

# MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 11 August 2015 at 10.00am at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

## **PRESENT**

Phil Sunderland (Chair)  
Diane Anderson  
Adrian Broad  
Lindsay Burnell  
Barbara Cameron

Ann Chapman  
Kate Joblin  
Nadarajah Manoharan  
Karen Naylor  
Barbara Robson

## **IN ATTENDANCE**

Kathryn Cook, Chief Executive Officer  
Mike Grant, General Manager, Clinical Services & Transformation  
Jill Matthews, Principal Administration Officer  
Jeff Small, Group Manager, Commercial Support Services  
Brian Woolley, Manager, Knowledge & Information Management  
Anne Amoore, Manager, Human Resources & Organisation Development  
Jo Smith, Portfolio Manager, Health of Older Persons  
Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Lyn Horgan, Operations Director, Hospital Services  
Michele Coghlan, Director of Nursing  
Grieg Russell, Medical Administration  
Ken Clark, Chief Medical Officer  
Stephanie Turner, Director, Maori Health & Disability  
Chris Channing, Manager, Finance  
Dennis Geddis, Communications Team Leader

**PUBLIC:** 3

**MEDIA:** 1

Opening the meeting, the Chairman welcomed the Manawatu Standard's reporter, Thomas Heaton.

### **1. APOLOGIES**

An apology for lateness was received from Lindsay Burnell, Board Member.

### **2. LATE ITEMS**

There were no late items.

### **3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE**

#### **3.1 Amendments to the Register of Interests**

There were no amendments to the register.

### **3.2 Declaration of Conflicts in Relation to Today's Business**

No interests were identified in relation to the day's business.

## **4. MINUTES OF PREVIOUS MEETING**

### **4.1 Minutes**

It was resolved:

*that the minutes of the previous meeting held on 30 June 2015 be confirmed as a true and correct record.*

### **4.2 Matters Arising from the Minutes**

There were no matters arising from the minutes.

## **5. BOARD COMMITTEES**

### **5.1 Group Audit Committee**

The CEO advised a correction to the minutes. In section 10.1, the programme she agreed as essentially an incident report tool was "Riskman" and not "risk management" as reported.

It was resolved:

*that the unconfirmed minutes of the meeting of the Group Audit Committee held on 30 June 2015 be received and the recommendations contained therein approved.*

### **5.2 Matters Arising**

There were no matters arising from the minutes.

### **5.3 Hospital Advisory Committee**

It was noted that the CEO's apology for the meeting had not been recorded.

It was resolved:

*that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 21 July 2015 be received and the recommendations contained therein approved.*

### **5.4 Matters Arising**

#### **15.4.1 Annual Leave**

The Chairman advised that annual leave had been raised at a recent meeting of the Regional Governance Group and it had been agreed DHBs should look at this on a regional basis as all DHBs were facing similar issues. It was considered there would be benefit in taking a regional approach.

## **5.5 Community & Public Health Advisory Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 21 July 2015 be received and the recommendations contained therein approved.*

## **5.6 Matters Arising**

### *5.6.1 Mental Health Workshop*

Clarification around the mental health workshop was sought, particularly proposed attendees. The Committee Chair advised that the Committee was seeking a presentation of current service arrangements. Other members of the Board and the Hospital Advisory Committee would be welcome to attend.

## **5.7 Enable New Zealand Governance Group**

It was resolved:

*that the unconfirmed minutes of the meeting of the Enable New Zealand Governance Group held on 21 July 2015 be received and the recommendations contained therein approved.*

## **5.8 Matters Arising**

There were no matters arising from the report.

## **6. WORK PROGRAMME**

It was resolved:

*that the updated 2015/16 work programme be noted.*

## **7. STRATEGIC MATTERS**

### **7.1 Local IT Infrastructure Business Case**

The Manager, Knowledge & Information Management presented the business case for the installation of communication cabinets. He advised that alongside the work being done by MidCentral DHB locally to strengthen its IT infrastructure, a regional project was underway to strengthen network speeds between the DHB and Wellington to support regional systems such as the Clinical Portal, and that as part of the National Infrastructure Platform similar work was occurring around links with Auckland and Christchurch centres.

In response to questions raised by the Board, management advised:

- Beca had been appointed following a competitive tender process
- Beca has worked with local providers of service to build up a detailed costing for the project, and that it expected actual costs would be within budget
- the detailed costing work had been completed in May 2015
- MDHB had a rolling capex plan
- MDHB's approach to long term capex management was not as robust as it could be and this would be addressed through the financial review underway and the strategic planning process

Lindsay Burnell entered the meeting.

- the initial costings had been well short and the installation of the first communication cabinet had proven this point
- regional specifications had been enhanced since the time of the earlier costings, and while reporting had occurred via Group Audit, greater clarity should have been provided earlier
- every effort had been made to ensure the proposal was “future proofed”, and it was envisaged the cabinets would serve the DHB for five years or more
- provision for ongoing cost replacement would be needed, with the most likely replacement need being for network switches
- the system would enable delivery of data and telephony to the bedside
- programme and project management would be provided by Beca in line with management’s approach to divest risk in line with previous learnings
- support arrangements would be put in place with the providers of the various services involved, such as air conditioning
- in addition to the support arrangements, the technology being installed had inbuilt technology to provide automated alerts when systems failed
- the cost of \$1.835m in 2015/16 would be spread over the year

It was resolved:

*that capital funds of up to \$3,002,301 be approved for the remediation of cabinets in the two clinical services blocks and the Hospital Operations Centre.*

## **8. OPERATIONAL REPORTS**

### **8.1 CEO's Report**

#### *8.1.1 Strategic Direction*

The CEO advised that refreshing the DHB’s strategic plan was a priority, looking out five to 10 years in terms of what success would look like for MidCentral DHB. At this stage, it was envisaged a planning workshop would be held in late October. Following this, engagement would occur within the organisation and with community partners to frame up the strategic direction, how it would be achieved, and what MidCentral DHB stood for as an organisation, ie its values.

The existing strategic plan was for a 10 year period ended 2015.

The CEO did not expect there to be significant changes in the DHB’s direction but there would be more focus on how best to support integration of services in the community.

Sitting underneath the Strategic Plan, the CEO advised a separate workshop was being planned for Enable New Zealand’s Governance Group. This would include the Enable New Zealand’s key funders (Ministry of Health and ACC) and an independent expert. The results of the workshop would feed into the DHB’s Strategic Plan.

The CEO advised a mental health hui was being planned, and this would involve other providers, consumers, carers and families, and other stakeholders. It would focus on how mental health services could be progress across the district.

Ken Clark entered the meeting.

The Health Charter would be used to advance the mental health work. There had been a small delay in finalising the Charter and it was proposed that workshops be held with the Board and the 100 people and organisations across the community who had participated in its development, prior to finalising the Charter.

The CEO advised that the strategic planning process would reshape how the DHB developed its annual plan, its operating and capital plans, and the ongoing development of the master health planning process.

The CEO advised that the first three months of her appointment had been spent listening and talking to a range of stakeholders. Over the next three months, plans for the future would be developed, and then the focus would move to delivering on those plans.

### *8.1.2 Organisational Structure*

The CEO advised the board on progress with her organisational structure, in particular recruitment to three main roles:

- shortlisting of people to be interviewed for the role of General Manager, Finance and Corporate Services was imminent
- Mike Grant had taken up the role of General Manager, Clinical Services and Transformation
- development of a role around planning and performance

Regular staff forums led by the CEO and executive leadership team were being put in place, with the first forum to take place in August. Issues such as the staff safety culture survey results would be discussed.

A member asked whether bullying of junior medical staff was an issue given recent publicity on this matter. The CEO advised this would be covered in the Staff Safety Culture Survey report. The issue of bullying had been raised in this but it was not endemic in any way.

### *8.1.3 Financial Position*

The CEO advised that the year-end outcome was in line with that discussed at the previous board meeting. The management team was very mindful of the challenges ahead and the need to move back to a position of financial sustainability. MidCentral DHB need to provide a financial recovery plan in order for its annual plan to be approved.

### *8.1.4 Information Systems*

A member sought comfort that the ePharmacy programme would be in place at MidCentral DHB in time to ensure WebPAS would be achieved by the target date of August 2016.

The CEO advised that there was a significant amount of work being done around the future direction of the regional health informatics programme. This included CRISP and also ePharmacy. The CEO confirmed there would be a resolution of this to enable WebPAS to proceed, but at this current time it was yet to be determined whether ePharmacy would be implemented as a regional or local system.

It was resolved:

*that the report be received.*

## **8.2 Contracts Update**

It was resolved:

*that the report be received.*

### **8.3 Staff Safety Culture Survey**

The Manager, Human Resource & Organisational Development presented the results of the Staff Safety Culture Survey. Seven key themes had emerged, and the three areas in which the biggest difference could be made was: perceptions of management, working conditions, and safety climate.

Many positive comments had been made by staff and it was important not to lose sight of these.

The response rate of 39% was discussed. This was considered good by the survey organisers, Communio. It was noted that for some surveys of this size, a response rate of 25% or over was considered good.

The issue of bullying, particularly in respect of junior doctors given the recent publicity on this matter, was discussed. Anne Amoores advised that through the survey, 40 people had reported either witnessing or experiencing bullying by other team members, members of other teams, or their manager.

The Chief Medical Officer advised that the medical response rate to the survey was very low. Medical staff tended to respond through the Resident Doctors' Association (RDA) or Association of Salaried Medical Specialists (ASMS) surveys. The recent RDA survey findings identified bullying and harassment as an issue around the country. Dr Clark advised he was party to a small national working group which was close to publishing a statement from the profession about the matter, with practical solutions and approaches which the profession and the health sector generally needed to be looking at to minimise bullying and harassment in many forms. The problem was taken very seriously.

The difference between bullying and harassment, and inappropriate behaviour was noted.

The CMO advised that senior doctors were encouraged to tell junior doctors if they felt they were not in the right training scheme, or were not doing well. This was sometimes perceived as bullying.

Members were disappointed that significant change had not occurred in the target areas since the last survey. The themes were similar.

Board expectations of the work programme were noted:

- clear timelines
- targeting areas as required
- measures for the effectiveness of training
- new ways of doing things, not just more of the same

An evaluation of the team development programme was sought. Ms Amoores advised that this was imminent.

It was noted that the work programme would be finalised by November.

The CEO advised that the work which was to occur around strategic planning and organisational values would also contribute to the work programme.

Benchmarking with other DHBs was raised and it was noted that only three DHBs used this survey (MidCentral, Capital & Coast and Whanganui). Ms Amoores advised that CCDHB had undertaken the survey in 2012. She continued her endeavours to find out if a further survey had taken place or was planned.

The CEO commented that the MDHB would need to look at whether this was the right survey tool to use in the future.

The issue of workloads and the flow-on impact onto the ability to take leave or undertake professional development was raised. The Chairman confirmed that the issue of annual leave was a regional one.

It was resolved:

*that the report be received.*

## **9. GOVERNANCE MATTERS**

### **9.1 Board Members' Expense Policy**

It was resolved:

*that the Board's Expense Policy be noted, and reviewed in three years' time.*

### **9.2 Consultation Policy**

The definition of "communication" was raised and management undertook to provide a more suitable alternative for the Board's consideration.

It was resolved:

*that the Board's Consultation Policy be noted, and reviewed in three years' time.*

### **9.3 Delegations Policy**

It was resolved:

*that the present Delegations Policy and Schedule of Delegations continue and that the policy is reviewed once the senior management structure is in place.*

### **9.4 Year End Audit Process**

The General Manager, Clinical Services & Transformation advised the information to be included in the letter of representation was:

- Item a: consolidated net result for the financial year ended 30 June 2015 was \$1.983m
- Item b: consolidated total Crown equity as at 30 June 2015 was \$144,878
- Items f, g, i and m: no exceptions

This information was in line with the year end results reported in the CEO's operating report.

It was resolved:

*that the Board Chair, Board Deputy Chair or the chair of the Group Audit Committee (two signatures required) be authorised to sign the letter of representation in respect of the financial return to the Ministry of Health.*

### **9.5 centralAlliance Sub-Committee Membership**

It was resolved:

*that that the report be received, and the membership of the centralAlliance Sub-Committee noted.*

## **10. LATE ITEMS**

There were no late items.

## 11. DATE OF NEXT MEETING

Tuesday, 22 September 2015 at the MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

## 12. EXCLUSION OF THE PUBLIC

It was resolved:

Recommendation: *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 reasons stated in the previous agenda	
"In Committee" Minutes of Committee Meetings: <ul style="list-style-type: none"> <li>• Hospital Advisory Committee, 21 July 2015</li> <li>• Community &amp; Public Health Advisory Committee, 21 July 2015</li> <li>• Enable New Zealand Governance, 21 July 2015 – Space Rationalisation Project and Contracts Update</li> </ul>	For the reasons set out in the Committees' order paper 21.7.15 meeting held with the public present For the reasons set out in the Committees' order paper 21.7.15 meeting held with the public present Subject of negotiation	9(2) (j)
Strategic Matters <ul style="list-style-type: none"> <li>• Food Services National Business Case</li> </ul>	Subject of competitive tender process	
Operational Matters <ul style="list-style-type: none"> <li>• CEO's report – Annual Plan 2015/2016 and NZ Health Partnerships' business cases</li> </ul>	Subject of negotiation	9(2) (j)
Governance Matters <ul style="list-style-type: none"> <li>• Hospital Advisory Committee Membership</li> <li>• Insurance Update</li> <li>• CEO's Performance Measures</li> </ul>	To protect personal privacy Contains commercially sensitive information To protect personal privacy	9(2) (a) 9(a) (j) 9(2) (a)

Confirmed this 22<sup>nd</sup> day of September 2015.

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Chairman