2.1 Confirmation of Minutes of the Board meeting held on 16 May 2012

Recommendation:

That the Minutes of the Board meeting held on 16 May 2012 be approved.

Minutes of the meeting of the Waitemata District Health Board

Wednesday 16 May 2012

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace,
Takapuna, commencing at 1.33p.m

BOARD MEMBERS PRESENT:

Lester Levy (Board Chair)
Max Abbott (Deputy Board Chair)
Pat Booth
Sandra Coney
Rob Cooper
Warren Flaunty
Wendy Lai
James Le Fevre
Allison Roe

ALSO PRESENT: Dale Bramley (Chief Executive Officer)
Rosalie Percival (Chief Financial Officer)
Debbie Holdsworth (Acting Chief Planning and Funding Officer)
Paul Patton (Director of Communications)
Naida Glavish (Chief Advisor, Tikanga) (present from 1.40p.m)
Paul Garbett (Board Secretary)
Professor Richard Bohmer (Advisor) was also present
(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:

Apologies were received from Christine Rankin, Gwen Tepania-Palmer and Sam Bartrum, with an apology for late arrival from Naida Glavish.

PART I – Items considered in public meeting

ADDRESS BY JIM EASTON (National Director of Improvement, National Health Service, United Kingdom)

The Board Chair introduced Jim Easton to the meeting, outlining his background and current role.

Jim Easton began his address by noting how deeply struck he had been with the many similarities between the health systems of the United Kingdom and New Zealand. They shared the same values, had the same organisational issues and faced the same challenges. He outlined the recent history of the National Health Service. In the 1980's and much of the 1990's the NHS had been in decline, with low morale, low public confidence and long waiting lists. In the late 1990's there had been a revitalisation of the NHS under the Blair Government. A lot of money had been poured into the system, up to the average European level of funding. In exchange there had been requirements for major improvements in

performance. For example it had not been unusual to have waiting times of 18 months for elective surgery, whereas now 95% of patients had a maximum waiting time of 18 weeks from seeing their GP to having the operation. Similarly there had been a very poor record for infection control and now there was a high standard. A longstanding lack of public confidence had been overcome by rigorous performance measurement, supported by medical quality improvement.

Two and a half years ago, when the economic crisis had struck, the good news for health had been that unlike other public services, the existing budget had been frozen and not reduced. The requirement to operate at the same total cost (without allowance for growth) had applied for the last two years and would apply for at least the next two years. With demographic pressure creating about 4% growth in demand on the system each year, in effect this meant generating 4% savings each year, equivalent to saving 20 billion pounds over four years. At the same time there was and is an ongoing commitment to drive quality. The issue had been what are the things to be done that will drive both efficiency and quality? They had published a great deal of material on this and created a national discussion. The conclusion reached was that it is possible to drive quality and efficiency together. Nearly everything that is done to improve quality creates the opportunity to improve efficiency.

Jim Easton outlined how emerging from the above process they had tried to lead change in a more systematic way than before. There were seven aspects to this process:

- Firstly, leadership and culture. They had engaged in leadership development for a large number of people, with an emphasis on the cultural change needed. Previously there was already a lot of expenditure on leadership development, but in diverse ways. They had set up a National Leadership Academy, identified all the top leaders and made sure the training for them addressed how to change culture.
- Secondly, engaging and mobilising people. They had started a huge communications campaign with the health workforce. He considered that this had been successful in providing a broad understanding of issues, but was not sure if that understanding was deep enough. There was now strong use of electronic media to get the message out.
- Thirdly, having a proper change method and employing it. This needed to be professionalised and involved making sure that there were good sets of skills and that proper change methods were utilised.
- Fourthly, proper measurement and particularly transparency of measurement. They were moving increasingly towards being more publicly transparent about measures. The experience had been that initially this created public uncertainty, but over time resulted in more public confidence and an understanding that the information was an indication of a system seeking to improve itself. They were about to put into the public arena for the first time a large amount of data about the clinical performance of general practitioners.
- Fifthly, rigorous delivery and discipline in delivery, holding people strongly to account for delivery. There is a tension between exciting people about change and discipline in delivery, but both are essential.
- Sixthly, a much more active approach to spreading change. There are many great examples of improvement in health, but they don't spread organically. More information is now being provided in the health system about great ideas. Where these really matter, a much more active approach is being taken to ensure that they are taken up everywhere.
- Seventh, lining up system lever incentives to system change – how payment aligns with performance. For example in the past, UK hospitals were paid for the number of patients admitted; instead the use of incentives for performance created a powerful signal.

Jim Easton noted that having just finished the second year of the current programme, all the financial objectives had been achieved and there was a 2 billion pound surplus. All the quality measures are currently static or improving. Hospital acquired infections continued to fall and

public satisfaction remains high. There remains a concern that savings are easier to achieve in the first two years of a programme and that possibly not enough has been done in the first two years on longer term deliverables.

The Board Chair introduced Professor Richard Bohmer to the meeting, outlining his background and the work he is doing with the senior executives at Auckland and Waitemata DHBs to challenge thinking and try to accelerate progress.

Discussion and responses to questions included:

- The importance of distinguishing measurement from management.
- The seven factors Jim Easton had outlined involved a mix of technical change and human change. People tend to back one or the other, but the key is to try and do both.
- The desirability of talking about efficiency and quality as the same thing.
- The importance of being very clear about a problem and then presenting it in a way that people can relate to.
- Rather than stopping particular activities, the UK experience had been that it is more effective to provide self assessment tools and information for the public that may encourage them away from types of procedures with poor rates of successful outcome and towards other measures that may be more likely to assist them.
- As with many other countries, efforts are being made to get more patient choice into the health system. As elsewhere, there had been some, but limited, success with this and there had not been a big change in patient behaviour. Some of the patient organisations had advocated in support of recent health objectives, for example reducing the average number of days that cancer patients spent in hospital beds.

Lester Levy and Dale Bramley thanked Jim Easton for his address to the Board and being so generous with the time he had spent at Waitemata DHB. Professor Bohmer (Professor of Management Practice, Harvard Business School) was introduced to the Board.

2.18p.m – Jim Easton retired from the meeting.

Professor Bohmer was invited to comment on what had been discussed. His comments included:

- The shifting cycles in the UK between periods of centralisation and de-centralisation. The UK health system is in a centralisation cycle at present.
- There are questions about the extent the level of change aspired to in the UK can be realised without a deep and committed level of engagement at the local level. The level of clinical disengagement is high in the UK, and there has been longstanding dysfunction in the relationship between managers and clinicians.
- What Jim Easton had described is a huge challenge. The average tenure of UK hospital CEOs is 700 days, whereas the great success stories in health involved stable leadership of more than a decade.
- Part of the conversation that Richard is involved in at Auckland and Waitemata DHBs is about trying to strengthen clinical management capability in the organisations so that broader policies are executed by the leaders of the individual units in the DHBs.

The Board Chair emphasised the importance of trying to draw national priorities into our own priorities. It is important that there is a strong sense of “we”.

KARAKIA

Naida Glavish led the Board in a karakia.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register.
There were no identified conflicts of interest for the open part of the agenda.

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 04 April 2012 (agenda pages 1-14)

Resolution (Moved Warren Flaunty/Seconded Max Abbott)

That the minutes of the Board meeting held on 04 April 2012 be approved.

Carried

Matters Arising

With regard to collaboration possibilities with Auckland DHB for vascular surgeons and interventional radiologists, the Chief Executive advised that there has been a series of meetings of clinical staff from the two DHBs and they are looking at how they can best work together. The start date for Interventional Radiology at Waitemata DHB is likely to be delayed until later than 1 July 2012.

3 CHAIR'S REPORT

Lester Levy referred to his article in Healthlines of May 2012, which concluded: "While we have done very well to climb the mountain, as we reach the summit there is now a new mountain to climb. We need to reach higher levels of sophistication with respect to clinical quality, the patient experiences, productivity and financial performance. As we reflect on our wonderful success over the last three years, we need to make sure we do not declare victory too soon!"

The Board Chair referred to progress with the Innovation Hub proposal, involving a joint venture with the other Auckland metropolitan DHBs and Canterbury DHB, as presenting an exciting prospect for the District Health Board and its staff. The possible launch date is still 1 July 2012 and the project is progressing very well.

Lester Levy referred to some significant changes in personnel taking place at Auckland DHB at both senior clinical and senior management levels. He also referred to progress in collaboration with Auckland DHB, and the two way learning process involved. Managers from both Boards were discovering improvements from this process.

It was noted that it would be useful to have Helen Wood brief the Board on the new blueprint for the future of Mental Health in New Zealand.

Max Abbott referred to innovative work occurring in West Auckland in primary care, which it would be useful for Board members to be aware of.

Resolution (Moved Max Abbott/Seconded James Le Fevre)

That the Chair's report be received.

Carried

4 EXECUTIVE REPORTS

4.1 Chief Executive's Report (agenda pages 15-28)

Dale Bramley highlighted aspects of his report including:

- Work proceeding with assistance from Richard Bohmer on the development of organisational and leadership capability, including a focus on outcomes, measurement and transparency.
- Recent appointees Penny Andrews and Cath Cronin
- The visits by the Director General of Health and the Minister of Health
- The good results for the national health targets
- Completion of the re-painting of North Shore Hospital
- The WellKids fundraising campaign, effectively supported by Communications
- The opening of the Awhina Health Campus facilities at Waitakere Hospital to take place on 18 May. A formal opening of the Rangatira Paediatric Unit is also to occur.
- Richard Bohmer had given the second lecture in the CEO's Lecture Series on the evening of 15 May. The aim of the series is to stimulate discussion and engagement in debate about the future health system.
- The new section on Outcomes in the Chief Executive's report, for this agenda featuring an update on life expectations.

Matters covered in discussion of the report included:

- At the suggestion of the Board Chair, information on Northland DHB life expectancy will be included in future tables on life expectancy.
- The next steps in developing collaboration on Paediatrics with Auckland DHB would be presentations to both Boards and also the Board of Starship Hospital. There appeared to be increasing open mindedness about collaboration in this area.
- The Board Chair noted that for Maori Health he would like to formalise a lead CEO with positional authority and the ability to instruct for both Waitemata and Auckland DHBs. He would be proposing Dale Bramley for that role, subject to confirmation by Auckland DHB.

An April Scorecard for the Chief Executive's Report was distributed at the meeting.

Updating the agenda report, Dale Bramley noted that ESPI 2 and ESPI 5 compliance had now reached the target of zero outpatients and zero inpatients waiting more than six months. He also advised that the Lakeview Extension had just been nominated for this year's New Zealand Property Council awards in two categories: for design and for sustainability.

Dale Bramley was commended for the content of the Chief Executive's Report.

In answer to a question, the Chief Executive advised that Waitemata DHB is currently within the timeframes required by the Ministry of Health for colonoscopies in the Bowel Screening Pilot. However there is concern in that the Ministry has recently

changed compliance times for colonoscopies generally and each DHB is now under pressure to achieve that for its own waiting list. Waitemata DHB would need additional gastroenterologists and also need to look at facilities required. A paper would be produced on that.

With regard to the Bowel Screening Pilot, a suggestion was also made that the current approach (whereby the letters sent out invited those who did not want to participate to reply) might not be the best approach.

The Chief Executive advised that he would invite members of the Bowel Screening Team to the next meeting to discuss progress and issues.

Resolution (Moved Max Abbott/Seconded James Le Fevre)

That the Chief Executive's Report be received.

Carried

4.2 Communications Report (agenda pages 29-32)

Paul Patton (Director of Communications) introduced the report, noting:

- That there would be a big feature on Wellkids 2012 in the following week's Womens Day
- Recent very positive press coverage in local papers, both the Western Leader and the North Shore Times
- Statistics for the corporate website showed visitors had increased by 30% over 12 months.
- Increasing use was being made of social media, both Facebook and twitter.

In answer to a question, Paul Patton advised that a lot of work had been undertaken on linking the Waitemata DHB website with other websites, as well as improving the interface between the corporate website and the intranet.

Resolution (Moved Max Abbott/Seconded James Le Fevre)

That the report be received.

Carried

5 DECISION PAPERS

There were no decision papers.

6 PERFORMANCE REPORTS

6.1 Financial Performance (agenda pages 33-48)

Rosalie Percival (Chief Financial Officer) presented this report.

A Consolidated Statement of Financial Performance for April 2012 was tabled and copies circulated at the meeting.

In answer to questions, Rosalie Percival advised:

- Changes being implemented regionally though healthAlliance meant that once someone has proved their eligibility for health services with one of the four Northern DHBs, they will not need to prove that again for the other three. Changes to the NHI would achieve the same thing on a national basis, but those changes were about one year away.
- She would check with the various services on variances with Allied Health costs.

Resolution (Moved Rob Cooper/Seconded Allison Roe)

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

7 COMMITTEE REPORTS (agenda pages 49-80)

7.1 Auckland and Waitemata DHBs' Disability Support Advisory Committees Meeting held on 07 March 2012

Resolution (Moved Wendy Lai/Seconded Allison Roe)

That the Draft Minutes of the Auckland and Waitemata DHBs' Disability Support Advisory Committees Meeting held on 07 March 2012 be received.

Carried

7.2 Hospital Advisory Committee Meeting held on 04 April 2012

Resolution (Moved James Le Fevre/Seconded Warren Flaunty)

That the Draft Minutes of the Hospital Advisory Committee Meeting held on 04 April 2012 be received.

Carried

7.3 Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 02 May 2012

Resolution (Moved Warren Flaunty/Seconded Max Abbott)

That the Draft Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 02 May 2012 be received.

Carried

8 INFORMATION PAPERS

There were no information papers.

9 RESOLUTION TO EXCLUDE THE PUBLIC (agenda pages 81-83)

Resolution (Moved Warren Flaunty/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 Meeting of the Board with Public Excluded (04/04/12)**	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)]	**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.
2. Minutes of the Hospital Advisory Committee with Public Excluded (04/04/12)	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)]	**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.
3. Minutes of the Community and Public Health Advisory Committee with Public Excluded (02/05/12)	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)]	**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.

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
4. Recommendations from the Audit and Finance Committee with Public Excluded (02/05/12)	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)]
5. Minutes of the Wilson Home Trust (21/03/12)	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)]
6. Trust Deed Amendment	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)]
7. 2012/13 Accountability Documents	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)]	**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. [Official Information Act 1982 S.9 (2) (ba)]
8. Pharmacy – Access to new contracts	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)]	**Legal Professional Privilege** The disclosure of information would not be in the public interest because of the greater need to maintain legal professional privilege. [Official Information Act 1982 S.9 (2) (h)] **Maintenance of the Law** The disclosure of information would be likely to prejudice the maintenance of the law, including the prevention of, investigation of, and detection of offences, or prejudice the right to a fair trial. [Official Information Act 1982 S.6 (c)]

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
9. New Zealand Health Innovation Hub	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)]
10. Elective Services Centre	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)]
11. Fit-Out of Elective Services Centre	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)]
12. Board Decisions Implementation Report	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)]	As per the resolutions from the open section of the minutes, as they relate to particular items, in terms of the NZPH&D Act.

Carried

The meeting in open session concluded at 3.15p.m.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING 16 MAY 2012

_____CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 18 June 2012

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
Board 16/05/12	3	New blueprint for mental health in New Zealand – Helen Wood to be asked to brief the Board	Helen Wood	HAC 27/06/12	To be presented at June HAC meeting.
Board 16/05/12	3	Primary Care – Board members to be informed of innovative developments in West Auckland	Debbie Holdsworth	CPHAC 18/07/12	
Board 16/05/12	4.1	Bowel Screening Pilot – briefing on progress to be arranged for June Board meeting	Gaye Tozer	Board 27/06/12	Included in June Board agenda.