

MIDCENTRAL DISTRICT HEALTH BOARD

**Minutes of the MidCentral District Health Board meeting held on 22 May 2018
at 10.00am at the Levin Memorial Hall, corner of Queen and Chamberlain
Streets, Levin**

PART 1

PRESENT

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

Michael Feyen
Nadarajah Manoharan
Karen Naylor
Barbara Robson

IN ATTENDANCE

Kathryn Cook, CEO
Keyur Anjaria, General Manager, People & Culture
Judith Catherwood, General Manager, Quality & Innovation
Celina Eves, Executive Director, Nursing & Midwifery
Chiquita Hansen, CEO, Central PHO
Steve Miller, Chief Information Officer
Gabrielle Scott, Executive Director, Allied Health
Stephanie Turner, General Manager, Maori & Pacific
Neil Wanden, General Manager, Finance & Corporate Services
Lyn Horgan, Operations Executive, Acute & Elective Specialist Services
Cushla Lucas, Operations Executive, Cancer Screening, Treatment & Support
Marcel Westerlund, Clinical Executive, Mental Health & Addictions
Vanessa Caldwell, Operations Executive, Mental Health & Addictions
Dave Ayling, Clinical Executive, Primary, Public, Community Health
Debbie Davies, Operations Executive, Primary, Public, Community Health
Barb Bradnock, Senior Portfolio Manager, Child, Youth & Intersectoral Relationships
Jo Smith, Portfolio Manager, Health of Older Persons
Steve Tanner, Financial Planning Manager
Darry Purdy, Manager, Data Quality & Health Information
Vivienne Ayres, Manager, DHB Planning & Accountability
Jonathon Howe, Corporate Communications Manager

Public: 14

Media: 2

1. ADMINISTRATIVE MATTERS

1.1 Apologies

Apologies were received from Dot McKinnon, Chairperson and Oriana Paewai, Board Member.

An apology for lateness was received from Barbara Cameron.

1.2 Late Items

There were no late items.

1.3 Conflicts and/or Register of Interests Update

No amendments to the Register of Interest were advised. No conflicts in relation to the day's business were advised.

1.4 Minutes of the Previous Meeting

a. Minutes

It was resolved:

that the minutes of the previous meeting be approved as a true and correct record. (Moved Karen Naylor; seconded Nadarajah Manoharan)

b. Matters Arising

There were no matters arising from the minutes.

2. PUBLIC FORUM

Members of the public addressed the meeting regarding the following matters.

- Communication with the DHB: Diabetes New Zealand – Horowhenua Branch expressed concern that it had not received any response to two communications sent to the DHB earlier this year. A copy of the latest communication was tabled and the Chief Executive undertook to arrange a face-to-face meeting to discuss the matters raised in the letter.
- Progress in Implementing Changes Outlined at the 2017 Public Forum: In response to a question from GreyPower, DHB management advised the following matters had been progressed:
 - Medical Staffing, Horowhenua Health Centre: in line with the consultation document issued in 2017, recruitment to the new medical role and the vacancy created by the retirement of a senior medical officer had been completed. Once these appointees commenced work, MidCentral DHB would look to increase its outpatient services and the rapid assessment service for the elderly.
 - Three renal chairs had been established at the Horowhenua Health Centre and were proving very successful.
 - Locality planning for Horowhenua and Otaki had been undertaken and draft plans prepared. The DHB was currently ensuring it had the structures in place to deliver on these plans and maintain contact and engagement with the community.
- Cataract surgery: The DHB confirmed the situation as advised to GreyPower previously remained the same, ie that cataract surgery on both eyes was available through the public hospital system via GP referral. Following surgery on one eye, if it was considered the other eye required treatment, the person could seek a referral through their GP. The Operations Executive, Acute & Elective Services undertook to provide this confirmation in writing to the Horowhenua GreyPower.

The DHB advised that if individuals experienced difficulties in this area, it would be useful to be able to talk to them.

- Implementation and funding of the Health Care Homes programme in Otaki: The Chief Executive, Central PHO advised this programme would be available from the Otaki Health Centre as from 1 July 2018. This was part of the Otaki locality plan. The programme was currently in place at four integrated family health centres in the district – Feilding, Horowhenua and two in Palmerston North.
- Transport to Wellington and other out-of-district providers: The experience of Horowhenua residents needing to travel to Wellington Hospital for health services that were not provided within the district was raised. It was stated that for many, particularly the elderly, this was daunting and expensive. It was noted that public transport options were limited.

The Chief Executive undertook to look into the possibility of greater connection between the Health Shuttle services that operated in both MidCentral's district and the Wellington district.

- MidCentral DHB's Digital Strategy: MidCentral DHB's Chief Information Officer advised the DHB had embarked on a consultation process to develop a strategy and five-year vision for digital technology. The aim was to ensure the DHB had the technology required to delivery better health outcomes. This included "Manage my Health" as well as technology needed for the DHB to achieve its business, and emerging technology needs as identified in the locality plans and health needs assessment. A series of open forums were being held and everyone was invited to attend.

The issue of ICT development within general practice, including emergency response management, was raised. It was agreed that the Chief Medical Officer and Central PHO Chief Executive would meet with the general practitioner concerned to discuss this.

- Local Mental Health Services: It was recognised that mental health was a national issue. Details of the work being done locally by MidCentral DHB were sought and the Operations Director and Clinical Director, Mental Health & Addictions, together with the Clinical Director, Community, Primary & Public Health advised as follows:
 - plans were being developed to provide a fit-for-purpose inpatient facility (Ward 21)
 - a collaborative approach was being taken as mental health and addiction was not just a DHB-issue as it was often related to other factors, such as unemployment, homelessness and drug use
 - a new service was being trialed within Palmerston North Hospital's Emergency Department, involving the DHB's mental health and addictions service
 - funding was an issue as people with low incomes could not always afford care
 - there was a need to provide support within primary care for people with mental distress.
- Availability of Surgery: A case was raised where MidCentral DHB had advised that a specific surgery was not provided publicly. The options for people unable to avoid to private surgery was questioned. The Acting Chairperson advised the DHB had to balance the plethora of health issues and challenges within available resources. It was agreed that the Operations Executive, Acute & Elective Services would meet with the person concerned to find out more details.

The Acting Chairperson thanked the members of the public for their input and attendance.

3. STRATEGIC & ANNUAL PLANNING

3.1 2018/19 Regional Services Plan – Update

The Chief Executive confirmed that a Regional Strategy was in place and all DHBs in the Central Region were committed to it. Regarding the 2018/19 Regional Services Plan, work had paused while specific guidelines from the Ministry of Health were awaited. These were now available and development of the Plan has recommenced.

It was resolved:

that the Board note this report.

3.2 Integrated Service Model Update & Cluster Implementation Update

Progress regarding the developing of the Hauora Maori cluster was questioned, including how it fitted within the integrated service model. Management advised that the development of this cluster had yet to be finally determined. A proposal had been produced and was in draft form. Further discussions were ensuing around the role and function of this cluster and how it would interface with other clusters. Manawhenua Hauora was fully engaged in this process and it was anticipated the matter would be discussed at the forthcoming meeting of Manawhenua Hauora's Chair and Deputy Chair and the DHB's Chair and CEO. The matter would be brought back to the Board in due course.

It was noted that the timeline did not include a date for the completion of the Hauora Maori cluster development. The General Manager, Maori & Pacific advised this work would be completed as soon as possible as it was critical for the model's development.

The role of the Health Care Home within the Integrated Service Model was also questioned. The Chief Executive, Central PHO advised primary care was fundamental to the model. The Central PHO had endorsed the Productive General Practice for Integrated Family Health Centres. This was now up and running and the Health Care Home methodology would further improve the workflow and business flow through IFHCs. The Central PHO now belonged to the national Health Care Home Collective. The Central PHO CE was a member of the Collective, and through this body, the outcomes and measures for Health Care Home model had been expanded to include credentialing, certification, and accreditation processes.

It was noted that a paper regarding the Health Care Home programme was scheduled for the forthcoming joint meeting of the Healthy Communities Advisory Committee and the Quality & Excellence Advisory Committee.

The General Manager, Quality & Innovation advised that Ernst & Young's report was yet to be finalised and would be provided to the Board.

The Transition and Communication Plans were considered. It was agreed that from a governance perspective, "what does success look like" was a key consideration and this would be added to the Frequently Asked Questions. It was suggested key questions from the public would be "will this change make it easier for me to see my doctor" and "will this change result in me getting my treatment in a reasonable time frame".

It was suggested that core messages around ensuring equity for all could set unrealistic expectations in the short to medium term, and it may be more appropriate to say, "continue to improve equity for all". It was further suggested that messages around equity also include people in high deprivation areas.

It was noted that the Communication Plan did not include Tararua media, such as the Bush Telegraph.

Barbara Cameron entered the meeting at 11.15am.

Management confirmed that all feedback would be taken on board. It further confirmed that the transition plan and communication plan would continue to evolve throughout the project.

It was resolved:

that the Integrated Service Model report be noted

that the Communications Plan be endorsed

that the Transition Plan be endorsed.

3.3 Development of the Digital Health Strategy for the MidCentral District

The Board noted that a workshop on the Digital Health Strategy was to be held.

Management confirmed that the national Digital Strategy was still in draft form. It was agreed that a copy of the draft strategy be provided to members.

It was resolved:

that the Board:

- *note this paper;*
- *note the Digital Health Strategy is expected to be finalised for the 3rd of July Board meeting for approval.*

4. INTEGRATION & PARTNERSHIP

4.1 Manawhenua Hauora Minutes

A typographical error in the minutes of 30 April was noted. The disability support service transformation announcement had been made on 26 April.

A member questioned what guidelines were place around Manawhenua Hauora's board member attendance should a member not attend three meetings. The General Manager, Maori & Pacific undertook to look at what provisions were contained the Iwi consortium's terms of reference. She noted that when an Iwi member was unable to attend, they would generally put someone else forward.

The working relationship between Manawhenua Hauora and other providers was questioned. The General Manager, Maori & Pacific Health advised there was a very close working relationship.

Clarification was sought regarding the minute in respect of the Integrated Service Model and the potential risk to Maori funding and equity. Ms Turner advised she understood this risk was from a Maori provider perspective and related to the uncertainty around how Kaupapa Maori services would be procured, etc. These issues were being worked through as part of the model's development.

It was resolved:

that the minutes be received. (Moved Ann Chapman; seconded Adrian Broad)

5. PERFORMANCE REPORTING

5.1 CEO's Report for April/May 2018

a. Minister of Health's Letter of Expectations

The Minister of Health's letter of expectations for 2018/19 was received and noted. The CEO advised that there was nothing in the letter which MidCentral DHB did not have underway.

The requirement regarding support for the Medical Council's community based attachments for interns was questioned. Management clarified that this was part of the medical training to which each DHB committed to taking on a certain number of both community-based attachments for general practice and palliative care. MidCentral DHB was well positioned to meet this requirement.

b. Regional Matters

Concern was expressed that the regular updates regarding implementation of the Regional Service Plan were no longer being provided. The Chief Executive undertook to look into this matter.

c. Disability Support System Prototype – MidCentral Region

It was agreed that following completion of negotiations between the Ministry of Health and Enable New Zealand, a report and/or presentation be provided to the Board or its Committee regarding the prototype.

d. WebPAS

The current situation regarding WebPAS was sought, particularly the impact for services.

The Chief Information Officer confirmed that there were issues, and as of last week, the project has been re-established with dedicated resources to find a resolution. The project team would be meeting with each service/department to get greater clarity regarding the issues being experienced. In respect of reporting from WebPAS, the Manager, Data Quality & Health Analytics was leading a consolidated and comprehensive suite of activities to address the underlying issues. It was thought that some problems related to the correct processes not being used and the need for more training.

e. *Regional Health Informatics Programme*

The Chief Information Officer advised that the investment required was likely to be relatively substantial. This was required to evolve and upgrade the programme, meet new national statutory requirements and maintain core systems.

It was resolved:

that the CEO's report for April/May 2018 be noted

that the date of the next centralAlliance hui, 7 November 2018, be endorsed.

5.2 Finance Report for MidCentral DHB – April 2018

5.3 Finance Report for MidCentral DHB – March 2018

The General Manager, Finance & Corporate Services presented the financial reports.

The additional capital funding required for the RHIP post implementation phase was noted. The impact of this on other projects was questioned and management advised a series of items had been deferred and others had been brought forward. This was all part of the usual ebb and flow of capital projects. Consideration would be given to the use of more appropriate terminology in future reports. Meantime, all changes would continue to be advised to the Board.

Clarification was provided regarding the cost impact of implementing the safer roster MECA in Women's and Children's Services. Implementation of the new arrangements has occurred earlier than anticipated and budgeted.

More information was sought regarding the public health nursing overspend and management clarified that this related to district nursing services. Not all district nursing positions were budgeted for the full year. The service continued to manage this, offsetting the costs where possible.

The financial impact of the DHB's increased responsibilities regarding water quality was questioned. Management advised that Government had still to determine how it would respond to the issues arising from the Havelock North water inquiry. Meantime, MidCentral DHB continued to meet its statutory responsibilities. The main impact to date was the need for the Medical Officer of Health to spend more time on these matters.

The shortfall in elective revenue was raised and a member questioned whether all options to remedy this had been exhausted. The Chief Executive advised considerable work had been done in terms of the Optimise project. The focus was to refresh the theatre grid and production plan for 2018/19. The possibility of outsourcing sessions to Crest had been looked at, as well as alternative approaches to managing the current year's volumes. However, there were some challenges that needed to be worked through with surgeons ahead of doing anything in the immediate term.

