



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 15 September 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
Mrs Judith MacDonald
Ms Annette Main
Dame Tariana Turia

In attendance

Mrs Julie Patterson, Chief Executive
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 Brian Walden, General Manager Corporate
Mr Peter Brown, Board Secretary

Public

Members of the press, Ministry of Health, public and staff

Stephen Barclay, Chief People and Transformation Officer with the Ministry of Health since May 2016 sat in for part of the meeting.

Karakia/reflection

Jenny Duncan opened the meeting with a karakia/reflection.

1 Apologies

It was resolved that:

The apologies from Mrs Harete Hipango (on leave until after the General Election) and Stuart Hylton 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

Dot McKinnon noted her interest, previously declared, in relation to item 7.1 on the agenda by virtue of the fact that her husband is Chair of the Wanganui Eye & Medical Care Trust.

3 Late items

Nil.

4 Public comment

Nil.

5 Deputations

Nil.

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 1 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.

The director Māori health provided board members with an update on options being considered following the changes in relation to Ozanam Villa, including accommodation capacity in Mauri Ora and nearby motel accommodation.

There are some misunderstandings in relation to the discharge of patients. It would be very unusual for a patient to be "discharged" from a ward at night. Patients coming into ED will be admitted if clinically appropriate and subsequently discharged. Those who clinically do not need

to be admitted are assessed and treated and able to go home without any formal discharge processes. Management is looking at available accommodation options if patients are leaving ED with no available accommodation.

There are a range of different situations including people coming to hospital a day prior to surgery; attending ED; being discharged from the wards; mothers of babies in care, etc. Management is looking for a consistently applied process and policy which will be included in board papers when available.

It was noted that the incident which was reported through the incident management system of staff working long hours was not because of staff concerns, but because staff are asked to report if they work long hours, so that they can be recorded and managed through the board's quality and management systems.

7 Minutes of committee meetings

7.1 Combined Statutory Advisory Committee meeting

Tariana Turia noted the comment in item 7.3.4 of the committee minutes (on page 33 of the board papers) that "a committee member asked why services could not be taken to kohanga. One response was that almost all of our kohanga are co-located with schools, so getting children to the clinic should be able to be co-ordinated." Tariana Turia questioned whether it is correct that a lot of kohanga are co-located with schools and if not, the location of oral health caravans at kohanga should be considered.

It was resolved that:

The minutes of the public session of the Combined Statutory Advisory Committee meeting held on 1 September 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

Because of the difficulties around trying to clarify the terms of reference for an internal audit, it was suggested that rather than an internal audit we should focus on a couple of specific areas of concern relating to Maori Health. The viewpoint at the end of the committee meeting was that the issue should be raised with Hauora A Iwi for their input into the terms of reference. Work is continuing on getting that together and we should wait and see whether we can land at a good place that would provide us with an audit that would add value. If we can't, then we might revisit the suggestion to focus on a couple of specific areas of concern.

This relates to the previous meeting and the matter has gone back to Risk and Audit.

The meeting of the committee was the last meeting of Kate Joblin as chairperson. Kate's contribution as a board member, board chair and chair of the Risk & Audit Committee was acknowledged by board members.

9 Chief Executive's report

9.1 Patient Safety and Service Quality

Surgical safety is being audited this month. Most teams are doing very well, but the audit will be checking if there are any teams where processes need improvement.

The upcoming quality awards were noted. The CEO advised that the quality awards had been an initiative for WDHB, which had been opened up to other providers. The decision was made this year to just call for nominations internally to be an initiative/celebration for WDHB. The CEO explained the importance for the DHB staff that our organisation have an opportunity to celebrate its own successes. She understood that this could be seen as an exclusive approach but, given that the DHB staff are not invited to take part in the celebration events of other agencies, having a dedicated DHB event is justifiable.

It was requested that other providers were notified.

9.2 Māori Health

The Memorandum of Understanding with Hauora A Iwi has not yet been signed pending Hauora A Iwi members completing their obligations around discussion on the MOU with their iwi.

Regarding the Stanford House audit, the ethnicity information needs to be checked and provided. At any one time Stanford House has a proportion of Pasifika service users and for some years Pasifika cultural advice has been sought. This remains an item on the audit.

9.3 Research team from Canberra University

Taken as read.

9.4 Mental Health and Addictions

Taken as read. It was noted that The Ombudsman report from the visit to Stanford House (a recent walk-in audit) was very positive.

9.5 Elective Services

Taken as read.

9.6 Health of Older People

Taken as read.

9.7 Voting services at Whanganui Hospital

Taken as read.

9.8 Requests made under the Official Information Act

Taken as read.

9.9 Collaboration

Taken as read.

9.10 Summary financial report for July

The board's August results were tabled. The results are close to budget, but there is quite a lot of variation between the funder and the provider. The provider has had a very heavy workload in the first two months and that has impacted on staffing particularly. Doctor costs are running higher than planned with some doctors on sabbatical leave; we are having to use locums in ophthalmology at the moment; and with the higher volumes we are transferring higher numbers of patients out to other hospitals, resulting in higher transport costs than planned. It is expected that some of these factors will moderate during the year.

