

**MINUTES OF A PUBLIC MEETING OF BOARD MEMBERS OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON 25 JULY 2017 AT 1.10PM**

**Present:**

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

**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), Hilary Exton (Director Allied Health), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Jane Horder (Communications), Gaylene Corlett (Minute Secretary)

**Apologies:**

Nil

**Karakia:**

Ditre Tamatea

**SECTION 1: PUBLIC FORUM / ANNOUNCEMENTS**

Samantha Gee, Nelson Mail

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

**Moved:** Alan Hinton  
**Seconded:** Jenny Black (Marlb)

**RECOMMENDATION:**

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

**AGREED**

**SECTION 3: MINUTES OF PREVIOUS MEETING AND CORRESPONDENCE**

**Moved:** Alan Hinton  
**Seconded:** Jenny Black (Marlb)

**THAT THE MINUTES OF THE MEETING HELD ON 27 JUNE 2017 BE ADOPTED AS A TRUE AND CORRECT RECORD.**

**AGREED**

### 3.2 Action Points

Item 1 – Oral health DNA information: Completed

Item 2 – Youth suicide statistics: Completed

**It was agreed** that more information be provided under action points to better clarify each one as it is completed.

## SECTION 4: CONSUMER COUNCIL CHAIR'S REPORT

There was a request from the Board for more detail of Consumer Council activity.

It was noted the Consumer Council is still a new committee, eg new to each other and, for a number of them, new to health. They have had a number of visitors to their meetings to educate them on services provided by the DHB. They are beginning to get more and more people talk to them, recognising them in their role and, most importantly, they are at the point now where they will start to get involved in terms of issues or various groups. The aim over the next few weeks is for them to select a specific task/initiative to align themselves with, to gain a better understanding of what it means to be involved as a consumer council member, to enable them to get involved in other forums. It is still early days. We are wanting to build the team well in terms of being able to contribute significantly in the future.

**Moved:** Patrick Smith  
**Seconded:** Jenny Black (Marlb)

### RECOMMENDATIONS:

**THAT THE BOARD RECEIVES THE CONSUMER COUNCIL REPORT.**

**AGREED**

## SECTION 6: CHIEF EXECUTIVE'S REPORT

The CE's reflections on the last 12 months were noted, and the Board thanked the CE on a job well done over this period.

### Primary & Community

The efforts of the Health Promoting Schools team in supporting Ward School with their hangi was commended, noting this is a reflection of the depth the staff have gone to for this community post earthquake.

Discussion was held on the agreement for the pilot study to Redirect Patients from ED to the Medical & Injury Centre, noting this will explore all reasons why the community present to ED when they could be seen at the Medical & Injury Centre (MIC), including the cost barrier.

### Clinical Services

The Board commended staff on reducing the waiting list for follow up appointments in Ophthalmology.

### Mental Health

The proposal to have one crisis response team for all ages and all issues (including CAMHS, addictions and adults) was discussed, with concern being raised about having children and adolescent care provided by those dealing with adults. Noted this is still in the proposal phase, and all staff would be fully trained. Noted it is common across the rest of the country to have one team, and it needs to be sustainable for those on call. We are looking at strengthening this service, not eroding it. **It was agreed** that the GM Mental Health Addictions & DSS update the Board on this proposal at the next meeting.

### Shorter Stays in ED

Discussion was held on the trends of people presenting when unwell, noting they are usually significantly unwell, and therefore require to be admitted. It was noted that the latter two months were significantly influenced by the high elective activity we had in both Nelson and Wairau hospitals, to ensure we delivered orthopaedic/joint surgeries to meet our health target. Discussion was held on the common practice to increase electives for the last three months in the financial year, at the same time as winter ills, which makes for a very full hospital. It was noted that production planning is being looked at to prevent this occurring in future. It was also noted that any change to this will also impact on when GPs refer patients for hip and knee surgery.

### Faster Cancer Treatment

Discussion was held on those patients exceeding 62 days for treatment, noting 41% are Maori. It was noted the Cancer Support Group (Nga Morehu Roopu) meet with groups in the community and have organised speakers like Dr Lance O'Sullivan and Buck Shelford to talk to the community on the need to get checked, and how to access services should they be diagnosed with cancer. **It was requested** that an update on the reasons for the high percentage of Maori exceeding 62 days for treatment be provided at the next meeting.

Noted that lung cancer patients (year to date) exceeding 62 days for treatment is 41%. This is multi faceted as treatment options are varied. **It was requested** that an update be provided on the reasons for the high percentage of lung cancer patients exceeding 62 days for treatment be provided at the next meeting.

### Oral Health

Discussion held on options for dental visits for adults. As a Board we need to take a stand and provide access to better dental health for our population that cannot afford it. Noted it is a key area of concern for us. The DHB has started looking at those presenting to ED with tooth decay. One intuitive being explored is to have the children mobile units in rural areas stay for a further day, to provide adult dental care, however it was noted that the scope of practice for dental staff working on children does not cover them working on adults at the moment. Noted this is a multimillion dollar issue and cannot be resolved locally as there is no funding.

### Human Resources

The Board complimented ELT for the improvement in performance appraisal numbers.

It was noted the staff survey finishes on 28 July. Some 1,200 responses have been received to date.

**Moved:** Allan Panting  
**Seconded:** Dawn McConnell

**RECOMMENDATION:**

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

**AGREED**

## **SECTION 7: FINANCIAL REPORT**

NMH has a surplus for the year of \$3.23m in line with the forecasted result.

**Moved:** Alan Hinton  
**Seconded:** Patrick Smith

**RECOMMENDATIONS:**

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

**AGREED**

## **SECTION 8: CLINICAL GOVERNANCE REPORT**

Discussion was held on the Ceiling of Care document suggesting it could tie into an ACP. It was noted that an ACP should be completed and signed early, then should patients be admitted with acute illness but not expected to die, the order can be revised as necessary.

The Board commended the House Surgeon that initiated the Ceiling of Care document and invited them to present to the Board at a future meeting. This reinforces the values and actions we need to change the culture of the organisation. **It was agreed that** the Board Chair write to the House Surgeon inviting them to attend a future Board meeting.

**Moved:** Allan Panting  
**Seconded:** Jenny Black (Marlb)

**RECOMMENDATIONS:**

**THAT THE BOARD RECEIVES THE CLINICAL GOVERNANCE REPORT.**

**AGREED**

**Public Excluded**

Moved: Patrick Smith  
 Seconded: Judy Crowe

**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 June 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: District Nurses Review – APPROVED
- Decision: National Work Plan – APPROVED
- CEs Report – RECEIVED

Meeting closed at 2.07pm.

**CORRESPONDENCE**

<b>Date Received</b>	<b>From</b>	<b>Title</b>
11/08/2017	Officer of the Auditor-General	Reflections from our audits: Investment and Asset Management (publication)