



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 28 July 2017, commencing at 10.00am

Present

Mrs Dot McKinnon, Board Chair
Mr Graham Adams
Mr Charlie Anderson
Mrs Philippa Baker-Hogan
Mrs Jenny Duncan
Mrs Harete Hipango (on leave until after the General Election)
Mr Stuart Hylton, Deputy Chair
Mrs Judith MacDonald
Ms Annette Main
Dame Tariana Turia

In attendance

Mrs Julie Patterson, Chief Executive
Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality
Mrs Sue Champion, Communications Manager
Mr Hentie Cilliers, General Manager Human Resources and Organisational Development
Mrs Kim Fry, Director Allied Health
Mrs Rowena Kui, Director Māori Health
Dr Frank Rawlinson, Chief Medical Officer
Ms Tracey Schiebli, General Manager Service and Business Planning
Mr Brian Walden, General Manager Corporate
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Philippa Baker-Hogan opened the meeting with a karakia/reflection.

1 Apologies

It was resolved that:

The apologies from Darren Hull and Harete Hipango be accepted and sustained.

2 Conflict and register of interests update

- 2.1 Amendments to the register of interests
Nil
- 2.2 Declaration of conflicts in relation to business at this meeting
Nil

3 Late items

Nil

4 Delegations

Nil

5 Presentation

Mr Anthony Hill was welcomed to the meeting.

He explained that he would be taking members through a series of patterns that he sees, in his capacity as Health & Disability Commissioner, on the margins of Healthcare in New Zealand.

The reality is that we get it right nearly all of the time and that the New Zealand Healthcare system is performing well as a consumer centred system.

He advised that he would be sharing a case, reflective of a number of cases, which illustrates what our system is like.

Points noted:

- If we cannot have conversations about what went wrong, or what nearly went wrong, our system will not be as safe as it could be.
- In a consumer centred system we need a seamless service, a good culture, transparency and engagement.
- In almost every situation where things have gone wrong, he sees that questions were asked that have not been responded to appropriately.
- When things have gone wrong it is very common for people to accept that you cannot undo what has been done, but it is important and healing to learn from what has gone wrong and to try and ensure that those things will not happen again.
- The data shows a growing number of complaints. Approximately 1700 in 2012/13, increasing to approximately 2100 in 2016/17. The level of "breach level" complaints is relatively consistent.
- Complaints are important to show emerging issues and risks.
- In the six month period from July to December 2016, of the complaints received:
 - 78% involved issues of care;
 - 65% involved issues of communication;

- 26% involved issues of consent/information; and
- 25% involved issues of access/funding.

The services complained about (in order, from the highest level of complaints to the lowest) included:

Surgery
Mental Health
General Medicine
ED
Maternity

Whanganui District Health Board receives on average eight complaints in each six months, 132 complaints for every 100,000 discharges. The most common complaints were related to surgery.

Patient autonomy and informed consent are often at the heart of complaints and although we do well in relation to those issues, it is worth thinking about the power of that conversation.

He provided an example of a patient with an allergy to certain medications. Following surgery the patient was transferred from hospital A to hospital B. The patient was aware of the allergy and had a Medic Alert bracelet; the system was very aware of the allergy and the allergy was noted on the drug chart etc. A prescribing doctor and an administering nurse both read the drug chart, but still prescribed and administered a drug that the patient was allergic to. Subsequently the error was detected and the patient was monitored but died from the allergic reaction.

- Findings of breach were entered against the prescribing doctor and the administering nurse and investigations into the matter established that a contributing factor was the culture on the ward.
- Culture needs to encourage people to ask appropriate questions.
- Dynamics on the ward needed to be addressed, the high workload, staffing levels, a confrontational environment etc.
- The Health and Disability Commissioner noted that he is alert to the fact that there are often limited resources and a need for prioritisation of patients. When looking at wait list management, he would be looking at the quality of the prioritisation process, whether that prioritisation is appropriate and whether you are treating the right people first.

He closed by saying that Whanganui District Health Board has a system of which it can be proud, and is doing really good work for its population.

