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 February 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
Mr Darren Hull
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 Campion, Communications Manager
Ms Tracey Schiebli, General Manager Service and Business Planning
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Annette Main opened the meeting with a karakia/reflection.

1 Apologies

None

2 Conflict and register of interests update

2.1 Amendments to the register of interests

Dot McKinnon declared the following interests:

- She is on the National Executive of Health Board Chairs
- Her husband, Richard Moore is chair of Wanganui Eye & Medical Care Trust

Jenny Duncan noted that in the register of current conflicts and declarations of interest a number of references to "Wanganui" should be updated to "Whanganui".

Darren Hull advised that he is no longer chair of Whanganui Living Without Violence Trust.

2.2 Declaration of conflicts in relation to business at this meeting

Nil

3 Late items

Nil

4 Delegations

Nil

5 Service story

Colleen Hill, clinical nurse leader of the Medical Ward, briefed board members regarding the "care with dignity" philosophy being practised on the wards.

The philosophy and the development of the Care with Dignity Programme was prompted by the admission of one patient, who was suffering from dementia and had been admitted to hospital for care for another condition.

Colleen outlined the patient's journey, which included difficulties experienced by ambulance officers; diagnosis at ED and transfer to the ward for care; the patient's several attempts to leave the ward; lashing out at staff; needing to be sedated and physically restrained. The patient remained physically and verbally combative for the duration of his stay until discharge to hospital level residential care.

The practices were common on the ward at the time and are common within the health system.

Following this patient's journey, a staff member was left with a sense of deep discomfort about the systems in place for dealing with such patients and the feeling that "we had to make some changes".

There are growing numbers of patients with such issues. Since 2010/11 there has been a five-fold increase in patients admitted to hospital requiring close care on the ward and that number is growing.

Colleen outlined the systems and philosophy now being implemented for patients in the hospital with cognitive impairment:

- Based on a Whanau Ora approach.
- Treating the patients with dignity and identity.
- The philosophy has been given a profile in the form of a blue chrysanthemum flower (blue for forget me not and chrysanthemum for dignity) and the message for service users and staff is that dignity will underpin their care.
- An education model has been developed and piloted on the Medical Ward, but is being rolled out throughout the hospital.

The philosophy has implications for people with cognitive impairment but also for every patient.

There are costs associated with the close care required for such patients, but those costs are also offset by other savings, with a significant reduction in:

- Anti-psychotic medication.
- The need for physical restraints.
- Aggression resulting in staff injuries, staff turnover etc.
- Falls and harm resulting in extra surgery, longer stays etc.

The philosophy is inclusive of family involvement, with a corresponding increase in patient, family and staff satisfaction.

The programme has attracted considerable interest from other DHBs.

It requires knowing and understanding the individual (which requires family involvement).

Staff have a range of tools for addressing issues including simple tools to engage patients such as :

- Just sitting and talking.
- Pet therapy (even imitation pets can have significant benefits).

Colleen then illustrated the cultural change which has been made giving the example of an 81 year old female, admitted to hospital by the police after an assault on a family member. She was delusional, physically and verbally combative and trying to leave. When her daughter would leave the ward, the patient's aggression and delusions would increase. The systems and philosophy used for her care involved:

- Moving her into a single room with an ensuite, allowing privacy, a low stimulus environment and personal items.
- Use of a "getting to know you" form to establish personal and meaningful communication, even though she was still delusional.
- Initially she would not eat and drink so a strategy was adopted, after discussion with the family, of making mealtimes special, getting dressed and made up for meals, having her daughter present, using music and, over time, staff gained her trust and she was able to be moved to a shared room.
- Ultimately staff facilitated connection with her facilitating a significant change.
- When she was discharged, a diary of her life and stories that she had told was sent with her to help her new carers to connect.

The programme has empowered staff to question their own previously held stereotypes of patients with cognitive impairment.

The work and input from Wendy Stanbrook-Mason, Sandy Blake and the chief executive was acknowledged.

