

# MIDCENTRAL DISTRICT HEALTH BOARD

**Minutes of the Board meeting held on 14 August 2018 at 10.00am at  
MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street,  
Palmerston North**

## *PART 1*

### **PRESENT**

Dot McKinnon (Chair)  
Diane Anderson  
Adrian Broad  
Barbara Cameron  
Ann Chapman  
Brendan Duffy

Michael Feyen  
Nadarajah Manoharan  
Karen Naylor  
Oriana Paewai  
Barbara Robson

### **IN ATTENDANCE**

Kathryn Cook, CEO  
Keyur Anjaria, General Manager, People & Culture (part meeting)  
Judith Catherwood, General Manager, Quality & Innovation  
Craig Johnston, General Manager, Strategy, Planning & Performance  
Steve Miller, Chief Information Officer  
Stephanie Turner, General Manager, Māori & Pacific  
Neil Wanden, General Manager, Finance & Corporate Services  
Jill Matthews, Manager, Administration & Governance Services  
Scott Ambridge, General Manager, Enable New Zealand  
Dave Ayling, Clinical Executive, Primary, Public, Community Health  
Vanessa Caldwell, Operations Executive, Mental Health & Addictions (part meeting)  
Ken Clark, Chief Medical Officer (part meeting)  
Debbie Davies, Operations Executive, Primary, Public & Community Health  
Celina Eves, Executive Director, Nursing & Midwifery  
Lyn Horgan, Operations Executive, Acute & Elective Specialist Services  
Gabrielle Scott, Executive Director, Allied Health  
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support  
David Sapsford, Clinical Executive, Acute & Elective Specialist Services  
Will Reedy, Consultant (part meeting)  
Greig Russell, Advisor (part meeting)  
Jo Smith, Portfolio Manager, Health of Older Persons  
Wayne Blisset, Service Manager, Pae Ora (part meeting)  
Jonathon Howe, Corporate Communications Manager  
Tracy Haddon, Pae Ora (part meeting)  
Chrissy Karena, Pae Ora (part meeting)  
Huataki Whareaitu, Pae Ora (part meeting)  
Doug Edwards, Pae Ora (part meeting)  
Mick Maru, Kaumatua, Pae Ora (part meeting)  
Consumer Council Members (part meeting)

- John Hannifin, Chairperson
- Cam Bardell
- Gaye Fell

Consumer Mereti Taipana-Howe

Media: 0

## **1. ADMINISTRATIVE MATTERS**

### **1.1 Apologies**

There were no apologies.

### **1.2 Late Items**

There were no late items.

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

No amendments to the Register of Interests were notified.

### **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 Ann Chapman)*

#### *1.4.2 Matters Arising*

The Chief Executive advised that management was yet to meet with Capital & Coast District Council regarding transport matters. This would be progressed.

It was noted that the suggestion made regarding "stress management, harassment and bullying prevention training" including the Board was to ensure a "top to bottom" approach was taken, covering the whole organisation.

The Chief Executive undertook to arrange for more information regarding "human-centred design" to be provided as part of the integrated system model reporting.

It was agreed that Oriana Paewai's presentation be provided at the board-to-board hui with Manawhenua Hauora scheduled for 25 September 2018.

David Sapsford entered the meeting.

## **2. STRATEGIC & ANNUAL PLANNING**

### **2.1 Draft District Digital Health Strategy (Te Awa)**

The Board congratulated management on the development of this Strategy. The importance of a robust digital infrastructure for the district was highlighted by all members.

Access for low income and deprived areas of the district was discussed. It was noted that this issue went beyond health and accordingly, management would be working with industry and inter-sectoral partners in the development of the implementation plan. It was further noted that mobile technology was well utilized by this population group, eg Smart phones. This provided opportunities which the DHB could capitalize upon.

Management advised that Spark was working with health and industry partners regarding access to primary health information, and a three-month trial was to be undertaken.

It was noted that the forthcoming Tu Kaha conference included a presentation regarding an innovative IT solution in the Wairarapa.

Members made the following suggestions in respect of the Strategy:

- the strategy component of the document to be brought forward, and duplication within the supporting text removed
- use of the term "health and wellbeing" rather than "wellness"
- use of the term "well informed" rather than "empowered" in respect of the outcome of increased digitisation for consumers, families and whānau
- a focus on the Government's priorities, such as inequities, rather than the NZ Health Strategy.

The current timeline for the national electronic health record project was confirmed as being within a five-year horizon. The business case process, using the better business case model was underway with an expected date of July 2019 to go to the market.

Members noted that the focus over the next six months would be planning for the Strategy's implementation. The importance of managing public and other expectations regarding what would be delivered when was noted. It was further noted that it was important the implementation plan was affordable and achievable.

Management advised a portfolio investment approach was proposed, with priority to be given to initiatives which provided the best value.

The interdependency with national and regional projects was discussed. Management advised that the core systems were in place that would enable MidCentral DHB to focus on how the data contained in these systems could be delivered in different ways to add better value to the business and improve the user experience.

It was resolved:

*that the Board:*

- *note the approach to the development of the strategy*
- *endorse the draft strategy. (Moved Brendan Duffy; seconded Diane Anderson)*

Greig Russell and Will Reedy left the meeting.

### **3. INTEGRATION & PARTNERSHIP**

#### **3.1 Manawhenua Hauora**

##### *3.1.1 Manawhenua Hauora and MidCentral District Health Board Memorandum of Understanding Review*

It was noted that at the forthcoming board-to-board hui a workshop on inequities and priorities for the future would be held. This would inform the next 2018/19 shared work programme.

It was noted that the date of the board-to-board was 25 September.

It was resolved:

*that the Board:*

- *note the report on the District Health Board/Manawhenua Hauora Memorandum of Understanding review process 2018*
- *endorse the proposed draft change by Manawhenua Hauora to the Memorandum of Understanding*
- *endorse the Manawhenua Hauora /District Health Board draft Memorandum of Understanding in readiness for signing at the Board to Board 24 September Annual Hui. (Moved Karen Naylor; seconded Diane Anderson)*

### 3.1.2 Minutes

Oriana Paewai, in her role as Chairperson, Manawhenua Hauora, clarified statements in the minutes regarding the Hauora Māori approach project plan, and the process of procurement, reporting and contracts. She advised that further discussions had been held since the June meeting. This was a work-in-progress as reflected in management's report regarding the Integrated Service Model.

It was resolved:

*that the minutes be noted.*

## 3.2 Consumer Story

Mereti Taipana-Howe entered the meeting, together with members of the Pae Ora team.

Ms Taipana-Howe shared with the Board her experience of the hospital service during the diagnosis and treatment of Myasthenia Gravis, a rare auto-immune disease. Key messages for the Board were:

- ensure education on Myasthenia Gravis and different aspects of it was provided to all staff
- consider the establishment of a unit for patients discharged from ICU who have high needs so that they can receive the care they need, rather than being transferred to a general ward
- review travel and accommodation procedures at MidCentral DHB to provide greater flexibility as required on a case by case basis
- encourage ongoing collaboration between departments as that provides the best for the patient's care and rehabilitation
- include Te Whare Rapuora in the patient's care as this contributes to their emotional and spiritual wellbeing
- ensure a speedier response to GPs' urgent referrals, particularly for neurological concerns.

Ms Taipana-Howe advised she had written a book to inform others, including health professionals.

It was agreed copies of the book be purchased for the DHB.

Wayne Blisset entered the meeting.

The status of the national review of the travel and accommodation policy was questioned. Management advised that this had just got underway.

At the conclusion of Ms Taipana-Howe's presentation, a waiata was performed.

Ken Clark entered the meeting.

Members of the Board thanked Ms Taipana-Howe for sharing her experience with them.

Ms Taipana-Howe and Stephanie Turner left the meeting.

It was resolved:

*that the Board:*

- *note this paper and the on-going service improvement resulting from this story.*

### **3.3 Consumer Council's Annual Report 2017/18**

John Hannifin, Chairperson, Consumer Council presented his report to the Board. He introduced Council Members Cam Bardell and Gaye Fell, and extended apologies from Simon Allan, Chairperson, Clinical Council who was unable to attend.

Mr Hannifin congratulated the Board and executive for establishing the Council. He also acknowledged members Oriana Paewai and Barbara Robson who had supported the first consumer panel.

