

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 20 December 2011 at 10.05am at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

Unconfirmed Minutes

PRESENT

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

Kate Joblin
Pat Kelly
Karen Naylor
Richard Orzecki
Barbara Robson

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, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Vivienne Ayres, Planning & Accountability

Public (1)

Opening the meeting, the Chairman extended his appreciation and season's greetings to members and staff. Mr Sunderland stated it had been a sterling year for MidCentral DHB.

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

There were no amendments to the Register of Interests.

3.2 Declaration of Conflicts in Relation to Today's Business

No declarations were made.

4. MINUTES OF PREVIOUS MEETING

4.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 15 November 2011 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 Funding Audit Sub-Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Funding Audit Sub-Committee held on 15 November 2011 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 6 December 2011 be received and the recommendations contained therein approved.

5.4 Matters Arising

The Committee Chair commended the CEO and General Manager, Planning & Support for the outstanding efforts made on behalf of MidCentral Health. This division of the organisation had achieved major turnaround, was achieving target, and had a strong future direction.

5.5 Community & Public Health Advisory Committee

John Bent, members of the public addressed the meeting. He referred to the comments he made to the Committee regarding the adequacy or otherwise of support provided by mental health and addictions services for people accessing mental health services in light of statements made in the Department of Mental Health's annual report re suicide. One third of the total suicide figure were by those who had accessed specialist mental health services in the preceding 12 month period. Since addressing the meeting, a member of MidCentral Health's mental health team had been interviewed by a local paper. Mr Bent drew members' attention to the article, particularly the point made that suicide was a person's choice. Mr Bent questioned the point of appointing a Suicide Prevention Officer if MDHB staff had that attitude.

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 6 December 2011 be received and the recommendations contained therein approved.

5.6 Matters Arising

5.6.1 *Optimising Performance – Accountability and Incentives*

The General Manager, Planning & Support advised this piece of work had been commissioned to look at the menu of incentives and accountabilities which the DHB could discuss with general practice teams with a view to improving health outcomes of the population of those general practice teams. The menu of options could lead to a change in the funding model, eg a move from capitation to fee-for-service for some outcomes.

6. STRATEGIC MATTERS

6.1 2012/13 Annual Plan: Update

The General Manager, Planning & Support advised budgeting and planning was proceeding well, despite the fact some key information was still awaited such as the Minister's letter of expectations and the annual funding package.

The change in the list of national service priority areas was noted, specifically the move to bring mental health and child health together into a child and youth mental health service priority.

It was further noted that the regional service priorities now excluded mental health and health of older people. Management advised that the list of vulnerable services for 2012/13 has yet to be determined regionally. It further advised that current mental health and health of older persons teams had a programme of work which would continue. Reporting would continue as present, being reports to CPHAC which were copied to HAC.

The review reports recently released regarding the national breast screening service was raised and management advised these would not likely impact in 2012/13, but could in out years.

The proposed new governance arrangements for Central Region's Technical Advisory Service (TAS) were discussed. The Chair and CEO advised that the no determination had yet been made, and details such as the process for selecting any independent members, costs, etc had yet to be worked through. The regional Chairs had amended the recommendation that each DHB have one representative of which three would be Chairs and three would be CEOs. It had been agreed that it would up to each Board to determine their representative.

The situation regarding the e-medicine management programme was discussed, particularly in relation to the risk it placed on the CRISP project. The CEO advised the key risk related to increasing priorities and insufficient capability to action these. CRISP was a discrete piece of work.

It was noted that the risks around regionalisation had been discussed at the Group Audit meeting and noted as a potential item for the 2012/13 internal audit programme.

In his role as Chair, Manawhenua Hauora, Mr Orzecki noted expressed disappointment that information regarding the removal of three long standing Maori health measures had not been discussed with Manawhenua Hauora as part of the recent annual planning briefing. He suggested it would be good to provide feedback on this matter to Manawhenua Hauora.

The identified annual planning risks were discussed. The General Manager, Planning & Support advised risk re "inability to predict, analysis and plan for any impacts" related to delays in MDHB receiving the Minister's letter of expectations and funding envelope. The greater the delay, the greater the risk.

Clarification was sought about the late release of regional service planning information. The CEO advised a draft plan was scheduled for late November. However, this work was running behind schedule. Concurrently, TAS had sought direction from the CEOs as to the strength and

support for regional perspectives to be included. The regional CEOs had agreed regional planning should be considered with as much enthusiasm and commitment as possible. TAS had also identified that in order to achieve maximum buy-in and support, it was better to issue a regional planning framework rather than a finalised plan. This would occur in the new year.

