

AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Thursday, 5 July 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	Dr Di Nash
John Retimana	Dr Ian Scott

Management in Attendance

Garry Smith – Chief Executive
Roger Jarrold – Chief Financial Officer
Dr Denis Jury – Chief Planning & Funding Officer
Taima Campbell – Executive Director Nursing
Janice Mueller – Director Allied Health
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 1:31pm.

An apology had been received from Ross Keenan.

The interest register was tabled and was available for members to update.

2. CONFIRMATION OF MINUTES – 7 JUNE 2007

Moved Barry de Geest, seconded John Retimana

That the minutes of the Auckland District Health Board meeting held on 7 June 2007 be confirmed as a true and correct record.

Carried

3. ACTION POINTS – 7 JUNE 2007

The Auckland City Council issues were contained in Item 5.3 and the Mayor and CEO of Auckland City had been invited to the next Board meeting. The matter of alcohol licensing is to be added to the issues.

4. DEPUTATION – EATING DISORDERS

Suzanne Brittain and Greg Fife addressed the Board concerning eating disorder services with both their daughters having to spend time in Sydney. Mrs Brittain expressed concern at the Auckland regional services giving substandard care to her daughter with a

need to improve out-patient services, provide in-patient services and guidelines to GPs. As a result of not being able to access the system, as their daughter did not qualify, she had been admitted acutely to Starship but could not get any follow-up on discharge and later required to relocate to Sydney for treatment which was traumatic for her daughter and the family. Action sought were that the eating disorder services be expanded, waiting lists reduced so services could be accessed at appropriate level and time, more staff to provide out-patient services and development of in-patient services.

Greg Fife outlined his family's situation where, when they sought help one and a half years ago, there was not assistance for families. GPs lacked guidelines and understanding and counsellors and dietiticians never gave clear directions which left the family with a feeling of helplessness. Again their daughter did not qualify for EDS services. Solutions sought were knowledge at GP level of what services parents could access, somewhere parents can refer to, considerably more resources for eating disorder services and in-patient treatment.

The Chair acknowledged the impassioned plea of the deputation. The CE acknowledged that the system had failed the Brittain family and he had met with them and advised that while there were national and regional processes ADHB would address the service requirements with funding not being an obstacle. It may take two years to get clinically appropriate in-patient services and discussions were being undertaken on what could be done in the short term both in Starship and more resources for eating disorder services.

The Board supported more resources to set up a Northern eating disorder service acknowledging that the entry barriers were too high and needed to be lowered and an in-patient service model developed. The key to better outcomes were early symptom recognition which needed to be promoted through GPs and PHOs.

5. CHAIRMAN

5.1 Report

Wayne Brown reported to the Board on issues that he had been involved with in the month:

- He had signed the District Annual Plan for 2007/2008 for submission to the Minister.
- The year end position would be a lower loss than budget and this had been conveyed to the Minister. He noted that this would be less than 1% of turnover.
- He had met with the OAG on conflicts of interest as had John Henley who had pointed out synergies of interests.
- He had had an unrequested legal opinion that Justice Asher's decision on community laboratory services was wrong.
- He had responded to Waitemata concerning cardiac services with action being taken on developing contracting out, creation of a nursing pool for the three DHBs, more specific purchasing signals for the long term and clinicians responding through working an evening and weekends for improvements. The involvement of people in the solution had provided a good response.
- Item 10.4 response to the Health Select Committee Estimates 2007/2008 questions demonstrated the size of the processes imposed on ADHB.
- He had had some discussions with the CIO on wifi solutions.

5.2 Regional Report

Regional meetings would be held in August.

5.3 Auckland City Council Issues

The issues were noted. The Board supported building relationships between the two organisations' CEOs and CFOs.

7. AUDIT COMMITTEE

7.1 Report

The Chair of the Committee reported that there were no major issues raised at the Audit Committee meeting and they were seeing information on the dynamics of how the hospital worked.

7.2 Sale of Shares Westkids Limited

This was a legacy issue with ADHB no longer involved with the services provided to West Auckland children. The recommendation was to sell at cost with the accumulated funds to be used for the purposes of the organisation.

Moved Wayne Brown, seconded Barry de Geest

That the Auckland District Health Board approves the sale of 600 shares in Westkids Limited to Health West Limited for \$500 with the proviso that the accumulated earnings are to be used for their original purpose.

Carried

7.3 Cardiac Investigation Unit (CIU) Consumables

This was a recommendation from the Audit Committee.

Moved Wayne Brown, seconded Harry Burkhardt

That the ADHB approves the selection to Abbott Vascular Australasia, Bard Australia Pty Ltd, Boston Scientific New Zealand Limited, Johnston & Johnston Medical New Zealand, Medtronic Coronary Vascular, Medtel Australia and Terumo Corporation as the suppliers of choice to provide a range of Cardiac Investigation Unit consumables at an estimated annual value of approximately \$4,140,230. The term of the contracts is three years with no rights of renewal.

Carried

6. DISABILITY SUPPORT ADVISORY COMMITTEE

The Chair of the Committee, Barry de Geest advised that he had been invited by Capital & Coast to present on how the Auckland Disability Support Advisory Committee was functioning.

The Chair advised that he had visited Capital & Coast on their building programme and advised them to delete having an opening date and to have Barry de Geest review their disability issues in their building programme. Auckland had set up a mock ward which had been reviewed by the Disability Support Advisory Committee which had been a good process.

9. QUALITY COMMITTEE

The Chair of the Committee Di Nash reported to the Board on the meeting held on 21 June 2007 which had received a good report on quality improvement in information services from the CIO. There had been a good presentation by the Health of Older People Quality Group with the Committee suggesting that this should be submitted for a Health Innovation Award. The Committee had also received a report from the International Forum on Quality and Safety in Healthcare 2007, the IHI Conference.

Di Nash had visited the European Anti-Fraud Unit in Vienna seeking veracity of the savings made and she also met with Jim Gee at NDSA. There was positive results from anti-fraud activity however the other regional DHBs had not expressed much interest. It was suggested that ADHB commence its own activity.

Moved Wayne Brown, seconded Virginia Hope

That Auckland District Health Board invest \$130k through internal audit on anti-fraud activity noting that this should be raised at the regional meeting.

Moved

The Quality Committee had also requested that incident reporting, clinical indicators and trends be reported to the governance level.

Barry de Geest left the meeting at 2:58pm.

8. MAORI HEALTH ADVISORY COMMITTEE

The Chair of the Committee, John Retimana advised that the Committee functions were being restructured.

10. CHIEF EXECUTIVE OFFICER

10.1 Report

Garry Smith advised that his focus was now on the new year and risks around the adopted District Annual Plan. ACH was in a winter workload which produced some strain but was being handled well. The X-Factor function had been a lot of fun and well attended and he acknowledge the work of Jessamy Malcolm. The District Annual Plan had been submitted to the Minister for signing with the SOI being tabled in Parliament. Payment in advance had been received.

The operational efficiency projects were all progressing promoting a lot of debate and understanding of the organisation.

With strikes there was a core group that kept the hospital functioning and they were acknowledged. Progress on MECA negotiations was continuing. There had been a regional meeting with his colleagues, CFOs and Chief Planning and Funding Officers where there had been healthy debate. Issues were HR activity, RMOs, Kiwisaver etc. Jessamy Malcolm had assumed responsibility for external communications.

10.2 Statement of Service Performance to 31 March 2007, Q3 2006 - 2007

This had been revised as to performance achievement as the Audit Committee had originally thought that the organisation was too hard on itself.

10.3 ADHB 2007 – 2008 Objectives

These were submitted to the Board for approval and were linked to the District Annual Plan and Statement of Intent as well as the Health Improvement Plans and Statement of Performance. The Audit Committee had asked that a further response to the Office of the Auditor General's involvement in the SOI be made.

The Board approved the ADHB 2007/2008 objectives.

10.4 Health Select Committee Estimates 2007 - 2008

The responses to the further questions from the Select Committee were noted.

10.5 Employment Cost Analysis 2000/01 – 2006/07

The report, previously circulated to the Board, was published in the agenda with the addition of discharges per FTE. This analysis had resulted from a December article in the Dominion Post on falling productivity in the health sector based on a Treasury Report. ADHB was not over bureaucratic with low administration costs and as it was paid by wies involvement in the national pricing project was important. It was noted that if wage settlements were about Future Funding Track there was a potential to go into deficit very quickly. The Board supported the pricing project being with the Ministry of Health not DHBNZ. The ADHB will also be involved in the Population Based Funding review, MoH pricing and the tertiary adjuster needed further work. Work was being done on strengthening regional projects.

The Ministry of Health's restructuring "Building a Healthy Future" was to be circulated to Board members. It was suggested that the Director General of Health be invited to the next Board meeting.

11. FINANCIAL REPORT – MAY 2007

The report was noted and had been discussed at the Audit Committee.



12. GENERAL BUSINESS

Spectrum Care Trust Board

The Trust Board has sought ADHB agreement to Richard Hanna being appointed Chairman and Dr Margaret Horsburgh as Deputy Chairman.

Moved Wayne Brown, seconded Ian Scott

That the Auckland District Health Board approves the appointment of Richard Hanna as the Chairman and D. Margaret Horsburgh as Deputy Chairman of the Spectrum Care Trust Board.

Carried

13. NEXT MEETING

The meeting closed at 3:46 pm.

The next scheduled meeting is scheduled for
1:30pm, Thursday 2 August 2007

Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: