

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 19 May 2015 at 10.25am at
Bush Multisport Park, 57 Huxley Street, Pahiatua

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Adrian Broad
Lindsay Burnell (part meeting)
Barbara Cameron
Ann Chapman

Kate Joblin
Nadarajah Manoharan
Karen Naylor
Richard Orzecki
Barbara Robson

Unconfirmed Minutes

IN ATTENDANCE

Kathryn Cook, Chief Executive Officer
Mike Grant, Interim General Manager, MidCentral Health & Support Services
Craig Johnston, Acting General Manager, Funding & Planning
Jill Matthews, Principal Administration Officer
Jeff Small, Group Manager, Commercial Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Michele Coghlan, Director of Nursing
Chris Channing, Manager, Finance
Dennis Geddis, Team Leader, Communications
Stephanie Turner, Director, Patient Safety & Clinical Effectiveness (part meeting)

Public (2)
Media (1)

Opening the meeting, the Chairman welcomed Kathryn Cook, CEO. Mrs Cook responded, thanking those who had made her supported her in taking up the role. During her two weeks in the job she had travelled around parts of the district with the Board Chair meeting local MPs and Council Mayors and CEOs. She would be meeting with the Tararua Council team and the MP for Wairarapa in coming weeks.

1. APOLOGIES

An apology for lateness was received from Lindsay Burnell, Board Member.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

There were no amendments to the Register of Interests.

3.2 Declaration of Conflicts in Relation to Today's Business

No conflicts were declared.

4. PUBLIC FORUM

The meeting opened with a public forum.

Sharon Wards, Chief Executive, Tararua Health Group (THG) addressed the Board and expressed her appreciation for the support her Group received from the DHB. The THG now had 120 staff delivering services from Eketahuna to Norsewood. It had taken over and was supporting the Norsewood Health Clinic as it was struggling to continue. The THG also continued to support the Eketahuna Health Trust. Over the past 18 months, the THG was working collaboratively with a range of other health providers. Mrs Wards noted some of THG's achievements over the past 12 months:

- a youth health clinic servicing Pahiatua and Dannevirke was about to get underway
- a practice development plan was nearing completion (as part of the DHB's partnering with general practice)
- retention of GPs the THG had trained – two in Pahiatua and two in Dannevirke
- a new model of care was being introduced with three nurse practitioners and a nurse practitioner trainee on board
- through the new nursing model, THG intended to increase the scope of practice of their own staff so they could work across different aspects, such as hospital care, community care, youth health; the target was to establish a THG nurse.

The district's population was discussed and Mrs Wards advised it was ageing. The demographics of the population remained consistent. There were a lot of transitory people. For example, a number of THG's staff lived in Palmerston North.

Fonterra's investment in the district was noted. Mrs Wards said the THG was looking at the possibility of one of its team providing services there. This was part of the THG's new model of care – taking services to the community.

Stephanie Turner entered the meeting.

The value of the DHB holding its meetings and having public forums in parts of the district outside Palmerston North was questioned. Mrs Wards felt this practice was very valuable, both from an opportunity to engage directly with the Board, but also from a public perception point of view. She considered that even if members of the local community were unable to attend the meeting, they appreciated the fact that the Board showed a governance presence. She noted that the Tararua district made up a good part of the DHB's geographical area.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 7 April 2015 be confirmed as a true and correct record.

5.2 Matters Arising from the Minutes

5.2.1 External Audit

A member raised the issue of the external auditor's report for the 2013/14 year, asking what would be required to raise the "management control environment" assessment of "good" to "very good".

The Interim General Manager, MidCentral Health & Support Services and Manager, Finance advised this was a technical question. The deficiencies identified in this area had not been systems issues per se but individual behaviours identified. However, further improvements to the financial management system (JD Edwards) would see more controls being automated within the system. The more system controls in place, the stronger the management control environment. Enhancements to JD Edwards would assist with an improved audit rating and was something being considered.

3.2.2 Health Service Master Plan and Value for Money Workshops

The possibility of value for money workshop being held for the Board was raised. The Interim General Manager, MidCentral Health & Support Services advised that management had noted the Board's interest in this was would be scheduling such a workshop at the appropriate time in the process. He noted that the Board workshop would likely be separate to the technical vfm workshop held between consulting staff and DHB staff.

5.3 Minutes of Special Meeting

It was resolved:

that the minutes of the special meeting held on 30 April 2015 be confirmed as a true and correct record

5.4 Matters Arising from the Minutes

There were no matters arising from the minutes.

6. BOARD COMMITTEES

6.1 Hospital Audit Sub-Committee

A member advised they would be seeking a correction to the minutes – item 7.4.

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital & Funding Audit Sub-Committee held on 7 April 2015 be received and the recommendations contained therein approved.

6.2 Matters Arising

6.2.1 Off Label Prescribing Policy

A member's request for a copy of this policy was noted.

6.3 Hospital Advisory Committee

The Chair advised that more information was to be included in the minutes around "leave" and this would be addressed before the next meeting.

4

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 28 April 2015 be received and the recommendations contained therein approved.

6.4 Matters Arising

6.4.1 Gynaecology Oncology Service

Further information was sought regarding the comment made at the committee meeting regarding the reported increase in the number of these cancers. Management undertook to provide this information for the Committee's next meeting, noting that they understood the issue was a national one and not specific to MDHB only.

6.4.2 Sugar Sweetened Beverages

A member expressed an interest in learning of the response from other organisations to MDHB's challenge to become sugar free.

6.5 Community & Public Health Advisory Committee

Adrian Broad noted a correction to the minutes in respect of his name.

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 28 April 2015 be received and the recommendations contained therein approved.

6.6 Matters Arising

6.6.1 High Performing Health Care Conference

Congratulations were extended to all involved in the organisation of this very successful conference.

A member recommended that for future conferences of this nature, management capitalise on the opportunity to promote the event through local media and to involve the international speakers in other events. They considered this opportunity had been missed for the recent conference.

6.6.2 Master Health Class 2015

A member expressed concern regarding the proposed master health class trip, particularly the number of people involved, the cost, and the impact on the organisation as a result of these people being absent. They felt in the current environment of financial constraint the proposal was inappropriate. The issue of public and staff perception was also raised as an issue.

The Interim General Manager, MidCentral Health & Support Services advised 50 percent of those involved in the master health class would be non-DHB staff, being from the PHO. Proceeds from the High Performing Health Care Conference (around \$125,000) would be used to offset the cost. The remaining funds would be met from trust funds, continuing medical education funding, or the Funding & Planning Unit.

The themes for this year's class were mental health and older persons. It was noted that previous trips had contributed significantly to successful local initiatives, such as collaborative clinical pathway development, transformational leadership courses, primary/secondary integration, and primary care governance arrangements.

It was noted that this was a management issue, falling within the delegated authority of the CEO. The CEO advised that it could be appropriate for her to spend some time with the team to frame up the way forward in terms of the overall programme for leadership development, and to report back to the Board later in the year. This was supported.

It was agreed that future proposals should be presented to the Board (or its committees) in a timely manner, enabling full debate prior to commitments being made.

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 28 April 2015 be received and the recommendations contained therein approved.

6.8 Matters Arising

6.8.1 Ministry of Health's Equipment Management Service

A member noted that regardless of the prioritisation tools put in place by the Ministry of Health, an overspend continue to occur in this area.

6.8.2 Outgoing Committee Chair

The Board acknowledged the contribution of Richard Orzecki during his term as chair of the Enable New Zealand Governance Group.

7. WORK PROGRAMME

It was noted that health and safety issues would be reported back via the appropriate board committee in due course.

It was resolved:

that the updated 2014/15 work programme be noted.

8. OPERATIONAL REPORTS

8.1 CEO's Report

8.1.1 Health Quality & Safety Commission

The Commission's consultation documentation regarding DHB engagement with communities was noted. The CEO advised conversations were being had locally around future opportunities to engage with communities and consumers. She noted that consumer targeted care was one of the current stratagems around the world and was also a feature of the recent MDHB/Central PHO conference. Mrs Cook further noted that best practices for organisational committees was for their membership to include a consumer representative.

8.1.2 High Performing Health Care Conference

Management was advised that at powhiri and other cultural events, it was not sufficient just to speak Te Reo; due recognition needed to be shown publicly to the kaumatua present, acknowledging their presence and support.

6

8.1.3 Review of New Zealand Health Strategy

The Chair advised he would be attending a national workshop on this review on Saturday, 23rd May. The CEO noted she would be attending the 22 May seminar.

8.1.4 Health Charter

The current status of the Health Charter was sought. The Interim General Manager, MidCentral Health & Support Services advised the concept of the Charter was currently being socialised with MPs, local councils, etc. Regarding the Charter proper, some more work was required by a small group to finesse aspects of the Charter such as vital signs and consumer cameos. The Charter would then be considered by the Steering Group before presentation to the Board. Engagement with all stakeholders was also required and this would likely occur between the steering group meeting and the board meeting.

