

**MINUTES OF THE BOARD MEETING OF THE WAIRARAPA DHB,  
HELD ON TUESDAY 24 APRIL 2007 AT 9.04AM, IN THE BOARD ROOM,  
WAIRARAPA DHB, BLAIR STREET, MASTERTON**

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

In attendance: Joy Cooper (Director Planning and Funding), Eric Sinclair (Chief Financial Officer), Stephanie Turner (Director Maori Health), Belinda Laws (Account Manager MOH)

**1. Apologies**

Bob Francis (Chair), Cheryl Kurei (Board Member), Doctor Liz Falkner (Board Member) and David Meates (Chief Executive).

Deputy Chair, Janine Vollebregt is to chair this Board Meeting.

**2 Minutes from the Last Board Meeting Held 27 March 2007**

**Resolved:**

THAT THE MINUTES FROM THE LAST BOARD MEETING HELD 27 MARCH 2007 BE CONFIRMED AS A TRUE AND ACCURATE RECORD.

**Matters Arising:**

Mileage rates. The CFO advised he has now received three emails from the IRD, however further clarification is still required. This is being followed up.

Funding – Oral Health Business Case. The MOH has committed that it will fund capital for the mobile units and has offered an amount for operational costs. However this does not fully cover the capital charge depreciation. A further letter is to be sent to the MOH outlining the issues / concerns relating to this.

Step by Step Community Booklet. This booklet has been widely distributed within the district and has received some very positive responses. Mrs Vollebregt commented there were no booklets in the Medical / Surgical Ward lounges when she recently visited. Further copies will be sent to this and other areas of the Hospital.

The Board asked about timelines to progress the work of the Kaumatua Survey. The Director Planning and Funding advised Mana Whenua has asked to look at the survey and the PHO is to provide them with a presentation. It is likely to be around two months before this work is progressed further.

The CFO advised Peter Clayton is working on energy matters. As part of this work he is investigating options for sensor lighting within the Hospital to enable lights to switch off and on as required.

9.13am – Perry Cameron attended the meeting

Fees for Maori Board Members who attend Mana Whenua Caucus meetings (now referred to as Te iwi Kainga) will be a matter arising for the next meeting.

Mr Cameron asked about organizing a group photo of the current Board and asked that this be associated with Wairarapa Hospital. This is to be arranged on a Board meeting day when all board members will be present.

There has been a lot of discussion on the LECG paper. It was suggested a briefing paper be circulated at the next Board meeting.

### **3. Chairman's Report**

#### **Resolved:**

THAT THE BOARD NOTE THE CHAIRMAN'S REPORT NUMBERED D248.

### **4. Chief Executive's Report**

The Director Planning and Funding spoke to this report in the Chief Executive's absence.

- The CEO is involved with ongoing workforce negotiations and related matters that are very time consuming.
- A lot of planning is underway for Exercise Cruickshank. Agreement has been received for a community based assessment centre to be set up at St Johns. The Senior Management Team undertook CIMS (incident training) this week as part of preparedness for this exercise.
- Initial feedback from the colposcopy audit was very favourable. The process for preparing for this audit has been very empowering, particularly for the Maori Health Department.
- Auditors from Audit NZ were also onsite during the month carrying out the financial audit. The CFO advised Audit NZ will produce a financial report in October.
- The financial position has improved slightly. The biggest concern is IDFs, with their position deteriorating in the last month.
- The Orthopaedic Consultant is a locum appointment. Recruitment is ongoing for a Nurse Practitioner.
- Provider arm is achieving green status on its ESPIs.
- The workshop with Professor Richard Bohmer, who visited the Wairarapa DHB for a full day was very valuable. The focus was on integrated systems. There was a wide representation from across the DHB.
- A Child & Youth Workshop was facilitated by the DHB last week that focused on 0 to 24 year olds. It is important that the focus is not just on statistics as the Wairarapa DHB has small numbers. It was also noted that injury stats in the Wairarapa aren't sufficiently high because of the way the Wairarapa DHB codes its ED admissions, which are done differently to other DHBs. This point is being followed up.
- The Chief Financial Officer advised codes for orthopaedic caseweights are being reviewed in line with national standards and the forthcoming elective funding.
- Smoking statistics show 75% of children in deprivations 9 and 10 are exposed to secondary smoke. It is also evident that many young people often leave the district and those that are left have high needs. Mrs Vollebregt referred to an amazing, very targeted and simplistic programme she has recently heard about. The programme has been rolled out to 12 schools in New Zealand to date and focuses on children and their expectations. It has achieved some amazing outcomes. Mrs Vollebregt will follow up on this.
- Industrial relation matters are difficult. SWFU has issued a strike notice. The CEO is at a meeting today with the Minister of Health to look at a sector wide pathway through the negotiation period. Sixteen DHBs are affected by the laboratory strike. There are a number of potential strikes looming.
- The Post Implementation Review Report is near completion. Some final revisions are being done this week before the report is circulated to Unit Managers and Unions.

