

# MIDCENTRAL DISTRICT HEALTH BOARD

## Minutes of the Board Meeting held on 18 December 2018 at 10.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga Street, Palmerston North

### PART 1

#### PRESENT

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

Michael Feyen  
Nadarajah Manoharan  
Karen Naylor  
Oriana Paewai  
Barbara Robson

#### IN ATTENDANCE

Kathryn Cook, Chief Executive Officer  
Keyur Anjaria, General Manager, People & Culture  
Judith Catherwood, General Manager, Quality & Innovation  
Craig Johnston, General Manager, Strategy, Planning & Performance  
Steve Miller, Chief Digital Officer  
Stephanie Turner, General Manager, Māori  
Neil Wanden, General Manager, Finance & Corporate Services  
Jill Matthews, Manager, Administration & Governance  
Scott Ambridge, General Manager, Enable New Zealand (part meeting)  
Sarah Fenwick, Operations Executive, Healthy Women, Children & Youth (part meeting)  
Pelle Kempe, O&G Consultant (part meeting)  
Judy Leader, Pain Clinical Nurse Specialist (part meeting)  
Steve Carey, Portfolio Manager, Clinical Services (part meeting)  
Angela Rainham (part meeting)  
Vivienne Ayres, Manager, DHB Planning & Accountability (part meeting)  
Wayne Blisset, Service Director, Pae Ora (part meeting)  
Simon Allan, Chairperson, Clinical Council (part meeting)  
Colin Thompson, Medical Advisor

#### Public: 3

Tracy Turok, Consumer  
President and Treasurer, Grey Power Manawatu

#### Media: 1

### 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

There were no amendments to the register of interest.

## **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)*

### *1.5 Matters Arising*

Member Adrian Broad advised that in a personal capacity he had offered the support of the Palmerston North City Council and CEDA to the Mayor, Tararua District Council in respect of employment opportunities for the district's youth.

Member Michael Feyen noted that he had had to leave the last Board meeting early and recorded his appreciation of the support provided by Karen Naylor, Board Member, St John Ambulance and Palmerston North Hospital (particularly the Emergency Department).

### *1.6 Public Comment*

The President and Treasurer of Grey Power Manawatu addressed the meeting. The President advised that he was also a member of the Association's Zone 4 which extended from New Plymouth to Waioira to Wellington.

The cost of car parking was considered to be onerous for members of Grey Power. It was proposed that MidCentral District Health Board consider extending the forty minute free parking period to two hours for Gold Card holders, and that this change take effect when the new gold card was issued. Following discussion, Mr Findlay advised that Grey Power was not aware of the concessions available to people unable to afford hospital parking fees and he requested that further communication and publicity be given to this, including an article in Grey Power's newsletter.

The Board supported consideration of this request and the following points were raised:

- in reviewing this matter other vulnerable groups, such as young rural families, needed to be taken into account
- care was needed in the terminology used in car parking communication, eg, "hardship"
- electronic screens were an effective means of communication
- stronger links with the Ministry of Social Development would be advantageous
- communication around car parking should include details of how people could provide feedback
- the parking equipment used by MidCentral DHB was old technology and may pose some restrictions in the short term.

Management undertook to report back to the Board with a recommendation.

## **2. QUALITY IMPROVEMENT**

### **2.1 Consumer Story**

Tracy Torok shared her experience of the public health system with the Board. For several years she had frequently attended both her general practice and the hospital. Her experience of the hospital during this time was a "patch and dispatch" approach was used, with pain medication being provided while the root cause of her problem was not explored. She recommended that the DHB establish a chronic pain service. She further recommended that services look not just at the presenting symptoms and that patients receive a care plan. She commended the work of Judy Leader, Pain CNS.

Management advised that a chronic pain service was being developed, and that an holistic approach was being developed. This was supported by the integrated service model and technology, such as "Click" which enabled staff to identify patients with multiple admissions, put in place care protocols and pathways, and flag these for use should the person be admitted to Emergency Department. It was noted that services needed to be appropriately resourced.

Simon Allan entered the meeting.

Members of the Board thanked Tracy Torok for sharing her experience with them.

It was resolved:

*that the Board notes the Consumer Story from Tracy Torok.*

Tracy Torok, Sarah Fenwick and Pelle Kempe left the meeting.

## **2.2 Quality & Safety Walk-Rounds**

Members expressed their support for the walkrounds. The impact on the provision of services was raised and the General Manager, Quality & Safety advised that the walkrounds were not expected to stop service provision. Arrangements were made for work to be redistributed so that staff could participate.

