

AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Wednesday 3 December 2008, in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 1:30pm

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Board Members

Pat Snedden (Chair)
Susan Buckland
Dr Chris Chambers
Dr Brian Fergus
Rt Hon Bob Tizard
Ian Ward

Jo Agnew
Harry Burkhardt
Rob Cooper
Dr Ian Scott
Seiuli Dr Juliet Walker

Management in Attendance

Garry Smith – Chief Executive
Dr Denis Jury – Chief Planning and Funding Officer
Dr David Sage – Chief Medical Officer
Greg Balla – Director Performance and Provider Development
Taima Campbell – Executive Director Nursing
Chris Morgan – Manager Materials Management
Janice Mueller – Director Allied Health
Vivienne Rawlings – General Manager HR Operations
Ian Bell – Board Administrator, Acting Chief Financial Officer

Apologies, Conflicts of Interest

The Chair declared the meeting open at 1:15pm.

Jo Agnew advised that she had been appointed Senior Lecturer Nursing at Auckland University and Ian Scott advised that he was now a shareholder in Auckland PHO.

Moved Pat Snedden, seconded Seiuli Juliet Walker

That the amendments to the interests register be noted.

Carried

There were no notifications of conflicts of interest for any item on the agenda.

2. CONFIRMATION OF MINUTES 5 NOVEMBER 2008

Moved Jo Agnew, seconded Susan Buckland

That the minutes of the Auckland District Health Board meeting held on 5 November 2008 be confirmed as a true and correct record.

Carried

3. ACTION POINTS 5 NOVEMBER 2008

Timetable for 2009

The Chair and CEO would work on the framework that exists following the pattern for 2008 and try and replicate that for 2009.

4. CHAIRMAN'S REPORT

Pat Snedden advised on his activities for the month:

- He had had a conversation with Peter Gluckman of the Liggins Institute about the strategic challenges facing the health sector at beginning of life through early adolescence and at end of life. The CEO and Chief Planning and Funding Officer would continue these discussions.
- He had attended the Kamahi Maori Staff Forum with CEO Garry Smith. The forum was very positive and engaging and staff had positively responded to messages from the Chair and CEO.
- He had attended a Counties Manukau Inequalities Analysis Workshop where there was thinking on critical thinking of the effectiveness of initiatives.
- He had attended a Midlands forum on quality and risk as part of the Quality Improvement Committee discussing "time for quality" with SMOs.
- He had had two meetings with the Minister of Health discussing issues in the health system. The Minister had been pleased with ADHB's response to the RMO shortage. Work was being undertaken on briefing the incoming Minister and he would be invited to visit the Board.
- He thought the new government would want to focus on regionality and smart spending.

5. COMMITTEE REPORTS

5.1 Audit Committee

Harry Burkhardt advised that the Committee had met the day before and there were a number of expenditure proposals brought to the Board.

5.1.2 Expenditure Proposals

Otis Lift Maintenance Contract

Moved Harry Burkhardt, seconded Ian Scott

That the Auckland District Health Board approves the new lifts maintenance contract with Otis for five years with a right of renewal for a further five years which includes a fixed fee of \$374,200 plus GST and a variable component estimated to cost approximately \$25,000 plus GST per annum.

Carried

Extension of Adult and Paediatrics Diabetes Services Space

The request for further space was appropriate. The services would be discussed further regionally with a focus on distributing the services.

Moved Ian Scott, seconded Bob Tizard

That the Auckland District Health Board approves in principle the estimated capital expenditure of \$630,000 for refurbishment of the space on Level 1, Building 4, Greenlane Clinical Centre for the Adult and Paediatric Diabetes/Endocrine Services

Carried

Asset Management System

This was the least risk option.

Moved Bob Tizard, seconded Brian Fergus

That the Auckland District Health Board approves the purchase of the InfoR Global Solutions Enterprise Management System (Datastream 7i EAM) for Clinical Engineering Services at the price of \$638,910.

Carried

MRI Scanners

One of the proposed MRIs would be in Starship and the proposals were supported by clinicians.

Moved Ian Ward, seconded Jo Agnew

That the Auckland District Health Board approves MRI replacement business case and the additional MRI business case in order for Procurement and Radiology to proceed with a tender covering both MRI scanners noting the provision in the 2008 – 2009 capital plan of \$2,000,000 for the replacement MRI scanner. The Board notes that the approval of the additional MRI allows the Starship Foundation to fundraise.

Carried

Treasury Policy

Moved Harry Burkhardt, seconded Ian Scott

That the Auckland District Health Board adopts the revised Treasury Policy (November 2008).

Carried

The Acting CFO tabled a paper on the 2008 year end result and audit differences/management letter. This was a learning process and he would ensure the process of Board approval would be reviewed in 2009.

Moved Pat Snedden, seconded Bob Tizard

That the paper on 2008 year end result and audit differences/management letter be noted.

Carried

5.2. Disability Support Advisory Committee

The Committee had met on 20 November 2008 with the papers including a letter to the Select Committee highlighting difficulties of two funding streams. They had received a presentation on the All Age Rehabilitation Strategy and had received an update on a complaint from a disabled person with the ADHB agreeing to fund a patient support person, where required, for patients over 65 and discussing funding for support for under 65s with the MoH.

While individual complaints should not be brought to the governance level the Board was interested in categories or themes of complaints and to ensure that there were satisfactory processes within the organisation to respond. There was a project looking at the correspondence and communication from the organisation and this is to be reported to the Quality Committee including considering “empathy, apology etc.” The Board also suggested that the Chair of the Disability Support Advisory Committee, Barry de Geest be invited to address the Board on how the Committee was functioning.

5.3 Maori Health Advisory Committee

Harry Burkhardt, who had chaired that meeting, advised that there had been a presentation from the Mahitahi Trust and on the Ho Hou Rongo Domestic Violence Programme both focusing on Maori wellness.

5.4 Pacific Health Advisory Committee

The Committee had held a celebration of the award for HVAZ and requested that HVAZ funding be embedded into ADHB’s sustainable funding, the project initially being funded from the Pacific Provider Development Fund.

5.5 Quality Committee

The Committee had focused on the statistical exception reports which were interesting however the comments on the reports were still in the development stage.

Moved Pat Snedden, seconded Susan Buckland

That the Committee reports be noted.

Carried

6. CHIEF EXECUTIVE OFFICER

6.1 Report October 2008

Garry Smith reported that the core focus in finance was on elective volumes particularly over the summer period. He had spoken to the Minister and explained the way forward however red alerts and high volumes continued. The focus of the planning day was on the 2009/2010 District Annual Plan and budgeting was being undertaken over the next 2 months. It was expected that advice on funding may be delayed.

Celebration Week had been a great success and he had appreciated the support of the Board. Sterile Supplies had reached a milestone in achieving accreditation. He would be attending two regional meetings in December, one being on the Mapo relationship and how DHBs worked with Mapo and the region.

The Regional Chairs and CEOs meeting would receive a final report on regional work with a focus on regional opportunities, functional groupings and infrastructure. This would consider appropriate clinical collaboration but more importantly look at the non clinical back office processes. Any proposal would be brought to the Board to agree before implementation with the strategy needing to be signed off by all four Boards. What the Board was seeking was equity of access, reduced transactional costs, a need to be very clear on what could be delivered and what services are sustainable through economics of scale noting that there could be decreasing revenue and increasing demand for services.

In the New Year full implementation of the new reporting structure would be undertaken and there would be continuing work on workforce issues. He had had discussions with Peter Gluckman of the Liggins Institute. The research was on evidenced based of what drives poor health and used that education to drive health gains including accessing youth, facts and figures. He was working on a project related to homeless in the city which gave him an opportunity to address a bigger social agenda. Work was being undertaken with the Auckland City Council and other agencies to make a difference. This followed the notion of "Healthy City" and teaching how to manage ones self to maintain health using youth to influence families. The Board asked that the CEO circulate some of his thinking.

He advised that he had been elected Chair of the National CEOs Group and would be stepping down from the cancer and air ambulance work streams. He had attended the inaugural Allied Health Conference advising on ADHB's management and leadership which had been received positively. The capital proposals that had not achieved the capital prioritisation process in 2008/2009 were noted.

6.2 DHBNZ Quarterly Updates

These were provided for information.

6.3 Alexandra Trust

This was for the information of the Board. It was noted that normally social workers engaged within the system to work with patients and families in need.

7. FINANCIAL REPORT OCTOBER 2008

The Acting CFO noted that financial performance was dependent on production planning of the services and that there was expected to be an improvement in both production and cash resources in December. Pressure in expenses were direct treatment costs which included outsourcing. In comparing ADHBs performance benchmarking with the Roundtable and use of the regional benchmarking project was used rather than individual costing of patients.

Moved Pat Snedden, seconded Harry Burkhardt

That this Financial Report for October 2008 be noted.

Carried

9. GENERAL BUSINESS

The A+ Trust provided money for research and one of the suggestions was to research whether ADHB was achieving the goal of raising the health of Aucklanders through a health system evaluation research. It was noted that this may be more appropriate research for the School of Population Health. Proposals to the A+ Trust must be of a high standard and must be initiated from within the organisation rather than the Trust.

8. PUBLIC EXCLUSION

Moved Pat Snedden seconded Brian Fergus

That, in accordance with the provisions of Schedule 3, Clauses 32 and 33, of the New Zealand Public Health and Disability Act 2000, the public be excluded for consideration of Item 8.1.

The general subject of the matters to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under the above clause for the passing of this resolution are as follows:

<i>General subject of each matter to be considered:</i>	<i>Reason for passing this resolution in relation to each matter:</i>	<i>Ground(s) under clause 34 for the passing of this resolution:</i>
8.1 Community Laboratory Services 8.2 RMO 8.3 Confidential Minutes Board 6 August 2008 8.4 Confidential	<i>To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official</i>	<i>That the public conduct of the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under s 9 of the Official Information Act 1982.</i>



*Minutes Hospital
Advisory
Committee 5
November 2008*

*Information Act
1982 s.9(2)(j) and
s.9(2)(j)*

Carried

The Board considered Community Laboratory Services, RMO, confidential minutes of Board 6 August 2008 and confidential minutes of Hospital Advisory Committee in public exclusion.

Moved Pat Snedden, seconded Brian Fergus

That the Auckland District Health Board recommence in public meeting.

Carried

10. NEXT MEETING

The meeting closed at 4:00pm

The next scheduled meeting is
1:30pm, Wednesday, 4 February 2009
A+ Trust Room
Clinical Education Centre
Level 5, Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: