



MidCentral District Health Board

Board Minutes

Meeting held on 15 February 2022 from 9.00am

Via Zoom (due to COVID-19 restrictions)

PART ONE

Members

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

Apologies

Norman Gray

In attendance

Kathryn Cook, Chief Executive; Kelvin Billingham, Chief Medical Officer (and Clinical Executive, Te Uru Kiriora); Debbie Davies, Interim General Manager, Strategy, Planning and Performance (and Operations Executive, Te Uru Kiriora); Celina Eves, Executive Director, Nursing and Midwifery; Emma Horsley, Communications Manager; Gabrielle Scott, Executive Director, Allied Health (and Interim General Manager, Quality & Innovation); Tracee Te Huia, General Manager, Māori Health; Margaret Bell, Board Secretary.

In attendance (part meeting)

Keyur Anjaria, General Manager, People and Culture; Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke; Neil Wanden, General Manager, Finance and Corporate Services.

THINK Hauora representatives: Chiquita Hansen, Chief Executive; Paul Cooper, Acute Care and System Integration Medical Advisor; Nicola Russell, General Manager, Clinical Quality; Dr Bruce Stewart, Chair; Angela Thomson, Network Integration Manager.

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1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1. Apologies

An apology from Norman Gray was received and accepted.

2.2. Late items

No items

2.3. Register of Interests Update

Oriana Paewai

- Co-Chair, Regional Skills Leadership Group, Manawatū-Whanganui.

2.4. Minutes of the Board meeting held on 14 December 2021, Part One

It was resolved that:

*the Part One minutes of the 14 December 2021 Board meeting be approved as a true and correct record.
(Moved Vaughan Dennison; seconded Muriel Hancock)*

2.5. Matters arising from previous minutes

No discussion.

2.6. Verbal report from the Board Chair

The Board Chair noted that there was an enormous amount of work to be done before the Board's disestablishment in less than 20 weeks' time. Governance was still required to deliver the level of services expected by the community and the Minister of Health's expectations to control expenditure, meet the agreed budget and deliver contractual activities in terms of infrastructure. There was a 'confused landscape' while the new entities of Health New Zealand and the Māori Health Authority were taking shape. It was hoped that greater clarity would be provided at a meeting of national Chairs and Chief Executives later this week.

Unconfirmed minutes

2.7. **Minutes of the Finance, Risk and Audit Committee meeting held on 1 February 2022, Part One**

It was resolved that the Board:

*note the unconfirmed Part One minutes of the Finance, Risk and Audit Committee meeting held on 1 February 2022.
(Moved Oriana Paewai; seconded Vaughan Dennison)*

2.8. **Manawhenua Hauora Chair's Report**

Oriana Paewai, Manawhenua Hauora Chair provided a verbal update on the Manawhenua Hauora hui held on 31 January 2022. She noted that due to the timing of Manawhenua Hauora hui and Board meetings, it was no longer possible to prepare written reports. Due to COVID-19 restrictions, the Board to Board hui planned for today had been cancelled. A project manager had been appointed to support Manawhenua Hauora to transition into the new health structure. Priorities included the establishment of a new Board, establishing Manawhenua Hauora as a legal entity and collecting some history of Manawhenua Hauora since the establishment of District Health Boards (DHBs) in 2001.

It was resolved to:

*note the Manawhenua Hauora Chair's report.
(Moved Oriana Paewai; seconded Heather Browning)*

The representatives from THINK Hauora joined the meeting.

3. **STRATEGIC FOCUS**

3.1. **COVID-19 Planning**

The Chief Executive, the Clinical and Operations Executives, Te Uru Kiriora, Primary, Public and Community Health and the THINK Hauora representatives gave a presentation on the DHB's COVID-19 Coordinated Response in the Community. The whole country would move into 'Phase Two' of the COVID-19 Community Response Framework at 11.59pm today and a surge of the Omicron variant was expected to put pressure on resources. The following key points from the presentation were noted:

- Ninety-five percent of the eligible population are fully vaccinated; and 63 percent had received their booster dose.
- Primary care modelling showed that six percent of the enrolled population were considered 'high risk' and may not be able to manage at home.

- A priority is to get iwi and Māori providers ready for the Omicron outbreak, including fit testing for N95 masks. In Phase Two, only people working in high-risk areas must use N95 masks, with surgical masks suitable for general healthcare workers.
- The national Immunisation Advisory Centre was consulting on supervision numbers for an unregulated workforce to carry out vaccinations under supervision. This work group would help iwi and Māori providers to deliver the vaccination programme.

It was resolved to:

note the planning update to be presented to the Board at the February 2022 meeting.

(Moved Jenny Warren; seconded John Waldon)

The THINK Hauora representatives left the meeting.

4. PERFORMANCE REPORTING

4.1. Chief Executive's Report

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

It was resolved that the Board:

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

(Moved Muriel Hancock; seconded Karen Naylor)

The General Manager, Finance and Corporate Services joined the meeting.

4.2. Financial Report – December 2021

The General Manager, Finance and Corporate Services presented this report, which was taken as read. He noted that results were tracking well against the budget. The main cost impacts related to the pay settlement for nurses, locum SMOs and outsourced radiology and blood services.

It was resolved that the Board:

note that at its February meeting, the Finance, Risk and Audit Committee endorsed this report for the Board's consideration
note that the month operating result for December 2021 is a deficit before one-off items of \$3.260m, which is \$0.872m adverse to budget

note that the year to date result for December 2021 is a deficit before one-off items of \$4.678m, which is \$1.446m adverse to budget

note that year to date for December 2021 COVID-19 related contribution of \$0.135m and Holidays Act costs of \$2.775m have been incurred. Including these results in a year to date deficit after exceptional items of \$7.317m, which is \$0.585m adverse to budget

note that the total available cash and equivalents of \$101.653m as of 31 December 2021 is sufficient to support liquidity requirements

Approve the December financial report.

(Moved Vaughan Dennison; seconded Heather Browning)

4.3. **Finance Report – November 2021**

The General Manager, Finance and Corporate Services presented this report, which was taken as read.

It was resolved that the Board:

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

note that the month operating result for November 2021 is a deficit before one-off items of \$0.048m, which is \$0.593m favourable to budget

note that the year to date operating result for November 2021 is a deficit before one-off items of \$1.417m, which is \$0.574m adverse to budget

note that year to date for November 2021 COVID-19 related contribution of \$0.148m and Holidays Act costs of \$2.339m have been incurred. Including these results in a year to date deficit after exceptional items of \$3.608m, which is \$0.151m favourable to budget

note that the total available cash and equivalents of \$40.392m as of 30 November 2021 is sufficient to support liquidity requirements

approve the November financial report.

(Moved Vaughan Dennison; seconded Heather Browning)

4.4. **Finance Report – October 2021**

The General Manager, Finance and Corporate Services presented this report, which was taken as read.

It was resolved that the Board:

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

note that the month operating result for October 2021 is a surplus before one-off items of \$0.622m, which is \$0.137m favourable to budget

note that the year to date operating result for October 2021 is a deficit before one-off items of \$1.370m, which is \$1.167m adverse to budget

note that year to date for October 2021 COVID-19 related contribution of \$0.148m and Holidays Act costs of \$1.895m have been incurred. Including these results in a year to date deficit after exceptional items of \$3.117m, which is \$0.581m adverse to budget

note that the total available cash and equivalents of \$40.968m as of 31 October 2021 is sufficient to support liquidity requirements

approve the October financial report.

(Moved Vaughan Dennison; seconded Heather Browning)

The General Manager, Finance and Corporate Services left the meeting.

4.5. Sustainability Plan Report

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

The Board Chair noted the Sustainability Plan had been developed prior to COVID-19 and commended management on their efforts to deliver the savings during these challenging times.

Further development on the production plan was needed nationally, as this would be a critical element of the new health system where funding would be activity based rather than population based.

It was resolved that the Board:

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

note the progress in the implementation of the Sustainability Plan

note the Sustainability Plan benefits monitoring dashboard and trend analysis

note the November 2021 report indicates savings of \$262,460 year to date

endorse the approach and progress made to date on the Sustainability Plan 2020-23, for the Board's consideration

approve the February 2022 Sustainability Plan report.

(Moved Muriel Hancock; seconded Materoa Mar)

The General Manager, People and Culture joined the meeting.

4.6. **Health, Safety and Wellbeing**

The General Manager, People and Culture presented this report, which was taken as read. He noted that sick leave had increased over November and December which correlated to the increase in sickness (stress) reported by staff during the implementation of the COVID-19 Vaccination Order (5 November 2021). Staff who were unwell provided medical certificates supporting their stress.

Around 90 percent of frontline staff have been fit tested for N95 masks and additional fit testing machines were now available to increase fit testing capacity. Special sessions would be held for staff who only work night shifts. The requirement for staff to have received their booster dose of the COVID-19 vaccination had been extended to 24 February 2022.

All DHBs are facing increased workforce pressure. The use of annual leave over the Christmas/New Year period was similar to previous years. Annual leave was approved with a caveat it could be cancelled if staff were required to respond to COVID-19.

It was resolved that the Board:

note the quarterly Health, Safety and Wellbeing report

note that the Health, Safety and Wellbeing report was endorsed by the Finance, Risk and Audit Committee at its meeting on 1 February 2022 for consideration by the Board.

(Moved Vaughan Dennison; seconded Heather Browning)

The General Manager, People and Culture left the meeting.

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

5. **DISCUSSION/DECISION PAPERS**

5.1. **Clinical Council – six-monthly report**

The Clinical Council Chair presented this report, which was taken as read.

It was resolved that the Board:

note the contents of the Clinical Council report.

(Moved Karen Naylor; seconded Lew Findlay)

The Clinical Council Chair left the meeting.

5.2. **Consumer Council – six-monthly report**

The Interim Consumer Council Chair presented this report, which was taken as read. He acknowledged the work of Gail Munro, the previous Chair of the Consumer Council, who was a well-respected leader and passionate about her role.

Two MDHB clinicians had given thought-provoking presentations to the Consumer Council, which highlighted that staff were under-resourced and working in inadequate facilities. The tenacity, passion and dedication of clinicians was having a positive impact on addressing inequities in health. It was suggested that the Board write to politicians and explain that unless there was greater investment and substantial changes, staff were likely to give up. The Board Chair said consideration would be given to writing a constructive letter that profiled an initiative that had a proven outcome.

The General Manager Māori Health explained that since the issues highlighted to the Consumer Council were raised, extensive work had been undertaken by the clinicians and the Pae Ora team. Any discrimination or racist behaviours by staff were challenged immediately. Strong leadership was required to address these issues and it would take time but great progress had been made locally. Recent recruitment of 55 new Māori staff was a positive achievement.

It was resolved that the Board:

note the contents of the Consumer Council report.

(Moved Muriel Hancock; seconded Lew Findlay)

The Consumer Council Chair left the meeting.

5.3. **Combined Medical Staff Association and Executive Action Plan**

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

It was resolved that the Board:

note the Combined Medical Staff Association (CMS) and Executive Action Plan.

(Moved Oriana Paewai; seconded John Waldon)

5.4. **Nursing Workforce Update**

The Executive Director, Nursing and Midwifery presented this report, which was taken as read. She noted that the Care Capacity Demand Management (CCDM) assessment had been completed by the Safer Staffing Healthy Workplaces Unit and MDHB had achieved full implementation.

The Board Chair acknowledged that 20 percent of new graduate nursing students were Māori or Pasifika.

It was resolved that the Board:

note the Nursing Workforce Report.

(Moved Jenny Warren; seconded Muriel Hancock)

The Clinical and Operations Executives, Te Uru Pā Harakeke, Healthy Women, Children and Youth joined the meeting.

5.5. **Midwifery Workforce Update**

The Clinical and Operations Executives, Te Uru Pā Harakeke presented this report, which was taken as read.

The Board Chair noted the high rate of fully breastfed babies at discharge in December and the relocation of the Antenatal Clinic to beneath the Te Papaoiea Birthing Centre. He also acknowledged the work done by senior leaders in supporting staff.

It was resolved that the Board:

note the current midwifery workforce position

note the key updates to the Midwifery Action Plan.

(Moved Heather Browning; seconded Oriana Paewai)

The Clinical and Operations Executives, Te Uru Pā Harakeke left the meeting.

6. **INFORMATION PAPERS**

6.1. **Board's Work Programme**

The report was taken as read.

A Board member suggested that professional working groups be invited to meet with the Board in May and June. The Chief Executive noted that the impact of the Omicron outbreak may make it difficult to deliver the current work programme.

It was resolved that the Board:

note the Board's annual work programme.

(Moved Muriel Hancock; seconded John Waldon)

7. **GLOSSARY OF TERMS**

BOARD MINUTES

8. LATE ITEMS

No discussion.

9. DATE OF NEXT MEETING

Tuesday, 29 March 2022 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North (*subject to any COVID-19 restrictions*).

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:

Item	Reason	Ref
'In Committee' minutes of the previous Board meeting	For reasons set out in the agenda of 14 December 2021	
Replacement of Motor Control Centre	To carry out without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(j)
Increasing Chilled Water Capacity	To carry out without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(j)
Annual Remuneration Parameters for IEA Staff	To carry out without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)	9(2)(j)
Te Awa – Digital Services Work Programme Update	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)
Health Sector Reforms – Transition Plan for MDHB	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)
Board only time	No decision sought	
'In Committee' minutes of the previous Finance, Risk and Audit Committee meeting	For reasons set out in the agenda of the meeting held on 1 February 2022	

(Moved Jenny Warren; seconded Vaughan Dennison)

Unconfirmed minutes

BOARD MINUTES

Part One of the meeting closed at 11.20am

Confirmed this 29th day of March 2022

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Board Chair

Unconfirmed minutes