

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 28 June 2016 at 10.00am at
MidCentral District Health Board Offices, 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
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
Michele Coghlan, Acting Executive Director, Nursing & Midwifery
Stephanie Turner, General Manager, Maori and Pacific
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Team Leader
Greig Russell, Medical Administration Trainee
Brian Woolley, Manager, Knowledge & Information
Jeff Small, Group Manager, Commercial Support Services (part meeting)
David Andrews, Operations Manager, Enable New Zealand
Vivienne Ayres, Performance & Accountability

Strategic Imperative Taskforce Team Members

Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Jan Dewar, Nurse Director
Sandy Ramage, Spiritual Care Co-ordinator
Kelly Isles, Strategic Planner
Amanda Rouse, Strategic Planner
Barb Bradnock, Portfolio Manager
Chiquita Hansen, CEO, Central PHO
Curtis Walker, Nephrologist
John Manderson, Manager, Data Quality & Health Information
Barry Keane, Nurse Director
Dave Ayling, General Practitioner
Bruce Stewart, General Practitioner
Jo Smith, Portfolio Manager

Public: 2
Media: 1

Opening the meeting, the Chairman congratulated Dr Manoharan on his recent Queen's birthday honour. Dr Manoharan thanked the Chair, and advised his success was the result of team work and he had received the support of nearly all staff in the hospitals he had worked in. He acknowledged Jeff Small who had encouraged him to take up his role at Palmerston North Hospital 35 years ago.

The Chair also acknowledged Manawatu Standard reporter, Thomas Heaton who was leaving Palmerston North to take up a new role with the Cuisine magazine.

1. APOLOGIES

There were no apologies.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

Ann Chapman advised her role with Electra Trust had concluded.

3.2 Declaration of Conflicts in Relation to Today's Business

No conflicts were declared in relation to the business of the day.

4. MINUTES OF PREVIOUS MEETING

4.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 17 May 2016 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 Finance, Risk & Audit Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Finance, Risk & Audit Committee held on 17 May 2016 be received and the recommendations contained therein approved.

5.2 Matters Arising

In respect of the internal audit programme development and consideration of what other DHBs were doing, a member noted that Auckland DHB had strengthened its systems since a privacy breach.

5.3 Hospital Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 7 June 2016 be received and the recommendations contained therein approved.

5.4 Matters Arising

In respect of cancer services, a member referenced a recent newspaper article in which an Auckland doctor was seeking funding for a new cancer therapy. The member noted that there were many things to consider before making such decisions such as its effectiveness, recurrence rates, etc.

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 7 June 2016 be received and the recommendations contained therein approved.

5.6 Matters Arising

Management confirmed that women using the MDHB-funded maternal health, pregnancy and parenting services would not incur a charge for attending classes.

5.7 Disability Support Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Disability Support Advisory Committee held on 7 June 2016 be received and the recommendations contained therein approved.

5.8 Matters Arising

There were no matters arising from the minutes.

The Chairman acknowledged that the minutes of the Hospital Advisory, Community & Public Advisory, and the Disability Support Advisory Committees considered today were likely to be the last as the Board was considering moving to a new committee structure. He paid tribute to the significant amount of work these committees had done and thanked all members for their contribution.

6. WORK PROGRAMME

The CEO advised that the Health Charter would be submitted to the Board's next meeting, together with the draft Strategic Plan.

It was resolved:

that the updated 2015/16 work programme be noted.

7. STRATEGIC MATTERS

7.1 Strategic Plan

The General Manager, Strategy, Planning & Performance presented the strategic planning update, noting that the draft Strategic Plan would be submitted to the Board's next meeting. The Plan was based on the Strategic Framework approved by the Board, and the work of four taskforce groups who had worked up the four strategic imperatives contained within the framework. Representatives of each group presented their work to the Board.

