



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 18 May 2018, commencing at 10.00am

Present

Mrs Dot McKinnon, Board Chair
Mr Graham Adams
Mrs Jenny Duncan
Mr Darren Hull
Mr Stuart Hylton, Deputy Chair
Mrs Judith MacDonald
Ms Annette Main
Dame Tariana Turia

In attendance

Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality
Mrs Sue Campion, Communications Manager
Mrs Kim Fry, Director Allied Health
Ms Tracey Schiebli, General Manager Service and Business Planning
Mr Brian Walden, General Manager Corporate and Acting Chief Executive
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Tariana Turia opened the meeting with a karakia/reflection.

1 Apologies

It was resolved that:

The apologies from Charlie Anderson and Philippa Baker-Hogan be accepted and sustained.

2 Conflict and register of interests update

- 2.1 Amendments to the register of interests
Annette Main declared her interest as a council member of UCOL.
- 2.2 Declaration of conflicts in relation to business at this meeting
Nil.

3 Late items

An item in relation to annual planning will be discussed in the public excluded section of the meeting. The matter is not on the agenda because information from the budget announcements and on the board's funding package has only just been received. No resolution is required.

The chair advised that papers have just been received in relation to the rollover of the NZ Health Partnership's governance board. The position of Kevin Atkinson (chair of the Hawke's Bay District Health Board), who has been the representative for our area, is due for reappointment. The papers have only just been received and will be circulated, but the chair expects that it is likely that the board will support his reappointment.

The board of TAS (Technical Advisory Services), is also due for reappointment. It is likely that Sir Paul Collins (chair of Wairarapa District Health Board) will be proposed as the representative of our area.

The chair will circulate to board members the information received in respect of the reappointments.

It was suggested that the board consider looking for a Māori representative on the NZ Health Partnership and TAS governance boards.

The chair noted that she is currently the chair of the regional DHB chairs and at the moment is the acting chair of all of the chairs because the current chair, Jenny Black from Nelson/Marlborough, is overseas.

4 Delegations

Nil.

Presentations

Mr John van Dalen apprised the board on the art in hospital project, sponsored by Rotary.

Art in hospitals dates back to the 15th century. In the hospital we currently have art pieces including at the entrance, the montage of historical pictures on the corridor walls etc but can we do better?

There are real benefits of art in hospital including:

- Improves staff morale.
- There is evidence that it can reduce pain and stress.

The recent projects completed under the programme are:

- art in the Surgical Ward
- the 2016 photographs by Mark Brimblecombe
- art in the Medical and ATR Wards.

The art needs to be appropriate to the types of patients on the ward.

In addition to the work which has been done by John van Dalen, the input, work and contribution to the project of Sue Campion, Rowena Kui, Ailsa Stewart, Derek Young (installation of the artworks), Diane Jackson (as the first donor to the project), the Whanganui North Rotary Club, the current committee members and the artists, was acknowledged.

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 6 April 2018 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 19 of the board papers.

There have been discussions with the chief financial officers at MidCentral and Capital Coast DHBs to ascertain whether they are interested in a smoothing/risk sharing arrangement regarding IDFs. Neither have dismissed the discussions outright. WDHB's impact on their financials is small, but equally they do not want to subsidise us. They are prepared to look at a proposal and this will be communicated to members in due course.

There was a suggestion that the IDF case weight pricing would go up by 6%, but the price increase will be 1%, not the 6% proposed, which will be positive for this board.

Board members noted that currently there is a clash between the Whanganui District Council and combined WDHB and Hauora A Iwi meeting dates and that our board members who are also on council are unable to attend the combined meetings. The situation cannot be changed this year but steps should be taken to ensure meeting dates do not clash next year.

7 Minutes of committee meetings

7.1 Combined Statutory Advisory Committee meeting

It was resolved that:

The minutes of the public session of the Combined Statutory Advisory Committee meeting held on 4 May 2018 be received.

8 Board and Committee Chairs' reports

Verbal reports may be given at the meeting

8.1 Board

The Minister of Health's letter of expectations has been received and the chair and chief executive have met with the Minister to discuss the letter and the budget for next year.

The nurses' MECA is still under negotiation.

8.2 Combined Statutory Advisory Committee

Taken as read.

8.3 Risk and Audit Committee

Taken as read.

A process for recruitment of an independent committee member is being developed for future use.

9 Chief Executive's report

9.1 Patient Safety and Service Quality

No strike notice has been received as yet. However, if this eventuates, the board will enquire who wants to work and who does not.

Any strike action will be subject to a minimum of two weeks' notice. The NZNO have indicated that if strike notice is given, it is likely to be for full withdrawal of labour by NZNO members on 5 and 12 July for 24 hours each period, from 7am.

There will be no change to dialysis services.

Service level planning for strike action is well underway and is expected to be completed by the end of next week, as outlined in the board paper. Every ward has a plan, and an offer of support has been received from a significant NGO.

Special arrangements for life preserving services will be agreed with NZNO, where nurses are required to protect life and limb.

The main risk is that of a significant emergency and that the board does not have enough staff on to respond.

The recommendations of the independent panel are to be released shortly.

Changes in the MECA will affect not only the hospital workforce, but also nurses working in other roles. There are potential inequities between different workforces e.g. between the hospital and community workforces and flow-on impacts, such as for community nurses and for aged care, which currently relies on an overseas Asian workforce. Changes in the MECA will in turn trigger changes in community nursing and aged care pay terms and costs.

9.2 Māori Health

Taken as read.

9.3 Mental Health Services

Taken as read.

