

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 9 April 2013 at 10.00 am at Tararua District Council, Council Chambers, 26 Gordon Street, Dannevirke

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Lindsay Burnell
Ann Chapman
Jack Drummond

Kate Joblin
Pat Kelly
Karen Naylor
Richard Orzecki
Barbara Robson

Unconfirmed Minutes

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Planning & Support
Heather Browning, General Manager, Enable New Zealand
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Officer
Jeff Small, Group Manager, Commercial Support Services
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness

Public (3)
Media (2)

Opening the meeting, the Chair welcomed members of the public and media, and extended his thanks to the Tararua District Council for making their facilities available to the Board.

1. APOLOGIES

There were no apologies.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

Barbara Robson advised she was a consumer representative on the Maternity Information Systems Programme Steering Group.

3.2 Declaration of Conflicts in Relation to Today's Business

No conflicts were identified by members.

4. PUBLIC FORUM

4.1 Questions from the Public

Sharon Wards, CEO, Tararua Health Group addressed the meeting to update the Board on recent developments:

- The Tararua Integrated Family Health Centre had been formally established, and was known as Tararua Hauora Services. A formal opening would be held on 31 May 2013 and members of the Board would be invited. The Hon Jo Goodhew, Associate Minister of Health would be attending.

A governance board for the IFHC was in place.

- The Tararua Health Group continued to look at ways of making its business more efficient and effective. It was piloting the "productive general practice" model.
- Flu season was underway and the Tararua Health Group was busy putting services/strategies in place to deal with it.
- The Tararua Health Group was looking to increase work with secondary service practitioners, and strengthen integration between the Group and MidCentral Health.
- The work of Oriana Paewai, Project Manager, Tararua IFHC was acknowledged.

Oriana Paewai addressed the meeting regarding the Tararua IFHC and Whanau Ora:

- The Tararua IFHC was looking at information sharing between the GPs and community groups. They were interested in learning of successful models used elsewhere.
- Rangitane Tamaki nua a Rua was part of the Te Tihi o Ruahine Whanau Ora collective. The collective was currently at the third stage of the programme, being the "money earner". It had submitted a proposal to Te Puni Kokiri and expected a response within the four weeks or so.

The collective was unique in that it involved not only iwi Maori providers, but voluntary groups such as the Maori Women's Welfare League and Maori Wardens. Another unique feature of the collective was that it was utilising the alliance leadership model as a way of working together.

Bringing eight groups to work together had not been easy, and the collective was appreciative of MDHB's support of programmes such as smoking cessation and suicide prevention which had enabled to work together collectively.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 26 February 2013 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 26 February 2013 be received and the recommendations contained therein approved.

6.2 Matters Arising

6.4.1 External Audit Programme

The General Manager, Planning & Support advised that the external audit report had included comments regarding MDHB's financial controls. The matters identified equated to a difference of opinion between MDHB and the auditors. As such, MDHB had engaged an independent person to look into these matters and discuss them with the external auditors. This work was proceeding well and the outcome would be reported to the Group Audit Committee in September.

6.4.2 PABX Upgrade

The General Manager, Planning & Support advised the delay in implementing this project was due to other work commitments in this area, and the need for project management expertise. This expertise been secured and a statement of work agreed with the vendor. Implementation was expected to be completed by December 2013.

6.3 Hospital Advisory Committee

The resignation of Kerry Simpson, Committee Member was noted.

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 19 March 2013 be received and the recommendations contained therein approved.

6.4 Matters Arising

6.4.1 Waiting Times for Elective Services

The impact of the new target wait time for elective services of five months (previously six) was questioned by members, eg would more people be returned to GP care and would they become sicker. This matter was discussed in full.

Management advised that more elective surgery was being done year on year. Alongside this, MDHB was endeavouring to ensure when it made a commitment to assess or treat, it delivered on this within the nationally agreed timeline. Several strategies were in place to both improve throughput and ensure MDHB's commitments re timelines were achieved. It was noted the bulk of patients were seen within four months.

Management confirmed that as agreed at the Hospital Audit Committee, future reports to the Hospital Advisory Committee regarding elective wait times, would include details of the number of people referred back to GP care. If possible, this information would be provided on a per speciality basis and include re-referral rates.

Management advised that assessment of referrals was done according to national clinical guidelines. MidCentral Health had amended access criteria short term in some areas due to capacity issues, ie accepting only urgent referrals. Where these decisions were made,

information was provided to the clinicians involved regarding the numbers of people likely to be involved and the types of conditions. Re-referral rates were monitored.

Management confirmed that it had never had the situation whereby a service could not accept urgent referrals. In the event of such a situation, the DHB would be very much obliged to seek alternative service arrangements, such as employment of locum staff, outsourcing to private or public providers.

The clinical condition of a patient always took precedence in access and treatment decisions.

The importance of good communication, including that between hospital services and general practice (and vice versa) was noted by members.

In respect of regional elective funding, management advised weekly reports were received regarding regional FSA and elective wait times. Where a DHB was experiencing difficulties, assistance was provided on a voluntary basis.

It was agreed that further information around the elective services process was required, including the management and impact of reducing wait time targets. Management undertook to consider ways of addressing this, and would report back to a future meeting.

6.4.2 Water Shortage

The Group Manager, Commercial Support Services advised the recent water shortage had not affected hospital services. MidCentral DHB had taken steps to minimise water, such as restriction on grounds watering and washing hospital cars.

6.4.3 Down Syndrome DVD

A member extended congratulations to the clinical staff involved in the production of this DVD.

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 19 March 2013 be received and the recommendations contained therein approved.

6.6 Matters Arising

6.6.1 Community Pharmacy Services Agreement

Recent publicity to additional charges being levied by community pharmacies for services outside the community pharmacy service was discussed. The General Manager, Planning & Support advised work was being done to evaluate if there was any increase in this practice. He further advised that from a national DHB perspective, it was considered patients with longer term conditions should be getting blister packs as part of the reimbursement process.

6.7 Disability Support Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Disability Support Advisory Committee held on 19 March 2013 be received and the recommendations contained therein approved.

6.8 Matters Arising

There were no matters arising from the minutes.

7. OPERATIONAL REPORTS

7.1 CEO's Report

7.1.1 *Monitoring and Intervention Framework*

The Ministry of Health's amendments to the DHB Monitoring and Intervention Framework were noted. The CEO advised that MDHB had not yet received advice from the Ministry as to its monitoring status. However, it was expected this would continue to be "standard" monitoring.

7.1.2 *Central Region's Forum for DHB Board Members*

The CEO advised that the proposed agenda for the forthcoming forum had not yet been advised.

7.1.3 *Regional Governance Group*

Background information on the interim Chair, Regional Governance Group was sought and it was agreed this would be included in the CEO's next report. Meantime, the Chair, Deputy Chair, and CEO gave a brief overview of Mr Milner's work interests.

The time commitment for the interim Chair role was raised and a member questioned whether Mr Milner would be able to accommodate this work. The Chair and Deputy Chair advised this was a matter for the RGG to monitor. At this stage, good progress was being made.

7.1.4 *Travel & Accommodation Policy*

The timeframes around this were questioned; both the deadline for making a submission, and the time for its development. The CEO advised that the Ministry of Health had not imposed any time restrictions on receiving submissions. In terms of developing the submission, MidCentral DHB had sought details of timelines and would continue to do so. The importance of this matter for MDHB was re-iterated.

7.1.5 *Annual Reporting – Good Employer Requirements*

MidCentral DHB's excellent rating was noted.

7.1.6 *National Health Targets – Smoking Cessation*

Management advised that work continued within MidCentral Health to improve performance in this area. The key area of focus was the emergency department.

The focus on primary care and raising levels in this area was increasing.

7.1.7 *Aged Residential Care*

The increase in dementia bed days was discussed.

Management advised that alongside the increase in dementia bed days was a reduction in community hospital level care beds. It was noted that there was a significant pricing differential between dementia care and other care categories. Some of the increase in dementia bed days was supply driven. MidCentral DHB continue to monitor this situation.

5.6

It was resolved:

that the report be received.

7.2 Six-monthly Capex Update

The General Manager, Planning & Support presented the report. In doing so, he noted that management was seeking to strengthen asset management planning, including interaction with clinicians. This followed on from work done to strengthen budgeting and planning processes.

The compatibility of Siemens' equipment, particularly linear accelerators, with that of other suppliers was raised. Management advised that Siemens had a close relationship with other potential providers, and some providers provided equipment back to Siemens. Management further advised that an opportunity would arise in 2014/15 when two linacs were due for replacement. At that time, MDHB would look at national arrangements, as well as working in closely with Capital & Coast DHB, the other provider of cancer services in the Central Region.

The disposal of Kimberley Centre and the old Horowhenua Hospital was discussed. The Group Manager, Commercial Support Services advised claimants had until 19 April 2013 to notify Te Puni Kokiri of any "site of significance" requirements in respect of these properties. A three-month period then ensued to determine how this would best be met. It was noted that the old Dannevirke Hospital property had been identified as a site of significance and agreement reached that this be reflected by was a plaque. MidCentral DHB would commence marketing the properties once cleared for disposal. Updated market valuations would be obtained.

A member advised that they were unsure of MidCentral DHB's plans around IT (both software and hardware) and how these fitted into the bigger picture, ie regional and national IT plans. Management clarified that system upgrades, such as maternity systems, ePharmacy, clinical workstation, and patient administration systems, were occurring in line with national and/or regional solutions. Some urgent infrastructure work was also required locally. Purchasing of printers and PCs was occurring in accordance with All-of-Government purchasing arrangements.

Management undertook to provide an overview of IT projects and their alignment to regional and national work programmes, including the regional IT infrastructure currently under consideration.

The Board noted the ten items removed from the capex programme, valued at \$10m and sought the reasons behind these decisions. The General Manager, Planning & Support advised:

- Renal satellite – option removed, although all options would be included in business case to be presented to the board.
- CATH lab – moved out one year. New timing aligned to implementation of cardiology landscape. Early provision for this item had been made in the capex programme.
- Health Benefits Limited administration system - in line with business case and current timeline.
- Email archiving – IT was a very busy space at present, and this item could be held over.
- Enable E-commerce – timing issue.
- clinical records scanning – moved out one year. Business case currently under development.
- Storage Area Network – on cusp of 2012/12 and 2013/14 years.
- Sanitisers replacement – progressive replacement over three years now proposed.
- Women's theatre development – in line with Board decision.

Members requested that the reasons behind movements on the capex programme be noted in future reports.

It was noted that the term "removed" did not accurately reflect the action taken as many items had been transferred to another year.

It was noted that the six-monthly capex board reporting process was a "work in progress" and further enhancements would be made.

It was resolved:

that the report be received, and that the MDHB Capital Substitution Reconciliation 2012/13, as outlined in Appendix 2 of management's report, be approved.

7.3 Information Systems: Pharmacy

A member expressed her appreciation of the report and had found it an excellent resource document, suggesting it could be placed on MDHB's website so she could refer other people to it.

It was resolved:

that the report be received.

8. GOVERNANCE ISSUES

8.1 Elections

Pat Kelly identified his interest as an elected member. It was agreed that all members interested in standing for election to MDHB's Board as part of the 2013 elections had an interest. However, the determinations required were part of the Board's responsibilities and as such did not cause a conflict.

It was resolved:

that the order of DHB candidate names be printed in alphabetical order, by surname, on all voting documents;

that early processing of MidCentral DHB voting documents during the voting period be authorised; and,

that the report be received.

Pat Kelly recorded his vote against the motion.

8.2 2012/13 Work Programme

It was noted that in line with the Board's discussion, management would be considering the best means of providing more information around elective services and this would be added to the appropriate work programme in due course.

It was resolved:

that the updated work programme for 2012/13 be noted.

9. LATE ITEMS

There were no late items.

5.8

10. DATE OF NEXT MEETING

Tuesday, 21 May 2013, Horowhenua Health Centre, 62 Liverpool Street, Levin.

11. 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:

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
<i>"In committee" minutes of the previous meeting</i>	<i>For reasons stated in the previous agenda</i>	
<i>"In committee" minutes of committee meetings:</i> <ul style="list-style-type: none"> • <i>Hospital Advisory Committee, 19 March 2013</i> • <i>Community & Public Health Advisory Committee, 19 March 2013</i> • <i>Disability Support Advisory Committee, 19 March 2013</i> 	<i>For the reasons set out in the Committees' order paper of 19.3.13 meeting held with the public present</i>	
<i>Strategic Matters</i> <ul style="list-style-type: none"> • <i>Annual planning</i> • <i>Treasury issues</i> • <i>Seismic Assessment</i> 	<i>Subject of negotiation</i> <i>Subject of negotiation</i> <i>Commercial sensitive information which is subject to tender</i>	<i>9(2)(j)</i> <i>9(2)(j)</i> <i>9(2)(j)</i>
<i>Operational Matters</i> <ul style="list-style-type: none"> • <i>CEO's Report – HBL & All-of-Government contracts, and, revenue banking</i> • <i>Contracts update</i> 	<i>Subject of negotiation & commercial sensitive</i> <i>Subject of negotiation</i>	<i>9(2)(j)</i> <i>9(2)(j)</i>
<i>Governance Matters</i> <ul style="list-style-type: none"> • <i>Board & committee membership</i> 	<i>To protect personal privacy</i>	<i>9(2)(a)</i>

Confirmed this 21st day of May 2013.

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 Chairman