MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN THE SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 30 MAY 2017 AT 1.15PM

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

In Attendance:
Peter Bramley (Chief Executive), Nick Baker (Chief Medical Officer), Eric Sinclair (GM Finance & Performance), Pam Kiesanowski (DoNM & Acting GM Clinical Services), Cathy O’Malley (GM Strategy Primary & Community), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Stephanie Gray (Communications), Gaylene Corlett (Minute Secretary)

Apologies:
Nil

Karakia:
Ditre Tamatea

SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS
Samantha Gee, reporter for Nelson Mail attended the meeting.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST
Moved: Dawn McConnell
Seconded: Stephen Vallance

RECOMMENDATION:
THAT APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.
AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING AND CORRESPONDENCE
Moved: Dawn McConnell
Seconded: Stephen Vallance

THAT THE MINUTES OF THE MEETING HELD ON 2 MAY 2017 BE ADOPTED AS A TRUE AND CORRECT RECORD.
AGREED
3.2 Action Points
Discussion held on the action item from the last meeting that Clinical Governance would look into concerns regarding informed consent to ensure it takes place before vaccinations are given, and education is provided on what are in vaccines. It is noted on the MOH website who can deliver vaccines, the consent process, and the standards needing to be adhered to around vaccinations. It was noted that discussions between the health providers and the patient are at the level the consumer can understand. Clinical Governance are looking at the consent process which will come back to the Board in due course.

SECTION 4: CHAIR’S REPORT
The Chair thanked the Chief Executive and his team for their efforts in organising and attending the recent community engagement meetings held across the district. They were a good opportunity for NMH to hear from the community, and for the community to hear what our plans are in the primary and community space.

Noted International Nurses Day was celebrated during May. This is our biggest workforce group and covers not only hospital nurses, but those in GP practices, residential homes, schools, etc. International Midwives Day was also celebrated in May.

The Health Quality & Innovation Awards were also held this month. This event highlights the significant number of innovative projects underway across the DHB.

The update on the 2017/18 Annual Plan was tabled and noted. The Plan is due to be submitted to MOH on 16 June. Permission was sought for the Board Chair to sign the Plan on the Board’s behalf, noting no material changes have been made from the last update.

Moved: Jenny Black
Seconded: Jenny Black (Marlb)

RECOMMENDATION

THAT THE BOARD:

1 RECEIVE THE CHAIR’S REPORT

2 RECEIVE THE ANNUAL PLAN UPDATE

3 APPROVE THE BOARD CHAIR SIGN THE ANNUAL PLAN TO ENSURE IT IS SUBMITTED TO THE MINISTRY OF HEALTH BY 16 JUNE.

AGREED
SECTION 5: CHIEF EXECUTIVE’S REPORT

The CE thanked the Board for their support during the recent community forums. There were eight meetings held in a five day period across the district. Key themes were equity for Maori, barriers to access (mainly cost), support for self management courses and technology improvements, voices against vaccinations and fluoride, need for more mental health services, value in having nurse practitioner and navigator roles, rural isolation impacting on young mums, passion about district nursing moving to the Marlborough Hub, youth issues/initiatives, and the state of housing (especially for our vulnerable population).

Budget
NMH has received extra funding for the 2017/18 year.

Faster Cancer Health Target
Noted the health target was reached for the first time last month. This is a great improvement showing a huge effort by the team. It was agreed that the Chair write to the Clinical Services team to acknowledge this achievement.

Water Initiative
Discussion was held on the small number of schools that have joined the Sweet Enough initiative. Noted many school boards do not believe it is their responsibility to determine what children drink or eat whilst at school. It was requested that an update on the Sweet Enough initiative be provided at the next meeting.

Theatre Cancellations
It was noted theatre cancellations are increasing. It was agreed to submit the table showing the reasons for theatre cancellations in the next Board papers.

ESPI
Noted NMDHB was non compliant for the month of April, however extra sessions have been booked to ensure we meet the health target in May.

Moved: Allan Panting
Seconded: Jenny Black (Marlb)

RECOMMENDATION:

THAT THE BOARD RECEIVES THE CHIEF EXECUTIVE’S REPORT.

AGREED

SECTION 6: FINANCIAL REPORT

The result to the end of April is a surplus of $3.2m which is adverse to the initial plan by $200k, and adverse to the agreed target with the MOH by $1m. The month of April contributed to the overall result with a surplus of $700k.

ACC revenue continues to track at a level lower than planned. Workforce costs, specifically outsourced or locum medical costs were very high in the month.
Community Pharmaceutical costs are adverse by $499k for the month. This reflects the change that has occurred in the Pharmac forecast. IDF's are $440k adverse for the month.

Moved: Alan Hinton
Seconded: Craig Dennis

RECOMMENDATIONS:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT.

AGREED

SECTION 7: CLINICAL GOVERNANCE REPORT
Discussion held on Did Not Attend rates and the processes that are in place for those that do not attend appointments, to ensure they still receive health care. It was noted that texting reminders is done across most services, and some also phone the client to remind them of appointments. It was noted text reminders from other providers/services ask the consumer to reply Yes if they are attending. It was requested that the GM Clinical Services ascertain if the DHB text messages ask clients to confirm if they are attending.

Moved: Judy Crowe
Seconded: Jenny Black (Marlb)

RECOMMENDATIONS:

THAT THE BOARD RECEIVES THE CLINICAL GOVERNANCE REPORT.

AGREED

SECTION 8: CONSUMER COUNCIL
Report noted. The Consumer Council will be invited to a future Board meeting.

Moved: Jenny Black
Seconded: Jenny Black (Marlb)

RECOMMENDATIONS:

THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.

AGREED

SECTION 9: FOR INFORMATION
Noted.
Public Excluded

Moved: Brigid Forrest
Seconded: Alan Hinton

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 2 May 2017 (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
- Decision: Agreement Variation – APPROVED
- Decision: IAAS Proposal – APPROVED
- Update: Maori Health & Vulnerable Populations Logo – NOTED
- Update: Cyber Security – NOTED
- Update: Havelock North Enquiry Brief – NOTED
- CEs Report – RECEIVED

Meeting closed at 2.25pm.

CORRESPONDENCE

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<tr>
<th>Date Received</th>
<th>From</th>
<th>Title</th>
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<tbody>
<tr>
<td>11/05/2017</td>
<td>Grey Power Marlborough</td>
<td>Invitation to CE to attend AGM</td>
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<tr>
<td>08/06/2017</td>
<td>Minister of Health</td>
<td>Quarter Three 2016/17 Health Target Results</td>
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<tr>
<td>14/06/2017</td>
<td>Andy Espersen</td>
<td>Email regarding NZ Mental Health Care Petition</td>
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