

**MINUTES OF THE BOARD MEETING OF THE WAIRARAPA DHB,  
HELD ON MONDAY 24 JULY 2007 AT 9.06AM,  
IN THE BOARD ROOM, WAIRARAPA DHB, BLAIR STREET, MASTERTON**

Present: Bob Francis (Chair), Janine Vollebregt, Cheryl Kurei, Pamela Jefferies, Doctor Rob Tuckett, Perry Cameron, Doctor Liz Falkner (lateness)

In Attendance: David Meates (Chief Executive), Joy Cooper (Director Planning and Funding), Eric Sinclair (Chief Financial Officer), Stephanie Turner (Director Maori Health), Maree Day (Board Secretary and Minute Taker)

**1. Apologies**

Board Members Vivien Napier and Trish Taylor - apologies sustained.

It was noted Board member Yvette Grace was not in attendance.

**2. Conflicts of Interest**

Nil.

**3. Minutes from Previous Meeting Held 26 June 2007**

**Resolved:**

THAT THE MINUTES FROM THE PREVIOUS BOARD MEETING HELD 26 JUNE 2007 BE RECEIVED.

**4. Matters Arising**

The Chief Executive spoke to this report.

- The 2007 Annual Report is being developed. A concept of how the Annual Report will look will be brought back to the Board.
- The hydro pool is now sealed and almost complete for use.
- The Te Iwi Kainga / Wairarapa DHB Relationship Agreement is now back with the Director Maori Health and Chair of Te Iwi Kainga for feedback, as requested by Te Puni Kokiri (TPK) who have been given the agreement to review by the Ministry of Health.
- The case regarding the Canadian Estate Will is ongoing. The most recent communication advises the case for the Will whereby the Wairarapa DHB is a beneficiary is unlikely to stand, however there is a strong case building against the lawyer who endorsed this Will in terms of wrong doing. The Wairarapa DHB has set aside \$10,000 in terms of maximum exposure costs.
- The CFO advised the person he had been dealing with at the IRD in terms of the mileage rate query has gone on long term sick leave. His work is currently being allocated to others. Response awaited.
- The Kaumatua Survey has been to CPHAC. An update is to be provided to the Board next month.
- The final subdivision plan has been submitted to Council for the disposal of surplus land and buildings at the Wairarapa DHB campus.
- The orientation programme for Board members will be reviewed given elections take place in October. It has been suggested Treaty of Waitangi training be incorporated and that this programme be extended to include Te Iwi Kainga and PHO members.
- A car parking plan for the Wairarapa DHB campus will come to the Board in August.

- Industrial relations are ongoing.

**Resolved:**

THAT THE BOARD MEETING 2006/07 MATTERS ARISING REPORT BE NOTED.

**5. Chair's Report**

The Chair spoke to his report.

DHBNZ is doing some good work and has many strong working relationships. What is of concern is DHBNZ is poorly resourced, particularly in terms of administrative requirements. The Chair of Canterbury DHB expressed concerns over DHBNZ's work plan for the year and this resulted in their membership withdrawal. All work and requirements of DHBNZ are mandated through individual DHBs. There are a number of benefits to working collectively and the Wairarapa DHB sees the work of DHBNZ to be extremely valuable. The collective procurement work is a good example. There are some mixed views as to where the DHBNZ entity should sit in the future. It is acknowledged that a central function is required to coordinate national activity.

**Resolved:**

THAT THE BOARD NOTE THE CHAIRMAN'S REPORT NUMBERED D303.

**6. CEO's Report**

The Chief Executive spoke to his report.

- The year end position ended positively with the indicative 2006/07 financial result coming in \$50K ahead of budget.
- Significant progress on many fronts has been made throughout the 2006/07 financial period.
- ASMS has advised SMOs are planning a stop work meeting next month. DHBs have offered final arbitration that puts its best offer on the table. It is clear mediation that has been ongoing for over six months has not gone anywhere.
- RMO negotiations are quite fraught. RMOs are requesting a 24% annual salary increase. Government has made it clear it will not fund any further pay jolts. Mrs Jefferies asked whether a productivity pool framework has been explored. The CEO commented that this is part of ongoing work that involves getting a more consistent framework to include what productivity means. It is a fundamental component going forward.
- A typical salary for a doctor is around \$200K per annum. In addition, 30% of this time is deemed non clinical. On average doctors will work 40 weeks of the year, with the other three months being a mixture of leave and CME.
- The 2007/08 DAP and SOI has been signed off. The content of the Minister's sign off letter was very constructive.
- Appended to the CEO Report is a letter from the MOH regarding DHB decision-making and communications during the DHB elections period.
- The Wairarapa DHB has reviewed and updated its SmokeFree Policy following receipt of the HDC report on the CCDHB incident.
- There are several process issues that need to be worked through with local rest homes. A number of discussions are also occurring on a national basis. The contract for home base support services has been signed.

- The lifestyle champions project, Move Me is underway in the Wairarapa and has received a lot of national coverage.
- A screening push on breast / cervical cancer has been undertaken following concern from the Board. Over 250 letters have been sent out to woman advising them of when the Mobile Unit will be next in the Wairarapa and also advising if their cervical smears are due. The response rates have been very good.
- IDFs. The indicative results for year end have been received from CCDHB. At this stage the numbers create a favourable position to what was budgeted. Further work is to be done before a final position at year end is confirmed.
- The provider arm shows strong performance in the last financial year with many targets and levels of activity being better than budget. Elective contracts have also over delivered which is very pleasing. These over achievements have resulted in some additional revenue streams being attached to certain contracts.
- The Hospital's average length of stay is declining. This is largely due to an increase in day case patients. Readmissions continue to be high and will be looked at in more detail as part of the district nursing redesign work. This involves realigning the district nursing protocols and engaging this service at the outset. The Chief Executive has advised this should start to address some of the readmission numbers. Readmissions associated with chronic diseases will be taken into account. It is important acute admissions reduce to free up capacity for elective surgery.

9.50am – Doctor Liz Falkner attended the meeting.

- There is a real focus on community Mental Health Services, particularly around youth services. A lot of work is occurring in this field, particularly at the respite level. A real focus is on youth services. A lot less people are going out of the region to receive Mental Health care. This is due to the right mix of care being provided. High need clients continue to go out of the region, however as better support structures are embedded enabling complete packages of care are put in place, more local services will be provided.
- The Board referred to suicide and self harm stats and asked whether some further tracking analysis can be provided. Provisional Wairarapa data can be provided for the last two years however national data is somewhat outdated. The Director Planning and Funding advised local data will only capture those who report to Mental Health Services. In August / September there is going to be a specific report on suicides. Doctor Tuckett commented that there is a need for a clinical review of all suicides that occur, including those in the community as this has never been done. The Director Planning and Funding will speak to the Wairarapa Community PHO about this.
- Additional funding has been secured for the Maori Provider Development Scheme that will go towards organisational system enhancements for Wairarapa Maori providers.
- Significant progress is being made to get IV into the home as an option for clients. The Chief Executive advised this service will also extend to rest home facilities at a later date.
- 70% of nursing staff now meet ACLS certification, with medical staff also being trained in this area.
- Recruitment continues to be the key focus for Human Resources There is a nation-wide shortage of nurses currently. It is intended the cultural survey be distributed in August with results due in September. The implementation of the HR upgrade system will enable all staff information such as training and development to be captured in one depository.
- Small pockets of workplace bullying still exist in some departments within the provider arm. A memo has gone out to all DHB staff stating there is zero tolerance with any form of workplace bullying. Senior management will intervene when needed. It is realised there is a difference between assertive and

abusive behaviour. External training and education is being provided. Unions are also being kept informed of what preventative action is being taken, as they are also aware of there is a problem. Exit interviews pick up on some of the issues. The CEO advised that although behaviours have moved a long way there is still some way to go.

- It can be difficult to free staff up for core training such as the 2 – day Treaty of Waitangi Training course. For this reason, training needs to be planned well in advance.
- Mrs Kurei referred to Maori Language Week and asked whether the DHB is promoting this. The Director Maori Health advised the Maori Health Coordinator has set up lunch time Maori language classes that will be held on a regular basis. New initiatives such as this are set to occur as part of an ongoing focus.

**Resolved:**

THAT THE BOARD RECEIVES THE CEO'S REPORT NUMBERED D304.

**7. Financial Report**

The Chief Financial Officer spoke to the report.

- As mentioned, a very good indicative financial result has been achieved for year end.
- The Annual Report has two areas where signatures of two Board members are required. The Statement of Responsibility also needs to be signed by two Board members.
- The Crown Financial Statements provided to the Minister in August, and passed to Treasury requires the signatures of the Board Chairman, the CEO and CFO. It is recommended that the approval of the Crown Financial Statement return be put to the A&R Committee, scheduled for mid August.
- The Annual Report is scheduled to be approved by the Board in September. A community summary will be prepared to go out to all Wairarapa households which will include a pie chart showing revenue and expenditure splits.

**Resolved:**

THAT THE BOARD:

- (1) RECEIVES THE FINANCIAL REPORT FOR THE MONTH OF JUNE 2007 NUMBERED D305.
- (2) AUTHORISES THE AUDIT & RISK COMMITTEE TO APPROVE THE CROWN FINANCIAL STATEMENT RETURN.

Meeting adjourned: 10.32am

Meeting commenced: 10.55am

**8. Community and Public Health Advisory Committee**

Mr Francis, Chair of the Community and Public Advisory Committee spoke to the report.

- When the committee last met on 17<sup>th</sup> July, a number of DHBs were still struggling to get DAP sign off. Wairarapa DHB met its DAP obligations on time which is a credit to the organisation.
- Bed occupancy rates in South Wairarapa rest homes continue to be reported and monitored closely. It is clear the current situation is not sustainable in the long term, especially for some of the smaller, stand alone organisations. A number of rest homes are looking at new initiatives and new ways of working into the future. The Board requested more detail come back to the August meetings to help address the issues in a more positive way. It is hoped the Nurse Practitioner from the USA, recruited by the PHO will commence work in October.

- The pro active follow up for breast and cervical screening is very encouraging.
- A key to this year's Health Needs Assessment process is strong relationship building with all providers. Good feedback will be obtained from service providers and many agencies. Te iwi Kainga will be linked into this work from the outset. It is a critical piece of work.
- Key findings from the South Wairarapa Kaumatua survey were provided. Positive benefits are being achieved from this work with linkages being made to long term initiatives. A key recommendation is the employment of a permanent person to help with further research into the understanding and health needs of Maori.
- Marie McKay produced a report to the Committee that outlined quarterly progress against mental health objectives in the 2006/07 District Annual Plan to June 2007. Mr Cameron asked whether schizophrenia conditions are tracked with service providers. He expressed further concern about those with schizophrenia who are under the age of 65 and receive aged residential services. The Director Planning and Funding advised an average number per population with schizophrenia is determined. The Director Planning and Funding advised Care Plus is picking up on some important points as part of its work, such as many people with MH illness develop diabetes. Work is continuing.

**Resolved:**

THAT THE BOARD:

- (1) RECEIVE THE REPORT OF CPHAC NUMBERED D306.
- (2) AGREE THAT THE DHB (INCLUDING TE IWI KAINGA) AND THE PHO SHOULD CONSIDER OPTIONS FOR FUTURE QUANTITATIVE AND QUALITATIVE RESEARCH TO BETTER UNDERSTAND THE HEALTH NEEDS OF MAORI, INCLUDING WHANAU WITH CHILDREN.
- (3) APPROVE THE MENTAL HEALTH REPORT FOR QUARTER 4 2006/07.

**9. Hospital Advisory Committee**

Mrs Jefferies, Chair of the HAC referred to key points from the meeting.

- Wairarapa DHB has difficulty attracting RMOs. A part time coordinator has been assigned to help with all components relating to the placement of RMOs
- A Paediatric Surgeon will be carrying out surgery at Wairarapa Hospital in August. A Paediatric Occupational Therapy clinic has also commenced.
- The painting of the mural in Paediatrics is well underway.
- The Cardiologist Clinical Nurse Specialist is now being made being available to GPs and rest homes which is a new way forward of working. This will be picked up in a future GP newsletter.
- The occupational therapy caseload waiting list was reviewed as the committee was particularly concerned about rehab patients. The typical case load is 150 or more clients which is high. The Committee noted there will be added pressure as orthopaedic caseweights increase and more elderly are remaining in their own homes. The challenge moving forward is to ensure there is a clear distinction between those patients who do not need to access Occupational Therapy. The aspect of this work is to be looked at as part of the follow on work from the AT&R Review. Referrals from other parts of the hospital will also be closely monitored.
- Dr Tuckett asked if the DHB has enough capacity in terms of FTEs to cope with increasing OT numbers, particularly when there is already a waiting list. Small changes can make quite a difference. The AT&R review will be an important part of getting the work load and practices right. Follow ups in the home are often due to delays associated with alterations or modifications to one's home. Improvements in this area have been made. The challenge is about weighing up where the time and energy is being spent.

There is also some way to go in terms of improving service development workflow. People who are discharged generally receive a follow up call a few days later, which is appreciated. Mrs Vollebregt commented that often elderly people will not say something on the phone, however they would if contact was made in person. Dr Falkner asked that patients be informed as to when the follow ups will occur to give people the opportunity to note key points beforehand.

- It was noted that the Healthline number is not shown on posters or the Wairarapa DHB's website. Numbers of those who access Healthline are monitored.

**Resolved:**

THAT THE BOARD RECEIVE THE REPORT OF THE HOSPITAL ADVISORY COMMITTEE FOR JULY 2007 NUMBERED D307.

**10. Advance Care Planning and Advance Directives**

The CEO spoke to this report.

- The provider is exploring these benefits in terms of palliative care, which will filter through to rest homes. Dr Tuckett asked for these processes to also be extended to the Wairarapa PHO. Mrs Jefferies agreed the programme needs to extend to clinical staff in all settings.
- Hutt DHB has been doing a reasonable amount of work in this area.
- The processes being built focus strongly on the engagement in one's total care. In the past there has been a traditional framework where there has been sensitivity on a number of areas. Having a more open and cohesive framework in place will provide clarity and guidance for health clinicians.
- It was agreed that the word surrogates be replaced on page 2. Educating patients and their families is more appropriate terminology.

**Resolved:**

THAT THE BOARD:

- (1) NOTE THE DESIRE FOR APPROPRIATE CARE WHICH UNDERLIES THE CONCEPT OF ADVANCE CARE PLANNING AND ADVANCE DIRECTIVES.
- (2) ENDORSE THE CONCEPT, AND REQUEST THE MANAGEMENT TEAM PROGRESS A PROJECT TO CREATE A WELL PLANNED PROCESS WHICH WILL ENABLE AND ENCOURAGE PEOPLE TO BE INVOLVED IN ADVANCE CARE PLANNING FOR THEIR FUTURE CARE.

**11. Move into Confidential Business at 11.35am**

**Resolved:**

THAT THE PUBLIC BE EXCLUDED FROM CONFIDENTIAL BUSINESS ITEMS LISTED WITHIN THE BOARD MEETING AGENDA PURSUANT TO THE FOLLOWING:

- (1) TO ENABLE THE BOARD TO DELIBERATE IN PRIVATE ON ITS RECOMMENDATIONS.

**12. Report Back from Confidential Business**

The following resolutions were passed in confidential business as follows:

**Minutes**

THAT THE CONFIDENTIAL MINUTES FROM THE PREVIOUS BOARD MEETING HELD 26 JUNE 2007 BE CONFIRMED AS A TRUE AND ACCURATE RECORD.

### **Chairman's Confidential Board Report**

THAT THE BOARD NOTE THE CONFIDENTIAL CHAIRMAN'S REPORT NUMBERED D309.

### **Capital Asset Planning**

THAT THE BOARD:

- (1) RECEIVE THIS REPORT.
- (2) APPROVE THAT THE CAPITAL EXPNDITURE BUDGET FOR FY 2007/08 BE \$2.25 MILLION WHICH IS AN INCREASE OF 0.5 MILLION FROM THE \$1.75 MILLION INCLUDED IN THE 207/08 DAP.
- (3) NOTE THAT THE DHB IS COMPLETING AN ASSET MANAGEMENT PLAN WHICH`H WILL BE PRESENTED TO THE BOARD IN NOVEMBER 2007.
- (4) NOTE THAT THE DETAILED CAPITAL EXPENDITURE BUDGETS WILL BE REPORTED ON A MONTHLY BASIS TO THE HOSPITAL ADVISORY COMMITTEE.

### **Hospital Patient Administration System Replacement System**

THAT THE BOARD:

- (1) NOTE THE NEED TO ASSESS THE RISK OF OPTIONS AVAILABLE TO THE DHB.
- (2) NOTE THAT AN ANALYSIS OF THE OPTIONS AND RECOMMENDATIONS OF AN APPROACH WILL BE PRESENTED IN A PAPER TO THE BOARD NO LATER THAN THE SEPTEMBER 2007 BOARD MEETING.

### **Maori Provider**

THAT THE BOARD:

- (1) NOTES DISCUSSIONS ARE ONGOING.
- (2) INSISTS COMPLIANCE IN TERMS OF THE PROVIDER PROVIDING THE NECESSARY INFORMATION AND INSTRUCTS THE CEO AND DIRECTOR PLANNING AND FUNDING TO FOLLOW THIS MATTER UP.

### **Hospital Advisory Committee Confidential Report**

THAT THE BOARD NOTE THE CONFIDENTIAL REPORT FROM THE HOSPITAL ADVISORY CHAIR.

### **Wairarapa Leadership Development and Succession Planning**

THAT THE BOARD:

- 1) **NOTE** THAT IT WAS PREVIOUSLY AGREED THAT THE WDHB WOULD CONDUCT A CULTURE SURVEY IN 2007 AS A FOLLOW-UP TO THE CULTURE SURVEYS CONDUCTED IN 2002 AND 2004.
- 2) **NOTE** THE IMPORTANCE OF THE OCI IN DEVELOPING INDIVIDUALISED DEVELOPMENT PLANS FOR EACH OPERATIONAL UNIT.
- 3) **AGREE** THAT 20 LEADERSHIP ROLES ACROSS THE DHB WILL PARTAKE IN THE HUMAN SYNERGISTICS LEADERSHIP / IMPACT – MEASURING THE IMPACT OF LEADERS IN THE ORGANISATION AT A COST OF \$12,300 PLUS GST. THIS PROCESS WILL FORM THE BASIS FOR INDIVIDUAL DEVELOPMENT PLANS TO BE AGREED THAT ARE TAILOR MADE TO INDIVIDUAL NEEDS
- 4) **NOTE** THAT THE PROFESSIONAL MANAGERS DEVELOPMENT AND EDUCATION SEMINAR PROGRAMME ON LEADERSHIP AND MANAGEMENT WILL CONTINUE THROUGHOUT THE 2007/08 YEAR.

- 5) **NOTE** THAT SIX DHB STAFF HAVE COMPLETED MANAGEMENT IN ACTION PROGRAMMES (MAP) WITH A FURTHER TWO DHB STAFF CURRENTLY PARTICIPATING IN MAP
- 6) **NOTE** THE CONTINUED ROLE OF SMT IN BOTH NATIONAL AND REGIONAL WORK STREAMS
- 7) **AGREE** TO FUND ONE PLACEMENT PER YEAR WITH THE EXECUTIVE FELLOWS PROGRAM WHICH IS PART OF THE AUSTRALIA AND NEW ZEALAND SCHOOL OF GOVERNMENT (ANZSOG) PROGRAMS.
- 8) **AGREE** THAT JOY COOPER WILL BE NOMINATED FOR THE EXECUTIVE FELLOWS PROGRAM TO BE RUN BETWEEN 15 OCTOBER AND 2 NOVEMBER 2007. THIS NOMINATION NEEDS TO BE WITH THE STATE SERVICES COMMISSION BY 1 AUGUST 2007.
- 9) **APPROVE** COSTS FOR THIS PROGRAM AT \$20,000 PLUS GST PLUS AIRFARES.
- 10) **AGREE** THAT THE CEO IS NOMINATED FOR THE OXFORD STRATEGIC LEADERSHIP PROGRAM BETWEEN 11-17 NOVEMBER 2007. NOMINATIONS NEED TO BE WITH THE UNIVERSITY OF OXFORD BY 25 JULY 2007.
- 11) **APPROVE** COSTS FOR THIS PROGRAM AT \$30,000 PLUS GST (DEPENDS ON EXCHANGE RATE) PLUS AIR FARES.

THAT THE BOARD:

NOTE THE DRAFT ANNUAL CHIEF EXECUTIVE PERFORMANCE CRITERIA AND EVALUATION OF PERFORMANCE FOR THE PERIOD MAY 2007 AND APRIL 2008 AND ASK THAT THIS BE FINALISED AND ADOPTED.

Meeting closed: 1.55pm

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Bob Francis – Board Chairman

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Date