It was resolved:

*that the Quality and Safety Walk-rounds progress report is endorsed. (Moved Dot McKinnon; seconded Brendan Duffy)*

## **3. PARTNERSHIPS**

### **3.1 Clinical Council's Report 2017/18**

Dr Simon Allan presented his report to the Board. He advised that the Clinical Council was now well established and there was a strong working relationship with the Consumer Council.

Steve Carey entered the meeting.

In 2019, the Council would be focussing on:

- a. "Living well with Pain"
- b. Cluster plans
- c. IT investment
- d. Equity
- e. Primary/secondary integration.

Dr Allan advised that a business case for the establishment of a chronic pain service was under development was supported by consumers.

Investment in initiatives such as the chronic pain service was discussed and it was noted that dis-investment decisions were also required. Other points raised were the proposed new legislation regarding medical cannabis, and engagement with community health providers. In respect of medical cannabis, Dr Allan advised that there was currently no evidence around medical use of cannabis. The Chief Executive advised that MidCentral DHB would work within the parameters established by the Ministry of Health regarding medical cannabis.

The Board expressed its appreciation of the Clinical Council's work.

It was resolved:

*that the Clinical Council Chairman's Annual Report 2017/2018 be endorsed, and, the Clinical Council's future initiatives be noted, with special reference to the chronic pain initiative, "Living Well with Pain". (Moved Diane Anderson; seconded Karen Naylor)*

### **3.2 Amendment to the Clinical Council's Terms of Reference**

There was general support for the proposed amendments to the Terms of Reference. It was suggested that these could be further strengthened. This was supported and it was agreed the Chief Executive be delegated authority in this regard.

It was resolved:

*that the proposed amendments to the Clinical Council's Terms of Reference be endorsed, and*

*that further changes to strengthen the terms of reference be made, and that the Chief Executive be delegated authority to approve these.*

Dr Allan and Steve Carey left the meeting.

## **4. STRATEGY & PLANNING**

### **4.1 Planning and Budgeting Approach for 2019/20**

The Chief Executive further advised that MidCentral DHB's 2018/19 Annual Plan had received Ministerial endorsement.

Management confirmed that the practice of providing high level planning assumptions for the Board's approval would continue.

Angela Rainham entered the meeting.

Capital expenditure provision for the acute service block was discussed in light of the Ministry of Health's advice regarding government funding for this project. It was noted that planning work was required to ensure the DHB was in a position to act when Government funding was available. It was further noted that the current critical capital priority was the mental health acute facility business case.

It was resolved:

*that the Board note this report. (Moved by Dot McKinnon; seconded by Ann Chapman)*

### **4.2 Palmerston North Health & Wellbeing Plan**

The Project Manager presented the Health and Wellbeing Plan. She noted that two amendments had been proposed by the Executive Leadership Team, including increased use of Te Reo within the document.

It was resolved:

*that the Palmerston North Health and Wellbeing Plan be approved, subject to the addition of further Te Reo and the endorsement of the DHB's Treaty partner, Manawhenua Hauora. (Moved Barbara Robson; seconded Barbara Cameron)*

Vivienne Ayres entered the meeting.

## **5. WORKFORCE**

### **5.1 Six-Monthly Workforce Update**

The General Manager, People & Culture presented his report. He undertook to include key recurring themes from exit interviews in future reports, as well as the percentage of the workforce who were Maori. It was noted that currently six percent of staff were Maori compared to the target of 14 percent.

In respect of recruitment, the General Manager, People & Culture advised recruitment was occurring within senior medical officer vacancies, and 33 nurse graduates had been appointed. The full recruitment of house officers and resident medical officers was noted.

The overall workforce measures were questioned and the General Manager, People & Culture advised there were no areas of concern.

Sick leave levels were discussed and it was questioned whether there was any correlation between these and the 2018 staff survey results regarding bullying. The General Manager, People & Culture advised he was unable to respond as to do so would be speculation.

It was resolved:

*that the six-monthly workforce update be noted, and the improvement initiatives in this report be endorsed. (Moved Dot McKinnon; seconded Brendan Duffy)*

## **6. PERFORMANCE REPORTING**

### **6.1 CEO's Report**

The Chief Executive advised the 2018/19 Annual Plan had been endorsed by the Minister of Health, and was one of six DHB plans to be approved.

The DHB's minute policy was discussed. It was agreed that the names of members be recorded for items of significance as was the current practice. It was further agreed that the term "a member" would not be used in future.

It was noted that the signage costs did not include vehicle signage which was coded to another budget. It was agreed that the language "see your general practitioner" was now inappropriate for signs and terms such as "your primary health practitioner" should be used.

The financial result for November was discussed including management's plans for addressing the adverse to budget trend should it continue. The Chief Executive advised that there was continued effort to deliver the challenging budget. At this stage, the organisation was forecasting to achieve budget by year end. Every opportunity was being explored to assist the DHB's financial position. The Board's fiscal responsibilities were noted.

It was noted that due to a communication breakdown, arrangements for the meeting planned with Horowhenua District Council's Mayor and Chief Executive had become tangled. This had resulted in the Mayor not being involved. Accordingly, new meeting arrangements

were being put in place. Member Michael Feyen, in his role as Mayor, Horowhenua District Council, expressed disappointment that this situation had occurred.

The implementation of MIYA was discussed. It was questioned whether the patient journey boards identified patients' allergies and alerts. Management advised the boards had an alerts column. Further, the system provided a lot of different functionality which enabled the boards to be adapted to meet service requirements.

Management confirmed that the additional four beds in STAR 1 were primarily used for that ward's patients.

Management advised that the STEMI service was based on clinical presentation and priority.

Nursing staff levels were discussed and management advised vacancies levels for this professional group were not significant. Active recruitment continued as part of the roll-out of the Care Capacity Demand Management (CCDM) programme. MidCentral DHB's CCDM plan had been approved by the Ministry of Health and additional funding would be received for its implementation.

The national mental health inquiry review report was noted. Member Dr Manoharan tabled articles of interest for circulation to members.

The Chairperson advised that the results of the governance evaluation survey had been received and would be circulated to members for discussion at the Board's next meeting.

It was resolved:

*that the Board:*

- *note that Government funding for MidCentral DHB's priority capital projects is limited to the mental health inpatient unit over the next three years*
- *note the 2019 centralAlliance meeting dates of 9 April and 20 September*
- *note the review of the State Sector Act*
- *note the new indicative timeframe for the rollout of the national bowel screening programme within the MidCentral district is the end of 2019*
- *note the report of the National Mental Health & Addiction inquiry will be publicly released on 11 December, with the Government's response to be issued in March 2019. (Moved Dot McKinnon; seconded Nadarajah Manoharan)*

## **6.2 Finance Report for MidCentral DHB – October 2018**

## **6.3 Finance Report for MidCentral DHB – September 2018**

The reduction in mental health and addictions community referral volumes was noted and it was agreed this was a matter for discussion at the Health & Disability Advisory Committee's next meeting.

Scott Ambridge and Wayne Blisset entered the meeting.

It was resolved:

*that the Board:*

- *note the operating deficit for October 2018 of \$0.969m, which was \$0.363m adverse to the Budget*
- *note that total available cash is \$44.485m at 31 October 2018.*
- *note the operating deficit for September 2018 of \$0.505m, which was \$0.437m adverse to the Budget*
- *note that total available cash is \$36.883m at 30 September 2018. (Moved Dot McKinnon; seconded Brendan Duffy)*

## **6.4 2018/19 Annual Plan & Non-Financial Performance Measures – Quarter 1 Implementation Update and Results**

Management advised that data issues regarding the Programme for the Integration of Mental Health Data (PRIMHD) had now been addressed, and now met Ministry of Health expectations. There were a few other remaining data issues remaining.

The new measure, “percentage of acute coronary syndrome patients who under coronary angiogram have pre-discharge assessment of left ventricular ejection fraction” was explained to the Board. This was a clinical quality measure.

Management advised that the error which had occurred regarding measure OS10 was due to human error in the “change and release” processes for the regional systems. This had been rectified and was not expected to recur.

It was resolved:

*that the Board note this report and progress that was made in delivering MidCentral DHB’s Annual Plan and performance expectations for the 2018/19 year to date.  
(Moved Dot McKinnon; seconded Karen Naylor)*

## **7. IWI PARTNERSHIP**

### **7.1 Minutes**

### **7.2 Manawhenua Hauora Board To Board Workplan Update**

The presentation by Judge Moss was raised and Member Oriana Paewai, in her role as Chair, Manawhenua Hauora, advised the Justice system wished to encourage a Whanau Ora approach into their system because their current systems were not working for Maori. She noted that Judge Moss had participated in the Waiora presentation made to the national mental health inquiry.

It was agreed that the dates for the 2019 board-to-board huis be determined as soon as possible.

It was resolved:

*that the minutes be noted, and,*

*that the Board note the shared Board and Manawhenua Hauora draft workplan and next steps. (Moved Dot McKinnon; seconded Barbara Cameron)*

## **8. GOVERNANCE**

### **8.1 Enable New Zealand - Strategic Advisory Group**

The General Manager, Enable New Zealand presented the draft role and purpose of the Strategic Advisory Group. It was agreed that these required amendment in line with the following feedback:

- clarification that the Group’s Chairperson would chair meetings
- reconsideration of the proposed duration of meetings to ensure it was practical
- reconsideration of the appointment term for members being increased to two years
- clarification of what was meant, in practical terms, of “being transparent in its dealings”, including recording of meetings
- clarification of who would make member appointment decisions and how the Chairperson would be selected
- the term “customers” to be defined

- clarification of what occurs if the advice provided by the SAG was incongruent with the priorities of the DHB
- clause 20(3) to be completed
- further information regarding recruitment and retention of members.

It was agreed that the terms of reference, once finalised, would be considered by the Strategic Advisory Group who could recommend changes for the Board's consideration.

Steve Carey re-entered the meeting.

The involvement of people with a disability was supported.

The General Manager, Enable New Zealand advised that the significant process was expected to be made within the next six months on the Enable New Zealand ownership review.

It was resolved:

*that the Board note the role and purpose of the Strategic Advisory Group, with further discussion to occur in the New Year. (Moved Dot McKinnon; seconded Barbara Cameron).*

## **8.2 Board's Work Programme, 2018/19**

It was agreed that priority be given to the centralAlliance hui arrangements.

Scott Ambridge left the meeting.

Reporting around car parking reviews was debated and management undertook to look into this matter to ensure the Board's requirements had been met. It was noted that a further report would be provided in response to the suggestions put forward by Grey Power Manawatu.

It was resolved:

*that progress in the delivery of the 2018/19 work programme be endorsed. (Moved Dot McKinnon; seconded Brendan Duffy)*

## **9. COMMITTEE RECOMMENDED PAPERS**

### **9.1 Development of a Strategy for Pharmacy in MidCentral and a Moratorium on Community Pharmacy Contracts**

It was resolved:

*that the Board:*

- *note that as of 1 October 2018, all 32 MidCentral Community Pharmacies have signed the new national Integrated Community Pharmacy Services Agreement.*
- *note that the DHB is drafting a Strategy for Pharmacy in MidCentral for pharmacy services and that once the draft strategy is formalised, an engagement phase with wider stakeholders and the community will proceed.*
- *note that the DHBs have received legal advice that neither the Commerce Act 1986 nor administrative law prevents a DHB from adopting a policy under which the DHB chooses which licensed pharmacies receive a contract or chooses the types of pharmacy services covered by an individual contract.*
- *note that the Health and Disability Committee endorsed imposing a moratorium on issuing new contracts for community pharmacy providers on 27 November 2018.*

- *approve the imposition of a moratorium on issuing new contracts for community pharmacy providers from the 18 December 2018, until the adoption of a policy on contracting pharmacy services within MidCentral in 2019. (Moved Diane Anderson; seconded Barbara Robson)*

## **9.2 Quarterly Health & Safety System Report**

It was resolved:

*that the quarterly Health & Safety System report be noted, and, the approach to develop a strategy and plan to prevent violence in the workplace be endorsed. (Moved Dot McKinnon; seconded Brendan Duffy)*

## **10. COMMITTEE MINUTES**

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

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

### **10.3 Enable New Zealand Governance Group**

Management advised that 76 per cent of staff had completed Speaking Up for Safety training. This target was 80 per cent. The Speaking Up for Safety tools were being used by staff and the next stage was implementation of the Promoting Professional Accountability programme. It was agreed further information on how these programmes worked would be provided to the Health & Disability Advisory Committee.

The work being done to improve controlled drug control and implement internal audit findings was acknowledged.

It was agreed that the term "improving value" be used in place of "business improvement".

The General Manager, Quality & Innovation advised that an exit strategy was in place in respect of Francis Group's involvement with the DHB. It was expected that use of this organisation would be phased out by the end of the 2018/19 financial year.

It was agreed that the Clinical Director, Cancer Screening, Treatment & Support's interest in the Breast Cancer Foundation should have been declared at the Health & Disability Advisory Committee and recorded in the minutes. The Chief Executive undertook to follow-up on this matter.

It was agreed that further information regarding refugee resettlement in Horowhenua, including funding, would be reported to the Health & Disability Advisory Committee.

The Board recorded its appreciation of the work of Enable New Zealand Governance Group member, Ewen Kirkcaldie. Mr Kirkcaldie had served on the Committee for 10 years. The Committee Chair, past Committee Chair and Board Chair would meet with Mr Kirkcaldie to convey the DHB's appreciation.

It was resolved:

*that the minutes of the Finance, Risk & Audit Committee meeting held on 20 November 2018 be noted*

*that the minutes of the Health & Disability Advisory Committee meeting held on 27 November 2018 be noted*

*that the minutes of the Enable NZ Governance Group meeting held on 20 November 2018 be noted. (Moved Ann Chapman; seconded Dot McKinnon)*

