

# MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 5 April 2016 at 10.00am at MidCentral District Health Board Offices, Gate 2, Heretaunga Street, Palmerston North.

## **PRESENT**

Phil Sunderland (Chair)  
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 & Performance  
Stephanie Turner, Director, Maori Health & Disability  
Jill Matthews, Principal Administration Officer  
Lyn Horgan, Operations Director, Hospital Services  
Michele Coghlan, Director of Nursing  
Scott Ambridge, General Manager, Enable New Zealand  
Jeff Small, Group Manager, Commercial Support Services  
Brian Woolley, Manager, Knowledge & Information  
Greig Russell, Medical Administration Trainee  
Dennis Geddis, Communications Team Leader  
Vivienne Ayres, Planning & Accountability

**Public:** 0

**Media:** 0

### **1. APOLOGIES**

An apology was received from Diane Anderson, Board Member due to family bereavement.

### **2. LATE ITEMS**

There were no late items.

### **3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE**

#### **3.1 Amendments to the Register of Interests**

No amendments to the Register of Interest were recorded.

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

No declarations 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 23 February 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 23 February 2016 be received and the recommendations contained therein approved.*

##### **5.2 Matters Arising**

There were no matters arising from the minutes.

##### **5.3 Hospital Advisory Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 15 March 2016 be received and the recommendations contained therein approved.*

##### **5.4 Matters Arising**

There were no matters arising from the minutes.

Stephanie Turner entered the meeting.

##### **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 15 March 2016 be received and the recommendations contained therein approved.*

##### **5.6 Matters Arising**

###### **5.6.1 2016/17 Price Volume Schedule**

The Chair, Hospital Advisory Committee expressed concern that the Price Volume Schedule for 2016/17 was not going to be issued to either HAC or the Community & Public Health Advisory Committee this year. The General Manager, Strategy, Planning & Performance advised the Price Volume Schedule was being done in a collaborative way via the budgeting process this year.

It was agreed that the Board, via its Committees, required visibility of the Price Volume Schedule, and that this Schedule would be provided to them once the budget process was largely finalised.

## **5.7 Disability Support Advisory Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Disability Support Advisory Committee held on 15 March 2016 be received and the recommendations contained therein approved.*

## **5.8 Matters Arising**

There were no matters arising from the minutes.

Kate Joblin left the meeting.

## **6. WORK PROGRAMME**

### **6.1 Master Health Service Plan**

The CEO confirmed that work was about to commence to refresh the Master Health Service Plan indicative business case as developed by Sapere. The DHB's new strategic capital planning committee would oversee this work.

### **6.2 Regional Health Informatics Programme (RHIP)**

The CEO and Chair reported on agreements reached by the Regional Governance Group at its meeting on 4 April regarding RHIP.

All Central Region DHB Chairs and CEOs had agreed the core information programmes to be deployed: RIS, Clinical Portal, Health Care Practitioner Index, Regional WAN and infrastructure.

Common systems to be deployed were WebPAS and the operating model (service management) for the Central Region, and ePharmacy was also agreed.

The commitment made by all Central Region DHBs was for these systems to be implemented over the next two to three years. This would require Boards to commit to additional funds of up to \$8.3m, of which MidCentral DHB would pay its share (as based on the population share).

The Chair and CEO advised this was a key milestone. It had been challenging to revisit the work programme and get agreement on a different way of doing things so everyone could move forward.

The independent advisor, Mike Rillstone, felt the agreed programme was in good shape and he would continue to provide independent advice and health checks.

Ongoing governance would be provided by the Regional Governance Group. At an operational level, the Steering Committee would continue to provide oversight and this comprised representatives from the DHBs' CEOs, Chief Information Officers, Chief Financial Officers, Chief Medical Officers, Chief Operating Officers, Directors of Nursing, clinicians and consumers. The Steering Committee was accountable to the RGG.

The operating model supporting the regional IT systems would move to a business as usual model once fully deployed, and this would comprise a combination of local DHBs, Rivera (as host) and Capital & Coast DHB, being the largest DHB with more capability.

The operating model would be tested when the first core and common applications were installed, and it could be scaled.

The CEO advised that as more DHBs become involved in information sharing, this would be monitored by Rivera.

Members noted the update and extended their congratulations to all involved.

It was resolved:

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

## **7. STRATEGIC MATTERS**

### **7.1 Strategic Framework**

The CEO presented the framework for the Board's consideration.

Kate Joblin re-entered the meeting.