8.1.5 Good Employer Reporting

The Chair noted MDHB's good results in terms of good employer reporting requirements.

8.1.6 Manawhenua Hauora

The Chair advised that arrangements for the six-monthly hui with Manawhenua Hauora had been put in place.

8.1.7 Central Region's Technical Advisory Service (TAS)

The Chair advised that Murray Georgel had been asked to remain a director of TAS through until 30 June 2016.

8.1.8 ICT Scorecard

The ICT scorecard was noted.

8.1.9 Wireless Telephony Project

The Interim General Manager, MidCentral Health & Support Services confirmed that the DHB's wireless roll-out was occurring to timeline. In respect of Women's Health Services, he advised that discussions were currently occurring regarding the possibility of reprioritising this area.

8.1.10 Year End Position

The CEO advised that the DHB would aim to achieve the \$2m surplus by year end. While there was an underlying deficit at the moment, a number of one-off balance sheet items would enable the DHB to achieve its budget.

The CEO further advised that she and the Interim General Manager, MidCentral Health & Support Services were currently working through next year's budget and the strategies around delivering on that as the organisation entered a difficult and challenging year.

The Interim General Manager, MidCentral Health & Support Services advised the main contributor to the provider arm's current position was a reduction in inter-district inflows. This was significant, particularly in cancer treatment. Other factors were the increase in outsourced personnel costs particularly associated with mental health, and, electives which was slightly behind its revenue target. The team was working on strategies to achieve year end.

8.1.11 Capital Expenditure

The lag in capital expenditure against budget was raised. The Interim General Manager, MidCentral Health & Support Services advised a tail of around \$10m was likely.

It was resolved:

that the report be received.

8.2 Contracts Update

It was resolved:

that the report be received.

9. GOVERNANCE ISSUES

9.1 Enable New Zealand 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 2015 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.

9.2 2015/16 Reporting Framework

The reporting framework for 2015/16 was considered and the following changes agreed:

- mental health service reconfiguration
 - reports to be addressed to both the Hospital Advisory Committee (HAC) and the Community & Public Health Advisory Committee (CPHAC) to reflect the “whole of system” approach being taken,
 - reports to include robust reporting regarding community and user engagement (beyond the two families currently involved) for service development planning
 - reports to include in-depth reporting regarding the additional change management costs, and the service’s return to a cost structure in line with the rest of New Zealand
 - the next report to clarify the number of inpatient beds

- regional women’s health service
 - reporting to remain as is (ie not to move to business-as-usual arrangements) until the evaluation report had the completed at which time ongoing reporting would be considered
 - the next report to include details around the sub-speciality workstreams
 - future reporting arrangements (post evaluation) to be jointly agreed with Whanganui DHB

It was noted that the scope of the regional women’s health service evaluation was currently being considered by Whanganui DHB and that this needed to be jointly agreed with MidCentral. It was further noted that the evaluation would be undertaken by an independent person.

It was agreed that management endeavour to reduce the duplication between reports, such as annual plan initiative updates and the non-financial performance measure reports.

It was suggested that the introduction of a clinical governance dashboard would be a useful addition to the regular quality updates.

The CEO advised that she would work with the team to look at integration of reporting and the value that was derived.

It was resolved:

that the 2015/16 reporting framework be approved.

9.3 Insurance Risk Sharing

The Interim General Manager, MidCentral Health & Support Services advised the risk exposure for MidCentral DHB was \$36,000 per annum.

It was resolved:

that the Risk Share Agreement for the two periods to June 2017 be approved.

9.4 Membership of Enable New Zealand Governance Group

It was resolved:

that the report be received;

and the committee chair and deputy chair arrangements for Enable New Zealand Governance Group be noted.

9.5 Hospital Advisory Committee Membership

It was noted that the appointment of external members was skills-based and not confined to a geographical area.

The Chair confirmed that the outgoing member would be suitably thanked for his contribution. The Chair, HAC publicly acknowledged Mr Paewai's contributions.

It was resolved:

that the resignation of Stephen Paewai be received, and that the recruitment of a person with Maori health expertise to serve on the Hospital Advisory Committee be undertaken in line with the process outlined in the Chair's report dated 7 May 2015.

9.6 Account Signatory Approval

The Interim General Manager, MidCentral Health & Support Services advised that Helen O'Connor was currently in her 44th year and was retiring. It was agreed that the Chair send an appropriate message of thanks for Mrs O'Connor.

It was resolved:

that H Pattison replaces H O'Connor as a Westpac account signatory.

9.7 Quality Account Update

The Director, Patient Safety & Clinical Effectiveness spoke to her report.

It was resolved:

that the report be received.

9.8 Iwi Partner

9.8.1 Minutes

It was suggested that the new CEO and the Director, Maori Health & Disability meet with each of the Iwi boards within the region.

It was resolved:

that the minutes be received.

9.8.2 Triennial Review of the Memorandum of Understanding, and, Annual Hui

It was agreed that the annual hui take place following the Board's meeting in September 2015.

The Director, Maori Health & Disability advised a further amendment to the MoU had been proposed by Manawhenua Hauora. This related to the signatories.

The following amendments to the MoU were requested:

- consistency of approach in the inclusion of "disability" throughout the document
- the definition of "the parties" to include "Otaki" in the description of Manawhenua Hauora

The Director, Maori Health & Disability's recent participation in an Indigenous Hui was raised. The Director confirmed that the cost of this had been met by MDHB.

It was resolved:

the amendments by Manawhenua Hauora to the Memorandum of Understanding be received;

that the Board identify any other changes required to the Memorandum of Understanding, and;

that the proposed process, date and location for the re-signing of the Memorandum of Understanding between the Board and Manawhenua Hauora be approved.

9.8.3 Update Against the 2014/15 Work Programme

The lack of progress regarding the development of a Maori Health Strategy was discussed. It was noted the development of a composite Iwi Health Plan was currently being fostered by Manawhenua Hauora and this may be more appropriate. Alignment to the national Maori strategy, He Korowai Oranga, was important. The link to the annual Maori Health Plan, as required by the Ministry of Health, was another factor to be considered.

It was agreed this matter be referred to the forthcoming six-monthly review meeting with the Chair and Deputy Chair of Manawhenua Hauora for a determination.

It was resolved:

the Board note the unachieved objective in the 2014-15 MidCentral DHB/Manawhenua Hauora work plan. Clarification is sought in regard to the intention of the objective and the ongoing relevance of this objective 2015-16;

the Board receive the DHB/Manawhenua Hauora final work Programme report 2014/2015.

9.8.4 Proposed 2015/16 Work Programme

The Director, Maori Health & Disability noted that many of the actions remained the same from year to year and this could be something to be considered in future years.

The engagement with Maori communities was discussed. The Director, Maori Health & Disability noted that this occurred via a multi-pronged approach. Some aspects worked well. There was still potential to do better in this area and that needed to be part of the work programme. She intended to develop and implement a robust Maori community and consumer engagement work programme across the district.

The Board noted that it could expect a paper around Maori community and consumer engagement to be provided to it in due course.

The Interim General Manager, MidCentral Health & Support Services drew members' attention to the annual life expectancy of Maori and non-Maori as noted in MDHB's 2015/16 annual report. There had been a five year increase in Maori life expectancy from 2008 to 2010 in the district. Across New Zealand Maori life expectancy had not changed during this period. This was a significant achievement and reflected the work being done locally in primary care.

It was resolved:

the Board note the draft MidCentral DHB/Manawhenua Hauora Work Programme was approved at the Manawhenua Hauora meeting on 4 May 2015;

Approve the MidCentral DHB/Manawhenua Hauora Work Programme 2015/2016.

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 30 June 2015 at the MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North. To include a public forum.

12. EXCLUSION OF THE PUBLIC

It was resolved:

Recommendation: *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 reasons stated in the previous agenda	
"In Committee" Minutes of the special Meeting	For reasons stated in the previous agenda	
"In Committee" Minutes of Committee Meetings: • Hospital Advisory Committee, 28 April 2015	For the reasons set out in the Committees' order paper 28.4.15 meeting held with the public present	

<ul style="list-style-type: none"> • Community & Public Health Advisory Committee, 28 April 2015 • Enable New Zealand Governance Group, 28 April 2015 – contracts update 	For the reasons set out in the Committees' order paper 28.4.15 meeting held with the public present Subject to negotiation	9(2)(a)
Strategic Matters <ul style="list-style-type: none"> • 2015/16 Regional Services Plan • 2015/16 planning documents 	Subject of negotiation Subject of negotiation	9(2)(j) 9(2)(j)
Operational Matters <ul style="list-style-type: none"> • CEO's report: HBL business cases, and, regional health informatics including CRISP contract 	Subject of negotiation	9(2)(j)
Governance Matters <ul style="list-style-type: none"> • Insurance Update • CEO's performance measures and priorities, 2015/16 	Subject to negotiation To protect personal privacy, and, subject of negotiation	9(2)(j) 9(2)(a) & (j)

Confirmed this 30th day of June 2015.

.....
Chairman