

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 21 February 2012 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
Ann Chapman
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
Andrew Ivory, Member, Community & Public Health Advisory Committee
Ken Clark, Chief Medical Officer
Cheryl Benn, Regional Director, Midwifery
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Craig Johnston, Senior Portfolio Manager, Primary Care
Eileen Downing, Corporate Services Manager, Enable New Zealand
Doug McLean, centralAlliance Project

Public (4)
Media (2)

1. APOLOGIES

An apology was received from Dr Jack Drummond.

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

Ann Chapman recorded her interest in agenda item 15.2, Contracts Update – in particular the reference to ACC.

Karen Naylor reiterated the interest as recorded at the Community & Public Health Advisory Committee in relation to the Regional Women's Health Service Proposal and associated business case. She worked within the women's health service and the committee had determined she could remain at the meeting and participate fully in discussions.

A member of the public spoke to the Board regarding mental health services and the comments he had previously made at Community & Public Health Advisory Committee and Board meetings. The Chair considered some of the comments were contrary to board protocols.

4. MINUTES OF PREVIOUS MEETING

4.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 20 December 2011 be confirmed as a true and correct record.

4.2 Matters Arising from the Minutes

There were no matters arising 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 20 December 2011 be received and the recommendations contained therein approved.

5.2 Matters Arising

There were no matters arising the minutes.

5.3 Hospital Advisory Committee

The Chairman advised that the recommendations contained in both the Hospital Advisory Committee and the Community & Public Health Advisory Committee's minutes regarding the regional women's health service proposal and associated business case for theatre/ward capacity would be considered separately.

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 13 February 2012 be received and the recommendations contained therein, excluding those relating to the Regional Women's Health Service Proposal and associated business case for theatre/ward capacity, be approved.

5.4 Matters Arising

5.4.1 Child & Adolescent Oral Health Service

The potential impact on the project as a result of delays in establishing Integrated Family Health Centre was raised. Management advised all fixed facilities were in train, with the exception of those to be based in Feilding and Tararua. Arrangements were in place for continued use of existing school-based facilities. Therefore, the impact would be small and related to the inefficiencies of working in older facilities and not having access to new IT arrangements.

It was suggested that the minute regarding did not attend (DNA) rates be clarified to identify this request related to DNA rates for follow-up appointments.

5.5 Community & Public Health Advisory Committee

Members noted that discussion of the minutes and recommendations excluded those relating to the Regional Women's Health Service Proposal and the associated business case for theatre/ward capacity.

Diane Anderson noted a correction to the minutes. The recommendation supported by the Committee regarding Home Based Support Services has incorrectly being recorded in the minutes as "the report be received". The correct recommendation was:

that this report be approved in principle as a basis for engaging with key stakeholders and the wider community within MidCentral;

that a further update be submitted by 30 May 2012 in which feedback has been considered from those interested parties and a final draft prepared for approval.

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 13 February 2012 be received and the recommendations contained therein, excluding those relating to the Regional Women's Health Service Proposal and associated business case for theatre/ward capacity, be approved including the correct recommendation relating to Home Based Support Services as noted above.

5.6 Matters Arising

There were no matters arising from the minutes.

5.3 Hospital Advisory Committee continued

5.5 Community & Public Health Advisory Committee continued

The minutes and recommendations from both Committees relating to the Regional Women's Health Service, and the Maternity and Theatre Facility Development were considered.

A member advised she had some suggested amendments to the CPHAC minutes and these would be raised with the Committee when it next met. The amendments were not material.

i. Regional Women's Health Service

Members noted the additional information provided by management in response to requests made at both MDHB's and Whanganui DHB's Committee meetings. It was noted that this information was also publicly available on the DHB's website and had been provided to Whanganui DHB.

The proposal was discussed fully and the following points were noted:

- Robust processes to identify and mitigate clinical risks would be an essential component of the new service model. These mitigations included well-honed decision making processes, effective transport and transfer mechanisms, and investment in midwives. In respect of the latter, it was noted that those in the Whanganui district would need to move to a rural care focus.
- The development of service specifications for the proposed new model of care would incorporate clinical risk mitigations.
- Anecdotal feedback from Wanganui-based midwives indicated the level of women requiring transfer to a secondary setting may be higher than the estimated 400 per year due to the high-risk population in Wanganui and the level of significant social issues which could impact the mother's and/or baby's health, such as high smoking rates.
- The percentage of births at in MDHB's district performed by caesarean section (25.6%) was higher than Whanganui DHB (20.2%). MidCentral DHB's facility could delivery women from 28 weeks; Whanganui from 34 weeks. The demographics for each DHB was different, with mothers in Whanganui being much younger on average. There was an optimal rate of intervention for the safety of women and babies.
- Further information regarding the current and future capacity and response times of ambulance and other emergency response type services was required when a final proposal was submitted to the Board. This information to include the level of "acute" and "hospital transfer" workload, and how an increase in acute could impact the other and response times.
- Steps had been taken through maternity planning and resource centres to encourage Wanganui women to use Wanganui-based Lead Maternity Carers (LMCs).
- Meetings were planned between Wanganui-based LMCs, the NZ College of Midwives, and the Midwifery & Maternity Providers Organisation to support them, including discussion of income and service benefits.
- The service model proposed for the Whanganui-DHB district was in place for outlying areas of MDHB's district, such as Dannevirke, Eketahuna and Otaki. This operated effectively and clinical decision-making and support process were well developed.
- MDHB's ability to proceed further with the proposal may be constrained by the decision-making process and timeframes of Whanganui DHB.
- New service arrangements would need to ensure robust processes were in place to enable clinicians, staff and consumers to be able to identify if something was not working well and be assured that this would be taken into consideration.
- From a MDHB perspective, there was a real risk of increased demand on its services if a decision regarding the service proposal was not made. It would be important MDHB continued to prepare, both in terms of service delivery and capacity.
- The impact on women who required to birth at a secondary care facility was recognised in the service proposal, and it was proposed that outpatient clinics be held in Wanganui to minimise the need to travel to Palmerston North to access services. A similar arrangement was currently in place for Tararua and Horowhenua women.

However, all Wanganui women identified as needing to birth at the secondary care facility

would be encouraged to travel to Palmerston North on at least one occasion before the birth to familiarise themselves with the maternity unit and staff. For a small group of women, more trips and longer stays at Palmerston North Hospital may be required due to their high risk rating. A co-ordinated approach would be taken, eg scheduling obstetric and anaesthetic consultations on the same day.

- It was important that the engagement process enabled meaningful interaction with stakeholders, including midwives.

It was resolved:

that the recommendation relating to the Regional Women's Health Service, as contained in the minutes of the Community & Public Health Advisory Committee and the Hospital Advisory Committee meetings held on 13 February 2012 be approved.

ii. *Maternity and Theatre Facility Development*

The business case for maternity and theatre facility development was discussed fully.

A member questioned how the Board could make a decision regarding the business case while undertaking, with an open mind, an engagement process regarding the future service model. The majority opinion was the business case was only being approved in principle, with a final decision to be made by the Board at a future date. In addition, it was dependent upon the final decision regarding the service model.

The requirement for additional capacity was incremental. MDHB would need to increase its obstetrics and gynaecology theatre capacity in the near future but the Regional Women's Health Service proposal necessitated earlier action hence the submission of the business case to the Board. Outsourcing and use of other providers in respect of the additional theatre capacity had been considered but the in-house service provision option had been the cost effective.

The risks around proceeding with theatre facility development ahead of a long term site plan were discussed. The Chief Medical Officer and CEO considered the risk to be low. The CMO advised the theatre complex was well located within the hospital and there would be many other areas which required improvement more than the theatre suite. Accordingly, it was very unlikely the long term plan would require a new theatre block to be built elsewhere.

The CMO advised the key requirement for additional theatre capacity was the certainty of access to theatre space any time of the day or night for the women's health service.

The potential impact of a primary care birthing facility in Palmerston North on capacity requirements was raised. Management advised the service proposal and business case were being managed concurrently so as to mitigate risks. It was critical that MDHB had the capacity to support a regional service. The CMO advised a primary care birthing facility would not change the number of women who would need to go to theatre, and that theatre capacity for obstetrics needed to be considered in relation to other services.

It was resolved:

that the recommendation relating to the Maternity and Theatre Facility Development, as contained in the minutes of the Community & Public Health Advisory Committee and the Hospital Advisory Committee meetings held on 13 February 2012 be approved.

Karen Naylor recorded her vote against the motion. Barbara Robson abstained from voting.

4.6

5.7 Enable New Zealand Governance Group

It was resolved:

that the unconfirmed minutes of the meeting of the Enable New Zealand Governance Group held on 13 February 2012 be received and the recommendations contained therein approved.

5.8 Matters Arising

There were no matters arising from the minutes.