Mrs Cook further advised that once the theatre grid was finalised, any shortfall in production planning would be identified. This may require more private procedures or outsourcing to Whanganui DHB. In the medium term, the solution was the establishment of an eighth theatre. Planning for this was complex as there was also a need for a cardiac catheterisation laboratory and relocating services which would be displaced by these new functions. A business case would be developed for the Board's consideration.

Mrs Cook noted that the theatre grid would change long-standing arrangements and would require consultation. Some specialties would gain more theatre time and others, less theatre time

Management confirmed that the reimbursement relating to Starship was paid to MidCentral DHB.

It was resolved:

that the Board:

- *note that the operating result for April 2018 was an operating deficit of \$0.970m, which was \$1.498m adverse to the budget*
- *note that the result includes year-to-date adjustments to Elective and IDF revenues totalling \$1.286m*
- *note that the year-to-date result is now a deficit of \$5.738m being \$3.492m adverse to budget*
- *note that the year end financial forecast is now for a deficit of \$8.1m which is adverse to budget by \$4.3m*
- *note that the operating result for March 2018 was an operating deficit of \$1.358m, which was \$27k favourable to the budget*
- *note that the year-to-date result is now a deficit of \$4.7m being \$2.0m adverse to budget*
- *note that the major areas of adverse cost pressure are in surgical services, internal medicine, mental health and Healthy Ageing and Rehab*
- *note that due to theatre availability elective revenues are \$2.0m behind for the year to date*
- *note that the year end financial forecast is now for a deficit of \$5.5m which is adverse to budget by \$1.7m with further downside risk*
- *note that total available cash is \$43m at March and is forecast to be \$39m at year end*
- *note that net liquidity is sufficient in the medium term but continued deficits will deplete capacity for capital investment.*

5.4 Staff Engagement and Safety Culture Survey – Update

The Board supported the Staff Engagement and Safety Culture Survey.

Management confirmed that the survey was for DHB employees, however on-site contract staff with access to the QR code could participate.

It was resolved:

that the updates included on the MDHB Staff Engagement and Safety Culture Survey 2018 be noted.

5.5 Board's Work Programme

It was noted that the report on Enable New Zealand's governance structure and ownership arrangements was scheduled for July or September 2018, and not 2019 as noted in the work programme.

It was resolved:

that progress against the 2017/18 work programme be noted.

6. POLICY & GOVERNANCE

6.1 Communications Policy Review Update

It was resolved:

the Communications Policy review update be noted.

6.2 Enable New Zealand Ltd – 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 2018 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.

6.3 Review of Governance Arrangements, and, 2018/19 Reporting Framework

The Acting Chairperson presented this report on behalf of Dot McKinnon, Chairperson.

There was general support for the proposal, with particular support for the increased involvement/coverage of primary care matters that would result.

The value of independent membership of committees was noted.

The Chief Executive confirmed that the DHB's financial position would be reported to the Finance, Risk & Audit Committee under the new arrangement, with the financial position of each cluster reported to the Health & Disability Advisory Committee.

The proposed six-monthly review of the new arrangements was supported. The importance of ensuring sound governance processes were in place was discussed and it was considered the review would provide the opportunity to ensure the new structure, the delegated authority, reporting arrangements and minuting was appropriate.

It was suggested that as a preamble to the development of a Disability Strategy for MidCentral DHB, a briefing paper be provided regarding the DHB's role and responsibilities regarding disability services, particularly for people under 65 years of age. It was noted that the timing of this paper would need to take account of the current transformational change occurring in the MidCentral DHB region in line with the national change programme. It was agreed that this report be included on the Board's work programme.

A member advised she had provided some suggested non-material changes to the Board Chairperson regarding the Finance, Risk & Audit Committee's terms of reference.

The importance of transparency was raised, specifically the need to ensure all matters possible were discussed in the public arena. It was agreed with the development of clusters and the move to the new governance arrangements, it was important that public transparency was maintained.

The planned increased interaction between the Board and the Consumer and Clinical Councils was supported.

Marcel Westerlund left the meeting.

It was resolved:

that the Board:

- *approve the amalgamation of the Community & Public Health, Disability Support, and Hospital Advisory Committees into the "Health & Disability Services Advisory Committee" into a single committee to be known as the "Health & Disability Services Advisory Committee" effective from 1 July 2018*
- *approve the terms of reference for the Health & Disability Services Advisory Committee*
- *note the authority delegated to the Health & Disability Service Advisory Committee as set out in the terms of reference*
- *approve the amended terms of reference for the Finance, Risk & Audit Committee, and note the authority delegated to the Committee*
- *approve the membership of the Health & Disability Services Advisory Committee being all members of the Board and some independent persons as determined by the Board*
- *approve the 2018/19 reporting framework*
- *note that a review of arrangements be undertaken in April 2019.*

Barbara Robson abstained from voting on item four of the recommendation regarding the terms of reference for the Finance, Risk & Audit Committee.

