

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 29th FEBRUARY 2012 IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.06 PM**

Present: Kevin Atkinson (Chair)
Barbara Arnott (apologies for lateness)
David Barry
David Davidson
Peter Dunkerley
Helen Francis
Denise Eaglesome
Dan Druzianic
Ngahiwi Tomoana

Apology: Kirsten Wise
Diana Kirton

In Attendance: Kevin Snee, Chief Executive Officer (CEO)
Warrick Frater, Chief Operating Officer (COO)
Peter Reed, Chief Financial Officer (CFO)
Andrew Lesperance, General Manager Planning and Performance
Members of the Executive Management Team
Member of the Media

Board Administrator Brenda Crene

KARAKIA

The Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia. Condolences were conveyed to Ngahiwi on the loss of his beloved father.

DECLARATIONS OF INTEREST

The Board Interests and Conflicts of Interest Register were noted with no amendments. Denise Eaglesome advised she would be fulfilling the role as Mayor of Wairoa from 1st March 2012 for three months.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 21 December 2011, were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic
Seconded: Helen Francis
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions and progress from the previous meeting were noted. Verbal updates were provided as follows:

Item 2 – Operation Plan Monitoring 2011/12: GM Planning and Performance conveyed this was work in progress, having a further two advisory committee chairs to meet with. This item would remain as an action.

Item 8 – Disparities were noted in reporting PHOs and DHBs: GM Planning and Performance advised that targets had now been aligned and in future the target would be shown in relation to the actual.

BOARD WORK PLAN

The Board Work Plan and the agenda items for the March 2012 meeting were noted.

Minor amendments to March's work plan were actioned by the Board Administrator.

CHAIR'S REPORT

The Chair verbally advised of the following matters that have arisen since the previous meeting:

- A letter regarding skin lesion services in Napier had been received from Dr Paul Hendy. This letter had been responded to, advising there were no changes and the service would continue in its present form.
- Health Minister Tony Ryall provided a letter to all DHBs requiring attendance detail for Board and Advisory Committee meetings to be competently reported in the respective DHB's Annual Reports.
- The Ministry were researching targets for diagnostics with a view to setting some hard targets. If this occurred, some work would be required to meet the ministers' expectations.

Staff Retirements: Chair Kevin Atkinson conveyed his best wishes and thanks to those staff who had/or were to retire after extended service to HB District Health Board or associated services.

Letters would be sent to those listed below acknowledging their service. **Actioned**

Name	Job Title	Service	Service (yrs)	Date Retiring
Pamela O'Donnell	Telephonist	Finance, Facilities & Procurement	21	11-Dec-11
Rachel Wickham	Home Aid	Options HB	21	16-Dec-11
Sue England	Registered Nurse	Women Children & Youth	40	07-Feb-12
Alison Nelson	Occupational Therapist	Older Persons Health, Rehabilitation & Allied Health	29	29-Mar-12

Leadership Forum: The Chair was pleased with the (3rd) Forum held on 15 February at the Te Aranga Marae (Flaxmere), and felt it had elevated to a whole new level. He advised that the survey completed by participants (at the Forum) had been collated and averaged, and the responses were very positive.

Survey Results follow (1=poor 5=outstanding) : 3.6 Format for the day; 4.2 The Venue; 4.4 The Facilitator; 3.3 Planning Progress; 3.2 Progress of Vision & Values; 3.5 Progress with ICHS; 3.6 Agreement in Investment/Disinvestment; 3.7 Building Relationships and Trust.

Replacement of Disability Support Advisory Committee Member: Following the resignation of Julie Hutchinson from the DSAC Committee (on 21/11/11), a replacement committee member was required. Chairperson, Diana Kirton had recommended the appointment of Heather Campbell to this Committee because of her vast experience and understanding of the mental health and addiction sector. Heather's background also shows operational, advisory experience, as well as a consumer-focused outlook. Following discussion the recommendation was approved

RESOLUTION

That the Board:

Appoint Heather Campbell as a member of the Disability Support Advisory Committee for the ensuing term.

Moved David Davidson
Seconded Helen Francis
Carried

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report was received and the following update provided covering the period to 31 January 2012.

Financial Performance

Financial performance for January has resulted in a favourable variance of \$379k with an unfavourable variance of \$511k YTD. The CEO remained focused on achieving a planned surplus of \$2.0m by the end of the financial year.

Health Targets

HBDHB remain close to/or above target for the following: Shorter Stays in Emergency Department (averaged close to the 95% target) Access to Elective Surgery (108.9%); Waiting times (the number waiting longer than 5-6 months continued to fall for elective surgical procedures, however neurology was an area of concern). Shorter waits for cancer treatment radiotherapy (continued at 100%); Immunisation (3 months to January 2012 sat at 95.4% which was a good result and above the target of 95%); and better help for smokers to quit (at 92.5% was in the top half of the country, for the 3 months to January compared to the target of 95% - but still a way to go).

It had been disappointing to read in the local paper an article (29 February 2012) prompted by a local GP regarding services/staffing. A replacement ENT surgeon was planned with the temporary gap likely to be filled by a Locum, and combined with the good relationship with Royston there was no problems perceived. The comment was from the GP was likely in response to a letter sent to GPs on 17 February 2012.

Dr Peter Foley as co-chair of the Clinical Council and a local GP expressed regret at the media item and advised that there were other avenues open for GPs to voice/raise concerns. The CEO advised it highlighted an issue with communications and an understanding of how the channels work.

Better Diabetes and Cardiovascular Services: Attending free annual checks was showing a positive lift in the Maori community results with 104.6%.

The Chair congratulated the CEO, PHO and all staff for having performance measures in the top half of ALL DHBs - a great achievement.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED JANUARY 2012

An overview of the presented report was provided by the Chief Financial Officer, noting that a number of recommendations had been addressed by the Finance, Risk and Audit Committee Meeting held that morning (refer below).

RECOMMENDATION

That the Board:

That the Board note the contents of the Report.

Adopted

REPORTS AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Finance, Risk and Audit Committee Meeting – 29 February 2012

Peter Reed provided a brief overview regarding HBL who had negotiated an arrangement for all 20 DHBs. In principle the CFO was happy however there were several issues to work through.

Dan Druzianic advised the meeting that FRAC had considered the arrangements and draft resolution at its meeting earlier in the day and recommended that the Resolution be adopted.

RESOLUTION

That the Board:

1. In relation to Health Benefits Limited (HBL) Banking and Treasury Collective
 - a) agree for management to follow up with HBL, the conditions of approval as noted in the paper; and
 - b) approve in principle subject to the conditions noted in the paper.
2. Approve amendment of the CHFA Facility Schedule termination date to 31 December 2021.
3. Approve extending the BNZ Working Capital Facility to expire 1 December 2012

Moved Dan Druzianic

Seconded Peter Dunkerley

Carried

Hawke's Bay Clinical Council – 8 February 2012

The Council's co-chair Drs John Gommans and Peter Foley were in attendance. Dr Gommans provided an overview of the Clinical Council Report provided:

- The Laboratory Services Committee provided an overview of: Vitamin D testing restriction feedback (mainly positive); further reviews of "high cost" but "low value" testing; and test results distribution processes.
- Council were pleased with the strategic direction of the Population Health Strategy however the action plan required work. This was reflected in the recommendation to the Board below.
- The Draft Annual Plan 12-13 was reinforced.
- Establishing an Integrated Health Service for Hawke's Bay (IHS) posed two important questions regarding who to lead and how we work, rather than the structures we work in. As consultation progresses, no doubt these two issues will become clear. This was noted by the Chair.
- Service and Financial Improvement Programme (SFIP) was not discussed in detail but on reflection as the SFIP progresses it is worth noting a comment made that "all financial decisions have clinical implications" and "all clinical decisions have financial implications."
- Council were pleased to receive the Clinical Indicators Report which had been developed with some reporting provided monthly compared with a full report Quarterly.
- Nursing Workforce Development was noted and the team involved congratulated.

Barbara Arnott commented that she felt a high level of comfort with the simple report provided to the Board each month. It ensured the support of many parties and removed/alleviated the element of surprise in the clinical arena.

RECOMMENDATION

That the Board:

1. Note the contents of the report.
2. Note that the Clinical Council endorse the strategic direction, overarching principles and priority focus areas only, in the DRAFT Population Health Strategic Plan 2012-2015.

Adopted

DISCUSSION PAPER

Establishing IHS Services in Hawke's Bay

GM Planning and Performance, Andrew Lesperance was in attendance for this paper which was covered/discussed at the Leadership Forum on 15th February.

RECOMMENDATION

That the Board:

1. Note the feedback from the IHS consultation process as presented at the Leadership forum 15 February.
2. Note that this feedback will be released to the public as per the agreed consultation process.
3. Note that a further paper will be provided to the board in April, detailing the next steps in this development.

Adopted

MONITORING PAPERS

HBDHB Performance Framework Exceptions (Q2) 2011-12

This final Report was tabled at the meeting by Andrew Lesperance. The summary report had been delayed as crucial data had not been received from the Ministry to meet internal reporting deadlines.

- Smoking advice: Since the publicly announced target announced in July 2011, the Chair noted that GPs appeared to be under performing. The results show that smoking advice to their patients was at 30% compared to the MOH target of 90%.
- Referring to “Improving mental health services using relapse prevention planning (Child and Youth 0-19 years) on page 82”: Non government organisations (NGO) appeared to be under performing. The meeting was advised this was mainly a reporting issue (equating to around 20%), and that the portfolio manager was following up. **Action GM P&P**
- Referring to “Percentage of patients receiving ultrasound, MRI and CT services within timeframe” on page 93”, the Chair referred to a letter from the Minister expressing concern that there were patients who had waited up to 6 months for a scan. The COO advised there were no issues technology wise, however there were some staffing/resource issues which needed to be worked through.
- Referring to “Did not attend (DNA) rate across first specialist assessments” on page 94 of the report showed a target of 7.5%, however DNA’s rate was sitting at 19.2% (for Maori) which the Chair considered unacceptable. The Chair suggested that at its next meeting MRB discuss the issue and suggest strategies to significantly reduce these rates. **Action MRB**

Human Resource KPIs (Q2) 2011-12

An overview of the paper presented to the Board was provided by John McKeefry. The Board noted the contents.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

15. Confirmation of Minutes of Board Meeting dated – 21 December 2012
- Public Excluded
16. Matters Arising from the Minutes of Board Meeting dated 21 December 2012
- Public Excluded
17. Report and Recommendations from the Committee Chair:
Finance Risk and Audit Committee – 29 February 2012
18. 2012/13 Annual Plan Outline Overview
Outline of Annual Plan with Statement of Intent 2012/13
19. Roadmap for the Development of the 2012/13 Regional Services Plan
20. Policy – Payment of fees and Expenses (HBDHB Committees, Advisory groups, Stakeholder groups and project teams).
21. New Community Pharmacy Service Model
22. Overview of the Funding Envelope 2012/13
23. Financial Performance Report for period ended January 2012
24. Service & Financial Improvement Programme

Moved: David Davidson
Seconded: David Barry
Carried

The meeting closed at 3.30 pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 28th MARCH 2012 IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Barbara Arnott
David Barry
David Davidson
Peter Dunkerley
Helen Francis
Denise Eaglesome
Dan Druzianic
Ngahiwi Tomoana
Diana Kirton
Kirsten Wise

Apology: -

In Attendance: Kevin Snee, Chief Executive Officer (CEO)
Warrick Frater, Chief Operating Officer (COO)
Andrew Lesperance, General Manager Planning and Performance
Satish Makam, Finance Manager
Members of the Executive Management Team
Members of the public and media

Board Administrator Brenda Crene

KARAKIA

The Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

DEPUTATION

Topic: Hydraulic Fracturing

Ann Michelle and Angela Hair, members of “Don’t Frack the Bay” were introduced and addressed board members on the practice of “**fracking**” (hydraulic fracturing), to extract gas and oil from deep within the earth. Ann summarised issues with the practice in Taranaki over a number of years, and raised concerns if the practice went ahead in Porangahau (Central HB). Their concern focused on potential for health issues for the people living in/or around the area being exposed to chemicals from the process¹, seeping into their water through underground aquifers. They also had concern about the potential for earthquakes as a result. She provided an overview and examples of the practice and the environmental issues/impacts worldwide. A copy of the detail presented was provided to the Board Administrator following the meeting and is available on request.

DECLARATIONS OF INTEREST

The Board Interests and Conflicts of Interest Register were noted with no amendments.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 29 February 2012, were confirmed as a true and correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Dan Druzianic **Carried**

1 Hydraulic Fracturing or “fracking” is the practice of extracting gas and oil from deep within the earth. Extraction is achieved by drilling down into the earth for kilometres and then horizontally for kilometres emitting water, sand and chemicals into the earth as part of the process. The practice has been banned in some countries.

MATTERS ARISING FROM PREVIOUS MINUTES

Actions and progress from the previous meeting were noted. Verbal updates were provided as follows:

- Item 1: Consultation on Mental Health and Addiction Services. The blueprint had been received and was with members. Action removed.
- Item 2: Operational Plan Monitoring: the process was well underway. Action removed.
- Item 4. Governance Meetings : Advisory Committee TOR's would be reviewed by the end of April (detail included in the actions).
- Item 5: Monitoring : Improving mental health services using relapse prevention planning (Child and Youth 0-19 years) was in hand and the action removed.
- Item 6: DNA Rates across first specialist assessments: MRB would hold a meeting to discuss this within two weeks. As this was not new, there would be a lot of information available. Action removed.

BOARD WORK PLAN

The Board Work Plan for the April 2012 meeting were noted.

CHAIR'S REPORT

In acknowledgement of service: Chair Kevin Atkinson conveyed his best wishes and thanks to Judith Clark (Podiatrist) who had who had provided excellent services to the HB District Health Board and was concluding her services on 29 March 2012. A letter would be sent to Judith acknowledging her service. **Actioned**

The Chair verbally advised of the following matters that have arisen since the previous meeting:

- A letter had been received updating 2012/13 funding advice.

The MOH advised the projected savings in the pharmacy budget would be replaced by new initiatives. The new initiatives are as follows: Extend free GP care for children under six to after-hours; Provide support for Child and Adolescence Mental Health Services; Implement the faster cancer treatment initiatives; Support smarter home support services; Encourage greater pharmacy-led care; Aged care residential bed day price subsidy; Services to establish effective dementia care pathways

The Chair conveyed the need to be aware that pharmacy savings were one off and the cost of the new initiatives would be ongoing (between \$500-900k per year).

- A letter had been received from the Minister regarding performance of all PHOs. Health Hawke's Bay sat at 19 out of 36 (19/36) for CVD Risk Assessment (in the past 5 years); Smokers advice to quit and/or providing cessation support in the past 12 months (22/36); Two year olds who have completed vaccinations (8/36). This was reasonably satisfactory but there was room for improvement.
- A letter received from Roche Diagnostics regarding the blood glucose meters (brand) changes, was warning of the health risks associated in changing people from one meter to another. Since receipt of this letter it was understood over 3000 submissions had been received by Pharmac nationally. Members of the Board acknowledged there would be a risk having a single supplier and it appeared that Pharmac could not guarantee supply. Andrew Lesperance was monitoring this.
- The Chair, CEO and Dr Peter Foley plan to visit the Chatham Islands between 22-24 May 2012. A visit was originally proposed (in late 2011) by the Island's Mayor and CEO, to discuss the practicality of fluoridating the Island's water supply.
- A letter had been received from the MOH congratulating HBDHB as a sector leader in rationalising Management/Administration FTE positions, proposing a further reduction of 3% in the forthcoming year. A response to the Minister advised HBDHB were below the new threshold and there was every intention to maintain that level going forward.
- In early March a letter had been received from Karina Collyns of Hastings who had health concerns regarding water quality at Lake Tutira and a stream in Pakowhai used by the public regularly.

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report was received with the following update provided.

- A letter from the MOH on **Performance Results for Q2** was very positive for Hawke's Bay, with no performance issues or problems raised. An excellent result.
- **Health Targets** as presented in the CEO's report were taken as read. It was noted the detail was in a more concise format which received favourable comment from board members. Note there had been no CVD results since September 2011.
- **Financial performance** for February 2012, showed a favourable variance of 186k with an unfavourable variance of \$325k YTD. The CEO advised confidently that the planned surplus of \$2.0m would be delivered.
- **Report of the Auditor General** was well received with HBDHB rated highly with only two other DHB's ahead nationally. Attention was drawn to Maori health disparity and a focus on Asset management (within the sector).
- **Better Sooner More Convenient Update:**

Service Delivery Initiatives for the Skin Lesion Service noting the service continues but a different arrangement would be put in place for the provision of that service.

The Wairoa Integrated Health Services Project continues to gain traction. The design of the facility was being finalised and would go to tender in June 2012. Focus on providing work to the Wairoa business and trades community has moved forward with a letter sent to local trades people to register their interest in being involved in the tender process.

Facilities Developments were progressing with the Theatre 7 development, Endoscopy Suite and the Renal Centre.
- **Serious and Sentinel Events Reporting**

There had been seven events in Hawke's Bay, with no increase in events in the past five years since reporting commenced. Falls Minimisation has been and will continue to receive focus and Hawke's Bay were well on track to address concerns coming out of the national report. Clinical Council would continue to monitor falls minimisation closely.

Diana Kirton advised she had attended a Mental Health Inpatient Unit Consultation meeting which was very well done and a thoroughly enjoyable experience.

The Chair advised he had never in his time at the HB District Health Board seen such a favourable report received from the Ministry of Health. He congratulated all concerned, advising it was a fantastic effort.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED FEBRUARY 2012

An overview of the presented report was provided by the Finance Manager, Satish Makam.

The Chair advised this was Satish's last meeting as he was moving to another position out of the area. Satish was thanked for his good work which was much appreciated and he was wished well in his new role.

Summary of points raised:

- The finance system will shift to Oracle in accordance with the direction proposed by HBL in 2 to 3 years time, and a visit was planned on 4-5 April to obtain a better understanding of the impact of this before the business case was finalised.
- Patient transport for February was one of the highest and was of concern. Initiatives were in place to control the growth where possible.
- Capital expenditure for February was tracking at 39% of the Annual Plan. IT operations were tracking behind, mainly due to the delay in implementation in CRISP (as this had not been paid out to the region yet).
- Rolling cash flow: an area to note was cash available in short term investments (excluding Special funds clinical trials) position each month. The cash available by end of June as per the current

forecast was \$9.5m which is looking quite healthy. Peter Reed (CFO) had been working with MOH to minimise the impact of capital charges through revenue banking arrangements.

- Diana Kirton queried Bed Days for Maternity on page 33 of the report and asked how accurate the figures were. It was advised work was in hand to split the detail for a correct correlation as the detail was blurred between the delivery suite, postnatal and antenatal.

RECOMMENDATION

That the Board:

That the Board note the contents of the Report.

Adopted

REPORTS AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Community & Public Health Advisory Committee Meeting (CPHAC) – 14 March 2012

The Chair of CPHAC, Barbara Arnott provided an overview of the report submitted.

- **Supporting Healthy Communities** – Plan for achieving strategic priorities for Population health from 2012-15 was certainly an important programme and one we must get right and receive endorsement from the CPHAC.
- **Kahungunu Hikoi Whenua (KWH) Programme Evaluation** – The Chair advised how impressed she had been with the programme and with the positive achievements gained. KHW was showing real results and engaging with targeted people in neighbourhoods where it mattered most. It was felt this should continue in areas not yet targeted, including disparities. CPHAC members were in full support for the KHW programme continuing. The HIHA programme was discussed briefly and accruals may be available for the continuation of KHW, should Government funding be withdrawn. Diana Kirton understood some HIHA funding had been ear marked for Child youth and early maternal.

The CEO advised with a bit of work this could be pulled together fairly quickly advising the majority of the funding appeared to be available for KHW. A financial position would be brought back to the Board. **Action**

- **ICHS in Hawke's Bay** – was continuing with the next steps outlined.
- **New CPHAC Committee Members:** The Chair advised he had approached two PHO/community representatives to join CPHAC being John Newland and Bayden Barber. With Board approval, the appointments would take place immediately.

RESOLUTION

That the Board:

1. Note the contents of this report.
2. Endorse continuation of the Kahungunu Hikoi Whenua programme, regardless of whether continued funding from Government is forthcoming or not. Financial detail would be provided to the Board.
3. Approved the appointment of two PHO representatives John Newland and Bayden Barber as members of the Community and Public Health Advisory Committee.

Moved **Barbara Arnott**
Seconded **Denise Eaglesome**
Carried

Hawke's Bay Clinical Council – 14 March 2012

Dr John Gommans co-Chair of Clinical Council was in attendance. Dr Gommans provided an overview from the meeting summarised as follows:

- Clinical Indicators - had been refined with monthly reviews occurring on several targeted areas. Feedback on diabetes results has been inconsistent.
- Council were to focus on producing a detailed workplan.
- MOH ran a workshop in ED with some good ideas raised. Utilising some of the ideas raised would assist in continuing to improve performance against target in this area.

RECOMMENDATION

That the Board:

Note the contents of this report.

Adopted

Maori Relationship Board (MRB) – 21 March 2012

Ngahiwi Tomoana, Chair provided an overview from the meeting summarised as follows:

- PHO presentation of CVD target: Contrary to the MRB Report, ethnicity data collection breakdowns were available and this would be discussed outside the meeting. **Action**
- Maori Diabetes and CVD demonstrations site pilot within Kaupapa Primary Care Settings: MRB's endorsement of the recommendations approved by the HBDHB's Cardiac team must be captured and actioned. Need to work with CEO and GM Planning & Performance on this. **Action**
- "Did Not Attend" (DNA) specialist appointments would be considered at a special MRB meeting in several weeks. MRB need to utilise the background detail available. **Action**
- Kahungunu Hikoi Whenua Programme (KHW) Early Outcomes Report. This had already considered and supported by CPHAC. MRB consider the KHW programme as the Olympic flame for Maori Health and fully endorse CPHAC's recommendation to the Board.

RECOMMENDATION

That the Board:

1. Note the contents of this report.
2. Note in particular MRB's endorsement of the CPHAC recommendation to the Board that funding for the KHW programme be continued, if necessary through divestments in other areas.

Adopted

DECISION PAPER

Supporting Healthy Communities – A plan for achieving strategic priorities for population health 2012-15

GM Planning and Performance, Andrew Lesperance was in attendance for this paper with Ana Apatu (Senior Population Health Advisor) in support.

"Supporting Healthy Communities" is the three year planning framework for population health in Hawke's Bay and the Chatham Islands which aims to improve population health, especially the health and wellbeing of Maori, Pacific and high needs communities.

CPHAC had endorsed the draft, and Clinical Council had also supported this but had commented on the lack of an action plan and performance measures. Andrew advised that no changes had been made to the document submitted to CPHAC or Clinical Council as this was a "high level" strategy paper for the Ministry of Health to secure funding.

This was a combined initiative between Health Hawke's Bay Ltd (HHB) and HBDHB which was seen as a great platform for increased collaboration.

The HHB representative was unable to attend due to bereavement.

**Recommendation
That the Board:**

1. Support and endorse the draft "Supporting Healthy Communities" (A Plan for Achieving Strategic Priorities for Population Health 2012-2015) for implementation.
2. Note the requirement for action plans and performance measures to be developed.

Adopted

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

13. Confirmation of Minutes of Board Meeting dated – 29 February 2012
- Public Excluded
14. Matters Arising from the Minutes of Board Meeting dated 29 February 2012
- Public Excluded

Report and Recommendations from the Committee Chairs:

15. Community and Public Health Advisory Committee – 14 March 2012
16. Clinical Council – 14 March 2012
17. Finance Risk and Audit Committee – 28 March 2012
18. Draft Regional Services Plan Update
19. Draft HBDHB Annual Plan 2012/13 with Statement of Intent 2012/15

Moved: Helen Francis

Seconded: Diana Kirton

Carried

The meeting closed at 2.30pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 24 APRIL 2012 IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Barbara Arnott
David Barry
David Davidson
Peter Dunkerley
Helen Francis
Denise Eaglesome
Dan Druzianic
Ngahiwi Tomoana
Diana Kirton
Kirsten Wise

Apology: -

In Attendance: Kevin Snee, Chief Executive Officer (CEO)
Chris McKenna, acting Chief Operating Officer (COO)
Andrew Lesperance, General Manager Planning and Performance (GM P&P)
Peter Reed, Chief Financial Officer (CFO)
Members of the Executive Management Team
Members of the public and media

Board Administrator Brenda Crene

KARAKIA

The Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

The Board Interests and Conflicts of Interest Register were noted with no amendments.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 28 March 2012, were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic
Seconded: Diana Kirton
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions and progress from the previous meeting were noted. Verbal updates were provided as follows:

Item 1: The Board Work Plan was progressing.

Item 2: The Board and Committee Terms of Reference review was covered under Item 12. Action removed.

Item 3: Following a Maori Relationship Board Meeting earlier in the day, an overview would be provided under the "public" section of the agenda, not under "public excluded" section. Action removed.

BOARD WORK PLAN

The Board Work Plan for the May 2012 meeting was noted.

CHAIR'S REPORT

The Chair verbally advised of the following matters that have arisen since the previous meeting:

- There were no pending retirements requiring acknowledgement at the meeting.
- An article reported by the Financial Times in the UK predicted there would be an oversupply of 20,000 junior doctors in the NHS by the end of the decade (2012). This is seen as an opportunity for New Zealand.
- The Health and Disability Commissioner had advised that HBDHB rated number one (out of 20 DHBs) with the least number of complaints, 28.09 per 100,000 hospital discharges.
- All DHB Chairs received notification from the Minister of Health expressing his concern that DHB staff were not engaging with primary care networks on the new Diabetes programme (replacement for Diabetes Get Checked). The GM Planning and Performance advised the Board that HBDHB was progressing well with the community lead being a Community and Public Health Advisory Committee Member (Graeme Norton). The group meet six weekly.
- Health Workforce NZ advised that 2012/13 year funding for GP training had been distributed with \$6.6m allocated across 20 DHBs to fund the programme. Previously first year GP trainees were remunerated by way of a non-taxable bursary.
- A letter has been received from Nellie Lim advising that she would be vacating the shop "Bedside Manners" located inside the hospital. Management advised that Expressions of Interest had been called for a new operator. The Chair would write to Nellie thanking her for the service provided.

Action

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report was received with the following update provided.

- **Health Targets:** The shorter stay in ED result for March was 96% and was tracking at 97% April to date. Elective surgery was ahead of plan by nearly 8%. With the media focus on waiting times, it was important to note that our position is ahead of most DHBs in NZ (with four people waiting longer than 6 months). The immunisation results at the time of the meeting had risen to 96% with HBDHB the best in the country. Better help for smokers to quit had improved to 94.8% in April. The Diabetes results were out of step for the quarter and GM Planning & Performance was asked to check this. **Action.**
- **Financial performance** for the financial year to date was tracking well to achieve the \$2.0m surplus.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED MARCH 2012

An overview of the presented report was provided by the CFO with the financial report taken as read.

The Board Chair, FRAC Chair and the CFO provided an overview of resolutions which required attention following the FRAC meeting that morning.

Crown Health Financing Agency (CHFA) – Undrawn Funds

As CHFA would cease operating at 30th June 2012, the CFO recommended HBDHB should draw down the balance (\$6.5m) of the \$42.5m facility available. The CFO advised the net cost of uplifting the additional \$6.5m from now until 15th March 2015 was approximately \$29k.

The FRAC Committee Chair advised the Board the issue had been discussed at the Committee's meeting and they recommend the Board uplift the additional \$6.5m prior to 30th June 2012.

RESOLUTION**That the Board**

Approve uplifting the \$6.5m undrawn CHFA facility by 30 June 2012 for an initial term expiring on 15 March 2015.

Note that the indicative borrowing rate is 3.18%

Moved **Dan Druzianic**
Seconded **Kirsten Wise**
Carried

Crown Health Financing Agency (CHFA) – Loan Rollover

The CFO advised that a \$5.0m loan tranche had reached its term and recommended the tranche be rolled over for a further five year term to expire on 15th March 2019. The interest rate offered was 3.98% which compared favourably to the average rate of the other five tranches of 6.02%

The FRAC Committee Chair advised the Board the issue had been discussed at the Committee's meeting and they recommend the Board approve rollover of the \$5.0m CHFA loan tranche.

RESOLUTION**That the Board**

Approve that the \$5.0m tranche of the DHB loan expiring with the Crown Health Financing Agency be rolled over with a new expiry date of 15 March 2019 at a rate of 3.98%.

Moved **Dan Druzianic**
Seconded **Kirsten Wise**
Carried

MOH grant for funding the Mental Health Inpatient facility

In 2011 the Minister of Health advised the Board that, as a result of issues associated with the old Napier Hospital Site sale process, he had approved \$5.0m of funding from the MOH to assist with the proposed Mental Health Facility. The CFO advised the Board that they should accept the funding as debt rather than an increase in equity as the ongoing cost of debt was significantly less than the capital charge on equity.

