

## MIDCENTRAL DISTRICT HEALTH BOARD

### Minutes of the MidCentral District Health Board meeting held on 7 November 2017 at 10.00am at MidCentral District Health Board, Boardroom, Gate 2, Heretaunga Street, Palmerston North

#### 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, CEO  
Keyur Anjaria, General Manager, People & Culture  
Steve Miller, Chief Information Officer  
Neil Wanden, General Manager, Finance & Corporate Services  
Ken Clark, Chief Medical Officer  
Stephanie Turner, General Manager, Maori & Pacific  
Lyn Horgan, Operations Director, Hospital Services  
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness  
Debbie Davies, Acting Service Director, Community  
Jill Matthews, PAO  
Dennis Geddis, Team Leader, Communications  
Jeff Small, Group Manager, Commercial Support Services  
Jo Smith, Portfolio Manager, Health of Older People  
Kelly Isles, Project Manager  
Jess Long, Planner  
Vivienne Ayres, Manager, DHB Planning & Accountability  
Steve Tanner, Financial Planning Manager  
Grieg Russell, Principal Advisor to CEO  
Maggie Oulghan, Business Manager  
Darryl Purdy, Manager, Data Quality & Health Information  
John Manderson, Programme Manager

Public: 4

Media: 2

The meeting opened with a karakia.

The Chairperson welcomed members of the public to the meeting, including his worship the Mayor, Palmerston North City Council.

#### 1. ADMINISTRATIVE MATTERS

##### 1.1 Apologies

There were no apologies.

## **1.2 Late Items**

There were no late items.

## **1.3 Conflict and/or Register of Interests Update**

Ann Chapman noted her interests with the Central Region's Technical Advisory Service (agenda item 6.1) and the Otaki Mail (as noted in the report on Locality Planning).

## **2. PUBLIC FORUM**

### **2.1 Rheumatology**

Representatives of the Arthritis Support Group requested an update on the recruitment of a second rheumatologist and expressed concern regarding access to this service.

The Operations Director, Hospital Services advised the new rheumatologist had taken up duties and was interested in working across the district in an integrated way, supporting general practices and integrated family health centres to care for their rheumatology patients. Work was being done to support this model of care, including support from the retired rheumatologist. The recruitment of a second rheumatologist had not commenced. Previously, this role was focused on general medicine, with only a very small part spent in rheumatology. Instead, specialist nursing care was being considered.

The rheumatology service's capacity was the number of patients which could be seen within the national four-month wait time.

It was agreed that MidCentral DHB would engage with the Arthritis Support Group regarding the service design for the future.

### **2.2 Community IT Systems**

A local pharmacist asked about MidCentral DHB's plans for a shared electronic platform which would support sharing of information amongst all health providers, including community pharmacists. Systems used by other DHB regions, such as HealthOne and Whanau Tahi, were cited. It was considered a system of this type would support patient centred care.

The Chief Information Officer advised that an integrated service model was planned. Currently, the focus was on replacing legacy, end-of-life systems at the hospital. This work would be completed by the end of 2017 and the focus would then be on a system to support the patient journey and experience in the hospital setting.

With the Central Primary Health Organisation, the plan was to move to the next generation products enabling real time sharing of data supported by smart logic to enable early intervention.

An integrated plan for IT development across the district was to be established. A governance group was being formed to lead this work. It was noted that engagement would occur with community partners, including community pharmacies, laboratories and radiology providers.

The increasing uptake of Manage My Health amongst general practices and the community was also noted.

Maggie Oulaghan entered the meeting.

The CEO advised that the DHB's CIO worked across both the DHB and the Central PHO.

### **2.3 Health Services in Palmerston North**

The Mayor advised health was the biggest sector in Palmerston North and there had been significant private investment in recent times, including a new birthing centre. One of the Palmerston North City Council's new strategies was partnership and it had developed a new health partner plan which it would share with the DHB and seek its commitment. A healthy population was seen as vital to the City's prosperity and the Council looked to support this in a number of ways, including policy and by-laws. Recent initiatives supported included safe drinking water, smoke-free, sun protection, sugar-free beverages, etc.

Ken Clark entered the meeting.

Advancing health services for the Awapuni, Highbury, Cloverlea area of town was raised by the Mayor and he emphasised the need for progress to be made, even if this had to be staged. He noted that investment would be required as this area of the City was significantly different to that supported by Kauri Health Centre and would be unlikely to attract support from private development firms. He also cited the aging GP workforce in this area.

It was agreed that a briefing on this matter would be provided for the Board's Healthy Communities Advisory Committee.

The City Council's strong working relationship with Rangitane was noted.

A member raised the issue of climate change and the impact this would have on the health and wellbeing of the district. It was agreed this was a big picture issue which the Board would need to consider.

The Board's forthcoming meeting with the Palmerston North City Council on 22 November was noted.

## **1. ADMINISTRATIVE MATTERS CONTINUED**

### **1.4 Minutes of Previous Meeting**

#### *a. Minutes*

It was resolved:

*that the minutes of the previous meeting be approved as a true and correct record, subject to the section 4.1 being amended to reflect that information on a replacement staff culture safety survey would be provided to the Board, and that the Board had valued the information these surveys provided. (Moved Michael Feyen; seconded Barbara Robson)*

#### *b. Matters Arising*

- Staff Survey: The CEO stated she was committed to replacing the staff culture survey tool with a better product.

The General Manager, People & Culture confirmed the importance of staff surveys, noting the need for these to ensure staff anonymity and provide information in a way which could be “sliced and diced” so as to be meaningful. Different tools were being considered with a view to having one in place to enable a staff survey to be conducted next year.

The view was put forward by a member regarding three simple things management could do to reduce stress within the workforce – show appreciation, be flexible re working hours, and zero tolerance of physical or verbal abuse. The General Manager, People & Culture advised that work was being done in these areas.

- Trace Elements: The Acting Service Director, Community Services updated members on progress with this matter, advising that following a meeting of territorial local authority CEOs and public health staff, it had been agreed to do a stocktake of trace metals in their water supplies. It had been suggested that some research be undertaken and this would be considered following the stocktake.

Michael Feyen, in his capacity as Mayor, Horowhenua District Council, sought a copy of any communication regarding this agreement.

Darryl Purdy entered the meeting.

- Diabetes Lifestyle Centre – the Operations Director, Hospital Services advised that interviews for the additional nursing roles for this service were underway.
- Communication Protocols: The correct procedure for members to seek information from staff was discussed. The Chairperson advised that in future requests should go via herself or direct to the CEO.
- Government Policy. The status of MidCentral DHB’s plans in light of the new Government and its policy was questioned. The Chairperson advised that the new Government had yet to signal any change in direction.

### **3 STRATEGIC & ANNUAL PLANNING**

#### **3.1 MDHB Operational Business Plan 2017/18**

Members expressed their support for the Plan.

Government’s policy and approach, particularly around MidCentral DHB’s proposed budget, was raised. The Chairperson advised that the Minister of Health would be meeting with all DHB Chairs on 13 November.

Opportunities for public/private partnerships was raised and a member encouraged management to utilise this in the implementation of the Plan.

The development of a locality plan for Palmerston North City was discussed and management confirmed this work would get under in 2018. There was no capacity to bring this work forward.

Management was requested to review the success measures contained in the Plan to ensure that the right thing was being measured, and that the measure was clearly articulated without ambiguity.

John Manderson entered the meeting.

Details of the centralAlliance planning priorities were sought and management advised that was work in progress and these would be noted in the Plan in due course.

It was resolved:

*that the Operational Business Plan 2017/18 be noted*

### **3.2 Planning Approach for 2018/19**

It was agreed that a strategic workshop be held to enable members to discuss and confirm the key strategic issues that the Board wanted to see advanced in the Annual Plan. The workshop to be structured to maximise Board participation and discussion.

The commissioning framework was noted and assurance was sought that the right balance of input, output and outcome monitoring and reporting would be undertaken to enable the Board to carry out its role. The CEO advised that significant work had been undertaken in this area and a paper would be provided for the Healthy Communities Advisory Committee's consideration.

The process for members to put forward a notice of motion was questioned. The Chairperson advised that these should be submitted to her. It was also noted that the work programme process enabled members to request a report on a specific matter or further information.

Jeff Small entered the meeting.

It was resolved:

*that this report be noted.*

### **3.3 Locality Approach to Health and Wellbeing Plans**

The Board discussed the approach to locality planning, particularly the level of engagement occurring within local communities. The CEO advised that the information obtained from the community was incredibly valuable and took more time and resources than originally envisaged. Access to national datasets was also proving very helpful. All information received reinforced the messages being conveyed by communities over recent times, such as the deteriorating health status of Tararua.

In respect of Otaki, the CEO confirmed that discussions with the local Council and Capital & Coast DHB reinforced the need to raise awareness around access. Residents of this community were able to access services at either CCDHB or MDHB but it appeared this was not well understood. It was noted that in respect of ambulance services people south of Peka Peka Road were supported by the Wellington Free Ambulance. North of that road, the Order of St John provided ambulance care which was not free-of-charge.

The issue of the Manawatu Gorge closure and options for alternative roads was raised. The Board agreed that the DHB needed to get involved in these discussions, together with territorial local authorities and the NZ Transport Agency. Members considered that Health had an important perspective to offer, ie the health impact assessment. Members agreed that this was a road of national significance and the implications for health in terms of access, IT and other matters were important considerations in which the DHB should be involved.

Ken Clark left the meeting.

It was agreed that in addition to being involved in these discussions, the health impact of the gorge closure should be discussed at Ministry and/or government level at the appropriate time.

The Chairperson and CEO undertook to advance this matter.

Vivienne Ayres left the meeting.

The priority target population groups for Manawatu were discussed and management confirmed that the rural population formed a part of all target areas. It was agreed the rural population group would be highlighted in the report.

It was resolved:

*that the update on locality planning be noted.*

### **3.4 Integrated Service Model Update**

The need for communication around the integrated service model within general practice and local communities was raised, and it was suggested that a regular circular be issued from MidCentral DHB to socialise the concept.

Management undertook to look into this further, advising that increased communication and engagement was planned as the project moved into the co-design phase.

A correction to the report was noted – item 18 in the Table of Actions had not been completed.

It was resolved:

*that this report be noted.*

## **4 INTEGRATION & PARTNERSHIP**

### **4.1 Manawhenua Hauora Minutes**

The Chairperson acknowledged the successful hui which had been held recently with Manawhenua Hauora. She advised that it had been agreed that regular hui involving the Chair and Deputy Chair, Manawhenua Hauora and the Chair and CEO of MidCentral DHB would be occurring. These would support management of any issues as they arose.

Manawhenua Hauora's seven priority areas for 2018/19 were noted.

The benefits of a Whanau Ora approach were discussed. It was agreed that a Whanau Ora consumer story would be very beneficial. Management agreed to work with the Central PHO's Director, Maori Health in this regard with a view to the story being presented to the Board early in the New Year.

Jess Long and Maggie Oulaghan left the meeting.

The Director, Maori Health & Pacific advised that a short term arrangement was being finalised with St Michael, an urban marae for the provision of overnight accommodation

following the closure of the accommodation function within Te Whare Rapuora. The details were currently being finalised. Work was also occurring through the Acting Service Director, Regional Cancer Treatment Service around access to Ozaman House.

It was resolved:

*that the minutes be noted*

#### **4.2 DHB/Manawhenua Hauora Workplan Update & Planning Priorities for 2018/19**

It was resolved:

*that the Board note the DHB/Manawhenua Hauora Update and Planning Priorities for 2018/19.*

Steve Tanner left the meeting.

## **5 PERFORMANCE REPORTING**

### **5.1 CEO's Report**

- **ICT Matters:** The detailed update regarding ICT matters was appreciated by members, It was agreed that members needed to be kept up to date with progress in addressing problems with new regional systems given the potential for clinical risk.

Management confirmed that the Operating Model for the Central Regional Information Systems Memorandum of Understanding was supported by a detailed agreement. This set out the roles and responsibilities of all parties and was overseen by the Regional Governance Group. The Agreement reflected the 24/7 and critical nature of hospital services. The Chief Information Officer advised that some further resourcing and investment would be required.

- **BetterBoards:** The Chairperson thanked all members for completing the Institute of Directors' survey. She advised the results would be circulated to members shortly. It was agreed these would be presented and discussed at the Board's December meeting, with one hour put aside for this purpose.
- **Leadership Development Programme and Forum 2017:** The CEO agreed to provide a short report regarding the Leadership Development Programme and Forum 2017 being hosted by the Singaporean Ministry of Health. Members congratulated the CEO on being selected to attend the forum.
- **Mental Health:** The Government's support for mental health services was discussed, particularly the opportunities this may create for MidCentral DHB. The CEO advised that further information on what the Government planned in this area was not yet available. She further advised that good work was being done locally around mental health. MidCentral was one of three DHBs who would be responding to 111 calls with Police and St John Ambulance. This service would commence in Horowhenua.

It was resolved:

*that the CEO's report for September/October 2017 be noted.*

## **5.2 Six-Monthly Workforce Update**

The General Manager, People & Culture advised his report provided progress against the Operational Development Plan. A full workforce update would be provided to a future Board meeting.

Concern was expressed that limited progress was being made in reducing the level of annual leave in excess of two year's entitlement. Management was asked if the DHB had sufficient capacity within its workforce to enable all leave entitlements to be met.

Management advised that the Care Capacity Demand Management (CCDM) programme was the mechanism used for determining nursing staff requirements as well as for some allied health services. It factored in patient demand, hours of work, and nursing entitlements, including professional development. Further work was still required but MDHB was committed to its full implementation.

A strong focus continued on reducing annual leave levels and every opportunity was taken to enable staff to go on leave. All staff with leave in excess of two years' entitlement had a work plan in place.

Brendan Duffy left the meeting.

Management advised that recruitment of allied health staff was challenging and this was a national issue.

The CEO advised that the General Manager, People & Culture was moving into workforce planning.

Concern was expressed that the report did not provide the Board any means of measuring the impact or outcome of the actions being undertaken. The CEO advised that the organisation's leadership was focused on the workforce and more information could be provided to the Board. It was agreed that the next workforce update would provide impact information, including progress in the area of annual leave.

It was resolved:

*that the October 2017 workforce update against the Organisation Development plan is noted*

## **5.3 Finance Report September 2017**

Management clarified the statement made around optimising personnel levels to produce positive longer term enhancements. This was aimed as having the right people in the right place at the right time. It may require a change in staff numbers and skill mix. An example of reduced reliance on locums was provided.

It was resolved:

*that the Finance Report for September 2017 be noted.*

## **5.4 ICT Governance**

The link between the four governance groups was questioned.



Information governance was raised and management advised that the new ICT governance structure included a group specifically focused on this. There was a lot of work to do around privacy and security of information. Using the EMRAM tool, MidCentral DHB's rating was fourth lowest amongst all DHB. Considerable work was being undertaken in this area and an update would be provided to the Finance, Risk & Audit Committee.

It was resolved:

*that the ICT governance arrangements be noted.*

## **5.5 Board's Work Programme**

It was resolved:

*that progress against the 2017/18 work programme be noted and arrangements for a health and safety workshop on 27 February 2018 be endorsed.*

## **6 POLICY & GOVERNANCE**

### **6.1 Central Region's Technical Advisory Service: Annual Update and Annual General Meeting**

Information around the governance review process in respect of CTAS was questioned. The CEO advised the national work programme managed by CTAS was governed by the DHB Executive. For regional work, this was overseen by the regional DHB CEOs and the Regional Governance Group. CTAS also had an independent board, as well as an internal and external auditor (KPMG).

It was resolved:

*that the Board approves Dot McKinnon as MidCentral DHB's representative at the Central Region's Technical Advisory Service Limited's annual general meeting in December 2017, and that she be instructed to support the recommendations as included in the Notice of Annual General Meeting. (Moved Ann Chapman; seconded Karen Naylor)*

### **6.2 Allied Laundry Services: Operational Report 2016/17 and Annual General Meeting Arrangements**

Members acknowledged Allied Laundry Services Limited's success as a regional provider.

The Board acknowledged the work of Jeff Small, Group Manager, Commercial Support Services and thanked him for his leadership in the establishment and success of ALSL.

