

**MINUTES OF THE BOARD MEETING OF THE WAIRARAPA DHB,
HELD ON TUESDAY 25 SEPTEMBER 2007 AT 9.06AM,
IN THE BOARD ROOM, WAIRARAPA DHB, BOARD ROOM, BLAIR STREET, MASTERTON**

Present: Janine Vollebregt (Acting Chair), Perry Cameron, Trish Taylor, Yvette Grace, Vivien Napier, Doctor Rob Tuckett, Doctor Liz Falkner, Pamela Jefferies

In Attendance: David Meates (Chief Executive), Joy Cooper, Eric Sinclair

1. Apologies

Bob Francis (Board Chairman), Cheryl Kurei (Board Member), Stephanie Turner (Director Planning and Funding)

This meeting is being chaired by Janine Vollebregt, Acting Chair.

Doctor Falkner apologised for missing the HAC meeting on 18th September 2007.

2. Conflicts of Interest

No conflicts of interest to report.

3. Minutes from Previous Meeting Held 28 August 2007

Resolved:

THAT THE MINUTES FROM THE PREVIOUS BOARD MEETING HELD 28 AUGUST 2007 BE CONFIRMED.

4. Matters Arising

- The CEO advised an email has been received from the MOH confirming the actual funding that is to be received for the dental mobile units and hubs, along with operational costs. A formal letter is awaited.
- The Board expressed congratulations to DHB staff who participated in the recent Hospital Revue which was a very enjoyable evening. The Board asked for a comment to be placed in the Insite Newsletter and for congratulations to be passed to Jill Stringer, the Communications Advisor.
- Mr Cameron has spoken to the IRD regarding the mileage rate withholding tax advising exceptions for local government have been made. A review is to be undertaken by IRD next year. Meanwhile it was asked that the CFO consult with the national CFO Group and write on behalf of the DHB sector to enquire whether an exception can be made in line with the arrangements for local government..
- Relationship Agreement. This work is ongoing.
- Disposal of surplus land. All outstanding issues have been dealt with through LINZ.
- Bariatric surgery. Further information is to be given to the auditors in regards to the accrual. Dietician, Michelle Dowman is due to present to the Board today regarding the planning and processes around weight reduction programmes.
- Industrial relations continue to be a high priority. A major settlement has been reached with NZNO. Junior and Senior Doctor negotiations continue. The CEO advised Senior Doctor negotiations have now been ongoing for over a year.

- The draft layout for the WDHB's 2007 Annual Report has been received. A different look and approach has been taken to previous years. Board members agreed it is a great concept that is consistent with the WDHB doing things differently.
- The CEO advised an orientation / induction programme for Board members is being developed and will be provided at a future Board meeting. Te iwi Kainga will be asked to provide input into this process.
- Code of Conduct. A review of the Wairarapa DHB's Code of Conduct is underway. The updated Code will be brought back to the Board.
- The final IDF position for the financial year 2006/07 has not yet been resolved. The Wairarapa DHB has become more efficient in the past year with less IDFs having gone out of the region. A provision has been made in the 2006/07 financial accounts.
- MECA impacts. A separate reporting line will continue to track / monitor MECA impacts enabling the drivers to be more easily identified.
- The hoist for the hydro pool has not yet been installed.

Resolved:

THAT THE BOARD NOTE THE MATTERS ARISING SCHEDULE NUMBERED D334.

5. Chairman's Report

Mrs Vollebregt advised that in the Board Chair's absence she attended the DHB NZ AGM and Chair's Board of Governance Meeting last week. A lot of good presentations were received from the lead CEOs who are working on a number of work streams, ie. procurement, value for money, tripartite agreement. Representatives from the Combined Trades Union also attended part of the meeting to discuss the tripartite agreement.

6. CEO's Report

The CEO spoke to his report.

- A very positive start to the new financial year with the majority of contracts on or ahead of target year to date. Elective surgery is slightly behind target. The commencement of a third Orthopaedic surgeon will bring improvements here.
- The cash position has improved.
- RDA / ASMS negotiations have a way to go. The CEO advised he has taken over as the lead Chief Executive for Senior Doctor negotiations. Two days of further negotiations are due to be held in October.
- IDFs. A forthcoming issue is whether the Wairarapa DHB agrees to shift from caseweight WIES8 to WIES11. There has been an argument for sometime for NZ to develop its own caseweight model that better reflects costings in NZ as opposed to continuing to use the Victorian caseweight model. The Wairarapa DHB will benefit if a WIES NZ model is adopted. CEO discussion is due to take place in October.
- Dalcam Healthcare representatives visited the Wairarapa DHB in the last month and provided a presentation outlining the new aged care initiative, model and facility that they will be establishing in the Wairarapa. The smaller rest homes will continue to feel pressure.
- The AT&R Review is now before the wider audience for comment. Two medical staff advised at the recent Clinical Board Meeting they totally agree with the recommendations outlined in the Review and see a rehab model that is supported by medical practice as encouraging.
- Doctor Tuckett raised the issue of how patients will receive a Nurse Practitioner rather than seeing a Doctor. He asked whether preparation work is being done in the South Wairarapa for this change. The

CEO advised the PHO is aware of this and it is part of the overall strategy they are working through. It is realized that if the issue of acceptance is not addressed the result will be a less effective primary health care service in the South Wairarapa. The CEO will ensure that this point is feedback to the PHO.

- The Medical Council has taken time reviewing the application and work requirements of the Nurse Practitioner role very carefully. Mrs Vollebregt referred to the need to be mindful of the strict requirements as to what medicines etc a Nurse Practitioner can prescribe and order.
- The Nurse Practitioner model followed in NZ is more closely associated with the USA model. The UK model is different.
- The palliative care strategy is being finalised. The Expression of Interest document is set to go out for the specialist palliative care service, which is an important part of the development of clinical protocols. The Director Planning and Funding advised the strategy is about having specialists within the palliative care framework that provide expertise at the tertiary level (ie. Tertiary level experts who oversee the generalist services). There is a real opportunity here to have a superb service.
- CCDHB is experiencing some challenges with paediatrics oncology however at this stage it does not appear to have had any impact on Wairarapa patients. There is a question mark as to whether CCDHB is a large enough DHB to provide paediatric oncology tertiary care.
- The MOH is developing a new guideline that is targeted at providing a clearer strategy and emphasis on biopsy in terms of prostate cancer.
- A business case for the development of Mental Health Respite Services will come to the Board.
- The Board will receive regular feedback reports on developments of the Regional Clinical Services Plan. Board members emphasized the need to be kept well informed.
- The consultation document for Pharmacy Services incorporates a range of options. The revised options paper will come to the Board in October.
- The provider arm has had a very good start to the year. Reports have been received from the MOH showing a full year of indicators for the provider arm. Wairarapa Hospital is performing well and is sitting first on a number of indicators amongst all DHBs.
- The latest MOH quarterly report (April to June 2007) showed the WDHB's sick leave to be the lowest in the sector, however staff turn over was the highest.
- Benchmarking reports are expected to be received from the MOH on a more regular basis as they just moved into a new reporting cycle.
- A review of the Adult MH Services is up and coming. Manager of MH Services, Helma van der lans will be asked to present to the Board in the near future.
- The ACC Physiotherapy Certification audit report was received. The Telarc audit on Ambulance Services is set to occur this month.
- The Wairarapa DHB has been asked to provide feedback to the Health Services Committee regarding the future provision of ambulance services.
- Pandemic planning continues with a lot of work being done with a range of schools.
- The Maori Health Committee's change of profile within the hospital is having a really positive impact.
- UCOL Bachelor of Nursing Programme. The first year students have their first clinical placement coming up.
- The CEO advised a clear strategy is underway to raise the profile of what is working well within the organization and for clear messages to be reinforced by way of the Tall Poppy Awards. It is hoped these awards are provided on a monthly basis. Mrs Jefferies suggested a presentation be provided to HAC. It is realized that currently the strategy is very hospital focused.
- The Director of Nursing has been spending a day a week out in the community which is being very well received.

- Trendcare software is widely used and recognised. There is general acceptance that hours per patient day is a good data measure and a good match in terms of complexities that sit within a Ward. Current analysis shows Wairarapa Hospital tends to have a shortage of staff in the mornings and an over supply at night. This comes back to ensuring the rostering is right and is an important part of the patient journey work stream in terms of improving efficiencies.
- Biomedical Services finished the year reasonably well. A plan has been agreed with Biomedical management that provides a lot more ambitious growth for the subsidiary, with some real positive signs starting to emerge.
- The Wairarapa DHB has a full RMO establishment. More RMOs are indicating a preference to work in the Wairarapa than in the past which is very positive. Some interesting options for ED are also being explored.
- Wairarapa Hospital Development. A process is being worked through with one piece of hospital equipment in terms of where the liability rests. The DHB is looking at having an informal discussion followed by formal mediation. The Wairarapa DHB has no exposure at this stage.
- The architects have given a formal instruction for buffer tanks to be installed. It is hoped these can be installed over the christmas period.
- The Official Information Act request by Whaiora Whanui has been responded to.

Resolved:

THAT THE BOARD RECEIVE THE CHIEF EXECUTIVE REPORT NUMBERED D335.

7. Board Financial Report

The CFO spoke to the financial report.

- The cash position is pleasing for the start of the 2007/08 financial year.
- Some additional elective money was received improving the overall cash position.
- A series of discussions are occurring with the MOH regarding the sale of the DHB's surplus property. A letter has been written requesting a scope change to the way the sale monies can be spent. The MOH has requested a business case. The DHB would like to retain the proceeds and put \$2.3 million into its bank balance. The Business Case is having to be pulled together quickly as it must be put before the NCPP Meeting on 5 December.
- The DHB has currently used just over \$2.8 million of its available \$4 million overdraft. In addition the DHB has access to \$6 million of funds if required. All monetary obligations are being met.

Resolved:

THAT THE BOARD RECEIVES THE FINANCIAL REPORT NUMBERED D336 FOR THE PERIOD ENDED AUGUST 2007.

Meeting adjourned: 10.49am

Meeting commenced: 11.05am

8. Optifast Programme

Michelle Dowman (Dietician), Jenny Skeet (Diabetes Nurse) and a Patient in attendance.

Ms Dowman provided a presentation on the Optifast Programme that is aimed at assisting obese patients. Every patient who has been on the programme has lost weight. Exercise is not the focus of the programme as patients become energized themselves as they loose weight.

Unfortunately there are not many long term success stories (10-20 years down the track). Overseas, obesity is treated under MH Services, different to Wairarapa DHB. The number of severe obesity cases is on the increase. Ms Dowman's current waiting list is 2-3 months long. The Optifast products can be purchased from pharmacies and other means but at a higher cost than the DHB can purchase them for. The Dietician buys in the soups, shakes and chocolate mousse. The programme involves a mentoring component.

Most clinicians are aware of the programme and are referring patients . There is a lot of potential with this programme, such as improvements with other health problems (ie. diabetes). It is very much an individual experience that can be a painful process, therefore Ms Dowman feels group sessions may not work.

There are 7-8 people who have not been successful for surgery on the programme. There are risks with the surgery. People benefit from the programme without having to go through to have the surgery. A referral needs to come from a GP.

The cost of being on the programme per month is \$220.00, which is good value compared to the cost of other medications and food.

A number of children are being over fed. Currently children are not being referred onto the programme. In order for this to occur, paediatrics would need to be involved.

Public Health needs to convene a group to work with food providers. It can be very difficult to get healthy foods in small quantities.

12.05pm - Michelle, Jenny and patient left the meeting.

9. 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:

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

10. Report Back from Confidential Business

The following resolutions were passed in confidential business as follows:

- **Patient Administration System (PAS)**

Resolved:

THAT THE BOARD:

- (1) RECEIVE THIS PAPER.
- (2) APPROVE THE ESTABLISHMENT OF A JOINT PROJECT WITH MIDCENTRAL AND WHANGANUI DHBS (AND POSSIBLY NELSON/MARLBOROUGH DHB) TO CONDUCT A TENDER PROCESS TO EVALUATE, SELECT AND IMPLEMENT A REPLACEMENT PAS FOR ALL THREE DHBS.

- **Minutes from Previous Confidential Meeting Held 28 August 2007**

Resolved:

THAT THE MINUTES FROM THE LAST CONFIDENTIAL BOARD MEETING HELD 28 AUGUST 2007 BE CONFIRMED.