7.1.1 Strategic Imperative – Connect and Transform Primary, Community & Specialist Care

Barb Bradnock and Doctors Bruce Stewart and Dave Ayling presented on behalf of this Taskforce Group.

The Group proposed that work occur in four areas to achieve this strategic imperative:

- a. Reinforcing primary health as a person's primary health home
- b. Ensuring all involved in providing health care across the continuum acted as one team.
- c. Utilising data for "information and knowledge".
- d. Ensuring "any door is the right door" for people accessing services.

In summary – one team, one home, one door, one source of information.

7.1.2 Strategic Imperative – Achieve Equity of Outcomes across Communities

Dr Curtis Walker presented on behalf of this Strategic Imperative Taskforce Group.

Health equity was about fairness. Health equality was about treating people the same but not necessarily fairly. Health inequities were fundamentally avoidable and remediable. The purpose of this strategic imperative was to identify and remediate health inequities. Major areas of concern were ethnicity, age, gender, socio-economic and geographic inequities.

The objectives of this strategic imperative were around leadership, understanding and knowledge, commitment, capability and partnership.

7.1.3 Strategic Imperative – Partnering with People and Whanau to Support Health and Wellbeing

Jan Dewar and Sandy Ramage presented on behalf of this Strategic Imperative Taskforce Group and advised the purpose for this strategic imperative was two-fold: MidCentral DHB's partnership with individuals and communities to deliver tailored services, taking into account the needs, values and beliefs of different cultural, religious, social and ethnic groups, and, individuals, families and whanau determining what health and wellbeing means for them and managing this in partnership with MDHB staff.

To achieve this, four approaches/objectives were proposed:

- a. An organised consumer voice so consumers were actively engaged
- b. People's ownership of their health continually improves
- c. Establish a framework for consumer engagement
- d. A workforce skilled in people and whanau centred care

A member suggested that in respect of health literacy, MDHB should aim for people taking ownership of their "health *and wellbeing*".

7.1.4 Strategic Imperative – Achieve Quality & Excellence by Design

Barry Keane and Jo Smith presented on behalf of this Strategic Imperative Taskforce Group.

Quality was a system. Excellence was a goal. Design was a commitment we would do it thoughtfully and deliberately.

To achieve this strategic imperative, three key areas were proposed:

- a. Systems embedded in the organisation and across the DHB were designed in a way to deliver excellence, eg best practice, enabling resources, good data and information, agreed quality infrastructure.
- b. Leadership.
- c. Relationships and connections.

In summary, the Group stated this imperative was about systems and culture – fundamental to quality was the enablement of the workforce.

Members of the Board discussed the importance of developing the right culture to support quality and the need to remove barriers for staff.

On behalf of the Board, the Chairman thanked all members of the Taskforce Groups for their work, stating it was exciting to see the strategic framework taking shape. The Board looked forward to seeing the next stage.

It was resolved:

that the report be received.

Members of the Strategic Imperative Taskforce Groups left the meeting.

7.2 2016/17 Capital Expenditure Plan

The General Manager, Finance & Corporate Services presented the capital expenditure plan for 2016/17, noting that a long term investment plan was being developed.

Mr Wanden confirmed that there would be some carryover of capital items from 2015/16 to the 2016/17 year, and from 2016/17 to 2017/18.

The adjustments to the infrastructure capital works programme were raised and Mr Wanden advised these works involved replacement of ageing items such as the electrical infrastructure which were nearing the end of life. These were kept under careful watch. Some would be replaced next year and other would take a little longer. There may be a need to accelerate some of this work down the track.

The approval process for items on the capital programme was questioned and management advised this was done in accordance with the Delegation Policy. It was noted that the replacement of linear accelerators would likely be brought forward to the Board.

The timing for the development of a cardiac catheter lab was raised. Management advised that work on a business case would be needed. The cardiology landscape report was currently being reviewed as part of this process. It was noted that the capital item included on the programme related to digital angiography and not interventional cardiology.

Jeff Small entered the meeting.

