

## MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 2 July 2013 at 10.00am at  
MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street,  
Palmerston North

*Unconfirmed Minutes*

### PRESENT

Phil Sunderland (Chair)  
Lindsay Burnell  
Barbara Cameron  
Ann Chapman  
Jack Drummond

Kate Joblin  
Pat Kelly  
Karen Naylor  
Richard Orzecki

### 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 (part meeting)  
Lyn Horgan, Operations Director, Hospital Services  
Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness  
Brian Woolley, Manager, Knowledge & Information Management (part meeting)  
Vivienne Ayres, Planning & Accountability (part meeting)

Public (1)  
Media (1)

#### 1. APOLOGIES

Apologies were received from Board Members Diane Anderson and Barbara Robson.

#### 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

Richard Orzecki noted his interest as Chair, Manawhenua Hauora.

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

##### **4.1 Minutes**

It was resolved:

*that the minutes of the previous meeting held on 21 May 2013 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 21 May 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 11 June 2013 be received and the recommendations contained therein approved.*

##### **5.4 Matters Arising**

###### *5.4.1 centralAlliance*

It was noted that a final paper regarding the centralAlliance's foundation agreement and strategic plan would be presented to the Board at a future date. This would take into account feedback from Whanganui DHB's committees who had yet to consider the proposals.

##### **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 11 June 2013 be received and the recommendations contained therein approved.*

##### **5.6 Matters Arising**

There were no matters arising from the minutes.

## **6. GOVERNANCE ISSUES**

### **6.1 2012/13 Work Programme**

Management advised that this item had been placed earlier on the agenda than usual given its importance.

It was resolved:

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

## **7. STRATEGIC MATTERS**

### **7.1 2012/13 Annual Plan**

#### *7.1.1 Living Within Our Means Update*

The General Manager, Planning & Support advised that MidCentral DHB was living within its means as a DHB.

A lot of work was being done nationally and regionally, as was discussed in the report. Once the benefits of this work started to come through, MDHB's would gain.

It was resolved:

*that the report be received.*

#### *7.1.2 Health Services Master Plan*

The approach being taken to the development of the Health Services Master Plan was noted and endorsed by the Board. Members particularly appreciated the early involvement of central government stakeholders, such as the Ministry of Health, Treasury and State Services Commission.

Management undertook to take on Board a member's views regarding the importance of a quality board room facility at the front entrance.

It was resolved:

*that the report be received.*

### **7.2 2012/13 Maori Health Plan Update**

Management advised that overall, improvement in the health of Maori people had been achieved.

Hospitalisation rates were discussed. Management advised that the national definition had changed, with the denominator now being the enrolled PHO population, whereas previously it was based on Statistic New Zealand's projected population data. It was noted that the graphical presentation would be similar for MDHB's non-Maori population.

The potential drivers for higher hospitalisation rates were discussed. It was noted that MDHB had a greater population of Maori than some other DHBs. Within the district, there were areas with higher need such as Horowhenua, Otaki and Tararua. This presented some access issues. The possible impact of no local 24 hour/7day per week medical services was raised.

In light of these health needs, MDHB's had invested in these areas.

The regional and sub-regional results for Maori health measures was raised as an area of interest.

It was agreed that measures should not be viewed in isolation, and that MDHB's health needs assessment would provide a broader view. The health needs assessment was currently being updated for presentation to the Community & Public Health Advisory Committee.

It was resolved:

*that the report be received.*

### **7.3 Quality & Safety Framework**

Management's report was received. The Board requested that a further report be prepared, addressing each of the 33 questions posed by the Minister of Health. The answers to these questions would then provide the quality and safety landscape to the Board, and it could determine what future action was required.

It was agreed that the report take a whole-of-DHB approach, ie covering contracted providers.

Management was asked to identify any obstacles to achieving the desired culture of care and compassion.

Management was also asked to ensure a whole systems approach was taken, including end of life care.

It was noted that Minister's letter was around *governance* responsibility for quality and safety.

It was resolved:

*that the report be received, and that it be noted a further report was to be provided to the Board at its next meeting.*

## **8. OPERATIONAL REPORTS**

### **8.1 CEO's Report**

#### *8.1.1 Health Select Committee*

It was agreed that the response to the Health Select Committee's 113 questions be provided to all members.

The Chair expressed the Board's appreciation to Vivienne Ayres, Planning & Accountability for her work in co-ordinating MDHB's response.

#### *8.1.2 National Patient Safety Campaign*

Management advised that the Health Quality & Safety Commission would be on site at Palmerston North Hospital on 11 July to promote the campaign.

#### *8.1.3 Planning Implementation Study – Patient Administration System (PAS) and Clinical Portal*

The CEO advised that this work had been delayed and the results would not be available until the end of August 2013. The delay was because there was more functionality available within WebPAS than was considered at the initial stages. More engagement with clinical and clerical staff was required.

It was noted that this study was the last significant piece of work in finalising the costings associated with CRISP – Phase 1. In respect of the quantum of risk the implementation planning study could contain if the extra work was not undertaken, management advised the difference in costs would be less than \$1m.

