

2.1 Confirmation of Minutes of the Board meeting held on 27 April 2011

Recommendation:

That the Minutes of the Board meeting held on 27 April 2011 be approved.

Minutes of the meeting of the Waitemata District Health Board

Wednesday 27 April 2011

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace,
Takapuna, commencing at 1.25pm

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:

Dave Davies (Chief Executive)
Dale Bramley (Deputy Chief Executive)
Alan Wilson (Chief Operating Officer)
Rosalie Percival (Chief Financial Officer)
Andrew Brant (Chief Medical Officer)
Jocelyn Peach (Director of Nursing and Midwifery)
Errol Kiong (Senior Communications Adviser)
Janine Pratt (Group Planning Manager)
Imelda Quilty-King (Community Engagement Coordinator)
Paul Garbett (Board Secretary)
Peta Molloy (Executive Assistant)

(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)

LEAVE OF ABSENCE: Rob Cooper

APOLOGIES: Paul Patton and Phil Barnes

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 the open part of the 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 Special Meeting of the Board held on 23 March 2011 (agenda pages 1- 4)

Resolution (Moved Pat Booth / Seconded Gwen Tepania Palmer)

That the minutes of the Special Meeting of the Board held on 23 March 2011 be approved.

Carried

2.2 Confirmation of Minutes of the Meeting of the Board held on 30 March 2011 (agenda pages 5-18)

Resolution (Moved Warren Flaunty / Seconded Gwen Tepania Palmer)

That the minutes of the Board held on 30 March 2011 be approved.

Carried

Matters Arising:

Board members had been advised of the cancellation of the meeting planned for 27 April concerning the mandatory reporting of child abuse, due to the purpose having now been overtaken by recent decisions of the Minister of Social Development which align with Waitemata DHB's position. This subject is to be covered in the Green Paper on the needs of children and young people announced by the Minister of Social Development, Paula Bennett. It was noted that the Board would be active in the subsequent submission process supporting mandatory reporting.

With regard to financial performance, Rosalie Percival advised she would take the request for good examples of savings to inspire the organisation to the next Steering Group meeting on savings and report back to the Board.

3 CHAIR'S REPORT

The Board Chair advised that he had decided that the recruitment process for the new Chief Executive of Waitemata DHB would be undertaken in house, at a saving probably in the order of \$160,000 to \$180,000. The search would involve electronic media, newspaper advertising and other recruitment resources and would extend into Australia. He outlined arrangements for the selection process, with the intention of discussing the appointment with the Board at a special meeting of the Board on 8 June 2011, with the appointment to be formally announced directly following.

Lester Levy briefed the Board regarding his meeting with the Minister of Health that morning, which had provided clarification around regionalisation, sub-regional co-operation, the role of HBL and other matters.

The Board Chair congratulated the organisation on reaching 93% on the ECC target, a dramatic improvement from mid-2009 when it was at 61%.

4 EXECUTIVE REPORTS

4.1 Chief Executive's Report (agenda pages 19-20)

The Chief Executive said that with regard to health targets, the focus was now on areas where improvements were most needed, particularly the smoking cessation advice target and the diabetes target. There would be a report back to the Board on that.

Dave Davies reported that at the national meeting of Chief Executives held the previous week, the Director - General of Health had:

- reaffirmed that the health targets were of utmost importance
- advised that he was pleased with progress but wished to maintain pressure on District Health Boards to ensure they “kept their eye on the ball”
- expressed a strong expectation of deficit avoidance
- asked CEOs to maintain a focus on employment relations and industrial relations processes and work as closely as they can with the unions to try and ensure an outcome that works well
- asked CEOs to consider whether enough progress is being made regionally with respect to IT
- advised that the Minister was pleased with the progress being made with regional planning, but that there would be strong scrutiny of regional plans going forward.

Max Abbott advised that when he attended the DHBNZ Chairs' meeting (on behalf of Lester Levy) the Minister of Health:

- identified information technology as one area where progress had been too slow
- identified negotiations with Senior Medical Officers as critical and asked Chairs and Boards to keep aware of developments
- emphasised the “no surprises” policy
- was positive about deficits having largely been eliminated and about progress on health targets.

The Board Chair reinforced the above from his discussions with the Minister, including the point that no deficits would be permitted.

The Chief Executive advised that from July 2011, Sam Bartrum would be the fulltime Waitemata DHB Director of Human Resources, instead of sharing that responsibility for Waitemata and Counties Manukau DHBs. The Board noted that this should have a positive impact on recruiting capacity.

4.2 Clinical Advisors' Report (agenda pages 21-22)

Andrew Brant (Chief Medical Officer), and Jocelyn Peach (Director Nursing and Midwifery) presented this item.

Andrew Brant advised that Professor Peter van de Weijer (recently appointed Clinical Director of Gynaecology at Waitemata DHB and a Professor at Auckland Medical School) had a background and interest in developing links between hospitals and universities.

Jocelyn Peach commented on the positive energy in the new ADU nursing team and the importance of that at the front end of the hospital, setting the tone.

Resolution (Moved Gwen Tepania Palmer / Seconded Pat Booth)

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

Carried

5 DECISION PAPERS

There were no decision papers.

6 PERFORMANCE REPORTS (agenda pages 23-48)

6.1 Financial Performance

Rosalie Percival, Chief Financial Officer, presented this item.

In answer to questions, the Board was advised:

- Acute IDF volumes are slightly down, but case weights are slightly up. The cost issue appears to be more related to a small number of outliers and very long stay patients. Previously Waitemata DHB only became aware of long stay patients when they were discharged by Auckland DHB, but now reports are being provided monthly on all long stay patients and therefore provisions for the costs can be made and alternative care options explored.
- Interpreter costs are down because of an effort being made to use interpreters more appropriately. This is a regional service.
- That growth in FTE staff numbers is mainly related to new services. A quarterly report identifying where changes in FTEs had occurred will be provided in the future.
- More information will be provided to the Board with regard to disputed invoices. In future this section of the report will be expanded to explain reasons for the amounts owing.
- For non-resident income, the invoice collection rate was 67% (which is reasonable under the circumstances, but needs to be improved). However what was different from the past is that all information (invoiced and non-invoiced) is collected. This meant that the bad debt was underestimated. The Ministry of Health assesses the level of bad debt and will adjust if this debt is greater than the national average. Counties Manukau and Auckland DHBs have been receiving that adjustment, but Waitemata DHB has not. The

Ministry has provided an undertaking that it will recalculate the 2012/2013 adjustment on the basis of bad debt at the end of the current financial year. This could be worth as much as \$1M to Waitemata DHB.

- The Minister of Health has instructed his Ministry and the Ministry of Immigration to work out a way to facilitate the provision of information needed for eligibility decisions by District Health Boards, which will prevent each patient having to provide proof of identity.
- With regard to creditors, the policy is to pay promptly to ensure any discounts are received.

Resolution (Moved Max Abbott / Seconded Alison Roe)

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) presented this report. She noted that more explanatory narrative had been included in the report.

The Board Chair noted that patient figures for Starship and Waitakere Hospital did not correlate with what could be expected following the opening of 24/7 ECC for children at Waitakere Hospital – the increase at Waitakere was not matched by the decrease at Starship. A possibility was that Waitakere Hospital was being used in part as a surrogate primary care provider. An analysis by triage category was requested. The financial problem was also noted – the anticipated level of repatriated income had not resulted. Another issue raised was that the new service may be uncovering an unmet need due to access or cost.

Errol Kiong updated the Board on the “keeping ED for emergencies” campaign planned to link with the new 24/7 emergency department service at Waitakere Hospital. A series of pamphlets had been devised to be distributed in early May. These had been translated into Korean, Chinese, Samoan and Tongan.

There was a discussion of managing levels of sick leave taken, and where better results need to be achieved as sick leave levels at Waitemata DHB are generally higher than similar DHBs. The Board was advised that discussions were being held with Auckland DHB about what they do, to see if anything in reporting or monitoring can be improved.

There was a discussion around the importance of benchmarking, resource scheduling and resource planning.

The Board suggested that more work was needed around DNA's (did not attend appointments), to understand the dynamics better. It was suggested that research by Auckland and Counties Manukau DHBs could be useful and that more information needed to be provided to the Board, for example numbers relating to first appointments as opposed to follow up appointments; also figures for different services.

Resolution (Moved Warren Flaunty / Seconded Gwen Tepania Palmer)

That the report be received.

Carried

7 COMMITTEE REPORTS (agenda pages 49-82)

7.1 Disability Support Advisory Committee Meeting held on 23 March 2011

Resolution (Moved Sandra Coney / Seconded Pat Booth)

That the Draft Minutes of the Disability Support Advisory Committee Meeting held on 23 March 2011 be received and the following recommendation be approved:

Ref.	Item/Recommendation
4.4	<p>Child Disability Services Report</p> <p>Child Respite Services and Transition to Adult Services</p> <p>That the Developmental Transition model for transitioning clients from Child Respite Services onto Adult Services be adopted, it being noted that management have endorsed the model.</p>