It was noted that budgets were being prepared based on the assumptions previously considered and approved by the Board.

It was resolved:

that the report be received.

6.2 2011/12 Annual Plan: Update re Streamlining and Active Management of Projects

This report was considered by the Board and the following comments made:

- the overarching goals should be “to better position MidCentral DHB in a regional environment”;
- important to ensure that the centralised project team supported front-line workers/services and did not disempower them; and
- centralisation of functions could be beneficial but it was important to ensure associated risks were identified and mitigated.

Management advised that details such as staffing levels, location, etc would be worked through and included in the next report to the Board which was scheduled for late in the financial year. Savings may be achieved through streamlining and actively managing projects but this was not the key intent. The aim of the project was to support services achieve their goals. A partnership model between clinical/frontline staff and support staff was proposed. Training for clinical and service leaders was also proposed.

It was noted that the proposed PRINCE2® programme was used extensively by Australian government agencies and was being considered by NZ Treasury in the management of major capital projects.

It was resolved:

that the report be received.

7. OPERATIONAL REPORTS

7.1 CEO's Report

7.1.1 General Election Results

It was noted that a letter of appreciation be sent to the MP for Te Tai Hauauru.

7.1.2 National Health Committee

The range of proposals received by the National Health Committee were noted with interest.

7.1.3 Health Promotion Agency Establishment Board

The creation of this establishment board was noted. The possibility that the scope of activities which came under the new Agency could grow was raised.

7.1.4 Non-Financial Monitoring Framework

The CEO advised the latest non-financial monitoring framework report had just been received. This included some “highlights”.

7.1.5 Financial Results for November

Management advised that November had been a fairly difficult month. There were some timing issues relating to revenue between the funder and provider. There had been significant outputs in surgical and medical services with associated costs, and it was likely there were costs carried over from the previous month. The organisation still had a healthy surplus, and the provider division, MidCentral Health, continued to have a good result.

7.1.6 Emergency Department

The recent improvements in ED wait times were noted. The CEO advised that around 50% of DHBs were achieving 90%.

7.1.7 Hospital Staffing Levels

Management advised that hospital staffing levels would reduce over the festive season as efforts were made to enable as many staff as possible to take leave, while maintaining services. Ward 27 would close during this period and 10 medical and 10 elder health beds would be closed.

7.1.8 Radiation Oncology

Referrals for radiation oncology services had risen and this was putting pressure on the service. At this stage, waiting time targets had not been breached but the service was stretched.

It was noted that increased referrals at this time were not uncommon.

7.1.9 Appreciation

The CEO extended his best wishes to members for the festive season and thanked them for their support during 2011.

It was noted that the Board’s appreciation of staff was conveyed to them via various means.

It was resolved:

that the report be received.

8. GOVERNANCE ISSUES

8.1 Manawhenua Hauora Minutes

The Chair congratulated Richard Orzecki on his re-election to the role of Chair, Manawhenua Hauora.

Mr Orzecki advised Manawhenua Hauora was struggling to get representation at meetings and achieve a quorum of members. This was very disappointing. However, 2011 had been a successful year.

It was resolved:

that the minutes be received.

8.2 2011/12 Work Programme

Management advised that the outcome of the recent MidCentral and Whanganui DHBs workshop on women's health would be incorporated into a report for each DHB's committees in January/February 2012.

It was resolved:

that the updated work programme for 2011/12 be noted.

8.3 Delegations Policy

The provision for cheque signing was raised. Management advised cheques were rarely used.

The issue of fraud was discussed. Management advised that work continued in this process to ensure MDHB's processes were robust. The Chair noted that this matter had been discussed at the Group Audit Committee.

It was resolved:

that the revised Delegations Policy be approved.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

Tuesday, 21 February 2012, MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

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, 6 December 2011</i> • <i>Community & Public Health Advisory Committee, 6 December 2011</i> 	<i>For the reasons set out in the Committee's order paper of 6.12.2011 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 6.12.2011 meeting held with the public present</i>	
<i>Strategic Matters</i> <ul style="list-style-type: none"> • <i>Central Region's Information Systems Plan: Heads of Agreement</i> 	<i>Under negotiation</i>	<i>9(2)(j)</i>
<i>Operational Matters</i> <ul style="list-style-type: none"> • <i>CEO's Report: Health Benefits Limited, and, Regional Planning</i> 	<i>Subject of negotiation</i>	<i>9(2)(j)</i>

Confirmed this 21st day of February 2012.

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Chairman