

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 3 April 2012 at 10.00 am 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
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Officer
Digby Ngan Kee, Regional Clinical Director, Regional Women's Health Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Vivienne Ayres, Planning & Accountability

Public (3)
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

Karen Naylor noted her interest as a member of staff in agenda item 6.2, Regional Women's Health Service.

PUBLIC COMMENT

Bridie Thomas, a representative of the New Zealand College of Midwives addressed the meeting. She requested that the Board give consideration to holding a public meeting(s) within its district in line with those held within Whanganui DHB's areas. She considered this a fair request particularly given the extended engagement period.

4. MINUTES OF PREVIOUS MEETING

4.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 21 February 2012 be confirmed as a true and correct record.

4.2 Matters Arising from the Minutes

4.2.1 Regional Women's Health Service

Additional information was sought regarding the capacity of MidCentral DHB's maternity service:

- occupancy rates
- average length of stay for first time mothers and those who had caesarean sections
- the number of times full capacity had been reached, necessitating the transfer of women to other hospitals (excluding neonates for those requiring tertiary level services)

This information was requested for the past two years.

Details of whether the independent peer reviewers have been recommended by the respective colleges was also requested.

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 21 February 2012 be received and the recommendations contained therein approved.

5.2 Matters Arising

5.2.1 Clinical Records Building

The CEO confirmed that some staff remained working in the old clinical records area within the hospital basement. This work environment was considerably different to how it was before the new clinical records building was erected.

Members requested the opportunity to view the clinical records areas.

5.3 Hospital Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 13 March 2012 be received and the recommendations contained therein approved.

5.4 Matters Arising

5.4.1 Renal Services and Whanganui DHB

It was noted that the statement contained in the minutes that Whanganui DHB provided renal services to MDHB was incorrect. MDHB provided renal services to WDHB.

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 13 March 2012 be received and the recommendations contained therein approved.

5.6 Matters Arising

There were no matters arising from the minutes.

5.7 Disability Support Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Disability Support Advisory Committee held on 13 March 2012 be received and the recommendations contained therein approved.

5.8 Matters Arising

There were no matters arising from the minutes.

6. OPERATIONAL REPORTS

6.1 CEO's Report

6.1.1 Financial Results for the DHB Sector

The Board confirmed that this information was useful and that it should continue to be provided on a six-monthly basis.

6.1.2 Central Region's Information Systems Plan (CRISP)

The General Manager, Planning & Support provided clarification around the Gateway review process.

The Gateway process was used by the State Services Commissions. There were two types of Gateway reviews, being one for programmes of work and another for individual projects. The SSC commission had determined CRISP as a programme of work and required Gateway programme review.

Gateway programmes reviews, as distinct project reviews, were categorised Gateway "o" reviews. The programme reviews were carried out at specific stages. The second Gateway o review was scheduled for late April/early May. It is likely a further Gateway o review would be undertaken around the closure of the programme with a further one in between.

In respect of the individual projects within the CRISP programme of work, these did not meet SSC's requirements for a Gateway project review. In line with best practice, the DHBs were establishing an independent quality assurance function which would review each project throughout its life.

It was noted that the CRISP Programme Management office was compiling a communication regarding the Gateway and IQA functions for board members. This would be available for the Board's next meeting.

6.1.3 Implementation of the 2011/12 Regional Services Plan

The "traffic light" system used to reflect progress in implementing the various projects within the Regional Services Plan was explained to members.

In respect to the Access to Treatment for Target/Priority Cancers, the Board noted that MDHB was one of two DHBs who had not provided stocktake information. Management undertook to follow-up on this matter and advise whether or not the information had now been provided.

The regional and sub-regional approach to palliative care was discussed. Management advised that special funding for this was available through the regional cancer networks. Through the Central Cancer Control Network, this money had been utilised. It was noted that the majority of funding for cancer work now flowed from the Ministry of Health direct to the cancer networks.

6.1.4 Staff Survey

Details of the agreement arranged with the consultancy firm co-ordinating MDHB's staff survey were sought.

6.1.5 Visit of Minister of Health

The Board recorded its appreciation of the work done by management and staff to facilitate the Minister's visit. It also recognised the improvements in activities throughout the organisation under the leadership of the CEO and General Manager, Planning & Support, including changes in the work environment.

6.1.6 Smoking Target

The low rate of achievement within primary care was raised. The General Manager, Funding & Planning advised this was a performance issue with the Central PHO and it was being held accountable. Improved performance could be expected.

6.1.7 Debt

The Board considered management's recommendation to uplift \$2m of unused debt facility. It was noted that this had a cost of around \$15,000 and the maximum exposure was 12 months as an opportunity to re-pay debt would occur in April 2013. Before that time, MidCentral DHB's investment plan would be completed enabling the Board to forecast ahead its capital funding requirements.

It was noted that MDHB had previously had a debt facility outside the Crown Health Financing Agency (CHFA), predominantly with BNZ. This had been transferred progressively to CHFA four years ago. The current environment regarding loan funding was uncertain with CHFA's pending demise.

Members noted the DHB's intention to self-fund future investment. They also noted that capital cases valued at over \$10m required National Capital Committee approval. All major cases under this value were to have a strong regional flavour and consideration.

Members noted that access to capital funding within the sector would be very difficult and that it would be prudent to retain this debt facility.

6.1.8 *Management/Administration Staff Cap*

Management confirmed that the reduced cap was higher than actual administration/management staffing levels. Therefore, no staff reductions/redundancies would be required and there would be no impact on current service arrangements. It was noted that difficulties may be experienced if the DHB looked to increase or add new services which required additional administrative support.

6.1.9 *Financial Report Format*

It was agreed that the Table of Covenants be amended to show all figures were in \$m.

Consistent use of brackets or the negative sign .

It was noted that the “eliminations” information related to eliminations on consolidation, ie elimination of intra-DHB revenue or expenditure flows.

It was resolved:

that the report be received; and,

that application be made to the Crown Health Financing Agency to uplift the remaining \$2m debt facility available to MidCentral DHB.

6.2 **Regional Women’s Health Service**

The Board noted the decision made earlier that week to extend the public engagement and staff consultation process by four weeks. The new closing date for submissions was 9 May 2012. It further noted that the extension applied to both MidCentral and Whanganui DHBs.

The possibility of a public meeting or meetings was discussed. The CEO advised that the National Council of Women had intended to attend today’s board meeting. Unfortunately they had been unable to do so. In their absence the CEO read their statement which requested the Board hold public meetings, extend the submission timeframe, and ensure that open and transparent consultation had taken place between the Board and all other relevant professional bodies in the area of MidCentral Health.

Members of the Board supported a public meeting being held and requested that management arrangement for this to take place as soon as possible, taking into account the need to inform the community of the meeting before it took place. It was agreed that one meeting be held in Palmerston North utilising the hospital’s meeting facilities. The requirement for further meetings to be assessed in line with the feedback received.

The importance of not only providing information on the submission and public meeting process, but also the reasons behind the change proposal was emphasised.

In respect of the submission analysis process, management confirmed that all information provided to either MidCentral DHB or Whanganui DHB would be made available to the other. Also, that a copy of the submission report including copies of all submissions with management’s notes, would be available to all submitters. A member suggested access to an electronic copy of all submissions rather than a hard copy of these so as to reduce the amount of paper involved. Management noted that the vast majority of submissions to date were by way of a standardised card. One copy only of the card would be provided.

The impact of the extended time period on the obstetric and gynaecology specialists at

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Whanganui Hospital was raised. Dr Digby Ngan Kee considered that this had not placed any more pressure on services than already existed.

Discussion was held regarding the current capacity of MidCentral DHB's maternity services. The request for further information made earlier in the meeting was noted. Several members reported anecdotal feedback regarding difficulties experienced by women utilising these services and by midwives and lead maternity carers working at Palmerston North Hospital, and the non-availability of accommodation for partner and families.

The communication with staff was raised, with some members expressing concern specific staff had been advised of the potential for their position to be dis-established. They questioned how this aligned to the Board's requirement that an "open mind" be kept regarding future service provision options. The CEO advised that the staff consultation requirements were very specific and were a contractual requirement. If any change proposal had the potential to change a staff member's job, they had to be informed accordingly.

