



AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Thursday 4 May, 2006 in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 1:30 pm

1. ATTENDANCE AND APOLOGIES

Board Members

Wayne Brown (Chair)	Harry Burkhardt
Chris Chambers	Barry de Geest
Virginia Hope	Ross Keenan
Di Nash	John Retimana
Ian Scott	

In Attendance

Graham Aitken – Board Advisor

Management in Attendance

Garry Smith – Chief Executive Officer
Roger Jarrold – Chief Financial Officer
David Sage – Chief Medical Officer
Taima Campbell – Executive Director Nursing and Midwifery
Vivian Rawling – Director of HR Operations
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 1:30 pm.
There were no apologies.

2. CONFIRMATION OF MINUTES – 6 APRIL 2006

Moved Ross Keenan, seconded Chris Chambers

That the minutes of the Auckland District Health Board meeting held on 6 April 2006 be confirmed as a true and correct record noting the corrections to item 6 Mobility Solutions with reference to the Carlson School and meeting with Sue Primrose, National Contracts Manager.

Carried

3. ACTION POINTS – 6 APRIL 2006

There were no action points from the April meeting.

4. CHAIRMAN

4.1 Report

Wayne Brown reported on his activities for the month:

- The Minister of Health had visited on the 19 and 20 of April and he thanked all those involved. It included a meeting with the clinical leaders where there was vigorous debate and the Minister had also responded well to the GP Liaison Officer. The visit to the Tongan PHO had also been well received.
- Professor Jenny Carryer, Executive Director College of Nursing to be invited to address the Board.
- He had been interviewed on Mental Health funding explaining that there was not a crisis of unspent funds but a planned development of services which was fully supported by the consumers group.
- Interviewed on Radio Live explaining that waiting lists did not apply to acutes and that the case mix for ADHB was 80% acute and 20% electives.
- He supported the increased productivity to improve intervention rates for ADHB's population and also challenged other DHBs to use ADHB's capacity.
- ADHB was well placed to utilise improved broadband services particularly looking at GP liaison and integrated communications to PHOs.
- New entrants providing air ambulance services in different parts of the country were under mining the central service.
- He had received a letter from Winnie Laban, MP with a comparison of theatre costs between Ascot and ADHB which had been passed to management. ADHB theatre costs would be compared nationally. It was noted that billing in the private sector may not match the fully inclusive billing used by ADHB.
- Accounts Payable would be asked to recover over payments to staff. They had also identified a number of people arriving from overseas who, within 2 days, were accessing services for treatment. This had been raised with Immigration.
- He had attended the Starship Foundation meeting. The Foundation was looking at more community based projects.
- ADHB was the only DHB being paid in arrears by the MoH and they had been asked to rectify this as it had a negative \$6m impact.
- He noted that the Auckland City Council was closing Grafton Bridge to car traffic with the suggestion being initiated by ADHB sometime ago.

4.2 Regional Report

Ross Keenan advised that the three regional DHBs' Chairs and CEOs had met with a number of issues being discussed being Population Based Funding with the MoH undertaking a review and with a need to move more money North, and the regional capital programme. The National Capital Committee needed to function better and appeared captured by MoH processes which evidenced a disjoint between the Ministry and Treasury.

Other items addressed at the meeting was what role Pharmac might play regionally and for the sector in bulk central purchasing, PHOs, the CEOs work progress was reported on including pandemic planning, productivity and the regional impact of national prices. The CEOs had produced an impressive document on future service capacity needs. There was a need to look at the relationship with the private sector through community laboratories/PHOs and potential shared capital projects. There had been discussion on DHBNZ.

5. DISABILITY SUPPORT ADVISORY COMMITTEE

The Chair of the Committee, Barry de Geest advised that he would be going to Wellington next week concerning the boundary issues of <65. He had attended the meeting with the Minister on Health of Older People and the Committee had had very good input into the District Annual Plan through a positive process of involvement.

6. MAORI HEALTH ADVISORY COMMITTEE

The Committee had not met. The theme for the next meeting would be primary care.

7. QUALITY COMMITTEE

The Chair, Di Nash reported that the Committee had met on the 27 April 2006 and had welcomed David St George. Only one member had attended so the meeting had been inquorate. The Committee had received a presentation on primary care indicators and models used in different countries and considered pharmacy audits noting that MedSafe issued the annual licenses and that there was a number of common issues in the audits i.e. refrigeration temperatures. The Committee had asked management to advise DHBs' responsibilities for pharmacies and how the audit process could be used to make further improvements.

There had been discussion on the quality framework which would be coming to the next Quality Committee meeting. The aim was to embed quality within the organisation based around four dimensions, the integrated management structure and business plans with reporting on outcome measures. Software had been purchased from Canterbury District Health Board which allowed risk categorisation and ranking. The Consumer Complaints System software was now working but it would be a while before trends were apparent. There was a need for a forum to address clusters of complaints.

The combined Clinical Board had been disbanded with the Clinical Board continuing with a hospital focus and in primary care development of the PHO forum. Issues between primary care and secondary care would be addressed on a project by project basis.

BOARD ADVISOR

Graham Aitken advised that he had had a very positive meeting with the Minister who had expressed no concern at the amount spent on the Service Reviews seeing it as a good practical outcome in developing service plans. The progress in reducing the deficit had improved ADHB's creditability. The issue of funding top ups to cover wage increases was unfinished work. There was still more work to be undertaken on the Tertiary Adjuster.

8. CHIEF EXECUTIVE OFFICER REPORT

Garry Smith advised that the month had been very productive and there is still a focus on the year end result. There was potentially another 3 days of radiologist strikes. The Minister's visit had been very positive for staff and the Minister had taken on board the key messages advising that he would act on issues that he could influence. Finalisation of the District Annual Plan was on track with the Service Reviews being embedded in the financials. Risks to the DAP were industrial relations and direct treatment costs. A final report on the Service Reviews would be completed following the workshop that had been held with the Surgical review being a critical piece of work to be undertaken.

A meeting was being held on the 22 May 2006 to consider the close out of the Building project. The reference to placement of TV units was related to using the technology not only for patient TV but as a clinical workstation. Internal budgets had been aligned to the District Annual Plan in Ambulatory and Mental Health but there was still some work to be undertaken in Adult Services, Children's, Women's and Clinical Services.

9. FINANCIAL REPORT – MARCH 2006

The result for the month excluded \$3.8m of revenue related to increased production which was not payable under the funding rules. If the rules were changed this would reduce the underlying deficit to \$20m to \$25m. Production for the month had been 408 case weights compared with the average 384 year to date. Cash flow was performing well with \$15m relating to revaluation interest and depreciation being received. The Chairman advised that he had raised the question of centralised asset management with the Minister. The impact of the Holidays Act in providing a fourth weeks holiday would be \$2.9m and could have an impact on productivity requiring back filling of positions. Planning was underway for utilization of the Mental Health accumulated funding and funding in advance would be received for the PACT settlement.

The statement of claim had been made relating to the Code of Good Faith to which ADHB was responding.

10. AUDIT COMMITTEE

The Chair of the Committee, Harry Burkhardt advised that the Audit Committee had considered the question of salary overpayments and how these could be dealt with including a requirement for timesheets from all staff. The Committee had approved a dispensation from tender for a lineal accelerator but required benchmarking to ensure that ADHB got best value.



11. GENERAL BUSINESS

International Nurses Day 12 May 2006

This was noted and Members would be attending a number of events.

The Minister Visit

Management had been asked to provide points that the Minister could address to improve ADHB's financial performance, these to be brought forward on the 22 May 2006 special Audit Committee meeting.

12. NEXT MEETING

The meeting closed at 2:56 pm.

The next meeting will be held at
1:30pm, Thursday 1 June 2006
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: