

2.1 Confirmation of Minutes of the Board meeting held on 26 October 2011

Recommendation:

That the Minutes of the Board meeting held on 26 October 2011 be approved.

Minutes of the meeting of the Waitemata District Health Board

Wednesday 26 October 2011

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace,
Takapuna, commencing at 1.05p.m

BOARD MEMBERS PRESENT:

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

ALSO PRESENT:

Dale Bramley (Chief Executive Officer)
Rosalie Percival (Chief Financial Officer)
Alan Wilson (Chief Operating Officer)
Debbie Holdsworth (Acting Chief Planning and Funding Officer)
Paul Patton (Director of Communications)
Jocelyn Peach (Director of Nursing and Midwifery)
Phil Barnes (Director of Allied Health)
Sam Bartrum (General Manager Human Resources)
Naida Glavish (Chief Advisor Tikanga)
Janine Pratt (Group Planning Manager)
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)

APOLOGIES:

Rob Cooper

WELCOME

The Board Chair welcomed those present, with a particular welcome to Naida Glavish, newly appointed Chief Advisor Tikanga for Waitemata District Health Board, in addition to holding that position at Auckland District Health Board. He noted that this is a landmark appointment and that Naida had been welcomed at a very special powhiri at North Shore Hospital. He also advised that in line with the combined approach with Auckland DHB, meetings would start with a Karakia led by Naida.

Naida Glavish thanked the Chair and Board for the welcome and said that it would be a privilege to open with a Karakia. She then led the meeting with the Karakia, which will be included on future Board agendas.

The Board Chair also confirmed that it had been agreed with Auckland DHB that Dale Bramley will act as lead CEO for Maori Services. It is Dale's responsibility to liaise closely with Garry Smith as his CEO colleague, but the formal reporting line for Maori Services will be to Dale.

DISCLOSURE OF INTERESTS

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

With regard to the open part of the agenda, Sandra Coney declared an interest in Item 5.1 – Draft Auckland Plan Submission, as she would be involved in the subsequent hearing of submissions by the Auckland Council. She advised that she would take no part in the discussion or the decision on the content of the submission. The Board noted however that it would be useful for Sandra to remain in the meeting while the item was discussed, to provide background information where appropriate.

Also with regard to Item 5.1, Warren Flaunty and Christine Rankin both noted their membership of Auckland Council Local Boards. As they would not be involved in the hearing of submissions, they considered that there was no reason for them not to participate in consideration of the item. The Board held the same view. During the course of consideration of the item subsequently, Wendy Lai realised and noted a similar but more remote issue in that her partner, Mark Thomas, is a member of the Orakei Local Board. The Board confirmed that there was no reason for Wendy to not participate in the consideration of the item.

PART I – Items considered in public meeting

1 AGENDA ORDER AND TIMING

Items 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 held on 28 September 2011 (agenda pages 1-13)

Resolution (Moved Gwen Tepania-Palmer/Seconded Pat Booth)

That the minutes of the Board meeting held on 28 September 2011 be approved.

Carried

Matters Arising

It was noted that the letter of appreciation to Andrew Love, for recently completed service as Clinical Director of Anaesthesia, had been sent.

With regard to the item on Leading Indicators/ Flash Reporting, Rosalie Percival advised that the Board would be kept informed on these as they developed.

3 CHAIR'S REPORT

The Board Chair advised that considerable work is taking place around developing the framework for regional governance decision making. He is seeking something with more clarity and focus than the current draft proposal and will come back to the Board on this.

4 EXECUTIVE REPORTS

4.1 Chief Executive's Report (agenda pages 15-17)

The Chief Executive welcomed Naida Glavish and commented that her appointment had been long awaited and well received by the organisation.

Dale Bramley highlighted key features of the agenda report. In addition he advised that:

- The colonoscopy waiting list is coming down week by week, with the target being to reduce it to 200 by the end of December.
- An issue with not quite achieving 95% compliance with the ED six hour target (achieved 93%) for the first quarter, had been the high bed occupancy due to the high levels of hospitalisation in late winter this year. Results are now improving and close attention is being given to achieving the target for the full year.
- Official advice had been received that the CVD/Diabetes target would be changing. Waitemata DHB should be well placed to meet the new target which focuses on percentage of risk assessments for the eligible population.
- Vicki Buchanan has been appointed as a Project Manager, reporting to both the Auckland DHB and Waitemata DHB Chief Executives, to work on possibilities for collaboration between the two Boards and evaluating what the returns would be. As this work progresses, each proposal will be brought back to the Boards.
- The recently opened first floor expansion of Cardiology Services at North Shore Hospital is most impressive. The Waitakere Health Campus Facility official opening will be delayed until February. It is hoped to have both the Ministers of Health and Education present, in view of the joint venture with UNITEC.

The Chief Executive thanked Rosalie Percival for compiling the report in his absence. He also noted that the financial results were overall on track for the month and the year to date, although some areas required extra focus. In view of the size of the savings programme, this was a very good result.

4.2 Clinical Advisors' Report (agenda pages 19-20)

Andrew Brant (Chief Medical Officer) was present for this item.

No matters were raised concerning the report.

4.3 Communications Report (agenda pages 21-26)

Paul Patton, Director of Communications, introduced the report, highlighting the 19,098 visitors to the Corporate website in September 2011. These figures were increasing each month. He also noted that there had been a large number of rugby related media enquiries in September and October.

Pat Booth commended the Communications Department for the amount of work being carried out and the quality of their work, which he considered exceptional and a great improvement on the past.

Resolution (Moved Max Abbott/Seconded Allison Roe)

That the Executive Reports 4.1, 4.2 and 4.3 be received.

Carried

5 DECISION PAPERS

5.1 Draft Auckland Plan Submission (agenda pages 27-110)

Note: with regard to disclosures of interest regarding this item, please refer to the summary on page 2 of these minutes.

Janine Pratt (Group Planning Manager) was present for this item.

The Board Chair invited the Chief Executive to make some introductory comments in view of his recent attendance at the World Health Organisation meeting in Brazil concerning social determinants of health. The meeting had been attended by Ministers of Health from seventy countries.

Dale Bramley advised that the meeting had been the biggest WHO meeting since the 1970s, with the theme “All for Equity”. Participants had been asked to focus on equity both between and within nations in terms of health outcomes. In terms of the legislative requirements and monitoring framework for addressing health inequalities, New Zealand was considered a leader in this area. With regard to the Auckland Plan, the health system can only do so much to improve the health status of the population. The Plan gives an opportunity to the District Health Boards to have an input at an early stage in planning that will influence the determinants of health, such as education, employment, transport systems, alcohol and tobacco use, and a myriad of other things. To be effective, the response to the Auckland Plan needed to be more than a medical response and needed to cross over into the determinants of health.

There was an extensive discussion of the draft submission and suggested ways to improve it. The Board was very supportive of the hard work that had been undertaken to prepare the submission and wished to convey its appreciation to the team who had worked on it, however there was agreement that there were some key improvements that should be made to the submission:

- Overall the submission seemed long and overly complex with a lot of duplication. Further work on the executive summary was required focussing on the impact of social determinants on health outcomes and on reducing disparities / inequalities etc - some of this was in the submission on Auckland Unleashed, but is not so clear in this submission. The submission should begin with an outline of what social determinants are critical to health and refer to District Health Board objectives in the New Zealand Public Health and Disability Act 2000. The Board would like to see a five page document which summarises the key messages and that then being supported by the remainder of the document as an attachment.
- There was significant concern about the comments in the submission about equity, particularly about implying redistribution of wealth and also the use of

the term “proportionate universalism”. The language needs to be reframed from “dealing with need” to “facilitating people to take opportunities for themselves”.

- The submission should not say whether the District Health Boards approve or disapprove of the Auckland Plan. This is not their role; their role with this submission is to comment on determinants of health.
- In places the submission goes beyond the realm of health and intrudes into social policy. Other issues such as those around supporting indigenous flora and fauna are also considered to be outside our brief.
- Some comments such as concern about the city centre’s role as an entertainment centre need explanation.
- There should be emphasis given to this being seen as the first part of a continuing process of ongoing engagement, between the Council and the District Health Boards, which is where the real value in terms of health outcomes will come.

The Board also agreed that the submission should be forwarded with comment about concern over the limited time frame, that it is a “best efforts” submission in the circumstances, and that the submission is still subject to endorsement by all three Boards.

Resolution (Moved Pat Booth/Seconded Max Abbott)

- (a) That the Chair of CPHAC, Lee Mathias be advised immediately after this meeting of requested changes to the proposed joint Auckland, Waitemata and Counties Manukau DHB submission on the Draft Auckland Plan, as agreed at the meeting (this is additional to the opportunity members have had to provide individual feedback).**
- (b) That the Board emphasises that it sees this submission as an early step in a continuing process of ongoing engagement between the Auckland Council and the District Health Boards, which is where the real value in terms of health outcomes will come.**
- (c) That the Board endorse the Chair of CPHAC signing the joint submission on the Board’s behalf.**
- (d) That in view of the changes requested, the final submission be brought back to the Board’s 30 November 2011 meeting for formal endorsement.**

Carried

6 PERFORMANCE REPORTS

6.1 Financial Performance (agenda pages 111-124)

Rosalie Percival presented this report.

In answer to a question, Alan Wilson advised that there are 50 beds in the new ADU and currently 26 of these are available. The remaining 24 would be available shortly and replace the 24 beds currently being used in the old short stay ward. While the total number of beds being utilised would not increase, the vacant short stay area would be useful next winter if there was any critical shortage of beds.

The Board Chair acknowledged the excellent attitude staff had shown in accepting the disruption and noise from construction over a lengthy period of time at North Shore Hospital. He also noted the general consistency in financial results for July to

September compared to the same period the previous year. This had not been the case in the past and seemed to indicate more consistency in financial management.

In answer to questions, Rosalie Percival advised:

- IDF payments were currently on track, however to achieve that there had been a substantial cost incurred previously, which could not be repeated. It would be important to look at all opportunities to reduce IDFs.
- Over-expenditure on medical meals – there is a contractual obligation to provide Resident Medical Officer meals, but ongoing concerns about the high cost per meal. Better data is being obtained on these costs to see what approach can be taken.
- With regard to Section 7.3 of the report – Financial Covenants, revaluation had reduced equity and affected the covenants.

Resolution (Moved Gwen Tepania-Palmer/Seconded James Le Fevre)

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

- 1 Financial Performance – DHB Consolidated**
- 2 Financial Performance – DHB Arms**
- 3 Financial Performance – Other Indicators/ Trends**
- 4 Capital Expenditure**
- 5 Financial Position**
- 6 Cashflow Statement**
- 7 Treasury**

Carried

6.2 Organisational Scorecard and Board Priorities Performance (agenda pages 125-131)

Janine Pratt, Group Planning Manager and Wendy Bennett, Planning and Accountability Analyst, were present for this item.

It was noted that the report in its new format was still in development, but satisfaction was expressed with the format of Chart 2 - Waitemata District Health Board - Progress against Top 10 Priorities.

In response to issues raised concerning the correlation of data between this report and information supplied to HAC, and particularly information on WIES and length of stay, Alan Wilson advised that average length of stay for patients has been trending downwards since mid 2009/2010, although not to the extent targeted. He noted that this report covers the whole of Waitemata District Health Board, whereas the information to the Hospital Advisory Committee is confined to the Provider Arm.

With regard to average length of stay, the Board Chair noted that data becomes more meaningful as the financial year progresses, as there is a trend to longer stay admissions over winter.

Janine Pratt noted the limitation of data on unplanned re-admissions, which is based on Ministry of Health information which included patients who had attended other DHBs' hospitals being admitted to ours. They were trying to analysis what proportion of the figures reported fell into that category.

In answer to a question, Janine Pratt advised that a large proportion of those KPIs which had formed the framework for reporting to the Ministry before the national health targets were introduced are still monitored. Reporting to the Ministry is still substantial, although the number of measures had reduced.

The Board noted how effective the national health targets mechanism had been in raising performance.

Resolution (Moved Christine Rankin/Seconded Gwen Tepania-Palmer)

That the report be received, noting the new approach to reporting.

Carried

7 COMMITTEE REPORTS (agenda pages 133-164)

7.1 Auckland and Waitemata DHB Disability Support Advisory Committees Meeting held on 21 September 2011

Resolution (Moved Sandra Coney/Seconded Pat Booth)

That the Draft Minutes of the Auckland and Waitemata DHB Disability Support Advisory Committees Meeting held on 21 September 2011 be received.

Carried

7.2 Hospital Advisory Committee Meeting held on 28 September 2011

Resolution (Moved Gwen Tepania-Palmer/Seconded Wendy Lai)

That the Draft Minutes of the Hospital Advisory Committee Meeting held on 28 September 2011 be received and the following recommendations be approved:

	Item/Recommendation
4.1	<p>Cervical Screening Update</p> <p>a) That Waitemata District Health Board waive the requirement to enter into a contestable process for the contracting of services to deliver Smear Taking for Priority Group Women.</p> <p>b) That Waitemata District Health Board enters into direct negotiation with current providers and the District's Primary Health Organisations for the delivery of the services required for Smear Taking for Priority Group Women.</p> <p>c) That a more definitive strategy for dealing with this issue in the medium/longer term be prepared for consideration by the Board.</p>
4.2	<p>Smoking on Site</p> <p>That the strategies summarised in Section 4 of the report (to the Hospital Advisory Committee meeting of 28 September 2011) be progressively implemented at Waitemata District Health Board through the Smokefree Environment Working Group.</p>

Carried

7.3 Auckland and Waitemata DHB Community and Public Health Advisory Committees Meeting held on 12 October 2011.

It was noted that in Item 3.2, fifth paragraph, the words “17 May” would need to be corrected to “17 October” when the minutes are confirmed.

Resolution (Moved Warren Flaunty/Seconded James Le Fevre)

That, with the correction noted, the Draft Minutes of the Auckland and Waitemata DHB Community and Public Health Advisory Committees Meeting held on 12 October 2011 be received and the following recommendation be approved:

Ref	Item/Recommendation
3.1	<p>A Locality Approach for Health Service Planning</p> <p>That the Board:</p> <p>a) Note the background and progress made to date on developing a locality approach in Auckland DHB.</p> <p>b) Note the linkage with concurrent primary care and community engagement activity, and the actions to align and coordinate across Auckland and Waitemata DHBs.</p>

8 INFORMATION PAPERS

There were no information papers.

9 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 165-166)

Resolution (Moved Warren Flaunty/Seconded Gwen Tepania-Palmer)

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
<p>1. Minutes of the Meeting of the Board with Public Excluded (28/09/11)</p>	<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</p> <p>As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</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
<p>2. Minutes of the Hospital Advisory Committee with Public Excluded (28/09/11)</p>	<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>Minutes</p> <p>As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</p>
<p>3. Minutes of the Audit and Finance Committee with Public Excluded (12/10/11)</p>	<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</p> <p>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</p> <p>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>
<p>4. Minutes of the Community and Public Health Advisory Committee with Public Excluded (12/10/11)</p>	<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>Minutes</p> <p>As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.</p>
<p>5. Vision and Values Review</p>	<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</p> <p>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>6. Filming</p>	<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>Negotiations</p> <p>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>

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
<p>7. National Health Innovation Hub</p>	<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. [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. [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. [Official Information Act 1982 S.9 (2) (j)]</p>
<p>8. Waitemata DHB Review of Laboratory and Surgical Pathology Services</p>	<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. [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. [Official Information Act 1982 S.9 (2) (i)]</p> <p>Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons. [Official Information Act 1982 S.9 (2) (a)]</p>

Carried

The meeting in open session concluded at 2.28 p.m.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING 26 OCTOBER 2011

CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 20 November 2011

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
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	Late 2011	This will now be covered as part of a draft Experience and Engagement Strategy which will be prepared for the Board's consideration. Refer update report on 31/08/11 Board agenda.
Board 31/8/11	8.1	<u>Asian Home Care Provider Services</u> – the Funder and Asian Health to reach agreed position on this and advise the Board.	Bryan Agnew, Sue Lim	Board 30/11/11	See response below*
Board 28/9/11	6.1	<u>Auckland Council Review of Rating Policy</u> – advice to be provided to the Board on legislation, current rating practice, how the Board could be advantaged or disadvantaged by changes to rating policy and suggested strategy.	Rosalie Percival, Amanda Mark	Board 30/11/11	On Board agenda- public excluded section
Board 28/9/11 26/10/11	6.1	<u>Leading Indicators/Flash Reporting</u> – possible enhancements to be considered, for example more regular reporting to managers of WIES and payroll data.	Rosalie Percival	(ongoing)	Flash reporting implemented in the Provider Arm for health targets and seven efficiencies in October 2011.

* Asian Home Care Provider Services – from Tim Wood, Funding Manager:

Contracting for an Asian-specific provider of Home Based Support Services is not seen as a complete solution to improving access for Asian people to this service. There is work under way looking at HBSS including: population characteristics, service definition, delivery approaches, and provider characteristics. As part of this we will also be canvassing HBSS providers on what if any Asian specific services can be offered. Until the review is completed (by June 2012), the Funder and NASC will work together to ensure that suitable service provision is made available where an individual's needs are not able to be met through existing providers.

