

## MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 9 August 2016 at 10.00am at Horowhenua Health Centre, Main Meeting Room, 62 Liverpool Street, Levin.

### PRESENT

Phil Sunderland (Chair)  
Diane Anderson  
Adrian Broad  
Lindsay Burnell  
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 and Performance  
Janine Hearn, General Manager, People & Culture  
Stephanie Turner, General Manager, Maori and Pacific  
Michele Coghlan, Acting Executive Director, Nursing and Midwifery  
Ken Clark, Chief Medical Officer (part meeting)  
Scott Ambridge, General Manager, Enable New Zealand  
Jill Matthews, Principal Administration Officer  
Dennis Geddis, Team Leader, Communications  
Jo Smith, Senior Portfolio Manager, Elder Health  
Kelly Isles, Strategic Planner  
Amanda Rouse, Strategic Planner  
Greig Russell, Medical Administration Trainee  
Carrie Naylor Williams, Manager, Hospital Co-ordination Unit (part meeting)  
John Manderson, Manager, Data Quality & Health Information (part meeting)

Public: 10

Media: 0

### 1. APOLOGIES

An apology for lateness was received from Board Member Barbara Cameron.

### 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 advised.

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

No conflicts of interest in relation to the business of the day were advised.

#### 4. PUBLIC FORUM

Members of the public addressed the Board, and a number of issues, as outlined below, were raised.

- The need for greater flexibility in making hospital appointments, such as by telephone. Also, departments needed to be more available, with a recent instance of contacting the ophthalmology department cited. The General Manager, Clinical Services & Transformation advised he would arrange for Lyn Horgan, Operations Director, Hospital Services to ring Grey Power, Horowhenua on this matter.
- At least one week's notice of the DHB's public forums was required.
- Wherever possible, could specialist clinics be provided in outlying areas, such as Levin. Also, could general practices be made aware of what clinics were not available locally so they could advise patients of this at the time of a referral being made.

The Chief Executive advised that the DHB was currently putting in place its Strategic Plan for the next five years. This had a focus on providing services as close to home as possible and this would be taken into account in all service planning. A service plan for renal services had currently being considered by the Board and this had identified the need for renal dialysis to be available from the Horowhenua Health Centre. This would occur in due course.

Mrs Cook also advised that locality plans for each part of MidCentral DHB's district were to be developed, looking at the specific needs of those communities, and what service arrangements would be required to meet these. This planning would also include MDHB's involvement in other projects, such as the Accelerate 25 initiative. This was a cross-sector initiative as part of a Government programme. In Horowhenua, a pilot service was being explored around older people.

- Increased ambulance charges and increased fees for the Horowhenua out-of-hours health clinic were of concern. It was noted that people could become supporters of St John's and avoid ambulance fees. The DHB advised that feedback around after-hours fees would be taken on board.
- Availability of low cost access clinics as featured on national news recently. The DHB advised there was a low cost access service at Te Waiora, Foxton. Currently, these services were based on individual general practices and consideration was being given to a more flexible arrangement, ie a service focused on individuals or families. This was a national policy matter and was being led at that level.
- There was a pressing need for a social worker locally to support the older population. Age Concern was currently undertaking many investigations of elder abuse or self neglect which highlighted the need for a social worker. While there was currently a social worker attached to Star 4, that role did not have the time to also work within the community. The General Manager, Clinical Services & Transformation advised a pilot health of older persons team was currently underway in Palmerston North. This was based on a new model of care and approach, and included a social worker. The programme was to be evaluated and then it would be rolled out across the district, including Horowhenua. At this stage, no timeframe was known.
- The Shannon Health Committee (SHC) required assistance to sort out issues in respect of Te Waiora. The General Manager, Strategy, Planning & Performance advised Te Waiora was part of the Central PHO's responsibilities and he kept in close contact with this. He would follow up on this matter with SHC representative.
- Clarification was required regarding the DHB's commitment to general practice in Shannon including what was available through the Kere Kere arrangements. Craig Johnston advised

the DHB provided support for additional services into Shannon and Foxton.

A representative of Te Waiora addressed the meeting, advising the Kere Kere Board was wound up last year and Te Waiora was now responsible for servicing the Kere Kere contract. A series of meetings had been held with Shannon and the Himitangi Beach community following the restructure of Te Waiora as the restructure had resulted in a reduction of services for those communities. Te Waiora wanted to improve arrangements and was appreciative of the community feedback.