The Board noted that the possibility of change created anxiety and it was extremely important that management clearly convey the message that this was a proposal only and the outcome was not pre-determined. The Boards had an open mind and would be taking all factors into consideration, including feedback through the public engagement/staff consultation process, in making its decision.

The CEO noted that staff seeking advice could access this through the Human Resource Unit and Unions.

It was resolved:

that as part of the engagement process with its communities, MidCentral DHB undertake a public meeting at a time and venue to be determined, and that full specifications in relation to that meeting be advertised to the community; and

that the Board note the staff consultation and public engagement processes are being actively managed in line with Ministry of Health Consultation Guidelines and staff agreements.

The issue of current capacity at Palmerston North Hospital was re-raised. Member Kate Joblin reported that during public meetings held by Whanganui DHB regarding the Regional Women's Health Service proposal, two instances of women being turned away from Palmerston North Hospital had been raised. Management advised they were unaware of this occurring and that such an incident would trigger an incident report. Management advised that "peaks and troughs" were experienced on occasions and the post natal wards got full. On occasions, women had been asked if they were happy to leave. These women had already spent more than the minimum time in the ward. No woman was asked to leave if there was a clinical requirement for her to have hospital care. Beds in the women's surgical unit was used as required. The benchmark of one theatre per 3,000 births was discussed and management confirmed this was based on UK guidelines. Dr Digby Ngan Kee advised that key issue regarding theatre capacity was the number of theatres but access to acute theatre and this was a key part of the current proposal.

Management advised a key requirement of the service proposal was staff. At times MDHB's women's health services experienced considerable staff pressures, particularly pre and post delivery. Challenges were experienced in accessing the required number of midwives. Over the past year, MidCentral DHB had been looking at ways to improve staffing, including on call and after-hours arrangement. These considerations also formed part of the proposed service model. Feedback on this matter was welcomed.

Digby Ngan Kee and Ann Chapman left the meeting.

7. GOVERNANCE ISSUES

7.1 Manawhenua Hauora Minutes

It was resolved:

that the minutes be received.

7.2 2011/12 Work Programme

Ann Chapman re-entered the meeting.

Management confirmed that the special board meeting scheduled for 5 June 2012 was no longer required given the extension to the public engagement/staff consultation period for the Regional Women’s Health Service initiative.

A request was made that the Funding Audit Sub-Committee meeting to be held in May be scheduled for 8.30am if possible. Ann Chapman tendered her apologies for this meeting.

Barbara Robson left the meeting.

The CEO confirmed that the current Consultation Policy remained in place. He further noted that this policy did not apply to the Regional Women’s Health Service project as the board was “engaging” with the public. Staff consultation requirements were as per employment contracts.

It was resolved:

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

8. LATE ITEMS

There were no late items.

9. DATE OF NEXT MEETING

Tuesday, 15 May 2012, Horowhenua Health Centre, Liverpool Street, Levin.

Jack Drummond tendered his apologies for this meeting.

10. 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 March 2012</i> • <i>Community & Public Health Advisory Committee, 13 March 2012</i> 	<p><i>For the reasons set out in the Committee’s order paper of 13.3.2012 meeting held with the public present</i></p> <p><i>For the reasons set out in the Committee’s order paper of</i></p>	

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<ul style="list-style-type: none"> • <i>Disability Support Advisory Committee, 13 March 2012</i> • <i>Remuneration Committee – CEO's Performance Review</i> 	<p><i>13.3.2012 meeting held with the public present</i> <i>For the reasons set out in the Committee's order paper of 13.3.2012 meeting held with the public present</i> <i>To protect personal privacy</i></p>	<p>9(2)(a)</p>
<p>Strategic Matters</p> <ul style="list-style-type: none"> • <i>2012/13 Annual Plan</i> 	<p><i>Under negotiation</i></p>	<p>9(2)(j)</p>
<p>Operational Matters</p> <ul style="list-style-type: none"> • <i>CEO's Report</i> : <i>regional and sub-regional planning</i> : <i>Health Benefits Limited</i> 	<p><i>Subject of negotiation</i> <i>Subject of negotiation</i></p>	<p>9(2)(j) 9(2)(j)</p>

Confirmed this 15th day of May 2012.

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 Chairman