

AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Thursday 6 July, 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)	Ross Keenan
Harry Burkhardt	Chris Chambers
Virginia Hope	Di Nash
John Retimana	Ian Scott

In Attendance

Graham Aitken – Board Advisor

Management in Attendance

Roger Jarrold – Chief Financial Officer
Denis Jury – Chief Planning & Funding Officer
David Sage – Chief Medical Officer
Taima Campbell – Executive Director Nursing
Janice Mueller – Director Allied Health
Andrew Norton – General Manager Human Resources
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 1:30 pm.

An apology had been received from Barry de Geest and Garry Smith.

The Chair advised that Tony Bierre had been on leave of absence with approval of the Board since the first discussions on laboratory services. During the absence he had had no access to Board papers, other than those available in the public domain, and the leave of absence would be continued until a laboratory services contract had been finalised.

3. CONFIRMATION OF MINUTES – 1 JUNE 2006

Moved Ross Keenan, seconded John Retimana

That the minutes of the Auckland District Health Board meeting held on 1 June 2006 be confirmed as a true and correct record.

Carried

4. ACTION POINTS – 1 JUNE 2006

The national work plan on theatre costs was being established with timeframes although it was noted that the data set was not very good.

2. PROFESSOR JENNY CARRYER

Professor Jenny Carryer, Clinical Chair of Nursing, Massey University and Mid Central DHB, Executive Director College of Nurses, Aotearoa, NZ (Inc) presented to the Board. Points of note from the presentation were:

- There could be up to 42% deficit in workforce requirements.
- There was slavish adherence to traditional patterns of behaviour.
- The unregulated workforce does not get any uniformity in training or expectations with nurses, by default, being accountable for their actions.
- In the aged care sector RN staff are underpaid and abused and with this workforce aging.
- Problems in aged care sector were transferred from the private sector into the public secondary care arena.
- The expanding bureaucracy of management service organisations was taking decision making away from communities.
- The Primary Healthcare Strategy should be a Community Wellness Strategy.
- Nurses in primary care are locked into assistance roles rather than delivery nursing.
- There was a need for increased DHB control over primary and aged care as acute services bore the consequences of no control.
- GP ownership of practices and PHOs has distanced the community.

There was a need for organisations with doctors contracted to them an example being Hokianga Health Trust which had delivered community based primary care. 82% of people going to a GP don't need to be seen by somebody with that level of medical training. The aging GP workforce may force change but there was a role for DHBs to overtly challenge the present primary care model and to support nurse leaders/nurse practitioners in growing their expertise in services in the community.

The Chair thanked Professor Carryer for her presentation.

Graham Aitkin

Graham Aitkin, Board Advisor presented to the Board on his report to the Minister of Health which covered the history of his position, the DAPS 2006 to 2008, 2005/2006 \$50m forecast deficit, the Board and senior management, important initiatives being service reviews and the surgical project, possibilities to eliminate the deficit, red tape and recommendations. The surgical project was crucial as was service reviews utilisation. It was noted that a lot of enthusiasm came out of the RMO strike in learning that things can be done differently. It was suggested that there could be advantages in having a single regional funder.

The Board wished to retain his services on the Surgical Review projects and oversight of the Service reviews.

5. CHAIRMAN

5.1 Report

The Chair reported:

- He had attended the handover meeting between Garry Smith and Roger Jarrold.
- He had attended a nurse's grand round.

- He thanked the SMOs for their work during the strike and also thanked RMOs who had worked.
- Harry Burkhardt had attended the DHBNZ meeting on his behalf.
- He congratulated John Henley and APU for their nomination in the Health Innovation Awards.
- ADHB had responded to the MoH correspondence on parallel importing.
- He had attended a meeting with Audit New Zealand related to a Baxter proposal.
- He had attended a carpark meeting with the Facilities Manager. Jasmax had apologised for the behaviour of a former employee at discussions in the Audit Committee in relation to damage to walls.
- He thanked staff for the good accreditation result.
- A response had been received to his call to the Minister of Immigration and meetings with Immigration Services were being established.
- He had been briefed on the regional laboratory contract.

There would be a report on ESPIs at the next meeting.

5.2 Regional Report – Deputy Chair

Ross Keenan reported:

- The CEOs and Chairs meeting was held on 8 June 2006.
- A National Capital Planning meeting had been held on 13 June 2006.
- Benchmarking was continuing.
- The Chairs and CEOs were meeting to finalise the community laboratory contract.
- The resignation of three CEOs in the Northern Region was noted as was the appointment of Steve McKernan as Director General of Health.

Community and Public Health Advisory Committee

Moved Wayne Brown, seconded John Retimana

That ADHB appoints the Chair of the Pacific Health Advisory Group as a member of the Community and Public Health Advisory Committee.

Carried

9. CHIEF EXECUTIVE OFFICER

9.1 Report

The Board acknowledged the honours bestowed on Liz Segedin and Professor Cindy Farquhar in the Queen's Birthday honours.

The District Annual Plan was showing a downward trend in deficits. For 2005/2006 there would be a carried forward of Mental Health unspent funding of \$7.6m with the Board endorsing the accounting treatment reported to the Audit Committee. ADHB had responded to the Treasury's rejection of the District Annual Plan out years as there was only assured funding for the coming year. The success of the MeNZB campaign was noted. The reduction in activity in Children's and Woman's would require a capacity reduction.

Accreditation had gone very well but there would be a number of recommendations. There will be introduction of attendance sheets through Support Services following completion of payroll programming changes, timed for mid July. The sponsorship of total cost of travel was noted with the Board seeking assurance that where there was back filling that this was charged to the research project. The probity policy was being finalised covering sponsorship, donations and corporate hospitality.

6. DISABILITY SUPPORT ADVISORY COMMITTEE

The Committee would be meeting later in the month.

7. MAORI HEALTH ADVISORY COMMITTEE

The Committee's next meeting was in August.

8. QUALITY COMMITTEE

The Chair of the Committee reported on the meeting held on 15 June 2006 where one of the points addressed was the DHB's responsibility for pharmacies and other providers funded through ADHB. This included 5,000 beds and 500 pharmacies. The Committee had noted that while there were 10 FTEs delivering quality assurance services in the Provider arm ADHB was reliant on Healthpac audits of other providers. The Board sought information on the cost of Healthpac audits and whether these would be better managed by ADHB initiating the audits themselves. The Committee had concluded that the liability for ADHB for other providers was very limited. Some contracts were very old and when these were renewed quality issues may be inserted in the contracts.

The Committee had also received information on complaints and complaint systems which were being established in the Aged Residential Care sector. One of the difficulties in quality was getting lessons learnt communicated across the appropriate sectors.

10. FINANCIAL REPORT – MAY 2006

The predicted deficit for the year would be approximately \$48m. It was suggested that the MoH be requested to pay a capacity payment for the period of the power outage and strike. Subsequent cost of lost production was put at between \$300k - \$400k which will be billed to the power companies.

11. AUDIT COMMITTEE

The Chair of the Audit Committee advised that the meeting had been held the previous day with Peter Jane the Regional Internal Auditor being introduced. The Chair had met with Audit New Zealand concerning procurement processes. Another item addressed by the Committee was the Domain carpark with the Committee recommending that it be funded from existing financial resources with an additional floor.

Moved Wayne Brown, seconded Ian Scott

That the ADHB approves the construction of the Domain Carpark Building funded by borrowing, and approves a contract with Hawkins Construction and delegates to the CEO authority to sign the contract on its behalf.

Carried

It was noted that the final construction contract is to include an additional floor and include landscaping and plantings but no extended façade upgrade cost.

The Audit Committee had also considered the renewal of Aged Residential Care contracts 2006/2007 which had been signed prior to submission to the Board.

Moved Wayne Brown, seconded Ian Scott

That the ADHB notes, that in light of external mandated instructions to increase prices, the 2006/2007 Aged Residential Care (ARC) contracts were signed by the Chief Planning and Funding Officer (CPFO) with term values greater than the delegated authority of the CPFO and CEO.

The ADHB now ratifies the signed ARC contracts for 2006/2007.

Carried

The Chair of the Audit Committee voted against the resolution.

Moved Ian Scott, seconded Harry Burkhardt

That ADHB endorses the Audit Committee recommendation that the Chair write to the Minister and outline that the Board's relationship is with the Minister in terms of the New Zealand Public Health and Disability Act 2000 and not via DHBNZ.

Carried

Moved Ian Scott, seconded Ross Keenan

That ADHB endorses the CEO's continued participation in DHB CEO work streams.

Carried

9.2 Objectives 2006 - 2007

A number of additions had been made from the 2005/2006 Objectives being 1b the Cancer Control Strategy, 3 and 4 were aligned to the District Annual Plan relating to Improved Access to Elective Services and Progress Primary Healthcare and PHO Development and 11b Supply Chain Costs. Accountability had been assigned to members of the Senior Management Team however the Board suggested that clinical leaders should also be responsible for the Objectives. Service Reviews were now a part of "business as usual" in the budgeting process with the CFO taking responsibility. The SMT were responsible for the reporting mechanism with quarterly reports coming to the Board.



12. GENERAL BUSINESS

There were no items of general business.

13. NEXT MEETING

The meeting closed at 3:55 pm.
The Chair thanked all for their attendance and contributions.

The next meeting will be held at
1:30pm, Thursday 3 August 2006
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: