

Auckland District Health Board Board Minutes

MEETING DETAILS											
Date and Time	2:00pm, Wednesday, 1 April 2009										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
1.	ATTENDANCE AND APOLOGIES										
	<p>Board Members</p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Dr Brian Fergus</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Rt Hon Bob Tizard</td> </tr> <tr> <td>Seiuli Dr Juliet Walker</td> <td>Ian Ward</td> </tr> </table>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Chris Chambers	Dr Brian Fergus	Dr Ian Scott	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward
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	<p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Dr David Sage – Chief Medical Officer Greg Balla – Director Performance and Provider Development Ngaire Buchanan – GM Operations Taima Campbell – Executive Director Nursing Chris Morgan – Manager Materials Management Janice Mueller – Director Allied Health Vivienne Rawlings – GM HR Operations Ian Bell – Board Administrator</p>										
	<p>Apologies</p> <p>The Chair declared the meeting open at 2:10pm. An apology had been received from Rob Cooper.</p>										
2.	CONFLICTS OF INTEREST										
	There were no notifications of conflicts of interest for any item on the agenda.										
3.	CONFIRMATION OF MINUTES 4 MARCH 2009										
	<p>The Chair had advised that he had spoken with Barry de Geest who would be coming to the May meeting to give his reflections on being on the Board over the last five years and the perception of disability of ADHB.</p> <p><u>Moved Bob Tizard, seconded Ian Scott</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 4 March 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>The Chair advised that he would be making a comment on the decisions made in public exclusion.</p>										

4.	ACTION POINTS MARCH 2009
	Barry de Geest would now address the Board in May.
6.	CHAIRMAN'S REPORT
	<p>The Chair advised on his activities:</p> <ul style="list-style-type: none"> • ADHB had been involved with Safer Surgery Saves Lives and he had been approached by the Private Hospitals Association who were interested in a public/private coherent programme which would be going to the Quality Improvement Committee. This was very positive and he recognized the work done by the clinical team in ADHB. • The CEO, Garry Smith was now Chair of the National CEO Group and had attended the March Chairs and CEOs meeting where there had been a Treasury presentation on the robustness of funding for Health. From 2010 the major increases that had been previously experienced were not likely to continue which would have a substantial affect in the next two years which would require delivering services with restrained funding. The CEO would be communicating this to the organization. • He had met with the Murray Horne Committee as Chair of the Quality Improvement Committee. The question of quality outcomes was well heard.
7.	<p>CHIEF EXECUTIVE OFFICER'S SUMMARY</p> <p>The following points were noted from the summary:</p> <ul style="list-style-type: none"> • Home Based Support Services. Decision had been made and it was critical to be implemented by 1 July 2009. • The GP Clinical Collaborative would be holding its first meeting on Friday/Saturday. This consisted of 20% of GPs sharing ideas for improvement. • Pilot on Morning After Pill was reported to the CPHAC. • Eating Disorder Services was ongoing and was in an orange status supporting the interim position. • Radiology therapy waiting times criteria was being met with some patients being sent to Waikato. None were going to Australia. The Radiation Regional Plan was being completed which would include a 2 year investment strategy. • There had been strong positive feedback to the Health Systems Functional Group first meeting. • Optimizing the Patients Journey had ADHB involved in the national project which was going well. • Management and Board Reporting was progressing and the Board would be asked whether it was fulfilling their needs. • Acute demand was in a red status and this was being addressed by all the Operational GMs. • The impact of MECA costs would be discussed with the Deputy Director General of Health. • The impact of valuations was being noted in the financial reports with two major non cash adjustments being revaluation of holiday pay and long service leave and derivatives. This is being reported following IFRS. The amount of outstanding leave had been managed down with fewer accumulating excess leave than before. <p><u>Moved Chris Chambers, seconded Harry Burkhardt</u></p> <p><i>That the Chief Executive Offices summary be noted.</i></p> <p><u>Carried</u></p>

8.	LIFTING THE HEALTH OF PEOPLE IN AUCKLAND CITY
8.1	<p>Committee Recommendations</p> <p>The recommendation from the Community and Public Health Advisory Committee was in support of the public health issue.</p> <p><u>Moved Ian Scott, seconded Susan Buckland</u></p> <p><i>That the Auckland District Health Board supports the submission of the Auckland Regional Public Health Service to have tobacco products removed from public display for sale.</i></p> <p><u>Carried</u></p> <p>Harry Burkhardt reported on the Maori Health Advisory Committee meeting where the Maori Mental Health Services project had been discussed with Rees Tapsell adding a clinical focus and a request for the Chair to discuss with the Chair of Waitemata to get an aggregated view. Services needed to be accessible locally.</p> <p>The Pacific Health Advisory Committee had discussed the DAP and Pacific health needs.</p> <p>The Disability Support Advisory Committee had discussed the DAP including what is disability and the progress on the Home Based Support Services contracts with the implementation progressing well and safe guards being established for outlining situations such as Waiheke Island.</p> <p><u>Moved Pat Snedden, seconded Seiuli Juliet Walker</u></p> <p><i>That the reports from the Advisory Committees be noted.</i></p> <p><u>Carried</u></p>
9.	PERFORMANCE IMPROVEMENT
9.1	<p>Committee Recommendations</p> <p>Hospital Advisory Committee</p> <p>The reporting structure was being developed. The organization was being tested at the moment with a very full hospital with a need for the CEO/Clinical partnership to show strong leadership. Operational GMs were managing on a daily basis and the partnership was assisting them in support to transfer clinical risk to a financial risk. The 3, 2, 1, rules at the front door were being applied and with the pressure on the whole organization there was a requirement to do things differently, particularly for triage categories 3 and 4. This issue had been raised by Clinical Leaders and demonstrated that the clinical governance structure was working.</p> <p>Quality, Risk and Audit Advisory Committee</p> <p>The pressure on the hospital was a major feature of discussions at the meeting and the clinical governance structure is used to distribute information as well as providing confidence in clinical governance. There had been a presentation by Breast Screening Auckland and the Auckland rates did not compare well with national results with the presenters supporting their poor performance with selective data. This was not reassuring however there may be data sharing between PHOs and the service to seek improvement.</p> <p>With the economic downturn there was less staff turnover and it is easier to find people to fulfil ADHB's requirements. The Committee had also received a presentation by Paul Johnson of the MoH Audit and Compliance unit on fraud.</p> <p>The reports from the Committees were noted.</p>

9.2	<p>DAP Projects Report</p> <p>Overall there was good progress on activities although there was a number slow to start. Three projects were in the red status and the Research Strategic Plan will not commence this year. A column is to be added to the report projects that are cancelled.</p>
9.3	<p>DHBNZ Quarterly Update for Boards February 2009</p> <p>The reports were provided for information.</p> <p><u>Moved Pat Snedden, seconded Susan Buckland</u></p> <p><i>That the DAP Projects Report and DHBNZ Quarterly Updates be noted.</i></p> <p><u>Carried</u></p>
10.	<p>LIVE WITHIN OUR MEANS</p>
10.1	<p>Finance Committee Recommendations</p> <p>Child and Adolescent Oral Health Services</p> <p>The request was to give authority to sign the Crown Funding Agreement to access funding for the Oral Health Plan. Capital projects would come as business cases through the ADHB capital approval processes.</p> <p><u>Moved Harry Burkhardt, seconded Ian Scott</u></p> <p><i>The Auckland District Health Board</i></p> <ol style="list-style-type: none"> 1. <i>Notes that the MOH has agreed to fund ADHB \$10.416m for capital and \$8.454m for operating expenses</i> 2. <i>Notes that capital spend approvals will be requested for the individual fixed site builds at the appropriate stage of the building process according to the ADHB capital approval process.</i> 3. <i>Notes that part of the operating costs include headcount for project management</i> 4. <i>Notes the current service provider is Auckland Regional Dental Service run by Waitemata DHB.</i> 5. <i>Notes the Capex of \$10.416 and Opex of \$8.454m will be spent over three years 2009-10, 2010-11 and 2011-12</i> 6. <i>Approves the Chief Planning and Funding Officer signing the CFA to access the Capex and Opex funding as detailed above</i> 7. <i>Approves the adoption of the Oral Health Collective Procurement contracts as provided by the DHBNZ National Procurement Programme</i> <p><u>Carried</u></p> <p>Dispensation to Tender Outsourced Cardiac Surgery</p> <p>This was an enabling agreement with MercyAscot to access cardiac surgery.</p> <p><u>Moved Harry Burkhardt, seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board approves the renewal of the service agreement for outsourced cardiac surgery with MercyAscot for a period of 16 months to the end of June 2010.</i></p> <p><u>Carried</u></p> <p>Contract Variation White Cross Group 1988 Limited</p> <p>There had been a number of responses to the tender for After Hours Services however it was recommended to rollover the existing contract with a price adjustment. MercyAscot was open from 10:00pm to 7:00am and there was also a requirement to notify if there were changes in co-payments.</p>

