

## AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting  
held on Thursday, 5 April 2007, 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	Dr Chris Chambers
Barry de Geest	Dr Virginia Hope
Dr Di Nash	John Retimana
Dr Ian Scott	

#### Management in Attendance

Garry Smith – Chief Executive  
Dr Denis Jury – Chief Planning and Funding Officer  
Roger Jarrold – Chief Financial Officer  
Dr David Sage – Chief Medical Officer  
Taima Campbell – Executive Director Nursing  
Janice Mueller – Director Allied Health  
Vivian Rawlings – General Manager Human Resources Operations  
Ian Bell – Board Administrator

#### Apologies

The Chair declared the meeting open at 1:32 pm.  
There were no apologies.  
The Interests Register was tabled and was available to members to update.

### 2. CONFIRMATION OF MINUTES – 1 MARCH 2007

Moved John Retimana, seconded Barry de Geest

*That the minutes of the Auckland District Health Board meeting held on 1 March 2007 be confirmed as a true and correct record.*

Carried

#### Confirmation of Minutes – 29 March 2007

This was confirmation of the minutes of the teleconference meeting held at 10:00am on Thursday 29 March 2007 and restatement of the resolution passed in public meeting.

Moved Barry de Geest, seconded John Retimana

*That the minutes of the Auckland District Health Board meeting held on 29 March 2007 be confirmed as a true and correct record recording the following resolution:*

Moved Barry de Geest, seconded Ian Scott

*That the ADHB board ratifies and approves the prior delegated authority of the Chief Executive, on behalf of the board, to sign a contract with Diagnostic MedLab Limited for the supply of regional community laboratory services to a total value of \$72m per annum:*

- *The agreement is for 18 months with exclusivity for 12 months.*
- *The agreement protects ADHB's options if an appeal of the recent court decision is successful*
- *The agreement ensures seamless continuity of Auckland services*
- *The agreement gives all parties the opportunity to state improved financial arrangements*
- *The agreement provides for KPIs and information gathering*
- *The agreement allows the DHBs to consider new pathways concerning all aspects of collection services.*

Carried

Carried

### **3. ACTION POINTS – 1 MARCH 2007**

#### **Disabled Persons Assembly Conference**

The report being prepared by Sasha Dylan was yet to be received:

#### **State of the Nation**

The presentations had been distributed to members.

#### **Select Committee**

Subsequent questions to the Select Committee hearing had been received and were due next week. The questions were more issue focused and the Board did note that ADHB had the lowest rates related to mental health suicides for any DHB.

#### **Community Laboratory Contract**

This had been discussed at the CPHAC meeting whose members provided wide representation from the health sector including general practitioners, PHOs and the University. They had supported the interim contract noting:

- Continuation of the level of service
- Savings against the previous contract
- Performance measures and KPIs
- Transparent information sharing on costs and spread of collection services to achieve more equitable access particularly for Maori and Pacific
- No clients or patients had missed tests.

Moved Ian Scott, seconded John Retimana

*That the Auckland District Health Board records their vote of thanks to the Regional Deputy Chair, Ross Keenan, Garry Smith and the regional team for reaching an interim regional arrangement for the continuation of community laboratory testing.*

Carried

It was noted that the proposed laboratory workers' strike would be disruptive to services.

## **4. CHAIRMAN**

### **4.1 Report**

Wayne Brown reported to the Board that it had been a memorable month:

- He had attended DHBNZ on behalf of the Board and raised the issue of the adverse impacts of laboratory strikes and its affect on ADHB losing revenue from work undertaken for other DHBs and that they should share in the loss as they were getting an economic benefit.
- He had had discussions with the State Service Commission concerning the Employment Court ruling that reinstated the doctor involved even though the conduct was contrary to the values adopted by ADHB. The SSC had noted the case being against the values of the organisation.
- The values of openness and honesty had been demonstrated in the CJD incident.
- He and the Chief Executive, Chief Medical Officer, Chief Financial Officer and Chief Planning and Funding Officer had attended the Select Committee hearing.
- He had attended a meeting with the Mayor concerning the urban development impact of the proposed Domain car park.
- The Community Laboratory court case decision had been a shock however an interim agreement had been secured noting the savings and introduction of KPIs.
- The Interests Register was available at every meeting and it was the responsibility of members to keep this up to date.
- Di Nash and Barry de Geest had attended the Snug Homes celebrations as he was unable to attend due to flooding in Northland.

### **4.2 Regional Report**

The focus had been on the Community Laboratory Court decision and subsequent actions to secure an interim contract. Issues of conflict and consultation arising from the decision would take some time to resolve.

#### **Service and Food Workers Union**

A deputation from the Service and Food Workers Union was received by the Board. Jennifer Natoli, Emma Samuels and Kaumari Enoka addressed the Board seeking support for a MECA and penal rates. They valued their work as a contribution to the health of patients. The Board had been considering the issue of low paid workers and did acknowledge its obligations. MECA for ADHB had often proved difficult.

## **5. DISABILITY SUPPORT ADVISORY COMMITTEE**

The Committee had met in March and had received a presentation by Taikura and the Committee had asked them to resolve issues that continued to be outstanding.

The issue of conflicts was raised as the Board acknowledged that Barry de Geest was involved in the industry and his understanding and contribution had assisted the Board. To exclude him on the basis of conflicts would be illogical. It was also noted that other Disability Support Advisory Committee members were from the disability community.

## **6. MAORI HEALTH ADVISORY COMMITTEE**

The meeting had been held at Whatua Kaimarie, Manawanui with a Powhiri. The Committee meeting had a presentation on an indigenous health meeting, a presentation on family violence and at its next meeting would consider the Maori mental health strategy.

## **7. QUALITY COMMITTEE**

The Quality Committee was supporting an anti-fraud culture to be promoted through the NGO sector as well as having a focus on quality in that sector. Information from the NHI Anti-Fraud Unit supported further investment in this with perhaps more investment in HealthPac being supported. A continuing issue with pharmacy audits was the question of refrigeration temperatures and it was pleasing to see that there was an article in Pharmacy Today and support from the Guild and professional bodies to address this issue.

## **8. CHIEF EXECUTIVE OFFICER**

### **8.1 Report**

The CEO acknowledge the Board's support concerning the Community Laboratories decision and the support of the Chair and Deputy Chair in remaining focused on getting an interim contract which had been achieved within 8 days. He also acknowledged David Sage and the team concerning the CJD investigation and announcement which was a credit to them and the organisation. The focus on the management team was keeping the organisation running, a good focus on Health 2020, production and service to patients. Strikes were very disruptive to the organisation.

The third quarter's achievements against objectives was being updated and KPIs were being integrated with those objectives and the DAP going forward to the next year.

Organisational structural changes had been issued with the development of a new role of Director of Surgery and the appointment of Margaret Wilsher as Deputy Chief Medical Officer. The changes focused on the operational side of the organisation with an emphasis of more resources for level 3 management. The changes appeared to be well received. There may be some time in implementing the new Clinical Director role as it was being redesigned.

A formal review of operating rooms and anaesthesia had been undertaken as part of the Operational Efficiency Projects focusing on a patient's journey through the system.

## **9. FINANCIAL REPORT – FEBRUARY 2007**

March appeared to be a particularly strong month with weis per day expected between 430 and 440. April was at risk with Easter and the proposed laboratory strike however ADHB was still on target to a \$20m deficit for the financial year. There would be pressure on achieving the next year break even position outlined in the District Annual Plan.

Letters had gone to other DHBs concerning the impact of strike action seeking sharing of costs as ADHB lost revenue as a result of the strike while the other DHBs made financial gains through the cancellation of electives.

## **10. AUDIT COMMITTEE**

### **10.2 Power Outage and Insurance Recovery**

This was a recommendation of the Audit Committee as payment had been received to cover losses as a result of the failure of power supply under the business interruption insurance policy. The Board reduced the amount from the Audit Committee's recommendation.

Moved Wayne Brown, seconded Ian Scott

*That the Board notes the settlement of the power outage losses incurred in June 2006 of \$311k and approves the credit note to Vector for \$311k in relation to the initial estimate of losses.*

Carried

### **10.3 Interventional Vascular Suite - Radiology**

Moved Harry Burkhardt, seconded Ian Scott

*That the Board approves in principle the entering into an agreement with Siemens to purchase a AXIOM Artis dFA imaging equipment at a cost of \$1.5m and agrees to the refurbishment of the current DSA1 room to the standard required for a Interventional Vascular Suite at an approximate cost of \$440,000 subject to a review of processes by Internal Audit.*

Carried



**11. GENERAL BUSINESS**

**Local Bodies**

There was a 2 day workshop planned for September involving local government, both Territorial Local Authorities and District Health Boards. More details would be available at a later date.

**12. NEXT MEETING**

The meeting closed at 2:50 pm.

The next scheduled meeting will be held at  
1:30pm, Thursday 3 May 2007  
Marion Davis Library  
Building 43  
Auckland City Hospital  
Grafton

**CONFIRMED**

**CHAIR:** .....

**DATE:** .....