



# 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 28 April 2017, commencing at 10.00am

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#### Present

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

Mrs Tricia Wells, Executive Assistant, Minutes Secretary

#### Senior management in attendance

Mrs Julie Patterson, Chief Executive Officer  
Mrs Sandy Blake, Director of Nursing, Patient Safety and Quality  
Mr Brian Walden, General Manager, Corporate  
Mrs Sue Champion, Senior Communications Advisor  
Mr Hentie Cilliers, General Manager Human Resources and Organisational Development  
Mrs Rowena Kui, Director Māori Health  
Dr Frank Rawlinson, Chief Medical Officer  
Ms Tracey Schiebli, General Manager Service and Business Planning

#### Public

Chronicle reporter Emma Russell

#### Karakia/reflection

Graham Adams opened the meeting with a karakia/reflection

The chair acknowledged the death of Sue de Gilio, a committed chief executive of this board for three years. There will be a staff service for Sue in the near future.

## **1 Apologies**

Philippa Baker-Hogan's apology was accepted by the chair, who also noted Philippa's success of winning two medals at the World Masters' Games where she is currently competing in Auckland.

## **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 Public comment**

Nil

## **5 Deputations**

Dr Bill Douglas delivered a letter he requested be distributed to all board members. The letter will be tabled in the public excluded session of the meeting.

## **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 17 March 2017 be approved as a true and correct record.

#### **Matters arising**

Nil

## **7 Minutes of committee meetings (*for information only*)**

**7.1** Unconfirmed minutes of a meeting of the Combined Statutory Advisory Committee meeting held 7 April 2017 were received.

## **8 Board and committee chairs' reports**

### **8.1 Board**

Taken as read.

### **8.2 Community and Public Health Advisory/Disability Support Advisory Committee**

The chair commented he was looking forward to the discussion later in the meeting regarding transport and thanked members for the feedback regarding the content and format of these meetings.

### **8.3 Risk and Audit Committee**

No written report.

### **8.4 centralAlliance**

The board meets later in the meeting with the MidCentral board members, who will visit at least two services, surgical and mental health, following the combined meeting this afternoon.

## **9 Chief Executive Officer's (CEO) report**

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

### **9.1 Patient Safety and Service Quality**

The ERCP evaluation recently undertaken brings confidence the service is running well, which is a big achievement by Marianne Lill and her team. The board have been invited to suggest names for the four scopes, as has been done in some other DHBs.

### **9.2 Elective Services**

Notification has been received from MidCentral that they would like us to do a significant number of joint replacements, some of which could be performed at Belverdale. This is very good news for our board, given the commitment from Waikato has not continued, perhaps in the wake of their own improved performance. This will be quite challenging for the team to achieve the maximum number of these additional caseweights, without compromising service to our own community.

### **9.3 Mental Health**

Taken as read.

### **9.4 Child Health**

Taken as read.

### **9.5 Urology Service**

The general manager service and business planning advised that on 20 April, the MidCentral and Whanganui boards agreed to the appointment of a project lead for the implementation stage of the improvement programme. Work is already taking place within the nursing service to provide a consistency of specialist nursing input across both DHBs.

## **9.6 Workforce**

Taken as read.

## **9.7 Information technology systems**

Taken as read.

## **9.8 Collaboration**

Taken as read.

## **9.9 Office of the Auditor General – vision for the public sector**

Taken as read.

## **9.10 Advice from State Services' Commission**

Taken as read.

## **9.11 Summary financial report for February 2017**

The general manager corporate spoke to his report:

Good positive result for March. The outlook for year end is still forecasting to be slightly over budget.

The CEO commented that given the difficult environment being experienced by all DHBs, this financial result is a stunning staff achievement.

# **10 Items for decision**

## **10.1 Whanganui DHB Community Responsiveness Programme – improving attendance at scheduled appointments and supporting inpatient transport**

The general manager service and business planning spoke to the report noting that the structure of the Combined Statutory Advisory Committee has proved a valuable forum on which to form this report.

The work programme has been split into four different action areas, needing to achieve a systematic series of quite simple things.