The chief executive noted that the approach drives additional nursing costs, but also has significant benefits. While the approach shows up in the Trendcare acuity, so we are able to match the nursing need and the nursing resource, it does not show up in the case weights. This will need to be addressed at a national level.

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 16 December 2016 be approved as a true and correct record.

Matters arising

The chief executive has not yet had an opportunity to follow up regarding the election system, but will do so.

The board secretary confirmed that the intention of the first sentence of the board minutes at the top of page 18 of the board papers (in relation to item 9.10 of the chief executive's report) is to record that the mandate and touchtone set by the board for the chief executive when she took up her position is patient safety and service quality and that that touchstone will not be traded off.

Judith MacDonald observed that patient safety and service quality needs to be a touchtone not only in the hospital but also in primary care and therein lies the tension, between investment not only in hospital but also in primary care. The member emphasised that the board is not just here for the hospital but for all health services for our district.

7 Minutes of meetings received

7.1 Minutes of the centralAlliance Sub-Committee

It was resolved that:

The minutes of the public session of the centralAlliance Sub-Committee workshop held on 28 November 2016 be received.

8 Board and committee chairs' reports

8.1 Board chair's report

The board acknowledged with sadness the death of Dr Chris Cresswell.

The board's Annual Planning Workshop will be held on Friday 24 February 2017 from 9 a.m. – 1 p.m. Any suggestions in relation to the workshop should be provided to Tricia Wells or to Tracey Schiebli.

The board chair highlighted the upcoming "On You" programme
.

8.2 Community and Public Health Advisory Committee and Disability Support Advisory Committee

Taken as read.

8.3 Hospital Advisory Committee

Taken as read.

8.4 Risk and Audit Committee

Taken as read.

8.5 centralAlliance Sub-committee workshop

Taken as read.

9 Chief Executive's report

9.1 Patient safety and service quality

Taken as read.

9.2 Māori health

Taken as read.

9.3 Electives

The chief executive advised that it is planned to have a board orientation session on elective services and ESPI compliance within the next few months.

The NZ patient booking system for publically funded elective services has three underpinning principles:

- Certainty
- Fairness
- Timeliness

ESPI compliance requires compliance with eight performance indicators. If a board is non-compliant, as well as the implications for patients, the board suffers financial penalties.

Management is addressing the issue of ESPI compliance in the urology service and the risk of not meeting the target is reducing. Hopefully, if the target is not met - given the issues that have been faced, there may be some accommodation allowed by the Ministry in respect of any non-compliance.

9.4 Urology service

Taken as read.

9.5 Annual planning

Taken as read.

9.6 Information technology systems

Taken as read.

9.7 Replacement process for the computerised tomography scanner (CT)

Taken as read.

9.8 Official Information Act requests

Taken as read.

9.9 Health Select Committee

The board will be appearing before the Health Select Committee on 8 March 2017.

Board members can obtain copies of the questions and responses from Tricia Wells.

Philippa Baker-Hogan, Jenny Duncan and Stuart Hylton requested copies.

The quarterly report from the Ministry showing comparisons between Whanganui District Health Board and other DHBs is available. Each quarter the chief executive will send it out to board members with a Friday update.

9.10 Summary financial report for December 2016

There was general discussion regarding the financial information and report. Points made and comments noted included:

- A member noted that the board papers include a lot of detailed information and would prefer a summary only.
- The detail is prepared for and goes to the Ministry of Health anyway.
- The chief executive's report includes a summary, focussing on the key issues, but other board members want to receive the detailed reports also.
- Board members want to see the forecast for the financial year end and for trends and changes that are looking as if they will not reverse to be identified.

There was general discussion regarding board funding, noting:

- Of the board's total funding (about $230m per annum) approximately 50% goes to the board's provider arm (Whanganui Hospital) and the other 50% goes to other providers in the community, rest homes, GPs, community pharmaceuticals, laboratory services etc.
- As patients go out of the district to other hospitals for care, the funding (about $35m flowing out and about $7m flowing in) follows them, what is termed 'inter-district flows'.
- Some people receiving public health care also have private health insurance and ironically the better the access to the public health system, the more it is likely that people will not rely on their own private health insurance.

There was general discussion regarding funding for out of district care and the extent to which the board knows about or has involvement in the care provided (given that the cost is payable by the board as an inter-district-flow).

Points made and comments noted included:

- Generally, unless an acute event occurs out of district, patients are referred for care from Whanganui.
- Historically where patients are receiving care out of district, the board has not had a lot of involvement in what happens after a patient is admitted or is transferred out of district, the care that the patients receive, the costs and whether the patient could return to Whanganui for care to be provided here.
- There is increasing focus and control in this area and the issues involved.

10 Decision items

10.1 Review of the Standing Orders Policy

The paper was taken as read and the following points noted:
The provisions of clause 14.2 (Confidentiality) and clause 15.1 (Collective Responsibility) of the Standing Orders Policy were highlighted.

- Members should not publicly criticise collective board decisions.
- If members approve the Standing Orders Policy then they should abide by them.
- It is appropriate that the chair should be aware of public comments being made by board members to the media (rather than just learning about them when the comments are published).
- Often board members would not have access to information except through their position as board members and that information comes to board members subject to obligations of confidentiality.
- Clause 14.2 of the Standing Orders Policy relates to confidential items and should clarify the obligation "not to make any statement to the media" should state that no member of the board or a committee shall "make any statement to the media *about any confidential item*".
- The board's Code of Conduct Policy also contains provisions in relation to media and public comment and the two documents, the Standing Orders Policy and the Code of Conduct should be consistent and reconciled as necessary.

The item is carried forward for further work (on the Standing Orders Policy and the Code of Conduct) and consideration at the next meeting of the board.

10.2 Terms of reference for board committees

The paper was taken as read and the following points noted:

- The intent and content of the old terms of reference of the board's statutory committees has been condensed into one terms of reference for the Combined Statutory Advisory Committee.
- The Risk & Audit Committee Terms of Reference has been altered very slightly to take into account suggestions from the committee.
- The Terms of Reference for the Executive Appointments and Remuneration Advisory Committee are new, based on what has been occurring in practice over a number of years.
- In the Terms of Reference for the Combined Statutory Advisory Committee, on page 52 of the board papers, in clause 3 of the terms of reference the words "Community & Public Health" should be deleted.

It was resolved that the Whanganui District Health Board

1. **Receives** the report entitled 'Terms of reference for board committees'.
2. **Approves** the Terms of Reference for the Combined Statutory Committee (amended as above).
3. **Approves** the Terms of Reference for the Risk and Audit Committee.
4. **Approves** the Terms of Reference for the Executive Appointments and Remuneration Committee.
5. **Agrees** that the Terms of Reference will be reviewed in January/February 2020 (or earlier if required).

10.3 Payment of board member annual fees

Management spoke to the paper, advising that it is proposed that the annual board member fees will be paid fortnightly and that meeting fees which are paid over and above that, are paid on attendance.

It is proposed to use the money allocated to committee meetings across the spectrum of meetings that board members attend (currently board members receive additional payment for attendance at the Risk and Audit Committee meetings, but not for attending the Executive Appointments and Remuneration Advisory Committee or Hauora A Iwi joint board meetings etc.).

It is noted that there needs to be enough combined committee meetings to ensure that the work of the previous advisory committees is undertaken.

Further comments noted:

- The Risk and Audit Committee is not a statutory committee.
- All board members, together with the external committee members, will be members of the Combined Statutory Advisory Committee.
- Could trial having two-monthly committee meetings for a year (or every second scheduled committee meeting, with extra meetings to be reinstated if required) and that board members attending the meetings should be paid for all the meetings they attend.
- More planning and thought on the work plan is required before a decision is made, therefore at this stage the status quo should continue.
- As a matter of principle, the work on each of the committees is equally important.
- The paper (which is about the payment arrangements) should be approved and any changes to the meeting times, dates and payments for attendance at other meetings should be considered at a later date.
- The payment arrangements should be changed immediately.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Payment of board member annual fees'.
2. **Approves** that the annual board member fees be paid fortnightly, effective from 5 December 2016.
3. **Notes** that as board members have already received an attendance fee for the December 2016 meeting, an adjustment will be made to ensure the annual fee paid does not exceed the amount outlined in Cabinet Office Circular CO (12) 6.
4. **Notes** that fees for attendance at committee meetings (board members and external members) will continue to be paid following attendance at the committee meeting.
5. **Approves** the revised 'Fees and Expenses Procedure' to be included in the WDHB Board Manual.

Note a further paper on meeting times, dates and payment for attendance at other meetings will be brought forward to a subsequent meeting.

10.4 Review of the WDHB Delegation Policy

The paper was taken as read, with the following change to the policy requested:

On page 72 of the board papers, clause 24 of the proposed policy is to be amended by deleting the words "at any time it sees fit" and substituting the words "as required".

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Review of the WDHB Delegation Policy'.
2. **Approves** the revised WDHB Delegation Policy, subject to any amendments recommended by the board.
3. **Notes** the WDHB Delegation Policy must be submitted to the Minister of Health for approval before it can take effect.
4. **Notes** the WDHB Delegation Policy will be reviewed in January 2020, following the election and appointment of the new board.

11 Discussion/noting items

11.1 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'.

11.2 Human Resource Department's six-monthly report to board

The meeting was joined by human resource manager, Gail Hickey to speak to the report.

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

Board members questioned whether health and safety (e.g. lifting / manual handling injuries), is being constrained by the availability of equipment. Management confirmed that the board is investing in equipment and as much equipment as possible is provided to minimise risks. It is not considered that the minimisation of risks is being constrained by a lack of investment.

There was discussion regarding the risks associated with home visits, including:

- There will always be risks.
- The board can minimise but cannot avoid all risks.
- A lot of control and responsibility to minimise the risks sits with the individual staff member.
- Double manning would reduce the risks but is not viable.
- The risks need to be balanced with the probability (or likelihood) and consequences.
- A lot of work is going on in this area, including looking into personal alarms etc.

With regard to contractors and subcontractors, an audit of our health and safety system is coming up in April. Spotless is the largest contractor to the board and they have systems in place and undertake observations to monitor health and safety compliance by subcontractors.

Board members enquired regarding changes in the ethnicity of the board's staff. Over the last five years the number of the board's staff of Maori ethnicity will have increased but over the last two to three years the position has probably been stable.

A lot of work is going into increasing the skills capacity of the board's workforce. All new staff are required to attend the Hapi te Hoe orientation when commencing in our employ.

Board member Graham Adams requested that an update be provided in the "Friday update" on progress in filling the ophthalmology positions. The chief executive noted that the board is working proactively to fill the positions.

Harete Hipango noted that she is interested in the ethnicity within roles in the DHB and if possible, within providers. The chief executive observed that the board is an equal opportunity employer and that she has a real commitment to that within our organisation. The chief executive questioned the ability to access and benefit of accessing that information from all providers. There is cost associated with surveying and gathering the information. It was observed that if we are looking at the workforce, we should be looking not only at ethnicity but also other aspects such as gender, age (e.g. the ageing GP workforce). It was noted that the board has a very stable workforce with long serving staff and also some very short term staff.

It was resolved that the Whanganui District Health Board

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

12 Information papers

Taken as read.

13 Karakia and meeting review

Annette Main provided feedback on the conduct of the meeting.

14 Date of next meeting

Friday 17 March 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 16 December 2016 - (public-excluded session)	For the reasons set out in the board's agenda of 16 December 2016	As per the board's agenda of 16 December 2016.
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)
Whanganui Regional Health Network Audit	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)
Regional urology service	To enable the district health board to carry out, without prejudice or disadvantage, commercial activities or negotiations (including commercial and industrial negotiations)	Sectopm 9(2)(i) and 9(2)(j)
Adverse events	To protect the privacy of natural persons, including that of deceased natural persons	Section 9(2)(a)
Appointment of external members to the board's statutory committees	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
Conversion of existing term loan to equity and termination of 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)

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

(Philippa Baker-Hogan left the meeting).

The public session of the meeting ended at 12.31pm.