

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 4 November 2014 at 10.00am
at Horowhenua Health Centre, Liverpool Street, Levin

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Adrian Broad
Ann Chapman
Kate Joblin

Nadarajah Manoharan
Karen Naylor
Richard Orzecki
Barbara Robson

Unconfirmed Minutes

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, Interim General Manager, MidCentral Health
Craig Johnston, Interim General Manager, Funding & Planning
Jill Matthews, Principal Administration Officer
Jeff Small, Group Manager, Commercial Support Services
Lyn Horgan, Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Dennis Geddis, Communications Officer
Scott Ambridge, General Manager, Enable New Zealand
Stephanie Turner, Director, Maori Health & Disability

Public (4)
Media (1)

1. APOLOGIES

An apology was received from Lindsay Burnell (Board Member). Apologies for lateness were received from Karen Naylor 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

There were no amendments to the Register of Interest.

3.2 Declaration of Conflicts in Relation to Today's Business

The following conflicts were declared:

- Barbara Robson: anything to do with the clinical maternity information system.
- Murray Georgel: HBL matters. In his capacity as MDHB's CEO, Mr Georgel was a member of HBL's Board. There were matters pertaining to HBL in the CEO's report to the Board.

4.2

He did not believe these precluded him from discussion as he had no voting rights at the MDHB board meeting.

- Richard Orzecki: reference to the Manawhenua Hauora work programme.

Kate Joblin entered the meeting.

4. PUBLIC FORUM

The public forum opened with a karakia by Richard Orzecki.

Three members of the public addressed the meeting. Key matters discussed were:

- the process for hip replacements, particularly waiting times for surgery
- the “elective” process, including:
 - assessment criteria for hip replacements
 - target wait times for elective first specialist assessments, and elective surgery (5 months as present, reducing to 4 months as from 1 January)

Stephanie Turner entered the meeting.

- length of time between GP referral and first specialist assessment
- MDHB’s performance at processing GPs referrals – 99% within five months, and 97% within four months
- personal experience at Emergency Department, Palmerston North Hospital where care was impeccable
- lack of patient privacy at Emergency Department during triaging
- need for patient’s discharge notes to be copied to general practitioner in a timely manner
- anecdotal feedback that patient’s did not necessarily get their medical report upon discharge from hospital
- reported experience of local resident receiving care from Wellington Hospital who was unable to get an x-ray at Palmerston North Hospital in advance of a follow-up consultation
- general practitioner numbers in the district
- waiting times to see a general practitioner at Te Waiora
- Third Age Care establishing services in the district - a niche general practice service which provided care to age residential care facilities. It was noted that this provider had a contract with the residential care facility, and that residents had the choice of using this service or another GP. It was further noted that the Central PHO had contracted Third Age Care for a one year period.
- the expected timeframe for establishing a shared patient record between health providers within the district (2-3 years) and the importance of this to enable better patient care
- changing models of general practice care, particularly nursing assessments
- the importance of community support for general practitioners and general practice teams in order to attract and retain these professionals in rural areas, such as Horowhenua

Members of the management team advised the forum of health services currently available in Horowhenua. Members of the public suggested this information be publicised.

Karen Naylor entered the meeting.

The Operations Director, Hospital Services left the meeting to meet with two members to discuss their personal health matters.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 23 September 2014 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 Group Audit Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Group Audit Committee held on 23 September 2014 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

It was resolved:

that the unconfirmed minutes of the previous meeting of the Hospital Advisory Committee held on 14 October 2014 be received and the recommendations contained therein approved.

6.4 Matters Arising

6.4.1 Mental Health Workshop

Management confirmed that the workshop would be open to all board members, and that the additional information requested by the Committee would be provided to all members via the agenda papers.

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 14 October 2014 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 14 October 2014 be received and the recommendations contained therein approved.

