

Counties Manukau District Health Board

Minutes of the meeting of the members of the Counties Manukau District Health Board held on Wednesday, 7 February 2007 at 1pm at Pukaki Road, Pukaki Road, Mangere

Present: Mr Pat Snedden (Chair), Mr Ross Keenan, Ms Airini Tukerangi, Ms Miria Andrews, Mr Don Barker, Ms Jillian Dooley, Mr Bill Mudgway, Anae Arthur Anae, Mr David Collings

Apologies: Mr Bob Wichman

In attendance: Mr Geraint Martin, Mr Ron Pearson, Mr Chris Mules, Mrs Anna-Maree Harris (Board Secretary)

1. Welcome

The Board and management were welcomed in a powhiri by representatives from Manawhenua. The Chair welcomed members of the Board and representatives from the media.

Manawhenua representation

Manawhenua representatives Nganeko and Tahuna Minhinnick addressed the Board acknowledging the importance of the Board meeting being held on the marae. Mrs Minhinnick noted that she saw the Board's presence as acknowledgement of Manawhenua's Memorandum of Understanding and contract with CMDHB and commented on the pleasing level of support Manawhenua is receiving from the Board. Mr Minhinnick noted that Manawhenua's relationship with Pou is a positive one and is an opportunity for Manawhenua to be involved in areas where cultural interests and health intersect such as the issue of organ donation, as well as giving Manawhenua the opportunity to express its unique needs. The Chair thanked Manawhenua and noted the importance of whare oranga which the DHB is managing through allocation of resources for the Maori Health Plan.

Apologies

Apologies were received from Bob Wichman for absence, and Bill Mudgway for lateness.

2. Ratification of previous minutes (6 December 2006)

Resolution:

The minutes of the Board meeting held on Wednesday 6 December 2006, having been circulated, were taken as read and confirmed with an amendment in the Confidential Section.

Moved Pat Snedden **Seconded** Airini Tukerangi **Carried** Unanimously

3. Matters arising

There were no matters arising.

4. Presentation – Regional Service Planning, Pauline Hanna/Geraint Martin

Ms Pauline Hanna gave an overview of the extent to which regional service planning is occurring and outlined the projects CMDHB is working with the other local DHBs on.

Mr Bill Mudgway arrived 1.25pm

The rationale behind regional planning is that although each DHB is accountable and has responsibility for the health status of its own population, there are significant cost pressures and deficits, and 80% of national IDF's (inter district flows) are within the metropolitan Auckland area. Regional planning enables the DHB to benefit as much as possible from funding streams for cost effectiveness and ensures that:

- we can innovate/learn from each other
- we take into account regional capacity
- we minimise the risk of duplication
- we can achieve economies of scale
- we can be transparent about levels of access
- we reduce the risk of disadvantaging the Auckland population

Management of this regional process is conducted through a structure signed off by the Northern Regional CEOs group. Some of the challenges in this multi-disciplinary process are the demand for new technology and managing its impacts, critical mass vs local provision, resistance to change and inconsistency of access across the Auckland region. Regional services current in progress are:

- Intensive care
- Ophthalmology
- Sexual health services
- Hand services
- Mental health services
- Renal
- Cardiology
- Oncology
- Chronic pain
- Endocrinology
- Dermatology

In addition to the regional services planning programme, there is a work programme managed by the CEOs which Mr Geraint Martin outlined to the Board. Regional collaboration improves equity of access for regional population through reduced fragmentation, increases resources via provider arm savings and manages patient flows across the regional.

The following are the current CEO projects:

- RMO administration processes project
- RMO management services organisation
- RMO payroll project (all RMOs to be paid by one organisation)
- Regional internal audit
- Regional ISSP implementation (Information Services Strategic Project)
- Nursing bureau
- Laboratory review
- Productivity review
- SMO alignment project
- Procurement
- Regional quality initiatives – a new project led by Geraint Martin

Ross Keenan commented on his observations of the regional programme, noting the importance to maintain the schedule of regular meetings with ongoing full CEO involvement. With the DHBs at different stages of development it can be challenging to implement some of the initiatives. Mr Keenan noted that importantly the savings to the region are substantially more than financial.

5. Procedural issues

Meeting dates 2007

The Pou meeting in April has been moved from 18 April to 17 April.

Personal details register

The Chairman noted that amendments to this register should be provided to the Board Secretary.

Terms of membership

At its next meeting the Pou komiti will be moving that all members have their term extended to two years to provide for continuity with the appointment of a new Board later in 2007. Arthur Anae noted that PHAC would also follow this initiative.

6. Chair's Report

- The Chairman noted the success of the recent Board planning day
- P Snedden to chair the national quality initiative called the Quality Improvement Committee, G Martin to lead the regional initiative.

7. Chief Executive's Report

Key issues:

- Staff movements – initial interviews for the Director of Nursing role were unsuccessful and re-advertising is continuing, recruitment is underway to replace Fepulea'i Margie Apa who leaves on 16 February and Chris Fleming who leaves in early April. A locum General Manager Surgical & Ambulatory Care will be appointed to maintain strong control over the electives programme. The Board expressed congratulations to Mr Fleming.
- Lab workers negotiations are continuing.
- The CEO has been meeting with staff at all levels, reflecting back his initial thoughts on the organisation. There will be an organisation-wide focus on clinical quality to ensure that each patient has the best quality care. A Service Modernisation team will be established to drive this agenda with an initial focus on HDU/ED as a measure of how the organisation performs.
- Advertising for a Chief Operating Officer has commenced.

Resolution

The Board:

Received the Chief Executive's report

Moved Pat Snedden

Seconded Airini Tukerangi

Carried Unanimously

Planning and Funding

The report was noted.

Key issues:

- Let's Beat Diabetes social marketing strategy – a large number of family groups was surveyed for initial reactions to a campaign to fight obesity using the image of boxing gloves. None of those surveyed associated the image with family violence. Arthur Anae requested that the images be tested with Pacific groups.
- Recruitment has commenced to replace Amanda Dunlop who leaves the organisation to complete a PhD in diabetes, as well as a new role in HEHA.
- CCM volumes are moving above the target. The level of interest in CCM and Let's Beat Diabetes is so high that it will be managed through open invitation 6 monthly updates. Board members requested more detail on Get Checked data.
- PHO FTE reporting is indicating the high level of business in primary care, reinforcing the urgent need to grow a primary care workforce.
- The rural services consultations have been completed with key findings that the community wants certainty of service availability.
- Otahuhu residents' services- a working group has identified issues and will be producing a paper in the immediate future for CEO decisions.
- NASC – good progress has been made in reducing waiting times and lists.
- Sustainability Conference II – it is hoped that Dr Cullen will accept an invitation to be a keynote speaker at the conference later this year.

Resolution

The Board:

Received the Planning and Funding monthly report

Moved Pat Snedden

Seconded Don Barker

Carried Unanimously

Financial Performance

Monthly Report

Key issues:

- A favourable variance for both the month of \$182k and year to date of \$454k. Both the November and December months produced overall results close to budgeted levels with no material concerns.
- Births for the month of 722 were an all time record. There was discussion around maintenance of the community units.
- Mr Keenan noted an 11% increase in electives, with acutes up only 1%.
- Clinical costs are rising at a higher than desirable rate
- IFRIS (International Financial Reporting Standards) opening balances have been completed with the DHB given a clean audit report. The IFRIS adjustment totalled \$2.786m and was directly charged to the retained earnings within the balance sheet, with no impact on the trading position.

Resolution

The Board:

Received the Financial Performance Report for December 2006.

Moved Bill Mudgway

Seconded Arthur Anae

Carried Unanimously

16. Achievements Register

Noted

Moved by David Collings/Jillian Dooley that the public and media be excluded from the Chief Executive's Report, Electives, Payroll update, Lab Service update, Financing Facilities and the Risk Register (OIA s 9(2)(i), Standing orders Schedule 2 cl 2(g)) to enable the carrying out of commercial activities. The motion was carried unanimously.

The meeting was reopened to the public at 4.35pm.

17. General business

Minister's visit

This has been moved to Monday 16 April. Board members will be advised of attendance.

Apologies

Mr Cressey gave his apologies for all meetings in April and May.

The meeting closed at 4.38pm.

The next meeting of the Board will be Wednesday 7 March 2007 at CMDHB, 19 Lambie Drive.

Signed as a true and correct record on 7 March 2007

Chair

Mr Pat Snedden

The minutes of the meeting of the Counties Manukau District Health Board of 7 February 2007 are approved.

Recommendation (moved A Anae/seconded J Dooley)