9.4 Summary financial report results and forecast June 2018

The forecast deficit is \$3.6 million, but there are still risks around the forecast due to unknown factors such as what the nurses' settlement will be and the impact that will have on other expired MECAs, such as the PSA and RMOs. Impairment of the National Oracle Solution (NOS) investment of \$0.98 million is also a risk, due to the Government's review of NOS that is underway.

On the upside, there is a potential rebate from Pharmac.

9.5 Compliance with statutory requirements

Taken as read.

10 Decision items

10.1 Review of Communication Policy and Procedure

Board members discussed paragraph 7 of item 3.2 of the Communication Policy, which states: "Board and committee members have the right to express their views in the media and public arena, but must make it clear that the views are their personal views and they are not speaking for, or on behalf of, the board in respect of current or future policy or decisions."

There was consensus that in addition there should also be a requirement that any communication to the media or in the public arena should be notified to the chair as a matter of courtesy and respect and on the basis of 'no surprises'.

There was also discussion regarding the fact that in an integrated/collaborative environment, there will often be shared communication and public statements may be delegated to other parties. The communications manager will discuss the issue and potential proposed wording further with board member Judith MacDonald.

The policy should be amended accordingly and re-submitted to the board for approval.

It was resolved that the Whanganui District Health Board

1. **Receives** the report entitled 'Review of Communication Policy'.
2. **Endorses** the suggested changes and policy, subject to further amendment (to be drafted, circulated and approved by the board) for a further 12 months.

11 Discussion/noting items

11.1 Health and safety

It was noted that the health and safety work plan status was at 30 April 2018 and should be updated. It was also noted that there were a number of items in the plan that have been completed and can now be removed, to focus attention on the items where work is required.

Generally board members are pleased with the plan and the way that the reporting is shaping, providing information on trends, key risk areas etc.

It was resolved that the Whanganui District Health Board

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

11.2 Current status of inter-district flows (IDFs)

The April IDF outflows were stable, similar to March.

The board had budgeted for an elective IDF patient inflow from Waikato DHB, which has not happened, so the result is adverse to budget.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Current status of inter-district flows (IDFs)'.

11.3 Faster Cancer Treatment

Judith MacDonald attended the Regional Cancer Planning Workshop. She updated board members on the workshop in detail.

In the central region there has been a 51% increase in the incidence of cancer among Pacific people, 57% for Māori and 30% among non-Māori and Pacific people. The stand out areas are lung cancers and gynaecological cancers.

Cancer mortality is 46% for Māori and 6% for non-Māori, which is a huge inequality.

In 2016, there were 1900 additional incidences of cancer per year in the central region when compared to 2006.

One-third of the inequalities is as a result of co-morbidities, one-third is a result of late presentation for care and one-third is unaccounted for, but may result from how the disease develops in different ethnic groups.

The more complex the journey is, the more there will be delays. The issue is then how we as a health system are responding from a patient perspective. Everyone in the system is contributing to delays and poor outcomes.

A balance needs to be found between clinical considerations and social and cultural influences on health outcomes. There was a lot of support for partnerships to address upstream contributors of inequalities such as housing, poverty and literacy.

A lot of people do not understand the language and the approach to cancer treatment, which affects their expectations in terms of recovery.

The Starship model for cancer treatment was put on the table. They moved from a treatment model which comprised three or four treatment centres, to Starship where they deal with the sickest children in New Zealand. The other main centre is now Christchurch.

The central region does not have the population to support two treatment centres going forward (currently we have one in Wellington and one in Palmerston North) and the parochial behaviour of the centres is impacting on the system. Consideration needs to be given to a new network approach.

Variance in treatment regarding responses and access to the right people with the right skills is not acceptable.

There has been discussion around central decision making with local provision.

All the enablers such as transport, accommodation etc. need to be part of the overall strategy. That is why Starship works, because they have a very clear strategy around good supportive care for our families.

Tariana Turia advocated that no Māori person should be treated just as an individual – they should be treated as part of a whānau.

The director of nursing observed that we are well down that path at the moment but it is a journey, progress is being made, but there is further to go. She also spoke about the example of the Netherlands, with the patient at the centre, supported by informed carers. Family can even be paid to provide care at home, resulting in empty beds in hospitals, low waiting times in hospital etc.

Nationally the target for faster cancer treatment is being met, but not in Whanganui. There was discussion as to whether we properly understand what the issues are and what is being done to address those issues and further information will be provided.

It was resolved that the Whanganui District Health Board

1. **Receives** the paper entitled 'Faster Cancer Treatment'.

12 Information papers

The paper on item 1 in the Information Section (Whānau Ora Outcomes Framework), has been provided again to members in the correct size.

13 Date of next meeting

Friday 29 June 2018 from 10.00am in the Board Room, Whanganui District Health Board, 100 Heads Road, Whanganui.

The dates for Tu Kaha will be confirmed.

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 6 April 2018	For the reasons set out in the board's agenda of 6 April 2018	As per the board's agenda of 6 April 2018
centralAlliance Workshop held 6 April 2018	For the reasons set out in the board's agenda of 6 April 2018	As per the board's agenda of 6 April 2018
Risk and Audit Committee meeting held 11 April 2018	For the reasons set out in the Risk and Audit Committee's agenda of 11 April 2018	As per the committee agenda of 11 April 2018
Combined Statutory Advisory Committee meeting held 4 May 2018	For the reasons set out in the Combined Statutory Advisory Committee agenda 4 May 2018	As per the committee agenda of 4 May 2018
Regional Governance Group minutes 7 February 2018	For the reasons set out in the Regional Governance Group agenda of 7 February 2018	As per the group agenda of 7 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)

Agenda item	Reason	OIA reference
	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)(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)
Suicide prevention – proposed approach	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)
Chemotherapy – a paper for the WDHB May 2018	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 11.44 am.