It was resolved:

*that the Board:*

- *appoint Jeff Small, Group Manager, Commercial Support Services (or, in his absence, Neil Wanden) as MidCentral DHB's proxy at Allied Laundry Services Limited's Annual General Meeting in November 2017; and,*
- *instruct him to support the recommendations as included in the Notice of Annual General Meeting dated 27 September 2017; and,*

- note that ALSL is recommending a dividend payment to each Shareholding District Health Board of the agreed percent on investment (total \$407k), based on the Ministry of Health percent capital charge. MidCentral DHB's share is \$74,750. (Moved Ann Chapman; seconded Karen Naylor)

## **7 COMMITTEE RECOMMENDED PAPERS**

### **7.1 Quality Account 2016/17**

It was resolved:

*that the Board approve the final draft of the Quality Account 2016/17 for sign off by the Chief Executive Officer subject to any changes being made as a result of feedback received. (Moved Barbara Robson; seconded Diane Anderson)*

### **7.2 Health & Safety Responsibilities for Board**

It was resolved:

*that the Board approve this report and the approach proposed. (Moved Dot McKinnon; seconded Michael Feyen)*

### **7.3 Sensitive Expenditure Policy**

It was suggested that the term "promptly" be supported by a definition as it was open to interpretation. Management advised that if expense claims were not submitted in a timely manner, these were followed up with the individual concerned.

It was resolved:

*that the Board approve the updated Sensitive Expenditure Policy. (Moved Dot McKinnon; seconded Barbara Robson)*

### **7.4 Business Improvement Update**

The CEO advised that improvements flowing through from the Medimorph and other programmes of work would be reported through to the Quality & Excellence Advisory Committee, including the impact of these, eg length of stay and bed usage.

Staff acknowledgement of the work being done and ideas generated was raised. Management advised that the People & Culture team were looking at a new reward and recognition programme. Members encouraged management to take every opportunity to provide staff recognition and appreciation.

It was resolved:

*that the update on business improvement be noted.*

## **8 COMMITTEE MINUTES**

### **8.1 Finance, Risk & Audit Committee**

It was noted that Michael Feyen was in attendance at the meeting. The minutes would be amended accordingly.

It was resolved:

*that the unconfirmed minutes of the meetings of the Finance, Risk & Audit Committee held on 10 October and 26 September 2017 be noted*

## **8.2 Quality & Excellence Advisory Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Quality & Excellence Advisory Committee held on 17 October 2017 be noted*

## **8.3 Healthy Communities Advisory Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Healthy Communities Advisory Committee held on 17 October 2017 be noted.*

## **9 LATE ITEMS**

There were no late items.

## **10 DATE OF NEXT MEETING**

19 December 2017, 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:*

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
<i>Integration and Partnership</i> <ul style="list-style-type: none"><li><i>• Consumer Story</i></li></ul>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>
<i>“In committee” minutes of the previous meeting</i>	<i>For the reasons set out in the order paper of 26.9.17 meeting held with the public present</i>	
<i>Strategic and Operational Planning</i> <ul style="list-style-type: none"><li><i>• Low voltage substation and 11KV network upgrade</i></li><li><i>• National Oracle Solution</i></li></ul>	<i>Subject of tender process &amp; contractual negotiations</i> <i>Subject of negotiation</i>	<i>9(2)(j)</i> <i>9(2)(j)</i>
<i>Governance Matters</i> <ul style="list-style-type: none"><li><i>• CEO &amp; Board Only time</i></li><li><i>• Board only time - Board minutes 26.9.17 &amp; Remuneration Committee minutes 17.10.17– CEO’s remuneration/ measures</i></li></ul>	<i>No decision</i> <i>Under negotiation and to protect personal privacy</i>	<i>9(2)(a)&amp;(j)</i>

<p><i>“In committee” minutes of committee meetings:</i></p> <ul style="list-style-type: none"> <li>• <i>Finance, Risk &amp; Audit Committee, 26 September and 7 November 2017: provisional improvement notice, and, national oracle solution</i></li> <li>• <i>Quality &amp; Excellence Advisory Committee, 17 October 2017</i></li> <li>• <i>Healthy Communities Advisory Committee, 17 October 2017</i></li> </ul>	<p><i>To protect personal privacy Subject of negotiation</i></p> <p><i>For the reasons set out in the order paper of 17.10.17 meeting held with the public present</i></p> <p><i>For the reasons set out in the order paper of 17.10.17 meeting held with the public present</i></p>	<p><i>9(2)(a) 9(2)(j)</i></p>
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*(Moved Dot McKinnon; seconded Adrian Broad).*

The meeting broke for lunch at 1.30pm and reconvened at 1.45pm.

Confirmed this 19 December 2017.

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Chairperson

Unconfirmed minutes

Unconfirmed minutes