IN THE ABSENCE OF DELEGATED AUTHORITY ALL ITEMS WERE FOR RECOMMENDATION TO THE BOARD

ITEM 1: APOLOGIES

Apologies were received from Ms C Beavis and Ms T Moxon.

ITEM 2: LATE ITEMS

There were no late items.

ITEM 3: INTERESTS

3.1 Changes to Register
There were no changes to the Register
3.2 Conflicts Related to Any Item on the Agenda
No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 4: MINUTES OF PREVIOUS MEETING: 9 OCTOBER 2013

Resolved
THAT
The minutes of a meeting of the Health Waikato Advisory Committee held on 9 October 2013 be confirmed as a true and correct record.

ITEM 5: MATTERS ARISING FROM PREVIOUS MINUTES AND ACTION LIST

It was noted that:
• Staff Survey – work continues on this.
• Pipeline Model is still being managed on an excel database.

ITEM 6: PRESENTATION ON HEALTH WAIKATO

The Chief Executive (in the absence of the Chief Operating Officer) and the Chief Operating Officer’s direct reports presented on the different parts of the provider arm at Waikato District Health Board, outlining key projects, challenges and issues.

The main foci for the provider arm as a whole are finances, health targets and quality.

Rural & Community services are making good progress on projects in Taumarunui, Tokoroa and Te Kuiti, as well as their ongoing work in the following areas: clinical supplies, sexual health, community referral centre, oral health, vision hearing services, community nursing, developing clinical pathways, working with Midlands Health Network and others.

Waikato Hospital continues to work to meet all health targets, noting the challenges of increasing numbers of patients presenting to emergency and other departments. The new health targets (diagnostics and faster cancer treatment) are good targets, but will pose a challenge due to the complexity and breadth. The need to manage to tight budgets will necessitate review of services.

Older Persons and Rehabilitation provided an update on their work on the Supported Transfer Accelerated Rehabilitation Team (START), Disability Support Link, work with primary care, the Institute of Healthy Aging, dementia care and stroke services.
Population Health continues their work towards the smokefree and immunisation health targets, screening services, collaborating with other organisations to improve population wellbeing.

Mental Health & Addictions Service outlined their recent programme of works to clarify the vision, improve clinical governance and ensure good effective use of resources, the primary resource being their staff. The programme looked at staff productive, workload, quality, and reporting. They have also improved their engagement with other groups such as police, Mayor’s forum on homeless. Common pathways have been developed, that apply to clients both in urban and rural areas.

Women’s Health are working toward completing the recommendations from the 2012 review, which are improving the service. Child Health is reviewing seasonal requirements for paediatric medicine and also contributing to work on the vulnerable children projects. Allied Health is working with other services to improve service delivery.

Clinical and Support Services covers a varied group of services, some of which are regional. The governance structure of the service was outlined. Demand management and right-sizing are a focus for a number of the services, working with clinicians to understand the drivers. Work with Health Benefits Limited (HBL) continues in the areas of linen and laundry, and food and nutrition.

Programme Management Office outlined a number of the major programmes of work that they are contributing to.

Quality & Patient Safety continues to focus on patient safety and patient experience, having developed a ‘quality dashboard’ to show progress in these areas. They are reviewing systems for risk management, complaints management and serious event investigation.

The Chief Executive noted the Chair has requested the Ministry of Health to review the provider arm to inform the Board, and assist in their search for a new Chief Executive.

The Chief Executive reiterated that the two major challenges are finances and health targets (electives); noting the need to ensure that quality is not compromised, nor the organisation crippled, in the process of finding savings.

ITEM 7: FOCUS OF COMMITTEE

The Board Chair advised he has received feedback from Committee and Board members on the change in meeting format that occurred two years ago. This feedback included the desire for more accountability functions, greater engagement and ability to contribute.

Committee members expressed the desire for better understanding of the business, monthly meetings, with perhaps each service area reporting once a year, and a lead from the Board on the focus of
committees. The need for a clearer strategy and clinical plan were also noted, as was the need for governance and management to work together in a timely and helpful way.

The Board and Committee chairs will meet later this week to discuss areas the Board and its Committees will focus on in coming months. There are some large issues that may be assigned to one of the committees.

ITEM 8:  CHIEF OPERATING OFFICER’S REPORT

The report was received.

ITEM 9:  TOUR OF FACILITIES

The tour of the facilities at Waikato Hospital campus as deferred.

DATE OF NEXT MEETING

Wednesday, 9 April 2014.

Chairperson:  

Date:  

Meeting Closed:  12:40 pm.