



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 9 June 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
Mr Stuart Hylton, Deputy Chair
Mrs Judith MacDonald
Ms Annette Main

In attendance

Mrs Julie Patterson, Chief Executive
Mrs Sue Champion, Communications Manager
Mr Hentie Cilliers, General Manager Human Resources and Organisational Development
Mrs Kim Fry, Director Allied Health
Mrs Rowena Kui, Director Māori Health
Ms Tracey Schiebli, General Manager Service and Business Planning (for part)
Mr Brian Walden, General Manager Corporate (for part)
Mr Peter Brown, Board Secretary

Public

Members of the press, public and staff

Karakia/reflection

Charlie Anderson opened the meeting with a karakia/reflection.

1 Apologies

It was resolved that:

The apologies from Harete Hipango (on leave until after the general election) and Dame Tariana Turia 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
Nil

3 Late items

Nil

4 Delegations

Nil

5 Patient story

Bill Costello, a long standing employee of Whanganui District Health Board, recounted his in-patient experience (in particular with MRI Gadolinium) with both MidCentral (Broadway) and Whanganui Hospital and District Nursing Service.

Throughout his patient journey, Bill kept a diary of his patient experience. He noted that the record of his journey is just that and is not intended to apportion or direct blame to any person.

He recounted being admitted with a kidney stone and subsequently referred for an MRI. In the course of an MRI, Gadolinium was used as a contrast dye. Gadolinium is toxic to the body and he suffered a severe adverse reaction.

The reaction resulted in his being extremely unwell, off work for 69 days and his healing has been described as nothing short of miraculous. He is being tested for retained levels of Gadolinium and is awaiting the results.

He has since discovered a support group for other people who have suffered adverse reactions to Gadolinium.

Recounting his experiences provided an opportunity for board members and management to have an insight into the issues. Points noted and comments made included:

- He received an information sheet on Gadolinium but no specific consent was sought.
- Gadolinium is not used by WDHB but WDHB will follow up with Broadway regarding its use and the issue of informed consent. The systems knitted together and the interface between different providers functioned well, but he was disappointed that he had three visits to ED before a locum doctor followed up with Broadway to investigate whether his condition was related to the use of Gadolinium.

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 Friday 28 April 2017 be approved as a true and correct record.

Matters arising

With regard to item 11.3 of the minutes, on page 18 of the board papers, the chief executive noted the comment "only 12% of Maori & 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." She also noted that it will take time and further work to understand that figure better.

With regard to item 11.1 of the minutes, on page 17 of the board papers, it was noted that the director of Maori health is on the governance group to develop the Tuia Framework and that we now have the capability, together with Te Oranganui, to improve responsiveness of the maternity service to Maori. Work on the Tuia Framework is just starting and will affect the policies, the procedures, the training etc. The chief executive noted that the two issues she is focusing on, arising out of that discussion, are: getting the Tuia Framework included in the policies (and alerting the LMCs to that); and getting some formality around establishing focus groups.

With regard to item 11.5 (WDHB tobacco control strategy) on page 18 of the board papers, John McMenamin, the tobacco control strategy's clinical lead, will address the board sometime in the near future. Management will fit the issue around its priorities, including the significant amount of work which is being done in relation to suicide prevention.

7 Minutes of committee meetings

7.1 Minutes of a meeting of the Combined Hauora A Iwi and Whanganui District Health Board held 24 May 2017

The chair highlighted the three main goals identified by Hauora A Iwi:

- Giving effect to Whanau Ora.
- Achieving health equity for Maori.
- Improving capacity and enhancing capability.

It was resolved that:

The minutes of a meeting of the Combined Hauora A Iwi and Whanganui District Health Board held 24 May 2017 be received.

7.2 Minutes of a meeting of the Combined Statutory Advisory Committee held 26 May 2017

The chair noted that, although it is not recorded in the minutes, she did attend the meeting.

In relation to item 6 of the minutes, on page 29 of the board papers, the first bullet point should be amended to read as follows (word in bold to be added):

"Recognition of community health providers and the need for pay parity with DHBs."

In relation to item 7.4 of the minutes (page 33 of the board papers) the chief executive noted that it is proposed that a summit be held with key stakeholders to discuss suicide prevention for our community.

An external expert is being engaged to provide context and guidance for the committee's thinking to ensure that, if there is a summit, it is purposeful. Management will also be providing the committee with a report on what is currently happening, who is doing what and where improvements can be made.

The summit will be discussed further at the next committee meeting.

In relation to the first paragraph in item 7.4, on page 33 of the board papers, reference to "6000 hours a week" is probably not correct.

It was resolved that:

The minutes of a meeting of the Combined Statutory Advisory Committee held 26 May 2017 be received.

8 Board and Committee Chairs' reports

8.1 Board

Taken as read.

8.2 Combined Statutory Advisory Committee

The committee chair highlighted the five key actions arising from the meeting (bullet-pointed at item 8.2 on page 40 of the board papers) and particularly noted the last item "potential to build workforce capability and capacity, especially for Maori, through a "science academy" programme through a Whanganui secondary school.

The board chair noted at the last Regional Governance Group (RGG) meeting there was discussion on what other district health boards were doing in the field of health workforce recruitment, particularly in secondary schools. It seems that each district health board is doing different things. The RGG has requested a summary of the different initiatives which are being undertaken by boards.

8.3 Risk and Audit Committee

Taken as read.

8.4 centralAlliance subcommittee

Taken as read.

9 Chief Executive's report

9.1 Patient Safety and Service Quality

Taken as read.

9.2 Maori health

Taken as read.

9.3 Health targets

The chief executive noted that she is disappointed with performance in respect of some of the health targets, whilst acknowledging that both the hospital and general practice has had workloads consistently higher than usual for the time of year.

9.4 Communications department

Taken as read.

9.5 Hospital environment

The board noted the tremendous progress that has been made to our physical environment under the "How the world sees us" programme of work. The contributions of Sue Campion, Ailsa Stewart and Charlie Anderson, in particular, were noted.

9.6 Collaboration

Taken as read.

9.7 Summary financial report for April 2017

The general manager corporate and the general manager service and business planning are working on budget information for consideration by the board later in the meeting.

Board members noted the financial report for April 2017. Points made and comments noted included:

- The report highlights the major imbalance between the provider and funder performance, with the provider result \$1,913k adverse to budget.
- The cost of hospital services affects and limits the ability to invest in community services.
- To change that position would require a major change in the hospital services provided by the board.

9.8 Preparation of end of year accounts

Taken as read.

9.9 Compliance with statutory requirements

Taken as read.

10 Decision items

10.1 Refresh of Whanganui District Health Board's Vision and Values

It is important that the board agree and are aligned with its vision and values, which should also underpin the process of the appointment of the next chief executive.

The chief executive counselled that a process of extensive workshops and forums to discuss an organisation's vision and values can take up a lot of time and resource and can often descend into a discussion about semantics.

The process recently undertaken by the board to ask staff members what sort of organisation they want has been a simple and effective way of getting input and feedback from staff.

Points made and comments noted included:

- The board should be a key leader of vision and values within the organisation but there also needs to be buy-in from within the organisation as well.
- With regard to the appointment of the new CEO, there is an argument whether the appointee should input into the vision and values or whether they should set the scene for the new CEO coming in.
- What is important is not what we say but how we do it and how we behave.
- There is potential for the process of setting the board's vision and values to consume a huge amount of resource for little benefit.
- Values are included in staff's job descriptions. Staff want to know and do ask about the organisation's vision and values.
- Board members need to talk and walk its values. If board members do not model its values they cannot expect other members of the organisation to do so.
- Board members suggested that the words "forward thinking" and "equity" should be included and expressed reservations about "independence".
- If the board is going to undertake this process it should do it well and it was suggested that there should be a facilitated session with a wider group to achieve good results.
- It is an important issue for the board and should have feedback from Hauora A iwi, management and staff.
- Suggestions as to an appropriate facilitator for the session should be provided to Stuart Hylton.
- Board members' preference is to, in the first instance, have a board-only facilitated workshop to discuss the board's vision and values following which Hauora A Iwi's feedback will be sought.

It was resolved that the Whanganui District Health Board:

1. **Hold** a board only facilitated workshop to discuss the board's vision and values after the CPHAC committee meeting on 14 July, from 9.30 am – 2.00pm.

11 Discussion/noting items

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

The 2017/18 priorities for the centralAlliance were noted:

- Urology
- Renal
- Laboratory services
- Ophthalmology

The date for the centralAlliance board meeting is to be scheduled. It was suggested that the financial reporting to the board include some monitoring of the impact to the board on staffing shortages and services (renal and ophthalmology). Management cautioned that it is not necessarily an easy exercise to do.

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'.

11.2 Health and safety

Reporting has been a work in progress to provide information in a format acceptable to board members. Board members commented that they are comfortable with the format of this reporting.

It was noted that work around the issues arising from the internal audit by TAS will go through the Risk And Audit Committee and reported back in summary form to the board.

Health and Safety is part of the national Work Wellness Programme which is about to begin. Training for management on responsibilities under the Act will take about three hours and will be available to board members also. Once a date is available, members will be notified.

It was resolved that the Whanganui District Health Board:

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

12 Information papers

Members noted the Maori and non-Maori DHB Maori health performance indicator report 30 May 2017. Judith MacDonald noted that we will never achieve 100% of target because of the level of transience of the population within the district.

Comments made and points noted included:

- The value is in health professionals drilling down and trying to get meaning out of the available information.
- Clearly it highlights disparity and a lack of equity between Maori and non-Maori.

13 Date of next meeting/Karakia and meeting review 28 July 2017

Philippa Baker-Hogan

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 April 2017 (public-excluded session)	For the reasons set out in the board's agenda of 28 April 2017	As per the board's agenda of 28 April 2017.
Combined MidCentral and Whanganui DHB meeting held 28 April 2017	For the reasons set out in the board's agenda of 28 April 2017	As per the board's agenda of 28 April 2017.
Combined Statutory Advisory Committee meeting minutes held 26 May 2017	For the reasons set out in the committee's agenda of 26 May 2017	As per the committee agenda of 26 May 2017
Risk And Audit Committee meeting minutes held 12 April 2017	For reasons set out in the committee's agenda of 12 April 2017	As per the committee agenda of 12 April 2017

Agenda item	Reason	OIA reference
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)
Implementation of Care and Support Worker Pay Equity Settlement	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)
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)
Regional Health Informatics Programme	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 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)
Annual Plan 2017/18	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)
Central Region Plan 2017/18	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)
NZ Health Partnerships' Accountability Documents	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)
Allied Laundry's performance	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.