



## MidCentral District Health Board

### Board Minutes

Meeting held on 17 August 2021 from 9.00am

## PART ONE

### Members

Brendan Duffy (Board Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Norman Gray, Muriel Hancock, Materoa Mar, Karen Naylor, Oriana Paewai, John Waldon, Jenny Warren.

### In attendance

Kelvin Billingham, Chief Medical Officer; Celina Eves, Executive Director, Nursing and Midwifery; Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance; Gabrielle Scott, Executive Director, Allied Health; Tracee Te Huia, General Manager, Māori Health; Margaret Bell, Board Secretary.

### In attendance (part meeting)

Jane Ayling, Clinical Council Deputy Chair; Keyur Anjaria, General Manager, People and Culture; Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Judith Catherwood, General Manager, Quality and Innovation; Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke; Jonathon Howe, Communications Manager; Kelly Isles, Director of Strategy, Planning and Accountability; Steve Miller, Chief Digital Officer; Gail Munro, Consumer Council Chair; Darryl Ratana, Deputy Chief Financial Officer; Neil Wanden, General Manager, Finance and Corporate Services.

Media – 0

Public – 10

## 1. KARAKIA

The meeting opened with the organisational karakia.

## 2. ADMINISTRATIVE MATTERS

### 2.1. Apologies

Apologies were received and accepted from Kathryn Cook, Chief Executive and from Simon Allan, Clinical Council Chair.

### 2.2. Late items

There were no late items.

### 2.3. Register of Interests Update

*Brendan Duffy*

*Add:* Trustee – Eastern and Central Community Trust.

*Materoa Mar*

*Add:* Member of Māori Provider Expert Reference Group for Transitional Health Unit.

### 2.4. Minutes of the Board meeting held on 6 July 2021, Part One

It was resolved that:

*the Part One minutes of the 6 July 2021 Board meeting be approved as a true and correct record.*

*(Moved Muriel Hancock; seconded John Waldon)*

### 2.5. Matters arising from previous minutes

The Board had asked that a person with lived experience of disability be recruited to become of member of the Health and Disability Advisory Committee. This would not be followed up, due to the health sector reforms that would be implemented in July next year. The importance of including disabled people in the MidCentral District Health Board's (MDHB) transition plan was noted.

### 2.6. Verbal report from the Board Chair

The transition to Health New Zealand and the Māori Health Authority was proceeding at pace. The innovative model proposed for the Māori Health Authority, with the community at the heart of the structure, was acknowledged. The Department of Prime Minister and Cabinet's Transition Unit was preparing for a road show that would travel the country later in the year. The Board needed to keep the community informed about the health sector reforms. The Minister of Health expected Boards to maintain business as usual activities, including delivering the COVID-19 vaccination programme.

### 2.7. Minutes of the Health and Disability Advisory Committee meeting held on 13 July 2021, Part One

The Health and Disability Advisory Committee (HDAC) Chair provided an update on key issues from the meeting. HDAC had asked that the Board consider writing to the Minister of Health to highlight issues faced by migrant GPs in gaining residency. National Chief Executives had written to the Ministry of Business, Innovation and Employment about this issue in July.

It was resolved that the Board:

*note the unconfirmed Part One minutes of the Health and Disability Advisory Committee meeting held on 13 July 2021.  
(Moved Oriana Paewai; seconded Heather Browning)*

It was resolved that the Board:

*write to the Ministry of Health to highlight issues faced by migrant GPs in gaining residency.  
(Moved Karen Naylor; seconded Oriana Paewai)*

### 2.8. Minutes of the Finance, Risk and Audit Committee meeting held on 27 July 2021, Part One

It was resolved that the Board:

*note the unconfirmed Part One minutes of the Finance, Risk and Audit Committee meeting held on 27 July 2021.  
(Moved Oriana Paewai; seconded Vaughan Dennison)*

### 2.9. Manawhenua Hauora Chair's Report

It was resolved to:

*note the report from the Manawhenua Hauora Chair on the Manawhenua Hauora hui held in July 2021  
note the MidCentral District Health Board's response to the Chair's report.  
(Moved Oriana Paewai; seconded John Waldon)*

### 3. DEPUTATION

The Board Chair welcomed representatives of the NZ College of Midwives – Manawatū Sub-region and invited them to address the meeting. The following points were noted:

- Upsetting that Te Papaoiea Birthing Centre is not fully functioning. Because women who give birth there need to go straight home, many are opting for a home birth rather than a hospital birth. Understand the reasons for making the decision to reduce the hours of the Birthing Centre, but it is a huge loss to the community.
- Nurses working in hospital maternity services are doing their best but they don't understand what women need. Midwives don't have enough time to provide care. Emotional support and guidance are lacking.
- There is a shortage of midwives throughout the country and internationally. The Manawatū Sub-region is concerned about the acute shortage at MDHB. Progress made by the leadership team in working alongside midwives was acknowledged.
- The difference between nursing and midwives is not fully understood and affects the recruitment and retention of midwives. Would like there to be a single focus on the midwifery workforce – not linked to the nursing workforce. A strong midwifery leadership team would provide stability.
- The Director of Midwifery role needs to be recruited to as soon as possible. Important that person understands the New Zealand maternity system.
- Although the acute situation has passed, there is chronic pressure on the remaining workforce. Midwives feel clinically and professionally vulnerable every day.
- Staff can leave shifts feeling traumatised and there is no emotional support available to them before they return for their next shift. This leads to staff actively exploring other employment options. Staff shortages result in increased overtime and rationing of care.
- Acknowledge the work of Francis Health and look forward to working with MDHB in this process.
- Health sector reforms have created uncertainty and doubt. In the eight months before the transition to Health New Zealand, it is expected that more than 1000 babies will be delivered at MDHB.
- Recognise and appreciate the significant steps already taken to engage with midwives. Ask for ongoing transparent communication with the midwifery workforce, including goals, timeframes, recruitment, regular review of decisions made and updated plans, support in employment negotiations, consideration of midwifery as a significant and autonomous profession.

The Board Chair thanked the delegation for their attendance and noted their extended presentation to the Board. It was agreed that a copy of the delegation's notes would be provided.

The General Manager, People and Culture and the Clinical and Operations Executives, Te Uru Pā Harakeke, Healthy Women, Children and Youth left the meeting.

#### **4. PERFORMANCE REPORTING**

##### **4.1. Chief Executive's Report**

The report was taken as read. Board members noted that although the NZ College of Midwives – Manawatū Sub-region had asked the Board to support their employment negotiations, this was a national process which the Board had no influence over.

It was resolved that the Board:

*note the update of key local, regional and national matters.*

*(Moved Vaughan Dennison; seconded Oriana Paewai)*

##### **4.2. Board KPI Dashboard**

The Director of Strategy, Planning and Accountability presented this report, which was taken as read. She noted that the next report would include health and systems framework indicators and a graph showing the trend for ESPI 5.

It was resolved that the Board:

*note the areas highlighted in the KPI dashboard and associated commentary.*

*(Moved Muriel Hancock; seconded Karen Naylor)*

The Director of Strategy, Planning and Accountability and the Communications Manager left the meeting.

The Consumer Council Chair and the representative from the Clinical Council joined the meeting.

##### **4.3. Finance Update – June 2021**

The General Manager, Finance and Corporate Services and the Deputy Chief Financial Officer presented this report, which was taken as read.

It was resolved that the Board:

*note that this report was endorsed by the Finance, Risk and Audit Committee at their 27 July meeting and no concerns were raised*

*note that the month operating result for June 2021 is a deficit before one-off items of \$0.756m, which is \$0.700m favourable to budget*

*note that the draft year-end result for June 2021 is a deficit before one-off items of \$0.357m, which is \$4.557m favourable to budget*

*note that the June 2021 year-end COVID-19 related net costs of \$0.100m and unbudgeted Holidays Act related costs of \$38.485m have been incurred. Including these one-off costs results in a draft year-end deficit after exceptional items of \$38.943m, which is \$34.029m adverse to budget*

*note that total available cash and equivalents of \$36.489m as at 30 June 2021 is sufficient to support liquidity requirements approve the June financial report.*

*(Moved Vaughan Dennison; seconded Oriana Paewai)*

#### **4.4. Finance Report – May 2021**

The General Manager, Finance and Corporate Services and the Deputy Chief Financial Officer presented this report, which was taken as read.