Carried

7.2 Hospital Advisory Committee Meeting held on 30 March 2011

Resolution (Moved Gwen Tepania Palmer / Seconded Wendy Lai)

That the Draft Minutes of the Hospital Advisory Committee Meeting held on 30 March 2011 be received and the following recommendation be approved:

Ref.	Item/Recommendation
6.1	<p>A National Approach to Hospital Pharmaceutical Funding</p> <p>(a) That the Board support development of a New Zealand Formulary and the work being done on this, but express its concern to PHARMAC about the proposed claiming mechanism and the cost to District Health Boards and ask PHARMAC to review that.</p> <p>(b) That letters be sent to other District Health Boards, seeking their support on this issue.</p>

Carried

7.3 Community and Public Health Advisory Committee Meeting held on 13 April 2011

Resolution (Moved Warren Flaunty / Seconded Christine Rankin)

That the Draft Minutes of the Community and Public Health Advisory Committee meeting held on 13 April 2011 be received.

Carried

7.4 Maori Health Gain Advisory Committee Meeting held on 13 April 2011

Resolution (Moved Gwen Tepania Palmer / Seconded Max Abbott)

That the Draft Minutes of the Maori Health Gain Advisory Committee meeting held on 13 April 2011 be received.

Carried

8 INFORMATION PAPERS

There were no information papers.

9 Resolution to Exclude the Public

Resolution (Moved Gwen Tepania Palmer / Seconded Allison Roe)

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 Special Meeting of the Board with Public Excluded (23/03/11)	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
<p>2. Minutes of the Board Meeting with Public Excluded (30/03/11)</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 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 Hospital Advisory Committee with Public Excluded (30/03/11)</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 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>4. Minutes of the Audit and Finance Committee with Public Excluded (13/04/11)</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 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>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>
<p>5. Minutes of the Three Harbours Health Foundation 30/03/11</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 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. Minutes of the Wilson Home Trust 18/02/11</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 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>

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. Appointment to the Audit and Finance Committee</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>Privacy The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p>
<p>8. Governance – Committee Structure and Meeting Cycle</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 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>9. Northern Regional Shared Services Organisation – Shareholders’ Agreement and Constitution – healthAlliance Ltd</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>Legal Professional Privilege The disclosure of information would not be in the public interest because of the greater need to maintain legal professional privilege.</p> <p>[Official Information Act 1982 S.9 (2) (h)]</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>

Carried

The meeting in open session concluded at 2.48pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING 27 APRIL 2011

_____ CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 17 May 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	Board 27/7/11	This will now be covered as part of a draft Experience and Engagement Strategy which is being prepared for the Board's consideration in July.
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	HAC 25/5/11	Refer Reduction of Length of Stay paper – HAC 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 25/5/11	Included with this agenda
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 29/6/11	
Board 30/3/11	5.1	<u>Representation on Waitakere Health Link</u> – check to be made if other Board members available to be appointed as second Board representative (in addition to Sandra Coney)	Paul Garbett		Contacted several members but not available. Suggest leave as is for 2011, but revisit with new meetings timetable for 2012.
Board 30/3/11	6.2	<u>Organisational Performance Reports</u> - introduce different symbol to indicate items with over performance of more than 5% - introduce section on consequences e.g where a service is over supplied, some qualitative analysis and proposed solution	Janine Pratt		Noted for follow-up.
Board 30/3/11	8.1	<u>CADs</u> – Engage with relevant Government Ministers on issues relating to referrals from the criminal justice system, with a view to bringing forward a proposal to enhance services and increase impact on communities while addressing the issue of adequate funding.	Board supported by CADS		
Board 27/4/11	2.2	<u>Financial Performance</u> – request for good examples of savings to inspire the organisation to be taken to next Steering Group meeting and response reported back to the Board.	Rosalie Percival		

Board 27/4/11	6.1	<u>FTEs</u> – a quarterly report to be provided on where changes have occurred.	Sam Bartrum/ Rosalie Percival		Noted
Board 27/4/11	6.1	<u>Statement of Accounts Receivables</u> – More information to be provided to the Board on disputed invoices. In future this section of the report will be expanded to explain reasons for amounts owing.	Rosalie Percival		
Board 27/4/11	6.2	<u>Organisational Performance</u> – analysis to be provided by triage category for children treated by Waitakere and Starship emergency departments.	Alan Wilson and Janine Pratt	HAC 29/6/11	
Board 27/4/11	6.2	<u>D.N.As</u> - work requested to provide understanding of the dynamics of DNAs suggesting reference to work done by Auckland and Counties Manukau DHBs. A report on DNA initiatives to be provided to the Board.	Alan Wilson	Board 27/7/11	