- **Conflict of Interest Clarification**

Resolved:

THAT THE BOARD NOTE DOCTOR FALKNER'S COMMENTS AND THE LETTER SHE TABLED . THE BOARD REINFORCED THAT DOCTOR FALKNER HAD NO CONFLICT OF INTEREST IN REGARDS TO THE WHAIORA WHANUI DISCUSSION ITEM.

- **Report of the Audit & Risk Committee Meeting**

Resolved:

THAT THE BOARD:

- (1) RECEIVE THE ANNUAL FINANCIAL STATEMENTS AND STATEMENT OF SERVICE PERFORMANCE.
- (2) ADOPT AND APPROVE THE ANNUAL FINANCIAL STATEMENTS AND STATEMENT OF SERVICE PERFORMANCE.
- (3) NOTE THAT THERE ARE A RANGE OF INDIVIDUAL ITEMS THAT AUDIT NZ HAVE INCLUDED ON THE VARIATIONS SCHEDULE AS FOLLOWS:

A) PHARMACY VALUE ADDED	\$200K
B) SMOKE FREE COORDINATOR	\$33K
C) PHARMACY OPTIONS	\$40K
D) AT&R REVIEW INCLUDING PALLIATIVE CARE	\$60K
E) BARIATRIC SURGERY	\$250K

- (4) NOTE THAT THE BARIATRIC SURGERY ACCRUAL IS CONSISTENT WITH THAT ACCRUED IN FY 2005/06. THERE WERE NO CONCERNS RAISED WITH THE DHB BY AUDIT NZ AT THAT TIME.
- (5) NOTE THAT ADVICE FROM MR LUCY (APPROVED AUDITOR, AUDIT NZ) WAS PROVIDED TO THE AUDIT & RISK COMMITTEE REGARDING THE RECOGNITION OF POSSIBLE REVENUE FROM THE OVER DELIVERY OF ELECTIVE SERVICES. THIS ADVICE, AS RECORDED IN THE AUDIT & RISK COMMITTEE MINUTES OF 18TH SEPTEMBER 2007 WAS AS FOLLOWS:

“Mrs Jefferies advised it would be difficult accruing anything for electives at this point in time, particularly without any formal notification from the MOH. The surgery was done on the assumption the WDHB would probably not be paid. Mr Lucy agreed that it would not be prudent for the Board to accrue without formal notification from the MOH.”

- (6) NOTE THAT THE DHB HAS NOT RECEIVED ANY NOTIFICATION FROM THE MOH OF ANY REVENUE FOR THE OVER – DELIVERY OF ELECTIVE SERVICES.
- (7) NOTE THAT MR LUCY (APPROVED AUDITOR, AUDIT NZ) HAS ADVISED THAT FAILURE TO RECOGNISE THE REVENUE COULD RESULT IN MR LUCY RECOMMENDING TO THE AUDITOR GENERAL THAT THE ACCOUNTS BE QUALIFIED.

- (8) APPROVE THAT THE STATEMENT OF RESPONSIBILITY BE SIGNED BY THE ACTING CHAIR (IN THE ABSENCE OF THE BOARD CHAIR), CHAIR OF THE AUDIT & RISK COMMITTEE, CEO AND CFO.
- (9) APPROVE THAT THE STATEMENT OF POSITION BE SIGNED BY THE ACTING CHAIR (IN THE ABSENCE OF THE BOARD CHAIR) AND CHAIR OF THE AUDIT & RISK COMMITTEE.
- (10) APPROVE THAT THE AUDITORS LETTER OF REPRESENTATION BE SIGNED BY THE ACTING CHAIR (IN THE ABSENCE OF THE BOARD CHAIR), CHAIR OF THE AUDIT & RISK COMMITTEE, CEO AND CFO OF THE WAIRARAPA DHB.

2007 Annual Report

Resolved:

THAT THE BOARD:

- (1) APPROVE THE ANNUAL REPORT 2007.
- (2) APPROVE THAT IN THE ABSENCE OF THE BOARD CHAIR, THE DEPUTY CHAIR AND CHAIR OF THE AUDIT & RISK COMMITTEE WILL SIGN THE STATEMENT OF RESPONSIBILITY AND STATEMENT OF FINANCIAL POSITION.

Open Business Continued

11. Committee Reports

Community and Public Health Advisory Committee Meeting

Mrs Vollebregt referred to the report of the recent meeting.

- Wairarapa had a peak of suicides in 2003 but since this time numbers have declined.
- Health Needs Assessment. The question was raised as to how many people are in the Wairarapa at weekends. The statistics count the number of dwellings with all TLAs knowing how many ratable properties it has. Can review the statistics once they come to hand.
- Resolutions 13, 14, 15, 16, and 17 all relate to palliative care. This will be noted appropriately within the Committee Report.

Resolved:

THAT THE BOARD:

- (1) RECEIVE THE REPORT OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE FOR SEPTEMBER 2007 NUMBERED D337.
- (2) ACKNOWLEDGES SUE MCAULEY FOR THE WORK SHE HAS PUT INTO HEHA

Hospital Advisory Committee

- The provider arm had a very busy month. The Hospital did not get to red, the critical stage period and no elective procedures having to be cancelled which was pleasing.
- ESPIs remain on track. Contract performance is ahead of budget. Theatre utilization is up during working hours and down at weekends.
- ED attendances remained high for August. A number of people are referred to ED from Healthline. Around one third of ED attendances are triage levels 1 and 2. There are many reasons people come to ED.
- One case of meningococcal was reported.
- A number of HEHA activities are presently underway.

- 90% of children enrolled in the school dental service are within the MOH timeframe for treatment.
- Individual care plans are being looked at for frequent flyers (those who are readily admitted to hospital).
- A third Orthopaedic Surgeon has commenced work. This will bring more consistency in terms of increasing elective surgery. This does come with some consequences (increased clinical supplies, increased staffing requirements). Mrs Napier commented it was pleasing to see Wairarapa DHB was one of four DHBs hitting its elective service targets.
- The provider arm is planning to do day case surgery during the xmas / new year period rather than shut down completely. The intention is to not have overnight surgery cases.
- The correct Hospital Benchmarking Report will be provided at the next HAC meeting.
- This month also saw paediatric surgery being carried out.

Resolved:

THAT THE BOARD RECEIVE THE REPORT OF THE HOSPITAL ADVISORY COMMITTEE FOR SEPTEMBER 2007 NUMBERED D338.

12. Te Iwi Kainga Report

The CEO advised this forum is engaging very effectively.

Te Iwi Kainga had input into the Oral Health Plan with some discussion as to where the dental hub should be situated. The CEO advised this is an operational decision. Thought will also need to be given as to the best locations for the dental mobile caravan which need to be worked through.

Resolved:

THAT THE BOARD NOTE THE IWI KAINGA CHAIRPERSON'S REPORT NUMBERED D339.

13. District Health Boards AGM

A lot of activity happening collectively through DHBNZ. Some confusion still remains around DHBNZ's role. It is important to remember DHBNZ is the collective of the DHBs working together. DHBNZ has no decision making powers.

- A number of the presentations were provided at the recent AGM.
- Collectively, DHBs have said no to PET scanning that raises some dilemmas.
- Each quarter there will be a formal, collective summary report that comes back to each Board. This is aimed at keeping Boards better informed in terms of collective national activities.
- David is now the Chair of DHBNZ CEO's Board of Governance.
- DHBNZ Board of Governance has 19 Chairs.
- There are 21 DHBs part of the collective. Two Chairs don't attend the Board of Governance meetings however their CEOs attend the group meetings.
- The matrix is an attempt to show how workstreams line up against priorities. Work / life balance is coming through very strongly for GPs. Newer GPs are less likely to have interruptions to their lifestyle.
- In terms of an attempt to reduce ED attendances, the CEO advised there are not many hospitals who charge at the front door. Some do have a GP on site.

Resolved:

THAT THE BOARD RECEIVE THE DISTRICT HEALTH BOARDS COLLECTIVE ACTIVITY REPORT NUMBERE D340.

Other.

The CFO advised DHBs need to be responsible for individuals who are a high risk in terms of life support machines in their homes. It is proposed that a certificate be given to those individuals who are a high risk. Processes are being worked through.

Meeting finished: 3.15pm

Janine Vollebregt – Acting Chair

Date