6.8 Matters Arising

6.8.1 Sector Update re Needs Assessment & Service Co-ordination Service

The criteria for the new family-funded care service was discussed. The General Manager, Enable New Zealand advised the criteria was publicly available on the Ministry of Health's website. This was a new policy, and there were certain expectations around the level of care and the number of hours support that families may be entitled to. The threshold was quite high, and expectations of 24/7 care were not within the current policy framework. The Ministry of Health had been very engaged with NASC.

6.8.2 Patient Feedback Survey

The response rate to the first national survey of hospital inpatients, as discussed at the Hospital Advisory Committee was raised. Management confirmed that MidCentral Health had the best return of the 20 DHBs, with a 49.3% response rate. This was particularly pleasing as MDHB was currently using a manual system and there had been some concern expressed nationally that this may result in a lower return rate.

7. WORK PROGRAMME

It was resolved:

that the updated 2014/15 work programme be noted.

8. STRATEGIC MATTERS

8.1 Regional ICT Plan

The regional ICT plan was discussed and members noted that it was ambitious. The \$50k reporting requirement imposed by the National Health IT Board was discussed and it was considered this was an unnecessary level of additional reporting. The CEO advised that the matter had been raised with the NHIT Board who said it would revisit this requirement. Members expressed disappointment as the approach being taken by the NHIT which was considered to be unsupportive and it was agreed this matter should be discussed with the Minister of Health during his forthcoming visit.

Lyn Horgan re-entered the meeting.

The move to electronic board papers was raised and the CEO advised that progress had been delayed due to current workloads. Additional support for the project was currently being investigated.

The issue of monitoring the risk around the IT work programme was raised. The Interim General Manager, MidCentral Health advised that risk reporting regarding HBL, CRISP, and local IT structural investments had been initiated earlier in the year. These reports were submitted to the Group Audit Committee whenever it met.

Resourcing the IT work programme was discussed. Mike Grant advised that specialist support

was contracted in as required. It was noted that IT personnel were classified as administration in terms of the management/administration staff cap.

The inherent difficulties in planning and implementing IT projects on a regional basis was noted.

The CEO advised that all six DHBs in the Central Regional had now signed the CRISP agreement.

It was resolved:

that the report be received.

8.2 Quality Account 2014/15

The Director, Patient Safety & Clinical Effectiveness presented the draft Quality Account for 2014/15.

Members of the Board expressed support for the Quality Account and thanked all those in its preparation, particularly Vivienne Ayres, Manager Planning & Accountability.

The following feedback was provided and it was agreed that this be implemented in respect of the 2013/14 Quality Account wherever possible, and that other items be taken into account in the preparation of the 2015/16 report. It was noted that a summary version of the Quality Account was to be developed.

- the length of the report to be reduced to make it more readable from a public perspective
- re-consider the way the graphs were presented so as to ensure the “trend” information was provided in a way which supported an “easy to read” document
- review the pictures/graphics used so that they were reflective of MDHB’s vision and communities.

It was resolved that:

that the Board approve the final draft Quality Account for publication.

8.3 Master Health Service Plan: Service Improvement Paper

8.3.1 Indicative Business Case (IBC)

The Interim General Manager, MidCentral Health advised the National Capital Investment Committee (CIC) had met on 21 October and provided verbal support to MDHB’s IBC. This meant the IBC had the support of MidCentral DHB’s Board, the Whanganui DHB’s Board, the Regional Capital Committee and the NCIC

Formal advice had yet to be received from the NCIC regarding its approval for MDHB to proceed to the detailed design phase, but it was expected this would include:

- joint strategic plan with Whanganui DHB
- independent review of the design options
- a focus on the system improvements necessary to achieve the design footprint

Management noted that the development process would take time. MDHB was using Treasury’s better business case model.

8.3.2 Service Improvement Paper

The Interim General Manager, MidCentral Health advised this paper focused on how MCH was

to be become more engaged in becoming a high performing health system. It recognised the district's strategy around primary and secondary care, and the future direction of specialists working in out of hospital settings. The paper outlined the timing opportunities for MCH to advance quality and models of care, using change management processes, and becoming a consumer-driven organisation. Mike Grant advised the approach was closely linked to the Health Charter being developed for MDHB.

Members of the Board supported the approach outlined in the report, particularly the organisational culture change it would generate and the service improvement philosophy on which it was based.

The challenges ahead in terms of the level of change proposed were discussed. Management advised that additional resources, particularly around change and project management, could be secured. This work was required over the next 3-4 years and would lead into the site redevelopment. The people resources for change management would be included in the capital programme as the costs would be capitalised.

Management advised that following receipt of the NCIC's formal advice re support for MDHB to develop a detailed business case, a timeline would be prepared. This would incorporate the work involved for both the service improvement and the facility redevelopment. The two parts would occur in tandem. Meantime, work was occurring regarding leadership and the organisation's charter. This would impact all aspects of how MDHB carried out its business.

The tension between improving efficiency and productivity, and, improving the patient experience was noted.

The involvement of Professor Ross Baker was discussed. The Interim General Manager, MidCentral Health advised a programme for Professor Baker's visit was being developed and would be provided to the Community & Public Health Advisory Committee. At this stage a conference was being planned for May 2015 involving a number of speakers, and with Professor Baker as the keynote speaker.

The importance of achieving the change outlined in the Service Improvement Paper was emphasised by the Board and it was agreed that this had been significantly advanced before the "first sod" was turned in respect of the building project.

It was resolved that:

that the report be received.

9. OPERATIONAL REPORTS

9.1 CEO's Report

9.1.1 Visit of Minister of Health

The CEO advised that discussions were occurring with the Minister's office regarding the Minister's forthcoming visit to MidCentral DHB. It was understood the Minister would visit Whanganui DHB on the morning of the 19th and would then travel through to MidCentral.

It was suggested that MidCentral DHB invite the Minister for Disability Issues, Nicky Wagner to visit MDHB. Management undertook to follow-up on this matter.

9.1.2 Health Benefits Limited (HBL)

The proposed memorandum between the 20 DHBs and HBL was considered. It was noted that this was based on DHBs determining the matters to be worked upon, and that the MoU had been supported by the regional Chairs and CEOs.

It was agreed MidCentral DHB should endorse the MoU.

The food service contract arrangement in Auckland was raised, and a member questioned how this would impact on the national business case. The CEO clarified that this was an HBL project and so there would be no adverse impact.

9.1.3 Regional and Local IT Programmes of Work

The adequacy of resourcing to progress these programmes of work was raised. The Acting General Manager, MidCentral Health advised MDHB had good planning advice. It did not have all the people resources required however the flexibility of financial resources to cover this. MDHB had good relationships with a number of firms to ensure it could access the appropriate change and project management skills. Over time, a tapering off of other work would occur, such as the wireless and telephony project and this would enable project managers to be redeployed.

9.1.4 centralAlliance

The “no go” term used in respect of the strategic plan was raised. The CEO advised that the consultants would be exploring reasons why certain areas had been considered “no go” areas so that these barriers could be removed/mitigated in the future thus negating the possibility of further “no goes”.

9.1.7 National Maternity Clinical Information System

IT was reported that the launch of this information system had gone well. It was noted that the Horowhenua Health Centre had been first in New Zealand to “go live”.

It was resolved:

that the report be received; and,

that MidCentral DHB endorse the Memorandum of Understanding between DHBs and Health Benefits Limited.

9.2 Contracts Update

It was resolved:

that the report be received

10. GOVERNANCE ISSUES

10.1 Allied Laundry Services Limited: AGM Arrangements

The impact on ALSL staff of the current period of uncertainty around the future provision of laundry services was questioned. The Group Manager, Commercial Support Services advised staff were being kept up to date with progress. Formal consultation would only commence if the business case was accepted by all parties involved. If the move to a national model proceeded, all ALSL staff would transfer to the new provider. If the decision was not to proceed, staff would continue to be employed by ALSL. As such, the level of change was significantly reduced for ALSL staff as compared to some other DHB laundry services.

The level of dividend was discussed and it was agreed that in the event the move to a national model did not proceed, ALSL be asked to consider a higher dividend payment next year.

4-8

It was resolved:

that this report be received;

that Jeff Small, Group Manager, Commercial Services (or, in his absence, Jill Matthews, Manager, Administration & Communications) be appointed as MidCentral DHB's proxy at Allied Laundry Service Limited's annual general meeting in November 2014;

that he be instructed to support the recommendations as included in the Notice of Annual General Meeting dated 30 September 2014; and,

that the surplus funds of Allied Laundry for the 2013/14 year and the current retained earnings are, due to the uncertainties around business continuity, held by Allied Laundry.

10.2 Central Region's Technical Advisory Service: AGM Arrangements

The increase in personnel costs was questioned. The CEO advised that this matter had been raised by the TAS Board. TAS employed around 100 employees. This had increased as they have moved from having a number of contractors to permanent staff. Information on this had been provided to the TAS Board and it would be sourced for the next meeting of the MDHB board.

TAS's staff establishment was relatively small in view of the work it was required to do on behalf of both the Central Region and all DHBs.

The Statement of Service Performance was discussed, and it was noted that some areas had not been achieved. The CEO advised that for SSP items achieved, no comment had been provided. This gave an under-stated picture of their achievements.

It was resolved:

that this report be received,

that Murray Georgel, CEO be appointed as MidCentral DHB's proxy at the Central Region's Technical Advisory Service Limited's annual general meeting in December 2014, and that he be instructed to support the recommendations as included in the Draft Notice of Annual General Meeting (undated).

10.3 Manawhenua Hauora – Update re 2014/15 Work Programme

The Director, Maori Health & Disability presented the update against the work programme, noting that planning work was commencing. She would be scheduling engagement with planning and support to discuss the Maori health plan and the Maori health aspect of other planning documents.

Stephanie Turner advised that together with the Chair, Manawhenua Hauora she was meeting with the Iwi runanga to secure their engagement in the planning process.

Regarding other items on the work programme. Stephanie Turner advised a proposal regarding the development of a Maori health directorate was being prepared.

The issue of encouraging young Maori into the workforce was raised. Management advised this was occurring via the district management groups, the innovation hub and Whanau Ora initiatives.

Richard Orzecki advised that Manawhenua Hauora was going back to the four Iwi Boards regarding the concept of an Iwi health plan, and whether the district should have four such plans or a composite plan.

It was resolved:

that the update of the Board/Manawhenua Hauora update on the joint work programme for 2014/15, be accepted.

11. LATE ITEMS

There were no late items.

12. DATE OF NEXT MEETING

Tuesday, 16 December 2014, MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

13. EXCLUSION OF THE 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:

<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, 14 October 2014 • Community & Public Health Advisory Committee, 14 October 2014 	For the reasons set out in the Committees' order paper 14.10.14 meeting held with the public present For the reasons set out in the Committees' order paper 14.10.14 meeting held with the public present	
Strategic Matters <ul style="list-style-type: none"> • Annual Planning & Assumptions • Information Systems Server Room • Environmental Infrastructure Refresh 	Subject of negotiation Contains commercially sensitive information which is subject of tender process	9(2)(j) 9(2)(j)
Operational Matters <ul style="list-style-type: none"> • CEO's report: national and local briefings to incoming Minister of Health 	To maintain effective conduct of public affairs with Minister of the Crown	9(g)(i)
Governance Matters <ul style="list-style-type: none"> • CEO Appointment 	To protect personal privacy, and, information will be subject of negotiation and competitive appointment process	9(2)(a) 9(2)(j)

Confirmed this 16th day of December 2014.

.....
Chairman