- The DHB's commitment to ensuring a sustainable general practice workforce for the district. Messrs Craig Johnston and Mike Grant advised that a lot of work was happening around the shape of services delivered from the Horowhenua Integrated Family Health Centre. In addition, the DHB supported GP training positions with the district. The Central PHO took a lead role in the recruitment of GPs to the district and worked very closely with the Horowhenua District Council.
- The DHB's Health Charter was regarded as being provider driven, with owners (the public) not recognised. The signatory page for the Charter did not include any individuals. It was also considered that there had been no meaningful owner input into the charter's development.

The Health Charter's glossary was considered incomplete.

- Membership of the Consumer Council to be established by the DHB's Board must be made up of "owners", and should not include professional charity workers or others who were health and disability service providers.
- The possibility of a mobile medical unit for servicing the Shannon area. The current medical centre was too costly to maintain, particularly in terms of heating and rental. The member of the public concerned was encouraged to discuss this matter with Craig Johnston.

In closing the public forum section of the meeting, the Chair and members thanked the members of public present for attending and the level of discussion which had occurred. It had been a very worthwhile session.

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

### **5.1 Minutes**

It was resolved:

*that the minutes of the previous meeting held on 28 June 2016 be confirmed as a true and correct record.*

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

#### **5.2.1 Disability Support Advisory Committee**

It was confirmed that the minutes of the last meeting of the Disability Support Advisory Committee would be submitted to the Healthy Communities Advisory Committee in accordance with due process.

## **6. BOARD COMMITTEES**

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

It was resolved:

*that the unconfirmed minutes of the meeting of the Finance, Risk & Audit Committee held on 28 June 2016 be received and the recommendations contained therein approved.*

## **6.2 Matters Arising**

### *6.2.1 Independent Members*

The Chair advised that the recently appointed independent Chair and independent member for FRAC would be attending the Committee's next meeting (23 August).

### *6.2.2 Financial Position*

Members sought confirmation that the management process for the allocation of funds to areas in need was a transparent one. The CEO advised that sometimes management was responding to an issue of the time, but the investment in women's health and mental health was part of the budget process. However, it had not been part of the investment process. The CEO confirmed that the executive leadership team weighed up opportunity costs as part of its budgeting and investment process.

### *6.2.3 Risk Framework*

The timing of change management planning work associated with the Clinical Portal and WebPAS was questioned. The CEO advised that the implementation timeline was still being challenged and implementation at MidCentral DHB could be pushed out into the next calendar year. The General Manager, People & Culture advised there was a range of change management activity underway at the moment, and the Executive Leadership Team had requested this being put into a comprehensive plan.

The CEO advised that as part of the regional approach being taken, it had been agreed a post event audit of the Clinical Portal implementation at Whanganui DHB be carried out before roll-out across the region.

## **6.3 Quality & Excellence Advisory Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Quality & Excellence Committee held on 19 July 2016 be received and the recommendations contained therein approved.*

## **6.4 Matters Arising**

### *6.4.1 Annual Leave Plan*

The findings of the review undertaken by the Central Region's Technical Advisory Service was questioned, particularly around the potential for outstanding annual leave becoming a health and safety issue. The General Manager, People & Culture advised TAS had been complimentary about the work being done by MidCentral DHB. However, the DHB was concerned it was not making as much progress as anticipated and would be doing more work as to why annual leave was not being taken. The General Manager confirmed that the work being done was sufficient from a health and safety perspective.

### *6.4.2 Appreciation*

The Board acknowledged Jan Richmond who was in attendance at the meeting. Jan had a long standing association with the DHB through her work as a Chaplain, dating back to Kimberley Centre.

#### *6.4.3 Maternity Clinical Information System*

The General Manager, Clinical Services & Transformation confirmed that additional funding would be required to support and develop the maternity clinical information system. Preliminary indications were this would be in the vicinity of \$150,000 to \$250,000. A document on this would be submitted for the Committee's consideration.

The CEO advised that discussions were occurring with the Ministry of Health, as the owner of this national information system. The Ministry was committed to working with DHBs to resolve challenges being experienced with the implementation of this clinical information system.

#### *6.4.4 Sick Leave Levels*

The General Manager, Clinical Services & Transformation confirmed that activity and demand continued at high levels, as did sick leave.

#### *6.4.5 Renal Plan*

Management confirmed that the implementation plan would be developed and submitted to a joint meeting of the Healthy Communities Advisory Committee and the Quality & Excellence Advisory Committee.

#### *6.4.6 Mental Health Services*

A member advised that in respect of rural mental health services, access was currently a problem, and this reinforced the importance of ensuring consultation occurred with referral agencies and secondary schools (students and principals).

The increase in readmission rates to the mental health inpatient unit was raised, and the importance of having the right support in place in the community was emphasised. The General Manager, Clinical Services & Transformation advised that packages of care post discharge were required. This would present some dilemma for the DHB from a financial perspective and would need to be worked through.

