

2.1 Confirmation of Minutes of the Meeting of the Board on 23 February 2011

Recommendation:

That the Minutes of the Meeting of the Board held on 23 February 2011 be approved.

Minutes of the meeting of the Waitemata District Health Board

Wednesday 23 February 2011

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace, Takapuna
Commencing at 1.05pm

BOARD MEMBERS PRESENT:

Lester Levy (Board Chair)
Max Abbott (Deputy Board Chair)
Pat Booth
Sandra Coney
Warren Flaunty
Wendy Lai
James Le Fevre
Christine Rankin
Allison Roe
Gwen Tepania-Palmer

ALSO PRESENT:

Dave Davies (Chief Executive)
Dale Bramley (Deputy Chief Executive)
Rosalie Percival (Chief Financial Officer)
Alan Wilson (Chief Operating Officer)
Andrew Brant (Chief Medical Officer)
Jocelyn Peach (Director of Nursing and Midwifery)
Phil Barnes (Director of Allied Health)
Sam Bartrum (General Manager, Human Resources)
Peter Hogg (Acting Chief Operating Officer, healthAlliance)
Paul Patton (Director of Communications)
Janine Pratt (Group Planning Manager)
Imelda Quilty-King (Community Engagement Coordinator)
Paul Garbett (Board Secretary)

(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES

Lynda Williams (Auckland Women's Health Council)
John Coombes (Global Health)
Phillip Cottingham (Natural Health)
John Muron (NZ Charter of Health Practitioners Ltd.)
Gerald Lopez (NZ Charter of Health Practitioners Ltd.)

APOLOGIES:

Rob Cooper

WELCOME

Lester Levy (Board Chair) welcomed those present.

DISCLOSURE OF INTERESTS

There were no notifications of additions or amendments to interests that had been previously advised by members.

There were no identified conflicts of interest for this agenda.

PART I – Items considered in public meeting

1 AGENDA ORDER AND TIMING

Items on the open agenda were taken in the same order as listed in the Agenda.

2 BOARD MINUTES

2.1 Confirmation of Minutes of the Meeting of the Board 26 January 2011 (agenda pages 1-12)

Resolution (Moved Gwen Tepania Palmer / Seconded Pat Booth)

That the minutes of the meeting of the Board held on 26 January 2011 be approved.

Carried

Actions Arising

Financial Performance – Rosalie Percival advised that the information referred to will be circulated shortly.

3 CHAIR'S REPORT

The Chair read to the meeting a letter received from a hospital patient complimenting North Shore Hospital on how he had been treated, which had been so different from negative experiences in the past. The Chair said that he was receiving more and more of this type of correspondence. He could see the early phase of a turnaround occurring, with a significant number of staff responding very positively to what was needed. Realistically a full turnaround would take a further period of two to three years.

Lester Levy expressed the Board's deep concern and heartfelt sympathy for the people of Christchurch. The public health sector was standing behind Christchurch and Waitemata District Health Board would be doing everything it could to support the people of Christchurch.

4 EXECUTIVE REPORTS

4.1 Chief Executive's Report (agenda pages 13-16)

The Chief Executive updated the section of his report on District Health Boards New Zealand. He advised that the issue of allocation of functions – nationally, regionally, locally had largely been resolved. The only outstanding issues were where to locate employment relations, support for the CEOs' meetings programme and some national contracts.

Dave Davies advised that the Minister of Health had met with all the District Health Board CEOs earlier in the week. The Minister had made clear his expectations around the continuing need for excellent performance in achieving health targets. District Health Boards have to continue to show progress with health targets. Where there is

not progress, the Minister will be asking for recovery plans. The Minister had reiterated all of the issues in his Letter of Expectation, particularly the focus on the health of older people.

Dave Davies also briefed the Committee on a meeting between the CEOs and the National Health Board about the Christchurch earthquake. Situation reports would come through four times a day. The National Health Coordination Centre would be requesting staff for Christchurch and it would be made clear what type of staff were needed. There was a request to match volunteers to the circumstances in Christchurch as the situation was still volatile and accommodation etc very poor. They needed people prepared for what they would be going into. An Australian field hospital would be arriving on 24 February, with specialised trauma teams. District Health Boards had been asked to use their own judgement around elective surgery at this time.

Jocelyn Peach, Director of Nursing and Midwifery, was asked to provide the most recent update. She advised that the Prime Minister was announcing a National Declaration of Emergency. As well as a District response there was a requirement on District Health Boards to work as a region and also take direction from Auckland Civil Defence. Regular teleconferences were taking place. Each region has a link to the National Coordination Centre, which will request what is needed. It was unclear as to whether Waitemata DHB would take some patients from Auckland DHB, so that they had more beds for patients from Christchurch. In addition 65 renal dialysis patients from Christchurch would be transferred to the Auckland Region and Waitemata DHB could take up to 24 of those. There was a possibility that some of the 200 residential aged care patients who needed to be relocated from Christchurch would also come to Waitemata DHB. There were requests relating to plastics and orthopedics due to the number of amputations and spinal injuries that Christchurch was experiencing. The hospitals were doing business as usual and responding as best they could.