All of this work is about eternal vigilance, we have been running health and disability systems for a long time and are getting better at it all the time, it is not the easiest job in the world, it is not without daily and significant challenges, but we make an enormous difference in people's lives and we can be enormously proud of what we do.

The Commissioner took questions from board members. Comments made and points noted included:

- The HDC covers the entire health service in New Zealand, including DHBs, primary care, aged care etc.
- We need systems that provide safety nets to catch and prevent mistakes from happening.
- Last year there were 15 referrals to the Director of Proceedings (an independent position) for consideration of proceedings being brought.
- Patients should be partners in their care and should be part of the safety net.
- Patient portals and patient access to reports are very important and helpful as part of the safety net, e.g. checking whether appropriate follow-ups have been undertaken.
- We need generalist clinicians as well as sub-specialties.
- If the culture of an organisation is right, it provides safety nets for patients.
- Breaches and learnings from the Commissioner's findings are an important improvement and learning tool.

6 Minutes of board meetings

6.1 Whanganui District Health Board meeting held 9 June 2017

It was resolved that:

The minutes of the public session of the meeting of the Whanganui District Health Board held on 9 June 2017 be approved as a true and correct record.

Matters arising

Nil.

7 Minutes of meetings received

7.1 Combined Statutory Advisory Committee meeting held 14 July 2017

It was resolved that:

The minutes of the public session of the Combined Statutory Advisory Committee meeting held on 14 July 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 Chief Executive's report

9.1 Patient Safety & Service Quality

Board members expressed concern at the report that there are some surgeons unwilling to use the safe surgery checklist as part of their standard procedures.

The chief executive is seeking further information and will address the issue as appropriate, depending on the outcome of the forthcoming report.

9.2 Māori Health

Taken as read.

9.3 Closure of Ozanam Villa

Little warning was received of the imminent closure.

Management is looking at alternative solutions including the available capacity at Mauri Ora; motel accommodation (there are three motels within easy walking distance of the hospital) etc.

Motels are being used in the interim on an ad hoc basis, but we are looking at a managed system and framework for emergency accommodation for families from outside the city when families cannot afford accommodation.

Members were reminded that there is a National Travel and Accommodation Policy.

9.4 Official Information Act requests

Taken as read.

9.5 Collaboration

Taken as read.

9.6 Summary financial report for June 2017

The general manager corporate provided an update on the financials, noting:

The final figures for the 2016/2017 financial year have been completed, subject only to finalisation of the inter-district flows. The deficit (subject to adjustment for IDFs) is \$712,000, well within the budgeted deficit of just over \$1.0m.

The result is still to be audited and the auditors will be on site next week.

Now that the 2017/18 year has commenced, we are working to the planned budget, while we await receipt of approval and sign-off of our 2017/18 Annual Plan.

9.7 Compliance with statutory requirements

Taken as read.

10 Decision items

10.1 Review of Memorandum of Understanding 2014 between Hauora A Iwi (HAI) and Whanganui District Health Board (WDHB)

Board members noted the following goals for the partnership between Whanganui District Health Board and Hauora A Iwi:

- Giving effect to Whanau Ora – the right service at the right time, in the right place in the right way.
- Achieving health equity for Māori – monitoring performance through reporting.
- Improving capacity and enhancing capability systems, delivery options and workforce.

In relation to item 6.1 of the Memorandum (on page 61 of the board papers) the first sentence should be amended to read as follows (words in bold inserted):

“The boards **sign off** a work plan 1 July each year.”

With regard to the second to last paragraph on page 58 of the board papers, the second sentence in that paragraph should be amended to read as follows (words in bold inserted):

“The chair, **is appointed by the Minister and may be an elected or an appointed member.**”

With regard to item 3.2 of the Memorandum of Understanding (page 59 of the board papers) a further bullet point should be added:

“Evidence of measurable incremental improvement of Māori health outcomes.”

A dashboard, providing an update on progress towards equity and Māori health outcomes, will be provided to the next board meeting.

The recommendations from Hauora A Iwi were noted.

