

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 30 June 2015 at 10.00am at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

PRESENT

Phil Sunderland (Chair)
Adrian Broad
Barbara Cameron
Ann Chapman

Kate Joblin
Nadarajah Manoharan
Karen Naylor
Barbara Robson

IN ATTENDANCE

Kathryn Cook, Chief Executive Officer
Craig Johnston, Acting General Manager, Funding & Planning
Jill Matthews, Principal Administration Officer
Jeff Small, Group Manager, Commercial Support Services
Chris Channing, Manager, Financial Services
Scott Ambridge, General Manager, Enable NZ
Michele Coghlan, Director of Nursing
Lyn Horgan, Operations Director, MidCentral Health
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Brian Woolley, Manager, Knowledge & Information Management
Cushla Lucas, Acting Operations Director, Specialist Community & Regional Services
Greig Russell, Medical Administration
Stephanie Turner, Director, Maori Health & Disability
Dennis Geddis, Communications Team Leader
Ken Clark, Chief Medical Officer (part meeting)

PUBLIC: 8

MEDIA: 1

1. APOLOGIES

Apologies were received from Board Member Diane Anderson and the Interim General Manager, MidCentral Health & Support Services Mike Grant.

Apologies for lateness were received from Lindsay Burnell and Barbara Cameron.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

Phil Sunderland declared his appointment as Director, New Zealand Health Partnerships Limited.

Unconfirmed Minutes

3.2 Declaration of Conflicts in Relation to Today's Business

Barbara Robson noted her membership of the Maternity Clinical Information Steering Programme. The maternity clinical information system was discussed on the report from the Clinical Leadership Council.

4. PUBLIC FORUM

Opening the public forum, the Chair welcomed the Chief Executive, Palmerston North City Council.

Simon Barnett, local business owner, addressed the meeting regarding the future provision of food services for the hospital. He discussed the potential impact on the local economy of replacing the provision of locally made food with food produced in other parts of New Zealand. Mr Barnett said the promotion, protection and improvement of a community's health was influenced by factors such as employment and he urged the Board to show community leadership on this issue.

The CEO advised that the business case for the future provision of food services would be submitted for the Board's consideration at its next meeting. The Board would receive comprehensive advice to support its decision making, including the issues raised by Mr Barnett.

Barbara Cameron entered the meeting.

Jean Hera, Women's Health Collective addressed the meeting on two matters. She advised she was the consumer representative on the sexual and reproductive health review, and hoped the service would be extended around free and low income access, noting that the city had not had any family planning clinics for a long time.

Ms Hera provided feedback on a woman referred by her GP for a polyp and abnormal bleeding. The referral had been declined by Palmerston North Hospital. It was agreed the Operations Director, Hospital Services would follow-up on this matter.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 19 May 2015 be confirmed as a true and correct record.

5.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

6. BOARD COMMITTEES

6.1 Funding Audit Sub-Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Funding & Hospital Audit Sub-Committee held on 19 May 2015 be received and the recommendations contained therein approved.

6.2 Matters Arising

There were no matters arising from the minutes.

6.3 Hospital Advisory Committee

The Committee Chair advised that in respect of the recruitment of eight clinical manager positions within mental health services, five positions had been filled.

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 9 June 2015 be received and the recommendations contained therein approved.

6.4 Matters Arising

There were no matters arising from the minutes.

6.5 Community & Public Health Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 9 June 2015 be received and the recommendations contained therein approved.

6.6 Matters Arising

There were no matters arising from the minutes.

6.7 Disability Support Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Disability Support Advisory Committee held on 9 June 2015 be received and the recommendations contained therein approved.

6.8 Matters Arising

There were no matters arising from the minutes.

7. WORK PROGRAMME

The Board noted that a strategic planning report would be provided later in the year and supported this approach. The CEO advised a joint board and management workshop was proposed to as a first step in the development of an MDHB strategy which aligned to regional, sub-regional and local plans.

It was resolved:

that the updated 2014/15 work programme be noted.

8. STRATEGIC MATTERS

8.1 2014/15 Annual Plan: Update re “Living within our Means” Initiatives

It was noted that some initiatives were not yet completed and members emphasised the importance that this work be carried forward into the next financial year.

It was further noted that the national collaboration work programme, previously coordinated by HBL and now by NZ Health Partnerships Ltd, was the DHBs’ work programme, including MDHB.

It was resolved:

that the report be received.

9. OPERATIONAL REPORTS

9.1 CEO's Report

9.1.1 New Zealand Health Strategy Review

The CEO advised that a draft strategy was to be submitted to the Minister of Health by the end of June. Once this was available to the DHB, it would be brought to the Board for its consideration.

It was noted that public consultation around the strategy was expected.

9.1.2 centralAlliance Workshop

The CEO reported that the workshop had been well attended and had been very successful. It set the scene for further workshops and the further development of the alliance.

9.1.3 Regional Information Systems

The CEO advised she was the regional CEO lead for this programme of work. A piece of work was underway to confirm the ongoing work programme including systems in the pre-implementation phase and the service management for those systems once implemented.

9.1.4 Financial Position

The CEO advised that the organisation was in a challenging financial environment and was unlikely to deliver on its agreed budget for the 2014/15 year. A business improvement plan was required and this would cover a range of activities to bring the financial position back in line with budget. Ms Cook advised a range of challenges had been experienced including lower than expected revenue, inter-district flow funding, and reduced complexity of elective work. Some one-off expenditure associated with HBL had been brought forward to the 2014/15 financial year given the changeover to New Zealand Health Partnership Ltd. Also, significant additional investment in mental health services had been made.

