

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 15 November 2011 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
Barbara Robson

IN ATTENDANCE

Mike Grant, Acting Chief Executive Officer
Heather Browning, General Manager, Enable New Zealand
Jill Matthews, Principal Administration Officer
Dennis Geddis, Communications Officer
Lyn Horgan, Operations Director, Hospital Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Bob Brown, Manager, Finance
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Vivienne Ayres, Planning & Accountability

Public (1)
Media (1)

1. APOLOGIES

Apologies were received from Richard Orzecki, Board Member and Murray Georgel, Chief Executive Officer.

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

Ann Chapman noted her interest in agenda item, 14.2, Contracts Update. This report noted a contract with Geni. Her son was employed by Geni.

4. MINUTES OF PREVIOUS MEETING

4.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 18 October 2011 be confirmed as a true and correct record.

4.2 Matters Arising from the Minutes

4.2.1 2012 Meeting Schedule

The new meeting arrangements for 2012 were raised, particularly the reduced number of audit sub-committee meetings. The Chairman confirmed that special meetings of the Board or its committees could be arranged if necessary. The Board Chairman would take the initiative in any such event.

4.2.2 Public Forum

Management confirmed that follow-up had occurred with the woman who had addressed the forum regarding her experience at Palmerston North Hospital.

5. BOARD COMMITTEES

5.1 Hospital Audit Sub-Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Audit Sub-Committee held on 18 October 2011 be received and the recommendations contained therein approved.

5.2 Matters Arising

The Committee's discussions regarding the number of complaints received by the Health & Disability Commissioner in respect of MidCentral DHB's services was discussed. It was noted that a further report on this matter was to be provided to the committee. It was agreed that a copy of the Commissioner's report would also be provided.

The statement that no HD&C investigations had ensued from the complaints was also discussed. A member noted that the number of formal investigations New Zealand-wide had fallen from 51 in 2009/10 to 27 in 2010/11. The appropriateness or otherwise of this as a meaningful yardstick was debated.

It was noted that during recent discussions between audit committee chairs and the internal auditors regarding potential items for the 2011/12 internal work programme, the possibility of an internal audit re the complaint system had been raised. This could be a mechanism for looking at the whole complaints processes from a governance perspective. The Acting CEO advised that the proposed internal audit programme would be submitted for Group Audit Committee's consideration, including identification of priority projects.

The potential risk of clinicians adopting risk adverse practices due to complaint processes was raised, as was the issue of how organisational culture and environmental constraints could impact on staff which could in turn impact on their interaction with patients and the level of complaints.

5.3 Community & Public Health Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Community & Public Health Advisory Committee held on 1 November 2011 be received and the recommendations contained therein approved.

5.4 Matters Arising

There were no matters arising from the minutes.

5.5 Hospital Advisory Committee

It was resolved:

that the unconfirmed minutes of the meeting of the Hospital Advisory Committee held on 1 November 2011 be received and the recommendations contained therein approved.

5.6 Matters Arising

There were no matters arising from the minutes.

5.7 Enable New Zealand Governance Group

It was resolved:

that the unconfirmed minutes of the meeting of the Enable New Zealand Governance Group held on 1 November 2011 be received and the recommendations contained therein approved.

5.8 Matters Arising

5.8.1. Panel Contracting

Management outlined how panel contracting worked, giving examples of how it was currently used within the health sector, including Enable New Zealand.

6. STRATEGIC MATTERS

6.1 2012/13 Annual Planning (including regional service planning) Update

6.1.1 Non-Financial Performance Measures

The proposed changes to the non-financial performance measures were discussed, particularly the increased accountabilities and resources associated with these. The Acting CEO advised the changes were part of a move to outcomes monitoring, rather than the traditional inputs-based monitoring system. The new measures aimed to monitor outcomes occurring across the population. Additional resources would likely be required to achieve these. Clarification around specific changes was provided as follows:

- New measures for “faster cancer treatment” – aimed at ensuring people referred for “high suspicion” of cancer were treated within 63 days of referral. This was from referral by the GP to treatment, including any diagnostics required.
- New measures for improved management of long term conditions (cardiovascular disease, diabetes, and stroke) – these sought to introduce minimum intervention levels for, by way of example, coronary angiography per 10,000 population. This measure, together with

HBA1C ratings, and screening rates for diabetes and cardiovascular disease, would provide a picture of the level of consequence and flow-on from screening.

- Length of Stay – it was proposed to combine acute and elective length of inpatient stay into one measure. However, locally the data could continue to be collected and reported by admission type.
- Hospital mortality rates – it was proposed this measure be removed. It reported the level of hospital mortality on an annual basis and was not considered particularly useful.
- Alcohol and drug wait times – it was proposed this measure be expanded to provide a focus on the wait times for non-urgent mental health (child through to adult mental health services) and addiction services. The change was aimed at improving the timeliness of all aspects of secondary care level mental health services over three years. The proposed targets were 80% of referrals would be within three weeks and 95% within 8 weeks, over a three year timeframe. The measure excluded crisis mental health services.

It was noted that these were “targets”. As with other measures, where patients chose to delay treatment for personal reasons, this would need to be recorded. Equally, it would be important to ensure patients were not pressured to make treatment decisions due to target requirements.

6.1.2 *centralAlliance*

The Acting CEO advised that work had begun with Whanganui DHB’s planning and funding services to develop the centralAlliance work programme for 2012/13. This would form part of the Annual Plan.

6.1.3 *Regional Services Plan*

The issue of reporting against the implementation of Regional Services Plan was raised. It was noted this was a new area. It was further noted that annual reports were the official means of publicly reporting DHBs’ results and that the Office of the Auditor General had a keen interest in this area. It was suggested MidCentral DHB could give consideration as to how it included regional service plan results in its Annual Report. The need for sharper metrics around Regional Service Plan outcomes and measures of success was also identified as an emerging requirement.

The level of Primary Health Organisation (PHO) involvement in regional services planning was raised. The Acting CEO advised that originally regional service planning was predominantly focused on the sustainability of DHBs’ provider arms, particularly vulnerable services. There was however a strong inter-relationship with primary care. The central region had not been strong re primary care engagement and there was room for improvement. The 2012/13 planning guidelines to be issued by the Ministry of Health would require DHB engagement with primary care, via alliance leadership teams where these existed, or PHOs. Mr Grant further advised that there was growing momentum within the central region regarding primary care involvement in regional planning.

The level of administration costs associated with the PHO structure was raised. The Acting CEO advised that these costs had reduced locally with the consolidation of four PHOs into one. South Canterbury DHB’s decision to bring PHO responsibilities in-house was noted.

It was resolved:

that the report be received.

7. OPERATIONAL REPORTS

7.1 CEO's Report

7.1.1. Financial Position

The Acting CEO advised that the DHB continued to have sustainable financial performance.

7.1.2 Regional Forum

The forum for board members of the central region held in early November was discussed. Members found this to be a constructive day.

Regionalisation was relatively new and while there was agreement regarding the vision and future direction, there was less understanding around what this would mean for districts. Also, the level of acceptance regarding regionalisation varied amongst board members in the region at this early stage of the process.

Further work and dialogue was required around how to create one population. It could evolve through sub-regional work and the work being done around vulnerable services. It was agreed that solutions for vulnerable services could be a mix of regional and sub-regional arrangements. DHB boards would need to show leadership.

The goals for regionalisation were noted and it was agreed these were sensible. The challenge would be how to ensure these were achieved, and how success would be measured.

It was noted that the pace of regionalisation was likely to accelerate.

7.1.3 Central Region's Information Systems Plan

The Board noted that a draft agreement regarding how CRISP would be managed was in development and would be submitted for consideration in December.