The board will discuss at the next meeting with Hauora A Iwi on 29 August 2017 whether there should be a hui with iwi on Māori health issues.

It was resolved that the Whanganui District Health Board:

1. **Receives** the paper entitled Review of Memorandum of Understanding 2014 between Hauora A Iwi and Whanganui District Health Board.
2. **Agrees** subject to any further discussion with Hauora A Iwi, the Memorandum of Understanding 2017-2020 between Hauora A Iwi and Whanganui District Health Board.

11 Discussion/noting items

11.1 Internal audit programme for 2017/18

Taken as read.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Internal audit programme for 2017/18'.

11.2 Health and safety

The report was taken as read.

It was noted that Riskman is now capturing “fatigue” as a risk.

A review in relation to a staff member working a 16 hour shift in theatre is being undertaken and an update will be provided to board members in the Chief Executive’s Friday Update.

The increase in staff falls in the last period (January-June 2017) was noted. They appear to be unrelated incidents with no common theme.

Board members confirmed that they are comfortable with the current reporting which is being provided on health and safety.

It was resolved that the Whanganui District Health Board

1. **Receives** the report on Health and Safety.

11.3 National Adverse Events Reporting Policy 2017 released 30 June 2017

It was noted that the Severity Assessment Code (SAC) matrix has been changed to a "consequence" rating only. The "likelihood" rating has been discontinued so that events which are unlikely, but nevertheless have serious consequences are now expected to be reported and reviewed.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'National Adverse Events Reporting Policy' released 30 June 2017.
2. **Notes** that Whanganui District Health Board already meets the requirements of the recently released National Adverse Events Reporting Policy – effective from 1 July 2017.

11.4 Auditor General's Report – Mental Health and Addictions Services, Effectiveness of the Planning to Transition People From Hospital

The nurse manager, Mental Health and Addictions Services spoke to board members and answered questions in relation to the current status of WDHB's Mental Health and Addictions Services, with regard to issues raised by the review conducted by the Office of the Auditor General.

In particular, with regard to the planning for the transition of service users from in-patient mental health units to the community, the preferred term within the service is "open transition" rather than discharge, as the movement from inpatient to outpatient care is seen as a transition to a different part of the clinical service, rather than a discharge from one team to an entirely different one.

The emphasis is on "transition" rather than "discharge" and on "one plan" with all services, including secondary and primary focusing on one plan for the patient.

There are some indications that housing pressure in Auckland is driving some families with "higher needs" to Whanganui.

There was discussion as to whether or not the numbers of prisoners and their families moving to Whanganui is affecting the number of patients requiring mental health addiction services. The "safer communities" report on prisoners and their families indicates that this is not a major problem.

Community housing is an issue which is beyond Whanganui District Health Board's area of control.

The chief executive wrote to Whanganui District Council regarding a "housing summit" and will follow the matter up again with Council.

It was resolved that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Auditor General's report – Mental Health and Addictions Services, Effectiveness of the Planning to Transition People from Hospital.
2. **Notes** the planned actions arising from the recommendations.

12 Information papers

Taken as read.

13 Date of next meeting/Karakia and meeting review 15 September

Taken as read.

14 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 9 June 2017 (public-excluded session)	For the reasons set out in the board's agenda of 9 June 2017	As per the board agenda of 9 June 2017
Combined Statutory Advisory Committee meeting minutes held 14 July 2017	For reasons set out in the board's agenda of 14 July 2017	As per the board agenda of 14 July 2017
Risk and Audit Committee meeting minutes held 14 June 2017	For reasons set out in the committee's agenda of 14 June 2017	As per the committee agenda of 14 June 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 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)(a) Section 9(2)(c) Section 9(2)(ba)
Implementation of Care and Support Worker Pay Equity Settlement	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)
Community Pharmacy Service Agreement	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)
Ophthalmology	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)
Elective Services	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)
Faster Cancer Treatment	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
Adverse Events	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)(a) Section 9(2)(c) Section 9(2)(ba)
Insurance renewal 2017/18	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)
Developing an education centre/clinical training suite and relationship with Otago University	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 12:04pm