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 2 February 2018, commencing at 9.45am

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 Russell Simpson, Chief Executive
Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality
Mrs Sue Campion, 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
Mr Brian Walden, General Manager Corporate
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Judith MacDonald opened the meeting with a karakia/reflection.

1 Apologies

Nil.

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 Patient story

A patient recounted his experiences to the board regarding his discharge from Whanganui Hospital after the amputation of his leg. "I thought I was better than I was" and he was keen to go home, but in reality he was not ready to go home and the home environment into which he was going was not yet suitable and ready for him.

His experience was that while he was in hospital the systems ran well, but there were issues and problems in relation to his discharge. The reality was that he was discharged from a ward with full support to a home environment with issues in terms of access into the house, access into and out of bed and access to trained support.

The investigations and learnings from the case include the following:

- The patient was (and most patients would be) keen to go home, but there needs to be a balance between agreeing to discharge the patient to home and making sure that it is safe for the patient to return home.
- It was also recommended that a patient should have an option to be accompanied by a clinical staff member on request or in cases such as this, processes to make sure that the environment that they are being discharged to is suitable and safe for them.
- Generally a patient would be moved from an acute ward to rehab. The question of whether the patient should have been moved from AT&R to rehab was not raised in this case.
- The case also highlights the transition from secondary to primary care. In this case ACC knew that it was elective surgery, had visited the patient and provided a wheelchair etc. From the hospital's perspective, it was understood that the patient wished to be discharged home, that ACC had visited the home, that arrangements were in place for the patient to be discharged home and that he would have the necessary support.
- The case indicates that discharge planning needs to be reviewed.

Points made and comments noted included:

- Although it was understood that ACC had support arrangements in place, there should have been checks to ensure that ACC were involved and that the support was in place.
- The board is looking for assurances that the systems are in place.
- Forms alone are not the whole answer, the communication between hospital staff, ACC and others involved in the discharge needs to be functioning well. In this case hospital staff understood and were hearing that ACC were involved, had everything set up, knew the patient was coming because it was elective surgery etc, but in reality that was not the case.
- The ACC physiotherapist was able to get onto the ward and have access to the patient for treatment, there were no barriers to that, but there appear to be no policies and procedures in place between the DHB and ACC.
- The patient has received sincere apologies for the shortcoming experienced in this case.

Transition of care is the issue. The Health and Disability Commissioner is focusing on the transition of care in some of his recent findings and those discussions are also taking place within the medical fraternity
Our biggest vulnerability is in terms of ED and discharges back into the community. We see about 20,000 people a year and at least 14,000 of those will go straight back into the community with expectations around follow-up and so on. Transition of care is at the nub of tying the various components of the health care system together.

The question is, how do we ensure that these systems are talking to one another to enable and ensure that logic and the right outcomes happen?

All reported incidents such as this are reported to the Clinical Board.

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 December 2017 be approved as a true and correct record.

Matters arising

Nil.

7 Minutes of committee meetings

7.1 Combined Statutory Advisory Committee meeting

Nil.

8 Board and Committee Chairs' reports

Verbal reports may be given at the meeting

8.1 Board

Taken as read.

8.2 Combined Statutory Advisory Committee

Taken as read.

8.3 Risk and Audit Committee

- The committee chair advised that the committee is still looking to appoint another independent member. Two have been interviewed, one has withdrawn and the other is still being considered.
- The Risk Management Framework and controls for managing those risks are being reviewed.
- The framework will be reported back to the board later this year.
- The board chair proposed that the committee chair attend the MidCentral Risk and Audit Committee meeting and vice versa to compare how each committee works.

9 Chief Executive's report

9.1 Patient Safety and Service Quality

Taken as read.

9.2 Mental Health Services' Government Inquiry

Taken as read.

9.3 Elective Services

Points noted included:

It was noted that ESPI non-compliance is costly and that in the fourth month of non-compliance the Ministry imposes a financial penalty of $434,000. The fourth month would be April and the team is working hard to achieve compliance.

Ophthalmology is suffering from short staffing. The MidCentral and Taranaki District Health Boards are being supportive. Two new staff have been recruited and when they come on board, that department will be fully staffed. The board tries not to exceed expected timeframes and refers patients out when necessary. Once the service is fully staffed it is expected that referrals in to the service will increase.
The board is currently in dialogue with Waikato District Health Board to get patients referred to Whanganui, but we are running out of time to obtain the previously agreed outsourced work.

9.4 Māori Health

The agenda for Te Kaha will be circulated when available.

9.5 Regional Health Informatics Programme

Taken as read.

9.6 Summary financial report for December 2017

Taken as read.

9.7 Compliance with statutory requirements

Taken as read.

10 Decision items

Nil.

11 Discussion/noting items

11.1 Health & Safety Report

The chair suggested that a regular walk around by board members should be facilitated, checking on health and safety issues.

It was resolved that the Whanganui District Health Board

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

11.2 People and Performance Department's six-monthly report

Points noted included:

Nationally, the high performance high engagement ("HPHE") framework has been endorsed by DHBs, the CTU affiliate unions and the Ministry. It is planned to implement HPHE at Whanganui District Health Board.

To date, six hundred and twenty staff have been trained in the "Speak Up for Safety" programme, which goes live in May.

I think this means that other boards are consulting with us regarding our implementation of the programme.
The CEO sees the programme as critical and is supportive of its implementation throughout the health system, not just in the hospital.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'People and Performance Department's six-monthly report'.

11.3 Clinical Board's six-monthly report

Points noted included:

Philippa Baker-Hogan suggested that the CEO review the Clinical Board (CB) structure and whether the reporting is appropriate.

The CEO will be looking at everything with fresh eyes, but observed that clinical governance and patient safety are sacrosanct.

Philippa Baker-Hogan noted that, in her view, the CB is too hospital-centric and would benefit from wider input

The chair of the CB noted that part of the work is around the organisation having an understanding of clinical governance and that clinical governance does not just sit with the CB . It is about all the different committees, groups, departments and teams doing clinical governance. All those teams are doing clinical governance, but may not understand what it means.

I think what is meant here is that the CB are ensuring appropriate risk management is taking place within the organisation and that each area is aware of what that entails and reports accordingly.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Clinical Board's six-monthly report'.

12 Information papers

Points noted included:

Annette Main noted that the implementation of free WIFI being made available to our patients is of significant benefit and acknowledged the assistance of Inspire in enabling that service.

In relation to the board's detailed financial report for December 2017, there has been approximately a 4% a year growth in acute volumes. As a sector we are falling behind plan.

The chair noted that the budget is due in May and the letter of expectation will most probably be received just prior to that. She advised that although there will be some assistance from the census (from the district's population growth) the board is not expecting that there will be a significant increase in funding beyond what has already been announced.

13 Date of next meeting

23 February 2018 Annual Planning Workshop and Friday 6 April 2018 from 10.00am board meeting in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

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 15 December 2017 public-excluded session	For the reasons set out in the board's agenda of 15 December 2017	As per the board's agenda of 15 December 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)

Agenda item	Reason	OIA reference
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)
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)
WRHN audit 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)

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 11.00am.