

AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Thursday, 6 September 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)	Harry Burkhardt
Dr Chris Chambers	Barry de Geest
Dr Virginia Hope	John Retimana
Dr Ian Scott	

Management in Attendance

Garry Smith – Chief Executive
Dr Denis Jury – Chief Planning & Funding Officer
Roger Jarrold – Chief Financial Officer
Dr David Sage – Chief Medical Officer
Janice Mueller – Director Allied Health
Bernie Twomey – Nurse Director
Viv Rawlings – GM Human Resources Operations
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 1:02 pm

Apologies had been received from Ross Keenan and Dr Di Nash.

2. CONFIRMATION OF MINUTES – 2 AUGUST 2007

Moved Wayne Brown, seconded John Retimana

That the minutes of the Auckland District Health Board meeting held on 2 August 2007 be confirmed as a true and correct record.

Carried

3. ACTION POINTS – 2 AUGUST 2007

Auckland City Council

Garry Smith would be the lead relationship person with the Auckland City Council.

National Procurement

A letter to the Minister by the Chair on national procurement had been sent.

Designated Disability Parking

The designation of Park Road for disability parking had not been on the agenda for the meeting with the Auckland City Council but would be raised with them. An update on the carparking building had been included in the Audit Committee papers.

Management Grand Rounds

These had been notified to Members and feedback was that they were worth attending.

4. CHAIRMAN

4.1 Report

Wayne Brown reported on his activities for the month:

- He had attended regional meetings led by Ross Keenan where progress on the community laboratory testing contacting process, equity of access and DHBNZ had been discussed.
- Northland was contributing strongly to the regional meetings.
- Board members had attended a social occasion at Ellerslie.
- With the up and coming election he had had discussion with the CE on handover to a new Chair and Board.
- He had made a comment to the Minister on the national procurement initiative.
- The annual CE performance review had been undertaken. A good result had been achieved in the past year and the CE had been supported by a strong team. There was a need to keep pressure on although there had been a good start to the new financial year.

5. DISABILITY SUPPORT ADVISORY COMMITTEE

The Chair of the Committee, Barry de Geest had presented a submission to the Select Committee on disability services. Dr Ian Scott had attended in support and reported that it was an excellent submission that had been well received.

Wayne Brown left the meeting at 1:10 pm and Harry Burkhardt assumed the Chair.

6. AUDIT COMMITTEE

6.1 Report

The Audit Committee had met the previous day and supported a number of recommendations to the Board.

6.2 Australian Bank Account

Moved Ian Scott, seconded Harry Burkhardt

That Auckland District Health Board authorise the opening of a Business Online Saver account and a Premium Cheque Account with Interest account with the Commonwealth Bank of Australia, Sydney, Australia denominated in \$A to replace the existing cheque account presently held in Sydney.

Carried

6.3 Delegated Authorities

The review of the Delegated Authorities had incorporated the integrated management structure. In a situation of emergency powers were delegated to the emergency management team. It was suggested that there be an external review of the delegated authorities.

Moved Harry Burkhardt, seconded Ian Scott

That the Auckland District Health Board approves the revised Delegated Authorities (updated August 2007) be submitted to the Minister of Health for his approval.

Carried

6.4 Licence to Occupy

This had been supported by Health Eating Health Action.

Moved Harry Burkhardt, seconded Ian Scott

That the Auckland District Health Board approves that Subway Real Estate Limited be granted a license to occupy in the retail area of Level 5 (Support Building) Auckland City Hospital subject to the approval of the Minister of Health.

Carried

6.5 Radiology Order Entry and Results Sign-Off System

This project related to the reconciliation of 500k radiology results. This would involve standardised processes and the elimination of paper ordering by June 2008 and was strongly supported by the Clinical Board. It was important that the technology was ingrained into the organisation.

Moved Harry Burkhardt, seconded John Retimana

That the Auckland District Health Board approves the Radiology Order Entry and Results Sign-Off System for a total \$599,848.

Carried

7. MAORI HEALTH ADVISORY COMMITTEE

The Committee would be meeting in October.

8. QUALITY COMMITTEE

The Chair of the Committee, Dr Di Nash was absent so this would be reported on next month.

9. CHIEF EXECUTIVE OFFICER

9.1 Report

Garry Smith advised that July had been a good month with break even results and in August the highest volumes ever produced by ADHB had been recorded. Major concerns for the coming year were labour cost settlements with a potential \$10m risk. Orthopaedics and cardiology production had been reported to the Hospital Advisory Committee and radiation therapy waiting lists had reduced to 4 weeks. The District Annual Plan had been signed in July and had now been distributed and he congratulated Julie Helean and Denis Jury and the team on this achievement. Other points noted were RMO shortages, the computer room fire and the coming presentation of the "State of the Nation" to staff. Staff performance reviews were being completed and were related to the objectives.

The 200/2008 Organisational Priorities top ten were tabled and with minor wording changes these were supported by the Board.

9.2 ADHB 2006/2007 Objectives 4th Quarter Report

There had been good process through the year with most of the fourth quarter objectives being obtained. There had been excellent progress on "Our Health 2020" and electives with overall elective surgery up 12% for ADHB's population with significant increases in general surgery, 33% and in ophthalmology, 47%. A permanent appointment had been made for the network manager of the regional oncology services and mental health vacancies were being filled.

The original relationship with the University had been with the Faculty of Medicine and Health Sciences but this was now being expanded to the wider organisation of the University through the Vice Chancellor. There were regular joint relationship meetings with the Faculty and 75 academic days were being purchased from the School of Population Health. A relationship had also been formed with Stuttgart University, Health Economics who were looking at the New Zealand health model.

In response to a question on the impact of teaching on business and costs the Chief Medical Officer advised that this was being addressed to raise the teaching profile in the like manner that research had been made accountable and then elevated in the organisation. This would be developed through the clinical team of CMO, Executive Director of Nursing and Director of Allied Health. In Allied Health there were new placement and an initiative to revolve personnel through the primary/secondary systems for clinical training.

The work of the Clinical Practice Committee was acknowledged although there had been difficulties in getting a regional process for the timely and effective evaluation of technology. This had now been achieved.

10 FINANCIAL REPORT – JULY 2007

The results for July had been good and while there may be an under estimate of wage costs with the nurses settlement, revenue had also been under estimated. August production was looking extremely good including electives. Risks for 2007/2008 were included in the report and included wash-ups as more revenue was ring fenced and wage settlements above budget assumptions with a risk of \$10m, however, this may be

mitigated by being under budgeted staff numbers but achieving increased production. This may mean that the recruitment for some positions may be deferred. Negotiations with MoH on IDF pricing would continue and there could be a deferral of capital expenditure if necessary.

Temporary staff numbers were increasing in the non-health areas of Finance, IT and HR with tight labour markets in those sectors. Recruiting from inside the organisation may be a means of addressing the IT shortages.

The percentage of expenditure to revenue showed the higher risk evolving in medical and nursing costs however there had been a significant gain in direct treatment costs being half a percent lower. Over the next months there would be work on trying to get a higher level of prediction of production which may include a debate on elective/acute definitions.

11. GENERAL BUSINESS

There were no items of General Business.

12. NEXT MEETING

The meeting closed at 1:18 pm

The next scheduled meeting is
1:30pm, Thursday 4 October 2007
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: