

AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Wednesday 4 March 2009, at
Sorrento in the Park
One Tree Hill Domain, Auckland
commencing at 1:30 pm

1. ATTENDANCE AND APOLOGIES

Board Members

Pat Snedden (Chair)	Jo Agnew
Susan Buckland	Harry Burkhardt
Dr Chris Chambers	Rob Cooper
Dr Brian Fergus	Dr Ian Scott
Rt Hon Bob Tizard	Seiuli Dr Juliet Walker
Ian Ward	

Management in Attendance

Garry Smith – Chief Executive
Greg Balla – Director Performance & Provider Development
Margaret Dotchin – Nurse Director
Julie Helean – Manager Planning and Service Development
Kay Hyman – General Manager, Woman's and Children's Services
Dr Denis Jury – Chief Planning & Funding Officer
Chris Morgan – Manager, Materials Management
Janice Mueller – Director Allied Health
Vivienne Rawlings – General Manager, HR Operations
Brent Wiseman – Chief Financial Officer
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 2:10 pm.
An apology has been received from David Sage.

2. CONFLICTS OF INTEREST

Chris Chambers advised that he was now on the Credentialing Committee for private hospitals. There were no notifications of conflicts of interest for any item on the agenda.

3. CONFIRMATION OF MINUTES 4 FEBRUARY 2009

Moved Susan Buckland, seconded Jo Agnew

That the minutes of the Auckland District Health Board meeting held on 4 February 2009 be confirmed as a true and correct record.

Carried

There was IDF agreement for the Level 9, ACH Operating Room and ORDA facility. Submissions had been made to Commissioners on Building 5 and a result was expected by the end of March.

5. PRESENTATIONS

5.1 Disability Support Advisory Board – Barry de Geest

Barry de Geest, the Chair of the Disability Support Advisory Committee had come to the meeting but unfortunately had had to leave prior to the meeting commencing. He had advised that his wish to resign as Chair of the Committee due to conflicts as a provider but would like to talk to the Board the next month. The Board thanked him for his contribution as Chair.

4. CHAIRMAN'S REPORT

The Chair advised on his activities:

- He had presented with the CEO to the RMO and SMO Commission. He had also made a later submission both face to face and in writing and would be talking to them again.
- He had attended a College of GPs Quality Symposium whose Chair was committed to whole of sector quality. He had also attended a Private Hospitals Association meeting who were also committed to the quality agenda.
- He had made submissions to the Commissioners on Building 5 outlining the overall requirement to provide quality medical services to Auckland.
- ADHB had hosted the release of the Serious and Sentinel Events noting that it was very humbling that the public tolerated a system where 3 in 10,000 experienced an event and 1 in 10,000 died.
- The Letter of Expectations from the Minister had been received with the main points being to break even, increase electives, reduce time in ED, provide clinical leadership and be customer focused. The requirements would be in the District Annual Plan (DAP) and reported against.
- There had been discussion and submissions from members to the Chair and Deputy Chair on chairmanship of committees.

Moved Pat Snedden, seconded Harry Burkhardt

That the following Chairs be appointed to Committees:

<i>Quality, Risk & Audit</i>	<i>Ian Scott</i>
<i>Finance</i>	<i>Harry Burkhardt</i>
<i>Community & Public Health Advisory Committee</i>	<i>Brian Fergus</i>
<i>Hospital Advisory Committee</i>	<i>Chris Chambers</i>
<i>Maori Health Advisory Committee</i>	<i>Rob Cooper (interim)</i>
<i>Pacific Health Advisory Committee</i>	<i>Alfred Ngaro</i>
<i>Disability Support Advisory Committee</i>	<i>Jo Agnew</i>
<i>Representative on A+ Trust</i>	<i>Harry Burkhardt</i>
<i>Representative on Starship Foundation</i>	<i>Susan Buckland</i>

Carried

7. CHIEF EXECUTIVE OFFICER'S SUMMARY

The following points were noted from the summary:

- Heavy acute volumes had been reported to the Hospital Advisory Committee which had impacted on elective surgery performance but there was still ESPI compliance.
- Eating Disorders continued to be a critical point with concerns for delivery in a timely way.
- Community Pharmacy and Health of Older People expenditure was being monitored.
- The business case for additional beds was critical.
- RMO staff shortages were being managed day by day from a clinical point of view.
- With the 2008/2009 District Annual Plan there was still a need to get an answer on the \$6m IDF revenue commitment relating to MECA settlements. Pricing for the 2009/2010 had progressed forward but the issue was still pertinent for the current year. The issue had been presented to the CEOs nationally and they had been written to, however, this has been unfruitful and had now being escalated to the MoH as the District Annual Plan (DAP) had been signed off with that assumption.

Garry Smith and the Board welcomed Brent Wiseman, the new Chief Financial Officer.

8. LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY

8.1 Committee Recommendations

With the District Annual Plan (DAP) the statement concerning the Treaty of Waitangi needed to be finalised as was a note re Mapo.

8.2 Indicator Exception Reports

These would be reported in April.

8.3 Planning Cycle for Strategic Plan and District Annual Plan

The District Annual Plan 2009/2010 draft was tabled with still some gaps in the financial area. It had been updated from the workshop and included the Minister's areas of focus and was due to the Ministry of Health on Friday 6 March 2009, with the final plan due in May. It was a high level document supported by five Functional Group plans. As noted previously the Government's priorities and commitments were included and there may be changes to the statement concerning the Treaty of Waitangi following conversations with Mapo.

Moved Pat Snedden, seconded Ian Scott

That the Auckland District Health Board notes the first draft of the District Annual Plan 2009/2010, both words and finances, for submission to the Ministry of Health on 6 March 2009 and authorises the Chair and CEO to sign off the final iteration of the first draft.

Carried

The Board members were invited to email the Chief Planning and Funding Officer on any issues prior to Friday.

10. LIVE WITHIN OUR MEANS

10.1 Finance Committee Recommendations

IT Systems and Infrastructure Resilience Phase 2

This total project over a number of years would be \$5.1m.

Moved Harry Burkhardt, seconded Bob Tizard

That the Auckland District Health Board approves the purchase and implementation of ICT Resilience Hardware and Design services and approves the vendor to be selected from a limited tender.

Carried

Additional Bed Capacity, Adult Health, ACH

The level at which the hospital was operating was not efficient and this proposal was not about expanding benefits but resourcing and operational efficiency.

Moved Harry Burkhardt, seconded Ian Scott

That the Auckland District Health Board approves the proposal for a relocation of Assessment, Treatment and Rehabilitation (AT&R) wards to Level 14 of the Support Building at an estimated cost of \$2m in capital costs in 2008/2009 and up to \$6m in capital costs 2009/2010 noting that the capital is to fit out two wards on Level 14 with the initial resourcing to be one ward with a check point review before resourcing the second ward all within the context of the 2009/2010 budget.

Carried

PHO Contracts

Ian Scott declared a conflict and left the room.

Moved Harry Burkhardt, seconded Chris Chambers

That the Auckland District Health Board approves the renewal of five PHO contracts and authorises the Chief Planning and Funding Officer to sign version 18 of the PHO contract for ADHB PHOs.

Carried

Regional Endoscopy

Moved Harry Burkhardt, seconded Ian Ward

That the Auckland District Health Board approves the purchase and implementation of ProVation from Provation Medical at a total capital cost of \$491,930 and annual operating costs of \$10,300 in year 1, \$65,843 over 5 years subject to approval of the other regional DHBs and an assurance from management on the continued viability of the supplier.

Carried

10.2 Finance Report

The financial report showed an improvement in January with a favourable variance to budget which had halved the unfavourable variance to budget for the year to date. The forecast for year end was to break even.

District Annual Plan 2009/2010

The CFO presented to the Board on the budget overview showing a breakeven position but movements in the surplus (deficits) between the funder and provider and outlined the key features, assumptions and risks.

The administration FTE cap was noted.

The key was to present a break even budget although concerns were expressed at the reduction in Our Health 2020 initiatives however there was still some \$4m and the present initiatives were continuing with a further \$6m of devolution of secondary care to primary care.

The report and presentation were noted by the Board.

11. PAPERS

11.1 Letter of Expectations for 2009/2010

Moved Pat Snedden, seconded Rob Cooper

That the Minister of Health's Letter of Expectations for 2009/2010 be noted.

Carried

It was the responsibility of the Board to deliver to the expectations and it was noted that a letter on elective services had been received by the Hospital Advisory Committee with eleven points that the Minister wanted addressed which would be responded to by 3 April 2009.

12. GENERAL BUSINESS

Media Policy

The Chair was the spokesperson for the Board, or his delegate and the Chief Executive was spokesperson for Management, or his delegate. The Board was briefed by a weekly media report.

Emergency Meeting and Public Exclusion

Moved Chris Chambers, seconded Rob Cooper

That an emergency meeting of the Board be undertaken to address the urgent matters out lined below; and

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.

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>
1 Community Laboratory Services 2 Home Support Services 3 Compounded Products 4 Treasury Briefing - Health	<i>To enable the Board to carry on without prejudice or disadvantage commercial activities and negotiations: Official Information Act 1982 s.9(2)(i) and s.9(2)(j)</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>

Carried

Resumption of Public Meeting

Moved Chris Chambers, seconded Rob Cooper

That Auckland District Health Board resume meeting in public.

Carried



13. NEXT MEETING

The meeting closed at 5:30pm

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

CONFIRMED

CHAIR:

DATE: