



Minutes

Public session

Meeting of the Whanganui District Health Board

**held in the Board Room, Fourth Floor, Ward/Administration Building
Whanganui Hospital, 100 Heads Road, Whanganui
on Friday 3 November 2017, commencing at 10.00am**

Present

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

In attendance

Mr Brian Walden, General Manager Corporate, Acting Chief Executive
Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality
Mrs Sue Champion, Communications Manager
Mrs Kim Fry, Director Allied Health
Mrs Rowena Kui, Director Māori Health
Ms Tracey Schiebli, General Manager Service and Business Planning
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Darren Hull opened the meeting with a karakia/reflection.

1 Apologies

It was noted that:

Harete Hipango has been elected as Whanganui electorate MP.

Hauora-A-Iwi will be invited to nominate an appointee to replace Harete Hipango as a member of the WDHB Board.

2 Conflict and register of interests update

2.1 Amendments to the register of interests

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

2.2 Declaration of conflicts in relation to business at this meeting

Nil

3 Late items

Nil

4 Delegations

Nil

5 Presentation

Sandy Inness and John Hannifin from the Te Pukaea Consumer Group were welcomed to the meeting and spoke to the board about the work done by the group in relation to patient safety and quality and the care provided to patients and their family members.

They acknowledged and thanked Uncle John for giving the group its name, Te Pukaea.

The group was formed in 2016 and all of the five original members are still working with the group. All members have either suffered harm or have a family member who has suffered harm from the care that was provided to them.

They shared their objectives and perspectives.

John Hannifin noted:

- The consumer group offers training throughout the organisation.
- Healthcare should involve consumers taking charge of their health, using the expertise of others.
- Their experience as members of Te Pukaea has been wonderful, patient perspective has been woven throughout decision making at the Whanganui District Health Board.
- Consumer perspectives are not the same as clinical perspectives.

- During adverse events training, the members of the group have been welcomed as equals, bringing an important and different perspective.
- Health starts in the community, that is the starting point not just in a hospital.
- They commended the board's tradition of starting its meetings with a patient story.

Sandy Inness noted:

- Her involvement with the group started with less than satisfactory treatment of her father in 2015 and a desire to ensure that those problems did not happen to someone else.
- A complaint was made, she went through the complaint process, the complaint was acknowledged and she was invited to become involved as a consumer representative.
- She has been involved in five adverse event investigations as a consumer and found herself asking different questions and bringing a different perspective.
- She has been impressed by how the organisation deals with adverse events and takes the opportunity to learn and improve.
- She has been involved in senior recruitment appointment panels.
- She has been involved in the judging panel for the quality awards and believes that they are an important opportunity to see the improvement initiatives that are being undertaken.
- She thanked staff and the board for their support, guidance and the opportunity to be involved.

Different health boards have different models in place for consumer involvement.

Judith MacDonald noted that the question for her is how we can create a more disseminated model, reaching out to what is already existing in the community, connecting and integrating with other networks and groups. She is a fan of a disseminated model that feeds in and up into appropriate governance groups.

John Hannifin observed that you don't want "one council to control them all", that co-ordination and sharing is needed, that integration is a massive task, that broad perspectives are necessary to improve integration, communication, and linkages between different providers.

Board members, both appointed and elected, are governors, but also representatives of the communities that they come from.

6 Minutes of board meetings

6.1 Whanganui District Health Board meeting

It was resolved that:

The minutes of the public session of the meeting of the Whanganui District Health Board held on 15 September 2017 be approved as a true and correct record.

Matters arising

The meeting noted the update on matters arising from the last minutes, as summarised on page 23 of the Board Papers.

7 Minutes of committee meetings

7.1 Combined Statutory Advisory Committee meeting

It was resolved that:

The minutes of the public session of the Combined Statutory Advisory Committee meeting held on 13 October 2017 be received.

8 Board and Committee Chairs' reports

8.1 Board

Taken as read.

8.2 Combined Statutory Advisory Committee

Taken as read.

8.3 Risk and Audit Committee

Taken as read.

9 Acting Chief Executive's report

9.1 Patient Safety and Service Quality

- The complaints trend is looking positive over recent years.
- Board members noted and congratulated everyone involved in the Quality Awards.
- The latest results from the "Safe Surgery" markers are pleasing.
- The acting Chief Executive will provide an update to board members, in a Friday update, regarding the availability of wireless in the hospital, for patients, their families and the public.

9.2 Māori Health

The board chair noted that the Hauora A Iwi meetings are clashing with the MidCentral DHB meetings. The director of Māori health will liaise and try and reschedule the meeting dates to avoid the clash.

9.3 Mental Health and Addiction

Taken as read.

9.4 Elective Services

The board has signed a contract for elective services with Waikato District Health Board.

9.5 Air Ambulance Co-design Project

The information on the Ministry of Health project on Air Ambulance services is a report, informing board members on what is a national initiative.

Air Wanganui is providing a very good, cost effective service, compared with other providers.

There is a lot of information available now on the Air Ambulance Co-design Project which has been running for about nine months.

9.6 DHB collaboration

Taken as read.

9.7 High Performance, High Engagement

Taken as read.

9.8 Fire in Ward/Admin kitchenette

Outpatients and management were evacuated from the ward/admin building, when a toaster jammed on and caught fire, damaging a wall.

Issues arising from that fire event have been assessed and are being addressed.

The board has active and passive fire protection systems. The active systems are tested monthly. When the fire occurred, Wormald were actually on site testing the active systems and that may have contributed to some confusion about whether the alarm was a real event or a test.

The board is currently trying out a device that, when smoke is detected, turns off the power supply to the whole room.

9.9 Summary financial report for September

- With regard to large IDF cases, board members questioned whether we really know and monitor the decisions that are being made (and have significant cost implications for the board).
- The general manager, service & business planning, advised that major cases are being reviewed, looking at whether we can move patients back from tertiary to secondary care and that the reviews to date are generally giving comfort that there have been good reasons for the decisions made.
- There is a pool of funding that can be applied to for high cost treatment.
- There are some cases where patients are transferred to tertiary care where the costs are billed to the board that the patient resided in at the time of admission until their discharge (even if the family relocate to where the care is being provided).
- The patient safety team is currently monitoring every transfer from Whanganui Hospital, planned or unplanned.
- Annette Main noted and passed on thanks to the board's staff for follow-up calls that patients have received from board staff, enquiring after their wellbeing.

9.10 Compliance with statutory requirements

Taken as read.

10 Decision items

10.1 Whanganui DHB renal service development – project findings and recommendations

- Judith McDonald observed that she would like to see the board lobby the minister for greater funding for transplants.
- Last year there was funding for regional co-ordinators to increase the level of donors.
- From a Māori perspective, there should be promotion of more live donors, not after death.
- Last year, the government provided extra funding for regional “work ups” for transplants.
- It was questioned whether there is equity in where the funding for transplants is being spent, with patients living closer to major centres having better access.

It was resolved that the Whanganui District Health Board

1. **Receives** the report entitled ‘Whanganui DHB renal service development – project findings and recommendations’
2. **Endorses** the following recommendations (1-9):

Key recommendations:

1. That the Roadmap for Whanganui Renal Services is implemented. A project approach should be used. Establishing the Renal Team should be the first activity.
2. That establishing governance arrangements for the sub-regional service is given priority in order to progress sub-regional activities. A decision on in-centre facilities and a business case is particularly urgent.

Recommendations to further develop services in the community:

The following set of recommendations further the aims of the Model of Care including appropriate detection and management of kidney function including timely referral, kidney transplant as the preferred option and home dialysis where possible.

3. That community awareness of CKD is increased including causes, prevention and management.
4. That funding for psychology services for transplant recipients is explored for the whole MidCentral service.
A contract is in place with the Massey psychology service for donor assessments, but not for recipient assessments.
5. That patients receiving home haemodialysis are reimbursed for additional electricity costs. Other financial barriers to home dialysis should be identified to explore assistance.
Electricity reimbursement is in place in a number of other DHBs including Auckland, Counties Manukau and Hawke’s Bay. \$105 per quarter per patient has been incorporated within the Renal Team budget.
6. That peer support models of care are more actively pursued in order to improve support, health literacy, compliance with treatment and engagement with services.
7. That more research occurs into the barriers of access in primary care. A set of agreed information should be kept on all late referrals so this can be used to better understand the issues and make improvements. Patients should be involved in this discussion.

Other recommendations:

8. That the system of transport be re-reviewed including schedules, claiming processes and communication/issue resolution to see if further improvements are required.
9. That hospital staff receive more education about the requirements of patients on dialysis in order to incorporate into patient care plans and better meet patients’ needs.

Renal patients have specific requirements and may be too unwell to self-care when in hospital.

11 Discussion/noting items

11.1 Current status of Inter District Flows (IDFs)

Taken as read.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Current status of inter-district flows (IDFs)'.

11.2 Faster Cancer Treatment

- Urology is still causing delays.
- Every patient breaching the target is being reviewed.
- Staffing and monitoring in the service have been increased.
- Management is looking at the reasons why the targets are not being met.
- Complex cases have been separated out from the reporting so that there is visibility on the complex cases and other cases.
- An update on the urology service will be provided to the next combined committee meeting.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Faster Cancer Treatment'.

11.3 Health and safety

A training day on health and safety for board members has been scheduled for 9.30-12.30 24 November 2017, in meeting room 1.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Health and Safety'.

12 Information papers

Taken as read.

13 Karakia and meeting review

Darren Hull provided a meeting review.

14 Date of next meeting

Friday 15 December 2017 from 10.00am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

15 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
Whanganui District Health Board minutes of meeting held on 15 September 2017 (public-excluded session)	For the reasons set out in the board's agenda of 15 September 2017	As per the board's agenda of 15 September 2017
Combined Statutory Advisory Committee meeting minutes held 13 October 2017	For the reasons set out in the board's agenda of 13 October 2017	As per the committee agenda of 13 October 2017
Risk and Audit Committee meeting minutes held 13 September 2017	For the reasons set out in the board's agenda of 13 September 2017	As per the committee agenda of 13 September 2017
Chief Executive's report	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)
Multi-employer collective agreement or negotiations	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)
Staff matters	To protect the privacy of natural persons, including that of deceased natural persons	Section 9(2)(a)
	To avoid prejudice to measures protecting the health or safety of members of the public	Section 9(2)(c)
	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)(ba)
Adverse events	To protect the privacy of natural persons, including that of deceased natural persons	Section 9(2)(a)
	To avoid prejudice to measures protecting the health or safety of members of the public	Section 9(2)(c)
	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)(ba)
BNZ banking arrangements	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)
CTAS Annual General Meeting	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)

Agenda item	Reason	OIA reference
Allied Laundry Annual General Meeting	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)

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 and senior managers and clinicians present	Management and operational information about Whanganui District Health Board	Management and operational reporting and advice to the board
Board secretary	Minute taking, procedural and legal advice and information	Recording minutes of board meetings, advice and information as requested by the board

The public session of the meeting ended at 11.25am