MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

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Board Committees – Terms of Reference

Further detail regarding MidCentral's plans and performance is contained in the following documents:

- MidCentral DHB's Strategic Plan
- MidCentral DHB's 2008/09 Annual Report

These can be accessed by emailing jill.matthews@midcentraldhb.govt.nz, or telephoning 06 350 8967.

NB: figures quoted in this Information Pack are based on the 2010/11 District Annual Plan unless otherwise stated.

About MidCentral District Health Board

The DHB in Summary

MidCentral District Health Board is the Crown entity responsible for planning and purchasing most health services for its district.

It was established under the New Zealand Public Health and Disability Act 2000 that came into force on 1 January 2001. It operates under this Act, and the Crown Entities Act 2004.

MidCentral District Health Board is responsible for ensuring the people of its district have access to a wide range of health and disability support services.

Currently around 160,000 people live in MidCentral's district and the DHB is responsible for "improving, promoting and protecting" their health and the health of the communities in which they live.

This involves assessing the health status of the district, and determining what funds must be directed to preventing illness via primary health and public health services while continuing to provide and improving existing hospital and other services.

The quantity, value and diversity of health and disability support services is large, and MidCentral DHB receives around $540 million each year. The DHB ensures services are available to its communities either by contracting with external providers (such as GPs, rest homes, dentists, pharmacists, and Maori and mental health providers) or providing the services directly (eg hospital services).

Some of the services provided directly by MidCentral DHB are for a larger region. This includes cancer and renal services, public health regulation, and specialist equipment services.

Residents of MidCentral's region currently enjoy a health status in line with the national average.

Our Vision and Priority Areas

MidCentral District Health Board's vision is:

"quality living, healthy lives"

The DHB believes achieving this vision will mean:

- people enjoy healthy lifestyles within a healthy environment
- the healthy will remain well
- health and disability services are accessible and delivered to those most in need
- the health and wellbeing of Maori is improved
- the quality of life is enhanced for people with diabetes, cancer, respiratory illness, cardiovascular disease and other chronic (long duration) conditions
- people experiencing a mental illness receive care that maximises their independence and wellbeing
- the needs of specific age-related groups, eg older people, children/youth, are addressed
- the wider community and family supports and enables older people and the disabled to participate fully in society and enjoy maximum independence
- oral health is improved
- people's journey through the health system is well managed and informed.

The vision is a broad view of the future. Following an analysis of the district's current health status MidCentral's projected future health needs, and what will make the greatest impact toward improving the health of the district's population overall, the Board identified ten priority areas on which it will focus:

- Cancer
- Cardiovascular Disease
- Diabetes
- Respiratory Disease
- Child Health
- Health of Older Persons
- Maori Health
- Mental Health
- Oral Health
- Rural Health

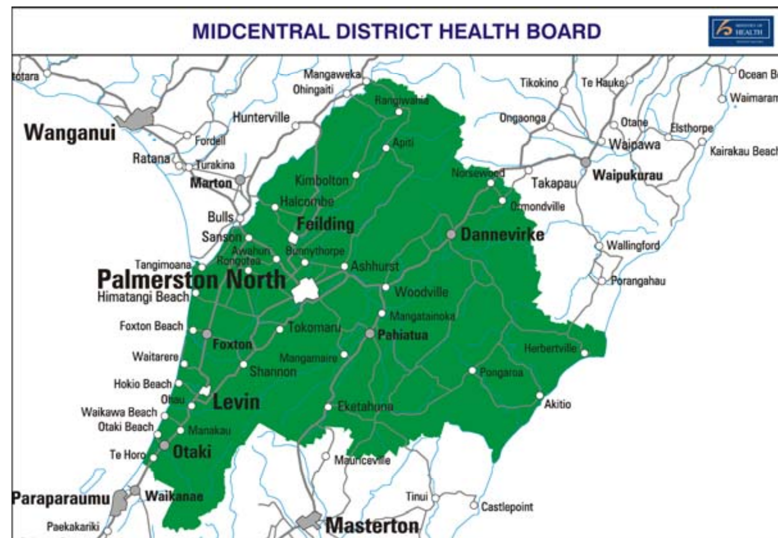
Cancer is the second most common cause of death within MidCentral's district. At least one third of cancers are preventable and the impact and death rate of cancer can be reduced with early treatment.	**Cardiovascular** disease is the most common cause of death for MidCentral residents and the leading cause of all hospitalisations (excluding pregnancy and childbirth).
Diabetes is increasing significantly and it can increase the risk of a person suffering from other serious illnesses. The main increase in diabetes is for people with Type II and this is substantially preventable.	**Respiratory** disease is the third most common cause of death within MidCentral's district and many risk factors are preventable.
Poor health in childhood can lead to poorer health in adult years. Therefore a focus on **child health** is an investment in the future health and wellbeing of the district.	MidCentral's population, like that of New Zealand, is aging. **Older people** experience more illness and disability than any other population group in the district and their needs are more complex.
Maori have the poorest health status of any ethnic group within MidCentral's district. There is also a local and national commitment to improving Maori health and reducing disparities.	Approximately one in five people will experience a **mental illness** (including drug and alcohol disorders) of some kind during their lifetime.
Diseases of the gums and teeth are among the most common health problems experienced by all New Zealanders, and poor **oral health** can lead to poor overall health.	MidCentral has a large **rural** area, and this creates access issues.

Who We Serve

MidCentral District Health Board serves a wide geographical district stretching across the North Island from the west to the east coast and is distinguished by the Tararua and Ruahine ranges that traverse the centre of the district.

MidCentral's district comprises the following territorial local authority districts:

- Horowhenua district
- Manawatu district
- Palmerston North City
- Tararua district
- The Otaki ward of Kapiti Coast district



Four Iwi have manawhenua status within the district: Muaupoko; Ngati Kahungunu; Ngati Raukawa; and Rangitaane. (Manawhenua status means that the Iwi is recognised as having tribal authority within a region.)

Muaupoko and Ngati Raukawa Iwi are located on the western side of the mountain ranges and Ngati Kahungunu Iwi is located on the eastern side. Rangitaane Iwi covers both sides of the ranges from the Manawatu district (including Palmerston North) across to Pahiatua and Dannevirke areas.

MidCentral district's health status is similar to other similar regional district health boards.

The district's population is estimated to grow over the next 20 years, but at a slower rate than the national average.

Between 2006 and 2012, the local population is forecast to grow by 2.7% (NZ – 5.6%). By the year 2026, population growth of 8.8% is forecast locally compared to national growth of 18.9%.

(NB: this is based on 2006 census data.

MDHB has a higher older population compared to NZ, particularly in Horowhenua, Kapiti and Tararua. It also has a higher Maori population than the national average.

