

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 25 February 2014 at 10.00am at MidCentral District Health Board, Education Centre, Rooms A & B, Gate 12, Ruahine Street Palmerston North

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Adrian Broad
Lindsay Burnell
Barbara Cameron
Ann Chapman

Kate Joblin
Nadarajah Manoharan
Karen Naylor
Richard Orzecki
Barbara Robson

Unconfirmed Minutes

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Scott Ambridge, General Manager, Enable New Zealand
Jill Matthews, Principal Administration Officer
Helene Carbonatto, Acting General Manager, Planning
Chris Channing, Acting General Manager, Support
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Dennis Geddis, Communications Officer
Brian Woolley, Manager, Knowledge & Information
Michelle Coughlan, Director of Nursing
Andrew Ivory, Committee Member (part meeting)

Public (1)
Media (1)

Opening the meeting, the Chair welcomed all in attendance to the first meeting of 2014. He also extended a welcome to MidCentral Health's new Director of Nursing, Michelle Coughlan.

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

The following interests were advised:

- Ann Chapman, agenda item 16.2, Contracts Update – a contract with Geni was noted in the report. Mrs Chapman's son worked for that organisation.
- Barbara Cameron, agenda items 5.5 and 14.4 Community & Public Health Advisory minutes (part 1 and part 2), and 16.1 CEO's report (part 2) – the Feilding Integrated Family Health Centre was discussed in these documents.

4. MINUTES OF PREVIOUS MEETING

4.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 17 December 2013 be confirmed as a true and correct record, subject to the venue for the next meeting being corrected.

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 17 December 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 4 February 2014 be received and the recommendations contained therein approved.

5.4 Matters Arising

5.4.1 Health Care Assistants (HCAs)

Management provided further information regarding the review of health care assistant expenditure. It advised MidCentral Health employed HCAs and also had a contract with Geneva Health Care to provide additional support as required, particularly for specialising patients and covering sick leave. Around \$700,000 was spent on this staff group each year. The review would look at utilising HCAs across the whole hospital, rather than the silo approach currently taken. HCAs performed care duties under the supervision of a registered nurse.

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 4 February 2014 be received and the recommendations contained therein approved.

5.6 Matters Arising

There were no matters arising from the minutes.

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 4 February 2014 be received and the recommendations contained therein approved.

5.8 Matters Arising

There were no matters arising from the minutes.

6. WORK PROGRAMME

The CEO advised that a national workshop on quality accounts was being held in coming days to look at next year's document, including any stipulated content and alignment to the annual reporting process. MDHB would be attending and the outcome would be included in the report scheduled for the April board meeting.

A member noted that the Board had requested information about the number of referrals sent back to GPs and questioned when this would be reported. Management advised that this information was provided on a monthly basis to the Hospital Advisory Committee.

It was resolved:

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

7. STRATEGIC MATTERS

7.1 centralAlliance

Members were supportive of the development of a Strategic Plan. The importance of community consultation was emphasised and support given for the proposed six week period of consultation. It was noted that the timing of the consultation process could coincide with the 2014 Government election period.

The Whanganui Alliance Group (WAG), noted in the report, was explained. This was an initiative between the DHB, the local PHO, Whanganui Regional Health Network and Iwi.

It was resolved:

that a joint DHB planning meeting be held around July/August 2014;

public and stakeholder consultation be held October and November 2014; and

a Strategic Plan presented to the WDHB and MDHB Boards for their approval at the February 2015 meetings.

7.2 Master Health Service Planning: Board Involvement

The Acting General Manager, Planning advised the process was proceeding well. Discussions were occurring with clinical and provider staff regarding future volumes, facilities, and models of care. These were very high level but there was good participation, discussion and consideration of different options, such as community-based care.

The establishment of a Steering Group for a district wide health strategy was discussed, particularly the invitation for the Board to have an ex officio member. The Chair advised he would be keen to fulfil this role and this was supported unanimously.

The Board's membership (ex officio) on the Consumer Panel was also discussed. The Chair advised he had discussed this matter further with Barbara Robson and she had agreed to take up this role.

The importance of consumer engagement throughout the project was discussed, and members questioned whether consumers should be participating in the current clinical discussions. The Acting General Manager advised the current stage of discussions was not suited to consumer input and that this would come when a more detailed business case was available and input was required regarding the consumer's journey through services.

It was noted that there was a consumer on the Steering Group.

The Board workshop was discussed and management advised this would likely take place in May-July, and would be aligned to a board meeting.

Maori representation was raised and management advised that the Whanau Ora groups had been asked to put forward a representative on the Steering group.

The process for selecting members of the Consumer Panel was discussed. Management advised expressions of interest had been sought. Nine people had expressed an interest and had been interviewed. Seven people had been selected for membership and covered a wide group, including Maori, males, refugees, older people.

It was suggested that input to the process be obtained from the shuttle drivers.

It was resolved:

that the report be received; and

that Board membership (ex officio) of the Steering Group and Consumer Panel be Phil Sunderland and Barbara Robson respectively.

7.3 CRISP Briefing Paper

The CRISP briefing paper was discussed and the following points raised:

- it was important good business continuity, including disaster recovery, arrangements were put in place for regional IT systems;

- it was preferable that any quality assurance function for CRISP had an external component
- further consideration should be given to privacy impact assessments for CRISP
- it was important that adequate provision was made in MDHB's budget for change management costs and resources, particularly to ensure benefits and new business practices were achieved.

It was agreed that the change management issue be considered as part of the current annual planning process.

The involvement of HBL in information systems was discussed. The CEO advised that HBL was focusing on non-clinical information systems, such as finance, procurement and supply chain. They were also considering hardware. Clinical information systems were being managed on a regional basis under the oversight of the National Health IT Board.

The current position regarding formal signatories and support for the CRISP agreement was raised. The Chair advised that Hutt DHB's Board has unanimously endorsed CRISP. A further update would be available following the Regional Governance Group's meeting on 3 March 2014.

Progress against CRISP was discussed and the CEO advised that as a result of CRISP, MDHB now had a RIS/PACS system and a clinical portal. A replacement patient administration system was the next key piece of work and this was scheduled to occur. Supporting systems, such as ePharmacy, were also underway.

The cost and implication of the delayed decision-making process around CRISP was raised. The CEO advised that cost was within 10% of the original costing. The revised approach had a higher degree of success. The impact on regional and local costs was questioned, and management advised that no significant changes were expected given the level of work required in this area over the medium term.

The CEO advised that by the end of 2014/15, the region should be thinking about the next phase of CRISP.

It was resolved:

that the briefing paper be received.

8. OPERATIONAL REPORTS

8.1 CEO's Report

8.1.1 Constitution of Central Regional's Technical Advisory Service (TAS)

The Board supported the proposed changes to the TAS constitution.

8.1.2 Regional DHB Forum

The forthcoming forum for Central Region DHB board members was noted.

8.1.3 Revenue Banking

The CEO advised that a proposal regarding revenue banking would be provided to the Board at its next meeting. Management was confident of achieving the year end budget and there was the possibility of revenue-banking any savings over and above that amount.

The DHB's investment planning was discussed. The CEO advised that the current work around the Master Health Service Planning would inform future investment.

8.1.4 Select Committee

The CEO confirmed that MDHB's response to the Health Select Committee would be provided to Board Members in due course.

8.1.5 IT Outage

The recent IT outage experienced by MidCentral DHB was discussed. Management confirmed that recommendations arising from the 2012 internal audit report had been progressed with the exception of the emergency cabinets. This was currently work-in-progress. A debrief of key staff involved in managing the outage had been held and this had identified the need for greater awareness of the emergency management policy.

Management advised it was likely the outage would be classified as a SAC 2 event given the potential for harm. Appropriate methodology, such as critical system analysis, would be used.

The board recorded their appreciation of the work done by many in restoring IT systems and ensuring service continuity.

Management advised that there was no impact on systems under development, such as the maternity information system.

8.1.6 Debt Position

The CEO advised the Board had a debt facility of \$56.7m. This was fully drawn down. At the same time, the Board had \$60m invested with banks.

It was resolved:

the report be received;

agreement be given to revoke the current Central Region's Technical Advisory Service constitution, and adopt the new one as proposed; and that the Board Chair be authorised to sign a special resolution on behalf of the Board to give effect to the proposed change;

that the Board recognise the work undertaking in restoring IT systems and congratulate everyone concerned.

The latter point was passed by acclamation.

8.2 Quality & Safety Framework

It was agreed the 2012 Staff Safety Culture Survey report be provided to new board members.

Monitoring quality and safety was discussed and it was agreed there were many indicators; none of which could be viewed in isolation. Reports on these indicators, including workforce, were reported to the Board or its Committees.

It was resolved:

that the report be received.

Andrew Ivory entered the meeting.

9. GOVERNANCE ISSUES

9.1 Board Members' Orientation

The Chair advised that MDHB's two board members had attended the recent national orientation day. Feedback was very positive. The CEO advised that the format had changed significantly from previous events.

The possibility of refresher courses for returning members was raised. The Chair advised these would likely be done on a regional basis.

It was resolved:

that the report be received

9.2 Treasury Update: Debt Maturity

The CEO advised that two tranches of debt would fall due in April. A recommendation would be submitted to the Board's meeting on 8 April. Normally, management would recommend the debt be rolled-over to ensure its availability if required however this option could no longer be available.

It was resolved:

that the report be received.

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 8 April 2014, MidCentral District Health Board, Education Centre, Rooms A & B, Gate 12, Ruahine 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, 4 February 2014</i> • <i>Community & Public Health Advisory Committee, 4 February 2014</i> 	<i>For the reasons set out in the Committees' order paper 4.2.14 meeting held with the public present</i> <i>For the reasons set out in the Committees' order paper 4.2.14 meeting held with the public present</i>	

<ul style="list-style-type: none"> • <i>Enable New Zealand Governance Group, 4 February 2014</i> <ul style="list-style-type: none"> ○ <i>MoH and ACC Contract Updates, and proposed service delivery model</i> ○ <i>Contracts update, draft service plan/budget</i> 	<i>Commercially sensitive information</i> <i>Subject of negotiation</i>	 <i>9(2)(j)</i> <i>9(2)(j)</i>
<i>Strategic Matters</i> <ul style="list-style-type: none"> • <i>2014/15 Planning</i> 	<i>Subject of negotiation</i>	<i>9(2)(j)</i>
<i>Operational Matters</i> <ul style="list-style-type: none"> • <i>CEO's Report: HBL Contract and Feilding IFHC Contract</i> • <i>Contracts Update</i> • <i>Insurance</i> 	<i>Subject of negotiation</i> <i>Subject of negotiation</i> <i>Negotiating strategy and subject of contract negotiations</i>	 <i>9(2)(j)</i> <i>9(2)(j)</i> <i>9(2)(j)</i>

Confirmed this 8th day of April 2014.

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Chairman