The FRAC Committee Chair advised the Board the issue had been discussed at the Committee's meeting and they recommend that the Board accept the \$5.0m as debt rather than equity.

RESOLUTION**That the Board**

Approve that the funding granted to the Board by the Ministry of Health towards the new Mental Health Facility be in the form of debt (i.e. a loan).

Moved **Dan Druzianic**
Seconded **Kirsten Wise**
Carried

Health Benefits Ltd Banking Arrangements

The CFO advised the Board that as a result of the Board approving the transfer of HBDHB's banking facility to Westpac last month, the Board was required to approve and execute the formal documentation.

The FRAC Committee Chair advised the Board that the issue had been discussed at the Committee's meeting and they recommend that the Board approve the proposed resolution.

**RESOLUTION
That the Board**

1. Approve the execution of the Agreement between HBDHB, Health Benefits Ltd and Westpac NZ Limited titled Accession Deed, and notes the Accession Deed is in two parts – The Master Agreement and the DHB Treasury Service Agreement.
2. Confirms the Board Chair and FRAC Committee Chair be authorised by the Board to execute the documents on behalf of the Hawke's Bay District Health Board.
3. Confirms the Chief Executive Officer, Chief Financial Officer and Acting Finance Manager (Kevin Snee, Peter Reed and Phil Lomax) be authorised by the Board to give any notices and other communications and take other action required in connection with the documents.

Moved **Peter Dunkerley**
Seconded **Barbara Arnott**
Carried

Audit New Zealand - Audit Fee Proposal

The CFO advised the Board they had received an Audit proposal letter from Audit New Zealand for the Audit of HBDHB financial statements for the 2012 financial year. The CFO advised the Board the increased fee allowed for an additional 81 hours of work to be performed on the 2012 audit. The additional annual cost proposed was \$10,274 per annum. The CFO conveyed he had compared the fee to that paid by other similar sized DHBs and recommended the proposed fee be approved.

The FRAC Committee Chair advised the Board the issue had been discussed at the Committee's meeting and they recommend the Board approve the proposed fee.

**RESOLUTION
That the Board**

Authorise the Chairman of the Board (Kevin Atkinson) to sign the one year proposal for the provision of external audit services from Audit NZ with a fee increase from \$129,566 to \$139,840.

Moved **Dan Druzianic**
Seconded **David Barry**
Carried

REPORTS AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Disability Support Advisory Committee Meeting (DSAC) – 11 April 2012

The Chair of DSAC, Diana Kirton provided an overview of the report and discussion including: Central Region DHBs Benchmarking for Supporting Older People and a presentation on the Mental Health Inpatient Unit (MHIPU) Model of Care (MOC). DSAC members requested discussions with targeted groups prior to public consultation. A further presentation was well received on the National Mental Health Blueprint. The Committee would write a letter of appreciation to John Key for the emphasis now being placed on mental health services for youth.

There were no recommendations to the Board.

Hawke's Bay Clinical Council – 11 April 2012

The co-Chair John Gommans was in attendance and provided an overview as follows:

The MHIPU MOC update was well received with support for the approach taken and progress to date. The Maternity Quality and Safety Programme was discussed and further discussion took place on clinical governance reporting structure. Clinical Indicator reviews were now a regular part of Council meetings with a potential issue highlighted in ED triage which had been investigated.

There were no recommendations to the Board.

Maori Relationship Board (MRB) - Special Meeting – 24 April 2012

The Chair of MRB, Ngahiwi Tomoana updated members on the “Special Meeting” held that morning.

MRB had been requested to look into why Maori in particular, Did Not Attend (DNA) a large number of specialist visits. Following discussion MRB could not pinpoint any specific reason for this as the DNAs were spread across all health areas and included those from urban and rural locations.

Points raised:

- Were the more vulnerable moving addresses regularly and not receiving appointment notifications?
- Interaction with a Maori health provider could ensure greater connection to services if they were involved in the referral.
- Each GP determines referral to a Specialist. Are assumptions made that a patient wants to be referred and those assumptions are not challenged?
- With a “high definition video link” to Wairoa in the pipeline this may alleviate transportation issues in some cases.
- Maori need to see health visits as a positive not a negative!
- Were patients aware of the importance of keeping specialist appointments?
- Were patients aware there was no cost involved, as the visit would be publicly funded?

MRB acknowledged there was an unacceptable amount of public money wasted through DNAs within the Maori community in Hawke’s Bay and wished to investigate the matter further.

A request was made for a formal report back to the Board in three months (25 July 2012) which should include but not be limited to the following: a) A definition of the DNA problem. b) Detail of the work already undertaken by HBDHB to address the problem. c) Recommend further actions to be taken.

Action

Kahungunu Hikoi Whenua (KHW) Programme

With Healthy Eating Healthy Actions (HEHA) national funding re-defined to include “nutrition for pregnant women and physical activity” MRB were confident there was a fit with the services provided by the KHW programme. MRB provided the following recommendation to the Board.

1. HBDHB develop a comprehensive response to the MOH’s Request for Proposal for HEHA funding immediately.
2. In doing so, engage with key stakeholders with a broad range of technical expertise and develop an integrated approach across the life course and continuum of care. The proposed stakeholder group to incorporate but not be limited to the following: the Healthy Populations Group, KHW Team, Dianne Keip, Dr Russell Wills and Dr David Tipene-Leach.

Whilst seemingly a good fit, the CEO suggested taking the DHB’s available funding, work through other funding and bring it back to the Board in three months time, whilst continuing to move KHW forward. While KHW was very good at engaging with people, there was no evidence yet it improved clinical outcomes. The programme needed to be evaluated (what, how, why) with the view to reducing inequalities.

DECISION PAPERS

Board Committees – Terms of Reference

The Company Secretary, Ken Foote provided an overview of his report which appended reviewed Terms of References (TORs) for the Advisory Committees.

Following discussion regarding extending committee member terms from one year to better align with the Board, it was agreed to amend all TORs as follows:

Membership:

“Committee name” members are to be:

- Appointed for any period that terminates no later than four months after the end of the term of the HBDHB Board that appointed them. (Note: The full term of a Board is three years).
- Members may be reappointed by the ‘new’ Board.

The Chair of the Disability Support Advisory Committee had advised committee members at their last meeting that advertising for new members would take place under the existing TOR.

The proposed TORs would now be reviewed by the respective committees over the next three months and any suggested changes advised back to the Company Secretary.

RECOMMENDATIONS

That the Board:

1. Agree the rationale and implications of the draft changes to the respective Terms of Reference
2. Modify the attached Draft Terms of Reference by changing the Membership provisions relating to "term" as agreed above.
3. Adopt these new Terms of Reference as 'provisional', pending discussion and feedback by the respective committees.
4. Request Final Draft Terms of Reference be referred back to the Board for final adoption once consultation has been completed.
5. Undertake a formal performance evaluation of each Committee in 12 months time, to include a review on the value and effectiveness of these changes to the Terms of Reference and the recent changes to meeting frequency.

Adopted

Licence to Occupy at HB Hospital – University of Otago Student Tutorial Room

Ken Foote (Company Secretary) on behalf of Warrick Frater (Chief Operating Officer) summarised the report provided. There has been an agreement in place for some time to take students from Otago University School of Medicine. Space is available and there is agreement between the parties, hence approval through a formal Board Resolution was required.

RESOLUTION

That the Board:

Agree to provide the University of Otago with a licence to occupy an appropriate space designated for trainee interns, for a total term of 18 years.

Moved **Helen**
Seconded **David Barry**
Carried

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

14. Confirmation of Minutes of Board Meeting dated – 28 March 2012
- Public Excluded
 15. Matters Arising from the Minutes of Board Meeting dated 28 March 2012
- Public Excluded
- Report and Recommendations from the Committee Chairs:
16. Disability Support Advisory Committee Meeting – 11 April 2012
 17. Hawke's Bay Clinical Council – 11 April 2012
 18. Finance Risk and Audit Committee – 24 April 2012
 19. Integrated Community Health Services Strategic Transition for Implementation
 20. Health of Older People – Home Based Support Services Plan
 21. Regional Services Plan V0.8
 22. Draft HBDHB Annual Plan 2012/13 verbal update

Moved: **Denise Eaglesome**
Seconded: **Kirsten Wise**
Carried

The meeting closed at 2.35pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 27 JUNE 2012 IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Barbara Arnott
David Barry
David Davidson
Peter Dunkerley
Helen Francis
Denise Eaglesome
Dan Druzianic
Ngahiwi Tomoana
Diana Kirton
Kirsten Wise

Apology: -

In Attendance: Kevin Snee, Chief Executive Officer (CEO)
Warrick Frater, Chief Operating Officer (COO)
Andrew Lesperance, General Manager Planning and Performance (GM P&P)
Peter Reed, Chief Financial Officer (CFO)
Members of the Executive Management Team (EMT)
Members of the public and media

Minutes Brenda Crene

KARAKIA

The Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

DEPUTATION

Topic: National Diabetes Conference 25-27 May 2012 (in Wellington)

Mr John Huggins was introduced and addressed board members on his recent Conference attendance and provided an interesting presentation. Speakers at the Conference included Steven Miller (Roche Diagnostics), Dr Bob Smith, Professor Jim Mann (Head of Diabetes and Obesity Research in Dunedin) and Dr Peter Moodie (Pharmac Medical Director).

The pharmaceutical cost of diabetes for Pharmac presently was: \$48.7 million of which consisted of \$4.0m for oral medicine; \$19.7m for test strips; and \$25.0m on insulin for both type 1 and type 2 diabetics.

Pharmac's focus was on the \$19.7m which in their opinion was where cost savings could be made by changing diabetic test meters (NZ wide). John was sceptical and advised the test meter issues remain unresolved. The present meters were provided by Roche and in John's opinion the new meters were not as robust with a lot of questions to be answered including good source of supply, back up stocks for warranty replacement, free switch over from other types of meters to the new meters proposed.

John advised that Diabetes Hawke's Bay, was one of eleven societies in New Zealand who had not jumped aboard the Big "D" organisation and transferred their assets.

John was thanked for his presentation and a brief discussion followed.

DECLARATIONS OF INTEREST

The Board Interests and Conflicts of Interest Register were noted with no amendments.

Members were advised a review of the Conflicts of Interest Registers for respective committees would get underway in an endeavour to streamline formats, forms and procedures. **Action**

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 30 May 2012, were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic
Seconded: David Barry
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions and progress from the previous meeting were noted.

In response to Item 6: John McKeefry corrected last month's statement that "The Incubator Programme was capturing data and tracking students enrolled." It was correct to say that we would be developing systems to track Incubator students and report back on this as part of the next HR KPI report in August 12. We currently track to tertiary but not to employment.

BOARD WORK PLAN

The Board Work Plan for the July 2012 meeting was noted.

CHAIR'S REPORT

Staff Retirements: Chair Kevin Atkinson conveyed his best wishes and thanks to those staff who had/or were to retire after extended service to HB District Health Board or associated services.

Letters would be sent to those listed below acknowledging their service. **Actioned**

Name	Job Title	Service	Years Service	Date Retiring
Raymond Blewett	Plumber	Facilities	31	08-Jun-12
Dawn McCutcheon	Home Aid	Options HB	23	20-Jun-12
Jeanette Kenderdine	Clinical Nurse Manager	Rural & Community	27	29-Jun-12
James MacKenzie	Administration Officer	Options HB	17	29-Jun-12

Board members were advised that our Chief Financial Officer, Peter Reed would be retiring before the next Board Meeting on 25th July. On behalf of the Board, Kevin Atkinson thanked Peter for his outstanding contribution over the years and through some very challenging times. He had appreciated the honesty, support and direction given during that period and wished Peter a very happy retirement.

The Chair verbally advised of the following matters that have arisen since the previous Board meeting:

- Ahuriri District Health had requested a further meeting which was scheduled for 3 July 2012. Ngahiwi provided an apology. Those in attendance from ADH would be Des Ratima, Tom Hemopo, Ranui Toatoa and Barry Wilson.

- A letter was received from the Ministry regarding Health of older people advising that quality respite care services should be treated as a priority.
- On 19th June the Minister of Health released PHO league tables for quarter 3, which show how each PHO was performing against the three national preventative health targets. Performance of our local PHO was placed 17/35 for people who have had a CVD risk assessment within the last 5 years, 9/35 for two year olds who have had their full vaccinations, 22/35 for current smokers who had been given advice and/or smoking cessation support. The Chair said that a conversation he had with John Newlands (PHO Chair) indicated there would be a significant improvement in the result for quarter 4.
- Letter from the Minister of Health referring to the Government's expectations for pay and employment conditions. The letter emphasised that:
 1. The cost of total remuneration movement, including pay increments and performance based pay increases, must be taken into account when setting the financial envelopes for remuneration and bargaining strategies.
 2. Market relativity or cost of living adjustments will not suffice as the sole basis for pay increases.
 3. More detailed information on the nature of personnel cost movement is required for state sector agencies.
- A letter from the Auditor General advised that auditors would examine closely the meaningfulness of the 1012/13 annual reports, and how well the Statement of Service Performance (SSP) reflects the actual service performance for the year.

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report to 20 June was received and noted.

- HBDHB's Annual Plan had been signed off by the Minister following some minor changes to targets. The Minister had advised that the establishment of separate Maori and non-Maori targets was unacceptable. However this did not mean that HBDHB would not report on ethnicity health outcomes against the single target at a local level.
- To date, only two of the six Central Region Annual Plans had been accepted by the Ministry (HBDHB and Mid Central).
- Health Targets as presented in the CEO's report were taken as read. In terms of performance HBDHB had no person waiting six months or more for their surgical procedure or first specialist assessment with HBDHB being one of two DHBs in that position. The focus was on achieving "no one waiting more than five months" which was close to being achieved. Shorter Stays in ED were ahead of target for May however an incident in June required review.
- The new Pharmacy contracts being negotiated were moving forward for signing by July 22nd, 2012. It was advised there had been and would continue to be discussions with the Maraenui Pharmacy to ensure this vulnerable Pharmacy was not disadvantaged.
- The management team thanked the Board for their support over the past year, acknowledging the very positive relationship between management and the Board.

Dr Snee introduced John McKeefry (GM Human Resources) who provided a brief presentation on the **Hawke's Bay Health Sector Vision and Value/Behaviours** specifically the Tikanga Descriptors.

VALUES / BEHAVIOURS (*Tikanga Descriptors*)

MANAAKI – delivering high quality care to patients and consumers

RANGATIRA – working together in partnership across the sector

AROHA ATU – showing respect for each other, our staff, patients and consumers

PŪĀWAI AKE – continuously improving everything we do.

- The work would be evaluated by a Maori language expert the following week.
- It was important to really understand what the vision and values really meant to bring to life.

The next steps:

- The steering group would continue with plans to roll out the Visions & Values/Behaviours to the health sector later in July 2012.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED MAY 2012

The financial performance report for May 2012 was received. A summary of discussion in addition to the report follows:

- The financial result for the month was close to budget with higher than expected costs relating to inter district flows (IDFs) which were receiving focus.
- There had been a significant reduction in non acute rehabilitation contracts ie managing people at the low cost end.
- In contrast those people who were access ACC contracts were being highly monitored with some as a matter of course accessing specialist assessments and seeking surgery on ACC.
- Insurance: Phil Lomax (Finance Manager) advised the new Collective National Insurance Contract would be in place by 29 June 2012.

Insurance cover was lower and the premium cost would be higher (up around \$900k or 88%) with excesses increasing significantly. DHBs were discussing plans to self insure and share the losses (to keep costs down) however it appears the Government are not currently open to this option.

The insurance premium would be advised by the Brokers the following week.

RESOLUTION that the Board:

Subject to approval in early July, endorse the insurance premium provided by the Insurance Broker (Marsh)

Moved: Peter Dunkerley

Seconded: Diana Kirton

Carried

- Finance would provide draft Annual Accounts to the August Board Meeting.
- Board members were advised they would receive related party disclosure forms for completion. If there were any adjustments to be made, members were to get back to Phil Lomax.

REPORTS AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Community and Public Health Advisory Committee (CPHAC) – 13 June 2012

Committee Chair, Barbara Arnott provided an overview of the report which was noted with no recommendations to the Board.

Hawke's Bay Clinical Council – 13 June 2012

Co-chair John Gommans was in attendance and provided an overview of the report provided noting the following had been endorsed by Council:

- For palliative care leaders would develop a plan "Towards One Special Palliative Care Service in Hawke's Bay" that focused on the integration of specialist services to provide more closely linked care to patients.
It was noted there was a shortage of palliative care physicians and Dr Gommans agreed HBDHB did require an additional physician to work across the sector.
- In accordance with the Terms of Reference for the Hawke's Bay Leadership Forum Sub Group two representatives were appointed being Chris McKenna and Dr David Tipene-Leach.
- Council supported/endorsed the Serious Skin Infections Project presented, and the next steps.

Maori Relationship Board – meeting frequency

The Board noted the report and approved the change from bi-monthly meetings for the Māori Relationship Board, to quarterly meetings with the next meeting to be held August 15, 2012.

Disability Support Advisory Committee (DSAC) Membership

Diana Kirton, Chair of DSAC advised that following expressions of interest invited by public advertisement in early May 2012, and following a rigorous selection/interview process, the following six selected candidates were provided for appointment to the DSAC Committee.

RESOLUTION that the Board:

- Appoint the following to the Disability Support Advisory Committee (DSAC):
Heather Campbell
Laureen Sutherland
Terry Kingston
Vaun McCormick
Diane Walsh
Andy White
- Thank outgoing members for their service and contribution over the past year.

Moved: Diana Kirton
Seconded: Helen Francis

Carried

Board Administrator would check if there was a need to advise Minister's office. **Actioned**

DECISION PAPER

Hawke's Bay Health Sector Leadership Forum

The paper provided was reviewed and would be tabled with the PHO.

RECOMMENDATION**That the Board:**

Agree the Terms of Reference for the HB Health Sector Leadership Forum and Sub Group

Adopted

RECOMMENDATION TO EXCLUDE THE PUBLIC**RESOLUTION**

That the Board exclude the public from the following items:

15. Confirmation of Minutes of Board Meeting dated 30 May 2012
- Public Excluded
16. Matters Arising from the Minutes of Board Meeting dated 30 May 2012
- Public Excluded

Report and Recommendations from the Committee Chairs:

17. Community & Public Health Advisory Committee – 13 June 2012
18. Hawke's Bay Clinical Council – 13 June 2012
19. Finance Risk and Audit Committee – 27 June 2012
20. Central Hawke's Bay Integrated Family Health Services
21. HBL Finance, Procurement and Supply Chain Business Case
22. Treasury Management Policy
23. Service and Financial Improvement Programme 2012/13

Moved: Diana Kirton
Seconded: David Davidson
Carried

The meeting closed at 2.10pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 30 MAY 2012 IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
David Barry
David Davidson
Peter Dunkerley
Helen Francis
Denise Eaglesome
Dan Druzianic
Diana Kirton
Kirsten Wise

Apologies: Ngahiwi Tomoana
Barbara Arnott

In Attendance: Kevin Snee, Chief Executive Officer (CEO)
Warrick Frater, Chief Operating Officer (COO)
Andrew Lesperance, General Manager Planning and Performance (GM P&P)
Peter Reed, Chief Financial Officer (CFO)
Members of the Executive Management Team
Members of the public and media

Minutes: Kathy Shanaghan

KARAKIA

Tracee Te Huia, Director Maori Health, opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

The Board Interests and Conflicts of Interest Register were noted with no amendments.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 24 April 2012 were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic
Seconded: David Davidson
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions and progress from the previous meeting were noted. In response to item 3 regarding the quarterly Diabetes results, the GM Planning & Performance explained the reason for the difference was because the Ministry of Health's figures showed a 12 month run chart, whereas the DHB's internal reporting was on a three month run. Board members were informed that efforts were being made to standardise this for future results.

BOARD WORK PLAN

The Board Work Plan for the June 2012 meeting was noted. It was noted the HBL Finance, Procurement and Supply Chain Shared Services Business Case would also be going to the June meeting for Board approval.

CHAIR'S REPORT

The Chair advised of the following matters that had arisen since the previous meeting:

- A letter of appreciation had been received from the Chair of Capital & Coast DHB formally thanking HBDHB for supplying that DHB with a copy of HBDHB's Governance Manual to help in the formulation of their own Governance Manual
- A letter had been received that morning from the Ministry of Health's Target Champions providing feedback on HBDHB's quarter three Health Target results. Comments provided were very favourable about progress made across all the indicators
- The highlight for the month was the Chair's visit to the Chatham Islands, along with the Chief Executive Officer and Chief Medical Officer – Primary Care. Key issues raised during the visit included:
 - The recent retirement of the general practitioner, with the Council and community concerned as to the future of that service. In response, they were informed that locums were being provided on three-monthly assignments for the remainder of the year, however management was not in a position to commit to a permanent resident doctor at this time
 - The need to improve broadband on the Island as the internet connections varied.
 - The termination of the Air Chathams service to Napier. A meeting was held with the owner of Air Chathams to find out the reasons for this and to see if the service could be reinstated. The following reasons were given for ceasing the service to Napier:
 - The relationship that the Chathams had with Napier in the past seemed to have eroded over time.
 - In the past the flight was dependent on freight and tourists, however this had become less and less over time.

The Chair said he had asked the owner of the airline to look at what the additional costs would be to reinstate that service to Napier. Once those costs were known, management would then consider the options available. He had also raised the issue of developing a relationship to support their services with the Napier Mayor and CEO of Unison Networks Ltd.

There was also a very good discussion with the Chatham Islands Council over a range of issues, some of which included:

- Fluoridation – no particular concerns
- Accommodation for nursing staff and the need to make it more attractive for families
- Maintenance on the doctor's facilities.

The Council indicated they would like the Chair and CEO to visit on a more regular basis and the Chair gave a commitment to try and do that. He said it was important, therefore, to look at the issues raised and develop some solutions before the next visit. It was also intended to place an article in the local newspaper about the visit, the issues raised and what was being done to address those issues.

- The Chair referred to Budget 2012 and noted that Health received the largest increase in government spending compared to the other sectors. The main points of the Budget were:

- Vote Health was \$14.12 billion in 2012/13, the biggest investment ever.
- An extra \$435 million had been made available to help fund cost pressures and new initiatives.
- Health's allocation was three times that of Education and five times that of Welfare.
- Around \$47 million of savings and under-spends in Health had been shifted to higher priority frontline public health services.
- The adjustment for the residential care exemption was changed from a flat increase of \$10,000 a year to an annual inflation adjustment in line with other aged-care support adjustments.

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's report was received and noted. The CEO tabled a newspaper article following the release of the quarter three 2011/12 Health Targets results which showed HBDHB's results as follows:

- Improved access to elective surgery: Scored 106 percent against a target of 100 percent, which meant 468 more people had elective surgery than a year ago.
- Shorter stays in emergency departments: Met 95 per cent target of patients admitted, discharged or transferred within six hours.
- Increased immunisation: Improved on the 95 per cent target by one percent, hitting 96 per cent and being the second best performing DHB.
- Better help for smokers to quit: Improved against last quarter, reaching 93 per cent of hospitalised smokers provided with help to quit.
- Shorter waits for cancer treatment: Remained at 100 per cent.
- New target of 'more heart and diabetes checks': HBDHB lying 10th nationally with 51 per cent against a target of 60 percent.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED APRIL 2012

The financial performance report for April 2012 was received and the following update provided:

Insurance

The CFO advised the Board that Health Benefits Ltd (HBL) was in the process of negotiating the insurance cover for DHBs for the 2012/13 year. At this stage HBL was advising a potential increase on the 2011/12 premium of between 40 to 75%.

The FRAC Committee Chair advised that the issue had been discussed by the Committee and recommended that the Board and FRAC Chairs be given delegated authority to approve the insurance cover and cost when HBL had completed the negotiations.

Resolution

That the Board approve the Board and FRAC Chairs be given delegated authority to approve the 2012/13 insurance cover and costs.

Moved: David Barry
Seconded: David Davidson
Carried

Allied Laundry

The CFO advised that the Board of Allied Laundry had requested the shareholders agree to that company retaining any 2011/12 surplus greater than \$240k for future capital purchases. The \$240k would be paid to shareholders as a dividend.

The FRAC Committee Chair advised the Board that the issue had been discussed at the Committee's meeting and it was recommended the Board approve the request.

Resolution

That the Board approve Allied Laundry's request to retain any 2011/12 surplus greater than \$240k for future capital purchases.

Moved: Peter Dunkerley

Seconded: Dan Druzianic

Carried

REPORTS AND RECOMMENDATIONS FROM COMMITTEE CHAIRS**Hospital Advisory Committee (HAC) – 9 May 2012**

The Chair of HAC, David Barry, provided an overview of the matters considered by HAC at its meeting on 9 May. The resignation of David Marshall, Principal Dental Officer, with effect from the end of July 2012, was noted and the committee resolved to recommend to the Board that David Marshall's contribution to health services be recognised appropriately.

Recommendation

That the Chair, on behalf of the Board, writes to David Marshall thanking him for his contribution to oral health services in Hawke's Bay and wishing him well in his retirement.

Adopted

Hawke's Bay Clinical Council – 9 May 2012

Co-Chair, John Gommans, provided an overview of the matters considered by the Clinical Council at its meeting on 9 May 2012. There were no recommendations to the Board, however the Clinical Council:

- Endorsed the Hawke's Bay Health Sector Vision and Values statement and the proposed next steps in implementation
- Endorsed the Clinical Governance and Leadership Workplan Framework with Council members taking specific portfolio roles
- Acknowledged HBDHB's achievement having eliminated hospital-acquired intensive care bloodstream infections in their patients for a whole year.

Maori Relationship Board (MRB) – 16 May 2012

Denise Eaglesome provided an overview of the MRB meeting where the findings in the report "Did not Attend Rates (DNAs) at Hawke's Bay Hospital" were discussed. At that meeting, MRB:

- Endorsed the recommendations within that report, and
- Recommended the DHB establish a Kaiawhina position as a pilot for one year to assist in reducing the DNA rates.

MRB also agreed to pass the report and recommendations to the Chief Operating Officer to review and action as appropriate. **Action**

DECISION PAPERS**Hawke's Bay Health Sector Vision and Values**

The GM Human Resources gave a presentation and overview of the process undertaken in the development of the new Hawke's Bay Health Sector Vision and Values/Behaviours. The next steps included:

- Finalisation of the tikanga descriptors by 1 June 2012
- Presentation of the full Vision and Behaviours to the HBDHB Board and Health Hawke's Bay Board for sign off
- Continue with the Steering Group

- Finalise Terms of Reference for Phase II Vision and Behaviours implementation and alignment actions with the Steering Group on 12 June 2012

Recommendations

That the Board:

1. Approve the Hawke's Bay Health Sector Vision and Values/Behaviours.
2. Note and endorse the next steps in implementation.

Adopted

MONITORING PAPERS

Performance Framework Expectations (Quarter 3) 2011/12

This paper provided the Board with exception reporting on HBDHB's performance on the Statement of Intent (SOI) and the District Annual Plan (DAP). A summary dashboard showing the position as at the end of this quarter for all indicators, was tabled.

The Chair expressed concern that this was the third quarter in a row where HBDHB was running behind targets in a number of areas. He referred to the Better Help for Smokers to Quit target and noted there had been no improvement from last month, despite the work that was being done in this area. He pointed out that this was going to be a national target that would be reported on quarterly and the Minister's office would be focusing on this target. Another area of concern was in relation to the Child and Youth target.

With regard to the Smokers to Quit target, the GM Planning & Performance advised that the DHB had met with the CEO of Health Hawke's Bay and offered the assistance of the DHB's Project Manager for Smokefree to train their staff and nurses in GP practices. While there had been some uptake on that offer, it had been limited. It was also noted that some of the biggest problems related to performance of providers contracted to the DHB.

The Chair asked the Chairs of the Advisory Committees to review the dashboard and identify those targets specific to their committees and then discuss actions that needed to be taken to achieve those targets. **Action**

Human Resources KPIs (Quarter 3) 2011/12

The GM Human Resources provided an overview of the paper presented to the Board, with the following noted:

- Turnover in nursing staff had increased gradually.
- The number of staff with more than two years accumulated leave had decreased from this time last year and was now sitting at under 100 staff.
- There had been no improvement in the percentage of staff who identify themselves as Maori within HBDHB. The actual for April was 8.81% with a target of 9.73%. The Chair suggested management have a discussion with Ngahiwi Tomoana about the 'Corporate Leaders' project which had recently been launched, which aimed to place unemployed Maori youth into jobs in Hawke's Bay. The GM Human Resources said he had already scheduled a meeting with Ngati Kahungunu Iwi Inc to discuss this. The Chair asked for an update following that meeting. **Action**

The question was raised as to whether there was any data on ethnicity in the Hawke's Bay workforce. It was thought that a survey had been undertaken last year as part of the Turuki Maori Workforce Strategy and the GM Human Resources undertook to follow this up and provide an update for the next Board meeting. Diana Kirton suggested contacting the EIT as that organisation might also have some data. **Action**

The GM Human Resources pointed out that education played a huge part in getting Maori into the health sector and it was therefore important to encourage students to stay at school longer. He referred to the work Incubator was doing to encourage secondary students, particularly those of Maori and Pacific heritage, to pursue health careers. He advised that all students enrolled in the Incubator programme were 'tracked' and undertook to provide that information in the next KPI report. **Action**

FOR INFORMATION / DISCUSSION

Hawke's Bay Health Sector Leadership Forum Workshop – 15 February 2012

The report on the Hawke's Bay Health Sector Leadership Forum workshop held on 15 February 2012 was noted.

The CEO tabled draft Terms of Reference (TOR) for both the Hawke's Bay Health Sector Leadership Forum and the Forum Sub Group, as discussed and agreed at the Forum workshop. These draft TOR had been developed by the CEOs of HBDHB and Health Hawke's Bay Ltd (PHO).

The Board agreed with the TOR apart from requesting a change in the wording of the membership section of the Sub Group TOR, ie:

"Membership": Two representatives from each of:

- HBDHB
- Health Hawke's Bay Ltd
- Hawke's Bay Clinical Council
- Maori Relationship Board

Individual members will be appointed by their respective organisations/committees."

With this change in mind, the Board then discussed who the HBDHB representatives should be.

Recommendation

That the Board appoint Helen Francis and Dr Kevin Snee to be the HBDHB representatives on the Hawke's Bay Health Sector Leadership Forum Sub Group.

Adopted

The CEO said the only other outstanding issue was whether to describe the Clinical Council and Maori Relationship Board as HBDHB or Hawke's Bay. His preference was the latter as it had a broader representation.

It was noted the next Leadership Forum workshop was planned for September 2012.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

17. Confirmation of Minutes of Board Meeting dated – 24 April 2012 – Public Excluded
 18. Matters Arising from the Minutes of Board Meeting dated 24 April 2012 – Public Excluded
 19. Chief Financial Officer's Report – Public Excluded
- Report and Recommendations from the Committee Chairs:
20. Community and Public Health Advisory Committee – 9 May 2012
 21. Hospital Advisory Committee – 9 May 2012
 22. Hawke's Bay Clinical Council – 9 May 2012
 23. Maori Relationship Board – 16 May 2012 (including DSAC)
 24. Finance Risk and Audit Committee – 30 May 2012
 25. Capital Plan 2012/13
 26. Maternity Services in Hawke's Bay
 27. Regional Services Plan
 28. Hawke's Bay District Health Board Annual Plan
 29. Service and Financial Improvement Programme 2012/13
 30. Car Parking

Moved: Helen Francis

Seconded: Dan Druzianic

Carried

The meeting closed at 2.05pm.

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 25 JULY 2012 IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.04 PM**

Present: Kevin Atkinson (Chair)
Barbara Arnott
David Barry
David Davidson
Peter Dunkerley
Helen Francis
Denise Eaglesome
Dan Druzianic
Ngahiwi Tomoana
Diana Kirton
Kirsten Wise

Apology: -

In Attendance: Kevin Snee, Chief Executive Officer (CEO)
Warrick Frater, Chief Operating Officer (COO)
Andrew Lesperance, General Manager Planning & Performance (GM P&P)
Peter Kennedy, Finance Manager and Acting Chief Financial Officer
Members of the Executive Management Team (EMT)
Members of the public and media

Minutes Brenda Crene

KARAKIA

The Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia with board members joining in as a mark of respect for "Maori Language Week".

DECLARATIONS OF INTEREST

There were no amendments noted to the Conflicts of Interest Register which would be circulated periodically to members.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 27 June 2012, were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic
Seconded: Davod Barru
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions and progress from the previous meeting were noted.

BOARD WORK PLAN

The Board Work Plan for the August 2012 meeting was noted as was the Detailed Workplan.

CHAIR'S REPORT

Staff Retirements: Chair Kevin Atkinson conveyed his best wishes and thanks to those staff who had/or were to retire after extended service to HB District Health Board or associated services.

Letters would be sent to those listed below acknowledging their service. **Actioned**

Name	Job Title	Service	Years Service	Date Retiring
Margaret Lines	ACC Elective Services Manager	Elective & Surgical	21	18-Jul-12
Margaret Monk	Anaesthetic Technician	Elective & Surgical	35	20-Jul-12
Peter Reed	Chief Financial Officer	Finance	10	20-Jul-12
Andrew Potts	Electrician	Facilities	17	03-Aug-12

The Chair verbally advised of the following matters that have arisen since the previous Board meeting:

- The Chair commented on the listeria outbreak advising that the Ministry for Primary Industries was leading an enquiry into the listeria food source and their focus was external to the Hospital (HBDHB). Their focus was on an external food supplier who provides food to the hospital. It was a difficult time for the families and the Board extended their condolences. The Chair also advised the importance of the "food safety" message, especially for those with lowered immunity ie., elderly, the young and especially pregnant women.
- With the retirement of Peter Reed (Chief Financial Officer) on 20 July 2012, there was a need to appoint a replacement director as one of the two HBDHB appointed directors on the Board of Allied Laundry Services Limited.

RESOLUTION

That the Board:

Appoint Ken Foote (Company Secretary) as one of the two HBDHB appointed directors on the Board of Allied Laundry Services.

Moved **Kevin Atkinson**
Seconded **David Davidson**
Carried

- A meeting was held between the Chair and CEO of HBDHB and three directors/members of Ahuriri District Health Trust (ADH). The Chair advised that issues between ADH and the OTT partnership had been resolved. The Chair expressed concern at the slow pace at which the development of an Oral Health Service Contract was progressing (for the Ahuriri people). A timeframe was put in place to move this forward. It was accepted HBDHB would hold and manage contract funding.
- Two letters had been received from the Ministry of Health, one related to the successful completion of the District Plan for the next three years which was signed off by the Minister. The other letter confirmed sign off of the Central Region DHB Regional Services Plan.
- Health data released by the OECD outlined how well New Zealand's health sector had been funded compared with other countries. Between 2000 and 2009 NZ was 3rd best in OECD countries and moved up one notch in 2010 to be 2nd best in the OECD (behind Korea). This was noted as significant and the NZ Government must be commended for growing funding in the health sector. The Chair said that we have a real responsibility to ensure those funds are spent wisely. It was noted that nine countries in the OECD had reduced their health spending in 2010!

- A letter was received from Hand Hygiene New Zealand, regarding a Hand Hygiene Compliance Audit conducted in July 2012. The letter conveyed that 17 out of the 20 DHBs in the country had been audited with Hawke's Bay ranking at 6th best out of 17 with a compliance rate of 67.7%. The top DHB had a compliance rate of 73.7% The Chair said he considered that this was a good result.
- The Chair acknowledged that following a request from the Community and Public Health Advisory Committee (CPHAC) he wrote to the Mayor of Central Hawke's Bay endorsing continuation of fluoridation in the CHB water supply. This was actioned on 18 July 2012.

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report to 19 July 2012 was received and noted. Dr Snee was satisfied with the health targets achieved during the year, particularly those that had been focused on for some time which had exceeded expectations. There were several targets however which would receive close attention being "helping smokers to quit" and "more heart and diabetes checks" which should show some improvement in several months time.

The financial year commenced with a goal to achieve a \$2.0m surplus and preliminary figures show \$2.1m was achieved - despite a significant variance in the middle of the year.

Of particular note, the new (interim) Pharmacy contracts in Hawke's Bay had all been signed at the time of the meeting and Hawke's Bay had led the country in this regard. A great achievement and congratulations to all those involved especially Portfolio Manager, Sue Ward.

The Central Region Information System Project (CRISP) had recently appointed a very capable Programme Director which would see this project get traction and move forward.

FINANCIAL PERFORMANCE REPORT FOR MONTH/YEAR ENDED JUNE 2012

Peter Kennedy the new Finance Manager was acting Chief Financial Officer (following Peter Reed's retirement the week prior). Peter Kennedy provided a brief overview of the financial performance report for June 2012. A summary of discussion in addition to the report follows:

The interim financial result was \$2.1 surplus. The published result sent to the Ministry would be \$2.6m which included end of year accounting adjustments.

The Chair noted the bequest of funds from the Estate of Percival Beattie towards the construction and equipping of two new tutorial rooms within the Education Centre at HB Hospital. Recognition would follow with appropriate naming rights and plaques provided acknowledging the Trusts generosity and leaving a lasting legacy for the family.

REPORTS AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Disability Support Advisory Committee – 11 July 2012

Helen Francis (acting Chair of the DSAC in Diana Kirton's absence) provided an overview of the meeting. New DSAC members were welcomed to the group for the ensuing term. There were no recommendations made for Board. Two very interesting presentations on:

- a) Falls Management Initiatives; and
- b) Improving the Nutritional Status of Community Living Older People. David Barry advised the latter work had been assisted by the Medical Research Foundation and wished to note their work had been referenced. This organisation relied heavily on philanthropy to continue its work.

Hawke's Bay Clinical Council – 11 July 2012

Co-chair of the meeting, Chris McKenna (Director of Nursing) was in attendance and provided an overview of the report to the Board. Of particular note was an addition to the "Membership" section in the Terms of Reference (TOR), to ensure that a wide range of perspectives and interests were maintained within the total membership, ensuring in particular that Maori health and rural health interests and expertise were reflected.

RECOMMENDATION

That the Board:

Approve the additional clause in the Membership section of the Terms of Reference attached.

Adopted

Research and Ethics were discussed and this would be reviewed again by Council following further investigation on how other DHBs manage these areas.

DECISION PAPER

Treasury Management Policy

The Chairman of FRAC, Dan Druzianic advised the Finance Risk and Audit Committee (FRAC) had reviewed the paper in detail earlier in the day, and recommended that the Board approve it.

RESOLUTION

That the Board:

Approve the revised HBDHB/OPM/087 Treasury Management Policy, noting it had been updated to reflect the shared banking arrangement.

Moved Dan Druzianic
Seconded Peter Dunkerley
Carried

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

13. Confirmation of Minutes of Board Meeting dated 27 June 2012
- Public Excluded
14. Matters Arising from the Minutes of Board Meeting dated 27 June 2012
- Public Excluded

Report and Recommendations from the Committee Chairs:

15. Hawke's Bay Clinical Council – 11 July 2012
16. Finance Risk and Audit Committee – 25 July 2012
17. Wairoa Integrated Health Services project – Business Case
18. HBDHB Policy: payment of Fees and Expenses
19. Vision, Values and Behaviours Workshop
20. 2012/12 Budget Presentation
21. Community Pharmacy Contract Update Presentation

Moved: David Davidson

Seconded: Helen Francis

Carried

The meeting closed at 1.42 pm.

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 29 AUGUST 2012 IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.04 PM**

Present: Kevin Atkinson (Chair)
David Barry
David Davidson
Peter Dunkerley
Helen Francis
Denise Eaglesome (by video conference)
Dan Druzianic
Ngahiwi Tomoana
Diana Kirton
Kirsten Wise

Apology: Barbara Arnott

In Attendance: Kevin Snee (Chief Executive)
Warrick Frater (Chief Operating Officer (Chief Operating Officer))
Andrew Lesperance (General Manager Planning and Performance)
Tim Evans (Chief Financial Officer)
Members of the Executive Management Team
Members of the public and media

Minutes Brenda Crēne

KARAKIA

The Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

Tim Evans the newly appointed Chief Financial Officer (from the UK) was welcomed and introduced.

DECLARATIONS OF INTEREST

There were no amendments noted to Conflicts of Interest Register.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 25 July 2012, were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic
Seconded: David Barry
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted.

Item 1 Performance Framework Expectations was discussed with further time provided by the Chair, to ensure all Advisory Committees had considered this topic. It was noted the Hospital Advisory Committee (HAC) had already done so. The Board Administrator would co-ordinate feedback from the respective Committee Chairs'. **Action**

BOARD WORK PLAN

The Board Work Plan for the September 2012 meeting was noted.

CHAIR'S REPORT

Staff Retirements: Chair, Kevin Atkinson conveyed best wishes and thanks to those staff who were to retire after extended service to HB District Health Board. Letters would be sent to those listed below acknowledging their service. **Actioned**

Name	Job Title	Service	Years Service	Date Retiring
Diane Davidson	Systems Administrator	Finance	35	30 August 2012
Ian Larrington	Health Intelligence Analyst	Business Intelligence	36	14 September 2012

The Chair advised there were no matters to raise since the previous Board meeting.

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report to 22 August 2012 was received and noted.

A summary of points raised follows:

- Due to the retirement of David Marshall (after 50 years in dentistry), Robin Whyman had been appointed as Principal Dental Officer/Clinical Director for Oral Health Services at the DHB. Robin's more recent roles included: Dental Manager, Principal Dental Officer, CEO for NZDA and Oral Advisor for the Ministry of Health. Robin's appointment would be effective in January 2013.
- The Prime Minister John Key, officially launched (on 24 August 2012) the commencement of construction on the \$5.0m upgrade to Wairoa Hospital which would transform the existing hospital into a purpose built integrated family health centre.
- A new General Manager of Integrated Care had recently been appointed. Kieran McCann had a wealth of experience from roles in Ireland and New Zealand. More recently he had been General Manager of Clinical Services at Wairarapa DHB, having worked with models around integrated care. Kieran would commence his role in November 2012.
- The Executive Management Team (EMT) had visited Canterbury District Health Board in mid August to view their plans for transformational change, following the devastating Christchurch earthquake. The learnings from the visit, especially the enhancement of Canterbury DHBs services into the community would be invaluable as Hawke's Bay DHB continue to refocus on working smarter, enhancing service delivery and moving towards integrated care.
- An update on the Mental Health Inpatient Unit was received from Andrew Lesperance who advised the Model of Care had been progressed, however timelines were approximately three weeks behind.
- The programme for the HB Health Sector leadership Forum Workshop planned for the 5th September would be issued to participants on 30th August 2012. **Actioned**

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED JULY 2012

The Chief Financial Officer presented his first report for the first month of the financial year 2012/13 which showed a surplus of \$228k compared with a budgeted surplus of \$517k. There were a number of cost pressures several of which were driven by activity, including surgery demands.

The 2012/13 budget did include \$1.0m which was yet to be identified in the Service and Financial Improvement program. This had been included as a line item.

Travel and accommodation costs had improved and it was pleasing to note that accrued leave had dropped since the prior month.

REPORTS AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hospital Advisory Committee (HAC) – 8 August 2012

Chair, David Barry provided an overview of the report which included support for Option 2 for the development of additional facilities to improve Endoscopy Services in Hawke's Bay for increased efficiency and additional onsite capacity for HBDHB's population.

Hawke's Bay Clinical Council – 8 August 2012

Co-chair of Council, Dr John Gommans was in attendance.

Dr Andrew Heslop had been welcomed as a new member of Clinical Council and it was with regret that Alistair More had resigned his position on Council and returned to Scotland.

The Endoscopy Services Business Case had been endorsed by Council noting the "need to ensure 'disparities' received focus and was adequately addressed in service delivery".

Council found the clinical aspects were not clearly defined and felt that before any facility design/planning took place, there was a need for a robust Model of Care which addressed inefficiencies and integration and also ensured "disparities" received adequate focus.

"Smokefree Hawke's Bay First Steps 2012-2015 first steps" were fully endorsed by Council.

Following the ordinary meeting, an Annual Review Meeting was held which reviewed a number of operational aspects. In summary:

- Drs Foley and Gommans were unanimously re-elected to their roles as co-chairs.
- A review of membership was underway as the two year tenure of some initial Council members would expire in September 2012. Nominations had been sought for the positions and following panel review, the successful candidates would be ratified through the September Board Meeting. **Action**

Council conveyed thanks to the Board for their support of clinical leadership within the Health Sector. The Board Chair reciprocated advising that Clinical Council was an integral part of decision making and was working well.

Māori Relationship Board (MRB) – 15 August 2012

Ngahiwi Tomoana (Chair) advised MRB had received an excellent presentation from the Children's' Commissioner Dr Russell Wills, on the B4 School programme and work planned. MRB supported the recommendations for the provision of vision and hearing screening in Kohanga Reo and endorsed the overall B4 School programme as a tool to improve outcomes for tamariki Māori.

A Healthy Homes Programme update was provided including a new pilot entitled the "Friendly Landlord Scheme". As many Māori reside in rented accommodation with very little insulation, this scheme focused on landlords being made accountable to suitably upgrade their rental properties. The benefits of insulation were well known.

MRB had appointed Tatiana Cowan-Greening as their representative on the Maternity Services in Hawke's Bay Steering Group.

DECISION PAPER

Committee Terms of Reference Review

Ken Foote (Company Secretary) outlined the process to review of Committee Terms of Reference (TOR) which commenced in April 2012. This review had been completed and was presented to the Board for adoption. The only change noted was to the Māori Relationship Board TOR as they moved from bi-monthly meetings to quarterly.

RESOLUTION

That the Board:

Adopt the attached updated Terms of Reference for the:

- Disability Support Advisory Committee
- Community and Public Health Advisory Committee
- Finance Risk and Audit Committee
- Hospital Advisory Committee
- Māori Relationship Board
- Appointments and Remuneration Advisory Committee
- Hawke's Bay Clinical Council

Moved Kevin Atkinson
Seconded David Davidson
Carried

Improving Endoscopy Services – Business Case

Warrick Frater (Chief Operating Officer) was in attendance. He summarised the Business Case advising the existing endoscopy facilities had physical limitations and constraints on service provision, with no ability within the existing theatre suite to increase capacity during standard operating hours.

- With population projections and increased demand forecasted there had been pressure for some time due to lack of space.
- A new build could be undertaken without demolition of existing areas.
- Three endoscopy suites would be planned with two implemented initially.
- Board approval was sought which was subject to the availability of funds at the time (2015/16 or thereafter).
- Chair, Kevin Atkinson provided wording which tightened the original Resolution.

RESOLUTION

That the Board:

- Note the endorsements from HAC and Clinical Council.
- Approve the business case in principle option B2 for the implementation of the Improving Endoscopy Services project, subject to the availability of funding and final sign off by the Board.
- Note a capital budget of approximately \$8.716m (+/- inflation) would be required to implement the Business Case.
- Note the next steps in the process were to review and confirm a Model of Care for the service (including a focus on disparities), prior to the development of detailed designs.

Moved Helen Francis
Seconded David Barry
Carried

It was noted Endoscopy was not affordable unless HBDHB generated the surpluses in the ensuring years. This project had lower priority than the Mental Health facility. A discussion took place between clinicians in the room to clarify technologies.

FOR INFORMATION

Tū Mai Rā Quarterly Report

The Director of Māori Health provided a summary of the third quarter (January-March) Tū Mai Rā report for 2011/12. Timing issues would be addressed to ensure timely presentation of the report in 2013. Points raised at the meeting were summarised below:

- Of the 28 indicators reported on, 19 of those indicators were trending in the right direction.
- It was agreed that it would take the provision of several more quarterly reports to give a more relevant indication of any significant trends.
- The Oral Health team were complimented for their work.
- Smoking – health benefits would be recognised going forward.
- A decline in the “Did Not Attend” figures was noted in Quarter 4. This was due to more focus and involvement at the time appointments were set, and the subsequent follow up. A pleasing result.
- The achievements made with diabetes annual checks should not go unnoticed.
- HBDHB were focusing on recruitment of Māori into health care areas.
- Good work was going on in the area of infant mortality with a noted drop in incidences.

Human Resource KPIs (Q4) 2011/12

John McKeefry (General Manager, Human Resources) provided an overview of the report provided.

Reductions in accrued Annual leave were achieved following intensified focus.

HR services would drive forward the KPI partnership with Māori health and due to a large data base this would include email focus groups.

The Incubator Programme (initiated by HBDHB) was now rolling out to other DHBs.

There would be intensified work with primary providers to ensure reporting was captured each quarter. Chair, Kevin Atkinson requested a refinement be made to the chart showing the net position and include the new leavers (ie, comings and goings) to see the balance.

Action

Performance Framework (Q4) 2011/12

Andrew Lesperance (General Manager, Planning & Performance) spoke to the paper tabled at the meeting. The detail had been received from the Ministry, several days prior. In summary:

- A fantastic effort, HBDHB had achieved 2nd place in NZ with immunisation.
- HBDHB were soon to receive a “Certificate in Outstanding Improvement in Elective Surgery”, another amazing effort with thanks to all concerned.
- A highlight was the increase in breast screening for pacific women which had risen to 72% compared with 32% the year prior.

GENERAL BUSINESS

With no general business the meeting moved to Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

18. Confirmation of Minutes of Board Meeting dated 25 July 2012
- Public Excluded
19. Matters Arising from the Minutes of Board Meeting dated 25 July 2012
- Public Excluded

Report and Recommendations from the Committee Chairs:

20. Hospital Advisory Committee Meeting – 8 August 2012
21. Finance Risk and Audit Committee – 25 July 2012
22. Regional Governance
23. Central Region Integrated Systems Plan (CRISP) Update
24. Presentation: BHDHB Organisation Development Plan

Moved: Peter Dunkerley
Seconded: Dan Druzianic
Carried

The meeting closed at 2.22pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 26 SEPTEMBER 2012, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.03 PM**

Present: Kevin Atkinson (Chair)
Barbara Arnott
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Kirsten Wise

Apology: Ngahiwi Tomoana
Diana Kirton
Dan Druzianic
Helen Francis

In Attendance: Kevin Snee (Chief Executive)
Warrick Frater (Chief Operating Officer (Chief Operating Officer)
Andrew Lesperance (General Manager Planning and Performance)
Tim Evans (Chief Financial Officer)
Members of the Executive Management Team
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Tracey Te Huia and the Executive Management Team opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

There were no amendments noted to Conflicts of Interest Register.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 29 August 2012, were confirmed as a true and correct record of the meeting.

Moved: Peter Dunkerley
Seconded: David Davidson
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments summarised:

Action 1: All Committee Chairs would provide feedback on the Performance Framework Expectations and identify those targets specific to their committees. Feedback by the Company Secretary/Board Administrator would be formulated and provided to the November Board Meeting. **Committee Chairs to note**

Action 3: Clinical Council membership endorsed by the Board. A decision would be made shortly and would be signed off by the Board Chair. Members would be advised at the October Board Meeting. **Action**

Action 4: had been actioned and detail would appear in the quarterly HR results. Remove from the agenda.

BOARD WORK PLAN

The Board Work Plan for the October 2012 meeting was noted.

CHAIR'S REPORT

A summary of points raised follows:

- Allied Laundry Services Limited would hold their Annual General Meeting on 30 October 2012. Hawke's Bay District Health Board were required to nominate their shareholder representative(s) to attend this meeting.

RESOLUTION

That the Board:

Appoint the following shareholder representatives to attend the Allied Laundry Services Limited Annual General Meeting:

- David Ritchie Voting Rights Representative
- Ken Foote Representative

Moved **Barbara Arnott**

Seconded **David Davidson**

Carried

- A contract for Peritoneal Dialysis Products and Services for a three plus two year right of renewal contract had been signed under delegated authority and was noted by the Board.
- A letter dated 31 August 2012 was received from the Minister Tony Ryall, acknowledging efforts made by the sector to deliver on health targets. These related to improved access to elective surgery, shorter waits for cancer treatment targets, and the under two year old immunisation which nationally was at 93%, only 2% short of target.
The Minister stressed the need for strengthened relationships and better ways of working with the primary care sector to speed progress and make gains with smokers to quit and more heart and diabetes checks.
- Another letter from the Minister dated 11 September outlined Primary Health Organisation (PHO) Health Target Performance for Quarter 4 of 2011/12. Immunisation remained the best result, however no PHO nationally achieved the target for 'better help for smokers to quit', with only six PHOs reaching the "more heart and diabetes checks" target.
Succeeding with primary care targets would require an intentional integrated approach and clear clinical leadership. DHBs have been requested to performance manage PHOs not meeting expectations.
- A report provided by David Marshall now retired who was Principal Dental Officer/Senior Dentist Oral Health Services, would be issued to the Board via email **Actioned**. This document included areas of benefit to the service, and the Chief Operating Officer had responded and thanked David for his efforts. Any action on the points raised would be deferred until Robin Whyman, the incoming Principal Dental Officer, commenced his role in January 2013, had time to review/consider the points raised and develop an ongoing strategy.

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report to 19 September 2012 was received and noted.

A summary of points raised follows:

- Emergency Departments (EDs) performance had deteriorated in August due to a significant increase in activity and complexity, however this appears more manageable in September. Nationally other EDs had experienced similar increases in August.
- Improved access to Elective Surgery was at 117% and this was achieved without the full impact of the new Operating Theatre coming into operation.
- The waiting list for surgical procedures was decreasing which was encouraging. The number of babies immunised at 8 months was now tracking at 88.9% which was above the MOH target. Better help for smokers to quit “in the hospital setting” was above target for the month however the Primary Care figures had a long way to go, to get to 90% target. HBDHB would work with the PHO to focus on achieving a better result.
- A dip in financial performance was experienced in August, however it was anticipated we would still deliver a \$3m surplus which would enable us to deliver on improved services.
- There was a focus drive to improve children’s health and wellbeing, in particular to reduce the incidences of Rheumatic Fever and child assault (family violence programmes). Good results were being achieved in Primary Care and it was anticipated to bring primary and secondary together into a single program.
- A lot of work had been undertaken, including extensive consultation which resulted in the sector wide Vision and Values statement being agreed. This would guide us through the years ahead in delivering service improvements to our customers.

OUR VISION

Tā mātau whakarehu

“HEALTHY HAWKE’S BAY”

EXCELLENT HEALTH SERVICES WORKING IN PARTNERSHIP TO IMPROVE THE HEALTH AND WELL BEING OF OUR PEOPLE AND TO REDUCE HEALTH INEQUITIES WITHIN OUR COMMUNITY

OUR VALUES / BEHAVIOURS

Ā mātau uarā, me tō mātau whanonga

TAUWHIRO – delivering high quality care to patients and consumers

RĀRANGA TE TIRA – working together in partnership across the community

HE KAUANUANU– showing respect for each other, our staff, patients and consumers

ĀKINA – continuously improving everything we do.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED AUGUST 2012

The Chief Financial Officer presented his report for the second month of the financial year 2012/13, which showed an adverse of \$841 thousand variance for the month with cumulative performance \$1,068 thousand worse than plan. There were a number of cost pressures split between funder and provider drivers which accounted for this result:

- Disability Support / Health of Older People: It was noted that in Hawke’s Bay we have fewer people in residential care because we provide care/support to people within their own homes. This was as planned but was being closely monitored.
- Personal Health / Inter District Flows (IDFs): In part cost overruns were due to some complex issues requiring higher resourcing. This was being closely monitored. The question whether Clinical Council could assist in this area was raised.

- ACC income had been down for some time.
- The Service and Financial Improvement Programme, a one day workshop was planned in October provide a forum for ideas and reinvigorate focus on the existing programme.

Corrective management focus would be placed on the above areas.

The Finance Risk and Audit Committee (FRAC) received a presentation on “Establishing the Balance”. A copy of this presentation (prepared by the CFO) would be issued to members.

Actioned

The CFO advised we were still forecasting for the planned surplus of \$3.0m.

REPORTS AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Community & Public Health Advisory Committee – 12 September 2012

The report provided to members was taken as read with no further comment from the Committee Chair Barbara Arnott, who advised comment would be provided under item 13 the Smoke Free presentation.

Hawke’s Bay Clinical Council – 12 September 2012

Appointment of new Clinical Council Members:

Co-chair of Council, Dr John Gommans was in attendance and provided an overview to members including an update on the Council membership review. There were a number of Council members who were on Council as of right, however there were also a number of positions which were tenure related and it was those positions which were under review. Formal expressions of interest had been received and the appointments would be advised at the October Board Meeting, however the Chair of the Board had delegated authority to endorse the appointments once advised by the Council selection panel.

Hawke’s Bay Clinical Council was the first such Council put in place in New Zealand and this trend was being mirrored in other DHBs. The Board were very appreciative and found the Council of tremendous support.

Clinical Council members had circulated advice that they wished to be proactively engaged earlier on significant projects. This would ensure project managers received maximum value, tapping in early to their collective clinical expertise, perspective and influence. Where there was a potential conflict of interest, an independent Clinical Council member would be brought in.

It was advised that the Quality Accounts Programme being held in Wellington would be attended by four representatives from Hawke’s Bay being: Dr John Gommans as Chief Medical Officer; Dr Andrew Heslop as Chair of the Clinical Quality and Audit Committee (PHO); Kaye Lafferty representing HBDHB Quality and Risk; and Andrew Lesperance as a member of HBDHB Executive team.

Clinical Council had wholeheartedly agreed to be engaged in the HB Health Awards and one key role was for quality initiatives.

DECISION PAPER

Smoke Free Hawke’s Bay 2025 - First Steps 2012-2015

Ana Apatu (Senior Population Health Advisor) and Carleine Receveur (Project Manager, Smoke Free DHB) were in attendance for the presentation. The following key points were noted:

- Three health targets
 - Secondary (95%)
 - Primary (90%)
 - Pregnancy (90%)
- Three key elements to meet this goal
 - Prevent the initiation of smoking

- Increase the number of people quitting smoking
- Protect our children from harm: no exposure to second or third tobacco smoke (includes pregnancy and tobacco products)
- Underpinning key strategies
 - Ensure all interventions target Maori and Pacific
 - Adopt measures that drive significant increases in quit rates, and decrease the number of young people that initiate smoking
 - Adopt a 'whole of Hawke's Bay community approach. There will be wide consultation as part of the development of this plan and key stakeholders will be expected to sign up to this plan to signal their commitment – **'Working Together'**
- Ngati Kahungunu were definitely walking the talk with "no smoking" allowed in their environs.
- Barbara Arnott as Chair of CPHAC endorsed the Smoke Free Strategy wholeheartedly.
- Leadership in this had to start with staff (existing staff and new employee screening was discussed) and this included medical students.
- The Chair advised it was very objectionable having patients smoking at the front door of the hospital!
- This was not a policy failure it is a policing issue and all staff should be vigilant and use smoke free messaging where appropriate.
- Vivid poster messaging had had a profound effect on some children to never smoke.
- Smoke Fee was the single most productive health initiative we can have according to Dr John Gommans.
- Pregnant mums and their babies, 90% of whom were monitored through Plunket would receive intensive focus.

Several staff members from Health Hawke's Bay were in attendance and Liz Stockley advised they were fully supportive and working hard towards the smoke free goal.

After discussion the Board adopted the following recommendation.

RECOMMENDATION

That the Board:

Endorse Smoke Free Hawke's Bay 2025 First Steps 2012 -2015 for implementation.

Adopted

FOR INFORMATION

NZ Health Expenditure Challenges

Included for the Board's information the letter and report from Tony Ryall, Minister of Health was noted.

GENERAL BUSINESS

With no general business the meeting moved to Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

15. Confirmation of Minutes of Board Meeting dated 29 August 2012
- Public Excluded
16. Matters arising from the Minutes of Board Meeting dated 29 August 2012
- Public Excluded

Finance Risk and Audit Committee Meeting Report of 26 September 2012
17. Regional Governance
18. Annual Report 2011/12
19. Maternity Services Consultation Plan
20. Preliminary Business Case – Paid Car Parking

Moved: David Barry
Seconded: Kirsten Wise
Carried

The meeting closed at 4.31 pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 31 OCTOBER 2012, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis

Apology: Kirsten Wise

In Attendance: Kevin Snee (Chief Executive)
Chris McKenna (acting for Chief Operating Officer)
Andrew Lesperance (General Manager Planning and Performance)
Tim Evans (Chief Financial Officer)
Members of the Executive Management Team
Members of the public and media

Minutes Brenda Crēne

KARAKIA

The Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

The Chair advised that Item 14 on the agenda "Meeting the Oral Health Needs of Nga Hapu O Ahuriri – Options Paper" was removed and would be presented at future date, probably December, to take this forward.

DECLARATIONS OF INTEREST

There were no amendments noted to Conflicts of Interest Register.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 26 September 2012, were confirmed as a true and correct record of the meeting.

Moved: David Davidson
Seconded: David Barry
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments summarised:

Action 1: Performance Framework Expectations. Discussions and feedback from the advisory committees had been provided for HAC, DSAC and CPHAC. This detail was with Andrew Lesperance GM Planning and Performance. MRB would discuss and provide following their meeting on 21 November 2012.

BOARD WORK PLAN

The Board Work Plan for the November 2012 meeting was noted.

CHAIR'S REPORT

The Chair acknowledged Jill Holder (Quality and Risk) who had retired on 18 October after 35 years service to the District Health Board. A letter conveying the board's best wishes and thanks for the years of extended service would be sent to Jill. **Actioned**

A summary of points raised follows:

- An article in the Dominion Post during October 2012 had advised that Hawke's Bay DHBs CEO received a \$40k increase in salary this financial year (ie., a 10% rise). The Chair advised this was a complete nonsense and the writer of the article must have been very confused. The Chair advised the CEO had received a 2% increase per year, for the past three years.
- Correspondence had been received from the Ministry of Health seeking an audit review of patient accessible IT Systems. This would be reported on by the Finance Risk and Audit Committee (FRAC) who had discussed the topic at their meeting earlier in the day.
- The Annual Accounts and Letter of Representation for Audit NZ had been signed by the Chairs of the DHB and FRAC under delegation (by resolution at the September 2012 public excluded Board Meeting).
- In late September, a letter had been received from Peter Butler, Mayor of Central Hawke's Bay advising of the community's decision to remove fluoride from their water supply. Hawke's Bay DHB were thanked for their assistance and input.

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report to 24 October 2012 was received and noted.

A summary of points raised follows:

- Performance in all areas (other than finance) were very positive ie., Shorter stays in ED, Improved access to Elective Surgery, Shorter waits for cancer treatment, and increased immunisation.
- Better help for smokers to quit in the Hospital environs was a highlight being very close to target. An excellent result with thanks to the team involved to make this happen. However, in the community (primary care) a drive to improve targets was being actively managed.
- More heart and diabetes checks for quarter 4 had improved and were very close to target. A positive result.
- Kieran McCann appointee to the new role of General Manager, Integrated Care Service would commence on 12 November 2012.
- The Regional Services Program Update provided as an attachment to this CEO's report would be provided on a regular basis, to enable everyone to appreciate and understand what was occurring at a regional level.
- HBDHB had received an "Outstanding Achievement in Immunisation Award" from the Ministry. This was in recognition of outstanding performance on the nationwide Immunisation health Target for 2011/12 to ensure that New Zealand children had the best chance of health now and into the future. This was attributed to the excellent work undertaken by the PHO, NGO sector as well as DHB staff.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED SEPTEMBER 2012

The Chief Financial Officer presented his report for the third month of the financial year 2012/13, which showed a \$328 thousand adverse variance for the month with cumulative year to date performance \$1,397 thousand worse than plan. The adverse variance trend continued and reserves/contingencies had been used. This trend must be reversed with renewed plans in place to bring this back into line including supplementary finance controls taking away some budgetary freedoms without hitting front line services.

The main drivers of the variance on the **funder side** were: health of older people, personal and inter district flows and pharmacy. On the **provider side** the main drivers were lower ACC income, higher locum costs and under achievement of the service and financial improvement programme.

- Inter District Flow costs come from two areas: acute and elective requirements. Structures and service changes were being worked through and put in place which will potentially enable us to influence and manage better. It was anticipated, with the likely appointment of a Vascular Surgeon (in the New Year) that there would be a significant drop in referrals out of Hawke's Bay in this specialty.
- On page 32 of the finance report, it was noted funding for Kahungunu Hikoi Whenua was not shown as a line item. Reassurance was provided that funding was split ie, partially under the Maori Health line and the Population Health line, totalling \$760k.

The Chair of FRAC, Dan Druzianic felt optimistic that the adverse financial trend could be turned around. We do need to achieve savings to ensure planned service improvements and capital builds could proceed going forward.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Disability Support Advisory Committee Meeting – 10 October 2012

Chairperson Diana Kirton conveyed an overview of the highlights which covered Health of Older People (the two year journey looking at the Model of Care within the community), Mental Health (the change to regional services agreed from 2013/14) plus an interesting presentation on Ministry of Social Development (MSD) services.

A discussion on the Regional Services Programme supporting older Maori and Pacific people in the central region 2012 was also considered by the committee.

HB Clinical Council – 10 October 2012

Co-chairs Drs John Gommans and Peter Foley were in attendance.

Dr Gommans advised the new Clinical Council member appointments from 1 October 2012 were: Robyn O'Dwyer (Clinical Nurse Primary Health Care), Dr Hannes Meyer (General Practitioner), Dr Tim Frendin (Clinical Director) and Leigh White (Nurse Director/Specialist Nurse with Sector wide role), with David Warrington joining Council in a temporary capacity to cover the vacant position of Director of Nursing, Primary Care.

The next Quarterly meeting of Clinical Council (on 14 November) would include time dedicated to discuss "Health of Older Persons Services". A wider group would be joining the meeting and Council would consider dedicating time in future on topics requiring specific focus.

Council members were pleased to be involved in the Hawke's Bay Health Awards, particularly the shortlisting process where they found the quality of the entries to be extremely high. Members don't envy the judges in making the final decisions.

DECISION PAPERS

Governance Meetings – Schedule of Meetings for 2013

The contents of the report which included an overview of the background to setting the Meeting Schedule for 2012/13 were noted. Ngahiwi Tomoana advised there may be a change required to the MRB schedule. As the schedule may require adjustment, it was adopted as a first draft and would be confirmed at the November 2012 Board meeting.
Action

HBDHB Shareholder Representative at TAS AGM

Ken Foote (Company Secretary) explained the requirement for HBDHB [as a Shareholder of Central Regions Technical Advisory Services Limited (TAS)] to appoint a representative with the following recommendation being adopted.

RECOMMENDATION

That the Board

Appoint Dr Kevin Snee as the HBDHB Shareholder Representative to attend and vote at the TAS AGM, to be held on 8 November 2012.

Adopted

Meeting the Oral Health Needs of Nga Hapu O Ahuriri – Options paper

This paper had been removed from the agenda this month and would be presented again.
Action

FOR INFORMATION AND DISCUSSION

HB Health Sector Leadership Forum – Sub Group Action Plan

The contents of the action plan developed by the Sub-Group had been provided to show the Board the actions being taken.

Action 5 to “Create a whole of sector approach to workforce and in particular Maori participation in the health workforce” was noted by John McKeefrey (GM of Human Resources) who would provide a snapshot for circulation.

Accountability Planning Timeline

Andrew Lesperance explained the purpose of this paper was to show the recommended timeline for the 2013/14 accountability planning processes. Progress against this timeline will be reported to the Board on a monthly basis until completed.

The Chair asked that this report (updated monthly) be included behind the Board Workplan in the monthly Board papers. **Action**

GENERAL BUSINESS

There being no general business to discuss, the meeting moved to Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

17. Confirmation of Minutes of Board Meeting dated 26 September 2012
- Public Excluded
18. Matters Arising from the Minutes of Board Meeting dated 26 September 2012
- Public Excluded
19. Reports and Recommendations from Committee Chairs
Finance Risk and Audit Committee – 31 October 2012 (tabled)
20. Disability Support Advisory Committee – 10 October 2012
21. Health Benefits Limited FPSC Programme
22. Board Chair and Member Performance Appraisal
23. Mental Health Inpatient Unit and Service Change Business Case Update
24. Maternity Services Consultation (verbal update)
25. Paid Parking Proposal (verbal update)

Moved: Helen Francis
Seconded: Peter Dunkerley
Carried

The meeting closed at 2.15pm.

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 28 NOVEMBER 2012, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Ngahiwi Tomoana (Chair)
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis
Kirsten Wise

Apology: Kevin Atkinson

In Attendance: Kevin Snee (Chief Executive)
Andrew Lesperance (General Manager Planning and Performance)
Tim Evans (Chief Financial Officer)
Warrick Frater (Chief Operating Officer)
Members of the Executive Management Team
Members of the public and media

Minutes Brenda Crēne

KARAKIA

The Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

There were no amendments noted to Conflicts of Interest Register.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 31 October 2012, were confirmed as a true and correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Dan Druzianic
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments summarised:

Action Item 1: A graphical representation for key performance indicators by Advisory Committee was provided for 2013.

Action Item 3: The Advisory Committee Meeting Schedule for 2013 was provided. It was noted the Hawke's Bay Health Sector Leadership Forum date in early 2013 was yet to be confirmed (options at the time of the meeting were 3 or 17 April 2013)

Action Item 4: The accountability planning timeline had been included behind the Board Workplan and would continue to be updated.

BOARD WORK PLAN

The Board "Work Plan" for the November 2012 meeting was noted. It was advised the Urgent/Acute Unplanned Care paper had been moved to February 2013.

CHAIR'S REPORT

In the absence of Chair, Kevin Atkinson there was no Chair's report for the month of November.

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report to 21 November 2012 was received and comments summarised as follows:

- There had been a modest improvement in the financial position which required close monitoring. There appeared to be no major performance issues and it was encouraging to see targets being achieved.
- Progress had been highlighted in Integrated Care with the appointment of Kieran McCann Deputy COO/Integrated Care Service Manager; progress with the Mental Health Service revamp; the integrated role of the Chief Pharmacist, Co-ordinated primary options for acute and elective care, Immunisation and Before School Checks. The latter was noted as having taken out the "supreme award" at the HB Health Awards recently.
- The Hawke's Bay Health Awards was a great success and such an event on the yearly calendar showcases how well we all are working together across the sector.
- Appendices 1 summarised where the Central Region was headed regarding consistency across the boards. This recognised the regional planning document in 2008 to develop a high degree of integration across the regions, primary/secondary.
- Appendix 2 provided an update/overview of everything regional.

Confirmation on the location of the Mental Health Inpatient Unit was questioned. This will be finalised as part of the business case which will be available for the Special DSAC Meeting being held on 30 January.

Referring to page two of the regional services programme, a board member queried why HBDHB appeared to be slightly out of kilter. This was a snap shot across the region to get treatment in a timely fashion. In addition to the fact that HBDHB were fully automated whereas other DHBs were utilising manual data which may not be as reliable, there were differing services provided across the regions, including private practices with varying ranges of automation (some very high tech). Nevertheless HBDHB always strives to improve.

An example of collaboration and service improvement was provided ie. HB radiology were looking to update their technology and work closer with HBDHB. This would provide economies of scale when purchasing equipment and working closely to ensure timely service delivery.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED OCTOBER 2012

The Chief Financial Officer presented his report for the fourth month of the financial year 2012/13, which showed a favourable variance of \$136 thousand.

Three main negative areas showed improvement being: IDF outflows (plus \$68 thousand); Health of Older Persons (plus \$20 thousand) and ACC revenues were higher than budget by (plus \$59 thousand).

- Persist with savings from the service and financial improvement programme (SFIP) and focus on the supplementary programmes created were heading in the right direction.
- The goal was to streamline services and there was a need to ensure the public were aware this was all about being effective and more efficient.

- There is a challenge in the Health of Older Person's Care with more of a focus to provide personal care (ie. nursing related care) over home support. This review was occurring on an individual basis either over the phone or face to face.
- This area was a challenge as there is only one pot of money (which next year was indicated to be less than 2%) and the demand on services would only increase. There was a need to be prudent with resources and this included being honest and open with the public.
- The public needed to be aware it was prudent from their personal health perspective to receive alternative treatment wherever possible versus going to hospital.
- Diana Kirton asked whether there was a way to demonstrate the cost differences between the assistance at home cost versus remaining in hospital. Diana asked that an analysis be brought back to the February Board meeting. **Action.**
- The challenge was realising the benefit in financial terms. You may realise the difference if you close the bed and invest in community care. It was an economic argument about cost flowing from one part of the system to the other.
- The appointment of a Vascular Surgeon next year would stem the flow of IDFs

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hospital Advisory Committee (HAC) – 14 November 2012

Committee Chairperson David Barry provided an overview of the report from the HAC meeting which included: high ED volumes (in the first quarter), the improved flow resulting from the 7th Theatre opening, the project team set up to develop and focus on "Did Not Attends", the potential nursing resource crisis as well as the high caesarean rate evident in Hawke's Bay (which required further clarification).

Hawke's Bay Clinical Council – 14 November 2012

Recognition had been received that Hawke's Bay Clinical was one of three exemplar cases of clinical governance and leadership nationally.

- Nursing and Midwifery Steering Group, clarification was sought as to how this was progressing and where the Steering Group fits. This detail would be provided to board member Helen Francis. **Action**
- There appeared to be a broader issue as the Hawke's Bay Clinical Council develops and evolves, including how everything fits together, the elements of clinical leadership and communication of the structure/role to the wider health sector.

Maori Relationship Board (MRB) – 21 November 2012

On behalf of MRB Chair, Ngahiwi Tomoana, Tracee TeHuia summarised the meeting as follows:

- The Safe Sleep Action Project at the MRB meeting had received the results of a successful audit undertaken by EIT which showed the positive results of this project, the first of its kind in New Zealand.
Dr David Barry was complimentary on the success thus far and was particularly keen to a longer term evaluation. He asked that this be made provided to the board when available. **Action**
- Whanau Ora was being run in ten regions with "healthy outcome plans" completed for around 8000 families.
- Regarding Suicide Prevention, two points raised by MRB were the need to be more proactive around postvention, as well as the programme being more responsive to Maori.
- Before School Checks (B4SC) with focus on early childhood health, vision and hearing screening in Kohanga Reo settings. There were 1200 children in Kohanga Reo's in the

region and the question was how to best deliver services that would work with DHB and Kohanga.

- Te Tuahiwi: MRB members would hold a workshop at NKII on 11 December to discuss the next steps for developing an intersectoral approach across the Kahungunu region.
- Did Not Attend (DNAs) - Interventions tried, had not worked however progress was now being made with a project being presently structured. Progress would be advised to MRB and the Board in 3-4 months' time. This piece of work would be linked to outpatient redesign to improve DNA rates. Des Ratima had focussed on the provision of transport. The COO advised it may be one issue but was too simplistic and he was keen to talk with community leaders and utilise volunteers in the Maori community to assist clients and ensure they attended to clinics.
- Denise Eaglesome advised the Wairoa Health Centre would make a difference and there would be a drive to have younger family members encourage their elders to attend and get checked.
- Tū Mai Rā Dashboards for Quarter 4 (2011/12) and Quarter 1 (2012/13) were provided and Chair Ngahiwi Tomoana advised the results being achieved were impressive.

The contents of the report were noted.

MONITORING

Human Resource KPIs Q1 July-September 2012

John McKeefry, General Manager Human Resources was in attendance and provided an overview of the quarterly report July to September 2012.

- Staff Ethnicity – The DHB has a target equating to 292 Maori staff within the HB health sector. The gap is negative by 22 staff at the end of at 31 October 2012. An additional paper was to the report and on page 28, point 10, it was noted that HR Services and Maori Health would bring a breakdown of the current workforce and an action plan to increase participation in the HB health sector, to the next Leadership Forum on 3 April 2012.
- More focus was required on nursing going forward due to the ageing workforce, those leaving the profession as the economy picks up; as well as future demand increasing by 100,000 nurses in Australia.

Performance Framework Exceptions Q1 July-September 2012

Andrew Lesperance, General Manager, Planning and Performance spoke to the quarterly paper provided performance highlights, achievements, areas of progress and areas of focus.

- As the Ministry's rankings had not arrived in time, the "dashboard" was tabled at the meeting with detail having been received prior. It was noted as incomplete however as not all data had been received.
- Hawke's Bay was ranked 3rd in the country for "Diabetes heart checks" as well as being recognised for providing assistance to better help smokers to quit.
- The report provided was based on exceptions ie, where there was a need to focus more attention or resource.
- Diana Kirton sought clarification regarding page 81, being advised that the comment was under triage 2&3 and actually related to 4&5.

FOR INFORMATION AND DISCUSSION

Suicides in Hawke's Bay

Dr Caroline McElroy (Director Population Health), Lisa Jones (Population Health Intelligence Manager) and Mary Wills (Senior Portfolio Manager – Older Persons) presented information on suicide trends and effective interventions for the prevention of youth suicides.

Official data often has up to a two year delay. Greg Macklow from the NZ Police was acknowledged for his assistance in providing more up to date data.

What we have in place in Hawke's Bay are prevention programs at all levels, including more emphasis on gatekeeper training focused to train the trainers ie., church leaders and groups in the community with influence. World Health Organisation evidence around intervention shows the effectiveness of strong connections to family and community.

New Zealand's suicide rate was the 2nd to highest for youth in the world. Societal differences in the past 80 years have seen New Zealand youth suicides go up dramatically. Especially since 1980s! Hawke's Bay targets youth which aligns well with the Prime Minister's request for more initiatives that help youth.

Mary Wills would follow up on how suicide information was shared amongst practices through "low down" **Action**

As a Board it was important to be aware and understand the "trends", the need for support and the provision of effective intervention and follow up. There were a lot of national services which are brought in when required.

Denise Eaglesome referred to services in Wairoa and the difficulty in accessing those services. Mary would follow up however there were some very good counsellors available **Action**. Adolescents need encouragement from family to seek help. Children and adolescents were particularly vulnerable and Denise wanted to ensure there were initiatives in place in the area as well as website access detail available. She was interested in the tools especially in places like Wairoa College, to enable dialogue. **Action**

GENERAL BUSINESS

With no general business the meeting moved to Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

17. Confirmation of Minutes of Board Meeting dated 31 October 2012
- Public Excluded
18. Matters Arising from the Minutes of Board Meeting dated 31 October 2012
- Public Excluded
19. Reports and Recommendations from Committee Chairs
Finance Risk and Audit Committee – 28 November 2012 (tabled)
20. Hawke's Bay Clinical Council – 14 November 2012
21. Hospital Advisory Committee – 14 November 2012
22. Chemistry/Immunoassay Analyser System Business Case
23. 2013/14 Budget Overview (presentation)
24. Fluoridation

Moved: Peter Dunkerley
Seconded: Denise Eaglesome
Carried

The meeting closed at 2.25pm

Signed:

Ngahiwi Tomoana, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 19 DECEMBER 2012, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.04 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome (*via video conference*)
Diana Kirton
Helen Francis
Kirsten Wise

Apology:

In Attendance: Kevin Snee (Chief Executive)
Andrew Lesperance (General Manager Planning and Performance)
Tim Evans (Chief Financial Officer)
Warrick Frater (Chief Operating Officer)
Members of the Executive Management Team
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

There were no amendments noted to Conflicts of Interest Register.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 28 November 2012, were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic

Seconded: David Barry

Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments summarised:

Item 1: Review of Conflicts of Interest Registers. This would be finalised for the February Board Meeting.

Item 2: An analysis demonstrating the costs (assistance at home versus hospital) would be provided at the February Board Meeting. **Action**

Item 3: Nursing and Midwifery Steering Group information had been provided. Action removed.

Item 4: Safe Sleep Action Project Effectiveness. Request to update the Board when further detail was available. Work in progress.

Action Item 5: Denise Eaglesome was happy with the response and this action would be removed.

BOARD WORK PLAN

A revised Board "Work Plan" for was tabled. Due to the large number of proposals/business cases for consideration at the February 2013, Board Meeting the "Work Plan" was reviewed as follows.

The following papers remain in the February Board Meeting:

- Maternity Final Proposal
- Paid Parking Business Case
- Mental Health Inpatient Unit Business Case

Papers moved to the March Board Meeting:

- Urgent Acute Unplanned Care (COO/GM P&P)
- Central Hawke's Bay Service Model (GM P&P)
- Women Child and Youth Strategic Framework (GM P&P)

It is important to NOTE that as soon as any of the above papers (or in fact any Decision Papers) are in final form they will be emailed to the Board by the Board Administrator **Action**.

ACCOUNTABILITY PLANNING TIMELINE

Timelines were noted.

CHAIR'S REPORT

Chair, Kevin Atkinson provided a verbal update, summarised as follows:

The Chair acknowledged Ivy Cairns (Nutrition and Food Service) who had retired on 8 December 2012, after 23 years service to the District Health Board. A letter conveying the board's best wishes and thanks for the years of service would be sent to Ivy. **Actioned**

- Reference was made to a meeting of the NZ Institute of Health Management, with Minister Tony Ryall in attendance, held 3rd December. The purpose of the meeting was to look at the extent to which DHB governance structures were fit for purpose.

There was general agreement on number of fronts some of which included:

- Public interest in transparency was not well served in the current model.
- The current model having a majority of elected members was perceived as a problem.
- Only a few DHB board members have qualifications to manage billion dollar organisations.
- Evolving the model to a majority of appointed members would lift board performance.

The Chair said he would not be a surprised if the election system was tweaked prior to board elections in 2013.

A copy of the media release would be made available to members.

- A letter had been received from Auditor General relating to a Performance Audit of Regional Services Planning and Capital intentions within the Health sector. The result of this audit would be welcomed.
- The Minister forwarded a copy of letter sent to the Chair of Health HB on their performance for Quarter One. The letter sent to all PHOs across the country, sought their assistance to focus and put effort into achieving national targets and objectives.

However Health Hawke's Bays performance was encouraging across three indicators and were in the top 1/3rd in country (out of 35 PHOs) being: 19th for Immunisation; 6th for

Smokers to quit in the primary setting; and 10th for Diabetes checks. A satisfactory result with room for improvement.

- A letter had been received from the Children's' Commissioner, Russell Wills regarding a report prepared by his expert advisory group on solutions to child poverty. In his letter he stated that the report demonstrates that when we choose to invest in our young children, the improvements in health, welfare and labour productivity outcomes were substantial and predictable. The Report was available on the Commissioner's website.

Solutions to Child Poverty – The Final Report available on: <http://www.occ.org.nz/>

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive's Report to 12 December 2012 was received, with comments summarised as follows:

- The CEO was proud of the national recognition for the Hawke's Bay Clinical Council received nationally on 6 December at a function in Otago. Hawke's Bays clinical governance and leadership was one of the most improved in the country.
- One indicator Hawke's Bay were doing very well on (ie 3rd best in the country), related to problems occurring in clinical care when staff see an issue but don't voice concerns. Clinical Council can take a lot of credit for this result.
- Financially the DHB had seen a small improvement. There was a way to go but the result was encouraging.
- As included in the report the following were referred to: Health of Older People, with personal care demand; Mental Health Service Business Case to the Board in February; an Integrated Family Health Service for Central Hawke's Bay for presentation in March.

In response to a query from Deputy Chair, Ngahiwi Tomoana, Dr Gommans advised that Mental Health services had regular meetings with police. More work was being done with the channels in place, however sharing mental health records with police, was not possible in the majority of cases, due to privacy issues.

The CEO's report was taken as read.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED NOVEMBER 2012

The Chief Financial Officer presented his report for the fifth month of the financial year 2012/13, which showed a favourable variance of \$107 thousand.

The cumulative unfavourable result was \$1,154 thousand. That equates to a surplus of \$116 thousand where \$1,270 thousand surplus was planned.

The main negative areas were:

- High pressure on IDFs was mainly due to an oncology wash up.
- CRISP IT program was an accrued spend.

Funder and health services were feeling pressure.

The focus was on making a surplus to ensure HBDHB could invest. The priority was the Mental Health facility which was not at risk.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 12 December 2012

Clinical Council's report to the Board was emailed prior, with copies tabled at the meeting and available on the website <http://www.hawkesbay.health.nz/file/fileid/45457>. Dr John Gommans was in attendance on behalf of Dr Peter Foley (Chair) who was attending his daughter's graduation from Medical School in Australia.

- The Health of Older People's Workshop was very well attended and deemed a success. Council was planning similar focused workshops on various topics involving the wider clinical community.
- Council endorsed in the paper and presentation on Women, Child and Youth Strategic Framework. This paper would be presented to the Board in March 2013.
- Clinical Pathways: A business case reviewing options for a standard evidence based way to streamline process and patient flow was expected in the New Year (dependant on the availability of resources). This review would take into consideration what other DHBs around the country were doing. The formulation of a system for Hawke's Bay would be invaluable in relationship building and integration across the health sector.
- Research and Ethics: A paper seeking the formation of a Clinical Research and Ethics Committee to oversee research in the public health sector in Hawke's Bay was approved by Council. There was a lot of clinical research undertaken and it was felt a more co-ordinated approach was required. To progress, a number of agencies would be consulted to ensure there was coordinated integrated approach.

Dr David Barry was pleased with this decision and his invaluable input would be sought.

Eastern Institute of Technology (EIT) also have a requirement for research output which worked well according to Diana Kirton.

GENERAL BUSINESS

Deputy Chair, Ngahiwi Tomoana provided an overview of the video trailer played to members, and answered questions relating to the 20 month waka journey undertaken. The waka had returned to NZ and would now be based in Napier.

Diana Kirton referred to funds applied to the Maori Workforce Development from Health Workforce NZ and also the funding packages managed by the DHB as having made huge differences with graduation numbers for Maori which was very positive for Hawke's Bay and in getting ethnicity numbers up within the health sector.

There being no further general business the meeting moved to Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

13. Confirmation of Minutes of Board Meeting dated 28 November 2012
- Public Excluded
14. Matters Arising from the Minutes of Board Meeting dated 28 November 2012
- Public Excluded
15. Reports and Recommendations from Committee Chairs
15. Finance Risk and Audit Committee – 19 December 2012 (tabled)
16. Hawke's Bay Clinical Council – 12 December 2012 (tabled)
17. Regional Governance
18. Regional IT Strategy
19. Central Region Information Systems Plan
20. Central Hawke's Bay Service Model discussion

Moved: Peter Dunkerley
Seconded: Denise Eaglesome
Carried

The meeting closed at 2.00pm

Signed:

Kevin Atkinson, Chair

Date:
