

## **2.1 Confirmation of Minutes of the Board meeting held on 08<sup>th</sup> August 2012**

### **Recommendation:**

**That the Minutes of the Board meeting held on 08<sup>th</sup> August 2012 be approved.**

## **Minutes of the meeting of the Waitemata District Health Board**

**Wednesday 8 August 2012**

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace,  
Takapuna, commencing at 1.35p.m

### **BOARD MEMBERS PRESENT:**

Lester Levy (Board Chair)  
Max Abbott (Acting Board Chair)  
Pat Booth  
Sandra Coney  
James Le Fevre  
Christine Rankin  
Allison Roe  
Gwen Tepania-Palmer

### **ALSO PRESENT:**

Dale Bramley (Chief Executive Officer)  
Rosalie Percival (Chief Financial Officer)  
Debbie Holdsworth (Acting Chief Planning and Funding Officer)  
Andrew Brant (Chief Medical Officer)  
Paul Patton (Director of Communications)  
Jocelyn Peach (Director of Nursing and Midwifery)  
Phil Barnes (Director of Allied Health)  
Naida Glavish (Chief Advisor Tikanga)  
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:**

None

### **APOLOGIES:**

Apologies were received from Rob Cooper, Warren Flaunty, Wendy Lai and Sam Bartrum.

### **WELCOME AND KARAKIA:**

The Board Chair welcomed those present to the meeting. Naida Glavish led the Board in a Karakia.

### **PART I – Items considered in public meeting**

#### **DISCLOSURE OF INTERESTS**

For the Interests Register, it was noted that Lester Levy has been appointed Chair Designate for Auckland Transport.

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 27 June 2012** (agenda pages 1-12)

**Resolution** (Moved Gwen Tepania-Palmer/Seconded Max Abbott)

**That the minutes of the Board meeting held on 27 June 2012 be approved.**

**Carried**

Matters Arising

No matters were raised.

## **3 CHAIR'S REPORT**

There was no Chair's report.

## **4 EXECUTIVE REPORTS**

### **4.1 Chief Executive's Report** (agenda pages 13-42)

Dale Bramley highlighted aspects of his report including:

- Achievement of health targets
- The new targets for the public service announced by the Prime Minister
- The financial surplus achieved for 2011/12, one of the best results in the sector and the best regionally
- The Community Pharmacy agreement signed by all 112 pharmacies within the District. Debbie Holdsworth had made a major contribution
- The hosting of Maryan Street, Richard Bohmer and Dwayne Crombie
- The staff movements detailed in the report, with a change in roles for Peng Voon, Dr Bhavani Peddinti and Dr Chris McKee
- The information items included in the report on life expectancy inequalities in Waitemata District and the cost of elective procedures, which showed that the growth in Waitemata DHB's average cost per WIES (Weighted Inlier Equivalent Separations) over the last two financial years (at 1.3% and 0.3%) had been significantly less than the national average
- The information on OECD health spending, with New Zealand government health spending increasing by 3.4% in 2010, the third highest growth rate in the OECD
- The balanced score card
- The article on the Waitemata DHB joint arthroplasty pilot in the Internal Medicine Journal by John Cullen and others, and the editorial by Professor Des Gorman and Dr Murray Horn.

It was noted that the only Waitemata DHB 2011/12 key action not achieved (page 27 of the agenda) was the Regional Information Systems Plan. Dale Bramley outlined

the challenges that healthAlliance's CEO spoke of, including: the links between upgrades of different systems; the alignment of the four DHBs; the total number of projects that had been requested; and that further investment in IT infrastructure would be necessary. healthAlliance had been asked to provide a full list of priorities for review and this would be received in the next couple of months. Rosalie Percival advised that a regional governance group had been set up to look at that list.

The Board Chair pointed out that healthAlliance should not be thought of as an independent entity; it is a subsidiary owned by the four DHBs, who are ultimately responsible. Dale Bramley also advised that Barry Vryenhoek, the CEO of healthAlliance, now comes to Waitemata DHB Executive Leadership Team meetings, which is helpful for discussion and response to issues.

There was further discussion of the issues in bringing the various Information Systems together and the importance of standardising infrastructure as the first step in moving forward.

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

**That the Chief Executive's Report be received.**

**Carried**

#### **4.2 Communications Report** (agenda pages 43-45)

Paul Patton (Director of Communications) introduced the report, noting the extensive interest in the pet therapy story, both from local newspapers and television. He also updated the Board on the Waitemata DHB Staff Year Book project, being negotiated with APN Publications. The Year Book is intended to celebrate success across both hospital sites and to include numerous photos, including team photos, and interviews with clinicians. The Year Book would be self funding, raising a substantial amount of money through advertising, and providing a memento to staff each year.

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

**That the report be received.**

**Carried**

### **5 DECISION PAPERS**

#### **5.1 2013 Board and Committee Meeting Schedule** (agenda pages 47-49)

In answer to a question, the Board Chair advised that it was still intended to have a review of Committee membership and meetings arrangements, likely first quarter 2013 (in addition to the review of CPHAC, currently underway). Some DHBs had a different approach to membership of the statutory committees.

**Resolution** (Moved James Le Fevre/Seconded Max Abbott)

**That the Board approve the meeting schedule for 2013, as attached to the agenda report.**

**Carried**

## **6 PERFORMANCE REPORTS**

### **6.1 Financial Performance (agenda pages 51-67)**

Rosalie Percival (Chief Financial Officer) introduced the report. She noted that June had been a very busy month for the hospitals, as reflected in higher expenditure for some items, such as nursing costs. Financially the organisation remained in good shape at the end of the financial year. The approximately \$5M year end surplus is to be applied to capital projects, with the Taharoto Mental Health Unit development being the priority.

In answer to a question, Rosalie advised that there should be some preliminary information on the current audit for the next Audit and Finance Committee meeting, with the final audit report coming in October.

The Board Chair commented that this is an excellent financial result and a dramatic change from three years earlier. The business transformation process introduced a few years previously had produced really good outcomes and the same process is now being introduced to Auckland DHB, with a new emphasis on measuring the bottom line.

**Resolution** (Moved Christine Rankin/Seconded Pat Booth)

**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 69-96)**

### **7.1 Auckland and Waitemata DHBs' Disability Support Advisory Committees Meeting held on 30 May 2012**

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

**That the Draft Minutes of the Auckland and Waitemata DHBs' Disability Support Advisory Committees Meeting held on 30 May 2012 be received.**

**Carried**

2.30p.m – Rosalie Percival retired from the meeting.

## 7.2 Hospital Advisory Committee Meeting held on 27 June 2012

**Resolution** (Moved Gwen Tepania-Palmer/Seconded Allison Roe)

**That the Draft Minutes of the Hospital Advisory Committee Meeting held on 27 June 2012 be received.**

**Carried**

## 7.3 Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 18 July 2012

**Resolution** (Moved Sandra Coney/Seconded Christine Rankin)

**That the Draft Minutes of the Auckland and Waitemata DHBs' Community and Public Health Advisory Committees meeting held on 18 July 2012 be received and the following recommendation approved:**

Ref	Item/Recommendation
3.1	<b>Improving Population Nutrition through Environmental Change</b>  <b>That the Board:</b> <ol style="list-style-type: none"><li><b>1. Note the complex obesity promoting environment and the associated burden of disease.</b></li><li><b>2. Support actions to improve population nutrition through policy and environmental change.</b></li><li><b>3. Endorse development of an Auckland DHB and Waitemata DHB Healthy Food Environment Policy and Plan.</b></li></ol>

**Carried**

## 8 INFORMATION PAPERS

### 8.1 Bowel Screening Pilot: Progress Report (agenda pages 97-101)

Gaye Tozer (Project Manager, Bowel Screening Pilot) was present for this item.

A correction was noted for page 101 of the agenda – the first line should read that 538 colonoscopies had been performed until the end of June.

In answer to questions, the Board was advised:

- With regard to possible comparisons between preliminary results and standards for such a programme, for some issues there are standards for comparison but for others there are only assumptions of what might be a reasonable expectation based on the results of other programmes internationally. A point of the pilot is to see whether those assumptions are met in New Zealand.
- 70% of patients receiving colonoscopies as a result of the pilot to date have polyps, which is an unexpectedly high rate. Whether polyps develop into cancer depends on their type, size etc. The number of polyps being discovered per patient means that it is quite difficult to achieve five colonoscopies per session, as planned.

- Some categories of polyps require further colonoscopy, while others require a level of surveillance, which might be say once every one, two, three or five years.

Sandra Coney raised the issue that ongoing surveillance of this type causes anxiety and that other types of screening programme avoid this type of ongoing surveillance.

Debbie Holdsworth advised that reporting in terms of the monitoring framework has not yet commenced for the Pilot and the initial data release will only occur after the first six months. This is the first time this test has been used and they are looking at the possibility of repeating the test in some cases when there is a need for surveillance, rather than repeating colonoscopies.

Dale Bramley noted that the concerns about some of the possible consequences of the Pilot are very valid issues, and the answers are not yet clear. Partly the intent of the Pilot is to determine such issues. There is also the issue of how to resource surveillance of an increasing number of people. While the various questions cannot be answered right now, it is important that they are raised and responded to in evaluating the Pilot. The screening programme is not a static process and as evidence comes through it can draw into question earlier evidence and existing assumptions.

Gaye Tozer commented that there is a huge evaluation plan associated with the Pilot, concentrated on Year 3 and Year 5, which should go a long way to addressing the types of issues raised.

Lester Levy noted that it is important to keep in perspective that this is a Pilot, which avoids committing to a major new initiative nationally without first evaluating it properly.

**Resolution** (Moved Max Abbott/Seconded Sandra Coney)

- 1. That the Board receives this report describing progress with the implementation of the Bowel Screening Pilot.**
- 2. That the Board notes the achievements to date of the Bowel Screening Pilot.**

**Carried**

**9 RESOLUTION TO EXCLUDE THE PUBLIC** (agenda pages 103-104)

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

**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:**

<b>General subject of items to be considered</b>	<b>Reason for passing this resolution in relation to each item</b>	<b>Ground(s) under Clause 32 for passing this resolution</b>
<b>1. Minutes of the Meeting of the Board with Public Excluded (27/06/12)</b>	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	<b>Confirmation of Minutes</b> 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
	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)]	
<b>2. Minutes of the Hospital Advisory Committee with Public Excluded (27/06/12)</b>	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)]	<b>Confirmation of Minutes</b> As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&D Act.
<b>3. Minutes of the Audit and Finance Committee with Public Excluded (18/07/12)</b>	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)]	<b>Commercial Activities</b> 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)]
<b>4. Minutes of the Three Harbours Trust (16/05/12)</b>	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)]	<b>Commercial Activities</b> 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)]
<b>5. Lease</b>	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)]	<b>Commercial Activities</b> 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)]

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
6. Values	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><b>Commercial Activities</b> 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>
7. Business Case Process	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><b>Commercial Activities</b> 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>
8. Non-Clinical Duties	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><b>Commercial Activities</b> 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><b>Obligation of Confidence</b> 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)]</p>
9. Child Rehabilitation Services	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><b>Commercial Activities</b> 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><b>Negotiations</b> 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>

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
<b>10. Board Decisions Implementation Report</b>	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 sections of the minutes of relevant meetings, as they relate to particular items, in terms of the NZ Public Health and Disability Act 2000.

**Carried**

The meeting in open session concluded at 2.59p.m.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING HELD ON 08 AUGUST 2012

\_\_\_\_\_ CHAIR

## Actions Arising and Carried Forward from Previous Board Meetings as at 9 August 2012

<b>Meeting Date</b>	<b>Agenda Ref</b>	<b>Topic</b>	<b>Person Responsible</b>	<b>Expected Report back</b>	<b>Comment</b>
Board 27/06/12	4.1	Summary of what articles are being published by WDHB staff to be provided to Board members.	Sam Bartrum Andrew Brant	September	Refer to HAC Agenda 19/09/12 - 'Clinical Advisors Report'.