

# MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 3 November 2015 at 10.30am  
at Rotary Hall, 25 Aotaki Street, Otaki.

## **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  
Neil Wanden, General Manager, Finance & Corporate Services  
Jill Matthews, Principal Administration Officer  
Dennis Geddis, Communications Team Leader  
Michele Coghlan, Director of Nursing  
Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness  
Scott Ambridge, General Manager, Enable New Zealand  
Grieg Russell, Medical Officer  
Stephanie Turner, Director, Maori Health & Disability (part meeting)

**PUBLIC:** 11

**MEDIA:** 0

### **1. APOLOGIES**

An apology was received from Craig Johnston, Acting General Manager, Funding & Planning.

### **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 of Interests.

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

No declarations of conflict of interest were made in relation to the agenda for the day.

#### 4. PUBLIC FORUM

An apology was received from David Scott, Councillor, Kapiti Coast District Council.

James Cootes, Chairman, Otaki Community Board opened the forum with a welcome.

The following matters were raised by members of the public.

- Funding for shuttle services

The DHB approach to funding shuttle services was raised and management advised the DHB underwrote any loss experienced by shuttle providers to a certain level. There was no direct funding arrangement. Craig Johnston, Acting General Manager, Funding & Planning was the key contact in this regard.

It was noted that Pub Charity funding was much reduced. Other funding sources were identified, as listed on the Department of Internal Affairs website.

The CEO undertook to review the DHB's approach to supporting shuttle services over coming months.

A member of the public cited an incident where difficulties were encountered in moving a shuttle booking for a patient. Resolution of this was only achieved when she approached nursing staff. Her view was that clerical staff lacked the understanding of the situation and systems.

- Ability for Otaki residents to choose whether they went to MidCentral DHB or Capital & Coast DHB for health services

Management advised that CCDHB and MDHB have agreed flexibility that enables local residents to choose between DHBs. It was suggested that more communication around this was required as people were unaware.

- The importance of sleep apnoea services

It was stated that sleep apnoea services needed a better location within the DHB, and that staffing issues should be addressed as it was considered good staff were leaving because of issues within the service.

A person's experience with CPAP machines was also discussed.

- The process for intra-hospital referrals

A person's experience of waiting for a referral from one hospital specialist to another was raised. The person had experienced a delay as a result of the referral being overlooked. It was agreed that this matter be followed-up with Muriel Hancock.

- Notification process for outpatient appointments

A request was made for the DHB to consider using email, rather than post, to advise people of their outpatient appointments. The CEO advised that the DHB was looking to improve its processes in this area over coming months.

- District Management Group membership and appointment processes

A person's experience with the appointment process for district management groups was raised and the member of the public tabled documents with the Board's Chair and CEO. Two issues of concern were highlighted, being the appointment of representatives from contracted organisations to consumer roles on the Group. This was considered to be a

conflict of interest. The member of the public went on to advise that a representative from the contracted organisation had signed a letter advising another applicant for the consumer position that they had been unsuccessful.

The second matter related to the recruitment process. A person's application had been turned down as it had been received outside the time period, however no time period for applications had been stated.

The Chair advised it was not appropriate for further discussion of this matter to take place in a public forum and undertook to have the matter reviewed and revert back to the member of the public concerned.

- Population health

Concerns were raised at the approach taken to population health, such as childhood obesity, and the DHB's obligations to provide patient centred care. It was considered there was a lack of evidence behind the childhood obesity programme, and that it would cause harm to children. It was agreed that the CEO would have a further discussion with the member of the public concerned in relation to their broad concerns around population health.

- Waiting times in Emergency Department

A person's experience of waiting for care and treatment in the DHB's Emergency Department was raised. Management outlined the approach taken to reduce wait times and the significant improvements made over the past 12 months. It was stated that this work extended beyond the emergency department and into the wards to ensure a smooth flow of patients through the hospital. It was agreed that the member of the public concerned discuss their case with Muriel Hancock.

- Complaint System

A question was raised regarding MDHB's complaint system. An overview of the system was outlined and it was suggested that more communication around this was required.

- Process for lodging a complaint regarding a GP

A question was raised about this matter. Management advised that the process was via the Central Primary Health Organisation, and Muriel Hancock undertook to provide contact details to the person concerned.

Stephanie Turner entered the meeting.

## **5. MINUTES OF PREVIOUS MEETING**

### **5.1 Minutes**

It was resolved:

*that the minutes of the previous meeting held on 22 September 2015 be confirmed as a true and correct record, subject to the note in respect of Community & Public Health Advisory Committee minutes be corrected to identify a "factual" error, and not a "grammatical" error.*

### **5.2 Matters Arising from the Minutes**

There were no matters arising from the minutes.

## **6. BOARD COMMITTEES**

### **6.1 Group Audit Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Group Audit Committee held on 22 September 2015 be received and the recommendations contained therein approved.*

### **6.2 Matters Arising**

There were no matters arising from the minutes.

### **6.3 Hospital Advisory Committee**

Karen Naylor advised that her conflict of interest had been incorrectly recorded. Her interest related to her role as a staff member of the women's health service.

It was resolved:

*that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 13 October 2015 be received and the recommendations contained therein approved, subject to the change above being made.*

### **6.4 Matters Arising**

There were no matters arising from the minutes.

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

It was resolved:

*that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 13 October 2015 be received and the recommendations contained therein approved.*

### **6.6 Matters Arising**

There were no matters arising from the minutes.

### **6.7 Enable New Zealand Governance Group**

It was resolved:

*that the unconfirmed minutes of the meeting of the Enable New Zealand Governance Group held on 13 October 2015 be received and the recommendations contained therein approved.*

### **6.8 Matters Arising**

There were no matters arising from the minutes.

## **7. WORK PROGRAMME**

Scheduling of workshops for 24 November 2015 was raised. It was noted that the Hospital Advisory Committee wished to have a workshop around mental health. Consideration of the Master Class report was scheduled to occur at the Community & Public Health Advisory

Committee, and while this could occur within the meeting, a workshop would enable greater participation by other committee members.

It was resolved:

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

## **8. STRATEGIC MATTERS**

### **8.1 centralAlliance**

It was suggested that as the centralAlliance develops, arrangements be put in place to enable residents from the combined district to access health services from anywhere within the district. Currently, access was confined to the DHB area of domicile. It was agreed this could be pursued once the principles had been confirmed and agreed.

The matter of public consultation was raised. The CEO advised that it had been agreed that consultation should occur on something meaningful. As such it has been suggested at the workshop that the framework was not appropriate for the purpose of consultation, and that the priority areas may be more suitable. More work around the pathway forward was currently being done by senior management from both DHBs following the workshop, and this would be presented to the next meeting of the centralAlliance sub-committee before submission to the two Boards.

A member advised that one matter discussed at the workshop was the need for each DHB to look first for a sub-regional solution to any staffing issues that arose. They requested that this item be incorporated so that it did not get lost.

It was noted that a virtual team was to be developed to advance the centralAlliance strategic plan. It was agreed that this team would need to be adequately resourced.

It was resolved:

*that the report be received.*

### **8.2 2014/15 Draft Quality Account**

Management presented the draft Quality Account for 2014/15, noting that wider engagement on the plan within the PHO and DHB was underway. Unfortunately, due to time constraints this had not been completed prior to the document being submitted for the Board's consideration. Any significant changes would be reported back for the Board's consideration. To date, feedback received was of an editing nature.

The Board supported the Quality Account, particularly the partnership approach taken with the Central PHO. The following matters were raised for consideration by the team in finalising the document.

- Care to be taken when making "cause and effect" statements, ensuring that evidence was available to support these. For example, statements such as the reduction in falls being as a result of falls prevention initiatives. Where evidence was not available to show cause and effect, the wording to be amended accordingly.
- Identify in the document the work and improvement still to be done, ie reflecting the future priorities in the executive summary.
- Consideration be given to including smoking as an area requiring further work, particularly given the information recently provided to members around the high level of mothers of new-born babies who were smokers.

- The reduction in average length of stay featured throughout the draft Quality Account. More discussion was perhaps required as to what this meant from a patient's perspective. It was agreed that this matter be further considered at a forthcoming meeting of the Hospital Advisory Committee.
- Alignment of statements made in the Quality Account around diabetes to what was reported through the annual maternity report, eg increasing number of pregnant women requiring maternal diabetes specialist care and the struggle for this service to meet the demand. Management advised that the interface between maternity care and services, such as diabetes, was a feature of the current maternity review. In addition, a configuration project was underway regarding diabetes which was looking at the model(s) of care. HAC would be fully apprised of this work over coming months.

It was agreed the final document would be provided to the Board.

The Board thanked the authors of the report and the team involved in developing the Quality Account for their work.

It was resolved:

*that the Board approve the final draft Quality Account for publication, subject to changes made which are not material to the overall content, as a result of feedback received.*

## **9. OPERATIONAL REPORTS**

### **9.1 CEO's Report**

#### *9.1.1 Annual Report 2014/15*

The CEO advised that the Annual Report had been signed.

#### *9.1.2 Strategic Planning*

The CEO advised there was good alignment between the strategic planning work and the Health Charter. Accordingly, the Health Charter would be finalised and submitted for the Board's consideration early in the new year.

#### *9.1.3 New Zealand Health Strategy*

The CEO advised that the Ministry of Health was running a series of consultation forums. She and the Board's Chair would participate in these. Fora for ensuring a Maori perspective were also being arranged and MidCentral DHB would participate in these.

#### *9.1.4 Business Cases for Information System Programmes*

The CEO clarified that a decision around an information system for the hospital operation centre, and, for the community dental service were on hold while consideration of a number of aspects took place. This included securing a greater understanding of the relationship between MDHB's requirements and the enhanced regional IT offering. Some further work was required in this area before resources could be committed. Financial considerations were also a feature as the DHB needed to ensure value for money.

#### *9.1.5 Meeting with Palmerston North City Council*

Members expressed their appreciation of the Board-Council meeting which had recently taken place. They felt this was very worthwhile and wished to see that this relationship and

collaborative work progressed. The CEO advised that the General Manager, Strategy, Planning and Performance, once appointed, would take the lead for this work. Interviews for this position would take place shortly.

#### *9.1.6 Physical Server Integration*

The CEO advised that the bulk of the work had been completed by the target date of end October 2015.

#### *9.1.7 Iwi Visits*

A member suggested that a meeting with the Manawatu Marae Consultative Committee would be beneficial. This group was part of the Manawatu District Council's governance framework.

It was resolved:

*that the report be received.*

### **9.2 Finance Report – September 2015**

The General Manager, Finance & Corporate Services advised that further work was being done around reforecasting the year-end result and this would be reported back to the Board in due course. The Board noted that the current forecast was for breakeven.

It was resolved:

*that the report be received.*

### **9.3 Contracts**

The work being done in the procurement area was noted and supported.

It was resolved:

*that the report be received.*

## **10. GOVERNANCE MATTERS**

### **10.1 Annual General Meeting – Central Region's Technical Advisory Service**

It was agreed that the Board's proxy raise the following two matters at the annual general meeting:

- i. the process around the transfer of DHB shares in TAS into direct assets, and whether any further work was required;
- ii. the high level of receivables past due over 60 days.

The CEO advised that the Regional Governance Group had asked TAS to put in place better processes to enable improvement management of debtors, eg escalation to Chair to Chair discussions.

It was resolved:

*that the report be received,*

*that Kathryn Cook, CEO be appointed as MidCentral DHB's proxy at the Central Region's Technical Advisory Service Limited's annual general meeting in December 2015, and that she be instructed to support the recommendations as included in the Draft Notice of Annual General Meeting (undated).*

## **10.2 Annual General Meeting – Allied Laundry Services Limited**

The Board requested that its proxy at the annual general manager convey its appreciation of the work done by the ALSL Chair, Board and CEO in guiding the Central Region through what had been a difficult process to achieve a regional solution. It was further agreed that a formal letter be written to this effect.

It was noted that the date of the 2014 annual general meeting needed to be stated in the minutes of that meeting.

It was resolved:

*that the report be received,*

*that Jeff Small, Group Manager, Commercial Services (or, in his absence, Jill Matthews, Manager, Administration & Communications) be appointed as MidCentral DHB's proxy at Allied Laundry Service Limited's annual general meeting in November 2015;*

*that he be instructed to support the recommendations as included in the Notice of Annual General Meeting dated 9 September 2015*

## **10.3 2016 Meeting dates**

Penny Gaylord, Councillor, Kapiti District Council entered the meeting. She thanked the Board for holding its meetings in Otaki and other parts of its district.

It was resolved:

*that the 2016 meeting schedule, as set out below, be approved:*

<b>2016 MEETING SCHEDULE FOR MDHB BOARD &amp; ITS COMMITTEES</b>							
<b>HAC</b>	<b>CPHAC</b>	<b>DSAC</b>	<b>ENZGG</b>	<b>Board</b>	<b>Group Audit</b>	<b>Hosp. Audit</b>	<b>Funding Audit</b>
<b>8.45am</b>	<b>1pm</b>	<b>3.30pm</b>	<b>3.45pm</b>	<b>10am</b>	<b>8.15am</b>	<b>8.15am</b>	<b>8.15am</b>
2 Feb	2 Feb		2 Feb	23 Feb	23 Feb		
15 Mar	15 Mar	15 Mar		5 Apr		5 Apr	
26 Apr	26 Apr <sup>1</sup>		26 Apr	17 May <sup>2</sup>			17 May
7 Jun	7 Jun	7 Jun		28 Jun	28 Jun		
19 Jul	19 Jul		19 Jul	9 Aug <sup>3</sup>		9 Aug	
30 Aug	30 Aug			20 Sep	20 Sep		
11 Oct	11 Oct		11 Oct	1 Nov <sup>4</sup>			1 Nov
22 Nov	22 Nov	22 Nov		13 Dec	13 Dec		

Notes:

1. To include a presentation from the Central Primary Health Organisation
2. To include a public forum in Feilding, and, a 10.30am start time
3. To include a public forum in Levin, and a 10.30am start time
4. To include a public forum in Dannevirke, and, a 10.30am start time

## 10.4 Signatories

It was resolved:

*that N Wanden, General Manager: Finance and Corporate Services, become a Westpac account signatory;*

*that N Wanden, General Manager: Finance and Corporate Services, become a signatory for Ministry of Health Loan documentation; and,*

*that N Wanden, General Manager: Finance and Corporate Services, replaces M Grant as an Authorised Officer, authorizing Westpac to rely on notices or instructions on behalf of the Acceding Party with regards to the Shared Banking and Treasury Services Master Agreements*

## 10.5 Iwi Partner: 2015/16 Work Programme: update on programme

The Director, Maori Health & Disability advised key achievements:

- Manawhenua Hauora had recently provided the Iwi health priorities for inclusion in the 2016/17 annual plan
- the process for developing the 2016/17 annual plan was well underway, involving a serious of hui and engagement
- the needs assessment results had been fully discussed with Manawhenua Hauora
- regular reports on MidCentral DHB's performance in respect of the national health targets were received by Manawhenua Hauora, and these informed priorities for future years
- there was support by Manawhenua Hauora for increased engagement with MidCentral DHB's board with a view to strengthening the partnership
- the Maori directorate development was underway.

The Chair advised that he had had discussions with Manawhenua Hauora's Chair regarding how to improve the level of engagement between the two Boards, and this would be developed over coming months.

The Director, Maori Health & Disability advised that engagement between the DHB and the Maori community was occurring through a number of avenues, such as the strategic planning and annual planning process, the Maori Alliance Leadership Team, and the Whanau Ora Strategic Innovation Group. Engagement with Maori providers also occurred. The development of a separate plan for Maori engagement was not supported. Rather, the focus would be on ensuring MidCentral DHB's quality approach and programme and ongoing consumer engagement would be inclusive of Maori.

The Treaty settlement process was discussed in relation to local Iwi. It was noted that some settlements were close to resolution. The potential impact this may have, and the opportunities it could present, were discussed.

It was resolved:

*that the report be received.*

## 11. LATE ITEMS

There were no late items.

**12. DATE OF NEXT MEETING**

Tuesday, 15 December 2015 at the MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

**13. 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		
"In committee" minutes of committee meetings: <ul style="list-style-type: none"> <li>• Group Audit Committee, 22 September 2015: 2014/15 annual report and audit</li> <li>• Hospital Advisory Committee, 13 October 2015</li> <li>• Community &amp; Public Health Advisory Committee, 13 October 2015</li> <li>• Enable New Zealand Governance Group, 13 October 2015: EASIE Living &amp; Demonstration Centre Update, and, Contracts Update</li> </ul>	Under negotiation  For the reasons set out in the Committees' order paper 1.9.15 meeting held with the public present For the reasons set out in the Committees' order paper 1.9.15 meeting held with the public present Subject of negotiation	9(2)(j)   9(2)(j)
Strategic Matters <ul style="list-style-type: none"> <li>• 2016/17 planning assumptions</li> <li>• Enable New Zealand Governance Group Strategic Planning Workshop</li> </ul>	Subject of negotiation Commercially sensitive information	9(2)(j) 9(2)(j)
Operational Matters <ul style="list-style-type: none"> <li>• Business improvement assumptions</li> <li>• CEO's Report: NZHPL's business cases; regional IS plan; and TAS working capital</li> <li>• Contracts update</li> </ul>	Subject of negotiation Subject of negotiation  Subject of negotiation	9(2)(j) 9(2)(j)  9(2)(j)
Governance Matters <ul style="list-style-type: none"> <li>• CEO/Board and Board Only time (no decision)</li> </ul>	To protect personal privacy	9(2)(j)

Confirmed this 15th day of December 2015.

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Chairman