

2.1 Confirmation of Minutes of the Board meeting held on 25 May 2011

Recommendation:

That the Minutes of the Board meeting held on 25 May 2011 be approved.

Minutes of the meeting of the Waitemata District Health Board

Wednesday 25 May 2011

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

BOARD MEMBERS PRESENT:

Lester Levy (Board Chair)
Max Abbott (Deputy Chair)
Pat Booth
Warren Flaunty
Wendy Lai
James Le Fevre
Christine Rankin
Allison Roe

ALSO PRESENT: Rosalie Percival (Acting Chief Executive)
Alan Wilson (Chief Operating Officer)
Andrew Brant (Chief Medical Officer)(present from 1.15p.m.)
Jocelyn Peach (Director of Nursing and Midwifery)
Debbie Holdsworth (Acting Planning and Funding Manager)
Barry Vryenhoek (CEO, healthAlliance) (present from 1.32p.m.)
Phil Barnes, (Director of Allied Health)
Janine Pratt (Group Planning Manager)
Sam Bartrum (General Manager Human Resources)
Errol Kiong (Senior Communications Adviser)
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)

LEAVE OF ABSENCE: Rob Cooper

APOLOGIES: Sandra Coney, Gwen Tepania-Palmer, Dave Davies, Dale Bramley and Paul Patton. Pat Booth had advised he would need to leave the meeting at 3p.m.

WELCOME Lester Levy (Board Chair) welcomed those present.

DISCLOSURE OF INTERESTS

Lester Levy advised that he is a Trustee of the A+ Trust. Max Abbott advised that he is a board member of the AUT Millennium Ownership Trust. Both declarations will be included in the Interests Register.

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, except that Item 6.1 was considered after Item 7.2.

2 BOARD MINUTES

2.1 Confirmation of Minutes of the Meeting of the Board held on 27 April 2011 (agenda pages 1-14)

Resolution (Moved Pat Booth / Seconded Warren Flaunty)

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

Carried

Matters Arising

No issues were raised.

2.2 Confirmation of Minutes of the Special Meeting of the Board held on 11 May 2011 (agenda pages 15-18)

Resolution (Moved James Le Fevre / Seconded Wendy Lai)

That the minutes of the Special Meeting of the Board held on 11 May 2011 be approved.

Carried

3 CHAIR'S REPORT

The Board Chair advised that notification had been received that district health boards would need to plan to meet the future additional employer costs of KiwiSaver from July 2012 without additional Government funding for that.

Lester Levy also noted that while Health Benefits Ltd is looking to save money for district health boards, it is also looking to defend them from price increases, for example by looking offshore for insurance cover. It is possible that there may be a dramatic increase in insurance costs, with the area north of Waikato re-designated from low to medium earthquake risk and the rest of the country re-designated from medium to high risk. Policy renewals are due at the end of June.

The Board Chair also advised:

- The Chief Executive Officer recruitment process is progressing, and an announcement is likely mid June.

- There will be a meeting between the Minister of Health and District Health Board Chairs and Deputy Chairs on 31 May 2011 and the Board will be updated subsequently.
- The North Shore Hospital exterior is to be repainted (a colour scheme has been decided) and improvements made to gardens, the entrance and signage.

4 EXECUTIVE REPORTS

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

Rosalie Percival (Acting Chief Executive Officer) noted that emergency response systems had worked well in response to the tornado in Albany. Performance against national health targets continued to improve, with a 97% result for North Shore Hospital for the shorter stays in emergency departments target that Monday. Alan Wilson (Chief Operating Officer) advised that for the better help for smokers to quit target, 78% of hospitalised smokers had been provided with advice to quit in the third quarter, but he expected that May's result could be as high as 90%. Alan Wilson, Andrew Brant and Dale Bramley were acknowledged for their work on improving performance with this target.

4.2 Clinical Advisors' Report (agenda pages 21-24)

Andrew Brant (Chief Medical Officer), Jocelyn Peach (Director Nursing and Midwifery) and Phil Barnes (Director Allied Health) summarised their report. It was noted that a larger version of the graph on page 24 would be e-mailed to members.

The Board was advised that with regard to errors in treatment, the most common tool to date for identifying these has been reporting of incidents. The proactive approach now being taken under the regional "first do no harm" initiative is to randomly select 40 case notes each month and to systematically go through these to identify errors and potential harm. This approach is being adopted regionally, and is based on an international programme. How the results can best be reported is being worked on. The process uses a checklist and can capture errors of omission. While the checklist highlights what are known to be errors, there may be other items that can be added to it later. A good range of people are involved in the assessments, including nurses and doctors. In addition to the 40 assessments each month, 240 case notes are to be reviewed retrospectively

Andrew Brant advised that an assessment is taking place of quality work being done by the District Health Boards in the Auckland Region, looking at different capacities and the potential to pool resources.

Phil Barnes expanded on the section of his report relating to Business Transformation. He advised that Allied Health is looking hard at how it should be doing things, for example the possibility of virtual clinics for dieticians. In the case of some services, there is an obstacle in that national funding requires face to face visits. It was noted that effort is needed to change the national framework, but even if that is not successful, it may be worthwhile to make those changes.

Phil Barnes advised that with regard to the over spend on community referred laboratory testing referred to in the report, information is now being provided by Auckland DHB as to what is actually being paid for. The amount of annual testing requested by a small number of general practitioners, for example for allergy tests,

seemed exceptionally high and is been looked at. This is particularly critical in view of Auckland DHB's estimate of increased Waitemata DHB costs for community referred testing. It was noted that this issue will be reported on in the Funder Hospital report given to the Audit and Finance Committee.

The Board Chair noted the unique opportunities for Allied Health that lay in collaboration with Auckland DHB.

Resolution (Moved Pat Booth / Seconded Max Abbott)

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

Carried

5 DECISION PAPERS

5.1 Quarterly Performance Report to the Ministry of Health – Report for Third Quarter 2010/11 (agenda pages 25-44)

Wendy Bennett, Planning and Accountability Analyst and Janine Pratt, Group Planning Manager introduced the report. Tom Robinson, Public Health Physician, also assisted in responding to questions.

Comparative charts for Quarter Three results for national targets were distributed at the meeting.

Performance against targets was discussed. Answers to questions included:

- With regard to cardiovascular risk assessment and management, the internal measure was around people actually having a CVD risk assessment, whereas the Ministry target was based on lipid group tests combined with blood glucose tests. The reason why the internal measure had not been matched to the Ministry measure was the time delay with the information from the Ministry.
- With regard to improving diabetes management, a diabetes co-ordinator had been appointed and increased funding for checks had been provided, along with other programmes, but these initiatives had not made much impact on the statistics. Internationally it was acknowledged that improvement in this area was very difficult to achieve. It would be essential that the PHOs influenced general practices more to improve results.

It was noted that the majority of District Health Boards are struggling to improve performance with the target for diabetes and cardiovascular services. In response to a suggestion from the Board Chair, Tom Robinson agreed to approach Taranaki District Health Board to find out how they had achieved outstanding results in meeting this target.

The different ways that theatre productivity are measured in this report to the Ministry and in the Chief Operating Officer's report to the Hospital Advisory Committee were noted and Alan Wilson offered to report back on how the different measures related.

Resolution (Moved James Le Fevre / Seconded Pat Booth)

That the Third Quarter Performance Report to the Ministry of Health for 2010/11 be approved.

Carried

5.2 Third Quarter Report Against Key Objectives from District Annual Plan (2010/11) (agenda pages 45-58)

Janine Pratt, Group Planning Manager and Wendy Bennett, Planning and Accountability Analyst, presented this report, with Tom Robinson and Sam Bartrum assisting in answering questions.

Answers to questions included:

- In setting targets for the 2011/12 District Annual Plan, a more streamlined approach had been taken, except for the statement of forecast performance where there were more measures. The measures for 2011/12 tended to be more KPI type measures rather than statements of deliverables. Deliverables were also stated much more concisely.
- There is a possibility that national targets for better help for smokers to quit may be extended to include primary care as well as secondary care for 2013. Tom Robinson advised that he would be talking to the PHOs about that and about anti-smoking initiatives.
- Sam Bartrum advised that the Physician Assistant Pilot had been running for nearly 12 months. Health Workforce New Zealand had replaced the evaluator for the pilot and the evaluation was now under way.
- In the 2011/12 District Annual Plan a more concerted effort had been made to focus on the significant and substantive issues.

Resolution (Moved Max Abbott / Seconded Warren Flaunty)

That the Third Quarter Report against key objectives in the District Annual Plan (2010/11) be approved.

Carried

6 PERFORMANCE REPORTS (agenda pages 59-84)

6.1 Financial Performance

Rosalie Percival, Chief Financial Officer, presented this item. She distributed information sheets relating to two issues raised at the April 27 Board meeting: changes in staff FTE numbers per quarter and debtors in excess of 91 days.

With regard to the FTE information, the Board noted the increase in ECC medical staffing relating to the major improvements made in that area, and the very sizable reduction in sick leave and overtime taken in Mental Health. It was noted that there was a discrepancy between the figures for management and administration tabled and those provided in the agenda report. Rosalie Percival advised that she would check and report back to Board members.

With the information tabled on debtors in excess of 91 days, Rosalie Percival noted that she had not included the revenue recovery programme relating to non-residents. She advised that there was a very good recovery rate for non-residents, allowing for what was often a longer debt recovery period.

Further information was requested on the amounts listed as owing by the significant debtors. It was agreed that it would be useful to supply the Board with a summary of debtors report every six months.

In answer to questions, the Board was advised:

- the unfavourable result for Governance and Funding Administration in April (page 63) related to corrections and tidy up of budgets.
- with regard to enhance regional cooperation initiatives (page 66), a credit was expected back from underspend in the Health Alliance budget. Very roughly this might be in the order of \$200,000.
- with return on investments under the current model, the opportunities to make revenue are quite limited. There are restrictions on what patients can be charged for and facilities are not shared with the private sector.

In discussion the suggestion was made that perhaps there might be an opportunity to improve funding by something equivalent to international students in education.

Resolution (Moved Max Abbott / Seconded Pat Booth)

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.

It was noted that there might be other opportunities to utilise texting in primary care, beyond its use for reminders for appointments.

Resolution (Moved Pat Booth / Seconded Max Abbott)

That the report be received.

Carried

7 COMMITTEE REPORTS (agenda pages 85-100)

7.1 Hospital Advisory Committee Meeting held on 27 April 2011

Resolution (Moved Pat Booth / Seconded Max Abbott)

That the Draft Minutes of the Hospital Advisory Committee Meeting held on 27 April 2011 be received.

Carried

7.2 Community and Public Health Advisory Committee Meeting held on 11 May 2011

Resolution (Moved Warren Flaunty / Seconded Max Abbott)

That the Draft Minutes of the Community and Public Health Advisory Committee held on 11 May 2011 be received.

Carried

8 INFORMATION PAPERS

8.1 Is Our Acute Hospitalisation Rate Too High? (agenda pages 101-108)

Peter Sandiford, Public Health Physician and Debbie Holdsworth, Acting Planning and Funding Manager, presented this report.

Peter Sandiford updated the report, advising that the Ministry of Health had revised its figures, and Waitemata District Health Board was now shown as having the sixth highest acute hospitalisation rate of the twenty DHBs, and not classed as a “high outlier”.

Points noted in consideration of the item were:

- the importance of always verifying any data which seemed questionable
- the exclusion criteria applied by the Ministry should be amended to remove patients transferred from another hospital
- measures being taken to reduce the acute hospitalisation rate include the initiative to identify patients of high risk of re-admission and reduce that risk using a call centre to advise and assist them; and retrospective audit of admissions and whether they were justified
- individual doctors have different thresholds for admitting, which might be measured statistically; however a complication is that both Senior Medical Officers and Registrars make admission decisions

Resolution (Moved Warren Flaunty / Seconded James Le Fevre)

That the report be endorsed.

Carried

9 Resolution to Exclude the Public (agenda pages 109-110)

Resolution (Moved Allison Roe / Seconded Warren Flaunty)

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 (27/04/11)</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>Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the 27 April 2011 meeting, in terms of the NZPH&D Act.</p>
<p>2. Minutes of the Special Meeting of the Board with Public Excluded (11/05/11)</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 11 May 2011 meeting, in terms of the NZPH&D Act.</p>
<p>3. Minutes of the Hospital Advisory Committee with Public Excluded (27/04/11)</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>Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the 27 April 2011 meeting, in terms of the NZPH&D Act.</p>
<p>4. Minutes of the Audit and Finance Committee with Public Excluded (11/05/11)</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. Draft Northern Region Health Plan</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>Obligation of Confidence The disclosure of information would not be in the public interest because of the greater need to protect information which is subject to an obligation of confidence.</p> <p>[Official Information Act 1982 S.9 (2) (ba)]</p> <p>Negotiations The disclosure of information would not be in the public interest because of the greater need to enable the board to carry on, without prejudice or disadvantage, negotiations.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p>
<p>6. Extension of Current Accident & Medical Clinic Overnight Contracts</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>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>

Carried

The meeting in open session concluded at 2.50 p.m.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING 25 MAY 2011

_____ CHAIR

Actions Arising and Carried Forward from Previous Board Meetings as at 20 June 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 27/07/11	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.
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 27/07/11	
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		Communication to go out to the organisation by mid June. Organisation response to be reported to the Board in June.
Board 27/4/11 25/5/11	6.1	<u>Statement of Accounts Receivables</u> - information to be provided on the amounts listed as owing by the two significant debtors. - a summary of debtors report to be provided every 6 months.	Rosalie Percival		Noted. Information on two significant debtors will be e-mailed to members.
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	Board 29/6/11	Included in the Organisational Performance Report on Board agenda.
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	

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
Board 25/5/11	5.1	<u>Diabetes Management</u> – Taranaki District Health Board to be approached to find out how they achieved their outstanding health target result	Tom Robinson		Taranaki DHB providing useful advice – will be conveyed to the Board shortly (20/06/11).
Board 25/5/11	5.1	<u>Theatre Productivity Measures</u> - advice to be given to Board members on how the different reporting measures to the Ministry and in the COO report to HAC are related.	Alan Wilson		
Board 25/5/11	6.1	<u>FTE numbers for Management and Administration</u> - check to be made of discrepancy between information tabled at the Board meeting and that included in Financial Performance report, and Board members advised.	Rosalie Percival		The information tabled was actual FTE for the quarter, whereas the Board report showed actual FTE for the month.