The CEO advised she was confident the team would ensure MDHB returned to a satisfactory financial position in the next financial year.

Members expressed their disappointment at the financial result for 2014/15 and the fact that it came as a surprise. The need for early notification of any variance of this nature was emphasised.

Ken Clark entered the meeting.

The issue of capital expenditure was discussed and it was noted that MDHB generally had a lag of around \$10m each year. The process for capital expenditure planning was discussed. The CEO undertook to report back to the Board on capital planning as part of the strategic financial planning exercise underway.

9.1.5 ICT Balanced Scorecard

The work done in the IT area was acknowledged, together with the reporting which had occurred. The Board sought an assurance that the balanced scorecard would continue and that this covered all elements which the Board required to give an assurance that all aspects of IT were operating effectively.

The CEO advised this reporting would continue and she would ensure it captured all elements required.

9.1.5 Staff Survey

The Deputy Chair requested a copy of the full staff survey results, in addition to the summary report.

It was resolved:

that the report be received.

10. GOVERNANCE ISSUES

10.1 Annual Report from the Clinical Leadership Council

The Chief Medical Officer (CMO) presented his report, noting that the Council would be looking at its function(s) and where it fitted in the DHB decision-making process. Models such as that used by Hawke's Bay DHB would be explored. The Hawke's Bay DHB's clinical council reviewed relevant papers and strategies before they were presented to the Board.

A member referred to the Palliative Care Quality Framework and recent AUT University research around the Maori experience. The findings had identified gaps and the need for a totally different approach for that population group. A question was asked how MDHB's framework stacked up against this research.

The implementation of WiFi in maternity services was noted.

The issue of clinical care pathways for diabetes was raised. The CMO advised there were several clinical care pathways around diabetes. These largely focused on primary care and the entry to secondary care. The next steps were to look at clinical care pathways across secondary care and back into primary care. This was being explored.

The Director of Nursing reported on the Diabetes Leadership Group which had been established. This group was looking at the overarching model of care across the district for diabetes. A stocktake against the Ministry of Health standards was currently underway from both a primary and secondary perspective. Ms Coghlan confirmed that the Group included consumer representation, and that wider community engagement was planned through a series of forums.

Membership of the Clinical Leadership Council was discussed and members endorsed the inclusion of the CEO and the Director, Maori Health & Disability. The CMO advised that member attendance at Council meetings was strong.

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It was resolved:

that the report be received.

10.2 Iwi Partner – Minutes

The Board noted that the annual hui with Manawhenua Hauora was scheduled for 11 August and that this would include the re-signing of the Memorandum of Understanding.

The Director, Maori Health & Disability provided clarification around the Whanau Ora navigator issue noted in the minutes. Funding through the commissioning agency, Te Pou Matakana, had been reduced for whanau ora navigators nationally and this would impact around 112 positions across New Zealand within the next year.

It was resolved:

that the unconfirmed minutes of the meetings held on 4 May and 15 June 2015 be received.

10.3 Disability Support Advisory Committee Membership

It was resolved:

that the resignation of Joseph Boon be received, and that the recruitment of a person with disability consumer and advocacy perspective to serve on the Disability Support Advisory Committee be undertaken.

10.4 Enable New Zealand Limited Annual Return

It was resolved:

that the Board approve the replacement of Enable New Zealand Limited Directors, Murray Georgel and Barbara Robson, with Board Chairman Phil Sunderland, and Chief Executive Officer Kathryn Cook.

10.5 Investment Mandate and Account Signatory Approval

The Financial Services Manager advised that HBL had established treasury management guidelines. Under the terms of the sweep arrangement, MDHB must approach Westpac Bank regarding investment accounts. It could also approach other banks. MDHB would seek to obtain the best rate for investment and a range of banks was proposed to enable this to occur.

It was resolved:

that Kathryn Cook, Chief Executive Officer, be authorised to open appropriate investment accounts and bank; and,

that the authorised signatories to deal with the banks for investment purposes be:

- *Kathryn Cook, Chief Executive Officer*
- *Chris Channing, Financial Services Manager*
- *Chris Kirk, Capital Accountant*
- *Heather Pattison, Finance Office Manager*
- *Malcolm Southey, Systems Accountant*
- *Revi Raman, Financial Accountant*

11. LATE ITEMS

There were no late items.

12. DATE OF NEXT MEETING

Tuesday, 11 August 2015 at the MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

13. 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 Committee Meetings: <ul style="list-style-type: none"> • Hospital Advisory Committee, 9 June 2015 • Community & Public Health Advisory Committee, 9 June 2015 • Disability Support Advisory Committee, 9 June 2015 	For the reasons set out in the Committees' order paper 9.6.15 meeting held with the public present For the reasons set out in the Committees' order paper 9.6.15 meeting held with the public present For the reasons set out in the Committees' order paper 9.6.15 meeting held with the public present	
Strategic Matters <ul style="list-style-type: none"> • Annual Planning Update • Annual Plan – financial pathway to budget 2015/16 	Subject of negotiation Subject of negotiation	9(2)(j) 9(2)(j)
Operational Matters <ul style="list-style-type: none"> • CEO's report: HBL/Health Partnerships Ltd – business cases and establishment, and, local management arrangements 	Subject of negotiation, and, To protect personal privacy	9(2)(j)
Governance Matters <ul style="list-style-type: none"> • CEO's performance measures & priorities, 2015/16 	To protect personal privacy, and, subject of negotiation	9(2)(a) & (j)

Confirmed this 11th day of August 2015.

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Chairman