The DHB's seismic work programme was discussed. The Group Manager, Commercial Support Services advised seismic work was being done as part of the boilerhouse replacement project. This would be followed by the laundry and a detailed assessment was currently underway.

Beyond that, the programme would look at ceilings throughout the hospital in areas where there was access to enable remedial work to service contained in this space.

Mr Small noted that there was seismic legislation had been updated and the impact of this was currently being considered.

It was resolved:

that the draft Capital Expenditure Plan for 2016/17 be approved.

7.3 centralAlliance

It was resolved:

that the report be received.

8. OPERATIONAL REPORTS

8.1 CEO's Report

8.1.1 Cluster Model

Members noted that further information was to be provided on the cluster model and how this would work, and endorsed the need for this.

8.1.2 Organ Donation

Management undertook to ensure that the DHB's submission on organ donation would be provided to the Board through either the Hospital Advisory or the Community & Public Health Advisory Committees.

It was resolved:

that the report be received.

8.2 Financial Report (including Business Improvement)

The business improvement plan was discussed. Management confirmed that as part of its seasonal planning programme, it was working with St John as a high percentage of presentations at the Emergency Department arrived via ambulance. MidCentral Health was to work with St John to see if there were other, better pathways for some of these patients, particularly within primary care. St John was currently going through an internal change programme and given this, and current winter demand, the project had been delayed slightly.

The work done in the area of business improvement was acknowledged, together with the positive impact this had on the DHB's financial position. The DHB's ability to make further gains and efficiencies was questioned and the CEO advised that 2016/17 would be a challenging year. The strategic planning work was critical to this and would support the DHB to make decisions regarding the best use of its scarce resources. Community involvement would occur via the strategic planning process.

The impact and flow on effect of higher than usual summer demand was questioned. The General Manager, Clinical Services & Transformation advised that the hospital's Emergency Department, theatres and medical wards achieved budget last month. Areas adverse to budget were those related to locum senior medical officer costs and other outsourced costs. The 2016/17 budget reflected 2015/16 throughput levels. Extra packages of care had been budgeted.

The CEO advised that the upswing in demand over summer months was experienced by other

DHBs. A paper on the demand increase at MidCentral was being prepared for the Executive Leadership Team's consideration and would then be submitted to the Board.

It was noted that the increased demand brought financial pressure but that the services continued to provide quality care.

It was resolved:

that the report be received.

8.3 Information Systems Update

The Manager, Knowledge & Information presented his report.

The cost increase of ePharmacy was noted. The CEO advised that additional costs were likely to be incurred with the National Infrastructure Platform.

The Chair and Deputy Chair advised that the region was in a much better position in respect of information systems that it had previously been.

The CEO advised the Regional Steering Group was in place. Interviews had taken place for a Regional Lead Executive for IT. This role would have responsibility for the regional strategy and co-ordinate individual DHBs' efforts in the delivery of that strategy and programme of work.

The Manager, Knowledge & Information advised that 15-20% of Palmerston North Hospital campus had Wi-Fi capability, and this was expected to reach 60% by the end of the year.

The importance of change management was discussed and Mr Woolley advised that this was a key part of the WebPAS project. This project also had independent quality assurance provided by PricewaterhouseCoopers.

A member emphasised the need for greater visibility of what the new systems meant for patients, including things such as audit of access, information sharing. This information has previously been provided through the Technical Advisory Service.

It was resolved:

that the report be received.

8.4 Enable New Zealand Contract

Members congratulated Enable New Zealand of winning this contract back.

It was resolved:

that the Board authorise the Chief Executive Officer to sign the contract documentation between the Ministry of Health and Enable New Zealand for the provision of the hearing aids subsidy service for the period 1 July 2016 to 30 June 2019 at a total price of \$53 million.

9. GOVERNANCE MATTERS

9.1 2016 DHB Elections Update

The difficulties faced by DHB candidates in campaigning across the whole MDHB district were noted.

