

**MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 29 JANUARY 2019 AT 1.15PM**

**Present:**

Jenny Black (Chair), Alan Hinton (Deputy Chair), Stephen Vallance, Allan Panting, Patrick Smith, Jenny Black (Marlb), Dawn McConnell, Judy Crowe, Brigid Forrest, Craig Dennis, Gerald Hope

**In Attendance:**

Peter Bramley (Chief Executive), Eric Sinclair (GM Finance Performance & Facilities), Lexie O'Shea (GM Clinical Services), Nick Baker (Chief Medical Officer), Hilary Exton (Director Allied Health), Pam Kiesanowski (Director of Nursing & Midwifery), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Trish Casey (GM People & Capability), Stephanie Gray (Communications), Gaylene Corlett (Board Secretary)

**Apologies:**

Nil

**Karakia:**

Patrick Smith

**SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS**

Samantha Gee, Nelson Mail

Member of the public, observing in consideration of Board elections later this year

**SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST**

**Moved:** Dawn McConnell

**Seconded:** Allan Panting

**RECOMMENDATION:**

**THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.**

**AGREED**

**SECTION 3: MINUTES OF PREVIOUS MEETING**

**Moved:** Dawn McConnell

**Seconded:** Allan Panting

**THAT THE MINUTES OF THE MEETING HELD ON 27 NOVEMBER 2018 BE ADOPTED AS A TRUE AND CORRECT RECORD.**

**AGREED**

### 3.1 Action Points

Item 1 – H&S Data on dashboard: Work is continuing on the dashboards to ensure they show relevant information

Item 2 – Good news stories. This is ongoing. It was agreed to remove from the action list

Item 3 – IBC: Information on the Investment Logic Mapping was sent to the Board. Completed

Item 4 – Stop Smoking Update: Agenda item. Completed

Item 5 – Green Prescription: Agenda item. Completed

### 3.2 Correspondence

Noted.

## SECTION 4: CHAIR'S REPORT

The Chair noted the business of the Hospital over the summer period, especially during Bay Dreams, and those staff that worked over the holiday break were acknowledged. The impact of strikes already held, and those coming up, was also noted, and again the impact on staff during these periods was acknowledged.

The presentation given at the Advisory Committee gave a good view of existing coverage and planning for new initiatives needed to change the statistics we have around equity and a baby's first 1000 days.

## SECTION 5: DECISION

Noted in 2016 the Board voted to change to Random rather than Pseudo-Random.

Discussion held on the two systems, STV and first past the post that is used for voting in Nelson and Tasman. Marlborough District Council use STV. It was felt that Nelson Tasman members are marginalised because of this system as STV makes it fair for all candidates. Discussion was held on whether the Board could influence a change in the voting system for Nelson and Tasman. **It was agreed that** the Board Chair contact Nelson and Tasman District Councils to initiate discussion around changing their voting system to STV.

**Moved: Allan Panting**  
**Seconded: Brigid Forrest**

### RECOMMENDATIONS:

#### THAT THE BOARD:

- 1 CONFIRM WARWICK LAMPP OF ELECTIONZ.COM AS THE DHB ELECTORAL OFFICER**
- 2 APPROVE THE ORDER OF CANDIDATE NAMES ON THE 2019 DHB ELECTIONS VOTING PAPER BE RANDOM**

- 3 APPROVE THE VOTING DOCUMENTS RETURNED IN RESPECT OF THE DHB BOARD ELECTIONS ARE TO BE PROCESSED DURING THE VOTING PERIOD
- 4 DELEGATE TO THE CHIEF EXECUTIVE THE POWER TO SIGN MEMORANDUM OF UNDERSTANDINGS WITH THE THREE LOCAL AUTHORITIES IN THIS DISTRICT.

AGREED

## SECTION 6: CHIEF EXECUTIVE'S REPORT

The CE acknowledged the efforts of staff during the Midwifery and RMO strike periods since December. These do impact on our community and those in our hospital to ensure we have adequate staff to deliver good care.

Summer in our district results in high presentations to our services. Thank you to the staff that worked over the Christmas/New Year period.

Bay Dreams hosted 25,000 people in Nelson early in the New Year. It was a well organised event with the impact on ED minimal.

