

MIDCENTRAL DISTRICT HEALTH BOARD

**Minutes of the MidCentral District Health Board meeting held on 3 March 2019
at 9.00am at MidCentral District Health Board, Board Room, Gate 2, Heretaunga
Street, Palmerston North**

PART 1

MEMBERS

Brendan Duffy, Chairperson	Materoa Mar
Heather Browning	Karen Naylor
Vaughan Dennison	Oriana Paewai
Lew Findlay	John Waldon
Norman Gray	Jenny Warren
Muriel Hancock	

IN ATTENDANCE

Kathryn Cook, Chief Executive
Jeff Brown, Acting Chief Medical Officer
Celina Eves, Executive Director, Nursing & Midwifery
Gabrielle Scott, Executive Director, Allied Health
Tracee Te Huia, General Manager, Māori
Nicki Williamson, Committee Secretary

IN ATTENDANCE (part meeting)

Neil Wanden, General Manager, Finance and Corporate Services
Judith Catherwood, General Manager, Quality & Innovation
Keyur Anjaria, General Manager, People & Culture
Craig Johnston, General Manager, Strategy, Planning & Performance
Vivienne Ayres – Manager, DHB Planning and Accountability
Debbie Davies – Operations Executive, Te Uru Kiriora, Public, Primary & Community Health
Dr Robert Holdaway – Manager, Public Health
Sharon Vera – Health Promotion, Public, Primary & Community Health
Nigel Fitzpatrick – Health Promotion, Public, Primary & Community Health
Jonathan Howes, Manager, Corporate Communications
Darryl Ratana, Deputy Chief Financial Officer
Dr Rob Weir – Medical Officer of Health
Chris Wilkins – THINK Hauora

Public: 4

Media: 1

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1 Apologies

There were no apologies.

2.2 Late Items

The Chief Executive advised that Dr Rob Weir would attend at 9.15 to answer any CoronaVirus COVID-19 questions the Board had.

2.3 Register of Interests Update

There were no additions to the Register of Interests.

2.4 Minutes of the Previous Meeting

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record. (Moved Vaughan Dennison; seconded Materoa Mar)

2.5 Matters Arising

The Chief Executive gave an update on whether Management had sent the Minister a letter requesting that the National Bowel Screening age be reduced for Māori. The National CEs had already sent the same request to the Minister. The Chief Executive would get advice from Dr Claire Hardie – Clinical Executive Te Uru Mātai Matengau, Cancer Screen, Treatment & Support – and the information would be provided to HDAC. HDAC would then advise the Board on the way forward.

Since the last Board meeting there had been dialogue between the Chair and the Women's Health Collective. The Chair provided the members with a copy of all correspondence and explained his decision not to allow the request for the Collective to speak to the Board until the Collective had followed the correct process and spoken to the Management team first.

The Remuneration Strategy and Policy review scheduled for December was queried. The Remuneration Committee were not due to meet until mid March then the Board would be updated. The December work was for the annual review of the Policy.

A member requested clarity around the preventing occupational violence strategy and the marking of a patient if they were violent. How were they marked, was it based on history or current status of the patient? Management would clarify and respond.

The Māori workforce development plan was requested to be put onto SharedNet.

3. PERFORMANCE REPORTING

3.1 Chief Executive's Report for December 2019 / January 2020

CoronaVirus COVID-19

The Chief Executive introduced Dr Rob Weir and Chris Wilkins from THINK Hauora to update the Board on COVID-19. There was now one confirmed case in New Zealand. Measures and controls were in place eg border restrictions and self isolation.

Keyur Anjaria, Darryl Ratana and Neil Wanden joined the meeting.

The case definition was changing to reflect the global situation. The response to the confirmed case in Auckland had been text book. MidCentral was using the 2019

Pandemic Plan. It was highly likely that there would be more sporadic cases in New Zealand but unlikely to be widespread cases.

The District was well prepared to identify any cases and quarantine close contacts. Protective equipment preparation was in hand in the community, primary care and hospital settings.

Communication was being refined to hospital staff and outlying DHB facilities to ensure that key messages weren't lost in a deluge of messaging. Most messages referred back to the Ministry to prevent duplication.

The team had been in contact with the education institutes in the district. Massey and UCOL had excellent planning in place. Secondary schools had had Ministry contact and the individual Boards of Trustees had planned accordingly.

The Board thanked the team for their work done on planning and preparation.

Regional

The WebPAS upgrade hadn't happened at the weekend due to ED being under extreme pressure on Saturday. With the volume of patients in the ED there would have been a small clinical risk to continue with the upgrade.

The Central Regional Board Induction day would commence at 9.00am on Thursday instead of 10.00am as previously advised.

It was resolved:

that the update of key local, regional and national matters be noted. (Moved Muriel Hancock; seconded Vaughan Dennison)

Dr Rob Weir and Chris Wilkins left the meeting.

3.2 Finance Report – January 2020

The General Manager, Finance & Corporate Services and Deputy Chief Financial Officer presented the report. The year to date deficit was \$7.3m which was very close to budget. Te Uru Arotau, Acute and Elective Specialist Services and Te Uru Rauhi, Mental Health and Addictions would be highly unlikely to achieve budget but this was being offset by other areas.

Emphasis was towards the end of year forecasting and ways of mitigating costs. Management were confident that the budget deficit of \$12.1m would be achieved.

It was resolved that the Board:

note that the January 2020 financial report was endorsed for Board approval by FRAC at their February 2020 meeting

note that the result for January 2020 is an operating deficit of \$1.109m, which is \$0.158m favourable to budget for the month

note that the year to date result is a deficit of \$7.301m and is \$0.118m adverse to budget

note that the year-end financial forecast is for a deficit of \$12.1m

observe that total available cash and equivalents is \$30.417m as at 31 January 2020 is sufficient to support liquidity requirements

approve the January financial report. (Moved Karen Naylor; seconded Materoa Mar)

3.3 Finance Report – December 2019

The General Manager, Finance & Corporate Services and Deputy Chief Financial Officer presented the report. The report was taken as read.

It was resolved that the Board:

note that the December 2019 financial report was endorsed for Board approval by FRAC at their February 2020 meeting
note that the result for December 2019 is an operating deficit of \$1.601m, which is \$0.082m favourable to budget for the month
note that the year to date result is a deficit of \$6.192m and is \$0.276m adverse to budget
note that the year-end financial forecast is for a deficit of \$12.1m
observe that total available cash and equivalents is \$33.554m as at 31 December 2019 is sufficient to support liquidity requirements
approve the December financial report. (Moved Materoa Mar; seconded Karen Naylor)

3.4 Finance Report – November 2019

The General Manager, Finance & Corporate Services and Deputy Chief Financial Officer presented the report. The report was taken as read.

It was resolved that the Board:

note that the November 2019 financial report was endorsed for Board approval by FRAC at their February 2020 meeting
note that the result for November 2019 is an operating deficit of \$0.703m, which is \$0.569m adverse to budget for the month
note that the year to date result is a deficit of \$4.592m and is \$0.358m adverse to budget
note that the year-end financial forecast is for a deficit of \$12.1m
observe that total available cash and equivalents is \$34.552m as at 30 November 2019 is sufficient to support liquidity requirements
approve the November financial report. (Moved Materoa Mar; seconded Karen Naylor)

Neil Wanden and Darryl Ratana left the meeting.

3.5 Performance Improvement Plan (PIP)

The Chief Executive presented the report. The report was taken as read.

It was resolved that the Board:

note that this paper was endorsed by Finance, Risk and Audit Committee at their February meeting for Board approval
note progress made to date in the delivery of the Performance Improvement Plan
note the behind target performance of the Savings Plan (Initiatives In Progress)
approve the PIP report and the mitigation plans in place to improve performance. (Moved John Waldon; Seconded Vaughan Dennison)

3.6 Care Capacity Demand Management Programme

The Executive Director, Nursing and Midwifery introduced Carrie Naylor-Williams – IOC Lead and Rachael Timutimu who presented the report. Context was given around CCDM, that it was built on a foundation of governance, patient acuity and partnership and the work had commenced in the DHB in 2011. Nationally for quarter 1 MidCentral was fourth for CCDM implementation. Te Uru Rauhi, Mental Health and Addictions and Maternity were areas that still needed focused work, this was underway. Ethnicity had been identified as a gap and missing in the data capture within TrendCare and all DHBs had fed this back to the software provider. If the programme identified resourcing gaps there was a robust process in place to agree those and the ability to recruit put in place.

It was resolved that the Board:

*endorse the progress with the CCDM (CCDM) and the Safer Staffing Accord.
(Moved Karen Naylor; Seconded Vaughan Dennison)*

3.7 Quarterly Health and Safety System Report

The General Manager, People and Culture presented the report. The report was taken as read. It was requested that the Health and Safety meetings and minutes have their names updated to Health, Safety and Wellbeing.

It was resolved that:

the quarterly Health and Safety System report be approved. (Moved Oriana Paewai; Seconded Heather Browning)

Keyur Anjaria left the meeting.

Vivienne Ayres, Debbie Davies, Dr Robert Holdaway, Sharon Vera and Nigel Fitzpatrick joined the meeting.

3.8 Non-Financial Monitoring Framework and Performance Measures, including Annual Plan Updates – Summary Report for Quarter 2, 2019/20

The Manager, DHB Planning and Accountability presented the report. The 'missing patients lists' was clarified for the Board: the PHO would be able to resume reporting data extracted from GPTs' Patient Management Systems (PMSs) from their data warehouse, once it goes live, to identify whether or not patients in each practice who are identified as current smokers had been offered brief advice and smoking cessation support in the last 15 months. This list supports GPTs to follow up contact with their patients. General Practices were not always keeping on top of recording the relevant data in their PMS.

It was resolved that the Board:

note this report and progress that was made in delivery MidCentral District Health Board's (DHB's) Annual Plan and performance expectations for the second quarter of 2019/20. (Moved Norman Gray; Seconded Maderoa Mar)

Vivienne Ayres left the meeting.

4. DISCUSSION / DECISION PAPERS

4.1 Committee Members, 2019-22 Term

The Chairperson presented his report. There was discussion about the Remuneration Committee and if three members was enough. It was agreed that members could express an interest to be on the Committee and that the Board Chair and Deputy Chair would decide the fourth member of the Committee.

The Chair undertook to investigate what other DHBs did and what was best practice.

It was resolved that:

registrations of interest be called for a fourth Remuneration Committee member, delegated authority to make the final appointment be given to the Board Chair and Deputy Chair. (Moved Vaughan Dennison; Seconded Karen Naylor)

The Finance, Risk & Audit Committee membership was discussed; if there was enough clinical expertise on the committee and concern about the lack of continuity in the membership. The Board were advised that the Chair had approached Member Gray to be a FRAC member, but due to other commitments Member Gray had declined the offer. It was agreed that the clinical membership would be reviewed at the November review.

The continuity of membership was considered, one member was carried over from the previous term, the independent member was continuing and one member had attended the majority of FRAC meetings previously as a Board member.

The Chair had researched what was best practice for a finance committee membership and it was for a smaller Board membership who would do the deep dive into financial considerations and then put forward recommendations to the Board.

The members were advised that as Board members they could attend a committee meeting at any time. If a Board member had a question on a committee paper, the practice was to advise the Committee Secretary in advance of the meeting so that management could research the answer and respond at the meeting.

Neil Wanden joined the meeting.

A member made the Board aware that there was no one on the FRAC membership with a 'lived experience of a disability.'

It was resolved that:

membership of Board Committees for the 2019-22 term be noted the Committee membership be reviewed in November letters of thanks be sent to Anne Kolbe and Vicki Beagley the reappointment of Mr Tony Hartevelt as an external member of the Finance, Risk and Audit Committee for a three-year term commencing 1 July 2020 be approved. (Moved Materoa Mar; Seconded Karen Naylor)

4.2 Revised Nutrition, Alcohol-free and Physical Activity Policy

The Manager of Public Health and two Health Promotion Advisors presented this report. The policy aligned with the national healthy food guidelines. It did not affect patient

meals or food that staff or contractors could bring onsite themselves or that whanau brought in for family. By advocating for healthy food and alcohol free, the DHB were becoming role models to the community.

Patient meals were excluded from the policy because they were a clinical decision for dieticians.

