

## **2.1 Confirmation of Minutes of the Board meeting held on 28 September 2011**

### **Recommendation:**

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



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

**Wednesday 28 September 2011**

held at Waitemata DHB, Boardroom, Level 1, 15 Shea Terrace,  
Takapuna, commencing at 1.15p.m

### **BOARD MEMBERS PRESENT:**

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

**ALSO PRESENT:** Dale Bramley (Chief Executive Officer)  
Rosalie Percival (Chief Financial Officer)  
Alan Wilson (Chief Operating Officer)  
Andrew Brant (Chief Medical Officer)  
Debbie Holdsworth (Acting Chief Planning and Funding Officer)  
Jocelyn Peach (Director of Nursing and Midwifery)  
Phil Barnes (Director of Allied Health)  
Sam Bartrum (General Manager Human Resources)  
Paul Garbett (Board Secretary)

(Staff members who attended for a particular item are named at the start of the minute for that item)

### **PUBLIC AND MEDIA REPRESENTATIVES**

Lynda Williams (Auckland Women's Health Council)

**APOLOGIES:** Barry Vryenhoek

### **WELCOME**

The Board Chair welcomed those present.

### **DISCLOSURE OF INTERESTS**

Max Abbott advised of two additional interests for inclusion in the Interests Register: Chair, Social Services Online Trust and Board Member, the Rotary National Science and Technology Forum Trust.

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 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 31 August 2011 (agenda pages 1-16)

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

**That the minutes of the Board meeting held on 31 August 2011 be approved.**

#### Carried

#### Matters Arising

The Board Chair noted that he had sent a letter to Professor Iain Martin on the Board's behalf, congratulating him on his appointment as a Deputy Vice Chancellor at Auckland University.

## 3 CHAIR'S REPORT

The Board Chair reported on the following matters:

- His appreciation of the way the new Chief Executive is tackling issues, recalibrating performance norms and bringing a high degree of momentum to his work.
- Regional collaboration is coming to an important point in terms of establishing a way forward. The Chief Executives are working on a framework for this and the Board Chairs will meet with them on 6 October. Overall he emphasised that there needs to be a more coherent way of making decisions on a regional basis.

## 4 EXECUTIVE REPORTS

### 4.1 Chief Executive's Report (agenda pages 17-19)

Dale Bramley thanked Alan Wilson and the Clinical Directors for the way that the high number of patients accessing the hospitals in September had been handled.

The Chief Executive summarised his report. He also advised that he had attended the recent address by the Minister of Health at AUT. The Minister had signalled the need to focus more on prevention in health. The Minister had emphasised that the ongoing focus on tobacco control will be given further momentum if the Government is re-elected. He had also complemented Waitemata District Health Board on its turnaround in terms of performance.

In answer to a question relating to the item in his report 'Subsidised Autonomous Dispensing by Pharmacists', Dale Bramley advised that Tim Wood, Group Funding Manager, would be involved in input on proposed standard national protocols.

Sandra Coney expressed appreciation on behalf of the Auckland Council's Social Forum for the meeting held at Waitemata DHB. Dale Bramley advised that a letter of thanks had also been received on this.

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

Andrew Brant (Chief Medical Officer), Jocelyn Peach (Director Nursing and Midwifery) and Phil Barnes (Director Allied Health) were present for this item.

The Board acknowledged Andrew Love's ten years of service as Clinical Director of Anaesthesia, a role which he is now handing over to Tania Hunter.

With regard to the comment in the report about changes to Auckland University's medical curriculum and mode of teaching, Andrew Brant said that, while this was still to be clarified, his understanding was that in the hospital setting it would involve a greater emphasis on learning through being involved in a clinical team. Discussions around what was proposed and the implications of that had still to take place.

The Board Chair noted that he had met with the new head of the Auckland University Medical School, who wished to advance their relationship with Waitemata DHB.

Phil Barnes noted a correction to his report, advising that a Laboratory and Surgical Pathology Services Review Consultation Paper had been distributed on 26 September. He advised that a meeting with staff to discuss that would take place very shortly. The proposal was for one core laboratory at North Shore Hospital and a satellite one at Waitakere Hospital.

In answer to a question, Jocelyn Peach advised that the September 2011 intake of new nursing graduates had included two Maori graduates out of a total of thirty four graduates. No Maori applicants had been declined.

Gwen Tepania-Palmer acknowledged Jocelyn for having a close working relationship with the Association of Maori Nurses over a long period of time.

The Board Chair spoke of the massive determination that now existed to improve Maori health.

The Deputy Board Chair advised of intensified efforts to get Maori students into tertiary health programmes, and noted that the challenges can be retention and completion of studies. It can be devastating if students fail, while success can encourage others. Rob Cooper gave an example of the difficulties that can be experienced when a tertiary institution takes too rigid an approach.

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

**That the report be received.**

**Carried**

#### **4.3 Communications Report** (agenda pages 23-27)

Paul Patton, Director of Communications, introduced the report and commented that August had been a very positive month in terms of media coverage, particularly around the new state of the art CT scanner, but also generally in terms of local media coverage.

The Board Chair commended the optimistic, positive approach being pursued by Communications, for example as evidenced in Healthlines. He noted that often there is a time lag between improving services and enhanced public reputation and this positive approach would help overcome that.

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

**That the report be received.**

**Carried**

## **5 DECISION PAPERS**

### **5.1 2012 Board and Committee Meeting Schedule** (agenda pages 29-31)

With regard to the options noted in the report for meeting venues, for reasons of practicality, the Board supported the continuation of the current pattern of CPHAC meeting at Takapuna and DSAC and MHGAC meeting at Greenlane. It was noted that this would be subject to the agreement of the Auckland District Health Board.

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

**(a) That the Board approve the attached meeting schedule for 2012.**

**(b) That with regard to meetings venues for the Community and Public Health Advisory Committee (CPHAC), the Disability Support Advisory Committee (DSAC) and the Maori Health Gain Advisory Committee (MHGAC) (all of which Committees operate on a collaborative model with Auckland District Health Board), the Board indicate that its preference for 2012 would be to continue the pattern of CPHAC meeting at Takapuna and DSAC and MHGAC meeting at Greenlane, noting that this is dependent on the agreement of the Auckland District Health Board.**

**Carried**

### **5.2 Planning and Funding - Procurement** (agenda pages 33-45)

Tim Wood, Group Manager, Funder NGO, summarised the report. In answer to questions, he advised that:

- A balance needed to be found when deciding whether or not to have longer term contracts between concerns that they might cut out unsuccessful tenderers from future tendering and the fact that long term contracts are clearly beneficial where there needs to be continuation of service over a long period of time, for example with home based support.
- With regard to training on procurement, there is a large amount of specialised training that could be done. The intention is first to carry out standard training (with the assistance of the Ministry of Economic Development) for those involved in Funding Team procurement, and then look at further development opportunities for particular staff.
- With regard to pursuing best options for procurement for Maori Health Services, he saw a need to get a better idea of what is working well and what is not working well and why – a more holistic approach is needed with these contracts.

Rosalie Percival noted that Enterprise Content Management could be of assistance with work flow with contracts.

**Resolution** (Moved Rob Cooper/Seconded Max Abbott)

**That the Board:**

- a) **Note the contents of this paper.**
- b) **Note the emerging move to relational purchasing approaches.**
- c) **Endorse the move to longer term contract periods where value for money can be obtained or where relational purchasing approaches are being applied.**
- d) **Endorse the proposal that all Crown Funding Agreements are to be held by Planning and Funding so a complete register can be maintained and to enable reporting requirements to be met.**
- e) **Note the approach to up-skill staff in procurement activity through collaboration with the Ministry of Economic Development.**

**Carried**

## **6 PERFORMANCE REPORTS**

### **6.1 Financial Performance** (agenda pages 47-60)

Rosalie Percival, Chief Financial Officer, summarised the key factors affecting financial performance as detailed in the report. She noted major areas of focus as being the savings plan and implementing planned staffing service models. There would be a report back to the Board or the Audit and Finance Committee in October on progress and issues with the business transformation programme.

Matters covered in consideration of the report included:

- Auckland Council rating policy – the Board does not pay rates on the buildings it owns. The former North Shore, Waitakere and Rodney Councils had different approaches to payment of rates on leased premises. As the Auckland Council is in the process of reviewing rating policy, it was agreed that early engagement with the Council should be considered. As a first step the Legal Services Manager will be asked to provide advice on the legislation, current rating practice, and how the Board could be advantaged or disadvantaged by changes to council rating policy. A suggested approach is to be brought back to the Board for its consideration.
- Concern at the financial performance results for Child, Women and Family Services – a significant increase in cost, but no apparent increase in level of activity. An explanation of this was requested.
- Cash flow – overall the Board has more cash available than planned. How this can be utilised to best effect is to be kept under review.
- Non-resident revenue – despite results to date, recovery to budget was still expected for 2011/12 as a whole. Revenue for August had doubled compared to previous months. It needed to be kept in mind that many people were on payment by instalment arrangements. Rosalie Percival noted that there was a need to capture information on non-residents at the point they first arrived in the hospital process. A proposal to achieve that is with healthAlliance, had been delayed by restructuring there, but could be implemented once an appointment had been made.
- Business transformation – the same kind of pressure to achieve results was being applied as in the 2010/11 year. As for the same period last year, early results were below projections, but the process was now heating up.

- Alan Wilson explained that for costs associated with doctors, the approach now being followed is to try and reduce costs by increasing productivity. He gave examples of past attempts to reduce costs by reducing doctor numbers which had backfired and led to greater costs from needing locums. RMO numbers are not keeping pace with the challenges of increased workloads. Where there are opportunities to filter off work to nurses that is being done. With regard to junior doctors, he advised that numbers coming through are gradually improving and for the Auckland metro region it is currently projected that supply will meet demand by 2018.
- There was agreement that the current situation requires a blend of two approaches: a value for money approach and a transformational approach, looking at what can be done differently. The Board Chair noted that in a real crisis, people confront reality because they have to. The economic situation meant that the Board is getting closer and closer to the point where decisions would have to be made over what needs to be given up.
- The Chief Executive referred to the innovative approach and recent advances made in many areas such as elective surgery, ECC, the reduction in re-admissions programme, approach to primary care, the radiology service and the cardiology service. The door is open to try new things.

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

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

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

**Carried**

## **6.2 Organisational Scorecard and Board Priorities Performance** (agenda pages 61-67)

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

The Board was positive about the new approach to reporting and the format. Larger type size was requested for Section 4 concerning KPIs.

Discussion centred on the need for leading indicators, actively monitored by managers, paying attention to correlations and getting on top of problems before they get out of control. The concept of flash reporting was endorsed. The Chief Executive noted that there is flash reporting for some areas, for example Emergency Department figures and occupied bed numbers come through daily. This type of reporting could be amplified, for example with more regular reporting of WIES and payroll data. This would be looked at.

**Resolution** (Moved Sandra Coney/Seconded Gwen Tepania-Palmer)

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

**Carried**

**7 COMMITTEE REPORTS** (agenda pages 69-88)

**7.1 Hospital Advisory Committee Meeting held on 31 August 2011**

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

**That the Draft Minutes of the Hospital Advisory Committee held on 31 August 2011 be received.**

**Carried**

**7.2 Auckland and Waitemata DHBs' Community and Public Health Advisory Committees Meeting held on 14 September 2011**

**Resolution** (Moved Wendy Lai/Seconded Pat Booth)

**That the Draft Minutes of the Auckland and Waitemata DHB Community and Public Health Advisory Committees Meeting held on 14 September 2011 be received.**

**Carried**

**8 INFORMATION PAPERS**

**8.1 Quality Improvement Reports** (agenda pages 89-112)

Dale Bramley introduced the three reports.

**8.1.1 Nursing Charter/Standards**

Jocelyn Peach, Director of Nursing and Midwifery, noted that a key influence in developing the Charter had been work done in New South Wales around Essentials of Care. She advised that they would be working to identify activities to progress all the objectives in the Charter.

Matters covered in discussion of the item included:

- The importance of the Charter / Standards in putting a clear stake in the ground about what is expected.
- The need to focus on changing behaviours.
- Charge nurses seen as critical in setting the example.
- The importance of nurses introducing themselves to patients, advising if they were in a learning role, and showing cultural sensitivity to different practices.
- The Charter was seen as a huge advance on attitudes a few years previously, when there was great debate over whether "compassion" should be a value endorsed by the Board.

**Resolution** (Moved Allison Roe/Seconded Christine Rankin)

**That the Board endorses the Nursing Charter/Standards as part of the approach being taken to improve quality across the Waitemata District Health Board.**

**Carried**

#### 8.1.2 Home Based Wards – Medicine/Surgery at North Shore Hospital

Alan Wilson, Chief Operating Officer, introduced the report. He noted that a simulation exercise around volumes was under way. This process involved clinical teams working out different options. He also noted the linkage between reducing occupancy rates and improving the percentage of patients in home based wards.

In answer to a question, Alan Wilson advised that achievement of the objective of having patients in single gender rooms is audited every few weeks, and results are around 95% in single gender rooms. Where there are instances of male and female patients in the same room, the aim is always to try to remedy that by the next day.

The Board Chair noted that the extension of elective surgery would provide some additional space that could be useful for decanting while older wards were renovated. He also reinforced that the aspiration should be to achieve 100% single gender rooms for patients and 100% home based wards.

**Resolution** (Moved Pat Booth/Seconded Max Abbott)

**That the Board endorses the approach to Home Based Wards as part of the approach being taken to improve quality across the Waitemata District Health Board.**

**Carried**

#### 8.1.3 Waitemata DHB Medication Safety Strategy 2011-2014 – Inpatient Units

Marilyn Crawley, Chief Pharmacist summarised the objectives of the report and outlined the approach being taken by reference to the diagram on page 100 of the agenda.

In approving the recommendation, the Board asked that it be noted how impressed members had been with the quality of the Strategy.

**Resolution** (Moved Christine Rankin/ Seconded Warren Flaunty)

**That the Board endorses the Waitemata DHB Medication Safety Strategy 2011-2014 as part of the approach being taken to improve quality across the Waitemata District Health Board.**

**Carried**

9 **RESOLUTION TO EXCLUDE THE PUBLIC** (agenda pages 113-114)

**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:**

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><b>1. Minutes of the Meeting of the Board with Public Excluded (31/08/11)</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><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&amp;D Act.</p>
<p><b>2. Minutes of the Hospital Advisory Committee with Public Excluded (31/08/11)</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Minutes</b> As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>
<p><b>3. Minutes of the Audit and Finance Committee with Public Excluded (14/09/11)</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<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>
<p><b>4. Minutes of the Community and Public Health Advisory Committee with Public Excluded (14/09/11)</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Minutes</b> As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the NZPH&amp;D Act.</p>

General subject of items to be considered	Reason for passing this resolution in relation to each item	Ground(s) under Clause 32 for passing this resolution
<p><b>5. Minutes of the Wilson Home Trust with Public Excluded (14/09/11)</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<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.</p> <p>[Official Information Act 1982 S.9 (2) (i)]</p>
<p><b>6. Innovation Hub</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</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.</p> <p>[Official Information Act 1982 S.9 (2) (j)]</p> <p><b>Obligation of Confidence</b> (i) 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><b>7. Approach to Maori Health</b></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&amp;D Act 2000 Schedule 3, S.32 (a)]</p>	<p><b>Privacy</b> The disclosure of information would not be in the public interest because of the greater need to protect the privacy of natural persons, including that of deceased natural persons.</p> <p>[Official Information Act 1982 S.9 (2) (a)]</p>

**Carried**

The meeting in open session concluded at 3.05 p.m.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATA DISTRICT HEALTH BOARD - BOARD MEETING 28 SEPTEMBER 2011

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CHAIR

## Actions Arising and Carried Forward from Previous Board Meetings as at 18 October 2011

Meeting Date	Agenda Ref	Topic	Person Responsible	Expected Report back	Comment
Board 23/2/11	4.2	<u>Clinical and Corporate Governance</u> - report on consumer links to be prepared for the Board.	Paula Halliday and Janine Pratt	Late 2011	This will now be covered as part of a draft Experience and Engagement Strategy which will be prepared for the Board's consideration. Refer update report on 31/08/11 Board agenda.
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	Audit & Finance 12/10/11	Recommendation from Audit and Finance included in this agenda.
Board 27/7/11	4.1	<u>Vision</u> – suggestion of developing a new vision for the organisation to be considered and ELT's and Chair's advice on this referred back to the Board.	Dale Bramley/ Janine Pratt	Board 26/10/11	Included in this agenda.
Board 31/8/11	8.1	<u>Asian Home Care Provider Services</u> – the Funder and Asian Health to reach agreed position on this and advise the Board.	Bryan Agnew, Sue Lim	Board 30/11/11	
Board 28/9/11	4.2	<u>Letter of appreciation</u> – to be sent on behalf of the Board to Andrew Love, for recently completed service as Clinical Director of Anaesthesia.	Lester Levy, Paul Garbett		
Board 28/9/11	6.1	<u>Auckland Council Review of Rating Policy</u> – advice to be provided to the Board on legislation, current rating practice, how the Board could be advantaged or disadvantaged by changes to rating policy and suggested strategy.	Rosalie Percival, Amanda Mark	Board 30/11/11	
Board 28/9/11	6.1	<u>Financial Performance</u> – explanation of August results for Child, Women and Family Services to be provided to Board members.	Rosalie Percival		Presentation provided to October Audit and Finance Committee - copied to other Board members
Board 28/9/11	6.1	<u>Leading Indicators/Flash Reporting</u> – possible enhancements to be considered, for example more regular reporting to managers of WIES and payroll data.	Rosalie Percival		Action underway to introduce additional flash reporting.