	<p><u>Moved Harry Burkhardt; seconded Brian Fergus</u></p> <p><i>That the Auckland District Health Board approves the variation of contract with Whitecross Group 1988 Limited for a two year period to 31 December 2010.</i></p> <p><u>Carried</u></p> <p>Debt Write Off \$149,265.46</p> <p>The Finance Committee had asked that this issue be brought to the attention of the new Minister.</p> <p><u>Moved Harry Burkhardt, seconded Chris Chambers</u></p> <p><i>That the Auckland District Health Board approves the write off of the sum of \$149,265.46 for a non eligible patient.</i></p> <p><u>Carried</u></p> <p>Regional Unified Data Model (UDM)</p> <p>The Finance Committee had requested more information to be provided.</p> <p>Compounded Products</p> <p>Harry Burkhardt left the meeting for this item.</p> <p><u>Moved Bob Tizard, seconded Ian Scott</u></p> <p><i>The Auckland District Health Board:</i></p> <ol style="list-style-type: none"> 1. <i>notes that the item was not on the agenda as commercial negotiations were ongoing and that a decision can not be delayed as the contract expired on 30 September 2008 and;</i> 2. <i>approves the extension of Contract 1138258 for the manufacture and delivery of compounded products, on new terms, for the period 1 October 2008 to 31 March 2011, with one year right of renewal.</i> <p><u>Carried</u></p> <p>Capital Repayment</p> <p>The Finance Committee supported the repayment of \$35m in equity capital as provided in the DAP with this being clarified with the Ministry by the Treasury Manager.</p>
10.2	<p>Finance Report</p> <p>The progress this year to date was closer to achieving year end than the previous year although reserves were less.</p>
10.3	<p>Capital Report</p> <p>The capital report detailed progress on expenditure authorized by the Board.</p> <p><u>Moved Pat Snedden, seconded Chris Chambers</u></p> <p><i>That the Finance Report and Capital Report be noted.</i></p> <p><u>Carried</u></p>
11.	<p>PAPERS</p>
11.2	<p>Serious and Sentinel Events in NZ District Health Boards 2007/2008</p> <p>Pat Snedden as Chair of the Quality and Improvement Committee had asked all Boards to put this item on their agenda. One of the issues was how to get the information into the organization as a learning and training tool. The report covered the ADHB's 30 events, which was just hospital reporting not the whole sector report. ADHB looked similar in terms of larger DHBs in their reporting although it was thought that there was under reporting. The events reporting were developed using root cause analysis techniques and there was no room for complacency. The question of using these as a learning tool may prove difficult unless the underlying root cause analysis are read although there could be a HDC type summary for information and teaching.</p>

	<p>It was good to publish the data but there may need to be trends over time to see if there was improvement and to make the report worthwhile it was important to use it as a tool.</p>						
<p>11.3</p>	<p>In Good Hands</p> <p>The members of the Ministerial Task Group were noted, however there was some criticism as to the substance of the document with unsubstantiated statements made and with the paper put together over two or three, three hour meetings. ADHB however came out well against the document with the clinical/managerial partnerships at 1, 2 and 3 levels but may not meet desired training requirements.</p> <p>Pat Snedden relinquished the Chair which was assumed by Harry Burkhardt.</p>						
<p>11.4</p>	<p>Good Employers Practices Audit Report</p> <p>ADHB had been mentioned and there was confirmation that a number of things that ADHB did were appropriate.</p>						
<p>PUBLIC EXCLUSION</p>							
<p><u>Moved Pat Snedden, seconded Harry Burkhardt</u></p> <p><i>That an emergency meeting of the Board be undertaken to address the urgent matters outlined below; and</i></p> <p><i>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 the following items.</i></p> <hr/> <p><i>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></p> <table border="0" data-bbox="193 1120 1490 1747"> <thead> <tr> <th data-bbox="193 1120 494 1299"><i>General subject of each matter to be considered:</i></th> <th data-bbox="494 1120 798 1299"><i>Reason for passing this resolution in relation to each matter:</i></th> <th data-bbox="798 1120 1490 1299"><i>Ground(s) under clause 34 for the passing of this resolution:</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="193 1299 494 1747"> <ol style="list-style-type: none"> 1. Community Laboratory Services 2. Treasury Fiscal Forecast 3. Community Laboratory Consultation 4. Northern Regional Net work Strategy 5. Compounding </td> <td data-bbox="494 1299 798 1747"> <p><i>To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations:</i></p> <p><i>Official Information Act 1982 s.9(2)(i) and s.9(2)(j)</i></p> </td> <td data-bbox="798 1299 1490 1747"> <p><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></p> </td> </tr> </tbody> </table> <p><u>Carried</u></p> <p>Resumption of Public Meeting</p> <p><u>Moved Pat Snedden, seconded Harry Burkhardt</u></p> <p><i>That Auckland District Health Board resume meeting in public.</i></p> <p><u>Carried</u></p>		<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>	<ol style="list-style-type: none"> 1. Community Laboratory Services 2. Treasury Fiscal Forecast 3. Community Laboratory Consultation 4. Northern Regional Net work Strategy 5. Compounding 	<p><i>To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations:</i></p> <p><i>Official Information Act 1982 s.9(2)(i) and s.9(2)(j)</i></p>	<p><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></p>
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12.	GENERAL BUSINESS
12.1	<p>Starship Mobile Phone Appeal</p> <p>Susan Buckland, who now represented the Board on the Starship Foundation, advised of the Starship Mobile Phone Appeal.</p>
	NEXT MEETING
	<p>The meeting closed at 4:30 pm.</p> <p>The next scheduled meeting is 2:00pm, Wednesday, 6 May 2009 A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>
	<p>CONFIRMED</p> <p>CHAIR: DATE:</p>