

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 1 November 2016 at 10.05am
at Tararua District Council, Council Chambers, 26 Gordon Street, Dannevirke.

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Adrian Broad
Barbara Cameron
Ann Chapman

Kate Joblin
Nadarajah Manoharan
Karen Naylor
Oriana Paewai
Barbara Robson

IN ATTENDANCE

Kathryn Cook, Chief Executive Officer
Mike Grant, General Manager, Clinical Services & Transformation
Neil Wanden, General Manager, Finance & Corporate Services
Craig Johnston, General Manager, Strategy, Planning and Performance
Janine Hearn, General Manager, People & Culture
Stephanie Turner, General Manager, Maori & Pacific
Michele Coghlan, Acting Executive Director, Nursing & Midwifery
Gabrielle Scott, Executive Director, Allied Health
Scott Ambridge, General Manager, Enable NZ
Jeff Small, Group Manager, Commercial Support Services
Muriel Hancock,
Grieg Russell, Medical Administration Trainee
Kelly Isles, Project Manager
Angela Rainham, Project Manager
Jill Matthews, Principal Administration Officer
Dennis Geddis, Team Leader, Communications

Public: 2
Media: 1

Opening the meeting, the Chair welcomed Tracey Collis, Mayor, Tararua District Council.

The Chair congratulated all members who were successful in their election to MidCentral DHB's board. He also congratulated other members who had stood successfully for election to other organisations.

The Chair acknowledged the work of outgoing member Lindsay Burnell and advised that a formal opportunity would be provided to enable members to farewell Lindsay.

1. APOLOGIES

An apology was received from Board member Lindsay Burnell.

Board member Kate Joblin apologised for early departure from the meeting.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

The following amendments to the Register were advised:

- Karen Naylor, Councillor, Palmerston North City Council
- Barbara Robson, Consumer Representative, Royal NZ College of GP's Working Group on Health Care Home Scheme
- Barbara Cameron, Member, Ministry of Social Development's Community Response Forum
- Kate Joblin, Councillor, Whanganui District Council

3.2 Declaration of Conflicts in Relation to Today's Business

Ann Chapman declared her interest in items 10.6.1 and 10.6.2 regarding the Central Region's Technical Advisory Service (TAS).

4. PUBLIC FORUM

Sharon Wards congratulated all members on their election to the Board and wished them well for the three years ahead. She sought more information about MDHB's Strategy and its alignment to the national Health Strategy. In respect of the latter, Ms Wards was interested in what initiatives and incentives were planned which would support the delivery of services into the community and closer to home, and the role the Central Primary Health Organisation (CPHO) would play.

Management advised there was a report in the agenda regarding MDHB's Strategy. This Strategy was closely aligned to the national strategy and the DHB was fully committed to the principles of the national strategy.

In delivering on its Strategy, MDHB would be developing a locality plan for Tararua (as well as one for Manawatu and one for Horowhenua/Ōtaki). These would guide investment and local changes. Locality plans would be developed in partnership with local Integrated Family Health Centres, the Central PHO and other groups.

Management emphasised two of the strategic imperatives contained in its Strategy, being equity and joined-up care. Equity included a community perspective, particularly rural communities. Joint-up care was about linking and providing a co-ordinated response across the district.

The 2016/17 Annual Plan included a number of initiatives aimed at building up community services.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 20 September 2016 be confirmed as a true and correct record.

5.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

6. BOARD COMMITTEES

6.1 Finance, Risk & Audit Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Finance, Risk & Audit Committee held on 4 October 2016 be received and the recommendations contained therein approved.

6.2 Matters Arising

There were no matters arising from the minutes.

6.3 Quality & Excellence Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Quality & Excellence Committee held on 11 October 2016 be received and the recommendations contained therein approved.

6.4 Matters Arising

There were no matters arising from the minutes.

6.5 Healthy Communities Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Healthy Communities Advisory Committee held on 11 October 2016 be received and the recommendations contained therein approved.

