

**Minutes of the Board Meeting of the Wairarapa District Health Board
Held in the Boardroom, Wairarapa District Health Board
Blair Street, Masterton
Tuesday 14 December 2010 at 11.00am**

Present: Bob Francis, (Chair), Liz Falkner, Rob Irwin, Rick Long, Mavis Mullins, Viv Napier, Fiona Samuel, Leanne Southey, Janine Vollebregt, Janice Wenn

In attendance: Tracey Adamson (Chief Executive), Stephanie Turner (Director Māori Health), Simon Everitt (General Manager Strategic Development and Population Health), Kieran McCann (General Manager Clinical Services), Eric Sinclair (General Manager Finance and Information) and Tracy O'Neale (Board Secretary)

1. Apologies

Apologies were received from Helen Kjestrup and Alan Shirley (Chief Medical Officer).

2. Conflicts of Interest

There were no conflicts of interest noted in relation to the agenda.

3. Minutes from the last meeting of the Board

Resolved:

THAT THE MINUTES FROM THE LAST BOARD MEETING HELD 23 NOVEMBER 2010 BE CONFIRMED AS A TRUE AND ACCURATE RECORD.

Matters Arising

- Summer Traffic – Wairarapa District Health Board (WDHB) has been invited to participate in the briefing of the La De Da concert. Viv Napier, in her capacity of Deputy Mayor, gave a brief overview of preparations for the event in Martinborough. WDHB will have contingency plans in place to extend services if needed over the three day event.

4. Chief Executive's Report

Tracey Adamson, Chief Executive Officer (CEO) spoke to her report highlighting key points.

- Ms Adamson welcomed the new Board members and welcomed back those who are returning for another term.
- The Public Health Unit review has been completed. The review was initiated following advice from Regional Public Health (RPH) of a substantive reduction in funding. As a result of the review the positions of District Immunisations Facilitator (DIF) and National Immunisations Registrar (NIR) will be transferred to Wairarapa Community PHO (WCPHO). The Health Protection Officer and Communicable Disease Nurses will continue to be employed by WDHB.
- WDHB received an award, presented by John Hayes MP on behalf of the Minister of Health, for outstanding performance in the immunisation health target.
- The first Central Region Information Systems Plan (CRISP) Steering Group meeting will take place on 21 December 2010. Frequently asked questions have been included in the Board papers.

- All formal documentation for Tihei Wairarapa has been signed. A review of processes will take place with WDHB, Wairarapa Community Primary Health Organisation (WCPHO) and the Ministry of Health (MOH). How the Alliance Leadership Team (ALT) works and its membership will be included in the Board orientation on 25 January 2011.
- Medical Radiation Technologists (MRT) have ratified the latest offer from DHBs and the Resident Medical Officers (RMO) have agreed to go to interest based bargaining and have accepted a 2% pay increase.
- The Chairman, CEO, members of the Senior Leadership Team (SLT), and ambulance and nursing staff attended the funeral of Margaret Heaney.
- The executive summary of the report from the Controller and Auditor-General on DHBs availability and accessibility of after-hours services will be emailed to the Board. WDHB's response to the report stated that the majority of the 81 persons unable to access medical services within 60 minutes travel time are, in fact, enrolled with Martinborough Medical Centre and can access services within 60 minutes, as confirmed by Martinborough Medical Centre.

Resolved:

THAT THE BOARD RECEIVES THE CHIEF EXECUTIVE'S REPORT NUMBERED D1335.

5. Financial Report

Eric Sinclair, General Manager Finance and Information, spoke to his report highlighting key points.

- A deficit of (\$1,485k) has been posted for the five months to 30 November 2010 which is (\$403k) adverse to the planned result. This is largely due to the payment of WDHB's portion of CRISP, lower than planned ACC revenue and higher than planned clinical supplies due to higher volumes.
- In November WDHB received an additional \$1.2m pharmacy rebate which improved the community pharmaceutical result.
- IDFs were favourable at the end of November but unofficial results suggest that WDHB will be approximately (\$100k) due to a single patient (71 caseweights (CWS)).
- Feedback has been received by Board members that the new model of care for Ambulance Services in Wairarapa is costing WDHB more. For the benefit of the new Board members, Ms Adamson provided background on the new model of care. The Board noted other ambulance services in New Zealand are supported by donations from the public. WDHB provides a high quality Ambulance Services and does not receive donations. A comprehensive report on Ambulance Services will come to the Board in February 2011.
- With the establishment of the new Board a review of the signatories for authorising transactions with the Crown Health Financing Agency (CHFA) is required. The Board agreed to Mr Sinclair's recommendations.

Resolved:

THAT THE BOARD:

1. **RECEIVES** THE FINANCIAL REPORT FOR THE PERIOD ENDED 30 NOVEMBER 2010
2. **APPROVES** THE SIGNATORIES FOR ALL TRANSACTIONS WITH THE CROWN HEALTH FINANCING AGENCY COMPRISE:
 - a. One of Bob Francis or Leanne Southey; and
 - b. One of Tracey Adamson or Eric Sinclair.

6. Proposed 2011 Meeting Dates

The Board discussed the proposed meeting dates for 2011 and agreed in principal. The meeting times for Te Iwi Kainga and Disability Support Advisory Committee meetings will be amended and the meeting schedule will be re-circulated to the Board.

Ms Adamson advised the Committee sponsors:

Hospital Advisory Committee (HAC) – Kieran McCann

Community and Public Health Advisory Committee (CPHAC) – Simon Everitt

Disability Support Advisory Committee (DSAC) – Simon Everitt

Audit and Risk Committee (A&RC) – Eric Sinclair

Clinical Board – Alan Shirley.

Bob Francis, Chairman, circulated his paper on the proposed Chairs and Committee Membership for December 2010 to December 2013.

Mr Francis explained that due to new legislation that instructs Boards to consult more with their communities on regional strategies, he felt it would be difficult for Viv Napier, being the only representative on the Board from the South Wairarapa, to solely consult with South Wairarapa towns. Mr Francis recommended that a quarterly newsletter be produced and circulated to the three Councils, local papers and Community Boards to assist with communication and consulting processes.

The Board noted that there is an option to co-opt a member onto the standing committees if the Board felt it necessary.

The Board discussed Board meeting venues and the promotion of public forums.

Resolved:

THAT THE BOARD:

1. **APPROVES IN PRINCIPAL** THE SCHEDULE OF 2011 WAIRARAPA DHB MEETING DATES SUBJECT TO IWI KAINGA AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING TIMES BEING AMENDED
2. **NOTES** THE 2011 SENIOR LEADERSHIP TEAM MEETING DATES
3. **NOTES** TE IWI KAINGA MEETING DATES ARE YET TO BE DISCUSSED WITH TE IWI KAINGA.

7. Primary Health Care Targets

Lisa Burch, Portfolio Manager, attended for this item.

The Board received a report on the first quarter results for the immunisation and cardiovascular/diabetes health targets.

WDHB has performed strongly in both targets but has taken a drop in positions in the past quarter. This drop is surprising and could be due to a number of factors including other DHBs performing better.

For immunisation the target only measures children who have turned two in the quarter (17 children quarter 1 2010/11). The Board noted that some parents have opted not to have their children immunised.

The Board voiced its concerns that WCPHO performance target for immunisation is only 85% and that it should be aligned with the health target of 90%. WDHB has a strong collaborative relationship with WCPHO and will work together to set local targets.

The Board discussed the immunisation measure and the fact that if a parent refuses to immunise their child it is recorded against the DHB in the targets.

The Board discussed the Cardiovascular (CV)/Diabetes health target.

Discussions have taken place with WCPHO to ensure there are no barriers to completing and recording CV risk assessments.

Individual practise plans, aligned with the health target, will be put in place as part of Tihei Wairarapa.

The Board noted that all performance target trends are now heading in the right direction.

The Board expressed their disappointment with the last quarter health target results and requested a formal letter be sent to WCPHO regarding the Board's disappointment and the significance it places on the Health Targets.

The Board understand the importance of getting buy-in from those at the front line and at practice level and feel that the messages are not getting to the coalface.

The Board discussed communicating what a diabetes patient can expect from their health service, thus putting the onus on the patient to enquire if they don't receive the service.

Ms Adamson explained for the benefit of the new Board members that the PHO performance programme is a national programme and is administered and monitored by DHBNZ.