For the funder there have been two large IDF cases, involving approximately a quarter of a million dollars each at Capital Coast Health, but hopefully those costs will moderate as the year progresses.

Health of older people costs have been less than budgeted, which has moderated the impact of IDFs at the moment.

Overall the board is close to its budget at the moment.

An update on the sign off on the board's annual plan will be provided in the public excluded part of the board meeting.

9.11 Compliance with statutory requirements

Taken as read.

10 Decision items

10.1 Board and committee meeting dates for 2018

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Board and committee meeting dates for 2018'.
2. **Agrees** the meeting schedule for 2018.
3. **Notes** that the Remuneration and Executive Appointment Committee will be convened as and when necessary.
4. **Notes** that further dates will be provided for meetings with Hauora A Iwi and MidCentral District Health Board once agreed.

10.2 Review of the WDHB Sensitive Expenditure Policy

Previously this has been a CEO or general manager corporate policy, but given the auditor's interest in the area it is proposed that the policy be a board policy to give it more visibility and status.

There was general discussion on the availability and payment of alcohol out of public funding. Generally staff pay for their own alcohol if there is alcohol at an off-site function and on rare occasions there is alcohol provided on-site for board events. Onsite staff events do not include alcohol.

The board agreed that it should lead by example and there should be no alcohol at board functions and, if alcohol is consumed at off-site board events, board members should pay for their own.

It was resolved that the Whanganui District Health Board

1. **Receives** the report entitled 'Review of the WDHB Sensitive Expenditure Policy'.
2. **Agrees** that the WDHB Sensitive Expenditure Policy will be a board policy.
3. **Agrees** the WDHB Sensitive Expenditure Policy as reviewed.
4. **Agrees** the WDHB Sensitive Expenditure Policy be next reviewed in September 2020.

11 Discussion/noting items

11.1 Nursing FTE report

Board members thanked staff for the comprehensive report.

A member questioned if casuals are excluded from the FTE report. Management advised hours worked by casuals are reported as FTEs).

In relation to increases from changes in models of care, what are the perceived benefits from the changes?

- Some changes are driven by the Ministry. Where programmes/models/changes are driven by the Ministry, often the Ministry will fund positions, but they are only funded for a short time, then they become embedded in the budget funding.
- In relation to the "care with dignity" programme, the model of care has changed but it has also been known for a long time that there would be a larger cohort of patients coming through. This is a change in our population that our nursing staff is having to adapt to. The changes have resulted in benefits including a decrease in falls, a decrease in medication, especially sedatives, and restraint etc.
- There are always challenges in relation to monitoring and attributing benefits from changes, but it is still important to try and evaluate and attribute those benefits.
- This issue is being looked at through the Care Capacity and Demand programme, looking at how benefits can be attributed.
- Similar issues arise trying to attribute benefits from skill mix changes.
- There are approval processes for changes in FTEs. The CEO and the board have responsibility for managing and meeting the budget. Out of budget cycle, all permanent FTE increases have to be supported by a business case and signed off by the CEO.
- The information pages provide detailed financial reporting to the board.
- If a major change arose, management expects it would be discussed at a chair, committee, Risk and Audit or board level as appropriate. The CEO noted that if it is a matter that affects the ability to meet the District Plan, the expectation is that it would come to the board.
- Budgeting and FTEs adjust during the year according to demand. Staffing is matched to clinical need.
- The budget and the financial reporting includes permanent staff and casuals. Darren Hull and management will have a discussion around reporting in respect of full time and casual numbers.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Nursing FTE report'.

11.2 centralAlliance – delivery against current year priorities, and priorities for the 2017/18 year

Taken as read.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'centralAlliance – delivery against current year priorities, and priorities for the 2017/18 year'.

11.3 Health and safety report

Taken as read.

It was resolved that the Whanganui District Health Board

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

11.4 Communications report

Taken as read.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Communications report'.

12 Information papers

Taken as read.

13 Date of next meeting

Friday 3 November 2017 from 10:00am 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 28 July 2017 (public-excluded session)	For the reasons set out in the board's agenda of 28 July 2017	As per the board's agenda of 28 July 2017
Combined Statutory Advisory Committee meeting minutes held 1 September	For reasons set out in the board's agenda of 1 September 2017	As per the committee agenda of 1 September 2017
Risk and Audit Committee meeting minutes held 9 August 2017	For reasons set out in the committee's agenda of 9 August 2017	As per the committee agenda of 9 August 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	Section 9(2)(ba)

Agenda item	Reason	OIA reference
	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	
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)
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)
Business case for the replacement of the CT scanner	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)
Capital proposal to develop an education centre/clinical training suite in old theatres	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)
centralAlliance – future of WDHB laboratory 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)
WDHB 2016/17 Annual 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)
National Oracle financial system (NOS)	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 11.12am.