#### *6.4.7 Financial Result*

The financial impact of high sick leave levels was questioned, as was the correlation between high levels of annual leave and sick leave.

The CEO advised that high sick leave levels had a substantial impact. The high sick leave levels were consistent with previous years and were largely within the nursing workforce.

The General Manager, People & Culture advised that traditionally sick leave rates increased during winter months. The rise in rates had been delayed a little in 2016 due to the late onset of winter weather. Within the allied health workforce, sick leave rates had increased and the cause was to be investigated. This workforce had gone through change and it was not unusual for sick leave rates to rise as a result of change.

The General Manager, People & Culture also advised that an analysis of the number of people requiring sick leave and their annual leave position had not yet been undertaken but would be in due course.

### **6.5 Healthy Communities Advisory Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Healthy Communities Advisory Committee held on 19 July 2016 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 19 July 2016 be received and the recommendations contained therein approved.*

## **6.8 Matters Arising**

There were no matters arising from the minutes.

## **7. WORK PROGRAMME**

The CEO confirmed that a planning meeting would be held ahead of the inaugural joint meeting of the Healthy Communities and the Quality & Excellence Advisory Committees. This would involve the committee chairs and key management leads.

The CEO advised that a follow-up discussion on the risk management workshop would take place. This would include things such as the Board's risk appetite and risk prioritisation. This matter would be factored into the work programme.

It was resolved:

*that the updated work programme be noted.*

Ken Clark entered the meeting.

## **8. STRATEGIC MATTERS**

### **8.1 MidCentral DHB Strategic Plan**

Members expressed their support for the draft Strategic Plan and conveyed their congratulations to all involved in its development.

It was suggested that management include in the Plan a strategy framework for opportunities for external funding of some of the objectives. This would enable influential members of the public who had an interest in supporting community endeavours to fund health projects. Management agreed that a structured approach was required, such as the establishment of a Foundation for the DHB.

It was noted that "putting the Plan into practice" would be what communities and the public wanted to see, and that the implementation planning need to be achievable with clear signs of success. Communication on progress would be important throughout the implementation phase.

A member noted a couple of typographical errors for correction.

It was resolved:

*that the report be received;*

*that the Board endorse the draft Strategic Plan as the basis for further engagement with staff and other key stakeholders.*

## **8.2 Health Charter**

Members expressed their support for the Health Charter and the importance of this document in taking a partnership approach with other agencies and organisations. It was well articulated and was a roadmap for social change. If the DHB delivered to it, it would have a huge impact for the district. Congratulations were extended to all involved in its development.

Diane Anderson advised that as the Board's representative on the Governance Group, she could confirm that the Group had worked hard to ensure the Charter remained true to the ideals of the original stakeholder group. Mrs Anderson felt it was important that the Charter went back to that stakeholder group before it was finalised.

John Bent, member of the public was invited to identify the definitions he felt were missing from the Charter. He advised "whanau" was the key definition he believed was necessary. He supported the definition of "health and wellbeing" but noted that on numerous occasions throughout the document only "health" was used and that this should be amended to "health and wellbeing". A member suggested "hui" and "fono" also be defined. It was noted "whanau", "hui" and "fono" were used as everyday words amongst the younger generation. There was an acceptance that these provided a context but were not exclusive, ie a Pacific context or a Maori context but were open to anyone who was part of the community.

It was suggested that the list of acronyms needed to be expanded upon and that further editing was required.

The CEO confirmed that while the Charter would be used by all parts of the organisation, at a governance level it sat with the Board.

It was resolved:

*that the Board endorse the Charter for wider release for sector support and endorsement.*

## **8.3 Long Term Investment Plan – Preliminary Report**

The General Manager, Finance & Corporate Services advised that in order to meet the Ministry of Health's timeframes, delegated approval may be sought from the Board.

Members noted that the Strategic Plan and the Health Charter were two excellent documents on which the Long Term Investment Plan could be anchored.

The importance of ensuring emerging models of care and advances in technology, etc would be taken into account in developing the Long Term Investment Plan. The General Manager, Finance & Corporate Services confirmed that this was well understood.

It was resolved:

*that this report be received.*

## **8.4 Master Health Service Plan – Progress Update**

It was resolved:

*that this paper be received.*

## **9. OPERATIONAL REPORTS**

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

#### *9.1.1 Allied Laundry Services Limited*

The price increase advised by Allied Laundry Services Limited was noted.

The CEO advised that the price increase had been discussed by the Regional DHB CEOs. Allied Laundry had recently invested significantly to support the new regional laundry structure, and had incurred higher rates of lost stock. Notwithstanding this, it had been agreed that there be improved communication between Allied Laundry directors and the regional CEs so that decisions like this did not come as a surprise to the DHBs.

The Board recognised the excellent work done by Allied Laundry.

Oriana Paewai advised that from an Iwi perspective, there was some concern that the increased operations by Allied Laundry Services Limited would negatively impact on the health of the Manawatu River. It was agreed this matter needed to be addressed. It was understood that the new machinery within ALSL was more environmentally friendly, however further information would be sourced and provided to the Board.

#### *9.1.2 Reporting Framework*

The views put forward by the Hume family were acknowledged. The CEO confirmed that following the Board meeting, a response would be provided to the Humes. The Board confirmed that its new committee structure and reporting arrangements would not impact public transparency. The Board wished to be as open and transparent as it could and had always endeavoured to do this. No change was foreseen.

#### *9.1.3 Digital Advisory Board*

The CEO advised that the Ministry of Health was engaging with the regional DHB CEO leads for IT regarding the role of the new Board. It was envisaged the Board would be taking a strategic focus; looking at what was required from an IT perspective to support the successful implementation of the NZ Health Strategy.

Membership of the new Board included Mike Rillstone who was involved in the development of the Central Region's Health Infomatics Programme as an external advisor.

It was resolved:

*that the report be received.*

### **9.2 Financial Report (including Business Improvement)**

The visibility of the business improvement plan and benefits to be realised was noted.

Achievement of business improvement targets within mental health were discussed, and the General Manager, Clinical Services & Transformation advised that benchmarking with other DHBs was occurring. There were a number of inter-related initiatives to achieve the targets, including the recruitment of permanent psychiatrists and the "packages of care" work. As such, a timeline for achievement could be given at this time.

The General Manager, Finance & Corporate Services advised that the "non-operational adjustments" major cost driver was made up of a number of items that were not operational in nature, such as balance sheet changes, provisions for things like inter-district flow inflows and outflows.

It was resolved:

*that the report be received.*

### **9.3 Year End Audit Process**

The General Manager, Finance & Corporate Services advised that he and the CEO had met with the auditors regarding their audit of the year end results. The auditors were comfortable with the overall results and at this stage management was unaware of any adjustments that the auditors would require.

Once the auditors provided final confirmation of their position, the DHB would complete the annual letter of representation.

In respect of the annual report, the CEO advised progress was being made in resolving the sector-wide issue regarding auditing of non-financial results (the statement of service performance). Currently, all DHBs annual reports were “qualified” as the auditors could not rely on the information provided by third parties, such as the Primary Health Organisation. The auditors had visited the Central PHO and were satisfied with their systems. Subject to some more work by the Ministry of Health, this could mean the DHB’s 2015/16 account would not be qualified in this way.

It was resolved:

*that the Board Chair and Deputy Board Chair be authorised to sign the letter of representation in respect of the financial return to the Ministry of Health.*

## **10. GOVERNANCE MATTERS**

### **10.1 2016 DHB Elections Update**

The Manager, Administration & Communications advised that as at the commencement of the Board meeting, eleven nominations had been received.

It was resolved:

*that the report be received.*

### **10.2 Iwi Partner - Minutes**

It was resolved:

*that the minutes be received.*

## **11. LATE ITEMS**

There were no late items.

## **12. DATE OF NEXT MEETING**

Tuesday, 20 September 2016 at MidCentral DHB Offices, Board Room Gate 2, Heretaunga Street, Palmerston North.

## **13. 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 28.6.16 meeting held with the public present	
"In committee" minutes of committee meetings: <ul style="list-style-type: none"> <li>• Finance, Risk &amp; Audit Committee, 28 June 2016: appointment of internal auditor</li> </ul>	To protect personal privacy, and subject of negotiation	9(2)(a) & (j)
<ul style="list-style-type: none"> <li>• Quality &amp; Excellence Committee, 19 July 2016</li> </ul>	For the reasons set out in the Committees' order paper 19.7.16 meeting held with the public present	
<ul style="list-style-type: none"> <li>• Healthy Communities Advisory Committee, 19 July 2016</li> </ul>	For the reasons set out in the Committees' order paper 19.7.16 meeting held with the public present	
<ul style="list-style-type: none"> <li>• Enable New Zealand Governance Group, 19 July 2016: Foresight Thinking proposal; ACC tender contract update; E-Commerce contract, and contracts update</li> </ul>	Subject of negotiation	9(2)(j)
Operational Matters <ul style="list-style-type: none"> <li>• CEO's report: HPL contracts and laboratory contract</li> </ul>	Subject of negotiation	9(2)(j)
Governance Matters <ul style="list-style-type: none"> <li>• Board and CEO Only Discussions (no decision)</li> <li>• Board Only Discussion (no decision)</li> </ul>		

Confirmed this 20th day of September 2016.

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Chairman