6. STRATEGIC MATTERS

6.1 2012/13 Annual Plan

6.1.1 Update

It was resolved:

that this report be received;

that the Board confirms that the Chair and Deputy Chair have the authority to sign off the draft 2012/13 Annual Plan, including the Statement of Intent, to be submitted to the Ministry of Health on 23rd March 2012, on behalf of all Board Members.

Lindsay Burnell left the meeting.

6.1.2 Maori Responsive Framework: Update

It was resolved:

that the report be received.

6.2 centralAlliance: Update

The progress being made with Health Benefits Limited regarding centralisation of back-office functions was discussed. Management advised HBL were unlikely to be able to meet their target timeframes. HBL's plans required investment by DHBs and further consideration was required as to how this would be achieved, ie shareholding or a loan.

Lindsay Burnell re-entered the meeting.

It was resolved:

that the report be received.

6.3 Business Case for E-Commerce and Digital Communication, Enable New Zealand

Typographical errors in the Agreement were noted and management undertook to have these corrected.

Management advised ECN was based in Auckland, and had support staff in Wellington.

It was resolved:

that the report be received.

7. OPERATIONAL REPORTS

7.1 CEO's Report

7.1.1 Letter of Expectations

The Minister of Health's letter of expectations for 2012/13 was noted.

The Minister's expectations regarding waiting times was also noted. Management advised an update on this would be provided to the Hospital Advisory Committee.

7.1.2 Health Benefits Limited

Management advised an extensive request for information on MidCentral DHB's procurement and financial transaction services had been received. This information was to be provided to HBL by early April, with a proposal back to MDHB by end June.

It was noted that HBL would be taking on the banking and treasury function, and would contract with the Crown Health Funding Agency in the short term. As from 1 July 2012, CHFA was to be disbanded. HBL's arrangements from that time forward were unknown.

7.1.3 Central Region's Forum for DHB Members

It was agreed that a presentation regarding the Central Region's Information System Plan should form part of next regional forum.

7.1.4 Configuration of Central Region's Technical Advisory Unit (TAS)

Management advised that further work was to be done regarding this matter over the next few months.

7.1.5 Health Targets

The amendment to the elective health target was discussed and members questioned how MidCentral Health would manage the move to four-month waiting time by June 2014. It was agreed further information on this, and associated thresholds, would be reported through the Hospital Advisory committee.

Management advised that as at today 22 patients waiting greater than six months had not been booked for surgery. The number of patients waiting greater than six months for a first specialist assessment was 174. Good inroads were being made in both areas.

An internal audit around electives was raised. Management advised that this was not on the current audit programme but that discussions around the development of the 2012/13 programme would commence in the next few months. These discussions would occur via the Group Audit and its sub-committees.

It was resolved:

that the report be received.

7.2 Revised Government Health Targets for 2012/13

The General Manager, Funding Division advised the new targets for heart and diabetes checks, and the primary care target for better help for smokers to quit would require greater effort.

It was resolved:

that the report be received.

8. GOVERNANCE ISSUES

8.1 2011/12 Work Programme

It was noted that the special board meeting would be held on 24 April 2012.

It was resolved:

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

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

Tuesday, 3 April 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, 13 February 2012</i> <i>• Community & Public Health Advisory Committee, 13 February 2012</i> <i>• Enable New Zealand Governance Group, 13 February 2012: Draft Service Plan & Budget</i> | <ul style="list-style-type: none"> <i>For the reasons set out in the Committee's order paper of 13.2.2012 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 13.2.2012 meeting held with the public present</i> <i>Under negotiation</i> | <i>9(2)(j)</i> |

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|---|---|---|
| <i>Strategic Matters</i> <ul style="list-style-type: none"> • <i>Regional Services Plan 2012/13</i> • <i>Business Case for E-Commerce and Digital Communication, Enable New Zealand</i> | <i>Subject of negotiation</i> <i>To protect legal privilege, and, subject of negotiation</i> | <i>9(2)(j)</i> <i>9(2)(h) &(j)</i> |
| <i>Operational Matters</i> <ul style="list-style-type: none"> • <i>CEO's Operating Report: HBL's Treasury & Banking Contract Arrangements</i> • <i>Contracts Update</i> | <i>Subject of negotiation</i> <i>Subject of negotiation</i> | <i>9(2)(j)</i> <i>9(2)(j)</i> |

Confirmed this 3rd day of April 2012.

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Chairman