

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 21 May 2013 at 10.10am at
Horowhenua Health Centre, 62 Liverpool Street, Levin

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Lindsay Burnell
Barbara Cameron
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
Jason Keall, Communications Officer
Jeff Small, Group Manager, Commercial Support Services
Lyn Horgan, Operations Director, Hospital Services
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness

Public (8)
Media (2)

Opening the meeting, the Chair welcomed members of the public. He also welcomed Barbara Cameron, Board Member.

1. APOLOGIES

An apology for lateness was received from Richard Orzecki.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

3.1 Amendments to the Register of Interests

Ann Chapman advised that her daughter was no longer with the Child Protection Unit, and had returned to her position with ACC.

3.2 Declaration of Conflicts in Relation to Today's Business

Two members identified an interest with items on the agenda:

- Barbara Robson – maternity information systems report.
- Barbara Cameron – as an elected member of the Manawatu District Council she had an interest with any items relating to the Feilding Integrated Family Health Centre.

4. PUBLIC FORUM

4.1 Questions from the Public

Richard Orzecki entered the meeting.

The following matters were raised by members of the public.

- Difficulties in understanding the elective service process, and where an individual's case was at any given time within that process. This included difficulties in being able to contact staff to discuss an individual case, and the level of information they could provide. The shortage of GPs in Levin exacerbated this issue as people would often see a GP who had no history of their case.

The CEO advised that consideration would be given to how an individual got to understand how the health system worked. Consideration would also be given to associated communication process, including clarifying who was responsible for keeping them informed of where their case was (eg the general practitioner or the specialist).

- Discharge processes from Emergency Department as Grey Power, Levin had received many anecdotal cases of older people who had been taken to ED by ambulance and then experienced problems in returning home. It was considered that ED staff should seek an assurance that transport home was arranged.

The CEO advised processes were in place at ED but he would follow-up to ensure staff were checking with people as to how they would manage their return home.

- Support services post discharge from hospital. A case was cited where a person was required to see their GP post discharge regarding the removal of stitches, and wound review. It was suggested the cost involved (\$21 per visit) created difficulties and this care should be provided free-of-charge by the DHB's district nursing service.
- The concept of a key worker for people discharged from hospital to assist with both their social and health matters.
- The turn-over of GPs in the district.
- The cost of health care, including GP consultations and ambulance services.
- Clarity regarding travel assistance arrangements.

MDHB advised it had a Welfare & Travel Unit at Palmerston North Hospital who could provide advice in this regard. It was also noted that the Ministry of Health's website provided useful information on national travel and accommodation assistance policy.

- Lack of coverage of health items in the local community newspaper. MDHB's "Let's Talk About Health" features were appreciated.

MDHB management advised it circulated news items to all papers within its district. The decision regarding publication of these rested with the newspaper.

5. MINUTES OF PREVIOUS MEETING

5.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 9 April 2013 be confirmed as a true and correct record.

5.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

Richard Orzecki apologised for his late arrival. At his suggestion, the Board acknowledged the passing of Sonny Sciascia, Mayor of Levin.

6. BOARD COMMITTEES

6.1 Hospital Audit Sub-Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Audit Sub-Committee held on 9 April 2013 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 meeting of the Hospital Advisory Committee held on 30 April 2013 be received and the recommendations contained therein approved.

6.4 Matters Arising

There were no matters arising from the minutes.

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 30 April 2013 received and the recommendations contained therein approved.

6.6 Matters Arising

There were no matters arising from the minutes.

6.7 Enable New Zealand Governance Group

It was resolved:

that the unconfirmed minutes of the meeting of the Enable New Zealand Governance Group held on 30 April 2013 be received and the recommendations contained therein approved.

6.8 Matters Arising

There were no matters arising from the minutes.

7. STRATEGIC MATTERS

7.1 Maternity Information System Programme

Barbara Robson's interest as a consumer representative on the Maternity Information Systems Programme Steering Group and the Clinical Reference Group was noted.

Mike Grant, General Manager, Planning & Support noted his membership of the Steering Group.

It was resolved:

that the report be received.

7.2 Insurance Renewal 2013/14

Management advised it considered insurance premiums would remain within budget even with adjustments to the risk sharing arrangement. It further confirmed that the collective DHB insurance was placed with international companies, with one significant insurer and numerous other insurers. Insurance premiums were softening over time.

On the understanding insurances costs would remain within budget, it was resolved:

that the report be received;

that the Board agree to MidCentral DHB again signing up to the Risk Share Agreement in the 2013/14 year; and,

that delegated authority is given to the Chief Executive Officer to complete the negotiation process.

8. OPERATIONAL REPORTS

8.1 CEO's Report

8.1.1 Government's Budget 2013/14

The recent budget announcements were noted. Management advised details around the funding for new initiatives would be available in due course.

8.1.2 National Patient Safety Campaign

The Board gave its support for the Campaign.

A member felt clarification was required regarding how the requirements of people with disabilities featured in the Campaign.

It was noted that the Campaign mentioned "consumer champions". The CEO advised that MDHB had many ways for consumer engagement and support, and it was intended that a stocktake of these be undertaken with a view to consider what improvements could be made. Mr Georgel advised the stocktake would take place in the coming financial year. Members endorsed this piece of work and encouraged management to look at what other DHBs were doing in this regard and best practice models.

A member noted that the term "champion" was used in many different situations and it would be important to ensure all terms used were clearly understood by all parties, particularly the community.

8.1.3 Minister of Health's Letter of Expectations

The Director-General of Health's clarification of the Minister's expectations around patient controlled health records was noted.

8.1.4 Linen and Laundry Services

Allied Laundry Services Limited's shareholder update was received. This was considered a very informative document which demonstrated the gains the organisation had achieved.

Regarding future service arrangements, the CEO confirmed MDHB's views that these must provide better quality and price, and recognise DHBs' current investment.

8.1.5 Travel and Accommodation

The Board reiterated its view that travel and accommodation was a key enabler for regional services, and expressed disappointment that this matter had not been accorded a higher priority by other DHBs within the region and was not to progress further. It was agreed this matter should be raised at the forthcoming regional forum for DHB board members. Also, the Chair undertook to ensure this matter was placed on the Regional Governance Group's agenda.

The importance of ensuring any future service change clearly included travel and accommodation considerations was emphasised.

8.1.6 Regional Governance Arrangements

The appointment of an alternate member for MDHB's representative on the Regional Governance Group was considered. After discussion, it was agreed the Deputy Chair should act as alternate. It was noted that the Deputy Chair also attended the RGG in her role as Chair, Whanganui DHB. Chairman confirmed that in the event a decision was taken when MDHB's alternate was representing the Board, she would have two votes – one in respect of MDHB, and one for WDHB. The importance of ensuring this understanding was reflected in the Group's Terms of Reference was emphasised.

It was noted that Whanganui DHB had elected to appoint either their HAC or CPHAC chair as alternate member.

8.1.7 Regional Forum

The forthcoming regional forum for DHB board members was noted. The CEO reported that the Ministry of Health had recently advised it could not attend the forum.

8.1.8 Network Review

Management advised that the independent review of MDHB's information systems network was underway. The results would be reported to the Group Audit Committee. A summary would also be provided for the Board.

8.1.9 Seismic Issues

The Group Manager, Commercial Support Services advised that refurbishment would be undertaken in accordance with current regulations, and would take into account the need for buildings to be disability-friendly.

8.1.10 Disposal of Surplus Property

The Group Manager, Commercial Support Services reported the Office of Treaty Settlements had verbally advised three of the original claimants had registered a Site of Significance application in respect of Kimberley Centre. One application had also been made in respect of Horowhenua Hospital. Mr Small confirmed that the Office of Treaty Settlements ruled on whether or not the applications were worthy. Negotiations would then take place between the DHB and the parties concerned. This would occur before the properties were sold.

The CEO confirmed that Mr Small would be MDHB's negotiator in this respect.

It was noted that the site of significance process did not re-open discussions regarding property ownership.

8.1.11 Privacy Impact Assessment Study

The General Manager, Planning & Support advised that the privacy impact assessment study carried out on MDHB's clinical portal had been conducted by an Auckland-based barrister, and it would be made publicly available via MDHB's website. It was also available to members on request.

8.1.12 Cheque Signatories

Management advised that the Manager, Business Support would be acting Financial Services Manager until a new appointment was made.

It was noted that the term cheque signatories was dated and that "account signatories" was a more appropriate term.

The Board supported the proposed new account signatories.

It was resolved:

that the report be received;

that subject to the outcome of the clinical engagement process, the Board pledge MidCentral DHB's support for the National Patient Safety Campaign;

that the Deputy Chair be MidCentral DHB's alternate member of the Regional Governance Group; and,

that Chris Channing, Manager, Business Support, and Chris Kirk, Capital Accountant, be added to the list of authorised account signatories.

9. GOVERNANCE ISSUES

9.1 Manawhenua Hauora – 2012/13 Work Programme Update

The updated against the 2012/13 work programme was noted. Members then discussed the 2013/14 year and supported the CEO's proposal that this work programme be more strategic and outcomes focused. It was agreed this proposal be discussed with the Chair and Deputy Chair of Manawhenua Hauora.

The Maori Health Plan was discussed and a member stated that this did not cover "business as usual" activities and as such did not provide a complete picture of what was being done for Maori health.

The Deputy Chair advised that Whanganui DHB had reviewed their Maori Health Plan and completed work around Whanau Ora in respect of what it would look like in terms of the community. She recommended that MDHB do something similar and questioned when its Plan was due for review.

It was noted that the Maori Health Plan was required as an annual accountability document. MidCentral DHB also had a Maori Health Service Plan, a Maori Health Workforce Strategy, and a Maori Responsiveness Framework. The Service Plan set out MDHB's strategy and had guided investment in this area for the past six years. A review of the Service Plan was possible.

It was agreed these matters be discussed at the next Chair-to-Chair hui between Manawhenua Hauora and MidCentral DHB.

The forthcoming board workshop on Whanau Ora was noted. Te Puni Kokiri would be leading the workshop.

It was noted that the Regional Service Plan was becoming more important as a strategic document.

It was resolved:

that the report be received.

9.2 2013/14 Reporting Framework

The CEO outlined the 2013/14 reporting framework.

A member considered management's reports provided too much information.

The issue of the audit committee structure was questioned by a member. It was agreed that this was a separate issue and should be considered when the committee arrangements for the 2013-16 board term. It was noted that audit arrangements varied between DHBs, with some have a Finance Risk & Audit Committee. These committees tended to include responsibility for operational financial matters which MDHB vested in its Hospital Advisory Committee and Community & Public Health Advisory Committee. It was noted that the rationale for MDHB's structure was to give focus to the risks specific to different parts of the DHB's business.

It was resolved:

that the 2013/14 Reporting Framework be approved.

4-8

9.3 Enable New Zealand Annual Reporting Requirements

It was resolved:

that pursuant to section 211(3) of the Companies Act 1993, the annual report of Enable New Zealand Limited for the year ended 30 June 2013 shall incorporate the financial statements and auditor's report thereon and exclude information specified in any of the paragraphs (a) and (d) to (j) of subsection (1) of that section.

9.4 2012/13 Work Programme

The earlier start time for the June meeting of the Hospital Advisory Committee was noted. The CEO advised that the electives workshop would commence at 10.30am.

The issue of clinical governance was raised. This had been discussed at the recent Funding Audit Sub-Committee in terms of the 2013/14 internal work programme. The Committee had agreed that a stocktake of current clinical governance arrangements should be undertaken and reported to the Board. The Board agreed that this time should be added to the 2013/14 reporting framework.

It was resolved:

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

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 2 July 2013, MidCentral DHB Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

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, 30 April 2013</i><i>• Community & Public Health Advisory Committee, 30 April 2013</i><i>• Enable New Zealand Governance Group, 30 April 2013 – contracts update</i><i>• Remuneration Committee – CEO's performance review</i>	<i>For the reasons set out in the Committees' order paper of 30.4.13 meeting held with the public present</i> <i>For the reasons set out in the Committees' order paper of 30.4.13 meeting held with the public present</i> <i>Subject of negotiation</i> <i>To protect personal privacy</i>	<i>9(2)(j)</i> <i>9(2)(a)</i>

