

## MIDCENTRAL DISTRICT HEALTH BOARD

### Minutes of the MidCentral District Health Board meeting held on 23 May 2017 at 10.00am at Council Chambers, Tararua District Council, Gordon Street Dannevirke

#### PRESENT

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

Brendan Duffy  
Nadarajah Manoharan  
Karen Naylor  
Barbara Robson

#### IN ATTENDANCE

Kathryn Cook, Chief Executive Officer  
Michele Coghlan, Acting Executive Director, Nursing & Midwifery  
Neil Wanden, General Manager, Finance & Corporate Services  
Craig Johnston, General Manager, Strategy, Planning and Performance  
Gabrielle Scott, Executive Director, Allied Health  
Stephanie Turner, General Manager, Maori & Pacific  
Scott Ambridge, General Manager, Enable New Zealand  
Jill Matthews, Principal Administration Officer  
Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness  
Dennis Geddis, Team Leader, Communications  
Vivienne Ayres, Manager, DHB Planning & Accountability  
Grieg Russell, Principal Advisor, CEO's Department

Public: 40

Media: 2

Opening the meeting, the Chairperson welcomed the Mayor, Tararua District Council and members of the public.

#### 1. ADMINISTRATIVE MATTERS

##### 1.1 Apologies

Apologies were received from board members Michael Feyen and Oriana Paewai. An apology for lateness was received from Ann Chapman, and Deputy Chair, Brendan Duffy advised he had to leave the meeting early.

##### 1.2 Late Items

There were no late items.

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

There were no amendments to the Register of Interests.

## 2. PUBLIC FORUM

Members of the public addressed the Board and a range of issues was discussed.

- Future plans for the Tararua District. MidCentral DHB's locality planning process was discussed and all in attendance were invited to be part of this. Management advised that in the community discussions held to date the key issues identified were: drugs and alcohol, boundary issues for those at the southern end of the district who were uncertain where to access acute services, and housing, particularly for the elderly population and children. MidCentral DHB acknowledged the immense amount of prior planning work which had been done within the district which was assisting the DHB's locality planning.

Ann Chapman entered the meeting.

- The Manager, Tararua Health Services acknowledged the significant contribution made by the previous DHB Chairman Phil Sunderland, and General Manager, Mike Grant.
- Dannevirke Community Hospital was nearing its 20<sup>th</sup> anniversary.
- The Tararua community was passionate and resilient, but the community was now struggling. The DHB was requested to think carefully before making any decisions regarding health funding and services in the district, and to refrain for chipping away at this any further.
- The DHB's requirement that contracted primary health providers "live within their means" was understood but providers were struggling to provide the care required. Two examples were cited - the Cancer Nurse Specialist role had been ceased, but the prevalence of cancer remained. Local midwifery services were facing increasing complexity and workload, with 12 Child, Youth & Family Service cases on their books currently.

The DHB's CEO advised that MidCentral was committed to providing more services closer to home, and freeing up funds from hospital care for community and primary services.

- Tararua Community Youth Services had been established 21 years ago, however it was struggling to support local youth and considered that the youth voice was being unheard by the DHB. There was no cohesive health services for youth in the Tararua district. Investment in these services was sought, including alcohol and drug support, intervention programmes, rehabilitation, emergency services, and free health care for people under 24 years of age.

The Tararua Community Youth Service had supported and participated in the development of a youth health app, but when it was completed found all services listed were based in Palmerston North.

- Access to services was a significant issue for the district. This included transport, and also poor cellphone and broadband coverage.

The Mayor advised any support from the DHB for the Council's efforts in this area would be appreciated.

- A strong plea for “action” not “words” was expressed.
- The Cancer Support Group made a plea for the appointment of a Cancer Nurse for the district. The district had not had this role for the current year and local volunteer services were struggling to cope.

The DHB undertook to respond direct to the Group regarding this matter.

- A request was made for the DHB's mental health services to be more responsive to supporting people and families, particularly following suicide attempts, and for there to be greater collaboration between the DHB and Police. Examples were provided of young people being taken to Palmerston North Hospital following a suicide attempt where they were assessed and discharged home within four hours. Examples were also provided of the difficulty in obtaining DHB or Police support for young people in these circumstances.

The DHB stated that mental health was a priority for both the DHB, and the sector as a whole. MidCentral DHB was committed to working with its communities in this regard.

- The number and availability of ambulances within the Tararua district was considered to be insufficient. The DHB undertook to pass on this feedback and discuss it with the Order of St John, the provider of ambulance services.
- Dannevirke was a town of volunteers, and its health shuttle was staffed completely by volunteers. The DHB was requested to consider what support it could provide to this service. It was noted that in the Wellington region, shuttle staff received payment.

The DHB's CEO advised that its district covered a large geographical area, and it was reliant on a number of communities' shuttle services. She further advised that in respect of renal services, work was underway to increase the number of people receiving renal dialysis at home, thus negating the need for travel. The DHB was also committed to providing other services closer to patients' homes.

Closing the public forum section of the meeting, the Chairperson thanked all members of the public for attending and their feedback.

## **1. ADMINISTRATIVE MATTERS CONTINUED**

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

#### *a. Minutes*

It was resolved:

*that the minutes of the previous meeting held on 11 April 2017 be confirmed as a true and correct record. (Moved Dot McKinnon; seconded Karen Naylor)*

b. *Matters Arising from the Minutes*

Water Quality: Barbara Robson clarified the comment she made at the previous meeting around notifications to the Medical Officer of Health which were largely related to food and water borne diseases as included in Part 1, Section A of the Health's Act's Schedule of Infectious Diseases.

Car parking revenue: following the Board's meeting on 11 April 2017, errors in the car parking revenue paper had been identified. It was agreed that this information be provided to all members.

Business improvement: management advised that as this report was processed via the Finance, Risk & Audit Committee, the Board would receive the next update at its July meeting.

### **3. INTERGRATION**

#### **3.1 Iwi Partner – Minutes**

It was resolved:

*that minutes of meeting held on 27 March 2017 be noted. (Moved Dot McKinnon; seconded Diane Anderson)*

### **4. PERFORMANCE REPORTING**

#### **4.1 2017/18 Reporting Framework**

It was noted that the 2017/18 planning process had yet to be completed. Management confirmed that the reporting framework would be amended to take into account any additional reporting matters that arose during this process.

It was suggested that more frequent reporting may be required in respect of the Health Charter. The CEO advised that the Charter was being amended to reflect the DHB's new Strategy. The Charter was being put in effect in numerous ways such as locality planning, and this would be reflected in reports on those matters.

Additional reporting on disability matters was suggested, and it was agreed that 12-weekly reports be provided on the disability system transformation project.

The different type of business cases for major capital items was discussed. The CEO advised there were two types: a strategic business case outlining options, and a detailed business case which looked at the shortlisted options. It was agreed to standardise this terminology in the work programmes.

The timing of the strategic business case for the mental health inpatient unit was raised. The General Manager, Finance & Corporate Services advised a consultant had been working with the team to explore options, working through known issues, models of care, and what these meant in terms of facility requirements. Some delays had been experienced, but the business case would enter the board approval process in June/July.

It was agreed that a site visit to the Ward would be appropriate ahead of the business case deliberations.

Management confirmed that in capital planning, cognisance was taken of the limited funding available. Realistic, functional options which took into account future requirements were sought.

It was resolved:

*that the Board approve the reporting framework and work programmes for 2017/18, and the inclusion of a 12-weekly report on the disability system transformation project. (Moved Dot McKinnon; seconded Karen Naylor)*

#### **4.2. Governance Processes**

The continuation of public forums was supported.

It was agreed that when the Charter was next reported to the Board, key partner agencies be invited to join the meeting, eg Police and the Order of St John.

The issue of live-streaming Board and committee meetings was discussed. It was agreed that this not be progressed at this time.

The move to concise reporting was noted and supported. A member stressed the importance of ensuring members were able to raise questions so that they could satisfy themselves that any concerns they had were being addressed.

The move away from “receiving” reports was supported, and members endorsed the three report categories – decision, endorsement or noting. Information reports would be provided to members via the Governance SharedNet site.

The importance of accurate minutes was emphasised. It was agreed these needed to make sense to all readers.

It was resolved:

*that the Board:*

- *approve the new board/committee report template and the approach being taken to order agendas to match priority and available time;*
- *approve public forums and out-of-town meetings being a part of the Board’s meeting calendar;*
- *note the Record of Board and Committee Meetings Policy, and that this will be reviewed in three years. (Moved Karen Naylor; seconded Ann Chapman)*

#### **4.3 Enable New Zealand Limited Annual Reporting Requirements**

It was resolved:

*that pursuant to section 211(3) of the Companies Act 1993, the annual report of Enable New Zealand Limited for the year ended 30 June 2017 shall incorporate*

*the financial statements and auditor's report thereon and exclude information specified in any of the paragraphs (a) and (e) to (j) of subsection (1) of that section. (Moved Barbara Robson; seconded Diane Anderson)*

#### **4.4 Operational Report for March/April 2017/18**

##### *4.4.1 Surgery, Whanganui District Health Board*

The CEO advised that the first three individuals who had taken up the opportunity to have surgery at Whanganui DHB had been referred to that DHB. Uptake of this option had been low.

##### *4.4.2 Inpatient Death*

The death of an inpatient of Palmerston North Hospital, while missing on leave, was acknowledged by the Board. Management confirmed that a root cause analysis review was being undertaken, with external input.

##### *4.4.3 Horowhenua Health Centre*

The Board endorsed the proposal to celebrate the 10 year anniversary of the Horowhenua Health Centre. It was suggested that this reflect the Centre's history and those involved in its establishment. This could be done by way of an advertised feature in local newspaper(s). Aligning the celebration to a new service or initiative was also suggested.

##### *4.4.5 Master Site Plan for Palmerston North Hospital*

The value of the investment in this piece of work was sought and management undertook to provide this. Information on how this work aligned to previous site master planning was also sought. Management advised that the current work would not duplicate previous planning, and the outcome would be reported to the Board in due course.

##### *4.4.6 Consultancy Costs*

Some members sought greater transparency around consultancy costs and this matter was debated. The CEO drew the Board's attention to the Business Improvement Plan work which showed expenditure on consultancies was reducing. It was noted that some consultancy costs were capitalised as they formed part of a capital project.

##### *4.4.7 CEO, Whanganui DHB*

Members acknowledged Julie Patterson's decision to step down from the role of CEO, Whanganui DHB later in the year. Julie's contribution to health and support of local and regional health initiatives was also acknowledged.

##### *4.4.8 Executive Leadership Team*

The CEO advised that membership of the leadership team was being finalised, with interviews still to be held for one position, namely the General Manager, Quality & Innovation.

#### *4.4.9 Integrated Service Model*

The CEO confirmed that an implementation plan for the new integrated service model was being developed. This would be presented to the Board, together with a resourcing plan in due course. Mrs Cook advised it was expected the resourcing plan would be within management delegations.

The CEO further advised that the cost of the short term contract management support was being funded by the salary for the General Manager, People & Culture role. This position was currently vacant awaiting the new appointee to commence duties.

#### *4.4.10 Regional Clinical Portal*

The CEO advised that within the region work continued to further develop the Regional Clinical Portal.

Arrangements for service management of the Regional Clinical Portal and other regional programmes were currently being established. In line with a decision by regional DHB CEOs, this service would be provided by Capital & Coast DHB. This area was currently work-in-progress.

Whanganui DHB had implemented both the Regional Clinical Portal and the Regional Radiology Information System. Its learnings were being taken on board on MidCentral DHB.

MidCentral DHB had established a go-live date for the implementation of the Regional Clinical Portal and was currently doing data migration. This was presenting some challenges and a decision on whether to proceed with the original go-live date would be made in the very near future.

The CEO advised that the new Chief Information Officer would commence work at MidCentral DHB a week later than scheduled due to regional work commitments. Mr Miller had a great knowledge of regional systems and IT.

#### *4.4.11 Urology Services and centralAlliance*

An assurance was sought that the excellent new service model developed for Urology was sustainable for both MidCentral and Whanganui DHBs, and appropriate agreements or contracts established.

The CEO advised that work was continuing around the employment of the model, and an update would be provided for both Boards at the next board hui. This model of care would be considered for use in other areas as applicable, eg ophthalmology.

It was resolved:

*the operating report for March/April 2017 be noted. (Moved Adrian Broad; seconded Ann Chapman)*

Dot McKinnon left the meeting, and Ann Chapman assumed the Chair.

## **4.5 Financial Report for MidCentral DHB April 2017**

### *4.5.1 Capital Expenditure Plan*

The General Manager, Finance & Corporate Service advised that the capex provisions for both the mental health redevelopment and the hospital redevelopment related to planning and preparatory work. Funds for the next stage were expected to fall in out-years and would be included in future plans.

### *4.5.2 Seismic Work*

The General Manager, Finance & Corporate Services advised all high priority seismic work had been undertaken. Low priority areas were now being addressed, such as the Education Centre.

It was noted that an update on seismic work had been provided for the Finance, Risk & Audit Committee. Management confirmed that ongoing reports would be incorporated on the Committee's work programme.

### *4.5.3 Enable New Zealand*

Management advised that the financial results for all operating units within Enable New Zealand were reported as a consolidated figure within the report. Detailed reporting was provided to the Enable New Zealand Governance Group.

Dot McKinnon re-entered the meeting.

It was resolved that:

*that this report be received. (Moved Ann Chapman; seconded Karen Naylor)*

Dot McKinnon resumed the Chair.

## **4.6 Non-Financial Monitoring Framework & Performance Measures – Summary Report for Quarter 3, 2016/17**

The Manager, DHB Planning & Accountability advised the Ministry of Health had made a modifications to its assessment for the quarter. Shorter stays in emergency department had been reassessed as “partially achieved” (previously “non-achieved”).