The primary health care strategy will be covered in the Board orientation.

The Board asked how much information management receive on individual practice performance and whether they have confidence that practices fully understand what WDHB is trying to achieve in terms of health target performance. Mr Everitt explained WCPHO provides WDHB with practice level data, anonymised for some indicators. The information is reviewed quarterly and an issues based approach is taken.

WDHB pays WCPHO \$330k per annum to monitor the performance of the practices. Ms Adamson explained how PHOs were established and how they get funded.

The Board and WCPHO will meet early in 2011.

Resolved:

THAT THE BOARD

1. **NOTES** THAT THE DHB'S PERFORMANCE AGAINST THE IMMUNISATION AND CVD/DIABETES TARGETS DROPPED IN THE QUARTER ENDING SEPTEMBER 2010
2. **NOTES** THAT THE PHO PERFORMANCE PROGRAMME IS THE MAIN MECHANISM BY WHICH PRIMARY CARE MONITORS THEIR PERFORMANCE, AND THE HEALTH TARGETS AND PHO PERFORMANCE PROGRAMME INDICATORS ARE NOT WELL ALIGNED
3. **NOTES** THAT THE CHIEF EXECUTIVE HAS RAISED THIS ISSUE WITH MINISTRY OF HEALTH OFFICIALS
4. **NOTES** THAT FOR BOTH TARGETS THE SMALL NUMBERS MEASURED WITHIN A QUARTER INCREASE THE LIKELIHOOD OF FLUCTUATIONS IN PERFORMANCE

5. **NOTES** THAT THE PHO IS ADDRESSING THE ISSUES THAT HAVE BEEN IDENTIFIED AND EXPECTS THE RESULTS FOR THESE TARGETS WILL IMPROVE IN QUARTER TWO
6. **INSTRUCTS** THE GENERAL MANAGER STRATEGIC DEVELOPMENT AND POPULATION HEALTH TO WRITE TO WCPHO EXPRESSING THE BOARD'S CONCERNS WITH THE LAST QUARTER RESULTS AND TO ASK FOR A RESPONSE ON HOW WCPHO WILL ADDRESS THESE CONCERNS.

Lisa Burch left the meeting at 12.22pm.

8. Sub-Regional Collaboration between Wairarapa, Hutt Valley and Capital and Coast District Health Boards

The Board received an update on the regional and sub-regional work programme.

The Board enquired whether it is appropriate to have a joint appointment for the Emergency Preparedness Officer (EPO) with Hutt Valley. The role of the EPO will be strategic to ensure WDHB has the plans in place to deal with events.

Since the sub-regional review of Planning and Funding departments the three General Managers of Planning and Funding meet on a regular basis and collaboration has improved. It is noted Capital and Coast and Hutt Valley DHBs now have joint CPHAC papers.

A supply chain proposal is being developed by the Central Region DHBs and will be considered by Health Benefits Limited (HBL) when complete.

The Board asked whether the supply chain concept could be rolled out to Non-Government Organisations (NGO). Management advised that there is certainly potential for this to happen but the main focus is at provider arm level.

The Board requested a briefing on HBL and an overview of the national groups and their roles at the Board orientation.

Resolved:

THAT THE BOARD NOTES THE PROGRESS THAT HAS BEEN MADE WITH REGIONAL AND SUB-REGIONAL INITIATIVES.

9. Local Project Update

The Board received an update on local projects.

Ms Adamson took the Board through each of the initiatives, most of which are from the Good to Great programme.

Members of management attended an elective services forum on central referrals management and have visited Whanganui DHB who have a centralised system. WDHB is investigating how a system might work prior to instigating it within the DHB.

Kieran McCann, General Manager Clinical Services, explained the current referral process. Wairarapa GPs can refer patients anywhere in the country. WDHB current receives no information on referrals out of the district. The Health and Disability Commissioner (HDC) has determined that it needs the ability to audit, track and monitor the referral process. There is currently no robust tracking process to ensure no one gets lost in the system.

The Board will receive further updates.

Resolved:

THAT THE BOARD NOTES THE PROGRESS MADE ON PROJECTS ACROSS THE WAIRARAPA DISTRICT HEALTH BOARD.

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.

Open meeting closed at 12.30pm.

Bob Francis, Chairman

Date