

DRAFT**MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
Held in the Board Room, 3rd Floor, H Block, Princess Margaret Hospital
on Friday 12 February 2010 commencing at 9.00am****AGENDA ITEMS**

- Interest Register
- Confirmation of Minutes of the Previous Meeting
- Carried Forward/Action Points
- Chair's Update
- Chief Executive's Update
- Finance Report
- Ethics of Association
- Facilities Master Plan Committee - Establishment
- Advisory Committee Updates
 - Finance Audit and Risk Committee
 - Hospital Advisory Committee
- Resolution to Exclude the Public
- Information Items
 - Advisory Committee confirmed Public Minutes
 - Hospital Advisory Committee – 26 November 2009
 - Community and Public Health & Disability Support Advisory Committee – 15 October 2009

The Chair asked Hector Matthews to open the meeting with a Karakia.

BOARD MEMBERS

Alister James (Chair); Dr Olive Webb (Deputy Chair); Peter Ballantyne; Eleanor Carter; Anna Crighton; Elizabeth Cunningham; Andrew Dickerson; Dr Matea Gillies; Jo Kane; David Morrell; Dr Chris Ryan.

APOLOGIES

Apologies for lateness was received from Matea Gillies (9.15am) and Olive Webb (9.25am)

EXECUTIVE SUPPORT

David Meates (Chief Executive); Eng Chew (General Manager - Finance); Murray Dickson (General Manager – Corporate Services); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (General Manager, Planning and Funding); Hector Matthews (Executive Director, Maori & Pacific Health); Kevin Roche (Assistant Board Secretary); and Kay Jenkins (Executive Assistant, Governance Support).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda

The Chair made comment about the appointment of Peter Ballantyne to the West Coast District Health Board in regard to Conflict of Interest. He commented that he has looked at the legislation which is difficult to apply in these circumstances, particularly in view of the reasons behind the appointment. Dual appointments are not a new thing for DHBs and he is aware that with other DHBs the member does take part in discussions. He also commented that he has raised this matter with the Auditor General (Lyn Provost) who is going to look into this but believes it is appropriate for the Board to take a pragmatic and robust approach.

Perceived Conflicts of Interest

Andrew Dickerson asked in regard to the contracting paper, whether members linked to organisations contracted to the DHB should take part. The Chief Executive commented that the paper in question is essentially a broad framework for contracting, so it should not be a problem but if discussion should reach any point where members felt conflicts were arising they should say so.

2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (1/10)

(Moved Alister James/seconded David Morrell - carried)

“That the minutes of the meeting of the Canterbury District Health Board held at the Princess Margaret Hospital on 11 December 2009 be confirmed as a true and correct record with the amendment at the top of page 4 in the first line where “PHO’s” should replace “PHO”.”

3. CARRIED FORWARD/ACTION POINTS

2. Bowel Cancer Pilot – an update to be provided at the next Board meeting.
3. To be deleted
4. Kaikoura Health Services Plan – The Chair advised that there will be a Public meeting in Kaikoura on Monday 15 March at approximately 6pm. He suggested that Board members get there earlier to view the options.
5. To be deleted
10. Discussion on Ngai Tahu concept of Health to be the subject of a Board forum on 3 May.
11. Darfield Hospital Site – The Board noted that the Selwyn District Council voted to pursue this with us earlier in the week and enter into a lease agreement with their tenant. The DHB will work with them on the design and development.
13. Devolution of Disability Services – the Board noted that this is dependent on what the National Health Board decides.

The Carried Forward/Action Points list and matters arising were noted.

4. CHAIRS UPDATE

Alister James took his report as read. He commented that there were a considerable number of issues that will occupy our time during this year:

He commented that the impact of the development of Whanau Ora on our DHB is yet to be seen

and it was agreed that some discussion on this could be included in the May Board forum.

Discussion took place regarding the End of Life Care forum and the Board noted that the new Pathway would be implemented as soon as it was received.