(Note: A detailed health needs assessment of MidCentral's population exists, and this can be accessed from the DHB's website, www.midcentraldhb.govt.nz)

MidCentral DHB's Population Profile at a Glance (based on 2006 Census Results)

	NZ	MDHB	Manawatu	PN City	Tararua	Horo-whenua	Kapiti*
Total	**4,027,947**	**158,838**	**28,251**	**75,540**	**17,631**	**29,865**	**7,551**
Age 65+							
No.	495,603	22,347	3,636	8,748	2,460	5,979	1,524
%	12.3%	14.1%	12.9%	11.6%	14.0%	20.0%	20.2%
Gender							
No Female	2,062,326	81,837	14,199	39,192	8,859	15,564	4,023
% Female	51.2%	51.5%	50.3%	51.9%	50.2%	52.1%	53.3%
No Male	1,965,618	77,007	14,055	36,348	8,775	14,301	3,528
% Male	48.8%	48.5%	49.7%	48.1%	49.8%	47.9%	46.7%
Ethnicity							
By No:							
European	2,609,592	113,472	21,552	52,512	12,927	21,555	4,926
Maori	565,326	26,715	3,867	11,316	3,489	6,078	1,965
Pacific People	265,974	4,608	408	2,754	225	1,011	210
Asian	354,552	7,002	351	5,409	225	765	252
MELAA	34,746	963	45	801	33	69	15
Other	430,881	19,971	4,338	9,225	2,154	3,396	858
By %:							
European	67.6%	73.4%	77.9%	71.4%	75.4%	74.4%	68.0%
Maori	14.6%	17.3%	14.0%	15.4%	20.4%	21.0%	27.1%
Pacific People	6.9%	3.0%	1.5%	3.7%	1.3%	3.5%	2.9%
Asian	9.2%	4.5%	1.3%	7.4%	1.3%	2.6%	3.5%
MELAA	0.9%	0.6%	0.2%	1.1%	0.2%	0.2%	0.2%
Other	11.2%	12.9%	15.7%	12.5%	12.6%	11.7%	11.8%
Household Income							
Median	$51,400		$47,700	$47,800	$41,100	$33,100	$37,800

*MidCentral DHB portion only
MELAA = Middle Eastern, Latin American, African
Note: this data has been randomly rounded to protect confidentially. Individual figures may not add up to totals and values for the same data may vary in different components of the table. For the ethnicity data, a person can have more than one ethnicity, so the total number of ethnicity responses will be more than the total number of people living in that geographical location.

What We Do

As a District Health Board, MidCentral has three key functions:

- Planning and purchasing health and disability services*.
- Providing health and disability services through Crown owned hospital and associated services.
- Governing and managing the District Health Board.

(*Note: Responsibility for public health services and disability support services for persons under 65 years have not yet been devolved to District Health Boards and currently rests with the Ministry of Health.)

How We Do It

To carry out its functions MidCentral District Health Board is organised into three divisions:

- Funding Division
- Provider Division
- Governance and Corporate Division

Approximately 2,100 staff members (full time equivalents) are employed.

- Medical staff: 290
- Nursing staff: 915
- Allied Health Staff: 404
- Support Staff: 46
- Management/Administration: 517

(Note: The staff categories are defined by the Ministry of Health. Figures as per 2010/11 Budget)

MidCentral District Health Board has long term assets valued at approximately $150 million and receives annual revenue of around $540 million.

Further information about these divisions, and the work they do, is set out on the following pages.

Financial Projections

MidCentral District Health Board is forecasting a small deficit in 2010/11 and 2011/12, with breakeven in the following year.

Details of what MidCentral DHB does with its $540m revenue is set out overleaf.

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Where the Money Goes

Allocation of Expenditure by Service - $m's			
2008/09 Actual	*2009/10 Budget*	*2010/11 Budget*	
			Hospital Based Services
59.4	63.6	65.1	Surgical Specialties/ICU/Anaesthetics
44.5	43.3	45.2	Medical Services
31.7	31.7	33.3	Regional Cancer Treatment Service
29.6	30.1	27.7	Elderly Health / Rehabilitation & Therapy
27.7	26.9	27.6	Women/Children's Health
27.0	26.3	26.6	Mental Health
12.2	13.0	13.4	Emergency Department
7.2	8.4	7.7	Clinical Support
6.5	7.6	7.0	Public Health
2.9	3.2	3.5	Dental Health
1.7	1.3	1.6	Rural Health
14.2	8.8	17.8	Other
264.6	*264.2*	*276.5*	*Total Hospital Based Services*
			Community Based Services
40.2	43.9	44.5	Pharmaceuticals
34.3	36.4	37.4	Residential Care
23.5	27.2	28.0	Primary Practice
9.4	9.6	9.9	Laboratories
9.2	9.6	9.9	Home Support
8.5	10.7	9.2	Mental Health
4.2	4.4	4.5	Chronic Disease Management
23.1	26.3	27.2	Other
152.4	*168.1*	*170.6*	*Total Community Based Services*
23.6	24.1	44.7	Disability Services, Needs Assessment
42.1	45.6	46.4	Inter District Flows
5.7	5.5	5.4	Governance
488.4	507.5	543.6	Total DHB Expenditure

Allocation of Expenditure by Provider Group - $m's			
264.6	264.2	276.5	MidCentral Health
152.4	168.1	170.6	Primary Health Providers
42.1	45.6	46.4	Other DHB's
23.6	24.1	44.7	Enable New Zealand
5.7	5.5	5.4	MidCentral DHB - Governance
488.4	507.5	543.6	Total DHB Expenditure

MidCentral DHB Contact

Website: www.midcentraldhb.govt.nz

Telephone: 06 350 8061
(Board Office, Monday to Friday, 8am – 5pm)

Facsimile: 06 355 0616

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About MidCentral's Funding Division

Role of the Funding Division

The Funding Division plans and purchases (funds) health and disability services for residents/population of the MidCentral District. In some instances (eg Public Health) the purchasing of services is undertaken by the Ministry of Health or another District Health Board on behalf of MidCentral District Health Board.

Whilst the Funding Division's responsibilities are primarily for the MidCentral district, it also has responsibilities for specific national or regional contracts.

The Funding Division also has responsibility, together with other DHBs in the central region, for ensuring a strong regional health structure.

Staff Levels within the Funding Division

The Funding Division is a relatively small unit, comprising approximately 17 staff (full time equivalents).

Areas of Service & Services Provided by the Funding Division

The Funding Division currently has responsibility for purchasing health services and monitoring contracts valued at around $540 million per annum. The services funded are as follows:

- Support Services for Disabled and Older People
- Maori Health
- Mental Health
- Personal Health
- Primary Health Services
- Secondary and Tertiary Health Services

How the Funding Division Does it Job

Planning and funding of health and disability services is guided by Government priorities and carried out within national policies, such as the National Service Framework and Service Coverage Schedule.

The Funding Division undertakes its role in a collaborative manner, working alongside our communities, providers, other non-health related agencies (intersectorally) and with other district health boards and is supported by the Central Region's Technical Advisory Service.

Approach to Funding

MidCentral District Health Board receives an allocation of money from the Ministry of Health to meet the cost of providing personal and mental health services for our population and disability support services for those aged 65 years and over. MidCentral District Health Board is required to operate within the allocated funds and to maintain its deficit-free status.

The Funding Division undertakes an assessment of the district's health status on a regular basis. The latest review was undertaken in 2005 and updated in 2007 and shows that:

- An estimated 58% of people in MidCentral DHB's district are considered obese or overweight.
- Dental data suggests Maori, Pacific Peoples, and Asian children have poorer dental health compared to other ethnicities, including Pakeha. They show lower percentages that are caries free and higher average decayed, missing and filled scores. This is true at both five years of age and at Year 8.
- Circulatory system hospital discharges have been increasing for Maori aged 15 to 64. It is already the second most important Major Diagnostic Category in that age group (behind Pregnancy, birth)
- Stroke hospitalisations were increasing for all ethnicities
- Diabetes hospitalisation figures were increasing for all ethnicities, especially for Maori and Pacific Peoples.
- Most other hospital discharge numbers were falling, whether by ethnicity, territorial authority, or socio-economically disadvantaged areas.

- Non-Maori, non-Pacific ethnicities often have lower than expected hospitalisation rates when compared to New Zealand overall.

  The four most common causes of mortality for MidCentral DHB residents from 1999 to 2001 were: circulatory system disease (43%), cancers (27%), respiratory system disease (9%), and injuries (6%).

  MidCentral DHB's mortality rate for all causes combined is 10% higher than New Zealand's all causes mortality rate. MidCentral's mortality rate for circulatory system disease is 15% higher than New Zealand's circulatory system disease mortality rate.

  MidCentral DHB's Maori mortality rate for all causes combined is 66% higher than New Zealand's all ethnicities mortality rate (1999 to 2001 data). Maori have higher mortality rates for circulatory system diseases, cancers, and respiratory diseases. MidCentral and New Zealand Maori mortality rate for circulatory system disease is twice New Zealand's circulatory diseases mortality rate. MidCentral DHB Maori mortality rate for cancers is almost 40% higher than New Zealand's cancer mortality rate.

  There is evidence, in mortality and hospitalisation data, that the health status of Horowhenua residents is worse than for MidCentral DHB residents overall. For example, Horowhenua's mortality rate from all causes is 20% higher than MidCentral's mortality rate from all causes.

- Pacific Peoples health disparity probably exists in the MidCentral DHB's district. Hospitalisation and mortality numbers for Pacific Peoples were low because the Pacific Peoples population in the district is small. Although this creates difficulty generating statistically stable results, there seems to be a consistent pattern of poorer Pacific Peoples health status across many hospitalisation and mortality parameters. This is consistent with national trends.

- There is evidence that people who are socio-economically disadvantaged have poorer health status than MidCentral DHB residents overall. For example, mortality rates for all causes combined and for the four most common causes of mortality are higher for people living in MidCentral's socio-economically disadvantaged areas compared to MidCentral DHB overall.

These findings reinforce MidCentral DHB's priority health areas of cancer, respiratory, diabetes,

cardiovascular, oral health, child health, Maori and mental health.

To this end, the Funding Division has worked to develop a comprehensive foundation of strategies and service plans to guide our decisions. These are listed in the annual plan and are available from our website.

These strategies are based on MidCentral's strategic goals and priorities (as specified in the District Strategic Plan), assessment of MidCentral's population health status, identification of local health issues, implementation of key government policies (as stated in the New Zealand Health Strategy, New Zealand Disability Strategy, service coverage schedule and written notices from the Minister of Health).

The Funding Division must also ensure that the District Health Board maintains financially sustainable and viable contracts with health service providers while remaining within the budget agreed with the Minister of Health.

Approach to Prioritisation

The population within the MidCentral district generally has the same (or slightly better) health status as the New Zealand average. This suggests that the health priority areas for MidCentral will be similar to the national priority areas.

The Funding Division's approach to prioritisation – for a new service or the continuation of an existing service - is to follow a prioritisation framework.

Using information from a health needs assessment and the prioritisation process, the Funding Division must rank the priority services to make purchasing recommendations to the Board through its Community and Public Health Advisory Committee.

Approach to Monitoring Performance

All Funding Division contracts with providers include reporting mechanisms designed to give information on provider performance. The DHB has worked through its contracts to ensure that reporting measures and contract targets provide robust and useful information.

Many primary health care providers are paid under regulatory arrangements based on national frameworks. These are typically fee-for-service arrangements. The DHB monitors service performance in these areas through statistical reports, many of which are produced by TAS on behalf of MidCentral DHB.

Regular audits of providers are carried out. Special and issues based audits are also undertaken as required. The audit process is managed by the Central Region's Technical Advisory Service on behalf of MidCentral. The registered auditors are all qualified to carry out service-based, financial or cultural audits.

Non-District Health Board owned providers will be monitored through contractual reporting requirements and regular meetings. District Health Board owned providers will be monitored through an internal reporting framework.

About MidCentral's Provider Division

Overview

As well as being responsible for funding and planning health services, MidCentral District Health Board is a provider of services.

MidCentral District Health Board, through its provider division, operates both:

- MidCentral Health – the district's publicly owned hospital and associated health service, and
- Enable New Zealand, a provider of disability information, support and assessment services.

The role of these two provider units is covered below.

About MidCentral Health

MidCentral Health provides hospital and associated services. Its own vision is to be the best provider of health and disability services.

Currently around 1,800 full time equivalent staff are employed directly by MidCentral Health, another 300 staff work full time under commercial contracts (outsourced services such as catering).

Staff are categorised into five professional groupings, being medical, nursing, allied health, support, and management/administration personnel.

Who MidCentral Health Serves

MidCentral Health provides comprehensive secondary care, and some lower tertiary health services to the Manawatu, Palmerston North, Horowhenua, Tararua districts and the Otaki ward of the Kapiti Coast district. Some specialist health services and public health services are also provided to neighbouring districts such as Whanganui and Taranaki. The Palmerston North based Regional Cancer Treatment Service provides medical oncology, haematology and radiation oncology services to people who live in a wide geographical area, including the bottom half of the North Island (except Wellington).

MidCentral Health operates under an internal service level agreement for services with the Funding Division,

but it is not restricted to, providing services exclusively for the Funding Division or just for the residents of this district.

More than half of the District Health Board's resident population live outside Palmerston North city, and therefore some distance from the district's base hospital in Palmerston North. MidCentral Health recognises its responsibilities by providing visiting specialist and outreach community-based services to its rural communities and by establishing strategic alliances with rural-based primary providers, supported by access to centralised inpatient treatment and care at Palmerston North Hospital.

What MidCentral Health Does

MidCentral Health's prime purpose is to provide specialist:

- medical and surgical services
- maternity services
- child health services
- mental health and alcohol and drug services
- oncology services
- disability support services
- public health services
- associated clinical support and community-based services

These broad categories include a range of services.

With the exception of public health services, which has the general population as its client base, people are usually referred to specialist services by a primary health care practitioner such as a general practitioner. The clinical assessment, treatment and care provided by MidCentral Health is at the secondary and lower tertiary intervention levels.

