



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 17 March 2017, commencing at 10.30am

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
Mrs Judith MacDonald
Ms Annette Main
Dame Tariana Turia

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
Mrs Kim Fry, General Manager Allied Health
Mr Hentie Cilliers, General Manager Human Resources and Organisational Development
Mrs Rowena Kui, Director Māori Health
Ms Tracey Schiebli, General Manager Service and Business Planning
Mrs Tricia Wells, Executive Assistant

Public

Chronicle reporter James Baker

Karakia/reflection

Tariana Turia opened the meeting with a karakia/reflection

1 Apologies

Nil

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

Mr Alan Chesswas attended the meeting to request information from the board regarding the Castlecliff Medical Centre's recent publicity regarding patient co-payment increases. The chair advised that the board is yet to discuss the issue in the public excluded section and a media statement would be forthcoming. Mr Chesswas was assured he would receive a copy of the statement which will go to the media.

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 3 February 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 3 March 2017.

7.2 Unconfirmed minutes of the centralAlliance Sub-committee Workshop held 27 February 2017, noting the apologies of Philippa Baker-Hogan and Judith MacDonald for the record.

8 Board and committee chairs' reports

8.1 Board

The chair had not prepared a written report for this meeting, advising she had spent 17 of the 19 working days in February attending meetings, reading papers and travelling to meeting venues. She stated the agenda papers for this meeting gives some insight into all that is happening in the sector over a very busy start to the year.

8.2 Community and Public Health Advisory/Disability Support Advisory Committee

The chair thanked Stuart Hylton for the direction he was taking as chair of the new committee.

8.3 Risk and Audit Committee

No written report.

8.4 centralAlliance

There will be further discussion later in the meeting regarding the centralAlliance.

9 Chief Executive Officer's (CEO) report

The CEO acknowledged the Whanganui River Claims Settlement Bill was passed this week and congratulated iwi on the historic legislation, both nationally and internationally significant, granting to the river the same status as a legal person.

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

9.1 Patient Safety and Service Quality

The Human Rights Commission's Complaints to the Advocacy Service DHB Annual Report 1 July 2015 to 30 June 2016 has been received and will be circulated to members through the CEO Friday update next week.

Whanganui is right in the middle in terms of the national figures and it was pleasing to note that the Commissioner comments that the rate of these complaints may be an indication of a proactive approach to complaint management.

9.2 Maori Health

Taken as read.

9.3 Elective Services

The Kidney Transplant Activity New Zealand report has been received for the 2016 calendar year. Figures for our region have gone up and compare well nationally.

9.4 Health target results quarter two

The Minister's letter to the chair regarding quarter two's results has been received.

Faster Cancer Treatment

The Minister's comment regarding poor performance in this area was fair, as the figures represent the unsatisfactory access for our patients to urology services and management are working hard with MidCentral to improve the situation.

Better help for smokers to quit

Discussion ensued around the efficacy of the spend of the government allocated funding towards this target and the following points noted:

- In addition to the challenge of getting people to quit smoking, we see a large number of new arrivals to our community who are smokers.
- It appears that some local discount outlets are bulk buying and selling cigarettes very cheaply. The public health team will be asked to follow up on this. Dependent on the outcome, questions may be asked of the Minister regarding the Government's role in allowing this to occur.
- While the "do you smoke" question is being asked in both primary and secondary settings, research shows that continual questioning and support at all opportunities often brings people towards the conclusion to give up.
- In terms of investment and whether this has made a difference, we don't know what the counterfactual is, ie: what would have happened if the funding had not been invested. The general manager service and business planning acknowledged that investment in this area does need to be formally evaluated, in the context of a good understanding of our data. She would take this discussion back to the Tobacco Advisory Group through the clinical led, John McMenamin.

9.5 Communications Department

Taken as read.

9.6 ePharmacy

Taken as read.

9.7 Information technology systems

Taken as read.

9.8 Health Select Committee

Good questions were asked of the committee during Whanganui DHB's appearance. As no media were present, there was no public coverage of our appearance. We have subsequently received around another 30 questions, which have been asked of all DHBs, so it is quite an exhaustive process.

9.9 State Service Commissioner's Guidance for 2017 elections

The Human Rights Commission's review regarding good employer status has been received, with the average across all DHBs being 91% compliance, with Whanganui achieving 100%.

9.10 Collaboration

Taken as read.

9.11 Summary financial report for February 2017

The general manager corporate joined the meeting and spoke to his report:

January and February results were quite positive, year-to-date being close to budget across the whole DHB at 40,000k. Outlook still 300k adverse variance to budget, the major risk areas being aged care, pharmaceutical expenditure and patients going out to other DHBs. Volumes have dropped back a bit over summer, though the impacts of autumn and winter will flow through for the provider.

10 Items for decision

10.1 Alignment of the board's Standing Orders and Code of Conduct policies

A typo was noted in paragraph 3.4 of the Standing Orders Policy, which will be corrected and the new policy populated.

It was resolved that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Alignment of the board's Standing Orders and Code of Conduct policies'.
2. **Adopts** the Standing Orders Policy as amended.
3. **Agrees** the Standing Orders Policy be next reviewed January 2020.

10.2 Amendment to the Constitution of New Zealand Health Partnerships

The chair advised there are fewer DHB chairs now than when the membership was originally proposed to comprise chairs and CEs. However, as it is more of a governance role, there is a proposal now for its board to be made up of chairs and deputy chairs.

It was resolved that the Whanganui District Health Board:

1. **Receives** the paper entitled 'Amendment to the Constitution of the New Zealand Health Partnerships'.
2. **Agrees** that the Constitution of New Zealand Health Partnership Limited be changed to enable DHB deputy chairs to be eligible to be directors of the Health Partnerships' board.
3. **Agrees** that the board chair sign the resolution on behalf of Whanganui District Health Board.

10.3 centralAlliance governance arrangements

The chair advised that as the centralAlliance was more operational now than directional and board members have struggled to commit to attendance for various reasons, it is proposed to have joint board discussions twice yearly, one here and one at MidCentral.

Philippa Baker-Hogan stated that whilst she was not averse to the proposal, she would prefer the committee is convened on an "as necessary" basis so that if there is a need to discuss service direction, it can be convened by a smaller focus team which includes board members. It was agreed to change the third recommendation to so reflect.

It was resolved that the Whanganui District Health Board:

1. **Receives** the paper entitled 'centralAlliance governance arrangements'.
2. **Agrees** that six-monthly board-to-board hui be held to support the centralAlliance programme of work.
3. **Agrees** that the centralAlliance sub-committee continue, meeting as and when necessary.
4. **Agrees** that the 2017 hui dates be 28 April 2017 in Whanganui and 7 November 2017 in Palmerston North, with a start time of 1pm.

11 Items for discussion/noting

11.1 Health and Safety report

The report was taken as read, with the following points noted following discussion with the general manager corporate:

- Harete Hipango noted that the January injury report reflected incidents as well as injuries and it was agreed they need to be separated.
- Our responsibility for health and safety covers all our staff, whether they are on campus or off-site working in the community.
- Contractors were identified as a risk area and whilst there is good control under Spotless contracts, other contractors come on site for whom health and safety is managed by the team leader of the area in which they are working, i.e. radiology. We need to be aware of their presence on site and ensure they are following their own procedures, these gaps are being closed.
- A trainer is coming in to provide a half-day session for EMT and management will discuss a shortened version for board members, or members can attend with EMT if they wish.
- Members were reminded that although the report is very detailed, it is necessary to enable members to exercise due diligence as all governors throughout NZ are responsible for health and safety.

It was resolved that the Whanganui District Health Board:

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

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

The report was taken as read and the following points noted, in discussion with the general manager service and business planning:

Renal Services

- We know from our work with service users and their families that they are looking for more support in the community, and this is where we have been putting our efforts. The new nurse practitioner role is proving valuable.
- The option of a satellite unit will be considered, however, it is likely to have a high cost per patient which will need to be carefully considered by the board given the commitment to shifting investment to primary and community.
- It is important to understand what we mean when we use the term 'Dialysis Unit' as opposed to 'Satellite'. A dialysis unit would require Nephrologists who are currently only available in Palmerston North. It is very unlikely that Whanganui DHB would be able to secure three specialists to support a unit for complex unstable patients. This is not a simple accounting exercise, rather a workforce issue.
- A place where people can dialyse as an alternative to home (a self-management house) is another option for Whanganui DHB.
- A service improvement project is well underway in the Palmerston North specialist service, with a focus on supporting more people in community settings. This work is well overdue and welcomed by Whanganui.
- We will learn from the Horowhenua centre experience of setting up a satellite, to inform our service development.
- Regardless of which options the board endorse, a small number of our complex and unstable patients are likely to need to travel to the dialysis unit in Palmerston North. This would be tested through service development.
- The current number of service users in our community is 18 patients travelling to have dialysis and 18 being treated in the community.
- A decision paper will be brought to the committee meeting on 26 May 2017. Some of the options may be able to be accommodated within current funding.

A snapshot on women's health, following its reversion to a sole service, will be supplied for the next agenda.

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'

12 Information papers

Taken as read.

13 Date of next meeting

Friday 28 April 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.

Agenda item	Reason	OIA reference
Whanganui District Health Board minutes of meeting held on 3 February 2017 – public excluded section Whanganui District Health Board Annual Plan Workshop held on 24 February 2017	For reasons set out in the board's agendas of 3 February and 24 February 2017	As per the board agendas of 3 February and 24 February 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)

Agenda item	Reason	OIA reference
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.

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 12.42pm.