He reminded the Board of the important workshop next Wednesday regarding the District Annual Plan and the Business Case for Better, Sooner, More Convenient, which provides an opportunity for Board members to have input into these documents and provide feedback before the final draft is presented to the Special Board Meeting on 1 March.

Resolution (2/10)

(Moved Alister James/seconded Andrew Dickerson - carried)

That the Board:

- i. notes the Chair's Update.

5. CHIEF EXECUTIVE'S UPDATE

The Chief Executive took his report as read. He commented that one of the big challenges we are working through at the moment is the District Annual Plan and the Business Case for Better, Sooner, More Convenient and living within our means. He added that the Board Workshop next week will hopefully bring all of these things together and into the future.

The Board noted that the DHB is still tracking within the approved DAP for the year. They also noted that it has been an incredibly busy first part of the year and in nearly everything we are achieving more than before.

The Chief Executive commented on the impact on the Emergency Department which highlights the amount of work that needs to be done across the whole health system and added that we still have the least amount of presentations to ED than anywhere else in Australasia. The Board noted that the increase in presentations also appears to be an economic decision.

There has been significant progress in cancer waiting times and while this is not quite 100% staff have worked hard with extra shifts to achieve this. The Linear Accelerator is going through commissioning stages and will see around 15% efficiency improvement. St Georges also have their Linac installed and going through the commissioning stage. With this treatment now covered by private insurers we may see a 15-20% shift of load to private but this is relatively unknown. This will help determine whether we need a 4th Linac.

Discussion took place regarding private treatment taking place in the public system and the Chief Executive commented that there is very little of this taking place in Canterbury. There is a small amount in Ashburton but the recent publicity was related in Otago and this is not something we are contemplating.

The Chief Executive commented on access to Quit Smoking tools. He said that while the trend is starting to go up, this is happening slower than we would like. He added that this is also linked to our coding.

In regard to coding the Board noted that by 30 June it is expected that all of the back log of coding will be completed and we will be moving to the scenario whereby all coding will be completed 97% by the end of each month. We are now coding 650 cases per day compared to 250 late last year. We are also starting to code a number of Emergency Department presentations that have not been done in the past.

Regarding Community Laboratories there a number of changes taking place here and we are awaiting the impact on expenditure.

The Board also noted that it looks as though birth rates are now slowing.

He commented that in regard to the Older Persons Health transformation the check at home process and trial will be analysed during March and April and this analysis will assist us with how we get the right care in the right place.

In regard to Cardiac Surgery the Chief Executive commented that there is pressure on the DHB to meet a target. The H1N1 impacted on this and it is looking like we will be about 27 cases below our target although the demand does not appear to exist for us to deliver this in a clinically appropriate manner. He added that the Chairman has had a letter from the Minister of Health regarding cardiac surgery and we have written to the Ministry and are awaiting a reply so the he can respond to the Minister.

The Chief Executive spoke about the Maternity strategy and we can now move on with this.

The “Better Sooner More Convenient” Business Case is well on the way to completion and a lot has taken place with this in a very short space of time.

The Board noted that there will be a Staff Engagement Survey towards the end of the month and this will also pick up aspects of patient safety and quality. There will be a Board Workshop on 19 April regarding this.

Scaffolding has been erected at the Christchurch Hospital campus for the addition onto Christchurch Women’s Hospital and there is recognition by staff that this is a major transformation.

The Health Show Case finished at the end of last week and just over 2000 people went through this.

The Chief Executive advised the meeting that he and a number of management staff have been involved in a “webinar” with the NHS regarding the initiatives taking place here in Canterbury and the NHS comment has been that they do not believe they could achieve what is taking place here.

Board members raised several points requiring clarification including: the reasons for acute demand, community labs, district nursing and other primary care being over budget; increase in cardiac surgery; nurse led telephone triage; quit smoking; maternity action plan; non smoking policy for staff; cancer waiting times; and progress in the Emergency Department.

The Board asked that all staff involved in reducing the cancer waiting times be commended for the additional hours and work they have put in to achieve this.

They also asked that their appreciation be passed to those involved in the Health Showcase.

Discussion took place regarding: waiting lists for endoscopy; the model to respond to any H1N1 pandemic; and healthy eating (tuck shops).

Discussion also took place regarding Triage 3 statistics and the Chief Executive commented that the Canterbury DHB ED is a very high performing ED and triages are becoming less important. The flow from ED into the hospital is the highest in Australasia. He added that the main issue appeared to be with how the data is captured and recorded.

At the suggestion of the formation of a sub committee to look at where the blocks are in the hospital the Chair commented that the Board needs to be conscious of straying into operational issues and the Chief Executive commented that he believed that the Hospital Advisory Committee is the right vehicle for this and we are working towards finding a better and different way of presenting the indicators to this Committee. It was agreed that the Primary governance Group would present to the Hospital Advisory Committee in April or May.

Resolution (3/10)

(Moved Peter Ballantyne/seconded Elizabeth Cunningham– carried)

That the Board:

- i. notes the Chief Executive's update.

The meeting agreed to move to item 7

7. ETHICS OF ASSOCIATION

Evon Currie, General Manager, Population and Public Health presented a paper on Ethics of Association. She commented that the purpose of this paper was to ensure that the Board can be comfortable that the correct decisions are being made.

Discussion took place on whether this would impact on decision that have already been made and the Chief Executive responded that it probably would not.

The Chair commented that he had previously raised whether the DHB should have an ethical purchasing policy and proposed the following amendment: (moved Alister James/seconded Eleanor Carter)

Amendment 1

consideration be given to an ethical purchasing policy being developed for consideration by the board.

The comment was made that there did not appear to be any reference to Maori involvement in the process and the following amendment was proposed to be added to ii):

Amendment 2

“that this be referred to Manawhenua Ki Waitaha for consideration” (moved Anna Crighton/seconded David Morrell)

After much discussion a further amendment was proposed:

Amendment 3

that the board requests a general paper on values and ethics of business behaviour in the DHB including ethical purchasing, naming rights and sponsorship. (moved David Morrell/seconded Chris Ryan)

Resolution (4/10)

Amendment 3

(Moved David Morrell/seconded Chris Ryan – lost)

that the board requests a general paper on values and ethics of business behaviour in the DHB including ethical purchasing, naming rights and sponsorship.

Resolution (5/10)

Moved Alister James/seconded Eleanor Carter - carried)

That the Board notes the report and:

- i. Supports the development of an Ethics of Association policy that recognises the Board's role in promoting and protecting the health of the community.

- ii. Agrees that the Canterbury DHB Clinical Board oversees the development of a draft Ethics of Association policy, for final approval by the Board, and undertakes the assessment of proposed associations (including offers of sponsorship and/or funding) to determine whether such associations are appropriate, and are in line with the Ethics of Association Policy.
- iii. Agrees that the draft policy be consulted on with Manawhenua Ki Waitaha; and
- iv. Agrees that consideration be given to an ethical purchasing policy being developed for consideration by the Board.

The meeting moved to item 6

6. FINANCE REPORT

Eng Chew, General Manager, Finance, spoke to this report which showed that the consolidated Canterbury DHB financial result for the month of December 2009.

He commented that results for December are on DAP target. We are ahead of elective volumes which will allow us to deal with any unexpected issues and give us a certain amount of flexibility.

Resolution (6/10)

(Moved Jo Kane/seconded Peter Ballantyne – carried)

That the Board:

- i. notes the financial result for the period ended 31 December 2009

8. FACILITIES MASTER PLAN COMMITTEE - ESTABLISHMENT

The Chair commented that this paper follows a recent Board Workshop when a draft Terms of Reference was discussed and this document we see here is the amended version. He also commented that regarding the joint hearings panel for the land swap the dates for this may change so membership may need to be reviewed closer to the time (tentatively beginning of June). Board member Anna Crighton advised that she would not be available at this time.

Discussion took place regarding the Terms of Reference and the comment was made that the Board would need to give proper delegations to this Committee. This was agreed and if the paper is adopted the Board would be asked at a later date to approve these delegations.

Resolution(7/10)

(Moved Anna Crighton/seconded David Morrell – carried)

That the Board:

- i. Confirms the establishment of the Facilities Development Project Committee in terms of Section 38 of Schedule 3 of the New Zealand Public Health and Disability Act 2000 (The Act).
- ii. Approves the draft terms of reference for the Facilities Development Project Committee as attached in Appendix 1.
- iii. Confirms that the Canterbury DHB representatives on the joint hearings panel with the Christchurch City Council to hear and consider submissions on the Christchurch Hospital land exchange, and report back to the Canterbury DHB Board, be board members; Alister James, Olive Webb, Anna Crighton, Peter Ballantyne and David Morrell. In confirming this it is noted that the timing of the hearings is not yet finalised. If membership changes are required it is requested that the Board delegates that authority to the Board Chair.

9. ADVISORY COMMITTEE UPDATES

- (a) Peter Ballantyne, Chair, Quality, Finance, Audit & Risk Committee, spoke to the update from the Quality Finance Audit & Risk Committee meeting held on 27 January 2010.

He commented on: Clinical Coding; Older Persons Health Audits; Finance Update; donation to Tuarangi Home; and a meeting with Andy Burns from Audit New Zealand.

The update was noted.

- (b) David Morrell, Chair, Hospital Advisory Committee, spoke to the update from the Hospital Advisory Committee held on 28 January 2010.

The Board noted the following key points from the Hospital Advisory Committee:

1. The increasing level of attendances to the Emergency Department, with YTD growth at 4.7%, and the long-term unsustainability of this.
2. The YTD unfavourable financial result of \$2.080M for the Hospital and Specialist Service – relating mainly to personnel and treatment related costs.
3. Endoscopies - the encouraging initiatives reported to the Committee which are being taken to achieve ESPI compliance in an important area..
4. Vascular surgery – and the recruitment of an additional SMO to work in this area.
5. The excellent presentation to the Committee by the Operating Wise Steering Committee and the value being achieved from the timely and appropriate engagement of external consultants.

The update was noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

The reason for item 5 being in Public Excluded was questioned and the Chief Executive advised this was because the framework has not yet been agreed and is the subject of a cabinet paper.

Resolution (8/10)

(Moved Jo Kane/seconded Peter Ballantyne – carried)

That the Board:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 and the Information Items contained in the Public Excluded section of the agenda.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of Minutes of the public excluded meeting of 12 December 2009	For the reasons set out in the previous Board agenda.	

2.	Carried Forward /Action Point Items	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s 9(2)(j)
3.	CEO Update	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s9(2)(a) s9(2)(j) s9(2)(h)
4.	Communications Strategy Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s 9(2)(j)
5.	A New Approach to Health Services Contracting	Maintain legal professional privilege.	s9(2)(h)
6.	LEGC Report West Coast DHB	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Facilities Development Project Committee - Membership	Protect the privacy of natural persons.	s9(2)(a)
8.	Legal Report-Legally Privileged	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s9(2)(a) s9(2)(j) s9(2)(h)
9.	Advisory Committee Public Excluded Updates	For the reasons set out in the previous Committee agendas.	s9(2)(a) s9(2)(b) s9(2)(j) s9(2)(h)

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”;

INFORMATION ITEMS

- Advisory Committee confirmed Public Minutes
 - Hospital Advisory Committee – 26 November 2009
 - Community and Public Health & Disability Support Advisory Committee – 15 October 2009

There being no further business the public open section of the meeting closed at 1.45pm

Alister James, Chair

Date