In answer to questions, the meeting was advised:

- That public health equipment being sent to Christchurch from Waitemata DHB related to water quality
- That a number of Waitemata DHB urologists were in Christchurch at a conference and other staff were there on holiday, but no staff were known to be injured or missing.

4.2 Clinical Advisors' Report (agenda pages 17-26)

Andrew Brant (Chief Medical Officer), Jocelyn Peach (Director Nursing and Midwifery) and Phil Barnes (Director Allied Health) spoke to their report.

With regard to Allied Health, Phil Barnes advised that they were looking hard at models of care and best practice, for example very different ratios in different areas between numbers of physiotherapists and occupational therapists. Another issue being considered was where social workers were most effectively deployed, in the hospital or the community?

There was a discussion of the Clinical and Corporate Governance Board and its committee structure. There were concerns expressed about the complexity of the structure and the number of people involved, but these were balanced by recognition

of the need for inclusivity. It was also suggested that the use of the term “division” sent the wrong message.

The comment in the report that “further work needs to be undertaken to establish linkages with Planning and Funding, and primary care, as well as cultural and consumer links” was noted with a question as to what was envisaged by consumer links and would that involve local consumer groups. Andrew Brant advised that it was intended to bring a report back to the Board which would cover this issue.

Resolution (Moved Pat Booth / Seconded Gwen Tepania Palmer)

That the Chief Executive’s Report (4.1) and the Clinical Advisors’ Report (4.2) be received.

Carried

5 DECISION PAPERS

5.1 Quarterly Performance Report to Ministry of Health – Report for Second Quarter 2010/11 (agenda pages 27 - 42)

Wendy Bennett (Planning and Accountability Analyst) and Janine Pratt (Group Planning Manager) presented this report. Other staff responsible for particular aspects were also present for this item and the following item 5.2. The following matters were discussed /noted:

- With regard to health targets, a longer term of comparison requested – five quarters suggested.
- Diabetes management (page 37) – concerned to know reasons why not achieving and context. The Board was advised that Andrew Brant is leading a regional services plan for diabetes. This plan was focusing on transparency of information about how well people are doing. A locality approach is being pursued, getting key people out working with general practitioners in a much more proactive way, not just sending out guidelines. Issues where there were poor results for particular population groups will come under increasing scrutiny.
- Clinical coding (p38) – concerns at timeliness of clinical coding, which impacts on reporting. Alim Tahir explained the measures that were being taken to try and meet the staffing shortfall in this area. Two new staff had been recruited, but in the same period three had left. Publicity had been organised to encourage people with the necessary knowledge to think about coding as a career option and Waitemata DHB is participating with Auckland DHB in a training programme for people who may want to start coding.

Resolution (Moved Sandra Coney / Seconded Pat Booth)

That the report be received.

Carried

5.2 **Second Quarter Report Against Key Objectives from District Annual Plan (2010/2011)** (agenda pages 43 – 56)

Janine Pratt (Group Planning Manager and Wendy Bennett (Planning and Accountability Analyst) presented this report.

The following matters were discussed / noted:

- Quality and Safety - in the table in Section 4 of the report, item 10 - Quality and Safety should be listed at 50% complete, not 45%. In subsequent discussion concern was expressed that items 6 (child, youth etc), 8.1 Maori Health and 13 Partnerships with Maori were three of the areas falling behind on achievement of objectives.
- Annual Plan – meeting targets - there was a discussion of the difficulties of planning ahead 18 months for the Annual Plan. From the Board's point of view if the Annual Plan says something will be achieved, they needed to know from management that it will be achieved, that someone will do it. There was support for the idea that the Annual Plan should focus on high quality deliverables that will make a meaningful change.
- Maori and Pacific women colposcopy appointments (p49) – Linda Harun to asked to provide information for the Board on DNA rates. Tanekaha Rosieur (Manager, Mo Wai Te Ora) noted that over a period of time there had been a reduction in Maori not attending appointments, but suggested that if names could be passed to Mo Wai Te Ora, the team would follow up on them.
- Public consultation - some concerns were expressed that there had not been public consultation on the Northern Regional Services Plan. The changed legislative context behind that was explained, but it was agreed that it was still an issue worth considering. The Board Chair said that he would raise it for discussion at the Regional Governance Group.

Resolution (Moved Wendy Lai / Seconded Gwen Tepania Palmer)

That the report be received.