It was resolved:

that the report be received.

9.2 NZ Health Partnerships Limited: 2016/17 Accountability Documents

The Chair advised that these documents had been reviewed and endorsed by DHB Chairs and CEOs.

A member suggested that the Statement of Intent could benefit from a little editing, and that the Statement of Performance Expectations was a very useful document in setting out the work done by NZ Health Partnerships.

It was resolved:

that New Zealand Health Partnerships Limited's draft combined Statement of Intent 2016/20 and Statement of Performance Expectations 2016/17 be endorsed; and,

that MidCentral DHB endorse the proposed amendments to the Head Agreement between New Zealand Health Partnerships Limited and all District Health Boards; and,

that the Board's Chairman and CEO be authorised to sign these documents on behalf of MidCentral DHB and agree and non-material changes requested by other DHBs as part of the approval process.

Michele Coghlan left the meeting.

9.3 Committee Structure

Members supported the new arrangements, noting that it would be evolutionary process as the new Committees got underway, particularly the interface between them. Responsibility for clinical governance was raised and the CEO advised the internal audit on this matter had been received. This was likely to be an iterative process.

The reporting framework was key and members' supported a workshop on this matter.

It was resolved:

- a. *that MidCentral DHB's board committee structure be amended to support implementation and achievement of the DHBs' 2016 Strategic Framework;*
- b. *the Hospital Advisory Committee's terms of reference be amended as outlined in the Chairman's report of 20 June to provide greater focus on governance for safety and quality in clinical service delivery, and the Committee be known as the "Quality & Excellence Advisory Committee";*
- c. *the Community & Public Health Advisory and the Disability Support Advisory Committees be amalgamated and their terms of reference amended as outlined in the Chairman's report of 20 June to provide greater focus on planning, monitoring, and evaluation, and, that the Committee be known as the "Healthy Communities Advisory Committee";*
- d. *that joint meetings of the Quality & Excellence Advisory and the Healthy Communities Advisory Committees be held on a regular basis to discuss matters of mutual interest and to support the DHB's integration agenda;*

- e. *the Finance, Risk & Audit Committee's terms of reference be amended in line with the Chairman's report of 20 June 2016;*
- f. *that a Clinical Council be established as a non-statutory committee to provide advice to the Board and management on clinical matters, with terms of reference as outlined in the Chairman's report of 20 June 2016;*
- g. *that the Clinical Council meet at least quarterly, and that its membership reflect diversity of primary and secondary care, and all major clinical disciplines;*
- h. *that a Consumer Council be established as a non-statutory committee to provide advice to the Board and management on matters from a consumer perspective, with terms of reference as outlined in the Chairman's report of 20 June 2016;*
- i. *that the Consumer Council meet at least quarterly, and that its membership reflect diversity of ethnicity, gender, age, disability (including sensory, intellectual and physical), socio economic status, and demography;*
- j. *membership of both the Consumer and the Clinical Councils include an independent chair appointed by the Board on the recommendation of the CEOs, MDHB and the Central PHO, with members appointed by the CEOs.*
- k. *that responsibility for establishing the Clinical and Consumer Councils be delegated to the Chief Executive Officer;*
- l. *six-monthly hui be held between the Boards of MidCentral DHB and Manawhenua Hauora, and that these be complemented by six-monthly meetings between the Chairs;*
- m. *that consumer stories be a standing item on the Board's agenda on a 12-weekly basis to enable members to hear direct a consumer perspective;*
- n. *that stronger engagement with integration and other partners be encouraged, such as annual meetings between the Quality & Excellence Advisory Committee and the Health Quality & Safety Commission;*
- o. *that an annual schedule of service visits for Board Members be put in place, aligned to meetings of the Board;*
- p. *ENZGG to remain unchanged in the short term, and to be reviewed once the current strategic review is completed;*
- q. *the time devoted to meetings of the Board and its committees be increased from two to three days every six weeks;*
- r. *that the meeting schedule for 2016 and 2017, as detailed below, be approved:*

