



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 6 April 2018, commencing at 10.00am

Present

Mrs Dot McKinnon, (QSM) Board Chair
Mr Graham Adams
Mr Charlie Anderson (QSM)
Mrs Philippa Baker-Hogan (MBE)
Mrs Jenny Duncan
Mr Stuart Hylton, Deputy Chair
Mrs Judith MacDonald
Dame Tariana Turia (DNZM)

Senior management in attendance

Mr Russell Simpson, Chief Executive
Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality
Mrs Sue Champion, Communications Manager
Mr Hentie Cilliers, General Manager People and Performance
Mrs Kim Fry, Director Allied Health
Mrs Rowena Kui, Director Māori Health
Dr Frank Rawlinson, Chief Medical Officer
Mr Brian Walden, General Manager Corporate
Mrs Tricia Wells, Acting Board Secretary

Public

No members of the press attended the meeting.

Karakia/reflection

Dot McKinnon

1 Apologies

Annette Main and Darren Hull.

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

Mr Trevor Gibson addressed the meeting to recount his experiences under the In-home Strength and Balance, Falls Prevention Service (FPS). The team is made up of a physiotherapist, nurse and an occupational therapist.

Trevor felt his mobility was worsening, which affected his confidence and ability to actively participate in the community and social activities. He had tried community classes, but found they were too fast for him.

He saw an advertisement in the paper about the FPS and self-referred. A nurse made a home assessment regarding home safety, strength, balance testing, etc and he began an exercise programme and issued with equipment which helped him feel much safer around his home.

He has considerable praise for the service, as now he has the confidence to start improving his mobility and feels much more confident with community outings.

6 Minutes of board meetings

6.1 Whanganui District Health Board meeting

It was resolved that:

That the minutes of the public session of the meeting of the Whanganui District Health Board held on 2 February 2018 be approved as a true and correct record.

That the minutes of the strategic focus workshop held on 23 February 2018 be approved as a true and correct record.

Matters arising

Nil.

7 Minutes of committee meetings (for information only)

7.1 Combined Statutory Advisory Committee meeting

That the minutes of the Combined Statutory Advisory Committee meeting on 16 March 2018 be received.

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

No appointment has been made to replace Kate Joblin on the committee at this time.

9 Chief Executive's report

9.1 Patient Safety and Service Quality

The Speaking Up for Safety Campaign, which rolled out across WDHB in October 2017, has reached the 1000 attendee mark. The impact of the programme has already been noticed.

9.2 Mental Health Services Government Inquiry

The director-general of mental health services, John Crawshaw, visited the WDHB site yesterday and had significant praise for our services. He commented that he had no concerns regarding Whanganui DHB, which could in fact be an exemplar in some areas.

9.3 Elective services

ESPI compliance is tight, however, we will be close to compliance and it is not expected to affect our financial result. The dashboard will be presented to the next board meeting.

9.4 Māori Health

Members noted that Whanganui District Council meeting dates conflict with at least two of the confirmed dates for the Hauora A Iwi and WDHB combined board meetings. The director of Māori health advised there had been much discussion and at least three versions of the timetable to make it workable. She will update the board regarding any possible changes to the scheduled dates of 11 September and 4 December.

9.5 Regional Health Informatics Programme

Taken as read.

9.6 Summary financial report for December 2017

The report was taken as read, with the following points noted:

The acting director general of health, Stephen McKernan, is open to suggestions regarding the IDF issues faced by all DHBs.

The chief financial officer advised that we should make sense of IDFs and look at them as a necessary part of our service, not a negative. There are some arrangements within regions, i.e. with Capital and Coast and MidCentral DHBs. However, we need a system without a wash up arrangement as this puts us back to square one. The subject will be further discussed at the national Chief Financial Officers' meeting.

Three DHBs are financially 'holding their own', the rest of the sector is struggling and the funding in May will be critical.

General discussion points included:

- Low cost access in healthcare, with 80% of health needs being lower decile, it was mooted that those who can, should pay more.
- There is no knowledge of any area on site containing the mould problems which have been identified at Counties Manukau DHB.
- The project team is still working on the Education and Training Centre with the involvement of the Otago School of Medicine. Completion is hoped to be by Christmas at a cost of under \$500,000k.
- The road to gate two is in need of attention and there is a design in place to enable us to move to a tender process. At a board member's suggestion, the need to widen a section of the roadway will be revisited.

9.7 Compliance with statutory requirements

Taken as read.

10 Decision items

10.1 Review of Communications Policy

Whilst the board expressed their support for the department and the excellent work being produced and the information they are supplying, the following requests were made regarding the policy review:

- It was suggested there should still be a reference regarding board members' statements to the media.
- Hauora A Iwi's MoU will be included in the policy's reference documents.
- Te Reo Māori needs to be overseen by the kaumatua and kuia and this procedure will be added.
- A copy of the old policy, the new policy and the procedure which underpins it, will be circulated to members for comment prior to the next meeting, where it will again be presented for review.

11 Discussion/noting items

11.1 Health and Safety report

- The board looks forward to receiving feedback from the upcoming combined meetings with unions, management and staff regarding how staff can be protected against aggressive patients.
- More extreme measures, i.e. protective clothing, would be our last resort for frontline staff.
- We need to be risk competent and not risk averse.
- To keep things in perspective, we average 14 incidents a month out of 90,000 interactions a year. This equates to 0.18% acts of aggression.

12 Information papers

The Communication Department was congratulated on the quality of work produced, but the board would be interested in being included in the internal communications.

13 Date of next meeting

18 May 2018.

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 2 February 2017 public-excluded session	For the reasons set out in the board's agenda of 2 February 2017	As per the board's agenda of 2 February 2018
WDHB Annual Planning Workshop held 23 February 2018	For the reasons set out in the board's agenda of 23 February 2018	As per the board's agenda of 23 February 2018
Risk and Audit Committee meeting held 14 February 2018	For the reasons set out in the committee's agenda of 14 February 2018	As per the committee's agenda of 14 February 2018
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	Section 9(2)(ba)

Agenda item	Reason	OIA reference
	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	
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)
External Audit Engagement Letter and Fees Proposal	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)
CAPEX – patient management monitoring system for Emergency and High Dependency Unit	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 – annual review	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)
WDHB planning for 2018/19	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	

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.