The high referral decline rate for “raising healthy kids” measure was noted. While disappointing, it was agreed that this was work in progress.

Concern was expressed by one member regarding colonoscopy waiting times, and the need for additional reporting was questioned. Management advised that these wait times were included in the operating report results provided to the Quality & Excellence Advisory Committee each time it met.

A member expressed concern that the full quarterly reports were not available on the Governance SharedNet site, and requested that these be provided ahead of board meetings in future. Management undertook to look into this matter.



It was resolved:

*that the report be received. (Moved Ann Chapman; seconded Karen Naylor)*

#### **4.7 Board's Work Programme 2016/17**

Management advised that a date for governance development and education had yet to be finalised. The initial dates of 16 and 30 June were not suitable to all members, and a new date would now be explored.

It was agreed that an approach be made to Manawhenua Hauora to reschedule the next board-to-board hui so that the DHB's Chair could attend.

It was resolved:

*that the updated work programme be noted. (Moved Dot McKinnon; seconded Diane Anderson)*

### **5. COMMITTEE RECOMMENDED PAPERS**

#### **5.1 Health & Safety System**

The Director, Patient Safety & Clinical Effectiveness confirmed that the one health and safety committee which had been unable to meet regularly, had now met.

Work being done to ensure the safety of staff working in the community was supported. Suggestions around ensuring these staff were au fait with all functions of their vehicle, and that vehicles were equipped with survival kits in the event of an earthquake, were made. Management advised that a cost-effective solution for survival kits was currently being explored.

Staff screening – management believed that follow-up screening for this group of staff would exclude ex employees and would ensure this was made explicit in future reporting.

It was resolved:

*that this report be received. (Moved Dot McKinnon; seconded Ann Chapman)*

### **6. COMMITTEE MINUTES**

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

#### **6.2 Quality & Excellence Advisory Committee**

#### **6.3 Healthy Communities Advisory Committee**

It was resolved:

*that the unconfirmed minutes of the meeting of the Finance, Risk & Audit Committee held on 26 April 2017 were received;*

*that the unconfirmed minutes of the meeting of the Quality & Excellence Advisory Committee held on 2 May 2017 be received; and*

*that the unconfirmed minutes of the meeting of the Healthy Communities Advisory Committee held on 2 May 2017 be received. (Moved Dot McKinnon; seconded Ann Chapman)*

**7. LATE ITEMS**

There were no late items.

**8. DATE OF NEXT MEETING**

4<sup>th</sup> July 2017 in MidCentral DHB;s Boardroom, Heretaunga Street, Palmerston North.

**9. 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>“In committee” minutes of the previous meeting</i>	<i>For the reasons set out in the order paper of 11.4.17 meeting held with the public present</i>	
<i>Strategic and Operational Planning</i> • <i>Draft 2017/18 annual plan and budget progress report</i>	<i>Subject of negotiation</i>	<i>9(2)(j)</i>
<i>Committee Recommended Papers</i> • <i>Shared banking and treasury arrangement</i>	<i>Subject of negotiation</i>	<i>9(2)(a)</i>
<i>Governance Matters</i> • <i>Insurance 2017/18</i> • <i>External Appointments to Board Committees</i> • <i>CEO’s Performance Review</i> • <i>CEO &amp; Board Only time – no decisions</i> • <i>Board only time – no decisions</i>	<i>Under negotiation</i> <i>To Protect personal privacy</i> <i>To Protect personal privacy</i>	<i>9(2)(j)</i> <i>9(2)(a)</i> <i>9(2)(a)</i>
<i>“In committee” minutes of committee meetings:</i> • <i>Finance, Risk &amp; Audit Committee, 26 April 2017:</i> ○ <i>Shared banking and treasury arrangement</i> ○ <i>External penetration test review</i> • <i>Quality &amp; Excellence Advisory Committee, 2 May 2017</i>	<i>Subject of negotiations</i> <i>To maintain security of MDHB systems</i> <i>For reasons set out in the order paper of 2.5.17 meeting held with the public present</i>	<i>9(2)(j)</i> <i>9(2)(j)</i> <i>9(2)(k)</i>

<ul style="list-style-type: none"><li>• <i>Healthy Communities Advisory Committee, 2 May 2017</i></li></ul>	<i>For the reasons set out in the order paper of 2.5.17 meeting held with the public present</i>	
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*(Moved Dot McKinnon; seconded Diane Anderson)*

Confirmed this 4<sup>th</sup> day of July 2017.

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Chairperson

Unconfirmed minutes