The following points were noted in discussion:

- Darren Hull questioned recommendation 3.8 in that, given we are in deficit, rather than allocate \$100,000k as at 1 July, further workshops could “tag” investment opportunities for improvements to the service in the annual planning process, whatever that investment may prove to be and clarifying the issues and the costs thereof.
- Management advised the \$100k was well within its delegations, but the recommendation was included for endorsement by the board in acknowledgement of their long-term interest in transport issues.
- The known tangible costs which will be generated are around increasing services to the community and providing extra resource for administration of the service and the full \$100k may not be needed.

- The capacity and capability of the Maori providers will need to be looked at, as their ability to provide services is extremely tight. This was endorsed by Tariana Turia, noting that young women being allocated shared accommodation in the whanau areas of hospitals is not the safest option.
- Progress against the 17 recommendations of the report and the budgetary requirements thereof will be provided to the committee.
- Judith MacDonald suspected that the range of providers in our community may not be fully informed to give people correct information and suggested an education strategy be undertaken, which may be a better use of investment than additional administration.

*It was resolved that the Whanganui District Health Board:*

1. **Receives** the paper entitled 'Whanganui DHB Community Responsiveness programme – improving attendance at scheduled appointments and supporting patient transport'.
2. **Endorses** the recommendations contained in this paper.

*Noting Darren Hull's concern around the timing and allocation of the \$100k.*

## **11 Items for discussion/noting**

### **11.1 Update on Women's Health Service**

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

- The director Maori Health was on the governance group to develop the Tuia Framework. We now have the capability, together with Te Oranganui, to improve responsiveness of the maternity service to Maori.
- The feedback from both rural and urban families does not reflect a responsive service.
- The stability of the SMO workforce in the service remains a problem.
- The recent discussions in the national media regarding midwifery services, relate mainly to tertiary services and do not reflect the situation in Whanganui.
- All midwives have an access agreement and must adhere to the policies and procedures of the WDHB. The Tuia Framework will become part of our policy framework.
- Sending a form out in the mail to our families is not the most effective way to receive feedback and those processes will be looked at, i.e. text.

*It is recommended that the Whanganui District Health Board:*

1. **Receives** the paper entitled 'Update on Women's Health Service'.

### **11.2 Health and Safety**

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

The general manager corporate advised some useful recommendations came out of the audit undertaken around health and safety systems applying to contractors and a brief update will be provided to the board's next meeting.

Members are happy with the current reporting received.

*It is recommended that the Whanganui District Health Board:*

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

### **11.3 Faster Cancer Treatment**

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

- From what is currently known, the private cancer service provider in the lower North Island is not deemed to be of any risk to our community.
- Only 12% Maori and Pacific people were diagnosed with cancer in the twelve month period. This requires work, to understand the basis for this lower than expected diagnosis rate.

*It is recommended that the Whanganui District Health Board:*

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

#### **11.4 Current status of Inter-District Flows (IDFs)**

The report was taken as read.

*It is recommended that the Whanganui District Health Board:*

1. **Receives** the paper entitled 'Current status of Inter-District Flows'.

#### **11.5 Whanganui DHB Tobacco Control Strategy**

The report was taken as read, with all recommendations being agreed and management were congratulated on the report. John McMenamin, the Tobacco Control Strategy's clinical lead will address the board sometime in the near future.

*It is recommended that the Whanganui District Health Board:*

1. **Receives** the paper entitled 'Whanganui Tobacco Control Strategy'.

## **12 Information papers**

The chief executive reiterated to board that all papers in this section relate to one of the items in her report and are provided simply to give members additional information if they should want it.

## **13 Date of next meeting**

Friday 9 June 2017 from 9.15am 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.

<b>Agenda item</b>	<b>Reason</b>	<b>OIA reference</b>
Whanganui District Health Board minutes of meeting held on 17 March 2017 – public excluded section	For reasons set out in the board's agenda of 17 March 2017	As per the board agenda of 17 March 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  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)
Community Pharmacy Service 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)
Audit of WRHN	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	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)
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	Section 9(2)(a)  Section 9(2)(c)
External Audit Engagement	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)
Whanganui DHB Annual Plan	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)
External committee membership	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)
WebPAS implementation	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)
Urology Service development	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.

<b>Person(s)</b>	<b>Knowledge possessed</b>	<b>Relevance to discussion</b>
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 12.42pm.