6.6 Matters Arising

6.6.1 Equity Snapshot

Management confirmed that a copy of Hawke's Bay's equity snapshot was being sourced for members.

6.7 Enable New Zealand Governance Group

The Committee Chair advised that a further meeting of the Enable New Zealand Governance Group was to be held in 2016 and this would be timed to ensure the recommendations were available for consideration by the Board at its December meeting.

It was resolved:

that the unconfirmed minutes of the meeting of the Enable New Zealand Governance Group held on 11 October 2016 be received and the recommendations contained therein approved.

6.8 Matters Arising

6.8.1 Equipment Modification Services

The potential impact on Enable New Zealand of the Ministry of Health's review of the prioritisation tool used for the Equipment Modification Service was questioned.

Management advised that the Enable New Zealand team was supporting the Ministry of Health in its review and so was well positioned. Enable New Zealand was recommending a social investment approach be taken.

7. WORK PROGRAMME

It was noted that a report on car parking was not on the work programme. Management confirmed that this report was to be provided and would be submitted to the Board's next meeting.

It was resolved:

that the updated work programme be noted.

8. STRATEGIC MATTERS

8.1 MDHB Strategy

The General Manager, Strategy, Planning and Performance presented MDHB's Strategy and advised that an engagement plan was in place to support its release. For the majority of stakeholders, this would involve face-to-face discussions. Care would be taken at these discussions to make the Strategy real and specific for each stakeholder group.

Members expressed their support for the Strategy and congratulated all involved on its development. It was agreed that discussions with all stakeholders needed to be honest, particularly around the choices which would need to be made in the future. It was noted that as well as investing in particular areas, some dis-investment may also be required to ensure value for money. The Strategy provided a good framework for these discussions.

It was stated that the Strategy provided a good benchmark against which the Board would measure its progress. The Strategy set out a description of the future being sought and the Board had a key role in making this happen, eg how it framed its decision-making processes to ensure these were aligned to, and cognisant of, the Strategy.

It was noted that the focus needed to be on the outcomes achieved.

A member noted that the Strategy would be very helpful to local territorial agencies in their work around improving the health and social wellbeing of their communities. The CEO advised that early discussions had occurred with local Councils and these would now be further progressed.

A member noted the importance of informed consent which had been somewhat reflected in the document. This must continue to be a key consideration.

It was agreed that the correct spelling of Ōtaki be used throughout the Strategy.

The CEO advised that the Strategy would be reviewed during the three to five period. She did not envisage major changes would be required at that time, rather some reshaping.

It was resolved:

that the report be received, and, that the presentation of MidCentral DHB's Strategy be approved for implementation.

8.2 Long Term Investment Plan

Members expressed their general support for the Long Term Investment Plan and congratulated all involved in its development. It was noted that the Plan set the “big picture” of future requirements and that prioritisation and further work would be required.

The importance of ongoing review and amendment was noted by members, particularly given the technology (including tele-medicine) and disease changes which were occurring. Also noted was the need for investment in supporting and encouraging members of the public and communities to get involved in their own care. This was particularly relevant in the areas of mental and older health.

The role of Governance in implementing the Long Term Investment Plan was discussed. Difficult decisions would be required and it was important that the Board and members displayed resilience, and ensured all decisions demonstrated value-for-money. It was noted that training may be required in this regard.

The issue of unmet need was raised, particularly regarding the need for future investment in these areas. Management advised that service and locality plans would provide more clarity around this matter. It confirmed that the concept of a primary birthing facility in Palmerston North had been flagged as a concept in the Plan, but had not been factored into demand forecast projections for Palmerston North Hospital. It was further noted that increased demand in elder health and mental health was likely to be require community-based service options.

Projected changes in MidCentral DHB's demographics were raised, particularly the challenges they would present for the DHB. It was suggested that other DHBs must be facing similar issues and there was a need for central Government to work closely with the sector in this regard.

The following changes were requested:

- when describing the DHB's assets, always place “people” first
- provide a fuller description of the current state of “assets in the community” so as to do justice to them (page 9 of the Strategy)
- a review of the “profile of investment focus” (figure 2) to reflect the current state of vulnerable services
- amend figure 3, summary of total investments and funding, to clarify that “low”, “medium” and “high” ratings relate to the funding path
- more information to be incorporated regarding MidCentral DHB's place in the Central Region in terms of secondary and tertiary services, both from a facility and service perspective.

The Board recorded its appreciation of the work done by project managers Angela Rainham and Kelly Isles in the development of the Long Term Investment Plan and MDHB's Strategy respectively.

Karen Naylor left the meeting.

The agility of new, larger service models, such as Integrated Family Health Centres was raised, with the issue of prescription services cited. It was considered important by two members that greater agility was required in this area.

Karen Naylor re-entered the meeting.

It was resolved:

that this report be received, and, that the Board reviews and approves this final draft of the LTIP prior to it going to the Ministry of Health.

8.3 Organisational Development Plan (including workforce): Approach & Timeline

The General Manager, People & Culture advised a major engagement exercise was underway in respect of the Organisational Development Plan, canvassing issues such as its structure and language. This included workshops and meetings with stakeholder groups, such as the Bipartite Action Group. Feedback from this Group was the emphasis on the wellbeing of people needed to be elevated.

Engaging grumpy or disaffected staff was raised.

Karen Naylor and Oriana Paewai left the meeting.

The General Manager, People & Culture advised the first step was to ensure the right environment was provided for staff, and that the DHB's expectations regarding standards and behaviours were made clear. Often people were dis-engaged because of environmental factors.

Oriana Paewai re-entered the meeting.

The importance of growing leaders, including informal leaders or "stars" within the organisation was supported. It was agreed that this point should be reflected in the Plan.

Karen Naylor re-entered the meeting.

It was further agreed that "measures of success" should be incorporated in the Plan. The General Manager, People & Culture advised a comprehensive measurement framework was to be developed. She confirmed that a staff survey would be used as one means of measuring success. The survey tool previously used by MidCentral DHB provided a good base but in her view could be extended and refined, taking care to ensure key elements to enable continuity of measurement.

Other means of enabling a staff voice would be explored, including pulse surveys, forums and workshops.

Members felt it important that staff should feel safe in raising issues of bullying, either with the person concerned or by seeking organisational support, and that this should form part of the measurement framework.

Building trust with staff was regarded as the over-arching priority. It was recognised that there was a wealth of work being done to improve the organisational culture and environment. However, implementation of the Plan was a "high stakes" initiative given the consequences if it was not well received or embedded into the organisation.

The Board noted that the draft Organisational Development Plan would be provided to it in February 2017.

It was resolved:

that the report be received.

8.4 Quality Account 2015/16

The Director, Patient Safety & Clinical Effectiveness presented the Quality Account.

The importance of changing the culture and supporting staff to be able to put forward ideas for quality improvement was noted by members. The Director, Patient Safety & Clinical Effectiveness advised work was underway in this area and would be further informed by the results of the Clinical Governance Audit. The quality improvement module was ready to be launched and would provide an electronic means of enabling staff to give ideas and feedback on areas for improvement. The aim was to provide a range of opportunities for staff to be engaged and participate in quality improvement – both formal and informal means. Clinical audit was an area which required some work.

The Board supported the approach taken, particularly the move to patient stories. Members emphasised the importance of “closing the loop”, with findings acted upon and embedded into the organisation’s systems and processes.

As it was the DHB’s job to get things right, it was felt resources should not be used to focus on this aspect.

It was noted that with the use tele-medicine, telephone consultations, etc it was important that measures be put in place regarding the quality of service provided and customer satisfaction.

The following changes were agreed:

- updated wording to be used in the Measles story to reflect current Mayoral status
- the correct spelling of Ōtaki be used throughout the Strategy.
- serious adverse events data to include outpatients.

General Manager, Clinical Services & Transformation advised the use of patient stories empowered patients and families to share their stories/experiences with the DHB. The learnings coming from stories being told in senior clinicians were significant.

Management advised that various means would be used to disseminate the quality account, including soft and hard copies, posters, etc. It was suggested that videos also be considered.

It was resolved:

that the Board approve the final draft Quality Account for sign off by the Chief Executive Officer and Chairman subject to further changes in overall presentation and working changes based on feedback received.

8.5 Radiation Oncology CT Business Case

The report was received and it was agreed that a decision be taken in the confidential section of the meeting.

9. OPERATIONAL REPORTS

9.1 CEO’s Report

9.1.1 Advisory Councils

The CEO advised that the establishment of the Clinical Council and the Consumer Council was progressing.

An initial workshop regarding the Consumer Council was scheduled for 4 November.

9.1.2 Eye Services

Following national publicity regarding eye services elsewhere in New Zealand, the General Manager, Clinical Services & Transformation advised the DHB's eye department was in a good position. There were around 1,800 patients awaiting follow-up assessments. Of these, approximately 300 were overdue for follow-up but all follow-up patients had been prioritised to ensure they were managed within timeframes specified by the clinicians. Monthly reviews of waiting lists were undertaken.

The Eye Department was doing a lot of work around new models of care and service innovation.

All patients were seen post-surgery, with a further follow-up within 4-6 weeks.

Two ophthalmologists had been contracted to assist with glaucoma and macular degeneration.

A full update would be provided to the Quality & Excellence Advisory Committee (Q&EAC).

A member expressed concern regarding access for cataract surgery citing reported cases where people were told they would not be eligible for surgery at the public hospital but could it get it done privately. Management undertook to provide information about threshold levels for the Q&EAC.

It was resolved:

that the report be received.

9.2 Finance Report

Barbara Robson left the meeting.

Management confirmed their best estimate for the year end result was breakeven.

The hospital's financial position was raised, particularly the cost of locums. The General Manager, Clinical Services & Transformation advised progress was being made but was not as rapid as desired. The RMO strike action undertaken in October would have a negative impact on results. Key cost areas being looked were: clinical supplies, locums, pharmaceuticals, senior nursing, and RMO hours and training.

Barbara Robson re-entered the meeting.

The robustness of MDHB's budgeting process was questioned by one member.

It was resolved:

that this report be received.

9.3 Business Improvement Report

The business improvement project was discussed. The General Manager, Finance & Corporate Services advised there were around 30 projects underway. To assist a more strategic approach, dedicated resource was being secured.

The CEO advised that delegations were being set to ensure decision making as close to the front-line as possible. She noted that the organisation was in a challenging position as it needed to balance investing in its Strategy while living within its means. A lot of work was happening in this area.

It was resolved:

that the report be received.

9.4 Acute Demand Presentation

The General Manager, Clinical Services & Transformation and the Medical Administration Trainee gave a presentation regarding acute demand trends over recent years. There had been a growth in utilisation of the Emergency Department since 1 July 2011. Not only had there been a growth in the number of people seen, there had been an increase in the severity of illness, ie more patients and sicker patients.

Members expressed their appreciation for this informative presentation.

10. GOVERNANCE MATTERS

10.1 Delegations Policy

Members noted that the updated Delegations Policy required the Minister of Health's approval.

It was resolved:

that the Board review the proposed delegations policy, recommend any changes, and endorse it for approval.

10.2 Health & Safety Policy

It was resolved:

that the Board approve this policy for sign off by the Chief Executive Officer.

10.3 2016 DHB Elections

It was resolved:

that the report be received.

Mike Grant and Muriel Hancock left the meeting.

10.4 Public Forum Arrangements 2017

There was general agreement that consideration should be given to looking at new ways of engaging with the public.

Mike Grant re-entered the meeting.

Different suggestions were made such as discussions over a cup of coffee and a community cabinet.

It was resolved:

that the that public forums be held in 2017 as follows: 23 May in Tararua, 15 August in Horowhenua, and 7 November in Palmerston North, and, that the Board community engagement process be reviewed and reported back to the Board in due course.

10.5 Iwi Partner – Minutes

It was resolved:

that the minutes be received.

10.6 Shareholding Organisations

10.6.1 Technical Advisory Service (TAS): Annual Update

A question was asked regarding whether TAS provided “value for money”. The General Manager, Strategy, Planning & Performance advised this issue was regularly canvassed at General Manager and CEO level. The development of TAS’s annual work programme was robust and this ensured value for money. Some items put forward were not approved.

The CEO declared her interest as a Director of TAS.

The CEO advised that the regional CEs were leading a stronger strategic approach regarding regional work, ensuring this related to agreed priorities. This work had unfortunately been delayed but a workshop was scheduled for the end of November. The workshop would set the direction of TAS’s work programme so it assisted the six DHBs to deliver on the agreed regional strategy.

It was resolved:

that the report be received.

10.6.2 Technical Advisory Service: Annual General Meeting

It was resolved:

that that this report be received,

that Phil Sunderland, be appointed as MidCentral DHB’s representative at the Central Region’s Technical Advisory Service Limited’s annual general meeting in December 2016, and that he be instructed to support the recommendations as included in the Notice of Annual General Meeting (undated)..

10.6.3 Allied Laundry Services Limited: Annual Update and Annual General Meeting

It was resolved:

that this report be received;

that Jeff Small, Group Manager Commercial Support Services (or, in his absence, Neil Wanden) be appointed as MidCentral DHB’s proxy at Allied Services Limited’s Annual General Meeting in November 2016 and, he be instructed to support the recommendations as included in the Notice of Annual General Meeting dated 09 September 2016 and further,

note that ALSL is recommending a dividend payment of \$0.08 per share to each Shareholding District Health Board.

11. LATE ITEMS

There were no late items.

12. DATE OF NEXT MEETING

Tuesday, 13 December at MidCentral District Health Board Offices, 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>Ref</i>
"In committee" minutes of the previous meeting	For the reasons set out in the order paper of 20.9.16 meeting held with the public present	
"In committee" minutes of committee meetings: <ul style="list-style-type: none"> • Finance, Risk & Audit Committee, 4 October 2016: radiation oncology replacement business case 	Under negotiation and commercial sensitive information	9(2)(j)
<ul style="list-style-type: none"> • Quality & Excellence Committee, 11 October 2016 	For the reasons set out in the Committees' order paper 11.10.16 meeting held with the public present	
<ul style="list-style-type: none"> • Enable New Zealand Governance Group, 11 October 2016: minutes of the previous meeting – Foresight thinking approach, ACC tender update, E-commerce, and contracts update 	Subject of negotiation and/or commercially sensitive information	9(2)(j)
Strategic Matters <ul style="list-style-type: none"> • 2017/18 Annual Plan Assumptions 	Subject of negotiation and will inform negotiating strategies	9(2)(j)
<ul style="list-style-type: none"> • Radiation oncology CT business case 	Subject of negotiation & contains commercially sensitive information	9(2)(j)
Operational Matters <ul style="list-style-type: none"> • National Infrastructure as a Platform – Commercial Variation • CEO's report: <ul style="list-style-type: none"> ○ Organisational structure ○ Financial and corporate service review, and, sustainability 	Commercial negotiations	9(2)(j)
	To protect personal privacy Subject of negotiation and/or consultation process	9(2)(a) 9(2)(j)
Governance Matters <ul style="list-style-type: none"> • Clinical Council chair • Board and CEO Only Discussions (no decision) • Board Only Discussion (no decision) 	To protect personal privacy	9(2)(a)

Kate Joblin, Oriana Paewai and Nadarajah Manoharan left the meeting.

Confirmed this 13th day of December 2016.

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Chairman