

MIDCENTRAL DISTRICT HEALTH BOARD

**Minutes of the Board Meeting held on 6 November 2018 at 10.00am at
Woodville & Pahiatua Race Course, 1032 McLean Street,
Woodville**

PART 1

PRESENT

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

Michael Feyen
Nadarajah Manoharan
Karen Naylor
Oriana Paewai
Barbara Robson

IN ATTENDANCE

Kathryn Cook, Chief Executive
Scott Ambridge, General Manager, Enable New Zealand (part meeting)
Keyur Anjaria, General Manager, People & Culture
Craig Johnston, General Manager, Strategy, Planning & Performance
Steve Miller, Chief Digital Officer
Neil Wanden, General Manager, Finance & Corporate Services
Vanessa Caldwell, Operations Executive, Mental Health & Addictions (part meeting)
Debbie Davies, Operations Executive, Primary, Public & Community Health (part meeting)
Sarah Fenwick, Operations Executive, Healthy Women, Children & Youth (part meeting)
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support (part meeting)
Andrew Nwosu, Operations Executive, Healthy Ageing & Rehabilitation (part meeting)
Jill Matthews, Manager, Administration & Governance Services (part meeting)
Wayne Blisset, Service Director, Pae Ora
Jonathon Howe, Corporate Communications Manager
Angela Rainham, Project Officer
Colin Thompson, Medical Advisor

Public: 5
Media: 0

The meeting opened with a karakia.

The Chairperson amended the order of agenda items to enable the public forum to commence.

2. PUBLIC FORUM

Members of the public addressed the meeting.

A member of the public shared with the Board her husband's experience of primary and secondary care health services. She expressed concern regarding the shortage of medical staff in the district and the resultant lack of continuity of care for patients, and access to CT scans. The Chief Executive undertook to ensure an end-to-end review of the case was undertaken so that it could be used for training and development

purposes for general practice and hospital staff. It was also agreed that management would meet with the woman concerned to discuss their concerns.

Adrian Broad entered the meeting.

Other key points raised were:

- The need for information on the Health Care Home programme from a patient's perspective.
- Tararua's growing ageing population, particular the growing gaps in care and social isolation. A request was made for MidCentral DHB to invest in this area.

Michael Feyen and Karen Naylor left the meeting.

- Growing gaps in health care which impacted on all parts of the population, from the young to the elderly.
- The lack of funding being invested in the Tararua community.
- The need to travel to Palmerston North for urgent and after-hours care came at an enormous cost, which was unaffordable for many in the district.

Cushla Lucas, Colin Thompson and Debbie Davies left the meeting.

- The need for transparency regarding the actions being taken, or planned, by the DHB in implementing the Tararua Health & Wellbeing Plan.
- The need for details of the health services available to be widely promoted within the district, amongst both providers and the community, using the DHB's health and wellbeing network and database.
- The 2017 forum with the Board. The Mayor advised that from a community perspective, there had been no change since the 2017 forum.

Karen Naylor re-entered the meeting.

- The appointment of cluster leads by the DHB was acknowledged as a successful step forward.
- The impact of the Manawatu Gorge closure. The Mayor advised that from a community perspective, the current issue was the cost of getting to Manawatu for health care. There was real poverty in the community. She believed the key issues were how these services could be provided in Tararua, and for those which must be provided out of the district, how could access be improved.
- The need for practical and common-sense approaches for youth services. Currently, quotas were instituted for training courses which restricted access, particularly given the size of the district.

Colin Thompson re-entered the meeting.

- Fragmentation of services, and the need for stronger, practical collaboration between government agencies and the DHB.

- The Rural Proofing Policy. It was suggested that a rural proofing lens be taken to all DHB decisions.
- The new helicopter service arrangement.

In respect of investment in health services, the Chief Executive advised that the DHB would be looking to disinvest in some services in order to invest in those of a higher priority as it balanced its resources.

In closing the meeting, the Chair thanked everyone for their interest in health matters. The Chief Executive undertook to arrange a meeting with the Tararua Mayor to follow-up on issues raised.

The Chairperson advised that Michael Feyen had left the meeting for health reasons.

Cushla Lucas re-entered the meeting. Members of the public and Steve Miller and Craig Johnston left the meeting.

1. ADMINISTRATIVE MATTERS

1.1 Apologies

An apology for lateness was received from Board Member Adrian Broad.

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 Interests.

1.4 Minutes of the Previous Meeting

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record, subject to the term "participation rate" being expressed in quotation marks within section 4.3. (Moved Dot McKinnon; seconded Brendan Duffy)

1.5 Matters Arising

There were no matters arising from the meeting.

3. STRATEGIC & OPERATIONAL PLANNING

3.1 Integrated Service Model & Cluster Implementation Update

The Chief Executive presented the report. She advised that the third tier leadership consultation process had been completed. Feedback received related largely to matters of detail and "how" the leadership arrangements would work. No significant changes were proposed as a result of the feedback. A decision document would be issued to the organisation this week.

Steve Miller and Craig Johnston entered the meeting.

The established of Paiaka Whaiora was underway and information on the make-up and arrangements for this cluster would be provided to the Board, following consideration by the Health & Disability Advisory Committee. Members requested that this include a graphical illustration, including reporting lines, and how the new arrangements compared to the status quo.

The Chief Executive advised Paiaka Whaiora would involve both service delivery and enabler functions, and would have a strong focus on ensuring the DHB's equity agenda was progressed. She confirmed that final decisions on how this new cluster would be implemented were still to be made, and there would likely be additional resourcing required.

The development of scorecards for each cluster was discussed, and consumer involvement in this process was questioned. The Chief Executive advised the initial focus was to get the scorecards in place and to automate the associated data collection processes as much as possible. The Cluster Alliance Groups being established would be involved in the development of cluster plans, and monitoring the delivery of these. These Groups would include a consumer perspective.

The slippage in timeframes was noted and it was questioned whether this created any risk for the organisation. It was suggested that the transition plan include the original timeline. The Chief Executive advised that as it was a major transformation change programme, it was important implementation occurred at the speed that the organisation could sustain and was not rushed. She advised that the next critical point in the transition plan was ensuring the organisation was ready to move into the 2019/20 budget process. This included the development of cluster plans that would be implemented in 2019/20. It was noted that the cluster plans would be submitted to the Board via the Health & Disability Advisory Committee.

The Chief Executive advised that the third tier restructuring process was about ensuring clusters had the appropriate support and leadership to carry out their plans. It was not about efficiencies. No overall growth in FTEs was expected as a result of the third tier leadership review. The review aimed to reduce organisation layers and achieve a flatter organisational structure.

The Board noted that the alignment of contracts to clusters was proceeding well. The Chief Executive advised that it was intended each provider would report to one cluster, although there would be exceptions for those providers involved in a range of services.

It was resolved:

that the Board endorse the progress towards implementation of the Integrated Service Model. (Moved Brendan Duffy; seconded Ann Chapman)

4. PERFORMANCE REPORTING

4.1 CEO's Report for September/October 2018

4.1.1 Health and Wellbeing Plans

Congratulations were extended to all involved in the development of the Locality Health and Wellbeing Plans. These were considered to be practical and meaningful documents, which were easy to read.

The importance of ensuring transparency around what initiatives were planned to occur in both the current and out years was raised, so that the community understood what was happening and being planned.

4.1.2 Air Helicopter Service

The new contract arrangements were noted. It was agreed that a report be provided for the next Health & Disability Advisory Committee meeting outlining the new arrangements and the impact for MidCentral DHB. The report to also include information on pilot qualifications, the number of helicopters, and how coverage across the wider region would be assured.

Management advised that the new arrangements were expected to improve the quality of machines. No change in coverage was anticipated for MidCentral.

The Chief Executive advised that the new arrangements were to be considered at a forthcoming meeting of DHB Chief Executives.

4.1.3 Investment Planning

The lack of information regarding the priority rating of MidCentral DHB's investment projects within the Government's capital programme was noted. Management confirmed that they continued to follow-up this matter with the Ministry of Health on a regular basis.

4.1.4 Health Care Home Programme

Members reiterated comments made at the public forum regarding the need for more information regarding this programme, particularly from a consumer perspective. The Chief Executive advised that the Central PHO had presented on this matter to the joint meeting of QEAC and HCAC in June 2018, and that she would arrange for the upcoming presentation from the Primary, Public & Community cluster to focus on this programme.

Management advised that local feedback on the programme was positive, particularly around the telephone triage service. It was noted that the Compass Health website contained interesting information on the programme.

4.1.5 Te Whare Rapuora

The Chief Executive advised that sleeping accommodation within the Whare had reopened.

It was resolved:

that the Board:

- *note Palmerston North Hospital's 125th anniversary*
- *note that the Ministry of Health's advice regarding the ranking of MidCentral DHB's priority capital projects within the national programme and investment is awaited*
- *note the Palmerston North locality plan is on track for completion by December 2019*
- *note that the Health Select Committee has commenced its review of MidCentral DHB for 2017/18*
- *note the postponement of the centralAlliance hui*

- *note the national travel and assistance policy review report is with the Minister of Health for consideration*
- *note the timeline for the national mental health and addictions review has been extended to November 2018*
- *note a review of the national census is being undertaken. (Moved Dot McKinnon; seconded Brendan Duffy)*

4.2 Financial Performance for MidCentral DHB – August 2018

Management advised that the financial report had been prepared prior to the Board's decision to amend the budget, and was therefore based on the July 2018 approved budget.

Management further advised that the September results, as noted in the Chief Executive's report, were challenging.

The budget provision for the integrated service model was discussed and management advised that while there had been limited expenditure to date, this was not expected to continue and training and development for cluster leadership was planned.

It was resolved:

that the Board:

- *note the operating deficit for August 2018 of \$3.614m, which was \$0.072m favourable to the interim budget*
- *note that the results indicate stable financial performance across most aspects of the District Health Board but with some revenue potential yet to be achieved*
- *note that total available cash is \$37.333m at 31st August 2018. (Moved Dot McKinnon; seconded Brendan Duffy)*

5. IWI PARTNERSHIP

5.1 Minutes

The current status of the national contract for mortuary services was questioned and management reported no advice had been received. It understood the contract had not been signed.

The statement regarding additional resourcing for Pae Ora was raised, and Oriana Paewai, in her role of Manawhenua Hauora Chair, advised this was in relation to the establishment of Paiaka Whaiora.

It was resolved:

that the minutes be noted.

5.2 Manawhenua-Hauora Board to Board Workshop and Workplan Update

The Chief Executive advised that responsibility for Pacific and migrant health had been transferred to the Primary, Public and Community Health cluster. She acknowledged Stephanie Turner who had taken responsibility for these areas while the cluster model was finalised.

It was resolved:

that the Board:

- *note the Manawhenua Hauora Board-to-Board Workshop and Workplan update*
- *endorse Board/Manawhenua Hauora workplan process and next steps.*
(Moved Dot McKinnon; seconded Adrian Broad)

6. PARTNERSHIPS

6.1 centralAlliance Update

The Chief Executive advised that recruitment of a 5th urologist for the sub-regional service continued. This was challenging given the shortage of these specialists.

Scott Ambridge entered the meeting.

Further information was sought regarding the Care Logistics electronic scheduling tool. The Chief Digital Officer advised that this would automate the booking process. The new tool required changes to, and standardisation of, business processes across the two DHBs.

In respect of a Cardiac Catheterisation Laboratory at Palmerston North Hospital, management advised that if the development of an acute services block did not proceed in the near future, it would be necessary to implement a short term solution. It was expected that the short term solution, using existing buildings, would provide a return on investment.

The work being done regarding laboratory services was noted. Given the issues faced by other DHBs in contracting laboratory services, it was suggested that consumer input be included in the process, particularly around the location of community collection centres.

Management advised that it anticipated the short term renal Clinical Nurse Specialist position would become an ongoing role, together with the social worker position.

It was resolved:

that the Board:

- *note the centralAlliance update*
- *endorse the establishment of a management oversight committee for centralAlliance activities.* (Moved Dot McKinnon; seconded Karen Naylor)

7. GOVERNANCE

7.1 Allied Laundry Service – Annual Update & AGM Arrangements

The issue of disposable theatre linen was raised and it was questioned whether an environmental impact study had been undertaken. The General Manager, Finance & Corporate Services advised that such a study had not been undertaken but based on usage, from an environmental perspective, disposal theatre linen was unsustainable. However, unless sufficient volumes were maintained, reusable theatre linen would be uneconomic.

The Chief Executive advised that she would arrange for this matter to be considered by the Regional DHB CEs.

The level of linen theft was discussed. Management advised the loss of theatre scrubs was the only area of concern. To address this issue, discussions had taken place with DHB Chief Operating Officers and Nursing Directors, and a surcharge was in place.