#### *8.1.4 Concerto (Clinical Portal)*

The uptake of Concerto was discussed. Management advised this would continue to grow as more functions were accessed via Concerto. For example, discharge planning. As new systems were introduced, training would be provided, and old systems would be retired.

It was noted that while GP access was possible, this was not operational.

Management advised that the current patient information system (Homer) was to be replaced with WebPAS. This system was currently used by three DHBs within the Central Region. This upgrade was part of CRISP. With regards Concerto and WebPAS, MDHB was behind other DHBs in terms of investment. However, in implementing Concerto MDHB had developed a regional solution (in a very primary stage). This solution would be further developed as other DHBs took it up, adding their current functionality.

#### *8.1.5 Central Region's Technical Advisory Service (TAS)*

The CEO advised that the establishment of the new TAS board had not yet been finalised by the Regional Governance Group. Accordingly, he and other Central Region DHB CEOs had remained as Directors.

Heather Browning left the meeting.

The Chair advised that appointments to TAS were imminent. Advice of these would be provided to DHB Boards in due course.

#### *8.1.6 Letter of Representation*

The Board supported the proposed arrangements around the letter of representation relating to the 2012/13 Annual Accounts.

#### *8.1.7 Kimberley Centre*

Concern was expressed regarding the ongoing delays, which were outside the DHB's control, in the disposal of this property.

The CEO advised that management would continue to pursue this matter with urgency.

Richard Orzecki declared his interest in this process. He was a member of a group which had expressed interest in the property. Mr Orzecki expressed concern with how the Office of Treaty Settlements and Te Puni Kokiri had handled this process and the associated communication. His party had not received advice of the decision.

#### *8.1.8 Information Systems*

The level of regional and local IS activity was raised, particularly the availability of local staff for regional activities. Management advised there were competing priorities and these were managed as best as possible. MDHB had invested significant staff time in the development of CRISP. Current regional requirements were for subject matter experts. MDHB's IT resource largely had generic skills, with subject matter expertise being contracted in. MDHB had made finance resource available locally, being change management resources.

### 8.1.9 Employee Assistance Programme

The latest results of the Employee Assistance Programme offered to staff were discussed. Members noted the consistency of results, and felt these were an encouraging indicator of being a good employer. Members also noted that this programme had been available to staff since 1994.

### 8.1.10 Manawhenua Hauora

It was agreed that the annual hui take place on 22 July 2013. Members Kelly and Naylor tendered their apologies.

A request was made for greater advance warning of future hui.

### 8.1.11 2013 DHB Elections

Management advised that the Local Electoral Amendment Bill had been passed. This saw a change in the timeline, with the opening and closing dates for nominations being brought forward a week. Other changes were around the transparency re campaign donations, the need for candidates to state if they were standing for other election, and whether they resided in the election area or not. Changes had also been made to candidate withdrawal process.

### 8.1.12 2012/13 Financial Results

Management confirmed that the year end result was expected to be between \$7.5m and \$8.5m surplus. This result was in line with the DHB's intentions to make significant investment in future years.

It was resolved:

*that the report be received; and,*

*that the Board Chair, Deputy Board Chair and the chair of the Group Audit Committee (two signatures required) be authorised to sign the letter of representation in respect of the financial return to the Ministry of Health.*

## 8.2 Clinical Leadership Council's Annual Report

The Council's annual report was received. Members noted the connection between this Council, and the Clinical Boards in place within MidCentral Health and primary care (general practice). It was noted that MCH's credentialing committee reported to the MCH Clinical Board. The breadth of work overseen by the Clinical Leadership Council was also noted.

It was resolved:

*that the report be received.*

## 9. LATE ITEMS

There were no late items.

## 10. DATE OF NEXT MEETING

Tuesday, 13 August 2013, 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"> <li>• <i>Hospital Advisory Committee, 11 June 2013</i></li> <li>• <i>Community &amp; Public Health Advisory Committee, 11 June 2013</i></li> </ul>	<i>For the reasons set out in the Committees' order paper of 11.6.13 meeting held with the public present</i>  <i>For the reasons set out in the Committees' order paper of 11.6.13 meeting held with the public present</i>	
<i>Strategic Matters</i> <ul style="list-style-type: none"> <li>• <i>Annual and regional planning</i></li> </ul>	<i>Subject of negotiation</i>	<i>9(2)(j)</i>
<i>Operational Matters</i> <ul style="list-style-type: none"> <li>• <i>CEO's Report:</i> <ul style="list-style-type: none"> <li>○ <i>HBL contracts/business cases</i></li> <li>○ <i>Central Region's Information Systems Plan</i></li> <li>○ <i>Equity</i></li> <li>○ <i>Insurance arrangements</i></li> </ul> </li> </ul>	<i>Subject of negotiation</i> <i>Subject to obligation of confidence</i>  <i>Subject of negotiation</i> <i>Subject of negotiation</i>	<i>9(2)(j)</i> <i>9(ba)</i>  <i>9(2)(j)</i> <i>9(2)(j)</i>
<i>Governance Matters</i> <ul style="list-style-type: none"> <li>• <i>Appointment of Hospital Advisory Committee member</i></li> </ul>	<i>To protect personal privacy</i>	<i>9(2)(a)</i>

Confirmed this 13<sup>th</sup> day of August 2013.

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Chairman