2016	FRAC 10am	O&EAC 9am	Joint O&EA/ HCAC 9am	HCAC 1pm	ENZGG 3.45pm	Board 10am
19 July						
9 August						
23 August						
30 August						
20 September						
4 October						
11 October						
1 November						
15 November						

22 November						
13 December						
2017						
31 January						
7 February						
28 February						
14 March						
21 March						
11 April						
26 April*						
2 May						
23 May						
6 June						
13 June						
4 July						
18 July						
25 July						
15 August						
29 August						
5 September						
26 September						
10 October						
17 October						
7 November						
21 November						
28 November						
19 December						

- s. *that the 2016/17 reporting framework be developed based on the new committee structure and that this be the subject of a board workshop in August 2016;*
- t. *that management report back on the implementation of the new structure in November 2016, and that a full evaluation of the new arrangements be undertaken in early 2017.*

The Chairman acknowledged the work done by Jill Matthews and Kathryn Cook in supporting the development of this paper.

9.4 Iwi Partner

9.4.1 Minutes

A member suggested that a glossary of terms would be useful, particularly if this could be available electronically. Oriana Paewai, in her role of Chair, Manawhenua Hauora, undertook to look into this.

Janine Hearn left the meeting.

It was resolved:

that the minutes be received.

9.4.2 Progress in Implementing the 2015/16 Work Programme

The General Manager, Maori & Pacific presented this paper and advised considerable progress had been in terms of the partnership between MidCentral DHB and Manawhenua Hauora.

The change in the Director of Maori Health's title was raised and management advised that this was new. Work was getting underway to engage with the Pacific community.

It was resolved:

that the Board approve the MidCentral DHB/Manawhenua Hauora Work Programme Update 2015-16.

9.4.3 Draft 2016/17 Work Programme

A member requested that there be higher use of Te Reo in MidCentral DHB's accountability documents, such as the Annual Plan. The General Manager, Maori & Pacific advised that work was occurring in this area.

It was resolved:

that the Board:

note the draft MidCentral DHB/Manawhenua Hauora Work Programme was approved at the Manawhenua Hauora meeting on 13 June 2016

approve the MidCentral DHB/Manawhenua Hauora Work Programme 2016/17

agree the date of the annual Manawhenua Hauora/Board hui of 9 August 2016.

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 9 August 2016 at Horowhenua Health Centre, Main Meeting Room, 62 Liverpool Street, Levin.

12. 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 17.5.16 meeting held with the public present	
“In committee” minutes of committee meetings: • Hospital Advisory Committee, 7 June 2016	For the reasons set out in the Committees' order paper 7.6.16 meeting held with the public present	
• Community & Public Health Advisory Committee, 7 June 2016	For the reasons set out in the Committees' order paper 7.6.16 meeting held with the public present	
• Disability Support Advisory Committee, 7 June 2016	For the reasons set out in the Committees' order paper 7.6.16 meeting held with the public present	
Strategic Matters • Final Draft Central Region's Regional Service Plan, 2016/17 • 2016/17 Final Draft Maori Health Plan • 2016/17 Final Draft Annual Plan • Upgrade Boilers, Palmerston North Hospital	Under negotiation Subject of negotiation Subject of negotiation Subject of tender process	9(2)(j) 9(2)(j) 9(2)(j) 9(2)(j)
Operational Matters • CEO's report: NZ Health Partnerships Limited – National Infrastructure Platform contract	Subject of negotiation	9(2)(j)
Governance Matters • 2016/17 insurance update • External committee member appointments	Contains competitive pricing information To protect personal privacy	9(2)(j) 9(2)(a)
• Board and CEO Only Discussions (no decision) • Board Only Discussion (no decision)		

Confirmed this 9th day of August 2016.

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Chairman