

AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Thursday, 7 June 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
John Retimana	Dr Ian Scott

Management in Attendance

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

Apologies

The Chair declared the meeting open at 1:20pm.

An apology had been received from Dr Di Nash.

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

2. CONFIRMATION OF MINUTES – 3 MAY 2007

Moved Ross Keenan, seconded Harry Burkhardt

That the minutes of the Auckland District Health Board meeting held on 3 May 2007 be confirmed as a true and correct record.

Carried

3. ACTION POINTS – 3 MAY 2007

The report on the Disabled Persons Assembly Conference was noted.

5. CHAIRMAN

5.1 Report

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

- The end of life decision making presentation at the Community and Public Health Advisory Committee had been excellent although the Herald had only mocked this in Sideswipe and not attended the meeting or reported on it. He had received two wonderful letters from older people supporting the debate about care and not necessarily treatment. There was a public appetite for the debate with the topic being now being of interest to television.
- MoH will pay ADHB in advance from 1 July 2007 having come off intensive monitoring which would provide a financial improvement of \$5m.
- The Office of the Auditor General had commenced their conflicts of interest review with Board members also receiving a letter on the topic from the Ministry of Health. He had sought to point out to the OAG that conflicts of interest abound in all of health not just with Board members and advisory committees but also with staff for example senior clinicians practicing in public and private, sponsorships etc. so it was important that the review was not simplified or narrow.
- He had attended the Clinical Directors' quarterly meeting which had been excellent. There had been discussion on progress financially and productivity and there was general support for a Surgical Director appointment.
- He had attended a mayoral reception for Life Flight Trust. There were a number of issues with the Council concerning demolition of buildings and sale of land at Greenlane and the Domain car park. The Audit Committee had endorsed progressing with the car park.
- He had been on Triangle TV and had noted that no one had missed out on tests through the Community Laboratory RFP process but were missing out as a result of rolling strikes by staff.
- The CFO had advised the Board on actual total remuneration of staff rather than base pay and this would be considered at the next Board meeting. This was prompted by the SMOs talking about their base pay of \$140k when in fact they received total remuneration more in the vicinity of \$250k.
- Eligibility for public funded treatment had been raised at the Hospital Advisory Committee with the flow chart of decision-making extremely complex at a time when people were in a stressful situation.
- The Audit Committee, in considering pay structures, sought simplicity rather than complexity which demanded more sophisticated computer programmes to handle.

4. HEALTH AND DISABILITY COMMISSIONER – RON PATERSON

The Chair welcomed Ron Paterson to the meeting but expressed some concern at the release of reports on events that happened a number of years ago which were then picked up by the press and suggested that these may be better handled through an annual reporting process.

The Health and Disability Commissioner addressed the meeting making the following points:

- He congratulated the Board on the discussion on end of life decision making which he had also had an opportunity to talk about on national radio.
- He had seen the flow chart on the question of eligibility and talked with Peter Le Cren suggesting that it may be appropriate to facilitate a meeting between the

Human Rights Commissioner, Peter Le Cren and himself to support discussions with Government. The Chair noted that the Board had asked that the Ministers of Health and Immigration be invited to their meeting and he would extend the invitation to the Health and Disability Commissioner.

- He had received ADHB's response to his request for preparedness in relation to the Capital & Coast District Health Board recent report and was supportive of the response he had received which will be reviewed and feedback given.
- In making his reports public he assured the Board that he does signal the intent to release and he has a statutory requirement to make public comments on health. Reports issued were a matter of public interest and may have been made public by those involved going to the press directly. This also included, as in the case of the Auckland report, that the public be aware and alert on issues i.e. medication when they arrive at hospital. The Wellington case was bad for that organisation in that it demonstrated a total lack of compassion and was needed to be published as a wake up call with now nurses and others meeting to come up with practical actions for improvement.

The CMO commented that the HDC supported moving from a blame culture, did a lot of work in meetings with staff before publication of reports and was building strong relationships with clinical units.

The Health Practitioners Competency Act was government regulation as the professional bodies had been lacking in self regulation and taking leadership responsibility for their colleagues.

Other issues raised by members of the Board were the changing mix of the workforce with increased numbers of overseas trained doctors, staff shortages, the need for comment on the infrastructure of the sector including some of the policy settings leading to bad health outcomes an example being population based funding which appeared to be ideologically driven with no discussion but was leading to repatriation of services which diminished the ability to have centres of excellence and decreased the ability of services required 24 hours a day to be financially viable. Another example was during strikes that there were perverse financial outcomes in that IDF revenue was lost but the cost was still incurred but referring DHBs made a financial gain by not incurring the IDF cost. This policy setting in the long term may lead to reduced health outcomes. Ron Paterson commented that in looking at individual cases the context and broader factors were considered and as an independent commentator he did have a role to promote public debate which also included the question of health rationing.