The CEO advised that work on developing each of the strategic imperatives was underway. A short plan for each would be developed, and these, together with the Strategic Framework, would form MidCentral DHB's Strategic Plan. The Strategic Plan would be submitted to the Board for approval at a future stage.

The process supporting the strategic framework and organisational development was raised, particularly around staff engagement. The CEO advised that the values and behaviours of the organisation were "work in progress" and this would be led by the General Manager, People & Culture. An appointment to this role was imminent. A quality change programme would be developed and implemented.

Members supported the establishment of the General Manager, People and Culture role. The CEO advised that MDHB had a strong HR function and this new role would bring the additional organisational development and quality change management skills required to support teams and the organisation as a whole.

Management confirmed that the Strategic Framework was being translated into Te Reo Maori and would be professionally designed as part of a branding exercise.

It was resolved:

*that the report be received, and that the Strategic Framework be formally adopted by MidCentral DHB.*

### **7.2 centralAlliance Strategic Framework - Update**

The issue of shared IT programmes was raised, specifically how this fitted within the centralAlliance strategic framework. The example of the maternity clinical information system was raised, where information would be shared between the two DHBs. Management advised that this would be part of the women's health service, but that further consideration would be given to the wider IT issue. This would be progressed through the centralAlliance Sub-Committee.

The Chair put forward the concerns of Diane Anderson regarding the development of the Alliance, and its Strategic Framework. Mrs Anderson was concerned about the delays that had occurred and was keen for the Plan to be progressed, together with other shared clinical services, such as urology and renal.

The Chair advised that unfortunately the last meeting of the centralAlliance Sub-Committee had to be cancelled due to other commitments for many members. A face-to-face meeting would take place next month and these matters would be discussed.

Kate Joblin advised that Whanganui DHB had secured some secretariat and project management resources and this would be helpful in supporting the centralAlliance and advancing its work programme.

The Board noted that the Alliance's Foundation Agreement was being reviewed from the perspective of what was required to support work going forward. The current Agreement had served the Alliance well in the establishment phase and early years, but it was now timely for a review.

Concern was expressed by one member regarding the need to advance renal services. Management advised that this work was underway. Palmerston Hospital's renal unit was experiencing capacity issues. Despite increasing these with an additional facility some years ago, acute demand had increased more rapidly than anticipated and high demand was now being experienced for in-centre dialysis.

The current work would look at models of care and would also take a more holistic view, such as discussions around alternatives to dialysis, the benefits of dialysis, and dialysis as a pathway to transplant. Members supported this approach, noting that the Board had advocated for national debate around these matters in the past.

It was suggested the management team look at the research at Newcastle University around the impact of a new diabetes diet.

It was resolved:

*that the report be received.*

## **8. OPERATIONAL REPORTS**

### **8.1 CEO's Report**

#### *8.1.1 Leadership Team and Organisational Structure*

The CEO advised that staff consultation on the executive leadership team and organisational structure has been completed. An update on the outcome would be provided to the organisation and the CEO would ensure the Board received a copy.

The linkages and relationships with MidCentral DHB's partners was raised, and one member felt these were really an extension of the DHB's workforce. The CEO advised that how MDHB engaged with others outside the organisation and brought them into service planning and other conversations was an issue currently being considered by the leadership team and was a work in progress. She noted that the DHB was accountable and this needed to be reflected in the structure.

#### *8.1.2 NZ Health Strategy*

The CEO advised that the Ministry of Health was holding a two day symposium in late April and it was expected the Health Strategy would be released. Attendance was by invitation only, and MDHB would be represented by the Board Chair and two members of the executive leadership team.

Once the Health Strategy was available, MidCentral DHB would ensure its strategic plan was aligned to this.

### 8.1.3 Ministry of Health Organisational Structure

The Board noted the changes to the Ministry of Health's organisational structure.

The CEO reported that the Director-General expected that the new structure to be operational within the next six months, with all appointments in place. To date, two roles had been appointed. It would take some time to bed the new arrangements down. The Ministry was very focused on ensuring its role, specifically viz a vie DHBs, was clarified for each party, taking into account their legislative responsibilities and accountabilities.

Members noted that the National Health Committee's role was to be absorbed into the Ministry of Health. The excellent role this Committee had played in ensuring the sector relied on evidence-based treatment was acknowledged, as well as the importance that this focus needed to be maintained within the new arrangements.