- The Director Maori Health is developing a framework to help each of the services become more accountable in terms of Maori health matters. At the combined Board / Mana Whenua Caucus meeting, discussion took place around the rationale for a new name for the Caucus, being Te Iwi Kainga that refers to health. A paper will be provided to the next Board meeting regarding the name change.
- Oranga Kai Oranga Pumau – Healthy Eating Healthy Action Meeting is to take place on 11<sup>th</sup> May. The Director Planning and Funding has planned a meeting with HEHA Coordinator, Sue McAuley and other Maori providers to plan for this community wide event. Invitations will be distributed shortly. Mrs Jefferies expressed concern that people may be put in boxes based on ethnicity and warned not to get into separate corners. The Director Maori Health advised there needs to be components of Maori in all groups and that this work is about pulling all of the involved resources together on the day. This is being driven from the Maori Health Unit, but it is about integrating Maori into everything we do.
- The Nursing Entry to Practice Programme has been accredited by the Nursing Council of New Zealand. A roll out of this programme to further providers in the district is being explored. As part of this work the DHB is looking to support two nurses to work from the PHO.
- Biomedical Services NZ Limited is in profit. There is provision in this year's accounts for the subsidiary to pay a dividend to the Wairarapa DHB.
- Celebrations to mark one year on in Wairarapa Hospital are planned. A recent Insite newsletter provided a draft programme of the events planned. The Board Secretary will send the final programme for celebration week to Board members.
- The Midwifery Workforce Strategy will be sent to Mrs Jefferies, as requested.

**Resolved:**

THAT THE BOARD RECEIVE THE CHIEF EXECUTIVE'S REPORT NUMBERED D249 AND NOTE THAT IDF OUTFLOW, YEAR TO DATE IS (\$677,781) HIGHER THAN AGREED IDF TARGETS.

**5. Board Financial Report**

The Chief Financial Officer spoke to the report.

- The financial position has improved in the last month. The year to date position at the end of March 2007 was a (\$250K) deficit which is (\$264K) unfavourable against the budgeted breakeven position.
- If the IDF position worsens, there will be an impact on the bottom line of the year end financial result. Traditionally, IDFs have provided an improved result in the 2<sup>nd</sup> half of the financial year.
- There are the same impacts as last month, although locum costs have improved.
- There has been high activity within the provider arm. A number of clinical supply costs are running over budget. Some of this is covered by additional revenue, but some components are not (electives over budget, but creates a small problem in the financials).
- Page 8. The Statement of Financial Position continues to be in a relatively strong position.
- Page 9. The accounts receivable position has improved, particularly the 90 day result.
- The 12 month cash forecast result is coming back down closer to the old o/draft limit.
- The working capital ratio continues to be closely monitored. Other DHBs are in a similar position in regards to this ratio.
- The Senior Management Team is currently looking at the capital budget for 2007/08. A significant number of items relate to either medical equipment or bringing IT systems into the 21<sup>st</sup> century. The colposcopy equipment is around 20 years old which is a priority. There is also a need for another imaging intensifier.

Mr Cameron expressed concern about the ongoing impact of power costs and related issues and asked whether the equipment is now performing to specification? The CFO advised much of this work is being progressed as part of the energy management review with discussions around synchronization ongoing with Maunsell. Preliminary discussions have also been held with a legal advisor around contractual issues. Actual power consumption has dropped in the last two months, being an indication some issues have been resolved. The DHB has received EECA's input in terms of the design factors. Formal correspondence is going back to Maunsell next week asking questions about whether the Hospital has design or installation problems. The implementation of workings from the Energy Management Plan are expected to bring some significant gains over the next 12 months. The external consultations (who will be recommended by EECA) will be brought in when the synchronization issues are sorted. Timings of this work were noted in last month's Energy Management Review paper last month.

Mrs Vollebregt suggested volunteers be asked to check and turn off lights if they are not required within the Hospital.

It was suggested the Community Health Trust and community agencies be approached as they may be happy to provide some funding or leasing arrangement assistance in order to purchase certain equipment or CAPEX items. The CFO advised this must be handled carefully as depending on the arrangements, there can be flow on costs in the profit and loss. It is also important the right types of equipment are purchased. The CFO will mention this at his next meeting with the Community Health Trust Chair.

**Resolved:**

THAT THE BOARD RECEIVES THE FINANCIAL REPORT NUMBERED D250 FOR THE MONTH ENDED MARCH 2007.

**6. Committee Reports**

**Report of CPHAC Held 17 April 2007**

- The Addictions Services is to be asked to present to the Committee. It was noted funding for addictions does not come via the DHB. Alcohol and gambling addictions are strongly related.
- Dr Tuckett referred to the point about rest home vacancies that appear to be occurring more in the South Wairarapa and asked about standards of care in a number of rest homes. The Director Planning and Funding advised there are some concerns about the standards of care in a small number of rest homes and it is often difficult to engage with these rest homes. A letter has gone to one rest home seeking more engagement.
- There is no mention of maternal diabetes within the Diabetes Report. Statistics on this will be obtained.

**Resolved:**

THAT THE REPORT OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE NUMBERED D251 FOR APRIL 2007 BE RECEIVED.

**Report of HAC Meeting Held 17 April 2007**

- The Committee Chair advised the committee is keeping a watchful eye on maternity services. There is a rising birth rate, with this increase predominately Maori. The Committee has asked for a breakdown on age groups of new mothers. Maternity is also suffering from midwifery shortages. Two midwives are currently on sick leave, with another two over 70 years of age. The number of mothers

having their babies delivered by GPOs is declining. This does raise the issue of resources and where the DHB will source its midwives from in the future. Mrs Taylor asked that home births and out of district birth rates also be captured within the data. A further report back to be provided. It was noted that if the increase in births is prominently Maori, then there is a need to increase Maori midwives.

- Acute Services Presentation. This presentation provided a valuable insight into the way in which the service interacts with others, their shared skills and how focused the Clinical Nurse Team Leader / Educator is to ensure there is full service delivery. The training and components of this service were very impressive and deserve congratulations. The Committee has asked to see the Terms of Reference for the AT&R Review. It is important for the transition of acute and disabled patients through to AT&R to be seamless. It is also important for patients in all age groups to be comfortable in rehab. These are the components that HAC is looking to see improvements from following this review.
- Urology referrals have been referred back to GPs for re-referral which are being paid for by the DHB. In the meantime a number of options are being explored for this service.

**Resolved:**

THAT THE BOARD RECEIVE THE REPORT OF THE HOSPITAL ADVISORY COMMITTEE NUMBERED D252 FOR APRIL 2007.

10.15am – Bruce McGregor (General Manager Human Resources) in attendance

**7. Organisational Cultural Survey**

Mr McGregor spoke to his paper outlining the purpose of the forthcoming organisational cultural survey that takes into account results from past surveys. The next survey to be undertaken in July / August 2007 will focus on the type of culture the organisation wants to aim for.

Mrs Napier commented that Board members completed the Organisational Cultural Inventory (OCI) in 2002, but did not partake in the survey in 2004. Mr McGregor advised that between 2002 and 2004 there was very little difference in organizational cultural. The constructive style is the preferred style.

Throughout 2005/06 the whole period of building the hospital and moving into it was a period of change in itself. There were periods of resistance throughout this time and a bedding down period has been required until now.

The OCI comes in two parts, consisting of a set standard questions that form the base line, then additional questions that will be tailored towards the needs of the DHB. Mr McGregor will work with Human Synergistics to set and finalise the additional questions. The survey is a paper survey, not electronic. The survey will be undertaken on an individual basis, however there is the ability to have breakdowns by departmental / unit level.

There is a lot of work to be done, particularly in terms of clinical buy in. The survey will be for permanent DHB staff. In 2002 the survey response rate was 40%, and in 2004 was around 50%. A response rate of 60% is hoped to be achieved from the 2007 survey.

Last year Human Synergistics compiled a profile of cultures of all industries / organizations they deal with. The results for general hospitals in Australia and New Zealand was a pretty standard culture.

The plan of action is to prepare the organisation for the survey, run the survey, understand the response, then look at the goals. Mrs Taylor referred to the timing of the survey, given the number of MECAs and workforce negotiations that are underway, commenting that these must impact on the culture and working environment. Mr Gregor agreed it is likely to have some affect as the majority of staff belong to Unions, however many staff are fairly moderate in terms of their union affiliation and with many negotiations ongoing there will never be a best time.

The cost of the organizational survey has been included in the 2007/08 DAP.

Meeting adjourned: 10.40am

Meeting commenced: 11.03am

## **8. Avoidable Hospital Definitions**

The Director Planning and Funding avoidable hospital definitions paper is provided as requested by the Board. The definitions are determined nationally and internationally. The aim is to be no worse than the national average. In some areas the Wairarapa DHB is performing above the national average. The rates are looked at regularly and if someone else is doing better, management look at what they can learn from others. NZ is performing quite poorly in terms of cancer.

Mrs Jefferies referred to concerns of the Hospital Advisory Committee who have asked for the acute workload to be managed down, to enable more capacity for elective services. The Director Planning and Funding advised the Acute Management Plan will be addressing these issues, and will certainly be looking at any spare capacity for electives.

Doctor Tuckett commented that with the Wairarapa having and expecting a greater aging population into the future, it is likely the Hospital will unavoidably have bigger numbers coming in for acute admissions. The Director Planning and Funding advised the health needs analysis contains this data which the PHO look at. The Wairarapa Hospital has also done quite a lot of work to link up individual case information. Wairarapa Hospital also has high rates of respiratory admissions.

### **Resolved:**

THAT THE BOARD NOTE THE REPORT NUMBERED D253 THAT DEFINES CONDITIONS / INJURIES THAT DEFINE AVOIDABLE HOSPITALISATIONS AND THEIR SUB CATEGORIES.

## **9. Maori Health – Future Direction**

The Director Maori Health advised the core goal for the Maori Directorate this year is to ensure Maori Health is not seen as standing alone, it is Wairarapa DHB's core organisational business.

The Director Maori Health advised that real progress has been made with ethnicity data. It has been about asking the right questions, with this piece of work becoming very outcome focused and driven. Another key goal is to create deeper integration of practices. The Maori Health Unit must integrate throughout the entire DHB. The colposcopy audit is a great example. Did not attends are also being followed up. Each service area needs to look at how it carries out its interface. Silos have been occurring. If inequalities are to be reduced, then the tools must be provided and used to bring development and improvements. An information practice framework is the basis for this work.

The Maori Health Committee has two key tasks this year; one is to focus on reviewing pathways of care; the other is to follow a framework and look at the procedures and practices that are in place. Training is being provided to the Maori Health Committee as they have recently undergone a change in membership. At the same time there is a need to be building Maori Health leadership. In order to do this there must be champions within the organisation who have a Maori Health focus. The leadership must start at the top and filter out, which in turn will lead to a reduction in inequalities.

There are a number of strategies within the Maori Health Plan that must be progressed. This must be a combined effort. The initial focus has been on getting the Maori Health Unit integrated into the hospital. The Maori Health Coordinator role provides input into a number of services and reports to the GM Hospital Services at an operational level and at the same time receives support from the Director Maori Health. This year there needs to be an increased focus to further develop communications on Maori health.

Work is occurring with Whaiora Whanui to help reduce the number of Maori who smoke. The Wairarapa DHB has appointed a Smoke Free Coordinator who will link strongly with Whaiora, as well as the Healthy Homes Project and Addiction Services.

Mrs Grace referred to the statistic of 75% of Maori children being exposed to secondary smoke. The work of the Smoke Free Coordinator will bring many improvements. People will be offered support or linked into a programme.

The Manager Mental Health Services is also working on improvements in terms of referrals for Maori patients.

#### **10. Board Correspondence**

The Director Planning and Funding advised the letter from the MOH on health targets sets out national targets which will be progressed over time. DHBs must demonstrate they are working towards these targets.

#### **Resolved:**

THAT THE BOARD NOTE THE MOH LETTER DATED 5 APRIL 2007 ON HEALTH TARGETS - FOCUSING OUR EFFORTS.

#### **11. Move into Confidential Business**

#### **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
- (2) WITHHOLDING OF INFORMATION IS NECESSARY TO MAINTAIN THE EFFECTIVE CONDUCT OF PUBLIC AFFAIRS THROUGH THE FREE AND FRANK EXPRESSION OF OPINIONS BY OR BETWEEN OR TO MEMBERS OR OFFICERS OR EMPLOYEES OF ANY LOCAL AUTHORITY.

#### **11. Report Back from Confidential Business**

The Chairman reported back the following resolutions that were passed on confidential business as follows:

THAT THE BOARD AGREE BELINDA LAWS, ACCOUNT MANAGER, MINISTRY OF HEALTH CAN REMAIN WITHIN CONFIDENTIAL BUSINESS OF THIS MEETING.

THAT THE CONFIDENTIAL MINUTES FROM THE LAST BOARD MEETING HELD 27 MARCH 2007 BE CONFIRMED AS A TRUE AND ACCURATE RECORD.

### **2007/08 Draft DAP and SOI**

#### **Resolved:**

THAT THE BOARD:

- (1) **NOTE** THAT THE MINISTRY'S FEEDBACK ON THE DRAFT AND SOI IS GENERALLY COMPLIMENTARY.
- (2) **NOTE** THAT FEEDBACK IDENTIFIES 12 RED ISSUES WHICH MUST BE ADDRESSED BEFORE THE DAP CAN BE APPROVED, AND ONE RED ISSUE IN RELATION TO THE SOI, AND THAT ALL OF THESE RED ISSUES CAN BE ADDRESSED EASILY.
- (3) **NOTE** THAT MANAGEMENT WILL MAKE THE CHANGES REQUIRED AND SUBMIT THE REVISED DRAFTS BY THE DUE DATE OF 11 MAY 2007.
- (4) **NOTE** THAT THE REVISED DRAFTS WILL BE PRESENTED TO THE BOARD FOR FORMAL APPROVAL AT THE MAY BOARD MEETING.

### **Pharmacy Services**

#### **Resolved:**

THAT THE BOARD:

- (1) NOTE THE PROPOSAL TO DEVELOP A STRATEGIC OPTIONS DOCUMENT FOR PUBLIC CONSULTATION.
- (2) NOTE THAT LOCAL PHARMACISTS PREFER A LOCAL PHARMACY CONTRACT BE EXPLORED, AND NOTE THAT MANAGEMENT IS WORKING TOWARDS DEVELOPING A STRATEGIC OPTIONS PAPER FOR THIS, THAT WILL GO OUT FOR PUBLIC CONSULTATION

### **Wairarapa DHB Risk Management Report**

#### **Resolved:**

THAT THE BOARD:

- (1) RECEIVE THE WAIRARAPA DHB RISK MANAGEMENT REPORT NUMBERED D260.
- (2) NOTE ONGOING DEVELOPMENTS IN RISK REPORTING.
- (3) ASK THAT THE QUANTATE SOFTWARE APPLICATION DETAILS BE PUT TO THE AUDIT & RISK COMMITTEE FOR REVIEW.

### **Wairarapa Hospital New Build Status Report**

#### **Resolved:**

THAT THE BOARD:

- (1) NOTE THE REPORT NUMBERED D258 ON WAIRARAPA HOSPITAL'S NEW BUILD REMEDIAL, LOGGED ITEMS AND PERIPHERAL PROJECTS STATUS AS AT MARCH 2007.
- (2) NOTE THAT THE HEATING / COOLING DESIGN MATTERS WILL BE A MATTER ARISING FOR THE NEXT BOARD MEETING AND ASK THAT THE CFO ALSO PROVIDE AN UPDATE ON THE ENERGY MANAGEMENT PLAN AT THAT MEETING.

### **Facility Options Update**

#### **Resolved:**

THAT THE BOARD RECEIVES THE FACILITY OPTIONS UPDATE REPORT NUMBERED D259.

**Correspondence**

**Resolved:**

THAT THE BOARD NOTE THE LETTER SENT TO THE MENTAL HEALTH COMMISSIONER ON 30 MARCH 2007.

**12. General Business**

**Resolved:**

THAT THE BOARD APPROVE A LEAVE OF ABSENCE FOR BOARD MEMBER, MRS PAMELA JEFFERIES WHO WILL BE ABSENCE FROM THE HOSPITAL ADVISORY COMMITTEE MEETING ON 15<sup>TH</sup> MAY AND THE BOARD MEETING ON 22 MAY 2007.

Meeting closed: 12.51pm.

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Bob Francis – Chair

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Date