Hospital inpatient beds are currently available in two facilities: Palmerston North Hospital and Horowhenua Health Centre. Outpatient and community services are also provided from these sites, as well as several other sites throughout the district, such as Pahiatua, Feilding and Dannevirke, where facilities are often shared with local general practitioners.

MidCentral Health works alongside, and in support of, primary providers such as general practitioners and independent midwives. It also maintains close links with other secondary and tertiary health providers.

How MidCentral Health Does its Job

MidCentral Health provides services costing around $276 million per annum. Its largest service delivery agreement is with the District Health Board's Funding Division for providing most of the services described in this section. It also provides services under contract with other organisations, including:

- Accident Compensation Corporation
- Other District Health Boards
- The Ministry of Health
- Clinical Training Agency

About Enable New Zealand

Enable New Zealand is among the largest disability support services providers in New Zealand. It enjoys a unique position in the disability sector as the only national provider of disability information services throughout New Zealand and the largest of the two providers of the Ministry of Health's Equipment and Modifications Service (including funding for equipment, housing modifications and vehicles) for disabled people.

Enable New Zealand is also the largest of the two providers of Rehabilitation Equipment Services for ACC.

These services and the position that Enable New Zealand has within MidCentral District Health Board, also puts MidCentral District Health Board in a unique position in the Health and Disability sector.

Enable New Zealand, including Supportlinks, employs 148 staff across four sites (including Palmerston North, Horowhenua, Christchurch and Hamilton.)

Staff numbers are composed of a range of skill sets from allied health professionals to stores and administrative staff.

Enable New Zealand's net operating revenue is around $45m per annum (or gross operating revenue of $45m pa).

Who Enable New Zealand Serves

Enable New Zealand serves people who have disabilities. In the range of contracts held for service provision the service boundaries vary as follows:

- Nationwide

  Disability Information Services
  Hearing Aid subsidy
  Spectacle subsidy for children
  Children's hearing aid fund
  Housing modifications for ACC

- All regions from south of, and including Pokeno (Waikato to Stewart Island)

  Provision of Equipment and Modification Services for the Ministry of Health.

- All regions excluding Northland, Auckland and Waikato

  Provision of Management of Rehabilitation Equipment Services for ACC

- MidCentral District Health Board District

  Needs Assessment and Service Coordination within MidCentral's district including Palmerston North, Manawatu, Horowhenua and Tararua

  Provision of needs assessment, followed by co-ordination of, and referral to, a range of residential, community and disability support services for people who have disabilities and older persons

There are a number of smaller contracts held for small and specialised regional services.

The Services Enable New Zealand Provides

Enable New Zealand's core business is to manage the provision of:

- Equipment and modification services including equipment, vehicle and housing modifications
- Generic disability information
- Information of disabilities and disability support services
- Management of rehabilitation equipment and housing modifications for ACC

Supportlinks' core business is to provide:

- Needs Assessments for people with disabilities and older persons
- Co-ordination of and referral to, a range of residential, community and disability support services

Enable New Zealand provides services under contract for:

- Health & Disability National Services Directorate of Ministry of Health
- Accident Compensation Commission
- Ministry of Social Development

About MidCentral's Governance and Corporate Services

About Governance

A Board of eleven members is responsible for the governance of MidCentral District Health Board. Seven members are elected as part of the triennial local authority election process, and the Minister of Health appoints four members.

What Governance Does

The Board's mandate is stated in the New Zealand Public Health and Disability Act 2000. The Board is responsible to the Minister of Health.

Its key responsibilities are:

- Setting the strategic direction and developing policy that is consistent with the statutory framework
- Appointing the Chief Executive
- Monitoring the performance of the organisation and its Chief Executive
- Ensuring compliance with legal requirements, the Government's accountability framework and the Crown's expectations
- Maintaining appropriate relationships with the Minister, Parliament and the public
- Accountability for the performance and management of the organisation

Board/Committee Structure

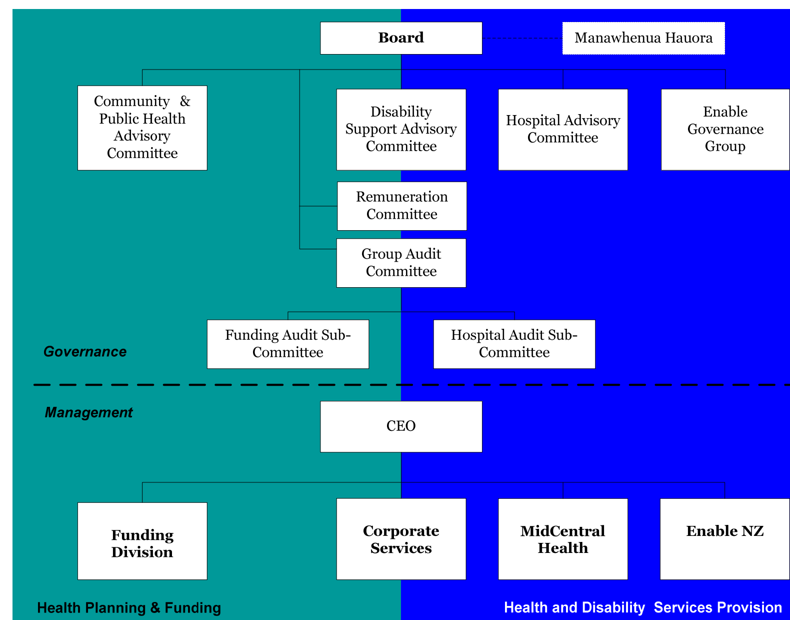
Three statutory committees of the Board have been established to help the Board carry out its functions. These are: the Community and Public Health Advisory Committee, the Disability Support Advisory Committee, and the Hospital Advisory Committee. The role of these committees is in accord with the NZ Public Health and Disability Act 2000.

A governance committee exists to oversee the performance of Enable New Zealand. This committee is separate from the Hospital Advisory Committee whose role is to govern the operations of the hospital and associated services provider, MidCentral Health. This separation in

governance duties recognises the different roles of MidCentral Health and Enable New Zealand.

In accordance with good business practice and to meet the requirements of the Public Finance Act, separate audit committees have been established for the Board and Corporate Services Division, the Funding Division and the Provider Division. It also operates a Remuneration Committee.

The following chart provides a diagrammatic representation of the organisational structure at Board (governance) level.



Board Membership

The Board comprises up to 11 members. Seven members are elected as part of the triennial local authority election process, and the Minister of Health appoints up to four members.

Committee Membership

The Board appoints, where necessary, external experts to its three Advisory Committees and the Enable New Zealand Governance Group to ensure that the membership has the skills necessary to undertake their role. At the current time, there are three external positions on each of the Hospital, Community and Public Health, and Disability Support Advisory Committee. Two external positions exist on the Enable New Zealand Governance Group. These positions are skills-based, and are publicly advertised. The term of appointment is for three years.

Function of each Committee	Each Committee has its own Terms of Reference and these are reviewed regularly – see attached. Each Committee also has an annual work programme. This is established by the Board on an annual basis, and includes monitoring arrangements in respect of District Annual Plan initiatives.
Board Training	An annual training programme is put in place to support the Board, and this includes keeping up-to-date with advances in health and disability care, topical issues, and health trends. Cultural training is undertaken by members.
Board/Committee Meetings	Board and Committee meetings are held on the first and the third Tuesdays of each month, between the hours of 8.30am and 6pm. All Committees (except Audit) meet on the first Tuesday of the month. The Hospital Advisory Committee meeting commences at 8.30am. This is followed by the Community and Public Health Advisory Committee at 1pm. The Disability Support Advisory Committee and the Enable New Zealand Governance Committee (which meet four times a year) meet at 4pm. Board meetings are held on the third Tuesday of the month, and commence at 10am. Audit committee meetings are held prior to the Board, and start between 8am and 9am, depending upon the issues to be discussed.
Community Engagement	MidCentral District Health Board is committed to working with its community in the achievement of its vision, and has an open and transparent decision-making process. Formal consultation is undertaken regarding MidCentral's District Strategic Plan, as well as significant projects. Community feedback on all matters is welcomed, and MidCentral DHB endeavours to keep the community informed at all times of its plans, progress, and achievements. It does this through consultation, communication, engagement, and release of information. Meetings of its Board, the Hospital Advisory, the Community & Public Advisory, and the Disability Support Advisory Committees are open to the public. At least one Board meeting per year is held in each of the three outlying areas. Four public forums are held per year as part of the Board's formal meeting process. Members of the public are invited to raise issues direct with the Board at the forums.

Details of MidCentral's district annual plan are widely promulgated, and presentations to key stakeholders are made each year. MidCentral issues a community newspaper to all householders throughout the region. This occurs approximately twice a year.

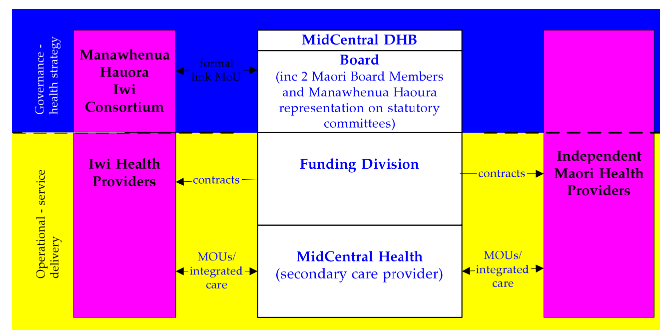
Employment Issues

Management matters, including the employment of staff, are the Chief Executive's responsibility. MidCentral has a large staff and having sound industrial relations strategies is critical. The District Health Board aims to ensure that the right number and skills mix of people are employed, and, all employment bargaining occurs in good faith; both of which must be undertaken within available funding.

The DHB has a Workforce Development Strategy.

Iwi Partnership

To give effect to the principles of Partnership, Protection and Participation, the Board has established a formal relationship with Manawhenua Hauora at the governance level, underpinned by a Memorandum of Understanding. The purpose of this relationship is to provide leadership and guidance to MidCentral District Health Board on the health and disability needs and priorities of Iwi/Maori within the district, together with advice on strategies to improve Maori health outcomes.



Manawhenua Hauora is a consortium of all four Iwi who have manawhenua status in the Manawatu, Horowhenua, Tararua and Otaki districts. The roopu comprises representatives from Ngati Raukawa, Muaupoko, Rangitaane and Ngati Kahungunu. Manawhenua Hauora was established to advance iwi Maori health and work together to achieve the best possible health outcomes for iwi Maori people residing in Manawatu, Horowhenua, Otaki and Tararua districts.

The shared commitment to this relationship is contained in a Memorandum of Understanding between the Board and Manawhenua Hauora. This is reviewed triennially.

MidCentral District Health Board and Manawhenua Hauora share these fundamental principles:

- a commitment to advancing iwi Maori health
- building on the gains and understandings already made in improving iwi Maori health
- recognising and respecting the principles of the Treaty of Waitangi within the framework of the New Zealand Public Health and Disability Act 2000. To work to achieve the best outcomes for iwi Maori health and to reduce iwi Maori health inequalities.

The Memorandum of Understanding is put into effect through an annual work programme. This work programme is agreed between Manawhenua Hauora and MidCentral DHB.

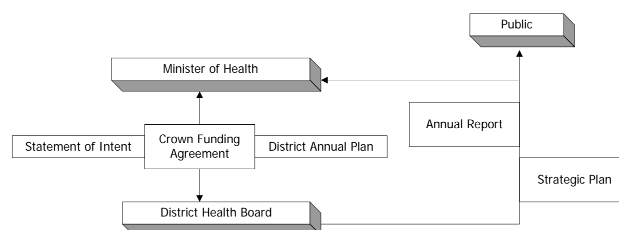
Over the past two years the emphasis has been on primary health organisation establishment, target Maori health funding levels and the development of a Maori Workforce Plan.

The focus is now on the creation of a Maori Responsiveness framework to monitor Maori health gain in the district, and the development of a Maori Primary Health Strategy.

Progress against the work programme is reviewed six-monthly, and regular reporting exists to the Board and various statutory committees.

In addition to this formal Iwi partnership arrangements, the various divisions of MidCentral DHB have links with both Iwi health and independent Maori health providers.

Key Governance Accountability Documents



Crown Funding Agreement

The Board is responsible to the Minister of Health. A "Crown Funding Agreement" is agreed on an annual basis between the District Health Board and the Minister. This document outlines the money to be provided by the Crown

in return for the provision, or arranging for the provision, of specific services. The Crown Funding Agreement also contains the other two key accountability documents, being the Statement of Intent and the District Annual Plan.

Statement of Intent

This is a summary document specifying high level District Health Board objectives, outputs, obligations and performance measures (statement of service performance) and financial information for the year ahead, and a forecast for the following two years. It is a summary of the District Health Board's Strategic and Annual Plan.

District Annual Plan

The District Annual Plan sets out the outputs and associated performance expectations to be achieved across the three main aspects of the District Health Board's role if funding, hospital governance/management, and governance/management of the DHB.

The Annual Plan is linked to the Strategic Plan, so that the various outputs and performance expectations lead to the achievement of the District Health Board's long term health outcomes.

Annual Report

Each year, District Health Boards are required to publish an Annual Report, in accordance with the NZ Public Finance Act 1989. This report includes a Statement of Financial Performance and a Statement of Service Performance. These statements are audited by the Office of the Auditor-General, and reflect the service and financial measures contained in the Statement of Intent and the actual results for the year.

Strategic Plan

District Health Boards are also required to develop a long term strategic plan. This plan is to be based on an assessment of the health status of the District Health Board's population and the needs of that population. It informs the development of the district annual plan and statement of intent.

Strategic plans have a five to ten year focus, and are developed in conjunction with the local community. They require the Minister of Health's endorsement so as to ensure they are aligned to the Government's overall policies.

National Health and Disability Strategies

District Health Board planning is to be consistent with national health strategies and guidelines, including:

- The New Zealand Health Strategy
- The New Zealand Disability Strategy
- The Primary Care Strategy
- The Maori Health Strategy
- The Health of Older Persons Strategy
- The National Health Workforce Strategy

centralAlliance

MidCentral and Whanganui DHB's have established an alliance between both organisations to support shared planning and provision of services. This is underpinned by a Foundation Agreement.

The two DHB's already have a number of shared services in place, including:

- Allied Laundry Services Ltd
- Payroll information systems
- Public Health Services

Through the alliance a road map has been developed to guide further shared service arrangements. The road map includes the full range of DHB responsibility areas (governance/corporate, planning and funding, and service delivery). Each project within the road map will have a key milestones and measures of success that will be communicated to the public. This work is now getting underway on a progressive basis.

The alliance will not change each DHB's responsibilities under legislation to plan, provide and govern health and disability services in their respective districts. Each DHB will remain autonomous – legally and structurally independent to each other.

Regional Collaboration

Central Region DHB's (Capital and Coast, Hawke's Bay, Hutt Valley, MidCentral, Wairarapa, and Whanganui) continue to build on a strong foundation of regional collaboration, to collectively achieve a shared vision, financial security and improve productivity.

In 2008, Central Region DHBs collaborated to produce a Regional Clinical Services Plan (RCSP) intended to guide joint efforts over the coming years. The RCSP is a conceptual document setting out a vision for the future to the year 2020 and provides a framework for the region's future service.

The vision of the RCSP is to create a regionally co-ordinated system of health service planning and delivery, thus creating lasting improvements in the sustainability, quality and accessibility of clinical services.

Underpinning this vision are two aims: 1) improved clinical outcomes and 2) patients and their families and whanau to have an enhanced experience of the Central Region health service. These aims are balanced with the need for an affordable health service that is able to demonstrate value for money and to live within available resources.

A key component of the RCSP is regional Clinical Networks. These have been established for Cancer (part of the national Cancer programme), Cardiology, Mental Health, Plastic Surgery, and Renal Services. These networks solve identified regional issues for a service or group of 'like" services through an agreed work programme. They provide the opportunity for clinical leadership, coordination and information sharing across the continuum of care (primary, secondary and tertiary level settings).

A regional governance and decision making framework supports regional decision making whilst still recognising the autonomy of the local DHB Boards.

National Collaboration

MidCentral District Health Board is a member of District Health Boards New Zealand (DHBNZ) which was established by all DHBs in December 2000 as a sector group through which they could coordinate selected activities at a national level. Its role is to support DHBs and DHBNZ has no ability to direct DHBs. DHBNZ's objectives are:

- To provide a forum and structure to represent matters of common interest to DHBs.
- To enable DHBs to take actions that are consistent with the sector's collective interests, and to build sector capacity and capability.
- To create a forum in which DHBs can develop a coherent and considered strategic view on key policy and operational issues impacting on the health sector.

- To recognise and protect the autonomy of DHBs in terms of their individual accountability to the Minister.

The cost of operating DHBNZ is met by its member DHBs. DHBNZ undertakes a lot of project work on behalf of DHBs and the cost of these is met by participating DHBs.

DHBNZ has five strategic priority areas which are aligned to the Government's priorities:

- Value for Money
- Primary Health
- Workforce Development and Employment Relations
- Information and Information Systems
- Procurement

MidCentral District Health Board also participates in national procurement and other activities led by the Ministry of Health and National Health Board.

About Corporate Services

Corporate services has two distinct areas:

- Chief Executive's department
- Corporate Services.

Approximately 125 ftes work in these areas.

What Corporate Services Does

Corporate Services supports the governance and management activities for the District Health Board's activities. It provides the following services to all Divisions of the organisation, enabling them to carry out their work.

- Organisational leadership
- Information systems
- Financial and asset management systems
- Risk management
- Health service contracting, and health statistics
- Payroll
- Human resource and workforce development

- Clinical records and central patient administration services
- Corporate communication service
- Commercial services

In addition, Corporate Services has a major part in responding to statutory requirements and the requirements of external stakeholders, such as the Ministry of Health and the community.

How Corporate Services does its Job

Corporate Services has two distinct roles. The first, through the Chief Executive's department, is to provide leadership for the District Health Board. There are four General Managers – reporting to the Chief Executive – who head the Funding Division, the Corporate Services Division, MidCentral Health and Enable New Zealand.

The second role is as a provider of corporate and communication services to the District Health Board. Each year the General Manager for Corporate Services agrees what services will be provided to the other Divisions and at what cost.

Financial and information system activities are carried out within Government and Board policy.

MidCentral DHB has an asset management plan and an Information Systems Strategic Plan.

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2010/11: The Year Ahead

MidCentral District Health Board's key activities for 2010/11 are outlined in its District Annual Plan :

Overview

This District Annual Plan sets out what MidCentral District Health Board will be doing over the next three years to improve the health and wellbeing of its community.

It will be implementing the Government's health strategy "Better, Sooner, More Convenient Health Care" and national priorities and targets. The focus is on:

- the establishment of five integrated family health centres
- increased collaboration across the health continuum
- better management of acute demand
- improved models of care for older people
- improved access and utilisation of health services amongst whanau
- more clinical leadership

The DHB will also implement plans to further improve waiting times for cancer services and its emergency department. Elective service levels are to be increased, and work in national priority areas of diabetes, cardiovascular, smoking cessation and immunisation will continue.

The financial improvement of the DHB, particularly its hospital and health services, is a priority for the year. We will reduce our deficit and this will mean changes to the way services are delivered.

Financial reviews will be undertaken across a wide range of services and we will look at who should provide the services and where services should be based. Managing demands within available funding will mean limited ability for the DHB to increase remuneration, contract prices and service levels.

Savings through collective procurement activities will continue to be sought, and Enable New Zealand will increase its role in rehabilitation equipment procurement.

Closer links will be forged with Whanganui DHB through the centralAlliance. More clinical and support services (including back-office functions) will be established on a sub-regional basis similar to the women's health initiative.

Implementation of the Regional Clinical Services Plan for the central region will continue.

Terms for Reference for MidCentral DHB's Governance Committees

The terms of reference for the following DHB governance committees are attached.

- Community and Public Health Advisory Committee
- Disability Support Advisory Committee
- Hospital Advisory Committee
- Enable New Zealand Governance Group
- Group Audit Committee
- Funding Audit Sub-Committee
- Hospital Audit Sub-Committee
- Remuneration Committee

The Terms of Reference for the three statutory committees, Community and Public Health Advisory Committee, Disability Support Advisory Committee and Hospital Advisory Committee have been jointly developed with MidCentral District Health Board's alliance partner, Whanganui District Health Board.

Community & Public Health Advisory Committee

Terms of Reference

1. Committee of the Board

The Community and Public Health Advisory Committee is a committee of the Board, established in accordance with Section 34 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act and Schedule 4 of the Act.

2. Functions of the Community and Public Health Advisory Committee

a. To provide advice to the Board on the needs, and any factors that the committee believes may adversely affect the health status of the resident population of the district health board.

b. To provide advice to the Board on priorities for use of the health funding provided.

c. To ensure that the following maximise the overall health gain for the population the committee serves:

   i. All service interventions the district health board has provided or funded or could provide or fund for the care of that population.

   ii All policies the district health board has adopted or could adopt for the care of that population.

d. Such advice must not be inconsistent with the New Zealand Health Strategy.

e. To consider annual purchasing plans and recommend same to the Board for approval.

f. To recommend policies relating to the planning and purchasing of health services for the district.

g. To develop an annual workplan for the Board's consideration and approval.

h. To report regularly to the Board on the committee's findings (generally the Minutes of each meeting will be placed on the Agenda of the next Board meeting).

3. Delegated Authority

The Community and Public Health Advisory Committee shall not have any powers except as specifically delegated by the Board from time to time. The following authorities are delegated to the Community and Public Health Advisory Committee:

a. To require the Chief Executive Officer and/or delegated staff to attend its meetings, provide advice, provide information and prepare reports upon request.

b. To interface with any other committee(s) that may be formed from time to time.

4. Membership and Procedure

Membership of the Community and Public Health Advisory Committee shall be as directed by the Board from time to time. All matters of procedure are provided in Schedule 4 of the Act, together with Board and Committee Standing Orders.

5. Meetings

The Community and Public Health Advisory Committee shall hold meetings as frequently as it considers necessary or upon the instruction of the Board. It is anticipated that 10-11 meetings will be held annually.

(Note: For the purposes of this document, the definition of 'public health' is incorporated in the Act, which means the health of all of the community in the district health board's region).

Disability Support Advisory Committee

Terms of Reference

1. Committee of the Board

The Disability Support Advisory Committee is a committee of the Board, established in accordance with Section 35 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act and Schedule 4 of the Act.

2. Functions of the Disability Support Advisory Committee

a. To provide advice to the Board on the disability support needs of the resident population of the district health board.

b. To provide advice to the Board on priorities for use of the disability support funding provided.

c. To ensure that the following promote the inclusion and participation in society, and maximise the independence of people with disabilities within the district health board's resident population:

  i. The kinds of disability support services the district health board has provided or funded or could provide or fund for those people.

  ii All policies the district health board has adopted or could adopt for those people.

d. Such advice must not be inconsistent with the New Zealand Disability Strategy.

e. To advocate to external parties and organisations on the means by which their practices may be modified so as to assist, on a population basis, those experiencing disability.

f. To consider and recommend the disability support component of the annual purchasing plan and the annual provider business plan.

g. To recommend policies relating to the planning and purchasing of disability support services for the district.

h. To develop an annual workplan for the Board's consideration and approval.

i. To report regularly to the Board on the committee's findings (generally the Minutes of each meeting will be placed on the Agenda of the next Board meeting).

3. Delegated Authority

The Disability Support Advisory Committee shall not have any powers except as specifically delegated by the Board from time to time. The following authorities are delegated to the Disability Support Advisory Committee:

a. To require the Chief Executive Officer and/or delegated staff to attend its meetings, provide advice, provide information and prepare reports upon request.

b. To interface with any other committee(s) that may be formed from time to time.

4. Membership and Procedure

Membership of the Disability Support Advisory Committee shall be as directed by the Board from time to time. All matters of procedure are provided in Schedule 4 of the Act, together with Board and Committee Standing Orders.

5. Meetings

The Disability Support Advisory Committee shall hold meetings as frequently as it considers necessary or upon the instruction of the Board. It is anticipated that at least three to four meetings will be held annually.

(Note: For the purposes of this document, the definition of 'disability support services' is as incorporated in the Act, which means disability support for all of the community in the district health board's region).

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Hospital Advisory Committee

Terms of Reference

1. Committee of the Board

The Hospital Advisory Committee is a committee of the Board, established in accordance with Section 36 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act and Schedule 4 of the Act.

2. Functions of the Hospital Advisory Committee

a. To monitor the financial and operational performance of the hospitals (and related services) of the district health board.

b. To assess strategic issues relating to the provision of hospital services by or through the district health board.

c. To give the Board advice and recommendations on that monitoring and that assessment as noted in 2(a) and (b) above.

d. To consider annual business plans and recommend same to the Board for approval.

e. To recommend policies relative to the good governance of hospital services.

f. To develop an annual workplan for the Board's consideration and approval.

g. To report regularly to the Board on the committee's findings (generally the Minutes of each meeting will be placed on the Agenda of the next Board meeting).

3. Delegated Authority

The Hospital Advisory Committee shall not have any powers except as specifically delegated by the Board from time to time.

The following authorities are delegated to the Hospital Advisory Committee:

a. To require the Chief Executive Officer and/or delegated staff to attend its meetings, provide advice, provide information and prepare reports upon request.

b. To interface with any other committee(s) that may be formed from time to time.

4. Membership and Procedure

Membership of the Hospital Advisory Committee shall be as directed by the Board from time to time. All matters of procedure are provided in Schedule 4 of the Act, together with Board and Committee Standing Orders.

5. Meetings

The Hospital Advisory Committee shall hold meetings as frequently as it considers necessary or upon the instruction of the Board. It is anticipated that 10-11 meetings will be held annually.

(Note: For the purposes of this document, 'Hospital' means all public health services owned by the Crown and previously known as 'Hospital and Health Services').

Enable New Zealand Governance Group

Terms of Reference

1. In accordance with good business practice, MidCentral District Health Board shall create an Enable New Zealand Governance Group whose members and chairperson shall be as determined by the Board from time to time.
2. The terms of reference for the Enable New Zealand Governance Group shall be:
   a. To monitor the financial and operational performance of Enable New Zealand, and associated services.
   b. To assess strategic issues relating to the provision of Enable New Zealand's service by or through the District Health Board.
   c. To give the Board advice and recommendations on that monitoring and that assessment and noted in 2(a) and (b) above.
   d. To consider the Division's annual plans and recommend same to the Board for approval
   e. To recommend policies relative to the good governance of Enable New Zealand.
   f. To develop an annual workplan for the Board's consideration and approval.
   g. To recommend what "expert" assistance will be required in order for the Group to fulfil its obligations, and achieve its annual workplan.
   h. To report regularly to the Board on their findings (generally the minutes of each meeting will be placed on the agenda of the next Board Meeting).
3. The following authorities are delegated to the Enable New Zealand Governance Group:
   a. To require the Chief Executive Officer (or delegate) to attend its meetings, provide advice and prepare reports as requested.
   b. To interface with any other committee(s) that may be formed from time to time.
4. The Enable New Zealand Governance Group shall hold meetings as frequently as it considers necessary. It is anticipated that at least four meetings will be held annually.