The changes to the policy would align with the Health Ministry's letter of expectations. The Board raised several issues including whether health messages have been targeted correctly to Māori, how to respect cultural aspects of food, how removing chocolate fundraisers could potentially exclude lower socio-economic children from school events, how would the policy be phased in and had the alcohol trollies for patients at the hospice or aged residential care facilities been considered?

It was resolved that:

the revised Nutrition, Alcohol-free and Physical Activity Policy be clarified and included on the April Board meeting agenda. (Moved Brendan Duffy; Seconded Vaughan Dennison)

Debbie Davies, Dr Robert Holdaway, Sharon Vera and Nigel Fitzpatrick left the meeting.

5. INFORMATION PAPERS

5.1 NZ Health Partnerships Update

The General Manager, Finance & Corporate Services presented this report. The report was taken as read.

It was resolved that the Board:

*note the update on the Shareholder's Review Group recommendations
note the overview of the NZHP Annual Report 2019 which is available on the NZHP website
note the financial result for NZHP was a deficit of \$38.0m of which \$32.9m was impairment of the FPIM (NOS) system and \$5.7m was due to related unrecovered amortization
note the update on the Statement of Performance delivery during 2018/19
note the update on the Statement of Performance Expectations delivery for quarter one, 2019/20. (Moved Materoa Mar; seconded Muriel Hancock)*

5.2 Consumer Council Report

The Acting Chair, Consumer Council presented this report. The report was taken as read. There were twelve members on the council and the council met ten times a year. The council were considering how to encourage young people, 15-24 years, to engage with the council.

It was resolved that the Board:

endorse the work of the Consumer Council and the Chairman's report. (Moved Oriana Paewai; seconded Karen Naylor)

5.3 Clinical Council Report

The Clinical Council Chair presented this report. The aim of the council was to protect the DHB from major surprises and identify clinical issues as they arose. Research from the USA and UK had proven that empowering patients to ask their clinician if they'd washed their hands before examining them had had a positive effect on handwashing statistics.

The council wanted to see greater alignment across all services and professionals with management and the regular meetings that were now happening between clinicians and the Chief Executive was a positive step.

It was resolved that the Board:

endorse the work of the Clinical Council and the Chairman's report. (Moved Norman Gray; seconded John Waldon)

5.4 Minutes of the Manawhenua Hauora Meeting

The General Manager, Māori presented the minutes. For future meetings the General Manager and Oriana Paewai would present a report to the Board. There were two significant events of note, that Pūkaha Mount Bruce had been returned to Rangitāne o Wairarapa and Rangitāne o Tamaki nui ā Rua who would then gift it back to the Crown for DOC to look after.

It was resolved:

that the minutes were received and noted. (Moved Oriana Paewai; Seconded Jenny Warren)

5.5 Minutes of the Health & Disability Advisory Committee Meeting

It was resolved:

that the minutes of the Health & Disability Advisory Committee held on 4 February 2020 be received and noted. (Moved John Waldon; Seconded Heather Browning)

5.6 Board's 2019/20 Work Programme

The Chief Executive presented this report. The work programme had been amended to allow the professional work groups to engage with the Board.

It was recommended that the Board held a workshop on how to engage with the work programme. This could cover how the two FRAC and Board consecutive meetings in May and December would run.

The media left the meeting.

It was noted that during the November review of committee membership consideration should be given to Deputy Chairs.

It was resolved:

that progress against the Board's 2019/20 work programme be endorsed. (Moved Muriel Hancock; Seconded Lew Findlay)

6. LATE ITEMS

There were no late items.

7. DATE OF NEXT MEETING:

Tuesday, 14 April 2020

8. 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" and "board only" minutes of the previous meeting</i>	<i>For the reasons set out in the order paper of 17.12.19 meeting held with the public present</i>	
2020/21 Annual Planning and Budget Replacement of Laparoscopic Towers Health & Disability Advisory Committee (HDAC) minutes, 04.02.20	Negotiating position paper Subject of negotiation For the reasons set out in the order paper of 04.02.20 held with the public present.	9(2)(j) 9(2)(j)

(Moved Lew Findlay; seconded Vaughan Dennison)

Confirmed this 14th day of April 2020.

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Chairperson