7.1.4 Shared Support Services

The Board noted the investigations occurring around supporting shared services and the role of TAS. The Acting CEO confirmed that any proposal would include governance and management structures.

The Acting CEO advised that shared support agencies were in place for all DHB regions and that these varied in scope and structure.

The issue of ensuring privacy impact assessment and engagement with communities occurred around regionalisation of information systems, etc was raised. It was noted that this issue had been discussed at the Board's Funding Audit Sub-Committee meeting.

The national issue of child assessments was raised, and a member questioned whether well child assessments would be available through the DHB's shared information system. The CEO advised that this would occur over time, but was not part of stage 1 or 2 of CRISP. The first stage was to align DHB information systems. Stage 2 would enable general practice information to be incorporated. The inclusion of non-government owned organisations, who provided well child assessments in this district, would be a future stage.

7.1.5 Annual Credit Review

The Board noted the annual credit review undertaken by the Crown Health Financing Agency and the roll-over of current facility arrangements.

7.1.6 Performance Overview

It was agreed this overview, as detailed in Appendix A, be provided to members electronically as it was difficult to read in hard copy form.

It was resolved:

that the report be received; and,

that any two of the following Board Members be authorised to sign the Crown Health Financing Agency's Amendment to Facility Schedules on behalf of the Board – Chairman, Deputy Chair and Group Audit Chair.

8. GOVERNANCE ISSUES

8.1 Manawhenua Hauora: 2011/12 Work Programme Update

The Chairman advised that the six-monthly review meeting with Manawhenua Hauora (MH) had been postponed due to the absence of MH's chair.

It was resolved:

that the work programme for 2011/12 be noted.

8.2 Communication Policy

Variations between the communication policies of large and small DHBs was questioned, and management advised this generally related to the level of delegation in relation to media statements, etc.

It was resolved:

the amended Communications Policy, as contained in the agenda, be approved effective immediately, and that it be reviewed in 36 months.

8.3 2011/12 Work Programme

The Board's feedback on the reports being provided was sought.

It was agreed that the financial reporting to board be reviewed and report provided to the board in due course. One member felt the current financial reporting was very summarised. It was noted that Whanganui DHB had recently reviewed its financial reporting arrangements and had looked at what other DHBs did in this regard. It was agreed it would be useful for this information to be sourced and used in the review process. It was noted that MidCentral DHB transacted a lot of its business through its Hospital Advisory and Community & Public Advisory Committees and detailed financial reports were provided to those committees. It was noted that some DHBs' HAC and CPHAC committees did not receive financial reports. The importance of ensuring HAC and CPHAC have financial oversight of their functions was reinforced by members.

It was agreed that any additional financial information must "value add" rather than be information for information's sake.

The Deputy Chair undertook to submit her thoughts on financial reporting to the Acting CEO and Manager, Finance.

In respect of the timing of this review, it was agreed this was not an urgent item and could come to the board in the new year.

The content and style of other reports was generally regarded as good. The annual planning report discussed earlier in the meeting was identified as a very good report, providing the right level of detail.

The Board's work programme was discussed and the joint workshop with Whanganui DHB on 12 December was noted. The Chairman advised that invitations would be issued shortly.

It was resolved:

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

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

Tuesday, 20 December 2011, 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"> • <i>Community & Public Health Advisory Committee, 1 November 2011</i> • <i>Hospital Advisory Committee, 1 November 2011</i> 	<i>For the reasons set out in the Committee's order paper of 1.11.11 meeting held with the public present. For the reasons set out in the Committee's order paper of 1.11.11 meeting held with the public present.</i>	
<i>Operational Matters</i> <ul style="list-style-type: none"> • <i>CEO's Report: Health Benefits Limited</i> • <i>Contracts Update</i> 	<i>Subject of "commercial, in confidence" obligation Subject of negotiation</i>	<i>9(2)(ba) 9(2)(j)</i>

Confirmed this 20th day of December 2011.

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Chairman