

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 13 August 2013 at 10.00am at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Lindsay Burnell
Barbara Cameron
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
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Officer
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Patient Safety & Clinical Effectiveness
Jeff Small, Group Manager, Commercial Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness

Public (2)
Media (1)

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

The followings amendments were advised:

- Barbara Robson: The Central Primary Health Organisation’s Manawatu Local Primary Care Group, of which Mrs Robson was a member, appeared to have lapsed. As such, Mrs Robson suggested this item be removed from the Register.
- Murray Georgel had resigned from Central Region’s Technical Advisory Service’s Board, and had been appointed a Board Member, Health Benefits Limited.

3.2 Declaration of Conflicts in Relation to Today’s Business

Richard Orzecki advised his conflict as Chair, Manawhenua Hauora with agenda items 7.1 and 7.2.

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4. MINUTES OF PREVIOUS MEETING

4.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 2 July 2013 be confirmed as a true and correct record.

4.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

5. BOARD COMMITTEES

5.1 Group Audit Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Group Audit Committee held on 2 July 2013 be received and the recommendations contained therein approved.

5.2 Matters Arising

There were no matters arising from the minutes.

5.3 Hospital Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 23 July 2013 be received and the recommendations contained therein approved.

5.4 Matters Arising

There were no matters arising from the minutes.

5.5 Community & Public Health Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 23 July 2013 be received and the recommendations contained therein approved.

5.6 Matters Arising

There were no matters arising from the minutes.

5.7 Disability Support Advisory Committee

It was noted that Barbara Cameron was a member of this committee.

It was resolved:

that the unconfirmed minutes of the meeting of the Disability Support Advisory Committee held on 23 July 2013 be received and the recommendations contained therein approved.

5.8 Matters Arising

There were no matters arising from the minutes.

6. WORK PROGRAMME

6.1 2013/14 Work Programme

The CEO presented the updated work programme. The forthcoming opportunity to workshop IT matters with Murray Milner, Chair, National Health IT Board (and Chair, Regional Governance Group) in November was noted.

Reporting regarding the establishment of the Feilding Integrated Family Health Centre was questioned. Management confirmed that this occurred via the Community & Public Health Advisory Group. Substantive matters had been provided on this matter, and it was now a standing item in the General Manager's report.

It was resolved:

that the updated work programme for 2013/14 be noted.

7. STRATEGIC MATTERS

7.1 centralAlliance

7.1.1 Strategic Planning & Foundation Agreement Update

The feedback received from both Whanganui and MidCentral DHB's committees was noted.

Clarity was sought around the term Alliance Leadership Teams. The General Manager, Funding Division advised that these teams were a requirement under the new Primary Health Care Agreement. Both DHBs would have an ALT in place. It was noted that MDHB's ALT and the Central PHO's board were merging.

The issue raised by Whanganui DHB's committees regarding the potential for "smoothing" access to increase inequalities for specific population groups was discussed. This could occur for population groups within either DHB's area, and was something which would be identified during the service planning, together with how any impact would be managed. It was noted this could occur with a move to standardised intervention rates.

It was resolved:

that the report be received.

7.1.2 centralAlliance Foundation Agreement

The CEO advised that some typographical errors had been identified in the Agreement and these would be amended. In addition, the schedule of definitions included the term "services agreement". This agreement was not noted anywhere in the Foundation Agreement and as such the definition would be removed.

Richard Orzecki advised he had contacted the Chair, Hauora a Iwi who supported the centralAlliance Sub-Committee's plans to invite the Chair of both DHB's Maori Relationship Boards to attend sub-committee meetings on a regular (quarterly) basis. He requested that letters of invitation be issued before the Maori Relationship Boards were due to meet next. The Board Chair advised that following feedback from the Maori Relationship Boards, the Sub-

Committee had given consideration as to how best to engage on matters of Maori Health in terms of the sub-regional work being undertaken. It had been agreed they the Maori Relationship Board be invited to attend face-to-face meetings of the sub-committee on a quarterly basis, and that the agenda be structured to support this approach.

The Board supported the re-worked Foundation Agreement, and felt the principles had been sharpened, and that the Agreement reflected the learnings of previous centralAlliance initiatives, such as the Regional Women's Health Service. The Foundation Agreement recognised partnership, Triple Aim and the role of the community.

It was resolved:

that the amendments to the Foundation Agreement, as outlined in this report, be approved subject to the support of Whanganui District Health Board.

7.2 Te Anga Aroturuki Hauora Maori - Maori Responsiveness Framework

Management advised that the proposed withdrawal of the Maori Responsiveness Framework had been incorporated in the draft joint work programme for 2013/14. The work programme included the review of MDHB's Maori Service Plan, the key Maori health strategy document. It was noted that the Maori Responsiveness Framework had no visibility within Manawhenua Hauora.

It was resolved:

that the report be received, and,

that future reporting against the Maori Health Responsiveness Framework be discontinued.

7.3 Master Health Service Planning

The Board supported the Stakeholder Engagement Plan and requested that local MPs be added to this. Also, that it be made clear that Council engagement referred to all territorial local authorities within the MDHB district.

The development of a consumer engagement strategy was noted.

It was resolved:

that the report be received.

8. OPERATIONAL REPORTS

8.1 CEO's Report

8.1.1 Director-General of Health

The pending departure of the Director-General of Health was noted.

8.1.2 ICT Review

The CEO advised that a review of how best support for regional IT systems could be provided had been undertaken. Regional CEOs had recently received the report and this would now be submitted to the six DHB boards for consideration. The report would be included on MDHB's 24 September meeting agenda.

The Chair advised that this matter had been discussed at the Regional Governance Group and a synopsis of those discussions would be provided to members once available.

8.1.3 Annual Plan

The CEO advised that MDHB's Annual Plan had been in the first group of Plans supported by the Minister of Health. Members noted that the Plan had been distributed to key stakeholders.

A member congratulated management of the presentation of the planning documents, and the cohesiveness between them.

It was noted that the Minister's support was for three years. Some Plans were supported for one year only. While Annual Plans for developed annually, the three year support provided comfort regarding longer term revenue streams. DHBs operating with Plans which had one year's support needed a letter of comfort.

8.1.4 Annual Report

Management advised that the annual reporting process included a letter of representation regarding the DHB's financial results and that they were a fair and accurate reflection of the DHB's position. This had been signed by management, the Board Chair and Group Audit Chair.

The exact requirement for this letter of representation in respect of the Government's accounts was questioned and management undertook to provide this to members.

8.1.5 Stakeholder Meetings

The CEO advised that feedback from all meetings to date had been very positive.

It was recommended that the Regional Council be included in the annual stakeholder engagement process. The Council had responsibilities regarding transport, including accessibility to health services, and water and air quality.

8.1.6 Information Systems

The CEO noted the two significant regional documents under development, being the strategy for application development (Central Region's Information Systems Plan – CRISP), and the strategy for delivery of applications in the regional sense (ICT Review). All six DHB Boards in the Central Region would receive these for consideration in coming weeks.

The Government Chief Information Officer's (GCIO) work to raise the capability of information privacy and security practices within Government agencies was discussed, particularly the future pathways for progressing this within MDHB. The General Manager, Planning & Support advised that MDHB had completed an internal audit regarding IT security, privacy and governance. In line with the recommendations of this audit, a ICT Governance Group had been established and it would manage and monitor implementation of the associated work programme. A full report was scheduled to be provided to the Group Audit Committee in December. The Statement of Capability stocktake findings were largely in this area. The stocktake was based on a scale of 1-4. MDHB's self-assessment was around 2 and it aimed to reach 3 by March 2014.

Pending changes to email practices to improve privacy and security were noted. Management confirmed that there was an over-ride function in respect of the automatic queuing of external emails.

The risk of dis-connect between local and regional IT activity was raised. It was noted there was high visibility of both activity within MDHB. It was further noted that a move to one organisation managing IT on behalf of the region would require DHBs to hand over this responsibility.

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A member requested that consideration be given to board members being able to access MDHB's server, ie to have a MDHB email account so as to negate the need for a personal email account.

Management confirmed that it was targeting electronic agendas for the governance process.

8.1.7 Financial Matters

The removal of the Ministry of Health's early payment regime, and the subsequent negation of the need to reserve funds for this, was noted by members.

The CEO advised that the 2012/13 financial results for the DHB sector had been received and would be provided in the papers for the Board's next meeting. Overall, the sector had stabilised and improved. This meant all the potential capital expenditure would not get used to shore up deficits and more would be available to fund capital projects.

MidCentral DHB's financial performance, and the successful financial recovery it had made, was raised.

It was resolved:

that the report be received.

8.2 Property Matters

In respect of seismic work, the Group Manager, Commercial Support Services advised that final work on the Hospital Administration building and Board Office was taking place ready to go to market shortly. Reports were awaited regarding areas of the hospital, including the kitchen block, blood building, central services block stairwells, laundry and the utilities.

Arrangements had been put in place for provision of an advisory structural engineering service. This would assess MDHB properties after a major quake.

The Group Manager, Commercial Support Services advised that no update was available on the Sites of Significance process in respect of Kimberley Centre. This process was outside MDHB's control. The CEO advised a marketing plan was being prepared in readiness. Management confirmed that the Ministry of Health was meeting the holding costs for Kimberley Centre.

The issue of ceiling panels was raised, and a member questioned whether any advice had been provided by the engineering sector following the recent Wellington earthquake. Management advised that it had not received any information, but that ceiling panels had been taken into account within MDHB's review and maintenance plan.

It was resolved:

that the Board confirms its decision to proceed with the disposal process for 10 Whyte Street, Foxton subject to the approval of the Minister of Health and the subsequent land clearance process, and further that;

- *the Board note management's progress relating to the wide range of seismic related activities being managed within delegated operating costs, and,*
- *the Board note management's proposal to market Kimberley Centre and Horowhenua Hospital for disposal as soon as clearance is received from the Site of Significance process.*

8.3 Quality and Safety

The CEO advised the self-assessment of MDHB's quality and safety arrangements showed the robust arrangements in place. Further improvement would continue across the spectrum and would be reported through various reports. The stocktake was now to be discussed with clinical groups within the organisation to identify improvements, etc.

The Director, Patient Safety & Clinical Effectiveness presented her report, identifying all questions posed by the Minister of Health as part of the Quality & Safety Framework, and highlighting points of MDHB's response. Points raised by members included:

- quality and safety processes and/or framework for contracted providers of health and disability services – management advised health and safety requirements were included in all contracts, and that consideration would be given as a result of the Quality and Safety Framework as to additional requirements that may could be incorporated into future contracts through negotiation;
- the structure of MDHB's clinical governance framework – management advised that this was summarised in the Quality & Safety framework assessment and a copy would be provided to members, and, a stocktake of clinical governance was currently being undertaken and this was scheduled to be reported to the Board by the end of 2013;
- what league tables or yardstick were used to measure quality and safety – management advised that clinical markers were being developed by the Health Quality & Safety Commission, and that accreditation and certification were other means;
- the Quality & Safety Framework captured all processes and systems in place, but how were the intangible aspects measured – management advised a mechanism was in place for capturing and reporting patient feedback, and in addition to this an increasing focus was being given to the use of patient stories;
- implementation of the internal audit findings regarding the compliments and complaints process, particularly in terms of communicating and listening to patients on the ground floor;
- actioning patient feedback – management advised the current corrective actions systems were largely manual and needed to be strengthened;
- use of digital survey tools for consumer feedback – management advised that the use of electronic systems was evolving and was being led by HWSC, and MDHB would utilise these in conjunction with other mediums so to provide a range of options for consumers to provide feedback to the DHB.

Jeff Small left the meeting.

- the five year time frame for service credentialing and whether this period could be shorted – management advised that the credentialing process included a follow-up review at around 6 months, 18 months, and then potentially another review;
- clinical leadership arrangements – management advised clinical involvement occurred at all levels, including the DHB's Executive Leadership Team and MidCentral Health's leadership team (Senior Management Team). The CEO advised the SMT comprised around 25 people, including 11 clinical directors, 3 operational directors, a director of nursing, five nurse directors, allied health director, chief medical officer, midwifery director, commercial services manager, Maori health advisor and HR manager. In addition, on service matters regular meetings were held between the CEO (in his GM, MCH role) and the clinical director and operational manager for each service.

The Board acknowledged the comprehensive arrangements in place around quality and safety.

It noted and supported the “opportunities for strengthening quality and safety” as outlined in the report. The possibility of a consumer forum was raised by one member, who cited the Canterbury DHB as a model to consider.