He was also advocating for a national health record that was accessible to all health professionals arguing that there was a balance between the need for information for the provision of treatment and the rights of privacy the latter perhaps being followed obsessively. Further issues commented on were the public/private split with cancer treatments emerging as a major issue for the Auckland region with perhaps the patient interest not be held to the fore, consumer input through quality systems as peoples' perceptions of quality may be different from what they actually receive and the varying relationship with Maori in relation to the Treaty of Waitangi being subject to political manipulation. The HDC advised that he was seeking advice on the question of Treaty of Waitangi relationships in trying to make his organisation more effective.

The Chair and Board thanked the Health and Disability Commissioner for his valuable input and observations.

10. CHIEF EXECUTIVE OFFICER - REPORT

The Chair advised that he had had a flu vaccination but was concerned at the low level at 33% of nurses participating. He was advised that there were a number of factors why people do not get vaccination including some societal attitudes to vaccination.

Garry Smith highlighted from his report:

- The Board entry in the up and coming X-Factor show:
- The Pandemic Exercise “Cruickshank” had gone well over all but there were some key learnings for the region.
- There would be a regional meeting later in the month addressing IDFs, strikes and regional work streams.
- There had been a positive meeting with Counties Manukau addressing a number of issues with some long standing issues and funding resolved.
- David St George, former head of the Quality Department had moved to the MoH.
- Clinical governance was being exercised to ensure that quality becomes a core activity within each service.
- The organisational reporting structure was being reviewed.
- He expected to appoint a Director of Surgery in a three to four month timeframe.
- The Starship visit by Suzanne Paul had gone through due process and had been in a lunchtime timeframe.

11. FINANCIAL REPORT – APRIL 2007

The underlying result for the month was \$4m to \$5m deficit as a result of being a short month and strike activity. The year to date result was \$17m deficit but it was expected that May would be a good month.

Wayne Brown and Ross Keenan left the meeting at 2:37pm and Harry Burkhardt assumed the Chair.

Staff numbers were 200 more than last year being increased operational staffing.

There were a number of issues with the Auckland City Council including difficulty in selling land, demolition of buildings, the erection of the Domain car park and increase in water rates of \$260,000 per annum. The Board requested that the Mayor and CEO of Auckland City Council to be invited to the next meeting to discuss these issues and how ADHB and the Auckland City Council should be jointly addressing health outcomes for the same population. A briefing paper on issues would be prepared for the Board and should include territorial local authority issues relating to alcohol administration.

Profits in the DHB sector were \$52m.

The auditors report to management had been discussed at the Audit Committee with the major areas of concern being payroll and core IT services. There was a need for site planning for future services at both Greenlane and Grafton.

A briefing paper on Kiwisaver was tabled with the target being in the next week to launch communication to staff covering tax advantages, existing superannuation schemes, salary sacrifice and the locking in of the scheme to age 65.

6. DISABILITY SUPPORT ADVISORY COMMITTEE

The Chair of the Committee, Barry de Geest reported that the Committee had met the previous Thursday and received a staff report on Taikura Trust issues following a presentation by the Trust at the previous meeting. The Committee had expressed concern at the manner of staff's interaction with Taikura.

The Committee had good relationships with Auckland City Council with Minnie Baragwanath being a member of the Committee. The Committee had supported the Palliative Care Strategy but had raised the question of it addressing the needs of disabled. The Committee's input to the District Annual Plan was also being reviewed.

Moved Barry de Geest, seconded Ian Scott

That the report to the Chairman on the Leading Change Together Conference of the Disabled Persons Assembly be received.

Carried

7. AUDIT COMMITTEE

The Chair of the Committee, Harry Burkhardt reported that the Committee had received an internal audit report on Accident Compensation Commission revenue which demonstrated the complexity of processes. The Committee had reviewed the financial results and had expressed frustration at the building issues with Auckland City Council.

8. MAORI HEALTH ADVISORY COMMITTEE

The Chair of this Committee John Retimana advised that he would report to the next month Board meeting in detail. The Committee had accepted the Maori Health Strategic Plan being issued for consultation.

12. GENERAL BUSINESS

There were not items of general business.

13. NEXT MEETING

The meeting closed at 2:55 pm.

The next scheduled meeting is scheduled for
1:30pm, Thursday 5 July 2007

Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: