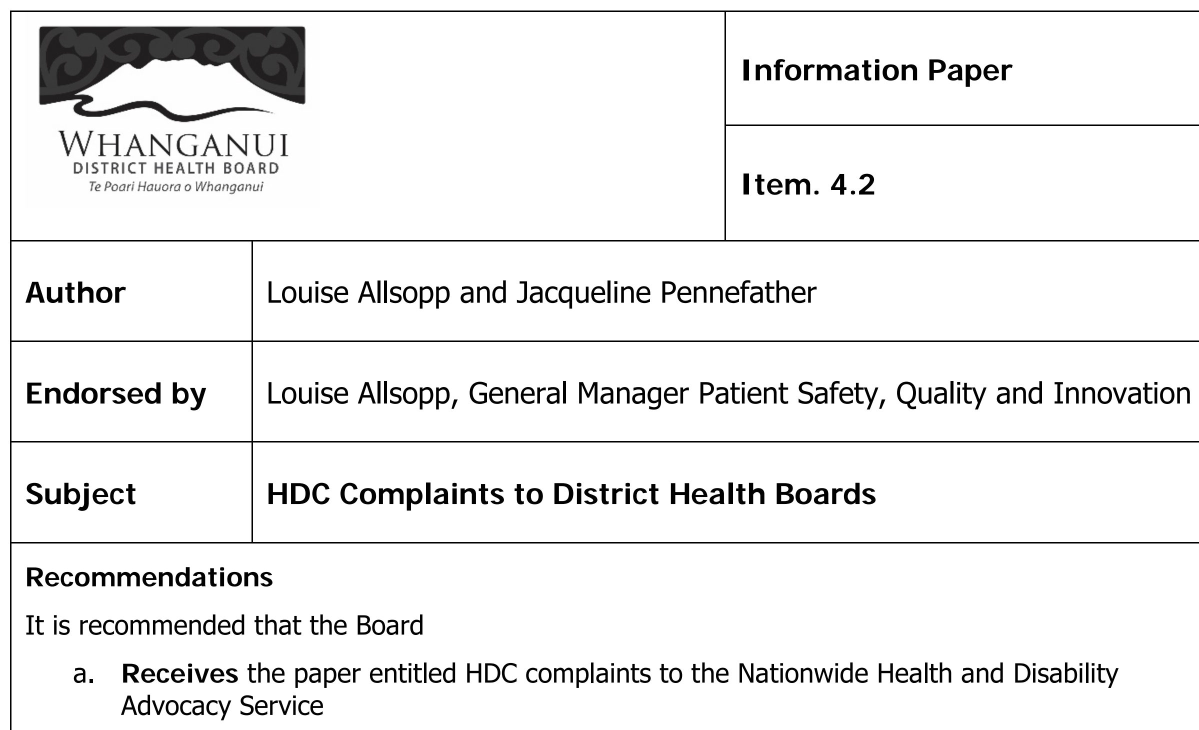
4 Employee participation

The WDHB Health and Safety Committee did not meet in November.

5 Contractor management

Spotless Services, as our key on-site contractor, provided the following health and safety report, which is evidence of having active health and safety systems in place.

Spotless H&S	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Category A: Fatality / Disabling	0	0	0	0	0	0	0	0	0	0	0	0	0
Category B: Lost Time Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Category C: Medical Treatment	0	0	0	0	0	0	0	0	0	0	0	0	0
Category D: First Aid / Allied Health	0	0	0	0	0	0	0	0	0	0	0	0	0
Category E: Injury with no treatment	0	1	0	0	0	0	0	0	0	1	0	0	0
Category G: Non-work	0	0	0	0	0	0	0	0	0	0	0	0	0
Near Miss	0	0	0	0	0	0	0	0	0	0	0	1	0
Spotless H&S	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
Hazard	7	9	15	8	10	10	10	9	8	10	12	11	9
Safety Observations	16	14	18	17	17	18	17	11	15	17	17	14	15
Sub-Contracted to Spotless	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
Contractor Safety Interactions	7	10	7	12	11	8	9	12	8	6	4	5	3
Contractor Hazard	0	0	0	0	0	0	0	0	0	0	0	0	0
Contractor Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Contractor Near Miss	0	0	0	0	0	0	0	0	0	0	0	0	0



	Information Paper
	Item. 4.2
Author	Louise Allsopp and Jacqueline Pennefather
Endorsed by	Louise Allsopp, General Manager Patient Safety, Quality and Innovation
Subject	**HDC Complaints to District Health Boards**

Recommendations

It is recommended that the Board

a. **Receives** the paper entitled HDC complaints to the Nationwide Health and Disability Advocacy Service

1 Purpose

During the last quarter, HDC released a report "Complaints to the Nationwide Health and Disability Advocacy Service" (The Advocacy Report) this report summarises complaints where the complainant has utilised advocacy services linked to HDC.

2 Background

The Advocacy Report details trends seen in complaints received by the Advocacy service about DHB's in 2018/19. The data is aggregated and not individualised for each DHB.

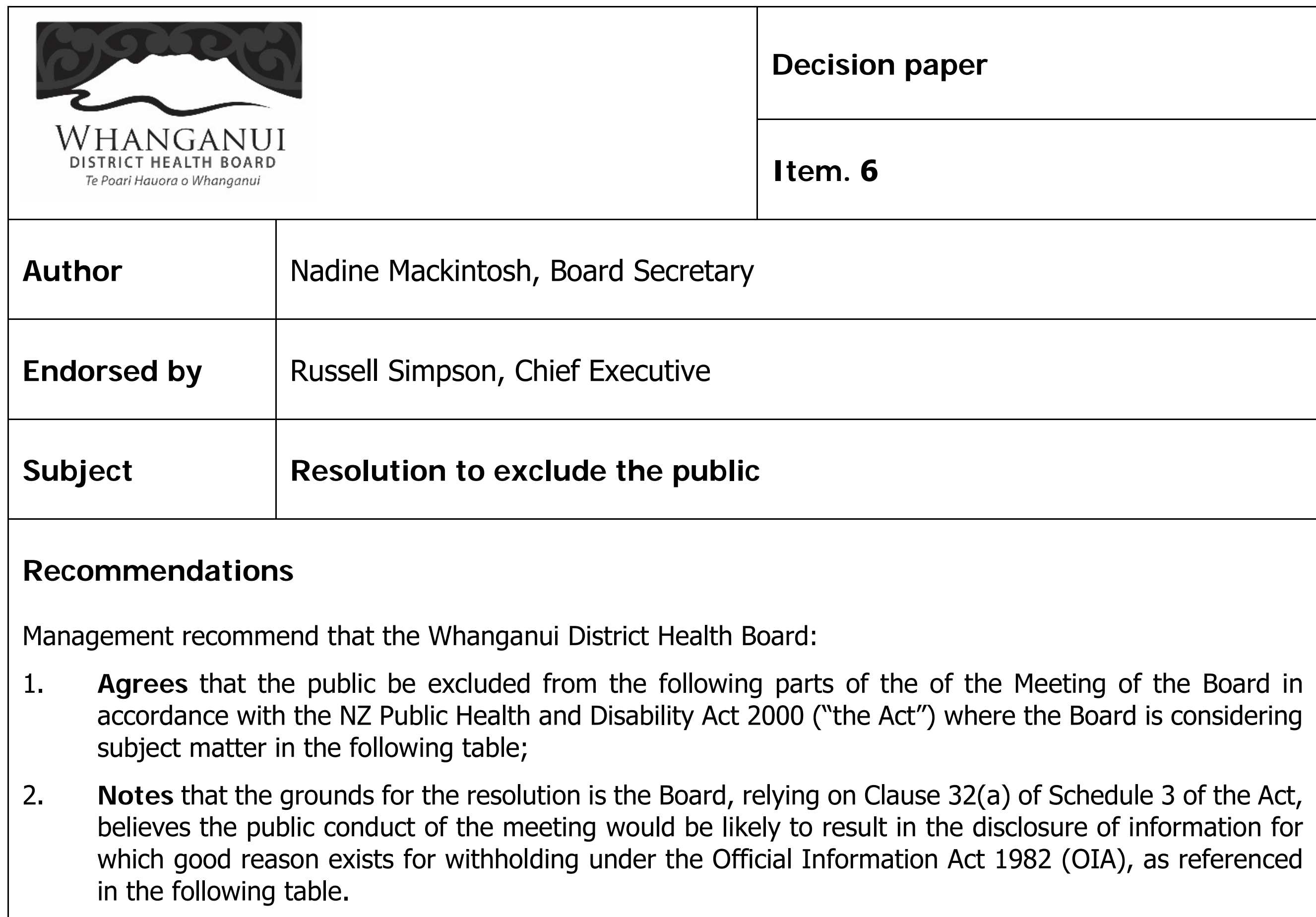
The cover letter from the Director of Advocacy is specific to Whanganui District Health Board (WDHB) complaints. This information is confidential to WDHB.

For the 12 month period ending 30 June 2019, the local advocacy service supported Whanganui district patients and families with 135 complaints per 100,000 discharges. This is extremely positive as we actively offer advocacy details to patients and families through the complaints process.

The top four services complained about through advocacy were surgical services, medicine, mental health and emergency. The primary issues identified were care/treatment, communication and consent/information issues.

The majority of complaints were either resolved by advocacy (69.7%) or withdrawn (16%).

The full report is attached as an *Appendix.*



	Decision paper
	Item. 6

Author	Nadine Mackintosh, Board Secretary
Endorsed by	Russell Simpson, Chief Executive
Subject	**Resolution to exclude the public**

Recommendations

Management recommend that the Whanganui District Health Board:

1. **Agrees** that the public be excluded from the following parts of the of the Meeting of the Board in accordance with the NZ Public Health and Disability Act 2000 ("the Act") where the Board is considering subject matter in the following table;
2. **Notes** that the grounds for the resolution is the Board, relying on Clause 32(a) of Schedule 3 of the Act, believes the public conduct of the meeting would be likely to result in the disclosure of information for which good reason exists for withholding under the Official Information Act 1982 (OIA), as referenced in the following table.

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 1 November 2019	For reasons set out in the board's agenda of 1 November 2019	As per the board agenda of 1 November 2019
Chief executive's report Board & committee chair reports HDC Complaints	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations) To protect the privacy of natural persons, including that of deceased natural persons To avoid prejudice to measures protecting the health or safety of members of the public To protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied; or would be likely otherwise to damage the public interest.	Section 9(2)(i) and 9(2)(j) Section 9(2)(a) Section 9(2)(c) Section 9(2)(ba)
Integrated Facilities Contract Extension	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations	Section 9(2)(i) and 9(2)(j)
Board and Committee Fees October 2019 Financial Report	To maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any department or organisation in the course of their duty	Section 9 (2) (g) (i)

Persons permitted to remain during the public excluded session

That 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 is 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 present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Board secretariat or board's executive assistant	Minute taking, procedural and legal advice and information	Recording minutes of board meetings, advice and information as requested by the board

Whanganui District Health Board

Appendices public session

Nationwide Health & Disability Advocacy Service
Ngā Kaitautoko

Complaints to the Nationwide Health and Disability Advocacy Service involving District Health Boards

Report and Analysis for the period 1 July 2018 to 30 June 2019

Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

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DIRECTOR OF ADVOCACY'S FOREWORD

I am pleased to present the Nationwide Health and Disability Advocacy Service's analysis of complaints received in the 2018/19 year about District Health Boards (DHBs).

This report relates only to complaints made to the Advocacy Service. The Health and Disability Commissioner's DHB Complaint Report for January to June 2019 was published on 4 November 2019.

Under the Health and Disability Commissioner Act 1994, advocates are tasked with assisting consumers to resolve their complaints by agreement between the parties. Consumers are always at the centre of the Advocacy Service's complaints resolution process, with advocates guiding and supporting complainants to clarify their concerns and the outcomes they seek. This clarity enables the provider to write or speak effectively and directly to the complainant. Both sides being able to hear each other's stories is an essential part of the advocacy process. Often the advocacy process can support people to rebuild relationships, which is particularly important when the relationship will be ongoing.

The advocacy process is timely and effective. Eighty-three percent of complaints are closed within three months, and nearly 100% are closed within six months. Eighty-eight percent of all complaints to the Advocacy Service were either resolved successfully or withdrawn by the complainant. In the first instance, advocates always talk through the various options for dealing with any concerns, and in some cases just having the opportunity to talk through the options and the events or to draft a complaint letter with an advocate enables someone to achieve a degree of personal reconciliation, and they no longer need to make a formal complaint.

Most importantly, satisfaction surveys show that the advocacy process was a positive one for both consumers and providers, with 91% of consumers and 93% of providers surveyed saying they were satisfied or very satisfied with the advocacy process.

The high resolution and satisfaction rates achieved by the Advocacy Service reflects its consumer-focused approach and the commitment of providers to achieving early and effective resolution.

I hope the information contained in this report assists DHBs in understanding their complaint patterns and how these compare nationally.

Jessica Mills
Director of Advocacy
Office of the Health and Disability Commissioner

EXECUTIVE SUMMARY

In the 2018/19 year, the Nationwide Health and Disability Advocacy Service (the Advocacy Service) received 1,148 complaints about services provided by DHBs. This was an 11% decrease on the average number of 1,287 complaints received over the previous four years, but was very similar to the 1,132 complaints received in 2017/18.

The 1,148 complaints received in 2018/19 equated to a rate of 117 complaints per 100,000 discharges. This is consistent with the rate of complaints received in the previous two years.

Complaints were received about a wide variety of DHB service types. Broadly similar to what was seen last year, the most commonly complained about service types in 2018/19 were surgical (30.6%), medicine (19.7%), and mental health (18.1%) services.

The majority of complaints about DHBs were about care/treatment (54%) and communication (29%) issues. The most common specific primary issues were a failure to communicate effectively with the consumer (17%) and inadequate coordination of care/treatment (11%). This is similar to what has been seen in previous years

Of the 1,094 complaints closed by the Advocacy Service in 2018/19, only 123 complaints were closed unresolved, with just 22 of those being referred on to HDC.

CONTACT DETAILS FOR THE NATIONWIDE HEALTH & DISABILITY ADVOCACY SERVICE:

Freephone 0800 555 050
Email: advocacy@advocacy.org.nz

Kaitaia	09 408 0006
Whangarei	09 430 0166
North Shore	09 441 9001
Central Auckland	09 525 2700
West Auckland	09 838 8068
South Auckland	09 273 9549
Hamilton	07 834 3960
Tauranga	07 577 1715
Rotorua	07 349 0182
Turangi	07 386 5207
Gisborne	06 868 3590
Napier	06 835 1640
New Plymouth	06 759 2111
Whanganui	06 348 0074
Palmerston North	06 353 7236
Porirua	04 237 0418
Lower Hutt	04 570 0850
Wellington	04 389 2502
Nelson	03 544 4116
Christchurch	03 377 7501
Timaru	03 687 2291
Dunedin	03 479 0265
Invercargill	03 214 0415

Nationwide Health & Disability Advocacy Service
Ngā Kaitautoko

Free support to resolve your concerns about a Health or Disability Service

TO TALK THROUGH YOUR OPTIONS CONTACT AN ADVOCATE:

Freephone 0800 555 050
Email: advocacy@advocacy.org.nz
www.advocacy.org.nz

The new Advocacy Service information leaflet, available from www.advocacy.org.nz

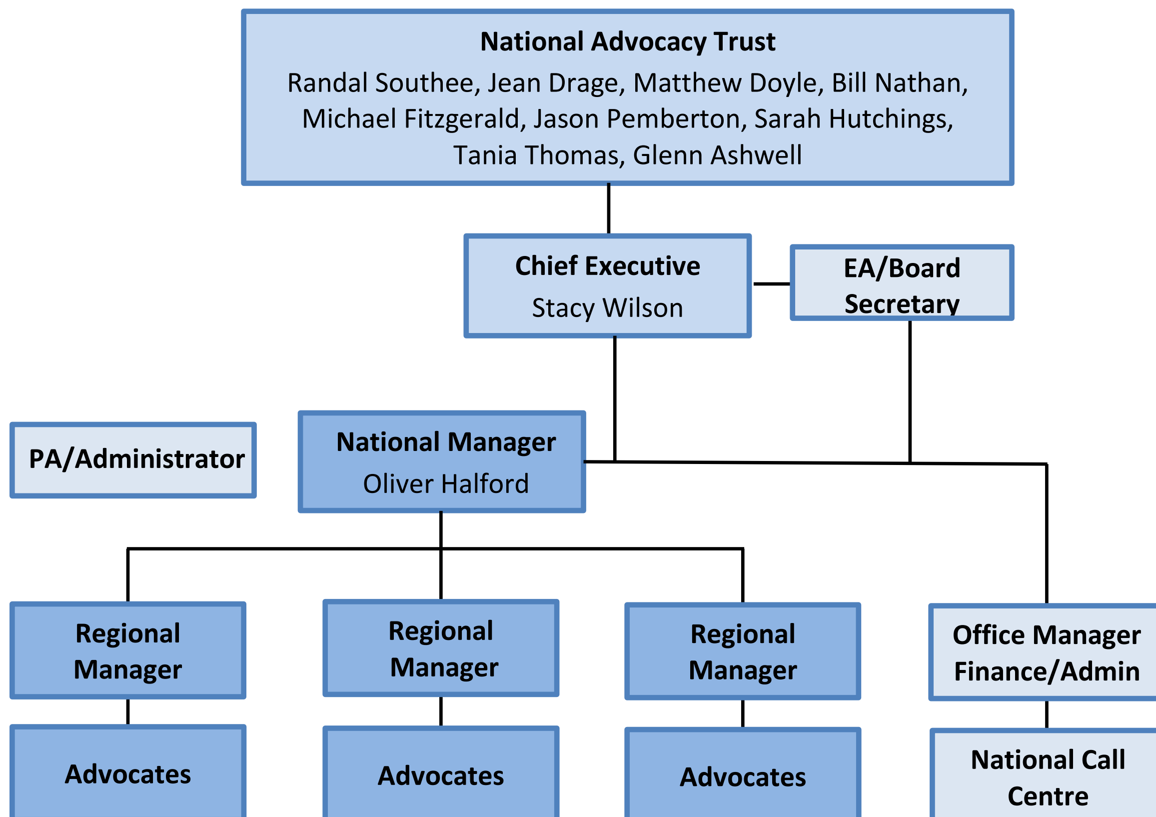
BACKGROUND

1. The Nationwide Health and Disability Advocacy Service

The Health and Disability Commissioner Act 1994 (the HDC Act) provides for the independent Advocacy Service and sets out the legislative functions of advocates. The HDC Act requires HDC and the Advocacy Service to operate independently of each other. Since 2008, the Director of Advocacy at HDC has contracted with a charitable trust, the National Advocacy Trust, to provide the Advocacy Service.

The service has recently refreshed its website and branding. The new leaflets and posters can be obtained from the Advocacy Service Website — www.advocacy.org.nz.

Figure 1. The Nationwide Health and Disability Advocacy Service Organisation



1.1 Services

The Advocacy Service has community-based offices throughout New Zealand. Each year the Advocacy Service expects to receive and close approximately 2,700 complaints, deliver over 1,500 education sessions to consumer and provider groups on the Code of Health and Disability Services Consumers' Rights (the Code), make more than 3,500 network contacts, and respond to an estimated 12,000 enquiries. Advocates work within their local community to support and guide consumers to achieve prompt and successful resolution of their concerns through an alternative dispute resolution process that is flexible and time-effective.

Figure 2. The Nationwide Health and Disability Advocacy Service offices

1.2 The advocacy process

Any consumer in New Zealand can make a complaint to the Advocacy Service about a health or disability service that has been provided to them. When considering complaints, the Advocacy Service has the same jurisdiction as HDC — there must have been the provision of a health or disability service to a consumer by a provider, and a possible infringement of the consumer's rights under the Code.

Advocates use defined complaint resolution processes and aim to achieve positive outcomes for consumers, and develop professional and respectful working relationships with providers and consumers of all backgrounds. Consumers are always at the centre of the Advocacy Service's complaints resolution process, with advocates guiding and supporting complainants to clarify those concerns and the outcomes they are seeking to assist the consumer to approach complaint resolution with a realistic direction and clarity. This clarity and process enables the provider to write or speak effectively and directly to the complainant. Both sides being able to hear each other's stories is an essential part of the advocacy process.

The new Advocacy Service poster (A2, A3 & A4), available from www.advocacy.org.nz

1.3 Resolution

In the 2018/19 year, 88% of complaints to the Advocacy Service were either resolved successfully between the parties or withdrawn by the complainant. In the first instance, advocates always talk through the various options for dealing with any concerns. In some cases, just having the opportunity to talk through the options and the events or to draft a

complaint letter with an advocate enables someone to achieve a degree of personal reconciliation, and they no longer need to make a formal complaint.
Resolution is usually through written communication. In some instances, a face-to-face meeting between the parties is the best way to resolve a complaint. Often the advocacy process can support people to rebuild relationships, which is particularly important when the relationship will be ongoing, as with many DHB services. Frequently consumers want to ensure that what happened to them will not happen to someone else, and it can be very helpful for providers to hear this and be able to respond, face to face.

Ninety-three percent of providers and 91% of consumers surveyed in the 2018/19 year said that they were either satisfied or very satisfied with the advocacy process.

"The complaint … was very thorough, it laid out the questions the client had, the information that was required, the view of the client and also the expectations the client had for the complaint to be fully resolved." — A provider

"Having someone listen and let you 'rave' about your feelings and situation made a huge difference and I was then able to focus on the issue" — A complainant

The high rate of resolution, and high levels of consumer and provider satisfaction, reflect the strong consumer-centred approach of the Advocacy Service and significant provider commitment to the process.

2. This Report

This report describes the complaints the Advocacy Service received and/or closed about DHBs during the 2018/19 financial year.

The complaints are described both in terms of overall numbers and characteristics. In terms of complaints received, the issues included in the analysis are as articulated by the complainant to the Advocacy Service. Although the issues raised in complaints may not always be able to be substantiated by the advocacy process, those issues can provide valuable insight into the consumer's experience of the services provided and the issues consumers care about most.

This report provides a comparison with the trends reported for the 2017/18 year. We expect that, over time, as we continue to analyse the data to the degree of specificity demonstrated in this report, additional time series analysis will become possible, which we anticipate will be significantly useful.

In addition, it may be useful for DHBs to triangulate trends in the complaints received by the Advocacy Service with the trends in complaints received by HDC,[1] and with the complaints received directly by the DHB.

[1] In the 2018/19 year, the Advocacy Service referred 57 complaints about DHB services to HDC, and received 137 complaints about DHB services by way of referral from HDC. This means that 194 complaints in the HDC DHB report and this report are duplicated.

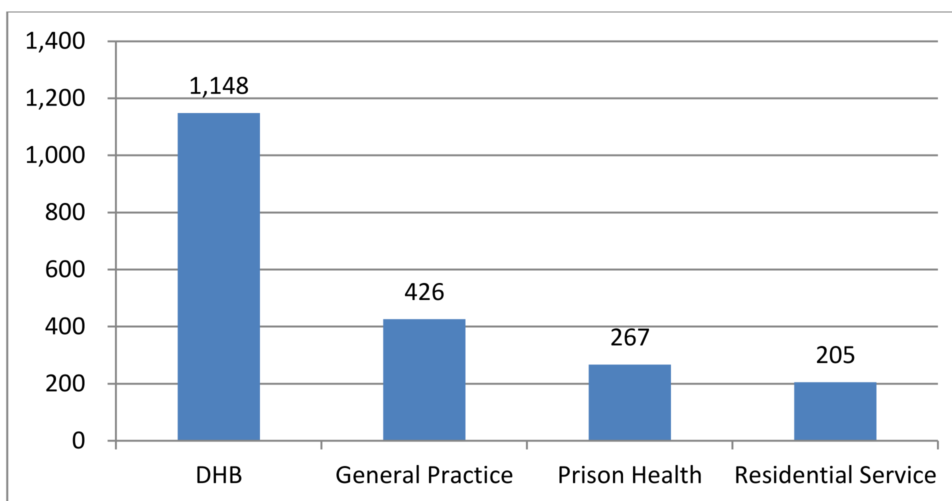
COMPLAINTS RECEIVED BY THE ADVOCACY SERVICE

3. How many complaints were received?

3.1 Complaints received by the Advocacy Service by provider type

Figure 3 below details the commonly complained about group providers in complaints received by the Advocacy Service in 2018/19. The Advocacy Service received 1,148 complaints about DHB services in 2018/19, making DHBs the most commonly complained about group provider. This makes sense given the amount and type of care provided by DHBs in New Zealand.

Figure 3. The most common group providers complained about in complaints received by the Advocacy Service in 2018/19

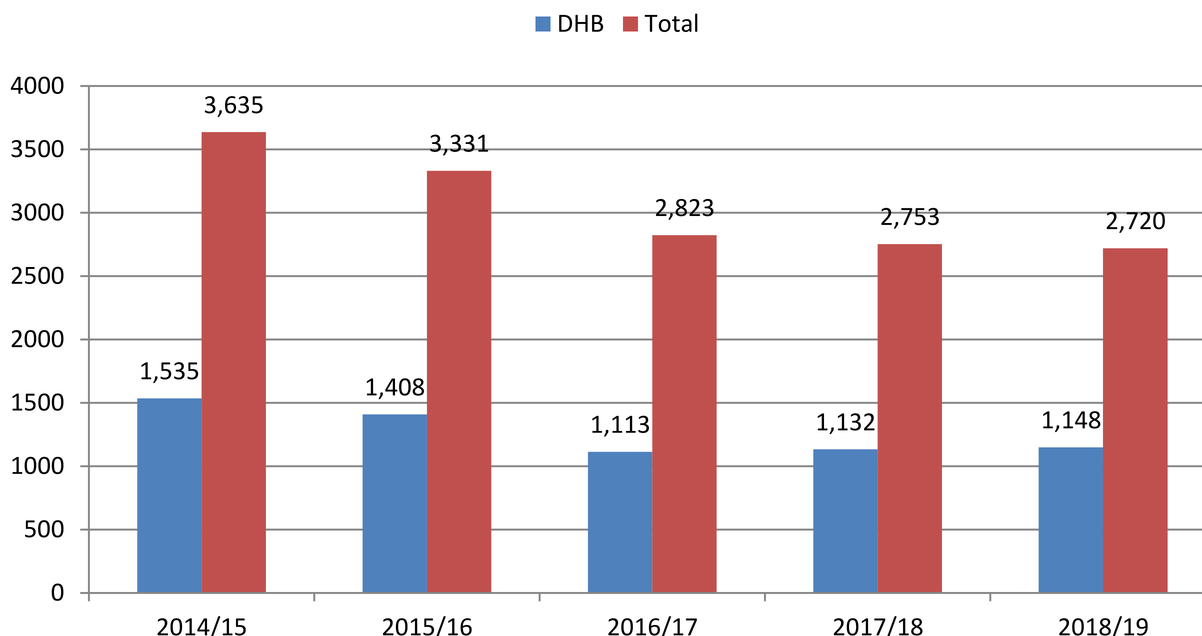


3.2 Number of complaints received about DHBs over last five years

Figure 4 below details the number of complaints received about DHBs as compared to the total number of complaints received by the Advocacy Service over the last five years. Complaints about DHBs tend to make up around 42% of all complaints received by the Advocacy Service each year.

The 1,148 complaints received about DHBs in 2018/19 was an 11% decrease on the average number of 1,287 complaints received over the previous four years, but was very similar to the 1,132 complaints received in 2017/18.

Figure 4. Complaints received by the Advocacy Service over last five years



The number of complaints received about individual DHBs in 2018/19 ranged from three complaints to 141 complaints. Large variability in complaint numbers is not unexpected given the similar variability in the size of populations served and the number of services delivered by different DHBs.

3.3 Rate of complaints received

Expressing complaints to the Advocacy Service as a rate per 100,000 discharges will, over time, enable any trends to be observed better. Rate of complaints calculations are made using discharge data provided by the Ministry of Health. This data is provisional as of the date of extraction (6 September 2019) and is likely incomplete. It should also be noted that discharge data provides a limited picture of DHB activity. Discharge data excludes short-stay emergency department discharges and patients attending outpatient clinics. Furthermore, this data does not take into account the particular characteristics of the population each DHB serves.

In July 2018 to June 2019, according to Ministry of Health data there were 984,703 discharges nationally. This equates to an overall rate of 117 complaints to the Advocacy Service per 100,000 discharges during 2018/19. This is consistent with the rate of complaints received in the previous two years (115 and 116 complaints per 100,000 discharges).

For individual DHBs, the rate of complaints received by the Advocacy Service ranged from 53 complaints per 100,000 discharges to 372 per 100,000 discharges.

In relation to Advocacy Service complaints, an individual DHB's number and rate of complaints can be affected by a number of factors, for example, a high number of complaints may reflect a proactive approach at the DHB to complaints management. Therefore, it is recommended that each DHB assess its individual complaint rate against the number of complaints received directly by the DHB and the number and rate of complaints received by HDC for that DHB, in order to ascertain any trends that may be worthy of further attention.

4. Which DHB services were complained about?

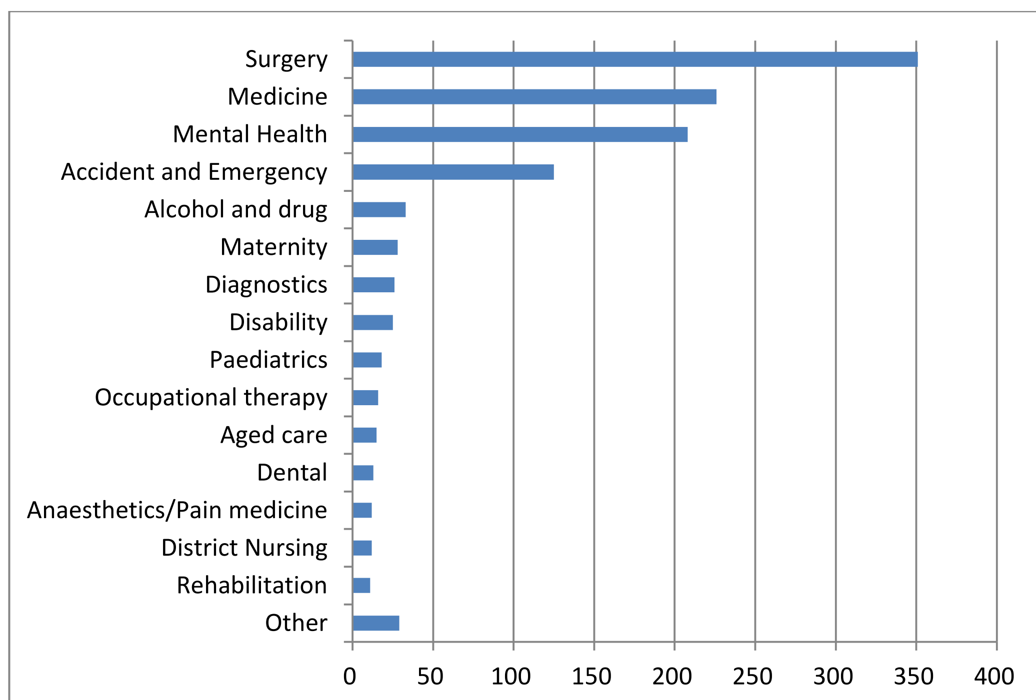
4.1 DHB service types complained about

Figure 5 below details the service types complained about in 2018/19. Service types responsible for less than 1% of complaints have been grouped together and classified as "other".

The most commonly complained about service type in 2018/19 was surgical services (30.6%). The most commonly complained about surgical specialties were orthopaedics (8.9%) and general surgery (8.4%).

Other commonly complained about service types were medicine (19.7%), mental health (18.1%), and emergency department services (10.9%). This is broadly consistent with the commonly complained about service types in HDC's DHB complaint reports, and with what was seen for complaints to the Advocacy Service in previous years

Figure 5. DHB service types complained about



A more nuanced picture of service types complained about, including individual surgical and medicine service categories, is provided below in Table 1.

Table 1. DHB service types complained about

Service type	Number of complaints (%)	
Aged Care	**15**	**(1.3)**
Alcohol and Drug	**33**	**(2.9)**
Anaesthetics/Pain Management	**12**	**(1)**
Dental	**13**	**(1.1)**
Diagnostics	**26**	**(2.3)**
Disability Services	**25**	**(2.2)**
District Nursing	**12**	**(1)**
Emergency Department	**125**	**(10.9)**
Medicine	**226**	**(19.7)**
Cardiology	19	(1.7)
Dermatology	2	(<1)
Endocrinology	7	(<1)
Gastroenterology	34	(3)
Geriatric Medicine	7	(<1)
Haematology	4	(<1)
Infectious Diseases	4	(<1)
Neurology	21	(1.8)
Oncology	34	(3)
Palliative Care	12	(1)
Renal/Nephrology	16	(1.4)
Respiratory	9	(<1)
Rheumatology	3	(<1)
Other	54	(4.7)
Intensive Care/Critical Care	**4**	**(<1)**
Maternity	**28**	**(2.4)**
Mental Health	**208**	**(18.1)**
Nutrition/Dietetics	**2**	**(<1)**
Occupational Therapy	**16**	**(1.4)**
Paediatrics	**18**	**(1.6)**
Physiotherapy	**3**	**(<1)**
Rehabilitation Services	**11**	**(1)**
Sexual Health	**4**	**(<1)**
Surgery	**357**	**(30.6)**
Cardiothoracic	9	(<1)
General	96	(8.4)
Gynaecology	42	(3.7)
Neurosurgery	15	(1.3)
Ophthalmology	19	(1.1)
Oral/Maxillofacial	5	(<1)
Orthopaedics	102	(8.9)
Otolaryngology	6	(<1)
Paediatric	13	(1.1)

Plastic and Reconstructive	16	(1.4)
Urology	15	(1.3)
Vascular	5	(<1)
Unknown/Other	14	(1.2)
Other	**10**	**(<1)**
TOTAL	**1,148**	

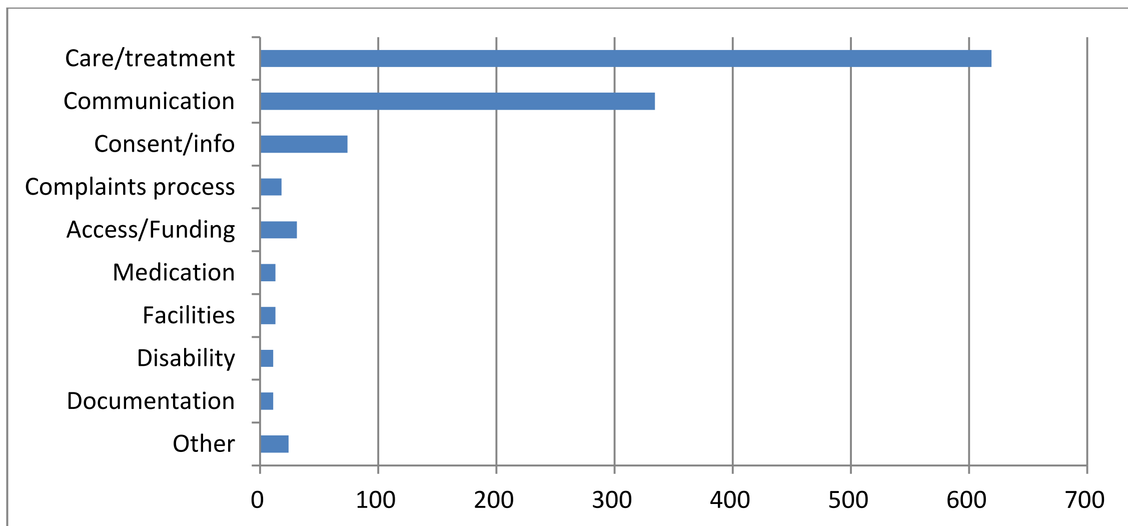
5. What did people complain about?

5.1 Primary issues identified in complaints

For each complaint received by the Advocacy Service, one primary complaint issue is identified. The primary issue is defined as the issue considered to be of most importance to the complainant. Table 2, below, shows the primary complaint issues complained about in complaints received by the Advocacy Service about DHBs in 2018/19.

Primary complaint issues were grouped into several over-arching categories. Among these categories, issues relating to care/treatment (54%) and communication (29%) were the most prevalent. This is similar to what was seen in 2017/18. The Advocacy Service receives a higher proportion of complaints primarily about communication, and a lower proportion of complaints about care/treatment issues, than is seen for complaints to HDC. The most commonly complained about primary issue categories are shown in Figure 6 below.

Figure 6: Most commonly complained about primary issues by category



When the specific primary complaint issues under each over-arching category are considered, failure to communicate openly/honestly/effectively with the consumer (17%), inadequate coordination of care/treatment (11%), inadequate/inappropriate treatment/procedure (7%), delay in treatment (6%), and inadequate/inappropriate examination/assessment (5%) emerge as the most common primary complaint issues (Table 2 below).

Table 2. Primary issues complained about

Primary issue	Number of complaints (%)
Access/funding	**31 (2.7)**
Lack of access to services	12 (1)
Waiting list/prioritisation issue	16 (1.4)
Other access/funding issue	3
Boundary violation	**8 (0.69)**
Inappropriate communication (non-sexual)	2 (<1)
Other boundary violation issue	6 (<1)
Care/treatment	**619 (54)**
Delay in treatment	73 (6.4)
Delayed/inadequate/inappropriate referral	18 (1.6)
Inadequate coordination of care or treatment	126 (11)
Inadequate/inappropriate care (non-clinical)	15 (1.3)
Inadequate/inappropriate examination/assessment	54 (4.7)
Inadequate/inappropriate follow-up	36 (3.1)
Inadequate/inappropriate monitoring	12 (1)
Inadequate/inappropriate testing	8 (<1)
Inadequate/inappropriate treatment/procedure (clinical)	81 (7)
Inappropriate admission or failure to admit	5 (<1)
Inappropriate withdrawal of treatment	10 (<1)
Inappropriate/delayed discharge/transfer	20 (1.7)
Missed/incorrect/delayed diagnosis	50 (4.4)
Personal privacy not respected	4 (<1)
Refusal to assist/attend	4 (<1)
Refusal to treat	9 (<1)
Rough/painful care or treatment	17 (1.5)
Unexpected treatment outcome	37 (3.2)
Unnecessary treatment/over servicing	5 (<1)
Other care/treatment issue	35 (3)
Communication	**334 (29)**
Disrespectful manner/attitude	76 (6.6)
Failure to accommodate cultural/language needs	9 (<1)
Failure to communicate openly/honestly/effectively with consumer	195 (17)
Failure to communicate openly/honestly/effectively with family	38 (3.3)
Insensitive/inappropriate comments (not sexual)	8 (<1)
Other communication issue	8 (<1)
Complaints process	**18 (1.6)**
Inadequate information re complaints process	2 (<1)
Inadequate response to complaint	14 (1.2)
Other complaints process issues	2 (<1)
Consent/information	**74 (6)**
Consent not obtained/adequate	8 (<1)
Failure to assess capacity to consent	2 (<1)
Inadequate information provided re adverse event	5 (<1)

Inadequate information provided re condition	8 (<1)
Inadequate information provided re fees/costs	2 (<1)
Inadequate information provided re options	15 (1.3)
Inadequate information provided re provider	1 (<1)
Inadequate information provided re results	4 (<1)
Inadequate information provided re treatment	19 (1.7)
Incorrect/misleading information provided	1 (<1)
Issues regarding consent when consumer not competent	1 (<1)
Issues with involuntary admission/treatment	4 (<1)
Other consent/information issue	4 (<1)
Disability-specific issues	**17 (1.5)**
Inadequate physical access	1 (<1)
Inadequate/inappropriate equipment provided	6 (<1)
Inadequate/inappropriate support provided	6 (<1)
Other disability-specific issue	1 (<1)
Special needs not accommodated	3 (<1)
Documentation	**11 (0.95)**
Delay/failure to disclose documentation	1 (<1)
Delay/failure to transfer documentation	2 (<1)
Inadequate/inaccurate documentation	8 (<1)
Medication	**13 (1.1)**
Inappropriate/unlawful administration	1 (<1)
Other medication issue	5 (<1)
Prescribing error	3 (<1)
Refusal to prescribe/dispense/supply	4 (<1)
Professional conduct	**10 (0.87)**
Disrespectful behaviour	4 (<1)
Inappropriate collection/use/disclosure of information	3 (<1)
Threatening/bullying/harassing behaviour	2 (<1)
Other professional conduct issue	1 (<1)
Other	**13 (1.1)**
TOTAL	**1,148**

5.2 Primary complaint issues by service type

Table 3 below displays the most common primary complaint issues complained about for commonly complained about service types.

Communication and coordination of care issues feature for almost all services. Emergency Department services saw a higher proportion of complaints around inadequate examinations/assessments than was seen for other service types.

These issues are broadly similar to what was seen in the previous year, although communication issues increased for surgical and general medicine services.

Table 3. Three most common primary issues in complaints by service type

Surgery n = 351		Mental Health n = 208		Medicine n = 226		Emergency Department n = 125	
Failure to communicate openly/ honestly/ effectively with consumer	21%	Failure to communicate openly/ honestly/ effectively with consumer	18%	Failure to communicate openly/ honestly/ effectively with consumer	16%	Inadequate/ inappropriate examination/ assessment	14%
Inadequate coordination of care/ treatment	11%	Inadequate coordination of care or treatment	8%	Inadequate coordination of care or treatment	13%	Disrespectful manner/attitude	14%
Inadequate/ inappropriate treatment or procedure (clinical)	9%	Disrespectful manner/attitude	8%	Delay in treatment	8%	Inadequate coordination of care or treatment	10%

COMPLAINTS CLOSED

6. How many complaints were closed?

The Advocacy Service closed 1,094 complaints about DHBs during 2018/19. It should be noted that complaints may be received in one financial year and closed in the following year. This means that the number of complaints received will not correlate with the number of complaints closed.

7. What were the outcomes of the complaints closed?

7.1 Available resolution options

The Advocacy Service options for closing complaints were:

- Resolved — which could be with active advocacy support or by self-advocacy with mentoring by an advocate;
- Loss of contact or withdrawal — as a result of the Advocacy Service losing contact with the consumer or the consumer electing to withdraw the complaint, sometimes following discussion of concerns with the advocate and finding personal resolution; or
- Unresolved at advocacy with or without referral to HDC.

Complaints may be referred to HDC, either directly at the consumer's request, or following an advocacy process if the advocate advises the consumer that the complaint is serious and requires HDC review or if the provider does not engage effectively in the advocacy process.

Of the 1,094 complaints closed by the Advocacy Service in 2018/19, only 123 complaints were closed unresolved, with just 22 of those unresolved complaints being referred on to HDC. In addition, there were 35 direct referrals by Advocacy to HDC.

When a complaint that has not been resolved by the Advocacy Service is referred to HDC, actions taken by the DHB to resolve the complaint with advocacy support are taken into account by HDC when assessing the complaint. Where a complaint has been referred to the Advocacy Service by HDC, the advocate is required to report back to HDC formally on the resolution process and outcome.

7.2 Manner of resolution and outcomes in complaints closed

The manner of resolution and outcomes for all DHB complaints closed in 2018/19 is shown in Table 4 below. Complaints assessed as being outside the jurisdiction of the Advocacy Service are not shown.

Table 4. Outcome of complaints about DHBs closed by the Advocacy Service in 2017/18

Outcome for DHB	Number of complaints
Direct referral to HDC	35
Not resolved — no further action	101
Not resolved — referred to HDC	22
Resolved	646
Withdrawn	290
TOTAL	**1,094**

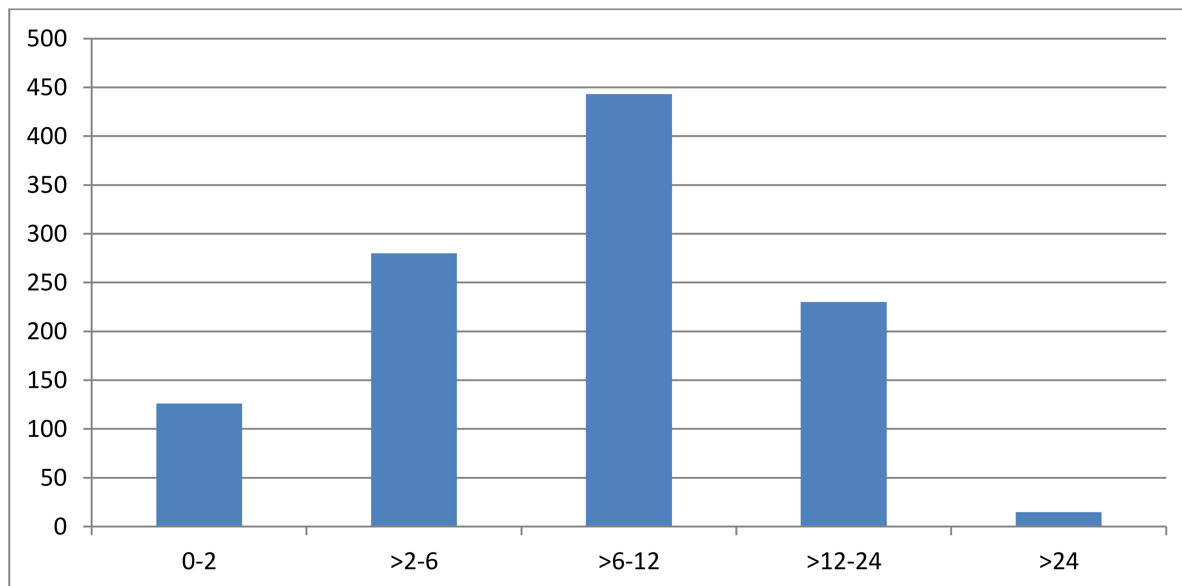
7.3 Timeliness of complaint closure

As shown in Figure 7 below, the Advocacy Service closed 78% of complaints about DHBs within 12 weeks, and 99% of complaints about DHBs within 24 weeks.

In comparison, when all complaints closed by the Advocacy Service in 2018/19 are considered, the Advocacy Service closed 83% of all complaints within 12 weeks, and 99% of all complaints within 24 weeks. The timeliness of complaint closures is often dependent on timely provider responses.

There were 197 complaints about DHBs open as at 30 June 2019.

Figure 7. Number of weeks taken to close complaints about DHBs



Free support to resolve your concerns about a Health or Disability Service

TO TALK THROUGH YOUR OPTIONS CONTACT AN ADVOCATE:

Freephone 0800 555 050

Email: advocacy@advocacy.org.nz

www.advocacy.org.nz

Example of new poster, available in A2, A3 & A4 sizes from www.advocay.org.nz

Glossary and terms of reference *(for information and reference)*

ACE	Advanced Choice of Employment
AH	Allied Health
AOD	Alcohol and Other Drugs
AoG	All of Government
APEX	Association of Professional and Executive employees
APC	Annual Practising Certificate
ASD	Autism Spectrum Disorder
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
Capex	Capital expenditure
CAR	Corrective Action Request
CCU	Critical Care Unit
CMO	Chief Medical Officer
CPHAC/DSAC	Community Public Health/Disability Support Advisory Committee
CSA	Critical Systems Analysis
CSAC	Combined Statutory Advisory Committee
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DNA	Did Not Attend
DSS	Disability Support Services
ED	Emergency Department
EN	Enrolled Nurse
ESPI	Elective Services Performance Indicator
FMSS	Facilities Management and Support Services
FTE	Full Time Equivalent
GP	General Practitioner
HAC	Hospital Advisory Committee
HAI	Hauora a Iwi
HDC	Health and Disability Commission(er)
HPPPD	Hours Per Patient Per Day
HQPP	Hospital Quality and Productivity Programme
HQSC	Health Quality and Safety Commission
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
InterRAI	International Resident Assessment Instrument
LMC	Lead Maternity Carer
MBIE	Ministry of Business, Innovation and Employment
MERAS	Midwifery Employee Representation and Advisory Services
MERT	Medication Error Review Team
MHAHT	Mental Health Assessment Home Treatment
MoH	Ministry of Health
NASC	Needs Assessment Service Coordination Agency
NETP	Nurse Entry To Practice (Nursing)
NHC	National Hauora Coalition
NRT	Nicotine Replacement Therapy
NZHP	New Zealand Health Partnerships
NZNO	New Zealand Nurses Organisation
NZPHDA	New Zealand Public Health and Disability Act, 2000
NZRDA	New Zealand Resident Doctors' Association
OAG	Office of the Auditor-General
Opex	Operational expenditure
PACS	Picture Archive Communication System

PATHS	Providing Access To Health Solutions
PDRP	Professional Development and Recognition Programme (Nursing)
PPEAR	Post Project Event Audit Report
PRIMHD	Project for the Integration of Mental Health Data
RAC	Risk and Audit Committee
RCA	Root Cause Analysis
RIS	Radiology Information System
RFI	Request for Interest
RFP	Request for Proposal
RHIP	Regional Health Informatics Programme *(formerly CRISP)*
RIS	Radiology Information System
RMO	Resident Medical Officer
RN	Registered Nurse
RSP	Regional Service Plan
SAB	Staphylococcus aureus bacteraemia
SAR	Severity Assessment Rating
SCBU	Special Care Baby Unit
SLT	Speech Language Therapist
SWIS	Social Workers In Schools
TAS	Technical Advisory Services
TOIHA	Te Oranganui Iwi Health Authority
TOR	Terms of reference
VIP	Violence Intervention Prevention
WDHB	Whanganui District Health Board
webPAS	Web-based Patient Administration System
WRHN	Whanganui Regional Health Network