Mr Hannifin advised the Council was about person and whānau-centred partnership. This was when people were equal partners in their health, where a person's health care started and ended with community based care and services, and where patients/consumers took an increasing role in their own health. Use of data was key to the Council's work.

In 2018/19 the Council intended to focus on:

- primary health care – this part of the sector had seen significant changes in the model of care but consumers had not been involved in these decisions.
- person and whānau-centred centre
- communication, including signage
- the integrated services model
- consumer engagement framework.

The Board stated its support for these areas of focus.

Members of the Board expressed their thanks and appreciation for Mr Hannifin's work and leadership. They also thanked the Consumer Council for the important work they were undertaking and their achievements to date.

It was resolved:

*that the Consumer Council Chairman's Annual Report 2017/18 be endorsed*

*that the Consumer Council's Future Initiatives 2018/19 be noted. (Moved Barbara Robson; seconded Diane Anderson)*

### **3.4 Amendment to the Consumer Council's Terms of Reference**

The proposed amendments to the Terms of Reference were considered.

It was agreed that that the terminology "person and whānau-centred partnership" be reflected in the Terms of Reference.

It was further agreed that further consideration needed to be given to the provision regarding termination of members. More process was required to ensure that all rights of all parties were upheld.

It was resolved:

*that the proposed changes to the Consumer Council's Terms of Reference be approved, subject to:*

- *the Purpose and Background, paragraph 3, being amended to read, "...achieve a person and whānau-centred model of partnership";*
- *section 6, sub-section "Termination", being amended to provide due process for all parties, and that the Chief Executives of MidCentral DHB and the Central PHO be delegated authority to approve the reworded section;*
- *capitalisation of the word "Chair". (Moved Dot McKinnon; seconded Adrian Broad)*

Jo Smith left the meeting and Vanessa Caldwell entered.

## **4. PERFORMANCE REPORTING**

### **4.1 Integrated Services Model and Cluster Implementation Update**

The General Manager, Quality & Improvement presented her report. She advised that a workshop was scheduled for early September to discuss the Hauora Māori cluster development.

Huataki Whareaitu presented the overarching concept and naming approach for the clusters. It was noted that the approach taken was also to support the integration of Māori worldview into the process, systems and practices of each cluster.

The number of general practices signed up for Health Care Homes was questioned and management undertook to provide an answer to this at a future date. It was noted that three Integrated Family Health Centres were using HCH, and the Primary, Public & Community Health Cluster aimed to encourage the remaining IHFCs to do so this financial year.

The capability of Clinical Executives to lead each cluster was discussed and the Chief Executive stated her confidence in all appointments. She advised that these positions took office on 1 July and the incumbents were experiencing some challenges to manage their roles while backfilling arrangements were put in place. The timeframe for making these support arrangements differed by specialty.

The Chief Executive advised that work was currently being done around the third level structure of each Cluster to ensure appropriate support for the Cluster leads. A consultation document would be issued in coming weeks. She noted that a flatter structure was critical.

It was noted that engagement with local City/District Councils was occurring through the locality planning process. In addition, an alliancing approach was being developed as part of the Integrated Service Model and this would involve engagement with local Government and other stakeholders. The recent Tararua health forum was cited as an example of the collaborative approach being taken as were other regular engagement with Councils.

Ken Clark left the meeting

The approach outlined in the Ernst Young report regarding the allocation of organisational and local health system imperatives to clusters was raised. The Chief Executive advised that a report was to be provided to the Health & Disability Services Advisory Committee regarding the alliancing approach and how the organisation would work with the PHO, NGOs and the Hauora Māori cluster. This was still a work in progress and clarity and frameworks would be established across the course of the year. From 2019/20, full ownership of contracts would rest with Clusters.

It was resolved:

*that the updated and refreshed Transition Plan be endorsed. (Moved Dot McKinnon; seconded Brendan Duffy)*

Members of the Pae Ora team left the meeting.

## **4.2 CEO's Report for June/July 2018**

### *4.2.1 Presentation to Ministry of Health*

The Chief Executive drew members' attention to the presentation provided to the Ministry of Health recently. She advised that it had been well received. The Ministry was impressed with the work underway at MidCentral DHB, particularly the strategic approach.

### *4.2.2 Staff Survey*

The good response rate to the Staff Survey was acknowledged. A member expressed concern at the number of staff members who were disengaged or ambivalent about work, as well as the number of staff concerned regarding workload, feeling like they were operating in crisis mode, and emotionally drained by work.

The Chief Executive advised that nursing made up the largest component of the workforce and they were concerned regarding workload and staff numbers. This had been a key point of recent MECA negotiations. A critical part of the settlement reached with nurses was the full implementation of Care Capacity Demand Management and additional nursing roles. Locally, the Executive Leadership Team had approved 12 additional FTEs across a number of wards as part of CCDM.

In respect of the medical workforce, the Chief Executive advised work was being done around job sizing and the support required going forward. The other major piece of work to be done focused on administrative and support staff. She noted that the survey provided a wealth of information which would help the DHB achieve its goal of a happy, high performing workplace.

#### 4.2.3 Regional Health Informatics Programme (RHIP)

The issue of the stability of regional systems and the impact for MidCentral DHB was questioned. The Chief Information Officer advised MidCentral DHB was the largest consumer and was impacted by the challenges of the project. A change management approach was being taken and there was a list of 190 functional issues which were being worked through.

Keyura Anjaria entered the meeting.

#### 4.2.4 Regional Cardiac Roadmap

The development of a total cardiology business cases for both MidCentral and Hawke's Bay DHBs was questioned. The Chief Executive advised MidCentral DHB's was complete, and Hawke's Bay's was underway.

#### 4.2.5 Nursing Accord

Karen Naylor noted her conflict as a member of NZNO, and asked if the additional reporting to be provided to the Minister of Health would also be provided to the Board. The Chief Executive confirmed this would occur and there would be additional reporting on an ongoing basis. She also noted that a measure around CCDM had been included in her performance measures to ensure full accountability.

It was resolved:

*that the Board:*

- *note the unaudited year-end financial result for 2017/18 was a deficit of \$9.847m*
- *note the 2018 staff survey had a 47 per cent response rate and an overall core of 3.3 (against a midpoint of 3)*
- *note the progress being made by the RHIP remediation project*
- *note MidCentral DHB's seismic work is being progressed, with strengthening of the Education Centre underway*
- *note the forthcoming board-to-board hui with Manawhenua Hauora*
- *note the CE's report for June/July 2018. (Moved Dot McKinnon; seconded Brendan Duffy)*

### 4.3 Board's Work Programme 2018/19

The non-reporting of the June financial results for the Board's meeting in line with FRAC's determination was discussed. Management advised it had endeavoured to provide a high level summary to the Board as part of the Chief Executive's report, with the detail to be first reported to FRAC for interrogation. It was suggested that this high level summary could be expanded.

It was agreed that management give further consideration to managing the financial reporting arrangements to ensure the Board received the information it required.

It was resolved:

*that progress in the delivery of the 2018/19 work programme be noted.*

## **5. POLICY & GOVERNANCE**

### **5.1 Constitution of Central Region's Technical Advisory Service**

The proposed changes to the Constitution were discussed. It was considered that the changes to the quorum arrangements were cumbersome and did not provide the clarity sought. The Chairperson undertook to request further work be done to address these concerns. Meantime, she recommended the changes be supported, noting that Sir Paul Collins was ready to take on directorship of TAS.

It was agreed that the terms of reference between Class A shareholders, the Regional Governance Group and TAS be reviewed.

Kathryn Cook declared her conflict as a member of the TAS Board.

Karen Naylor left the meeting.

It was resolved:

*that the Board, as a Shareholder of the Central Region's Technical Advisory Services Limited, in accordance with clause 4 of the Constitution of the Company, approve the alteration of the Company's constitution, as set out in the attachment to the Chairperson's report dated 8 August 2018*

*that the Regional Governance Group be asked to review the Terms of Reference between the Class A Shareholders, the Regional Governance Group and the Central Region's Technical Advisory Service. (Moved Dot McKinnon; seconded Brendan Duffy)*

Barbara Robson requested that her vote against the motion be recorded.

Brendan Duffy left the meeting.

### **5.2 NZ Health Partnership Quarterly Update**

The General Manager, Finance & Corporate Services advised that further work was required regarding the Microsoft G2018 licensing agreement. MidCentral DHB's Chief Information Officer would lead a piece of work to develop a more appropriate structure.

It was resolved:

*that the Board:*

- *note the update on NZHP activities.*

### **5.3 Agreement to Grant Easement – Low Voltage Substation and 11kv Network Upgrade**

It was resolved:

*that the Board:*

- *approve the Agreement to Grant Easement required for the Low Voltage Substation and 11kv Network Upgrade Project*
- *note that following Board approval, the consent of the Minister of Health will be sought*

- *authorise the Chief Executive or delegate to sign any necessary documentation to give effect to the easement. (Moved Barbara Robson; seconded Diane Anderson)*

## **6. COMMITTEE MINUTES**

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

It was resolved:

*that the unconfirmed minutes of the meeting of the Finance, Risk & Audit Committee held on 17 July 2018 be noted. (Moved Adrian Broad; seconded Ann Chapman)*

Brendan Duffy re-entered the meeting.

### **6.2 Health & Disability Services Advisory Committee**

The immunisation data was discussed and it was noted that the numbers involved were small which distorted the results. A result of 92 percent meant 10-11 children had not been vaccinated.

It was noted that the minute regarding the midwifery staffing challenges required clarification. Members were asked to provide this feedback to the Manager, Administration & Governance Services.

Scott Ambridge left the meeting.

It was resolved:

*that the unconfirmed minutes of the meeting of the Health & Disability Services Advisory Committee held on 24 July 2018 be noted. (Moved Adrian Broad; seconded Ann Chapman)*

## **7. LATE ITEMS**

There were no late items.

## **8. DATE OF NEXT MEETING**

Tuesday, 25 September 2018, Boardroom MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

## **9. EXCLUSION OF 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" minutes of the previous meeting</i>	<i>For the reasons set out in the order paper of the 3.7.18 meeting held with the public present</i>	

<p><i>Strategic &amp; Annual Planning</i></p> <ul style="list-style-type: none"> <li>• <i>2018/19 Planning Update</i></li> <li>• <i>Schedule of Commitments, 2018/19</i></li> </ul>	<p><i>Subject of negotiation with the Ministry of Health</i></p> <p><i>Contract negotiating strategy</i></p>	<p>9(2)(j)</p> <p>9(2)(j)</p>
<p><i>Policy &amp; Governance Matters</i></p> <ul style="list-style-type: none"> <li>• <i>Allied Laundry Services - Directorship</i></li> <li>• <i>New Zealand Health Partnerships Independent Director Appointments</i></li> <li>• <i>Lease Agreement</i></li> <li>• <i>Remuneration Committee report – CE’s performance review, performance measures and annual remuneration review</i></li> <li>• <i>Board only time</i></li> </ul>	<p><i>To protect personal privacy</i></p> <p><i>To protect personal privacy</i></p> <p><i>Commercial lease under negotiation</i></p> <p><i>To protect personal privacy</i></p> <p><i>No decision</i></p>	<p>9(2)(a)</p> <p>9(2)(a)</p> <p>9(2)(j)</p> <p>9(2)(a)</p>
<p><i>“In committee” minutes of committee meetings</i></p> <ul style="list-style-type: none"> <li>• <i>Finance, Risk &amp; Audit Committee, 17.7.18</i> <ul style="list-style-type: none"> <li>○ <i>Insurance update 2018/19 financial year</i></li> <li>○ <i>2018/19 funding advice and budgeting updated</i></li> </ul> </li> <li>• <i>Health &amp; Disability Services Advisory Committee, 24.7.18</i></li> </ul>	<p><i>Subject of negotiation and commercially sensitive</i></p> <p><i>Subject of negotiation with Ministry of Health</i></p> <p><i>For the reasons set out in the order paper of the 24.7.18 meeting held with the public present</i></p>	<p>9(2)(j)</p> <p>9(2)(j)</p>

*(Moved Dot McKinnon; seconded Brendan Duffy)*

The meeting broke at 12.50pm and reconvened at 1.15pm.

Confirmed this 25<sup>th</sup> day of September 2018.

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Chairperson