It was resolved that the Board:

*note that this paper was endorsed by the Finance, Risk and Audit Committee at their 27 July 2021 meeting and no concerns were raised*

*note that the month operating result for May 2021 is a surplus before one-off items of \$0.219m, which is \$0.735m favourable to budget*

*note that the year to date result to 31 May 2021 is a surplus before one-off items of \$0.399m, which is \$3.857m favourable to budget*

*note that year to date to 31 May 2021 COVID-19 related net costs of \$0.100m and unbudgeted Holidays Act related costs of \$2.978m have been incurred. Including these one-off costs results in a year to date deficit after exceptional items of \$2.680m, which is \$0.779m favourable to budget*

*note that the total available cash and equivalents of \$45.9m as at 31 May 2021 is sufficient to support liquidity requirements approve the May 2021 financial report.*

*(Moved Vaughan Dennison; seconded Oriana Paewai)*

The Deputy Chief Financial Officer left the meeting.

The General Manager, People and Culture joined the meeting.

### 4.5. **Sustainability Plan Report**

The General Manager, Quality and Innovation presented this report, which was taken as read.

It was resolved that the Board:

*note the Finance, Risk and Audit Committee endorsed this report at its July meeting for the Board's consideration*

*note the progress in the implementation of the Sustainability Plan*

*approve the Year One benefits reconciliation indicating year to date cash releasing savings of \$246,323 have been achieved.*

*(Moved Vaughan Dennison; seconded Muriel Hancock)*

### 4.6. **Te Awa Update – Digital Services Work Programme**

The Chief Digital Officer presented this report, which was taken as read.

It was resolved that the Board:

*note the Digital Services work programme covering planned work through into the 2021/22 financial year*

*note the progress since the last reporting period*

*note the national and regional activity that may impact on the planned work programme.*

*(Moved Vaughan Dennison; seconded John Waldon)*

### 4.7. **Health, Safety and Wellbeing**

The General Manager, People and Culture presented this report, which was taken as read. He noted that elections for nine Health and Safety Committees would be completed before the annual ACC audit in September 2021 and elections for the remaining eight committees completed before the end of March 2022. The Board asked that the election process continue so they could be completed earlier.

A Board member noted that vacancies were discussed at the July Finance, Risk and Audit Committee (FRAC) meeting. When compared to other District Health Boards (DHBs), MDHB's overtime rate was low. In terms of nursing vacancies, MDHB was not an outlier.

It was resolved that the Board:

*note the quarterly Health, Safety and Wellbeing report*

*note that the Health, Safety and Wellbeing report and the Health and Safety Statement were endorsed by the Finance, Risk and Audit Committee at its meeting on 27 July for submission to the Board*

*Unconfirmed minutes*

*approve the MidCentral District Health Board's Health and Safety Statement.*

*(Moved Jenny Warren; seconded Karen Naylor)*

The General Manager, People and Culture left the meeting.

### **5. DISCUSSION/DECISION PAPERS**

#### **5.1. Clinical Council Report**

The Clinical Council Chair's report was presented by the Deputy Chair of the Clinical Council and was taken as read. In response to questions, she noted that messages from the Clinical Council were relayed to clinicians through Council members and with support from the Communications Team for the website and posters. The Council worked through problems to find solutions and always ended meetings on a positive note.

It was resolved that the Board:

*note the contents of the Clinical Council report.*

*(Moved Vaughan Dennison; seconded Norman Gray)*

The Clinical Executive, Te Uru Pā Harakeke joined the meeting.

The Chief Digital Officer left the meeting.

#### **5.2. Consumer Council Report**

The Consumer Council Chair presented this report, which was taken as read. In response to a question about support available for people who are hearing impaired when accessing hospital services, management noted that sign language interpreters were available on request. The MDHB Disability Strategy Roadmap included improving information and communication, through using video or audio messaging for people with sensory impairments. This would also improve the experience for patients with physical or intellectual disabilities and their support people.

Board members expressed concern that members of the Consumer Council were not adequately remunerated for the work they carry out. Management explained that the fees for Council members were in line with the Cabinet Fees Framework, which did not allow for an honorarium to be paid unless approved by the Minister of State Services. It was agreed to provide a report to the next Board meeting on the process for calculating fees.

The Board Chair acknowledged the workload of Consumer Council members and the difference their work had made through the strong relationships developed with the community and Executive members.



It was resolved that the Board:

*note the contents of the Consumer Council report.*

*(Moved Vaughan Dennison; seconded Norman Gray)*

The Clinical Council Member, the Consumer Council Chair and the General Manager, Quality and Innovation left the meeting.

### 5.3. **Care Capacity Demand Management**

The Executive Director, Nursing and Midwifery presented this report and noted that 10 DHBs, including MDHB, had self-assessed as fully implementing Care Capacity Demand Management (CCDM). In response to a question, she noted that known FTE increases had been included in the budget. Management was focused on ensuring safe staffing levels and funds would be set aside for any further FTE increases identified.

It was resolved that the Board:

*note the progress of the Care Capacity Demand Management and the Safer Staffing Accord.*

*(Moved Oriana Paewai; seconded Karen Naylor)*

### 5.4. **Meeting Dates – 2022**

The report was taken as read.

It was resolved that the Board:

*approve the meeting dates for the Board, the Health and Disability Advisory Committee, and the Finance, Risk and Audit Committee for 2022.*

*(Moved Muriel Hancock; seconded Materoa Mar)*

## 6. **INFORMATION PAPERS**

### 6.1. **Board's Work Programme**

The report was taken as read.

It was resolved that the Board:

*note the Board's annual work programme.*

*(Moved Muriel Hancock; seconded Norman Gray)*

**7. GLOSSARY OF TERMS**

**8. LATE ITEMS**

No discussion.

**9. DATE OF NEXT MEETING**

Tuesday, 28 September 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North.

**10. 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:*

<b>Item</b>	<b>Reason</b>	<b>Ref</b>
'In committee' minutes of the previous Board meeting	For reasons set out in the agenda of the 6 July 2021 meeting	
Combined Medical Staff and Executive Action Plan	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Acute Mental Health Unit	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Horowhenua Respite Facility	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Midwifery Workforce Update	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Nursing Workforce Update	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Purchase of Anaesthetic Machines, Anaesthetic Patient Monitors and PACU Patient Monitors	To protect negotiations, including commercial and industrial	9(2)(j)
Draft Capital Expenditure Plan	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)

## BOARD MINUTES

Item	Reason	Ref
Draft Budget and Annual Plan 2021/22	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Health Sector Reforms – Transition Plan for MDHB	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Coronial Cases in 2021	To protect patient privacy	9(2)(a)
Mediation Update	To maintain legal professional privilege	9(2)(h)
Chief Executive’s Performance Review	To protect personal privacy	9(2)(a)
Minutes of Remuneration Committee meeting held on 3 August 2021	To protect personal privacy	9(2)(a)
Board only time	No decision sought	
<b>‘In Committee’ minutes of the previous HDAC meeting</b>	<b>For reasons set out in the agenda of the 13 July 2021 meeting held with the public present</b>	
Serious Adverse Events (SAC 1) Report	To protect patient privacy	9(2)(a)
Consumer Story – Workshop	To protect patient privacy	9(2)(a)
<b>‘In Committee’ minutes of the previous FRAC meeting</b>	<b>For reasons set out in the agenda of the FRAC meeting held on 27 July 2021</b>	

*(Moved John Waldon; seconded Lew Findlay)*

A Board member commented that as many items as possible should be included in the Part One meeting papers (public session). The Board Chair noted that management was responsible for deciding which items were included in the Part Two meeting papers (public excluded).

It was agreed that a list of items proposed to be discussed in Part Two of each meeting would be emailed to Board members two weeks before the meeting. Prompt feedback would be required from Board members to enable the agenda and meeting papers to be finalised.

Part One of the meeting closed at 11.00am

*Unconfirmed minutes*

## BOARD MINUTES

Confirmed this 28th day of September 2021

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Board Chair

*Unconfirmed minutes*