

# MIDCENTRAL DISTRICT HEALTH BOARD

## **Minutes of the Board Meeting held on 26 February 2019 at 9am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North**

### *PART 1*

#### **PRESENT**

Dot McKinnon (Chair)	Brendan Duffy
Diane Anderson	Michael Feyen
Adrian Broad	Karen Naylor
Barbara Cameron	Oriana Paewai
Ann Chapman	Barbara Robson

#### **IN ATTENDANCE**

Kathryn Cook, Chief Executive  
Keyur Anjaria, General Manager, People & Culture  
Judith Catherwood, General Manager, Quality & Innovation  
Craig Johnston, General Manager, Strategy, Planning & Performance  
Stephanie Turner, General Manager, Māori & Pacific  
Neil Wanden, General Manager, Finance & Corporate Services  
Jeff Brown, Clinical Executive, Healthy Women, Children & Youth (part meeting)  
Sarah Fenwick, Operations Executive, Healthy Women, Children & Youth (part meeting)  
Celina Eves, Executive Director, Nursing & Midwifery (part meeting)  
Scott Ambridge, General Manager, Enable New Zealand (part meeting)  
Jill Matthews, Manager, Administration & Governance Services  
Barb Bradnock, Portfolio Manager, Healthy Women, Children & Youth (part meeting)  
Kelly Isles, Project Manager (part meeting)  
Jonathan Howe, Corporate Communications Manager (part meeting)  
Rachael Timutimu, CCDM Health Informatics Nurse Lead (part meeting)  
Lisa Knight, Communications Officer (part meeting)

Public: 41

Media: 1

The meeting opened with a karakia.

#### **1. ADMINISTRATIVE MATTERS**

##### **1.1 Apologies**

An apology was received from Dr Nadarajah Manoharan, Board Member

#### **2. PUBLIC COMMENT**

##### **2.1 Deputation from Palmerston North Women's Health Collective**

The following members of the Palmerston North Women's Health Collective's deputation addressed the Board:

- Jean Hera, Manager and Community Health Worker, Palmerston North Women's Health Collective

- His Worship the Mayor, Palmerston North City, Grant Smith
- Dr Anna Skinner, General Practitioner

Key points raised by the Deputation were:

- the Collective provided access to a safe environment and confidential service for vulnerable women, particularly low-income women and those who avoided mainstream services
- the Collective provided navigation services for women, as well as health promotion and advocacy
- the Collective's latest annual questionnaire had been completed by 250 women, of which 41 percent were Māori and 7.2 percent Pacific
- the DHB's advice of its intention to terminate the contract came as a surprise to the Collective
- cessation of the Collective's contract would have a flow-on impact, including for those services who operated from the Collective's premises
- the holistic service provided by the Collective was in line with the Minister of Health's expectations of DHBs
- continuation of the service contract was in the community's interest
- if the contract was to cease, the DHB should fund it for a further year to enable the Collective time to seek alternative funding
- under the DHB's new structure, the Collective's contract fell within the Healthy Women, Children & Youth Cluster. The Collective considered that its services were better aligned to the Primary, Public and Community Health Cluster.

A copy of the presentation was tabled.

Clarification was sought on a number of points raised by the Deputation. The Collective advised it had cash reserves that would cover almost six months of operation, including the 2.5fte staffing costs. It further advised it felt the DHB's communication regarding the contract termination was insufficient but noted that the DHB had provided a reference for the Centre's use. The Palmerston North City Council provided support to the Collective by way of a rates rebate, provision of property at a peppercorn rental, and small grants. If the Collective was unable to obtain alternative funding, it would likely need to close.

### **3. STRATEGY & PLANNING**

#### **3.1 Te Hā o Hine-ahu-one Palmerston North Women's Health Collective - Exit**

The Chief Executive presented the report, acknowledging the contribution the Palmerston North Women's Health Collective made to the local community. The matter was debated at length.

Management advised that the decision to terminate the contract had been made in conjunction with the Primary, Public & Community Health Cluster.

It was noted that the notice of exit had been issued by management under delegated authority. If the Board wished to reverse this decision, it would need to request that the notice of exit be withdrawn.

An amendment to the recommendation was moved and seconded by Karen Naylor and Michael Feyen, being that progress in the reconfiguration of the district's sexual and reproductive health services be noted, and that further consideration be given to the wider implications and tenure of the women's health contract held by the Palmerston North Women's Health Collective. Karen Naylor indicated that should the

recommendation be supported, she would recommend that the notice of exit provided to the Collective be withdrawn. The amended recommendation was put to the vote and lost. (Members Feyen, Naylor, Cameron and Robson voting in support, and Members McKinnon, Anderson, Broad, Chapman, Duffy and Paewai against.)

It was resolved:

- *that progress in the reconfiguration of the district's sexual and reproductive health services be noted.*
- *that the cessation of the Women's Health Contract held by Palmerston North Women's Health Collective be noted. (Moved Brendan Duffy; seconded Oriana Paewai).*

The resolution was passed by majority vote, with Members Duffy, Paewai, McKinnon, Anderson, Broad and Chapman in support. Voting against the resolution was Members Cameron, Feyen, Naylor and Robson.

Jeff Brown, Sarah Fenwick, Barb Bradnock and Kelly Isles left the meeting.

## **1. ADMINISTRATIVE MATTERS CONTINUED**

### **1.2 Late Items**

There were no late items.

### **1.3 Conflicts and/or Register of Interests Update**

There were no amendments to the Register of Interests.

### **1.4 Minutes of the Previous Meeting**

#### *1.4.1. Minutes*

It was resolved:

*that the minutes of the previous meeting be approved as a true and correct record. (Moved Dot McKinnon; seconded Brendan Duffy)*

#### *1.4.2. Matters Arising*

There were no matters arising from the minutes.

## **3. STRATEGY & PLANNING CONTINUED**

### **3.2 Regional Health Informatics Programme**

The Chief Digital Officer confirmed that the outcome of the regional operating model and service delivery provider review currently being undertaken would be provided to the Board in due course.

It was resolved:

*that the Regional Health Informatics Programme update be noted. (Moved Brendan Duffy; seconded Dot McKinnon)*

## **4. QUALITY IMPROVEMENT**

### **4.1 Integrated Service Model & Cluster Implementation Update**

The General Manager, Quality & Innovation presented the report.

The Board requested that the first of four core messages regarding the main aims of the programme be amended to include “whānau”. It was suggested that examples be used when conveying the key messages to ensure they were more meaningful for the public. Management clarified that the “brief guide to Te Wao nui a Tāne” was a schedule of Frequently Asked Questions. The intent was these would be used to guide communication with various stakeholders. They would not be attached to all communication as was noted on the schedule.

Provider liaison was discussed and management confirmed that the portfolio management function had transferred to the clusters, and this would continue to be the key link with providers.

It was resolved:

*that the Board endorse the progress towards implementation of the Integrated Service Model. (Moved Diane Anderson; seconded Karen Naylor)*

## **5. WORKFORCE**

### **5.1 Care Capacity Demand Management Programme**

The Executive Director, Nursing & Midwifery presented her report, and introduced Rachael Timutimu, CCDM Health Informatics Nurse Lead.

The Executive Director, Nursing & Midwifery confirmed that MidCentral DHB was on track to achieve all CCDM requirements by the due date of June 2021.

Scott Ambridge entered the meeting.

The Board requested that future reports provide a commentary regarding any aspect of the work plan which was behind target. It was noted that the work programme items currently 90-days behind target were related to timing issues.

It was resolved:

*that this paper updating the Board on progress with CCDM and the Accord be endorsed. (Moved Barbara Robson; seconded Dot McKinnon)*

Celina Eves and Rachael Timutimu left the meeting.

## **6. PERFORMANCE REPORTING**

### **6.1 Chief Executive’s Report for December 2018/January 2019**

#### *6.1.1 Organisational Leadership Team*

The Chief Executive advised a correction to her report. Dr Vanessa Caldwell had been seconded to the role of “Clinical Executive”, Mental Health & Addictions.

### 6.1.2 Value Improvement Programme

Board involvement in the decision-making process around achieving financial sustainability was discussed. The Chief Executive advised that following a request from the Finance, Risk & Audit Committee (FRAC), management was providing an options paper for the Committee. This would be reported through to the Board in due course.

### 6.1.3 Manawhenua Hauora

The dates for the six-monthly hui with Manawhenua Hauora of 25 March and 10 September 2019 were noted.

### 6.1.4 Equity Framework

The Chief Executive advised that amendments to the Framework had been made and a copy of the final document would be provided for the Board's next meeting.

### 6.1.5 Disposable Linen

The Board supported the move to reduce the use of disposable linen within the Central Region.

The issue of reducing the use of plastics was raised and management advised this was part of the DHB's environmental strategy. An Environmental Officer had just been appointed which would help advance work in this area.

### 6.1.6 Air Ambulance Fees

The Board expressed concern at the significant additional costs incurred by the DHB as a result of this national contract. The Chairperson advised that this matter had been raised with the Minister of Health.

The Chief Executive advised that the mode of transfers (road, rotary or fixed wing) was based on clinical considerations.

It was resolved:

- *that the report be received.*
- *the focus on the DHB's Value Improvement Programme be endorsed.*
- *that the Central Region's Equity Framework be noted.*
- *that the Central Region's commitment to reducing the use of disposable linen be endorsed. (Moved Diane Anderson; seconded Dot McKinnon)*

## **6.2 Finance Update Report for MidCentral DHB – December 2018**

## **6.3 Finance Update Report for MidCentral DHB – November 2018**

Management confirmed that no operational costs had been incurred to date in respect of the acute service block, Palmerston North Hospital.

The forthcoming capital work was noted.

The General Manager, Finance & Corporate Services advised that a report on the electrical sub-station work was being prepared for the Finance, Risk & Audit Committee.

The Board requested that management give consideration to providing more forward-looking and current financial information to the Board in addition to the detailed financial reports currently provided.

The Chief Executive advised that consideration would also be given to reconfiguring the Board's meeting agenda to align reports to each Committee's responsibility areas.

It was resolved:

*that the Board:*

- *note that the operating result for December 2018 was an operating deficit of \$1.247m, which was \$1.290m adverse to the budget*
- *note that the year-to-date result is now a deficit of \$7.911m being \$2.360m adverse to budget*
- *observe that the revised potential year-end financial forecast is for a deficit of \$9.250m which is \$4.3m adverse to budget*
- *note that management have been asked to provide further options to address the deficit*
- *observe that total available cash is \$39.901m at 31 December 2018*
- *approves the \$80k overspend on the ED refurbishment programme which can be met from the CAPEX budget*
- *note the December financial report.*
- *note that the operating result for November 2018 was an operating deficit of \$1.103m, which was \$0.392m adverse to the budget*
- *note that the year-to-date result is now a deficit of \$6.664m being \$1.070m adverse to budget*
- *observe that total available cash is \$44.142m at 30 November 2018*
- *note the November financial report. (Moved Dot McKinnon; seconded Brendan Duffy)*

## **7. IWI PARTNERSHIP**

### **7.1 Manawhenua Hauora Minutes**

It was resolved:

*that the minutes be noted.*

### **7.2 Manawhenua Hauora and DHB Work Programme 2019-2020**

The Chief Executive advised that together with the Board Chairperson she had met with Manawhenua Hauora's Chairperson and Deputy Chairperson to discuss the establishment of the Hauora Māori Cluster (Paiaka Whaiora/Pae Ora). She noted that a change management process was to be followed given there were implications for staff, such as a change in reporting line.

It was resolved:

*that the Board endorse the Manawhenua Hauora and DHB Work Programme 2019-2020. (Moved Barbara Cameron; seconded Oriana Paewai)*

Jonathon Howe left the meeting.

## **8. GOVERNANCE**

### **8.1 NZ Health Partnerships – Update**

This report was held over for discussion with the Finance, Procurement Information Systems Business Case.

### **8.2 Enable New Zealand’s Strategic Advisory Group**

The Board noted that Board Member Barbara Robson had provided to management some suggested wording changes to the terms of reference. These included ensuring there was no confusion around the role of the Advisory Committee, particularly that it was not a governance role.

The appointment process was discussed. The Board supported the Chief Executive’s proposal that the Advisory Group Chairperson be appointed, and that they then be involved in the appointment of members. It was noted that this approach had been successfully used in the establishment of the Clinical and Consumer Councils.

The timeframe for determining Enable New Zealand’s ownership model was questioned, and it was agreed this could be up to three years and would be dependent on the outcome of the current review of the public health system.

It was resolved:

*that the Board:*

- *approve the role and purpose of the Strategic Advisory Group.*
- *note the next steps.*
- *note the first meeting tentatively planned for April 2019. (Moved Diane Anderson; seconded Brendan Duffy)*

### **8.3 DHB Elections 2019**

It was resolved:

- *that the random ordering of candidates’ names on the ballot paper for 2019 MidCentral DHB election be approved*
- *that the report be noted. (Moved Karen Naylor; seconded Adrian Broad)*

### **8.4 Board’s Work Programme, 2018/19**

The late delivery of the 2018/19 Operations Plan was noted. The Chief Executive advised this was due to the timing of the Ministerial approval of the Annual Plan and work pressure on staff.

Scott Ambridge left the meeting.

Arrangements for the provision of consumer stories to the Board or its Committees was discussed. It was noted that the provision of consumer stories was in line with best practice and enabled the organisation’s governance to hear firsthand from consumers.

It was noted that arrangements were in place for a consumer to present their story. It was agreed that this be presented to the Board, and that management arrange for the consumer story programme to be reviewed and the results reported back to the Board. While this review was undertaken, no further consumer stories would be provided at governance level.

It was resolved:

- *that progress in the delivery of the 2018/19 work programme be endorsed.*
- *that it be noted the consumer story process was to be reviewed and a report provided for the Board. Moved Dot McKinnon; seconded Adrian Broad)*

## **9. COMMITTEE RECOMMENDED PAPERS**

### **9.1 Te Awa Digital Strategy - Final Version 1**

Management was congratulated on the development of this Strategy.

It was noted that Board Member Barbara Robson had provided to management some minor amendments/corrections. It was further noted that a copy of the printed Strategy would be provided to members in due course.

It was resolved:

*that the Board:*

- *note the endorsement of Te Awa Digital Strategy version 1 for Board approval by FRAC on the 29th January 2018*
- *note the approval of Te Awa Digital Strategy version 1 by Manawhenua Hauora on the 11th February, and the Clinical Council on the 13 February.*
- *note at the time of reporting this report, approval of Te Awa Digital Strategy version 1 by the Central PHO Board approval is expected on the 14<sup>th</sup> February, and Consumer Council approval is expected on the 22<sup>nd</sup> February.*
- *approve Te Awa Digital Health Strategy version 1 for execution by the Chair of Board. (Moved Karen Naylor; seconded Ann Chapman)*

## **10. COMMITTEE MINUTES**

### **10.1 Finance, Risk & Audit Committee**

It was resolved:

*that the minutes of the Finance, Risk & Audit Committee meeting held on 29 January 2019 be noted. (Moved Dot McKinnon; seconded Ann Chapman)*

### **10.2 Health & Disability Advisory Committee**

It was resolved:

*that the minutes of the Health & Disability Advisory Committee meeting held on 5 February 2019 be noted. (Moved Karen Naylor; seconded Dot McKinnon)*

## **11. LATE ITEMS**

## **12. DATE OF NEXT MEETING:**

9 April 2019, Boardroom MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North



### 13. EXCLUSION OF THE PUBLIC

It was resolved:

*that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:*

<i>Item</i>	<i>Reason</i>	
<i>"In committee" and "board only" minutes of the previous meeting</i>	<i>For the reasons set out in the order paper of the 18.12.18 meeting held with the public present</i>	
<i>Strategy &amp; Planning</i>		
<ul style="list-style-type: none"> <li>• <i>2019/20 annual plan &amp; budget</i></li> </ul>	<i>Subject of negotiation, and includes negotiating strategy</i>	<i>9(2)(j)</i>
<ul style="list-style-type: none"> <li>• <i>Finance/Procurement Information System Business Case</i></li> </ul>	<i>Subject of negotiation</i>	<i>9(2)(j)</i>
<i>Committee Recommended Papers</i>		
<ul style="list-style-type: none"> <li>• <i>Linear accelerator replacement</i></li> </ul>	<i>Subject of competitive tender process &amp; contract negotiations</i>	<i>9(2)(j)</i>
<ul style="list-style-type: none"> <li>• <i>Internal audit contract</i></li> </ul>	<i>Contract negotiations</i>	<i>9(2)(j)</i>
<ul style="list-style-type: none"> <li>• <i>Board only time</i></li> </ul>	<i>No decision</i>	
<i>"In committee" minutes of committee meetings</i>		
<ul style="list-style-type: none"> <li>• <i>Finance, Risk &amp; Audit Committee, 29 January 2019</i> <ul style="list-style-type: none"> <li>○ <i>Internal audit contract</i></li> <li>○ <i>Linear accelerator replacement</i></li> </ul> </li> <li>• <i>Health &amp; Disability Advisory Committee, 5 February 2019</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Contract negotiations</i></li> <li><i>Subject of competitive tender process &amp; contract negotiations</i></li> <li><i>For the reasons set out in the Order Paper of 5.2.19 meeting held with the public present</i></li> </ul>	<ul style="list-style-type: none"> <li><i>9(2)(j)</i></li> <li><i>9(2)(j)</i></li> </ul>

*(Moved Dot McKinnon; seconded Brendan Duffy)*

Lisa Knight entered the meeting.

Confirmed this 9<sup>th</sup> day of April 2019.

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Chairperson