7. COMMITTEE RECOMMENDED PAPERS

7.1 Business Improvement Update

It was resolved:

that the update on the Business Improvement Programme be noted.

7.2 Health & Safety System Report

It was resolved:

that the Health and Safety System Report be endorsed.

7.3 Quality & Safety Walk-Round Framework and Toolkit

It was resolved:

the Quality and Safety Walk-round Framework and Toolkit be approved for implementation.

7.4 Health Equity Work Programme Update, The Equity Think Piece, The Health Equity Data Report

It was noted that the Health Equity Plan was to be elevated within the DHB's planning process, including locality planning, annual planning, and planning at cluster level. The General Manager, Maori & Pacific advised that clear actions and measures would be developed to advance the Health Equity Plan and these would be reported to the Board.

The importance of ensuring equity included all population groups was discussed. The General Manager, Maori & Pacific confirmed that while the programme would have a strong Maori focus, it would be cognisant of other inequities, such as specific geographical areas, disability, and high deprivation population groups.

The challenges and clear messages presented by the Health Equity Plan were noted by the Board.

It was resolved:

that the Board:

- *note the progress update on the Equity Work Programme*
- *endorse the final drafts of the Health Equity Think Piece and the Health Equity Data Report*
- *endorse the Joint Committee recommendation to elevate the Health Equity Work Programme's status in the planning process along with cluster and locality planning going forward*

8. COMMITTEE MINUTES

8.1 Finance, Risk & Audit Committee

8.2 Quality & Excellence Advisory Committee

8.3 Joint Meeting of the Quality & Excellence Advisory and the Healthy Communities Advisory Committees

8.4 Healthy Communities Advisory Committee

More information was sought regarding how management was measuring changes in referral patterns for after-hours care. The Central PHO CE advised this matter was being workshopped with general practice on 29 May and further information would be provided. General practice teams would be sharing information regarding attendances per day, as well as changes in presentations.

A member drew the Board's attention to the PFAS drinking water contamination issue, advising that this was widespread. It was noted that the Manawatu District Council could provide a short pictorial presentation to the Board that showed the extent of the issue.

It was resolved:

that the unconfirmed minutes of the meeting of the Finance, Risk & Audit Committee held on 24 April 2018 be noted

that the unconfirmed minutes of the meeting of the Quality & Excellence Advisory Committee held on 1 May 2018 be noted

that the unconfirmed minutes of the joint meeting of the Quality & Excellence Advisory and the Healthy Communities Advisory Committees held on 1 May 2018 be noted

that the unconfirmed minutes of the meeting of the Healthy Communities Advisory Committee held on 1 May 2018 be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

3 July 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	Ref
"In committee" minutes of the previous meeting	For the reasons set out in the order paper of 10.4.2018 meeting held with the public present	
Strategic & Annual Planning <ul style="list-style-type: none"> • 2018/19 annual planning and budgeting – update • Procurement of home and community support services • General approach to contract review and renewal for 2081/19 	Subject of negotiation Subject of negotiation and competitive tender process Contract negotiation strategy	9(2)(j) 9(2)(j) 9(2)(j)
Governance Matters <ul style="list-style-type: none"> • Review of committee membership • CEO & Board only time <ul style="list-style-type: none"> ○ Minutes of the previous meeting • Board only time 	To protect personal privacy For the reasons set out in the order paper of 10.4.18 held with the public present No decision	9(2)(a)
Committee Recommended Papers <ul style="list-style-type: none"> • Sexual & reproductive health contract reconfiguration 	Contract negotiations and contains commercially sensitive pricing information	9(2)(j)
"In committee" minutes of committee meetings <ul style="list-style-type: none"> • Finance, Risk & Audit Committee <ul style="list-style-type: none"> ○ 2018/19 annual plans and budget ○ External penetration test review – Enable NZ • Quality & Excellence Advisory Committee • Healthy Communities Advisory Committee 	Subject of negotiation To protect the security of ENZ's systems For the reasons set out in the order paper of 1.5.18 meeting held with the public present For the reasons set out in the order paper of 1.5.18 meeting held with the public present	9(2)(a) 9(2)(k)

Confirmed this 3rd day of July 2018.

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Chairperson