The importance of ensuring consumer engagement in the site redevelopment project was noted. The “cardboard mock-ups” used as part of the Canterbury re-build were noted by one member as a good means of enabling user participation. There had been a recent TV feature on this.

The CEO advised that an update against the report would be provided in six month’s time. This was supported by members.

Members commented on the comprehensive nature of the report and thanked Ms Hancock for the open approach she had taken, both in regard to the document and her quality and safety in general.

It was resolved:

that the report be received.

9. GOVERNANCE ISSUES

9.1 Manawhenua Hauora

9.1.1 Minutes

It was resolved:

that the minutes be received.

9.1.2 2013/14 Work Programme

The CEO presented the draft work programme, noting it was more strategic in nature. The draft work programme had also been submitted to Manawhenua Hauora for its consideration.

The issue of conflict of interest management was raised and a member noted that some Manawhenua Hauora members were involved in organisations which received substantial amounts of funding from the DHB. The Chair asked Richard Orzecki, as Chair, Manawhenua Hauora, to take this matter back to Manawhenua Hauora for consideration. It was noted that Manawhenua Hauora was in the process of updating its Terms of Reference and this was a good opportunity to incorporate the issue of COI management.

It was resolved:

that the proposed work programme for 2013/14, as contained in the agenda, be approved, subject to the support of Manawhenua Hauora; and,

that the Chair and CEO be delegated authority to negotiate any changes of a non-material nature submitted by either party.

9.2 Insurance

The Board noted the outcome of insurance negotiations and felt it was a job well done.

It was resolved:

that the report be received.

9.3 Governance Policies

9.3.1 Delegations Policy

The level of delegated authority for capital items outside of Annual Plan was raised by one member who suggested this be reduced from \$500k to \$250k. This matter was discussed and it was noted that the level had been increased at the time of the 2012 review. It was considered the level remained relevant.

It was agreed that reporting regarding capital items approved outside of Annual Plan with a value of \$250k or over be reported to the Board. Management undertook to include a note in the Schedule of Delegations accordingly.

The term "cheque signatory" was raised. This had been amended in other policies to "account signatories". It was noted that as this was a change to the Policy, ministerial support may be required. Management undertook to progress this.

The integrity of the systems and processes which sat behind the delegations was raised. Management advised that these were reviewed annually as part of the external audit.

It was resolved:

that the Delegations Policy be noted, and that it be reviewed in 12 month's time.

9.3.2 Standing Orders, Code of Conduct & Training Policy

In light of the new board term commencing in the near future, some members felt it would be appropriate for the incoming board to consider these policies as part of their induction. The review period was therefore reduced to one year.

A member requested that a register be established to record DHB Board representation on other groups and organisations. The register to also include the CEO.

The layout of the board room was raised by a member who suggested that a table be provided for members of management when presenting reports. Also, that members of the public and members of staff should have separate seating areas. The Chair advised these suggestions would be taken into account in developing the new board room.

It was resolved:

that the Board's Standing Orders, Code of Conduct, and Training for Board Members Policy be noted, and reviewed in one year's time.

9.4 2013 DHB Elections

The Principal Administration Officer advised that five nominations had been received.

The necessity for candidates to declare future conflicts of interest was raised and the PAO advised this was for reasons of public transparency.

It was resolved:

that the report be received.

10. LATE ITEMS

There were no late items.

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11. DATE OF NEXT MEETING

Tuesday, 24 September 2013, MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

Apologies were tendered by Members Diane Anderson and Jack Drummond.

12. 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, 23 July 2013</i><i>• Community & Public Health Advisory Committee, 23 July 2013</i><i>• Disability Support Advisory Committee, 23 July 2013</i><i>• Remuneration Committee: CEO's performance framework, performance and remuneration review</i>	<i>For the reasons set out in the Committee's order paper of 23.7.13 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 23.7.13 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 23.7.13 meeting held with the public present</i> <i>To protect personal privacy</i>	<i>9(2)(a)</i>
<i>Operational Matters</i> <ul style="list-style-type: none"><i>• CEO's Report: HBL Projects</i>	<i>Subject of negotiation</i>	<i>9(2)(j)</i>

Confirmed this 24th day of September 2013.

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Chairman