It was agreed that arrangements be made for members to tour Allied Laundry.

It was resolved:

that the Board:

- *appoint Neil Wanden, General Manager, Finance & Corporate Services (or, in his absence, Liam Greer) as MidCentral DHB's proxy at Allied Laundry Services Limited's Annual General Meeting in November 2018, and instruct him to support the recommendations as included in the Notice of Annual General Meeting dated 15 October 2018.*
- *note that Allied Laundry Services is recommending a dividend payment to each Shareholding District Health Board of 6c per share from 1 July 2017 to 30 June 2018. MidCentral DHB holds 1,150,000 shares with a corresponding dividend of \$69k*
- *note the continuance of Deloitte as auditors to Allied Laundry on behalf of the Office of the Auditor-General. (Moved Brendan Duffy; seconded Ann Chapman)*

7.2 Central Region's Technical Advisory Services (TAS) Annual Update & Annual General Meeting

It was resolved:

that the Board:

- *approve Dot McKinnon as MidCentral DHB's representative at the Central Region's Technical Advisory Service Limited's annual general meeting on 5 December 2018, and that the recommendations as included in the Notice of Annual General Meeting be supported. (Moved Dot McKinnon; seconded Karen Naylor)*

7.3 New Zealand Health Partnership Update

It was resolved:

that the Board note the update on NZHP's national work programme. (Moved Dot McKinnon; seconded Brendan Duffy)

7.4 MDHB Public Consultation Policy Review

Members supported the Policy and requested that the following changes be made:

- Section 4.3, to read, "... through advertisements in local newspapers within the district and other media as appropriate."
- Section 4.3, open statement to be amended by replacing "minimal" with "minimum"
- Inclusion of a statement regarding the need to ensure a consumer perspective was considered in developing consultation plans, such as input from the Consumer Council.

It was resolved:

that the Board:

- *approve the changes made within the Public Consultation Policy, subject to the additional changes requested by the Board being incorporated*
- *note that the policy will be reviewed after 3 years. (Dot McKinnon; seconded Karen Naylor)*

7.5 Enable New Zealand – Ownership and Governance Arrangements

The Chairperson acknowledged the work of the Enable New Zealand Governance Group, particularly its Chairperson, Diane Anderson.

The Committee Chairperson advised that the Enable New Zealand Governance Group supported the proposal to dis-establish the governance group.

It was noted that under the new arrangements, governance of Enable New Zealand would primarily be undertaken via the Health & Disability Advisory Committee. It was further noted that this would strengthen governance arrangements, as updates would be provided six-weekly rather than quarterly.

The Chief Executive advised that the terms of reference for the proposed Strategic Advisory Group had yet to be finalised and would be submitted to the Board for approval, following consideration by the ENZGG. It was suggested it would be important for the Strategic Advisory Group to include people with a disability, and for engagement to occur with the disability community. It was noted that the new governance arrangements would have greater public exposure for Enable New Zealand.

The timeline for implementation of the new arrangements was considered, and the impact on the Health & Disability Advisory Committee noted.

It was resolved:

that the Board:

- *approve the dissolution of the current Enable New Zealand Governance Group, effective from 30 November 2018*
- *note the final meeting of the ENZGG will be held on 20 November 2018*
- *note that the governance of Enable New Zealand will be provided primarily by the Board, supported by HDAC and FRAC*
- *approve the formation of a Strategic Advisory Group*
- *note that should the Board endorse this approach, a Terms of Reference will be established for the independent Strategic Advisory Group for Board approval*
- *note that these arrangements are interim until a final recommendation on ownership arrangements is put to the Board for a decision. (Moved Dot McKinnon; seconded Brendan Duffy)*

7.6 2019 Board and Committee Meeting Schedule

Management was requested to arrange for more information about the DHB's activities to be conveyed to the community via local newspapers.

It was resolved:

that the 2019 meeting schedule, as set out below, be approved and the Board note that the meeting start time for the Board, the Finance, Risk & Audit Committee, and the Health & Disability Advisory Committee has been standardised to 9am:

2019 MEETING SCHEDULE FOR MDHB BOARD & ITS COMMITTEES			
FRAC 9am-1pm	HDAC 9am-1pm	Rem 1.00pm	Board 9am-1pm
29 January	5 February		26 February
12 March	19 March	19 March	9 April
23 April	30 April		21 May
4 June	11 June		25 June
30 July	6 August	6 August	20 August
3 September	10 September		24 September
8 October	15 October		5 November
19 November	26 November		17 December

(Moved Dot McKinnon; seconded Ann Chapman)

7.7 Work Programme

Arrangements for future centralAlliance meetings with Whanganui DHB were questioned. The Chairperson advised these would likely continue to be held six-monthly, in May and November. Management was asked to make the appropriate arrangements.

It was resolved:

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

8. COMMITTEE RECOMMENDED PAPERS

8.1 Quality Account 2017/18

The target audience for the Quality Account was discussed and it was agreed that this was the community.

The Board requested that management socialise the Quality Account through all channels and means possible.

It was resolved:

that the Board approve the Quality Account 2017/18. (Dot McKinnon; seconded Brendan Duffy)

8.2 RHIP Remediation Project Update

The Chief Executive advised that discussions were occurring within the region regarding RHIP, including the next phase, and which DHBs would be onboarding current systems. It was expected that a report for the Board would be available in February 2019. It was noted that RHIP was a long standing programme, and technology had changed considerably since that time. Other options, such as infrastructure-as-a-service and Cloud based products now existed.

The Chief Digital Officer advised that a focus for the future was the electronic clinical record.

Management confirmed that the \$2m for which delegated approval was being sought, was included in the 2018/19 capital programme.

It was resolved:

that the Board:

- *notes the RHIP Remediation Project progress*
- *notes the RHIP product optimisation, enhancement and upgrade initial roadmap*
- *delegates to the Chief Executive a delegation to approve capital expenditure of up to \$2 million to scope and progress key priority RHIP remediation, product optimisation, enhancement and upgrade activities. (Moved Barbara Cameron; seconded Brendan Duffy)*

9. COMMITTEE MINUTES

9.1 Finance, Risk & Audit Committee

It was resolved:

that the unconfirmed minutes of the Finance, Risk & Audit Committee meeting held on 9 October 2018 be noted. (Moved Brendan Duffy; seconded Adrian Broad)

9.2 Health & Disability Advisory Committee

It was resolved:

that the unconfirmed minutes of the Health & Disability Advisory Committee meeting held on 16 October 2018 be noted. (Moved Dot McKinnon; seconded Brendan Duffy)

10. DATE OF NEXT MEETING

Tuesday, 18 December 2018, Boardroom MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

11. 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:

Item	Reason	
"In committee" and "board only" minutes of the previous meeting	For the reasons set out in the order paper of the 14.8.18 meeting held with the public present	
Strategic & Annual Planning • 2018/19 Annual Plan & Budget	Under negotiation	9(2)(j)
Performance Reporting		

<ul style="list-style-type: none"> • CEO's Report for September/October 2018 <ul style="list-style-type: none"> ○ National Travel Assistance Policy ○ Holidays Act, and, Microsoft Licensing Contract Negotiations • MDHB's Administration Salaries 	<p>Subject to obligation of confidence</p> <p>Subject of negotiation</p> <p>Subject of negotiations</p>	<p>9(2)(b)(ii)</p> <p>9(2)(j)</p> <p>9(2)(j)</p>
<p>Governance Matters</p> <ul style="list-style-type: none"> • Appointment of External Member with Māori Health Knowledge & Expertise • Board only time 	<p>To protect personal privacy</p> <p>No decision</p>	<p>9(2)(a)</p>
<p>Committee Recommended Papers</p> <ul style="list-style-type: none"> • In-Sourcing of Services, Medical Imaging 	<p>Contains commercially sensitive information</p>	<p>9(2)(j)</p>
<p>"In committee" minutes of committee meetings</p> <ul style="list-style-type: none"> • Finance, Risk & Audit Committee, 9.10.18 & Circular Resolution 26.10.18 <ul style="list-style-type: none"> ○ Audit Arrangements, Te Wakahuia Audit, and In-Sourcing of Services 	<p>Subject of negotiations, including contractual negotiations and arrangements</p>	<p>9(2)(j)</p>

(Moved Ann Chapman; seconded Adrian Broad)

The meeting broke for lunch and reconvened at 1.10pm.

Confirmed this 18th day of December 2018.

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Chairperson