

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the MidCentral District Health Board meeting held on 23 September 2014 at 10.00am at MidCentral District Health Board Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North

PRESENT

Phil Sunderland (Chair)
Diane Anderson
Adrian Broad
Lindsay Burnell
Barbara Cameron
Ann Chapman

Kate Joblin
Nadarajah Manoharan
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
Jeff Small, Group Manager, Commercial Support Services
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Brian Woolley, Manager, Knowledge & Information Management
Dennis Geddis, Communications Officer
Michele Coghlan, Director of Nursing
Ken Clark, Chief Medical Officer (part meeting)
Stephanie Turner, Director, Maori Health & Disability

Public (1)
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

The following amendments to the Register of Interest were advised:

- Ann Chapman: her daughter was no longer an employee of ACC
- Karen Naylor: her husband would be a List Member of Parliament

3.2 Declaration of Conflicts in Relation to Today's Business

The following conflicts were declared:

- Murray Georgel: Director, HBL. Agenda items concerned were 8.2 – Operations Report (HBL update), 9.2 – Allied Laundry Services Limited, and 15.1 – Operations Report, part 2 (HBL Laundry & Linen Service)
- Barbara Robson: any matters relating to the Maternity Clinical Information System

4. MINUTES OF THE PREVIOUS MEETING

4.1 Minutes

It was resolved:

that the minutes of the previous meeting held on 12 August 2014 be confirmed as a true and correct record.

4.2 Matters Arising from the Minutes

There were no matters arising from the minutes.

5. BOARD COMMITTEES

5.1 Hospital Audit Sub-Committee

It was resolved:

that the minutes of the previous meeting held on 12 August 2014 be confirmed as a true and correct record.

5.2 Matters Arising

There were no matters arising from the minutes.

Ken Clark entered the meeting.

5.3 Hospital Advisory Committee

It was resolved:

that the minutes of the previous meeting held on 2 September 2014 be confirmed as a true and correct record.

5.4 Matters Arising

5.4.1 Mental Health Review

Ann Chapman advised her conflict being a close personal relationship with the Mental Health Inspector. She would not participate in the discussion.

The Chairman advised this matter has been fully considered by the Committee which had expressed its sympathy to the families concerned. Since that time, the CEO and he had formally written to both families.

Mr Sunderland advised focus now is on the work programme – making sure it is robust; that it was being implemented in a timely manner; and that the change and improvements made were enduring. He noted that when the issue first came to the board's attention it had been agreed it was provider matter and should fall under the ambit of the Hospital Advisory Committee. As such, reporting against the work programme would be directed to HAC. He stated that for

those board members who were not on HAC, if they had any questions or comments regarding the progress reports, these could be provided to the HAC chair or him, and they would ensure they were taken into account. These members were also welcome to sit in on the meetings.

Mr Sunderland summarised the key milestones achieved since HAC had met:

- The process for appointing medical heads was underway, with interviews planned for later in the week.
- The Clinical Director had both an internal and external mentor confirmed and in place.
- the review of the service structure and key aspects of clinical governance and leadership were the subject of a proposal currently under development.
- Immediate work in respect of the ward's facilities has been determined and was being enacted.
- An independent clinical review of both cases is to take place. A reviewer has been engaged, terms of reference drafted, and input from the families has been sought.
- An approach to reviewing the DHB's root cause analysis process has been agreed by the Clinical Board and was underway.
- A site visit to Whanganui DHB had been undertaken, and links were being established with Waikato DHB. The Clinical Director had visited Waitemata DHB and met the review team's clinical lead.
- MDHB's project team had met with individual mental health teams across the service as the commencement of greater engagement with staff.
- The review team's clinical lead was willing to meet with HAC to discuss the report and arrangements would be made following her return from leave in mid-October. This would likely be timed around the November HAC meeting.
- The Ministry's Director of Mental Health, Dr Crawshaw, had written, endorsing the approach MDHB was taking, noting the reporting arrangements, and advising he would be maintaining close contact.
- Consumer representation on MDHB's project team had been secured, and this was the WDHB consumer advisor.

The Chair asked management to update the Board on arrangements for the independent peer review of the work programme.

The Operations Director, Patient Safety & Clinical Effectiveness advised the Clinical Lead of the Review Team had agreed to review the work programme and provide comment. In addition, following advice from Dr Crawshaw, contact had been made with Waikato DHB to seek their formal peer review of the work programme. Mr Glubb advised that during MDHB's Clinical Director's visit to Waitemata DHB he had fully discussed the work programme with the Review Team's Clinical Lead.

The Chairman advised that correspondence between the DHB and the two families continued. Both families had been extended the opportunity to meet with the Board Chair, HAC Chair, CEO and other members of the team. At this stage, this invitation had not been taken up. Mr Sunderland further advised that the Hume family had met with the Clinical Director and Director of Nursing

5.5 Community & Public Health Advisory Committee

It was resolved:

that the minutes of the previous meeting held on 2 September 2014 be confirmed as a true and correct record.

5.6 Matters Arising

There were no matters arising from the minutes.

5.4

5.7 Enable New Zealand Governance Group

It was resolved:

that the minutes of the previous meeting held on 2 September 2014 be confirmed as a true and correct record.

5.8 Matters Arising

5.8.1 Strategic Planning Workshop

The Committee Chair advised that a workshop had been scheduled to review Enable New Zealand's strategic plan and "where to from here" for the business.

6. WORK PROGRAMME

The CEO noted the two exceptions to the work programme reporting and advised that this would be remedied. He noted that the timeline for development of the Service Improvement Paper (a companion document to the Indicative Business Case) was included in today's reports, and that this document would be provided for the Board's next meeting.

The regional symposium was noted.

It was resolved:

that the updated 2014/15 work programme be noted.

7. STRATEGIC MATTERS

7.1 2013/14 Annual Report

The Group Audit Chair reported that the Committee had considered the draft Annual Report. Auditors had advised them that they would need to modify the final opinion due to the reliance on unaudited third party information contained within the Statement of Service Performance. This was a sector issue and should be resolved prior to the end of 2014/15.

Mrs Chapman further reported that the Auditors had raised several other matters, such as the valuation of the investment in HBL, changes to financial reporting standards, etc. There were no matters of significance or non-compliance to report. The Constructive Report to management had also been discussed.

The Group Audit Committee considered the Annual Report provided recognition of both the organisation's achievements and its challenges.

Mrs Chapman advised the Committee had supported all recommendations. She acknowledged the work of staff over the past 12 months.

The Annual Report was considered by the Board and the following amendments requested:

- the difference between cervical and breast cancer screening to be clarified throughout, being cervical screening was about the prevention of cervical cancer and breast screening was about early detection;
- "community referred tests and community radiology units" measure – clarification in the note that this related to *diagnostic* breast screening;
- "in our district, every day, on average" – removal of the duplicated output;
- Intervention Framework: re-format to make this easier to read

Typographical errors to also be corrected.

The CEO advised that a shortened version of the Annual Report would be provided, as well as posters of key aspects of it.

The inclusion of a statement upfront in the document regarding the mental health review was commended.

The Chair expressed appreciation to all involved in the development of the report.

It was resolved:

that the 2013/14 annual report including the accounting policies be approved, subject to any feedback from the Board and Group Audit Committee being incorporated, and final audit approval;

that the Chair and Deputy Chair be given delegated authority to approve any changes that are required to be made to the annual report;

that the Chair and Deputy Chair be authorised to sign the 2013/14 annual report on behalf of the Board;

that the Chair and Deputy Chair be authorised to sign the letter of representation in respect of the 2013/14 external audit on behalf of the Board;

that the Chair and Deputy Chair be authorised to sign the annual report and letter of representation in respect of Enable New Zealand Limited.

7.2 Master Health Service Plan: Indicative Business Case Update

The update on the Indicative Business Case was received and members noted that this had received endorsement from Whanganui DHB and the Regional Capital Committee. The General Manager, Planning & Support advised it would now be submitted to the National Capital Committee on or about 22 October. No show stoppers were expected.

A member requested a copy of the latest version of the Indicative Business Case. It was noted that the IBC had been fully debated in the public arena.

The engagement/consultation (non-legislative consultation) process for the IBC and next stages of the project were discussed at length. The Board outlined its requirements for full consultation with staff, providers, the public and other key stakeholders. In respect of staff, the Board clarified that its expectations was clinical staff (medical, nursing and allied health) and clerical staff will be fully engaged.

The engagement with Whanganui DHB's board was discussed. The General Manager, Planning & Support advised information had been provided and workshops offered, however more work was required with WDHB management to ensure information flowed through to its governors.

Management advised that the initial phase of investment planning involved over 1,000 staff. The development of the IBC had involved a range of staff and more engagement planned. The Director of Nursing advised that engagement with nursing had largely been focused on those areas most impacted. Further work was required with the wider nursing workforce and this getting underway. The area of greatest contention at the moment was the concept of a shared workforce across ICU and CCU.

The Chief Medical Officer stated that staff engagement and ownership was regarded as critical and the learnings from previous major development projects had been taken on board. A multi-disciplinary approach was taken in all matters, including staff engagement.

The Board stated its expectations that the project plan, which was scheduled to be submitted to the Board in early 2015, would include stakeholder engagement and milestones.

Project lead arrangements were questioned and the General Manager, Planning & Support advised he had a shortlist of very credible candidates.

It was resolved that MDHB:

note the changes requested by MDHB to the final draft of the indicative business case forwarded to the national Capital Investment Committee in October 2014;

note the Whanganui DHB Board endorsement, Ministry of Health feedback, and Regional Capital Investment Committee feedback; and,

note the feedback from the Consumer Advisory Panel and MDHB's response to that.

8. OPERATIONAL MATTERS

8.1 Quality Account

The approach being taken to the development of the Quality Account and the progress to date was noted. The integration of the Maori health section across all four focus areas was discussed and the Director, Patient Safety & Clinical Effectiveness that how this was portrayed would vary depending on the measures involved.

Management advised that more involvement with other providers had been achieved this time, and this would continue to increase over coming years.

The importance of a culture/environment which supported staff to speak out freely, and without fear, was emphasised by one member. This applied at both staff:management level and management:CEO and/or Board level.

The strong focus on "excellence" within the Primary Health Organisation (PHO) was raised by one member, who questioned how this could be fostered within the DHB. Management advised that work was occurring between the DHB's quality team and the PHO regarding combined work across the district. This included looking at a shared clinical governance framework.

It was noted that the Group Audit Committee had requested the risk profile be extended to include a quality and excellence component.

It was resolved:

that the report be received.

8.2 CEO's Report

8.2.1 centralAlliance

The CEO drew members' attention to the approach being taken to the development of the strategic plan.

Kate Joblin advised, as the Board representative on the project Steering Group, that good discussions were being held.

8.2.2 Regional Information Systems

The Minister's requirement that a regional Information Technology (IT) plan being developed for the next three years, including milestones, was discussed. The CEO advised that TAS would

assist the six DHBs in developing the IT Plan, but ownership remained with the DHBs. He noted that the timeframe would likely be an issue, and clarification on a number of matters had been sought from the National Health IT Board.

The difficulties experienced in getting regional consensus to programmes were discussed. The impact of the 3DHB collaboration on regional activity was noted, and it was agreed this had disadvantaged MDHB.

The CEO advised that while the Central Region's Information System Plan was still being finalised from a contractual perspective, steady progress was being made locally in implementing systems.

8.2.3 Regional Governance Group

The Board recorded its appreciation of Murray Milner's work in the role of Chair, Regional Governance Group.

8.2.4 Information Systems

The large amount of investment and work in IT systems was noted.

Management advised that the National Health IT Board had not been in a position to finalise contractual matters for the National Maternity Clinical Information System project. However, MDHB had secured agreement with the vendor to proceed with the local trial. This arrangement would not prejudice the national agreement and meant MDHB clinicians and programme management resource to continue their work. The system was current being piloted in MCH's neonatal unit and would this be extended to maternity. Implementation in this area was expected to occur in the third week of October 2014.

8.2.5 Financial Position

The CEO advised that the DHB was adverse to budget by \$500k however, management was confident the year end position would be achieved.

The variance was largely within MidCentral Health and a full update would be provided to the Hospital Advisory Committee. The adverse expenditure was one-off in nature, being clinical supplies.

8.2.6 General Election

The CEO advised that the general election outcome would likely mean reasonable stability in terms of health policy decisions. A change in Minister would occur which may bring some change. There may be an impact on the planning priorities and information for the 2015/16 year. Usually in election year, planning information was delayed.

The CEO further advised that the sector was preparing a Briefing for the Incoming Minister (BIM) and he proposed that he prepare a BIM in respect of MDHB. This was supported and it was agreed this should cover the Master Health Service Plan, the mental health service review, integration of primary/secondary services, and IT.

Opportunities for MDHB to take a regional role in the provision of services for Pacific Island communities were raised and it was agreed this was a matter which could be taken up regionally.

8.2.7 Laundry Building Lease to Allied Laundry Services Limited (ALSL)

The resolution of this matter was noted by the Board.

8.2.8 Meetings with Local MPs and Territorial Local Authorities (TLAs)

5.8

It was noted that meetings had not been held with local Maori MPs. The CEO advised that previous approaches in this regard had not been successful, however he and the Chair were writing to all new MPs congratulating them on their success and offering a meeting opportunity.

The Chair advised next year when offering to meet with local Mayors and CEOs of TLAs, the opportunity for a meeting with the full Council would be made.

8.2.9 MidCentral DHB Boundary

The CEO advised that no information had been provided as why the member of the public concerned had requested the Minister of Health to consider changing MDHB's boundary in respect of Otaki.

Michele Coghlan left the meeting.

It was resolved:

that the report be received.

9. GOVERNANCE ISSUES

9.1 Central Region's Technical Advisory Service: Annual Update

It was noted that members of TAS' audit team had attended MDHB's Group Audit Committee.

It was resolved:

that the report be received.

Lindsay Burnell and Ken Clark left the meeting.

9.2 Allied Laundry Service Limited: Annual Update

It was resolved:

that this report be received and further that it be noted and agreed to Allied Laundry Services Limited deferring its decision until the annual general meeting on retaining a portion of the profit it generated in 2013/2014.

9.3 Board's Training Policy and Election Protocols for Staff & Members

The Chair advised that the regional symposium planned for mid November included a mix of strategic development matters and training/development exercises.

It was resolved:

that the Board's Training Policy and Election Protocols for Staff and Members be amended in line with the changes outlined in management's paper of 5 September 2014, and reviewed in three year's time.

9.4 2015 Meeting Schedule

The proposed meeting schedule was considered and the Board determined the following changes and considerations:

- Tararua-based public forum to be held in Pahiatua
- More publicity to occur promoting public forums

It was resolved:

that the 2015 meeting schedule, as set out below, be approved:

2015 MEETING SCHEDULE FOR MDHB BOARD & ITS COMMITTEES							
HAC	CPHAC	DSAC	ENZGG	Board	Group Audit	Hosp. Audit	Funding Audit
8.45am	1pm	3.30pm	3.30pm	10am	8.15am	8.15am	8.15am
3 Feb	3 Feb		3 Feb	24 Feb	24 Feb		
17 Mch	17 Mch	17 Mch		7 April		7 April	7 April
28 April	28 April		28 April	19 May ²⁺³		19 May	19 May
9 June	9 June	9 June		30 June ⁴	30 June		
21 July	21 July		21 July	11 Aug		11 Aug	11 Aug
1 Sept	1 Sept			22 Sept	22 Sept		
13 Oct	13 Oct		13 Oct	3 Nov ³⁺⁵		3 Nov	3 Nov
24 Nov	24 Nov	24 Nov		15 Dec	15 Dec		

Notes:

1. To include a presentation from the Central Primary Health Organisation
2. To include a public forum in Pahiatua
3. 10.30am start time
4. To include a public forum in Palmerston North
5. To include a public forum in Otaki

9.5 Manawhenua Hauora

9.5.1 Minutes

It was resolved:

that the minutes be received.

Jeff Small left the meeting.

9.5.2 2014/15 Work Programme

The CEO advised that the work programme would be formally signed by the Chairs, MidCentral DHB and Manawhenua Hauora at the annual hui.

It was resolved:

that the report be received and the 2014/15 work programme with Manawhenua Hauora noted.

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

Tuesday, 4 November 2014, Horowhenua Health Centre, Liverpool Street, Levin.

S.10

12. EXCLUSION OF THE 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>
"In Committee" Minutes of the Previous Meeting	For reasons stated in the previous agenda	
"In Committee" Minutes of Committee Meetings: <ul style="list-style-type: none">• Hospital Advisory Committee, 2 September 2014• Community & Public Health Advisory Committee, 2 September 2014• Enable New Zealand Governance Group, 2 September 2014: tender and contracts updates• Remuneration Committee: CEO's remuneration, performance measures & performance review	For the reasons set out in the Committees' order paper 2.9.14 meeting held with the public present For the reasons set out in the Committees' order paper 2.9.14 meeting held with the public present Subject of negotiation To protect personal privacy	9(2)(j) 9(2)(a)
Operational Matters <ul style="list-style-type: none">• CEO's Report: HBL laundry and linen contract, and, sale arrangements with Feilding Integrated Family Health Centre	Subject of negotiation	9(2)(j)

Dennis Geddis and Stephanie Turner left the meeting.

Confirmed this 4th day of November 2014.

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Chairman