Discussion held on the methadone programme noting it appears little progress is being made in getting those folk off methadone. The purpose of the methadone programme should be to get them off drugs altogether. **It was requested that** the GM Mental Health Addictions & DSS provide an update on the methadone programme at the next meeting.

Discussion held on the waiting times for colonoscopy, noting the two DHBs in the South Island that are part of the national bowel screening programme are finding their resources are stretched to manage the volume. They are looking at how to be more efficient – it is a national challenge. The Bowel Screening Programme has started well and has found some folk that would not have shown symptoms. It is a positive story, but is creating pressure on the team to ensure we treat those with clinical urgency. Most of the overdue are for surveillance scopes (return scopes every 2, 3 or 5 years), and they are treated relevant to urgency.

Discussion was held on the 100 primary care places project, although more information was required. **It was requested that** a further update be provided by the GM Mental Health Addictions & DSS at the next meeting.

**Moved:** Patrick Smith  
**Seconded:** Dawn McConnell

**RECOMMENDATION:**

**THAT THE BOARD RECEIVES THE CHIEF EXECUTIVE'S REPORT.**

AGREED

## SECTION 7: CONSUMER COUNCIL CHAIR'S REPORT

Noted the Consumer Council are in the process of recruiting for two replacement members.

## SECTION 8: UPDATES:

### 8.1 Models of Care Programme

Discussion was held on whether this encompassed all in the community (eg Manuka Street Hospital and Churchill Trust) or just our DHB. In MOC we are looking at alternative models of care. For IBC we will take into account other facilities that could provide services, although outsourcing often comes at a greater cost.

The initiative of the MH&A programme working with Care Foundation to fund First Aid courses for those experiencing mental health issues was applauded. Encouragement was given to include focus on nutrition and awareness of environmental toxins.

### 8.2 Indicative Business Case

Noted the Gateway Review will occur during the week of 25 February.

Masterplanning is part of the IBC – need to ensure robustness when putting in indicative cost.

### 8.3 Green Prescription Activity

*Andrew Goodger attended for this item*

Green Prescription is one part of the service provided by GPs with a link to exercise, nutrition, self-management programme, psychologists, etc.

Discussion was held on available measures showing whether a person's health has been improved by Green Prescription. Noted the PHOs have completed some work on outcomes but this is not robust at this stage. We are not aware of any national data. It was noted that when it was started, it was designed to decrease the number of prescriptions given to patients by a GP. It was agreed that it would be of value to measure whether this has occurred.

### 8.4 Smokefree Initiatives

Update noted.

## SECTION 9: FINANCIAL REPORT

Financial results for the first half of the year shows a deficit of \$1.3m which is unfavourable to the plan by \$0.99m. The result deteriorated in December primarily due to unbudgeted lump sum payments for two Multi-Employer Collective Agreements (MECAs), namely PSA Nursing and PSA Allied Health, that totalled \$780k.

Discussion held on the cost of the air ambulance and non-clinical supplies. Noted the air ambulance incorporates life flight and the rescue helicopter. The contract has been renewed with a 12% increase. Non-clinical supplies includes meals on wheels, and facilities costs like electricity/coal costs.

It was requested that the 12 month cash flow graph be reinstated in the report.

Moved: Alan Hinton  
Seconded: Allan Panting

**RECOMMENDATIONS:**

**THAT THE BOARD RECEIVES THE FINANCIAL REPORT.**

**AGREED**

## **SECTION 10: CLINICAL GOVERNANCE REPORT**

Noted.

## **SECTION 11: GENERAL BUSINESS**

Nil.

### ***Public Excluded***

Moved: Judy Crowe  
Seconded: Jenny Black (Marlborough)

**RECOMMENDATION:**

***THAT the Board resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:***

- ***Minutes of a meeting of Board Members held on 27 November 2018 (Clause 32(a) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chair's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***
- ***DHB Chief Executive's Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

### **Resolutions from the Public Excluded Meeting:**

The Board approved the following resolutions in the Public Excluded section of the Board meeting:

- Minutes of Previous Meeting – APPROVED
- Chair's Report – RECEIVED
- CEs Report – RECEIVED
- H&S Report – RECEIVED

**Meeting closed at 2.15pm.**