ITEM 1: APOLOGIES

There were no apologies for absence other than from Mr Wilson who apologised for lateness. Mr E Wilson joined the meeting at 2.30 pm.

ITEM 2: INTERESTS

2.1 Register of Interests

No changes to the Register of Interests were noted. Board members were asked to update their pecuniary and non-pecuniary interests.
2.2 Interest Related to Items on the Agenda

No conflicts of interest were foreshadowed in respect of items on the current agenda but there would be an opportunity at the beginning of each item for members to declare their conflicts of interest.

ITEM 3:  MINUTES AND MATTERS ARISING

3.1 Waikato District Health Board Minutes, 27 July 2016

Resolved
THAT
The part of the minutes of a meeting of the Waikato District Health Board held on 27 July 2016 taken with the public present were confirmed as a true and correct record.

3.2 Committees

3.2.1 HWAC: 10 August 2016

Resolved
THAT
The Board received the minutes of HWAC meeting held on 10 August 2016.

3.2.2 CPHAC: 10 August 2016

Resolved
THAT
The Board received the minutes of the CPHAC meeting held on 10 August 2016.

3.2.3 DSAC: 10 August 2016

Resolved
THAT
The Board received the minutes of the DSAC meeting held on 10 August 2016.

ITEM 4:  CHIEF EXECUTIVE REPORT

The key topics contained in the Chief Executive’s report were:

1. Chief Executive Wing: Hockin building

The Chief Executive wing of the Hockin building is to undergo some minor upgrading work. Some of the staff located in this wing would need to be relocated to Level 9 of the KPMG building whilst this work was carried out. It was anticipated that the work would commence in September and take around three months to complete.
2. Strategy Refresh

The refreshed strategy had been launched. Some good feedback had been received. The next step in the process was to confirm the approach to implementation. Completion of the plans would take up to 18 months with the implementation of them would be over 5 years. The Chief Executive committed to provide the Board a report within the next two months, a schedule of the programme plans, the name of the relevant executive sponsor and tentative completion dates.


The Chair, Chief Executive and Virtual Health team had met with Kiingi Tuheitia’s and reported that they had been well received.

Resolved
THAT
The Board received the report.

ITEM 5: FINANCE REPORT

5.1 Finance Report

The finance statements for the month to 31 July 2016 were considered.

Management noted:

- The DHB had a planned surplus for the year of $4.5m.
- The risks related to not achieving forecast included:
  1. unbudgeted costs
  2. the impact of the required outsourcing to meet key targets
  3. the achievement of the budgeted savings or alternate savings
- The Provider was unfavourable to budget for July 2016. The variances included:
  1. internal revenue unfavourable to budget $5.2m (8%) due to lower than planned Provider volumes.
  2. employed personnel costs unfavourable to budget $2.3m
  3. outsourced Personnel costs unfavourable to budget $0.8m
  4. outsourced services on budget
  5. clinical supplies favourable to budget $1.7m
  6. infrastructure and non-clinical supplier favourable to budget $0.9m
  7. interest depreciation and capital charge favourable to budget $0.2m
- Acute case episodes – 4.5% below budget; case weights 7.5% below budget
• Elective case episodes – 3.8% below budget; case weights 20.4% below budget

• Overall 4.3 below budget for cases and 11.2% below budget for case weights

• Analysis was being done to ensure that the volume differences were clearly understood and those impacts managed, noting that there may be an element of impact from the accrual related to uncoded cases.

• The result for the funder was favourable due to favourable provider payment costs. Some risks related to IDF values were recognised.

Resolved
THAT
The financial statements of the Waikato DHB for the month to 31 July 2016 were received.

On behalf of the Board, the Chair passed on his appreciation to senior management for their financial performance over the last year. The financial management had been excellent and the Board wished to pass that on.

ITEM 6: PERFORMANCE REPORTING

6.1 Health Targets

The Health Targets report summarising performance was submitted for information.

Management noted:

• Emergency Department (ED) – a detailed business case had been submitted for increased staffing in ED to address one of the causes of the breaches of the 6 hour standard.

• The availability of acute beds had been a significant challenge during July. This increased the number of long stays within ED. This trend was predicted to continue for August.

• Faster cancer treatment – the quarter four result was 72.6% for the six month period January 2016 to June 2016.

• Increased immunisations for 8 month olds – activities continued to be undertaken to improve the DHB’s performance against this target. The decision had been made to move the Child Health Coordination Service under the joint oversight of all PHOs and Waikato DHB.

• The ‘More heart and diabetes checks’ category was no longer a Ministry of Health target. Starting from next month this target would no longer be reported on. The DHB would, however, continue to monitor the results.

• Raising Healthy Kids – this is a new Ministry of Health target. The target results would capture children age four to five who have had a B4 School Check. This health target is one of two targeted interventions in the Ministry of Health’s Childhood Obesity Plan.
Resolved
THAT
The Board received the report.

6.2 Provider Arm Key Performance Dashboard

The high level Provider Arm Key Performance Dashboard for July 2016 was submitted for the Board’s information.

Clinical and Community Support

Management noted:

- Breast Screening – closer management was underway to ensure all available appointment slots were being booked.
- The remainder of the KPIs mentioned in the report were standard and not a cause for concern.

Mental Health and Addictions Service

Management noted:

- Seclusion – seclusion hours showed an increased trend for July due to two factors:
  - Occupancy of the adult inpatient wards and psychiatric intensive care ward remain elevated
  - Acuity of services users being admitted remained high.

As part of the seclusion minimisation strategy, data about the service users experience was being collected. The information would be included into the individual’s treatment plans and advance directives.

- Treatment Plans – showed a drop of 2% compliance with treatment plans. This drop may relate to the 1 July changes to the collection of supplementary consumer records which had forced clinicians to complete, close and create a new treatment plan which in turn meant that draft plans could not be included in this KPI. A new dashboard that would allow clinicians to monitor their own treatment plans and better plan clinical documentation activities was being developed.

Waikato Hospital Services

Management noted:

- ED < 6 hours – this target remain challenging for both Thames and Waikato hospitals. Two principles constraints had been identified:
  - Staffing resources v demand. A business case had been submitted to address this.
• A shortfall in beds for the acute cluster during the winter months. A plan was being worked on via the Waikato Hospital Leadership Group.
• Long wait patients on outpatient waiting lists – daily review of this KPI was occurring with additional clinics planned and implemented as required with a view to returning to ‘amber’ status by the end of September
• Theatre Utilisation – showed a slight reduction for the month was largely ‘variation around the mean’. Selected surgeon ‘4 joints per operating list’ had shown initial success although detailed analysis showed limited overall utilisation improvement due to additionally resourced time in theatre to achieve the 4th joint. Ophthalmology sustained increased volume throughout.
• Complaints resolved within 20 working days – a lower number of complaints had been received cross the services. The services were endeavouring to resolve complaints within the 20 working days. The board congratulated the staff on the lower number of complaints received for the month.
• Falls resulting in harm – falls resulting with harm showed as red for the first month this year. This may be due to the implementation of the new Datix incident reporting system meaning that all fall with minor harm are now automatically recorded as such whereas previously they not have been identified under the manual reporting system.

**Resolved**

**THAT**
The Board received the report.

### 6.3 Strategy and Funding Key Performance Dashboard

The Strategy and Funding key performance dashboard was submitted for the Board’s information.

Management noted:

• AOD and Mental Health waiting times (% of new clients seen with 8 weeks of referral) Wait times at 3 weeks for adults in AOD services continued to lag behind the target.
• Breast screening – total eligible population (target 70%) – following a period of no national data provision, quarterly data is now available for this measure for BSA coverage for a rolling two year period although only at a ethnicity level (previously reported as “High Needs” which included deprivation quintile 5). Latest resulted showed disparity between Other (68%) and Maori (59%).

**Resolved**

**THAT**
The Board received the report.

### ITEM 7: PLANNING

There were no items this month.
ITEM 8: WAIKATO DHB POLICIES AND POSITION STATEMENTS

8.1 Fluoridation of Drinking Water

A document outlining the DHB’s position statement on fluoridation of drinking water prepared by Population Health for Waikato DHB was tabled.

The discussion and comments regarding an amendment going forward that would consider the process was noted.

8.2 Immunisation

A document outlining the DHB’s position statement on Immunisation prepared by Population Health for Waikato DHB was tabled.

Resolved
THAT
1) The Board received the report
2) Adopted the current Fluoridation of Drinking Water position statement for a further three years, noting that it may eventually be superseded by the decisions of a future Board in relation to the national process
3) Adopted the current position statement on Immunisation for a further three years

ITEM 9: NEXT MEETING

Date of Next Meeting

The next meeting to be held on Wednesday 28 September 2016, commencing at 1.30 pm in the Board Room, in the Hockin Building, Waikato Hospital campus.
RESOLUTION TO EXCLUDE THE PUBLIC
NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

THAT:
(1) The public be excluded from the following part of the proceedings of this meeting, namely:

Item 11: Minutes - Various
   (i) Waikato District Health Board for confirmation: Wednesday 27 July 2016 (Items taken with the public excluded)
   (ii) Sustainability Advisory Committee – verbal update: 24 August 2016 (All Items)
   (iii) Audit and Risk Committee – verbal update - 24 August 2016 (All Items)
   (iv) Health Waikato Advisory Committee – to be adopted – 10 August 2016 (items 9-12)
   (v) Community and Public Health Advisory Committee to be adopted: 10 August 2016 (Items 10-11)
   (vi) Disability Support Advisory Committee – to be adopted: 10 August 2015 (Items 10-11)
   (vii) Midland Regional Governance Group – to be received: 5 August 2016 to be received (All Items)

Item 12: Risk Register – Public Excluded

Item 13: Chief Executive Report– Public Excluded

Item 14: Woman’s Health Transformation Programme – Public Excluded

Item 15: New Zealand Health Partnerships: Annual Plan, Statement of Intent, Statement of Performance Expectations, Head Agreement – Public Excluded

(2) 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, are as follows:

<table>
<thead>
<tr>
<th>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</th>
<th>REASON FOR PASSING THIS RESOLUTION IN RELATION TO EACH MATTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 11 (i-v): Minutes</td>
<td>Items to be adopted/ confirmed/ received were taken with the public excluded</td>
</tr>
<tr>
<td>Item 12: Risk Register</td>
<td>Avoid inhibiting staff advice about organisational risks</td>
</tr>
<tr>
<td>Item 13: Chief Executive Report – ESPI compliance, and appointment of Electives Commissioner ED six hour target, eSPACE programme, case review</td>
<td>Negotiations will be required</td>
</tr>
<tr>
<td>Item 14: Women’s Health Transformation Programme Update</td>
<td>Negotiations will be required</td>
</tr>
<tr>
<td>Item 15: New Zealand Health Partnerships – shareholder documents</td>
<td>Negotiations will be required</td>
</tr>
</tbody>
</table>
This resolution is made in reliance on Clause 33 of Schedule 3 of the NZ Public Health & Disability Act 2000 and the grounds on which the resolution is based, together with the particular interest or interests protected by the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public are as follows:

Item 11: As shown on resolution to exclude the public in minutes.

Item 12: Section 9(2)(c) of the Official Information Act 1982 – to avoid prejudice to measures protecting the health or safety of members of the public.

Items 13 - 15: Section 9(2)(j) of the Official Information Act 1982 – to enable the Waikato DHB to carry on negotiations without prejudice or disadvantage negotiations.