It was resolved:

*that the report be received.*

## 8.2 Financial Report

The General Manager, Finance & Corporate Services advised the DHB was tracking behind budget.

### 8.2.1 Staff Feedback

Staff feedback during the strategic planning discussion on the need to work within financial constraints was raised. Management advised that the current discussion and direction was centred on how to move to a maturity model where teams were empowered to act within the strategic framework. Mental Health was an example of where change was occurring. Responsibility in this area had been devolved and the team empowered to make decisions. Improved clinical and fiscal outcomes were beginning to be seen.

Work on the "quality by design" strategic imperative would be key. Investing and supporting quality would bring the biggest return. There was also a need to move from quality assurance and compliance to quality improvement.

Alongside this was the cultural change programme piece of work.

### 8.2.2 Leave Calculations

In light of issues being experienced by other government agencies with leave calculations, management was asked if there were any issues at MidCentral DHB.

The CEO advised that a robust review had been undertaken. MidCentral DHB used a different system to that with which problems had arisen, and there was no evidence the DHB had the same problems.

### 8.2.3 Annual Leave

The CEO confirmed that encouraging staff to take annual leave remained work in progress.

It was resolved:

*that the report be received.*

### **8.3 Business Improvement Update**

The General Manager, Finance & Corporate Services advised around 30 streams of work were underway. Some were in development, and others were delivering results. Some initiatives had been concluded. A lot of work was underway, particularly in hospital services.

Resources had been secured to enable quantification of the expected benefits and to measure what was being achieved.

The original reporting style used for tracking business improvement was preferred by members.

The issue of Inter District Flows (IDFs) was raised. The CEO advised that there was a need for a discussion at national level around how DHBs could focus on the need of individual patients, ensuring there was appropriate capacity, capability and role delineation to enable people requiring care to go straight to the most appropriate facility. Referrals for clinical reasons should not require DHB approvals as were currently required by some DHBs.

Arrangements with DHBs around cancer service provision was discussed. The General Manager, Clinical Services & Transformation advised a standard agreement was in place which formed the basis of these.

It was resolved:

*that the report be received.*

## **9. GOVERNANCE MATTERS**

### **9.1 2016 DHB Elections**

It was resolved:

*that the report be received, and, that candidates' names be listed in random order on the ballot paper.*

### **9.2 Iwi Partner - Minutes**

Oriana Paewai advised Manwhenua Hauora had appreciated increased participation in the development of the DHB's Maori Health Plan this year, and the supportive manner in which this had been undertaken. Greater awareness around the framework in which DHBs had to operate had been achieved.

The dis-establishment of the Maori Health Directorate within the Ministry of Health was noted.

Manwhenua Hauora was supportive of the moves to strengthen Te Whiti Ki Te Uru, the Central Region Maori Relationship Board. MDHB's Director, Maori Health & Disability has presented a paper to the Regional Governance Group regarding Te Whiti Ki Te Uru and it had received support. TAS would provide secretariat support to this group, and it would be a key component of regional governance arrangements.

It was resolved:

*that the minutes be received.*

## **10. LATE ITEMS**

There were no late items.

**11. DATE OF NEXT MEETING**

Tuesday, 17 May 2016 at the St John, Large Hall, 33 Bowen Street, Feilding.

**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 23.2.16 meeting held with the public present	
"In committee" minutes of committee meetings: <ul style="list-style-type: none"> <li>• Hospital Advisory Committee, 15 March 2016</li> <li>• Community &amp; Public Health Advisory Committee, 15 March 2016</li> <li>• Disability Support Advisory Committee, 15 March 2016</li> </ul>	For the reasons set out in the Committees' order paper 15.3.16 meeting held with the public present For the reasons set out in the Committees' order paper 15.3.16 meeting held with the public present For the reasons set out in the Committees' order paper 15.3.16 meeting held with the public present	
Strategic Matters <ul style="list-style-type: none"> <li>• 2016 Draft Annual Plan, Maori Health Plan and Regional Service Plan</li> <li>• Banked Revenue</li> </ul>	Subject of negotiation Subject of negotiation	9(2)(j) 9(2)(j)
Operational Matters <ul style="list-style-type: none"> <li>• CEO's report: <ul style="list-style-type: none"> <li>○ NZ Health Partnership Limited: Planning documents</li> <li>○ Allied Laundry Services Limited's pricing model</li> </ul> </li> </ul>	Subject of negotiation Commercially sensitive information & negotiations	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>		

Confirmed this 17th day of May 2016.

.....  
Chairman