

NELSON BAYS PRIMARY HEALTH
Minutes – Board Meeting held on 28 April 2011
14 New Street, Nelson – Commencing at 6:00 pm

PRESENT: John Hunter (Chair); Philip Chapman; Jo Mickleson; Olivia Hall; Judene Edgar; Sue Stevenson; Lisa Lawrence; Mere Wetera

IN ATTENDANCE: Andrew Swanson-Dobbs (Chief Executive Officer – NBPH); Tanya White (Minute Secretary – NBPH); Wolfgang Klöpfer (Accountant – NBPH); Jane Kinsey (Primary Care Services Manager – NBPH); Luke Katu (Kaitakawaenga – NBPH)

APOLOGIES: James Chisnall

Item	Decision / Discussion		
1.	<p>Welcome / Karakia</p> <p>John Hunter opened the meeting at 6.00 p.m. and welcomed everyone. Judene Edgar followed with a karakia and welcomed John to his first Board meeting as Chair.</p>		
2.	<p>Apologies</p> <p>Apology received from James Chisnall.</p>		
3.	<p>Register of Interests</p> <p>Noted</p>		
4.	<p>Confirmation of Agenda</p> <p>Confirmed</p>		
5.	<p>Confirmation of Minutes</p> <p><u>Resolution</u></p> <p><i>That the (open) minutes of 24 March 2011 be accepted as a true and correct record.</i></p> <p>Moved: Jo Mickleson / Lisa Lawrence CARRIED</p>		
	<p>5.1 Matters Arising</p> <ul style="list-style-type: none"> • Community Representative Recruitment <p>The position was advertised. There were five applicants, one later withdrew, but none were considered suitable for an interview. The key thing lacking was community connection. On reflection Philip and Judene felt that the applicant forms are a bit too generic and the Trust Deed is a little too prescriptive about the recruitment process. It should be more about representation, rather than process. It was recommended that the Board should revisit the Trust Deed. The current community representatives will consult the AGG for input and this item will be carried forward to the next meeting.</p>		
	5.2 Action Points	Who	When
	<p>Make the following changes to the Complaints Policy:</p> <ul style="list-style-type: none"> • p.21.– Practices/Providers/Staff <i>will remain confidential</i> • p.22 – 4.2.2 Complaint concerning the Chair should be raised with <i>Deputy Chair</i> • p.23 – delete 'from us'; delete 'whether or not we feel the complaint is justified'; should rather read: '<i>contact you within ten working days</i>' 	Andrew	Done
6.	<p>Correspondence</p>		
	<p>6.1 <u>Letter from National Programme Manager, MoH to John Peters re: Golden Bay IFHC</u> Noted.</p> <p>6.2 <u>Letter from James Chisnall to Tariana Turia re: Access to low-cost primary health care</u> Noted.</p> <p>6.3 <u>Letter from National Clinical Director Diabetes, MoH re: Diabetes Data-matching</u> Noted.</p>		

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7.	<p>Report Chair</p> <p>The Chair's written report was received by the Board.</p>
8.	<p>Report Board Members</p> <p>The question was raised whether the board would like to continue these verbal reports and was answered in the affirmative.</p>
9.	<p>Report CEO</p> <ul style="list-style-type: none"> • NMDHB board endorsed the Golden Bay Service Delivery Business Case at their meeting and will consider the Golden Bay Property Business Case at the meeting on 19 May 2011. • Consultation with staff in Golden Bay and their unions begins now. Staff are not being made redundant; there's a continuity service and it is the obligation of NMDHB to hold onto that liability or pass it on to NBPH with monetary compensation. • Golden Bay Medical Centre final documentation has been sent away for Cornerstone accreditation. • PHARMAC and 20 DHBs have tabled a consultation document about the way in which community Pharmacies are funded according to the national agreement.
10.	<p>NBPH Quarterly Report</p> <ul style="list-style-type: none"> • The quarterly organisational activity report and Māori Health Overview were tabled for the meeting. • Jo commented that an executive summary of the Quarterly Report would be handy. • John asked about how we know that the activity reported is actually achieving our strategic objectives. Part of our commitment to quality is to measure our success against individual contracts and against our strategic plan. Some form of trending against independent metrics would also be useful – including outcomes as well as outputs to measure whether activity has been successful.
11.	<p>Clinical Governance Group</p> <p>11.1 Activity Report</p> <p>Noted.</p>
12.	<p>Debtor Policy</p> <ul style="list-style-type: none"> • It remains our aim to work with practices and patients to reach a payment plan before the debt becomes unmanageable. The amounts of individual bad debts are typically small and the cost of rigorously chasing bad debts by means of debt collectors is high in proportion. • The Policy has to be flexible in order to cover the debts of both NBPH (typically MoH and NMDHB) and GBMC, which are very different in nature. • 4.2.3 – should be deleted as it is duplicated in 4.3.1. • 4.4.4 – 'causes' should read 'courses'. • Write-offs don't all have to be authorised by Andrew, but should occur in accordance with the Delegations Policy. • Bad debts written off need to be visible in the accounts so that they can be monitored. • Policy review date should be brought forward to 6 months from now in order to consider the effectiveness of the policy. • Wolfgang to ensure the monthly financials show the level of bad debts as a percentage of direct payments received. <p><u>Resolution</u></p> <p><i>That the Board accepts the Debtor Policy with changes as above.</i></p> <p>Moved: Jo Mickleson / Sue Stevens CARRIED</p>

Item	Decision / Discussion
13.	<p data-bbox="258 250 405 277">Māori Health</p> <ul data-bbox="258 300 1492 1568" style="list-style-type: none"> <li data-bbox="258 300 1492 380">• Māori Health, Relationships with Iwi and a Māori Health Plan have come up repeatedly in discussions around the board table. The three papers tabled here address some of the issues and outline steps taken to address them and where we are at the moment. <li data-bbox="258 403 1492 465">• Relationship between NBPH and Mana Whenua and wider Māori Community: Matters arising from the discussion were:- <ul data-bbox="306 488 1492 1568" style="list-style-type: none"> <li data-bbox="306 488 1492 649">- There is an issue around the relationship between the PHO Iwi/Māori representatives and the Iwi Health Board (IHB), as the schedule governing appointments in the Trust Deed is currently the only formal indication of any relationship. The recommendation suggests a relationship with the IHB on the one hand and then, independently, a relationship with two of the Iwi – as this is what those Iwi have requested. Some of the Iwi are content with a health representative on the IHB, while others desire a direct relationship. <li data-bbox="306 672 1492 734">- The only reason Ngati Rarua are not mentioned is because they were not yet ready to meet, but this has changed and we now have a very real relationship with them. <li data-bbox="306 757 1492 837">- It was suggested that perhaps the Trust Deed needs to be revisited in terms of the relationship with Iwi and the IHB, bearing in mind that there are two aspects to the relationship: one involving the organisation and the other the Iwi Māori Trustees specifically. <li data-bbox="306 860 1492 963">- Relationships do not always need to be formal, but we need to ask whether the relationship is going to deliver in terms of health disparities. Huis are only required if there is a real reason to meet, but NBPH should be informing Iwi continuously, not necessarily by means only of the quarterly report, but perhaps via a focused panui, even smaller and more informal than the Māori Health overview. <p data-bbox="989 981 1492 1008" style="text-align: right;">Wolfgang Klöpfer left the meeting at this point.</p> <li data-bbox="306 1025 1492 1128">- Mere would like to be involved in meetings with the Iwi, particularly as the Trust Deed requires the representatives to have a process for engagement. Olivia would appreciate clarity on the role of the Māori Representatives, as there seems to be confusion around duties to report to the IHB and receiving input from the IHB. <li data-bbox="306 1151 1492 1232">- At this stage the relationship should be developed and maintained and Olivia feels that participation should be open to all trustees. Before we engage in dialogue with the IHB, we need to know what our expectations of the relationship with them are. <li data-bbox="306 1254 1492 1393">- There are Māori groups with whom we have a relationship from an operational perspective too: the Māori Managers Group and the Māori Pacific Health Reference Group. There are also Iwi who don't have manawhenua status in this region. (<i>Mātāwaka Ki Te Tai Ao Rere</i> represent Iwi Māori members who not whakapapa to the Nelson Bays region.) Olivia suggested once-yearly meetings with Iwi and quarterly panui to maintain dialogue and relationships and resolving the relationship with IHB. <li data-bbox="306 1415 1492 1568">- The need for an MoU with the IHB was discussed. Our obligations and the IHB's responsibility to assist us should be aligned. Should these be articulated at a Board-to-Board meeting? Such a meeting may or may not result in an MoU – discussion should precede, not presume, the solution. The concern was raised about whether there could be a conflict of interest for some members with affiliations with, for example, KHWMPHO. The solution might be a three-way meeting improving consistency between both PHOs and the IHB. <p data-bbox="306 1594 1492 1675">Lisa asked whether the further discussion is required prior to approving the recommendations and that it be deferred to the next meeting. Luke suggested moving the recommendations in principle and then scheduling a meeting between the representatives and Luke to finalise the details.</p> <p data-bbox="306 1697 443 1724"><u>Resolution:</u></p> <p data-bbox="306 1747 1492 1796"><i>That the NBPH Board pursues, supports and develops a process along three lines of communication. They include:</i></p> <ol data-bbox="306 1809 1492 1975" style="list-style-type: none"> <li data-bbox="306 1809 1492 1836">1. <i>Develop and maintain a relationship with the Iwi Health Board.</i> <li data-bbox="306 1841 1492 1921">2. <i>Develop and maintain a relationship with Mana Whenua Iwi of the Nelson Bays region. To progress this, NBPH will commence a process to regularly engage with the Mana Whenua Iwi who wish this individual contact in the NBPH region.</i> <li data-bbox="306 1926 1492 1975">3. <i>Develop a relationship with Mātāwaka Ki Te Tai Ao Rere facilitating their engagement and allowing them to give and receive feedback to NBPH.</i> <p data-bbox="306 2033 702 2060">Moved: Lisa Lawrence / Olivia Hall</p> <p data-bbox="938 2033 1046 2060" style="text-align: right;">CARRIED</p>

Item	Decision / Discussion
	<p>A meeting consisting of the Iwi Māori representatives, Luke and Andrew will meet and bring recommendations to the next Board meeting about our needs, expectations from the various reference groups and our obligations to them.</p> <ul style="list-style-type: none"> • Liaison with NMDHB Directorate: Noted and the Board agrees to collaborate with the NMDHB on a new joint Māori Health Plan; not a separate one. • He Taura Tieke Self-Audit Tool: John asked whether this tool improves service delivery and allows one to compare performance nationally. This would be integral to whether it justifies the cost in time and money of continuing with it. Being a self-audit tool, it gives a good baseline for our organisation, but not national benchmarking. The new version is said to be much more streamlined, but comparison with benchmark data should still be possible. Possibly, the way to go is to highlight a few key areas to measure and focus on; perhaps identify questions that align with our strategic plan. Consensus is that the exercise, while hugely time consuming, has been worthwhile. Jo sought assurance that the audit actually leads to better Māori Health outcomes, as opposed to just raising awareness. The ultimate goal would be for NBPH staff to be role models and leaders in terms of cultural competence. <p><u>Resolution</u></p> <p><i>That NBPH commits to continued use of the He Taura Tieke Self-Audit Tool as a way to monitor and measure progress towards better meeting the needs of Māori consumers, as long as there is agreement to adopt the considerations as listed below:</i></p> <ul style="list-style-type: none"> • <i>He Taura Tieke Self-Audit Tool should form part of the NBPH Quality Plan;</i> • <i>The tool will be implemented every two years in order to monitor organisational progress towards meeting the needs of Māori consumers in our services;</i> • <i>The tool is tabled at the Management Operations Group (MOG) meeting in order that all staff are supported to contribute;</i> • <i>The MOG members receive training on how to use and implement the tool with their staff;</i> • <i>After the responses are collated then the MOG can prioritise how the organisation can respond to the needs identified;</i> • <i>A report on the outcome of the audit process will then be provided to all staff;</i> • <i>A report on the outcome of the audit will be provided to the NBPH Board;</i> • <i>The report will form part of the strategic and annual planning at Board level, as well as at an operational level.</i> • <i>The tool will be more closely aligned with the strategic goals of the organisation.</i> <p>Moved: Lisa Lawrence / Jo Mickleson CARRIED</p> <p style="text-align: right;">Jane Kinsey and Luke Katu left the meeting at this point.</p> <p><u>Resolution</u></p> <p><i>That the Board move into the closed section of the meeting.</i></p> <p>Moved: Judene Edgar / Olivia Hall CARRIED</p>

Actions – Meeting 28 April 2011

	Action	Who	When
a)	<p>Community Representative Recruitment</p> <p>The current community representatives will consult the AGG for input and this item will be carried forward to the next meeting.</p>	Judene, Philip	26/05/2011
b)	<p>Debtor Policy</p> <ul style="list-style-type: none"> • 4.2.3 – should be deleted as it is duplicated in 4.3.1. • 4.4.4 – ‘causes’ should read ‘courses’. • Write-offs don’t all have to be authorised by Andrew, but should occur in accordance with the Delegations Policy. • Bad debts written off need to be visible in the accounts so that they can be monitored. • Policy review date should be brought forward to 6 months from now. • Wolfgang to ensure the monthly financials show the level of bad debts as a percentage of direct payments received. 	Andrew	ASAP
c)	<p>Māori Health</p> <p>A meeting consisting of the Iwi Māori representatives, Luke and Andrew will meet and bring recommendations to the next Board meeting about our needs, expectations from the various reference groups and our obligations to them.</p>	Andrew	26/05/2011