Group Audit Committee

Terms of Reference

1. In accordance with sound business practice, the Board shall create a Group Audit Committee whose members and chairperson shall be as determined by the Board from time to time.
2. The terms of reference for the Group Audit Committee shall be:
   a. To consider the adequacy of the form and content of internal and external financial statements relative to the DHB
   b. To recommend accounting policies for the DHB are appropriate.
   c. To ensure the quality of the internal financial control system and ensure procedures are being properly applied.
   d. To ensure appropriate systems and processes are in place to protect assets and asset values.
   e. To undertake a risk assessment of the corporate/governance division, and develop an appropriate internal audit programme based on same.
   f. To endorse the risk assessments and internal audit programmes developed by the sub-committees for the Funding and Hospital Divisions.
   g. To consolidate the risk profile and internal audit programme for the District Health Board, and recommend these to the Board.
   h. To recommend the appointment of external and internal auditors, and to liase with same.
   i. To require of the Internal and External Auditors, budgets for costs, fees and disbursements; to consider same and negotiate and recommend as appropriate, and, to manage the overall audit programme including contingency days.
   j. To monitor the implementation of the internal audit programme for the Corporate/governance Division.
   k. To monitor the processes and systems for measuring health outcomes and key performance indicators as identified in Strategic and Annual Plans, so that the minimum requirements of the Minister of Health are met in the short term, and exceeded in the long term.
   l. To monitor the management reporting and decision making processes of the Corporate/governance division to ensure these are in line with organisational policy, and the DHB's strategic and annual plans.
   m. To make sure appropriate systems and processes are in place to ensure compliance with the NZ Public Health & Disability Act 2000, and other legislation as appropriate.
   n. To monitor the organisation's decision making processes to ensure that legislative requirements regarding conflicts of interest are upheld, and that a transparent, clear distinction between funder and provider activities.
   o. To report regularly to the Board on their findings (generally the minutes of each meeting will be placed on the agenda of the next Board meeting).

p. To receive reports from the Sub Audit Committees, and provide advice/direction as appropriate.

q. To receive requests from the Board and its statutory committees regarding audit matters, and arrange for these to be actioned as appropriate.

r. To develop an annual workplan for the Committee, and to receive and support the workplans of the Audit Sub-Committees; recommending to the Board the plans for the DHB's three divisions.

General

s. To report regularly to the Board on their findings (generally the minutes of each meeting will be placed on the agenda of the next Board Meeting).

t. To develop an annual workplan for the Board's consideration and approval.

u. To recommend what "expert" assistance will be required in order for the Committee to fulfil its obligations, and achieve its annual workplan.

Delegations

v. To require the Chief Executive Officer (or delegate) to attend their meetings, provide advice and prepare reports as requested.

w. To interface with any other committee(s) that may be formed from time to time.

x. To sub-delegate the "purchasing/planning" and "provision" functions to sub-committees within terms of reference as agreed by the Board.

3. The Audit Committee shall hold meetings as frequently as it considers necessary. It is anticipated that at least three meetings will be held annually.

Funding Audit Sub-Committee

Terms of Reference

1. In accordance with sound business practice, the Board shall create a Funding Audit Sub-Committee whose members and chairperson shall be as determined by the Board from time to time.
2. The terms of reference for the Funding Audit Sub-Committee shall be:
   a. To receive requests from the Group Audit Committee and action these as appropriate.
   b. To develop an annual work plan for the Sub-Committee, and recommend to Group Audit Committee.
   c. To undertake a risk assessment of the Funding division, and develop an appropriate internal audit programme based on same for the Group Audit Committee's approval
   d. To monitor the internal audit programme for the Funding Division.
   e. To monitor the management reporting and decision making processes of the Funding division to ensure these are in line with organisational policy, and the DHB's strategic and annual plans.
   f. To monitor the process for managing funds allocated to the Division from Vote Health, and ensure that these are accounted for and controlled in an appropriate manner.
   g. To monitor the quality and level of services provided by contracted providers, ensuring appropriate strategies are in place and operating effectively.
   h. To monitor the payment system to contracted providers, ensuring transactions are proper and in accordance with contractual arrangements.
   i. To make sure appropriate systems and processes are in place to ensure compliance with relevant legislation.
   j. To report regularly to the Group Audit Committee on their findings (generally the minutes of each meeting will be placed on the agenda of the next Board meeting).

   Delegations

   k. To require the Chief Executive Officer (or delegate) to attend their meetings, provide advice and prepare reports as requested.
3. The Funding Audit Sub-Committee shall hold meetings as frequently as it considers necessary. It is anticipated that at least three meetings will be held annually.

Hospital Audit Sub-Committee

TERMS OF REFERENCE

1. In accordance with sound business practice, the Board shall create a Hospital Audit Sub-Committee whose members and chairperson shall be as determined by the Board from time to time.
2. The terms of reference for the Hospital Audit Sub-Committee shall be:
   a. To receive requests from the Group Audit Committee and action these as appropriate.
   b. To develop an annual workplan for the Sub-Committee, and recommend to Group Audit Committee.
   c. To undertake a risk assessment of the hospital division, and develop an appropriate internal audit programme based on same for the Group Audit Committee's approval.
   d. To monitor the implementation of the internal audit programme for the Hospital Division.
   e. To monitor the processes for management reporting and decision making to ensure these are in line with organisational policy, and the DHB's strategic and annual plans.
   f. Ensuring appropriate strategies are in place for the delivery of quality health services and that the systems are operating effectively.
   g. To monitor the systems for allocating resources by the Hospital Division to ensure that these are being used efficiently and effectively.
   h. To make sure appropriate systems and processes are in place to comply with relevant legislation.
   i. To report regularly to the Group Audit Committee on their findings (generally the minutes of each meeting will be placed on the agenda of the next Board meeting).

   Delegations

   j. To require the Chief Executive Officer (or delegate) to attend their meetings, provide advice and prepare reports as requested.
3. The Hospital Audit Sub-Committee shall hold meetings as frequently as it considers necessary. It is anticipated that at least three meetings will be held annually.

REMUNERATION COMMITTEE

Terms of Reference

1. In accordance with good business practice, the Board shall create a Remuneration Committee whose members and chairperson shall be as determined by the Board from time to time.
2. The terms of reference for the Remuneration Committee shall be:
   a. To provide advice to the Board on employment issues relative to the organisation's CEO, including recruitment, conditions of employment, annual salary review, etc.
   b. To undertake the CEO performance review process on behalf of the Board, and make recommendations regarding any resultant issues.
   c. To develop an annual work plan and timeline for the Board's consideration and approval.
   d. To report regularly to the Board on their findings (generally the minutes of each meeting will be placed on the agenda of the next Board Meeting).
3. The following authorities are delegated in the Remuneration Committee:
   a. To appoint consultants as necessary to enable the Committee to carry out its functions and to set the consultants fees.
   b. To require the Chief Executive Officer (or delegate) to attend its meetings, provide advice and prepare reports as requested.
   c. To interface with any other committee(s) that may be formed from time to time.
4. The Remuneration Committee shall hold meetings as frequently as it considers necessary. It is anticipated that at least four meetings will be held annually.