Carried

5.3 **Complementary and Alternative Medicine** (agenda pages 57 – 60)

Andrew Brant (Chief Medical Officer) presented this report.

There was a wide ranging discussion covering issues such as evidence for and against complementary medicines, the difficulties for medical practitioners who had not been trained in those practices to evaluate their worth, the need to also look at cost benefit issues and the issue of whether different ethical considerations applied in treating patients with no chance of recovery.

There was general support for the view that ideally this was an issue which should be resolved at a national level, but as the prospects of that looked minimal, the best way forward was to see whether a consistent approach could be agreed at a regional level.

Resolution (Moved Gwen Tepania Palmer / Seconded Max Abbott)

- (a) **That the Board note the contents of the agenda report.**
- (b) **That the development of a regional policy relating to complementary and alternative medicine be pursued at a regional level.**
- (c) **That the response be brought back to the Board.**

Carried

5.4 Bed Forecasting to 1st July 2011 (agenda pages 61-66)

Alan Wilson presented this item.

In answer to questions it was confirmed that the report had been approved by the Executive Leadership Team. Rosalie Percival (Chief Financial Officer) advised that there was confidence around the projected favourable surgical services revenue to fund this. There was also the aspect that if the additional beds were not made available, that could put in jeopardy the elective surgery that would fund them.

The Board agreed that there was a need for an Improvement Plan relating to this issue, encompassing length of stay initiatives and other relevant measures.

Resolution (Moved Gwen Tepania Palmer / Seconded Wendy Lai)

- (a) **That the Board approve the application of favourable surgical services revenue of \$1,365,660, not yet recognised in the year to date accounts, to cover the cost of opening additional beds (36 from March 2011 and a further 14 in May 2011) and four Transitional Care beds at the total cost in 2010/2011 of \$1,199,250. It is noted that the provider arm will remain within budget for the 2010/11 year.**
- (b) **That the above approval is conditional upon the preparation for the Board of an Improvement Plan (including length of stay initiatives) to reduce the possibility of winter bed shortages being a critical issue in the future.**

Carried

6 PERFORMANCE REPORTS (agenda pages 67-92)

6.1 Financial Performance

Rosalie Percival (Chief Financial Officer) summarised the report.

In answer to questions she advised:

- An end of year surplus in the provider arm would be positive in that it could be applied to capital expenditure.

- It was expected that between 90 and 95% of planned savings would be achieved in the 2010/11 year. It would be important to be clear on what was not achieved in assessing the base line for 2011/12.
- The total savings that needed to be found for 2011/12 were \$45M. This was a major challenge. Proposals would be brought back to the March Board meeting.

Resolution (Moved Gwen Tepania Palmer / Seconded Sandra Coney)

That the following performance reports for the month and attachments be received:

- 1 Consolidated Financial Performance**
- 2 Staff FTEs, Headcount and Overpayments**
- 3 Capital Expenditure**
- 4 Financial Position**
- 5 Cashflow Statement**
- 6 Treasury**

Carried

6.2 Organisational Performance

Janine Pratt (Group Planning Manager), Cleo Neville (Planning and Accountability Analyst) and Fraser Jack (Business Performance Manager) were present for this item.

It was noted that if the sick leave and overtime targets were achieved savings would be in the order of \$500,000 for each.

With regard to length of stay, Alan Wilson advised that he intended to prepare a strategy on this, but had first to do sufficient benchmarking. He considered it was important to achieve an adequate total number of beds and then look at shutting them when feasible in groups of five or ten.

The Board Chair referred to work done by Dale Bramley which suggested Waitemata DHB might have too low a threshold for admissions. A request was made that Dale bring a report back to the Board on that issue including comparison with national averages.

Resolution (Moved James Le Fevre / Seconded Max Abbott)

That the report be received.

Carried

7 COMMITTEE REPORTS

7.1 Hospital Advisory Committee Meeting held on 26 January 2011 (agenda pages 93-102)

Resolution (Moved Gwen Tepania Palmer / Seconded Pat Booth)

That the Draft Minutes of the Hospital Advisory Committee meeting held on 26 January 2011 be received.

Carried

7.2 Community and Public Health Advisory Committee Meeting held on 9 February 2011 (agenda pages 103 -110)

Resolution (Moved Warren Flaunty / Seconded Gwen Tepania Palmer)

That the Draft Minutes of the Community and Public Health Advisory Committee meeting held on 9 February 2011 be received.

Carried

7.3 Recommendation from Hospital Advisory Committee Meeting of 23 February 2011 – Long Term Adult Oxygen Therapy – IDF Service Shift

The recommendation from the morning's meeting was tabled, so that the matter could be progressed.

Resolution (Moved Warren Flaunty / Seconded Pat Booth)

That the Board agree in principle to initiate the IDF service shift for long term adult oxygen therapy from Auckland District Health Board to Waitemata District Health Board, subject to the provision of a business case for Board approval and management of service change protocols.

Carried

8 INFORMATION PAPERS

8.1 2010 Triennial Elections – Electoral Officer Report (agenda pages 111- 120)

It was noted that, in view of changes affecting local government, the Board Secretary would check the most current provisions relating to reimbursement of mileage and other allowances and advise the Board members.

Resolution (Moved Pat Booth / Seconded James LeFevre)

That the report from the Electoral Officer be received.

Carried

8.2 Briefing on Child and Youth Mental Health Services in Waitemata District Health Board (agenda pages 121-126)

Dr Margaret Mitchell-Lowe, Helen Wood (General Manager, Mental Health Services) and Elaine Wilson (Nurse) were present for this item.

The following matters were discussed / noted:

- Historically there have been challenges around achieving workforce levels, but there had been a lot of progress over the last five years. Stronger effort had gone into developing the workforce and attracting graduates by making the Services more available to tertiary institutions and providing work experience opportunities to students. There had also been success in recruiting from overseas, particularly from the United Kingdom.
- The Services try very much to involve parents and caregivers as much as possible, but have to be aware of the legal requirements regarding confidentiality. The preference is definitely to operate on a family basis, rather than just with the individual child.
- Situations do arise at times where mothers are not able to be admitted with their babies. Over the last few years respite alternatives have been used more often.
- The limitations of a primarily 9a.m to 5p.m service were recognised and they were offering more choice with some late afternoon and evening appointments.
- A national review of these services had recently been undertaken by the Ministry of Social Development and it was understood that a Cabinet paper was in preparation. Some impact from this could be expected later in the year.

Resolution (Moved James LeFevre / Seconded Wendy Lai)

- (a) That the report be received.**
- (b) That the Board note service challenges noted in the report.**

Carried

9 Resolution to Exclude the Public

Resolution (Moved Christine Rankin / Seconded Max Abbott)

That, in accordance with the provisions of Schedule 3, Sections 32 and 33, of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
1. Minutes of the Board with Public Excluded (26/01/11)	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</p>
2. Minutes of the Hospital Advisory Committee with Public Excluded (26/01/11)	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</p>
3. Minutes of the Audit and Finance Committee with Public Excluded (09/02/11)	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p> <p>Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
4. 2011/12 Draft Annual Plan/Statement of Intent	<p>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i) of the Official Information Act 1982.</p> <p>[NZPH&D Act 2000 Schedule 3, S.32 (a)]</p>	<p>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p> <p>Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice</p>

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
		or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
5. Supporting Primary Care Across ADHB and WDHB	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]
6. Accident and Medical Clinic Fees	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9 (2) (g) (i) of the Official Information Act 1982. [NZPH&D Act 2000 Schedule 3, S.32 (a)]	Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities. [Official Information Act 1982 S.9 (2) (i)] Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations. [Official Information Act 1982 S.9 (2) (j)]

Carried

The meeting in open session concluded at 3.30pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING 23 FEBRUARY 2011

_____ CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 23 March 2011

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
Board 26/5/10 26/1/11	9.1	<u>Mandatory reporting of child abuse</u> The Minister for Social Development and Employment is asking her officials to meet with WDHB. Ensure Board members are invited. Follow up with Minister requested 26/1/11	Peta Molloy		Date confirmed is 27 April, following the Board meeting.
Board 26/1/11 23/2/11	6	<u>Financial Performance</u> – need to find different ways to get work done within restricted budgets, using innovation – one, two or three good examples need to be identified and publicised to encourage others to follow the path.	Rosalie Percival		Under way – business transformation team will circulate this information.
Board 23/2/11	4.2	<u>Clinical and Corporate Governance</u> - report on consumer links to be prepared for the Board..	Paula Halliday and Janine Pratt	Board 25/5/11	
Board 23/2/11	5.2	<u>Colposcopy appointments – did not attend</u> - statistics to be provided to the Board.	Linda Harun		Actioned – e-mailed to Board members.
Board 23/2/11	5.4, 6.2	<u>Bed Forecasting – Improvement Plan</u> (including length of stay initiatives) to be prepared for the Board.	Alan Wilson	Board 25/5/11	
Board 23/2/11	6.2	<u>Threshold for hospital admissions</u> – comparative report to be prepared for the Board.	Peter Sandiford	Board 27/4/11	
HAC and Board 23/2/11	7.3	<u>Long Term Adult Oxygen Therapy</u> – IDF Service Shift – business case to be prepared for the Board.	Peng Voon		
Board 23/2/11	8.1	<u>Board members mileage and other allowances</u> – in view of changes in local government provisions, to be checked and Board members advised.	Paul Garbett		Reviewed - completed