

## MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 26 June 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  
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  
Heather Browning, General Manager, Enable New Zealand  
Jill Matthews, Principal Administration Officer  
Dennis Geddis, Communications Office  
Dr Digby Ngan Kee, Clinical Director, Regional Women's Health Service (part meeting)  
Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Lyn Horgan, Operations Director, Hospital Services  
Doug Maclean, Project Manager, Regional Women's Health Service (part meeting)  
Hentie Cilliers, Regional Manager, Human Resource & Organisational Development  
Bob Brown, Finance Manager (part meeting)  
John Manderson, Manager, Data Quality & Health Information (part meeting)

Public (4)  
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

There were no amendments to the Register of Interests.

##### 3.2 Declaration of Conflicts in Relation to Today's Business

The following conflicts were declared:

- Ann Chapman, agenda item 6.3, Business Case for Business Intelligence System – this case contained reference to Geni.
- Karen Naylor, agenda item 6.1, Regional Women's Health Service

- Barbara Robson, agenda item 6.1 Regional Women's Health Service – as co-convenor of the Federation of Women's Health Councils, and in conjunction with the other co-convenor, it had been determined the Federation would not make a submission on this matter. It did consider the consultation documents and timeframe for consultation and encouraged people to be well informed and to make submissions. The Federation did not participate in the writing of any submission on the matter.
- Barbara Robson, agenda item 6.2, Central Region's Travel and Accommodation Review Report – the regional consumer representatives' forum, of which Barbara was a member, wrote its own report on transport and accommodation which was referenced in the review report.

## **PUBLIC COMMENT**

Bridie Thomas, representative, College of Midwives addressed the meeting regarding the Regional Women's Health Service. She thanked the Board for extending the consultation period and for providing a public forum. Ms Thomas noted the large volume of submissions received, the majority of which were against the proposal issued for consideration. She expressed disappointment that the final options presented were not reflective of wider thinking, and encouraged the Board to ensure some of the suggestions submitted by staff were implemented, including a primary maternity centre.

### **4. MINUTES OF PREVIOUS MEETING**

#### **4.1 Minutes**

It was resolved:

*that the minutes of the previous meeting held on 15 May 2012 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 May 2012 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 5 June 2012 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 5 June 2012 be received and the recommendations contained therein approved.*

## 5.6 Matters Arising

There were no matters arising from the minutes.

## 6. STRATEGIC MATTERS

### 6.1 Regional Women's Health Services

#### 6.1.1 Public Engagement/Staff Consultation Process

The Board noted with appreciation the large volume of submissions received. It expressed its appreciation to all members of the public, community groups, and staff who had participated and put forward their views.

Members felt there were learnings from the engagement/consultation process which could be used to inform future projects. One member felt people who put forward a written submission should always have the opportunity to speak to that submission.

The Board expressed their appreciation to all involved in the process, with particular thanks to the project manager, Doug Maclean.

The Chair and management advised a clarification regarding the submission from Midwifery Employee Representation and Advisory Services (MERAS), MidCentral. Submissions had been received from both MERAS Whanganui (submission no 3886) and MidCentral (submission no 3906). When the submissions were compiled, MERAS MidCentral's submission had been incorporated with that of Whanganui's. All information contained in the submission had been reported separately and correctly attributed. The error had been corrected on the public copies of the submission documents available on both DHBs' websites.

#### 6.1.2 Options Paper

The Chairman presented a proposed recommendation.

Management spoke to the report stating the wealth and richness of information received via the engagement/consultation process had been thoroughly analysed and had helped inform the options. The original proposal which had been the moot for the engagement/consultation process had been included in the options put forward.

All options put forward were based on a robust regional arrangement. Management considered a regional approach would assist in facing future challenges, such as workforce shortages.

The Chairman read out Whanganui DHB's resolution in respect of the Regional Women's Health Service. It was agreed that the specifications for the development plan should be incorporated into MidCentral DHB's resolution.

The recommendation was discussed and the following points raised by members and/or clarified by management:

- the service was still vulnerable, particularly in respect of senior medical staff workforce shortages
- details of how the costs of increasing capacity would be met by the two DHBs would be set

- out in the development plan and specifications, as would midwifery staffing levels
- while capacity issues would be addressed long term through MDHB's investment plan, management would be reviewing what short term steps were also possible
- consideration of a primary maternity facility would be an important part on longer term capacity planning
- the issue raised through the engagement process regarding the ability for midwives to order emergency services would be given attention, and would be part of the process going forward

John Manderson entered the meeting.

- travel and accommodation is a significant issue from a public perspective
- it was important the regional leadership group had representation from O&Gs, midwives and nurses, and that it had strong links with other services such as mental health, public health, social work, community health, and social services generally
- a means for engaging with consumers and ensuring Maori input to the service was important
- the new service arrangement presented many opportunities

Karen Naylor spoke to her declared interest. She advised she was a staff member in women's health, the patron of the National Council of Women and a member of the NZ Nurses' Organisation's national board. Both the NCW and the NZNO had made submissions on the proposal but Mrs Naylor had not been involved with this. The Board agreed that Mrs Naylor could participate in the discussion and decision-making. She gave her support to Option 2.

- the engagement/consultation process had highlighted issues around culture within MidCentral DHB's women's health service which needed consideration
- active involvement of board members in the project, at a governance level, was important, particularly around socialisation of the new service
- workforce shortages, particularly O&Gs, was a national issue and it was suggested a national approach to recruitment be promoted
- the importance of "equal partnership" between the two DHBs in moving this project forward.

The Chairman paid tribute to the time and effort devoted by Deputy Chair Kate Joblin (in her capacity as Chair, Whanganui DHB) to the project. Recognition was also given to the CEOs of both DHBs for their leadership.

It was resolved:

1. *that the Board acknowledges and supports Whanganui DHB's decision to support option 2, being a regional women's health service with secondary maternity and gynaecology services provided from both Whanganui and Palmerston North Hospitals supported by a consultant O&G 24/7 rosters provided by DHB employed doctors;*
2. *that the Board supports the creation of a development plan and specifications for the regional women's health service to be submitted to the Board in accordance with the Whanganui DHB's resolution of 22 June 2012, including*
  - *responsibilities and accountabilities that reflect the centralAlliance partnership expectations through all levels of the service,*
  - *that it also include an agreed process for engagement with all health professionals involved in this service,*
  - *that it includes a set of principles and engagement process for consumer participation in the ongoing service development, and*
  - *that input from board members will be through the committee and board process;*

and further to incorporate but not be limited to the specifications set out in management's report dated 14 June 2012, namely:

- appointment of the regional leadership group
  - appointment of implementation project support
  - development, by clinicians, of the clinical model of care (including all referral processes)
  - integration of the maternity quality and safety programme and clinical information systems sub projects
  - development of clinical supports systems and interfaces to other specialties
  - finalisation of financial models and control
  - reporting framework
  - post implementation review process
  - service emergency plan should either Whanganui or Palmerston North Hospitals be unable to provide their normal range of services
  - review of feedback from the staff consultation process and review of relevant FTE levels
  - HR processes (including staff appointments) to establish a regional service
  - supporting contracts
3. that in order to mitigate against future risks to sustainability, the Regional Women's Health Service develop a capacity risk management plan to incorporate but not be limited to the specifications set out in management's report dated June 2012, section 6, "capacity risk mitigation plan" namely:
- an active management plan for on-referral of women/babies to Hawkes Bay, Taranaki and Wellington Hospitals. In this scenario regional service would manage the referral of both MidCentral and Whanganui women, on an equal basis, with a preference (should either Whanganui or Palmerston North hospitals have insufficient capacity to cope) for referral to the other regional service facility and if that is not possible referral to whichever other DHB's hospital is most consistent with best outcomes for the mother and baby and most convenient to the women and their family.
  - how immediate clinic, delivery and ward space could be made available through reconfiguring existing capacity across a range of departments
  - how staffing could be rapidly increased to the levels required to cope; including using staff flexibly across both DHB facilities.
4. that the Board accepts the MidCentral senior clinicians and management's recommendation as per the June 2012 report that "no urgent women's health facility changes be undertaken, but rather that Women's Health service development at Palmerston North Hospital is included within the current investment and campus evaluation work, which would include:
- sufficient standing clinic, birthing and ante/postnatal space to cope with Whanganui DHB women requiring acute maternity/gynaecology services; should that be required;
  - evaluation (including on-campus/off-campus variants) of the option of developing a primary birthing unit in Palmerston North
  - ensuring improved access to acute obstetric theatre facilities – including review of the use of outsourced surgery in other specialties to make more theatre time available.
5. that the Board acknowledge the work and commitment of staff throughout the process.

The Deputy Chair paid tribute to the Chair for his role in bringing the project to this major milestone.

Dr Ngan Kee left the meeting.

## 6.2 Travel and Accommodation Report

Barbara Robson's interest was noted and it was agreed she should participate in the discussion and decision-making.

Members provided the following feedback on the draft report:

- it was a well thought out document which brought together a wide range of travel and accommodation components
- the concept of a "one stop shop" for travel and accommodation was regarded as ambitious, and would require a lot of work and expertise to put into practice
- the information regarding travel and accommodation services provided at community and primary health care (PHO) level was light and did not provide a clear picture of what was available, including shuttle services
- shuttle services would likely be an essential part of the future health landscape

Heather Browning left the meeting.

- information regarding future monitoring and reporting of the report's implementation was lacking, including at DHB governance level
- travel and accommodation was a key issue for MidCentral DHB, as demonstrated by the recent regional women's health service engagement process, and it was important its board could monitor implementation
- the mileage reimbursement rate, as per the national travel and accommodation policy, was considered insufficient and likely to deter people from travelling.

Heather Browning returned to the meeting.

It was resolved:

*that the report be received, and that the Board's feedback on the Central Region Transport and Accommodation Review 2011/12 be provided to the project team.*

## 6.3 Business Case for Business Intelligence System

The Board supported management's decision regarding the purchase of a business intelligence system.

Bob Brown entered the meeting. Doug Maclean left the meeting.

It was resolved:

*that the report be received.*

## 7. OPERATIONAL REPORTS

### 7.1 CEO's Report

#### 7.1.1 Manawhenua Hauora

It was noted that the Memorandum of Understanding (MoU) between MidCentral DHB and Manawhenua Hauora would be re-signed for a further three year period at the 2012 annual hui.

Richard Orzecki, in his role as Chair, Manawhenua Hauora, advised the Iwi consortium had been invited to present at Te ia o Tu Kaha conference about the MoU and the relationship arrangement in place at MidCentral.

Ann Chapman tendered her apologies for the hui on 30 July 2012.

#### 7.1.2 Accreditation

The CEO advised that the final report had not yet been received. Forty corrective actions had been identified, of which 3-4 were of higher importance than the others. When MDHB got the draft report it would have the opportunity to respond to these issues.

It was noted that 40 corrective actions was small in the context of the overall accreditation process which looked at 247 criteria.

#### 7.1.3 Costing Treatments

Members were very interested in the costing work undertaken by MDHB's clinicians. The status of this work was discussed and it was noted it was not research. It was further noted that initiatives around clinical improvement occurred all the time. A member commented that some of these initiatives may be seen in the forthcoming MDHB Health Awards.

#### 7.1.4 Health Quality & Safety Commission

The initiatives of the Health Quality & Safety Commission were noted. It was further noted that the Commission appeared to be working in isolation.

It was resolved:

*that the report be received.*

### 7.2 Introduction of Standard Operating Procedures for Health and Disability Ethics Committees

It was noted that people participating in clinical trials were not covered by ACC, and that this information would be part of the trial participation process. It was suggested injuries in this event would be covered by medical misadventure.

It was resolved:

*that the report be received.*

### 7.3 Contracts: Update

Ann Chapman's interest was noted. No discussion took place on this report.

It was resolved:

*that the report be received.*

## 8. GOVERNANCE ISSUES

### 8.1 Manawhenua Hauora Minutes

It was resolved:

*that the minutes be received.*

## 8.2 2011/12 Work Programme

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, 7 August 2012, Manawatu District Council, 135 Manchester Street, Feilding.

## 11. EXCLUSION OF PUBLIC

The Chairman introduced the Manawatu Standard's new health reporter, Matthew Grocott.

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"> <li>• <i>Hospital Advisory Committee, 5 June 2012</i></li> <li>• <i>Community &amp; Public Health Advisory Committee, 5 June 2012</i></li> </ul>	<p><i>For the reasons set out in the Committee's order paper of 5.6.12 meeting held with the public present</i></p> <p><i>For the reasons set out in the Committee's order paper of 5.6.12 meeting held with the public present</i></p>	
<i>Strategic Matters</i>		
<ul style="list-style-type: none"> <li>• <i>Health Benefits Limited: business case</i></li> <li>• <i>Shared Banking &amp; Treasury Services Contract</i></li> <li>• <i>2012/13 Annual &amp; Regional Plans</i></li> <li>• <i>Business Case for Business Intelligence System – quotes</i></li> </ul>	<p><i>Subject of negotiation</i></p> <p><i>Subject of negotiation</i></p> <p><i>Subject of negotiation</i></p> <p><i>Competitive pricing information</i></p>	<p><i>9(2)(j)</i></p> <p><i>9(2)(j)</i></p> <p><i>9(2)(j)</i></p>
<i>Operational Matters</i>		
<ul style="list-style-type: none"> <li>• <i>CEO's Report - regional governance, and, employment relations settings 2012/13</i></li> </ul>	<i>Subject of negotiation, and, negotiating strategy</i>	<i>9(2)(j)</i>
<i>Governance Matters</i>		
<ul style="list-style-type: none"> <li>• <i>Insurance</i></li> </ul>	<i>Subject of negotiation</i>	<i>9(2)(j)</i>

Confirmed this 7<sup>th</sup> day of August 2012.

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Chairman