

## AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting  
held on Thursday, 5 October 2006, 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)  
Chris Chambers  
Virginia Hope  
John Retimana

Ross Keenan  
Barry de Geest  
Di Nash  
Ian Scott

#### Management in Attendance

Garry Smith – Chief Executive  
Roger Jarrold – Chief Financial Officer  
Janice Mueller – Director Allied Health  
Viv Rawlings - GM HR Operations  
Ian Bell – Board Administrator

#### Apologies

The Chair declared the meeting open at 1:36 pm.  
An apology had been received from Harry Burkhardt.

### 2. DEPUTATION - THE SERVICE AND FOOD WORKERS' UNION

The Board received a deputation from the Service and Food Workers' Union and were addressed by Mr Nick Papadopolos in support of a meca. Ema Samuels also addressed the meeting. The Chair acknowledged the presentation to the Board and Management.

### 3. CONFIRMATION OF MINUTES – 7 SEPTEMBER 2006

Moved Ross Keenan, seconded Virginia Hope

*That the minutes of the Auckland District Health Board meeting held on 7 September 2006 with the amendment to item 5 noting that WDHB had withdrawn from the regional select committee submission process at the last minute and the amendment to the mover and seconder of the motion to appoint a further member to the Community and Public Health Advisory Committee be confirmed as a true and correct record..*

Carried

### 4. ACTION POINTS – 7 SEPTEMBER 2006 - NIL

## 5. CHAIRMAN

### 5.1 Report

Wayne Brown reported on his activities for the month:

- He had received a number of letters from the Council of Trade Unions, Ross Wilson re maintenance workers.
- A letter had been received from Vector re the power outage but this was incorrect in that Vector had lost their communication centre and could not inform ADHB the length of time of the power outage that had been advised to them by Transpower. If this had been received ADHB could have reacted differently to the disruption.
- He had attended a Starship Foundation dinner and there were now good firm relationships with the Foundation. He thanked Dr Scott for attending meetings in his absence.
- He had attended a World Health Organisation Pacific function at the museum which was also attended by the Minister.
- There had been some media coverage of personal grievance costs though the majority of costs related to one claim and when this was taken out ADHB had a lower level of PGs than other DHBs.
- He had met with the Urban Design Group of the Auckland City Council concerning the Domain carpark covering the need for the carpark, practical things that could be done with the design such as growing foliage and a suggestion by the Council at looking at University land. It had been stated at the meeting that ADHB was a signatory to the Urban Design Protocol and management is to confirm if this is correct.
- There were three new CEOs appointed in the region including Northland with the ADHB CEO being the only experienced New Zealand CEO.
- The death of Sir Hugh Kawharu had been acknowledged by ADHB and he thanked John Retimana for representing the Board.
- ADHB had reached compliance with EPSI and he thanked the staff for their efforts. There would be additional funding for electives and the Board was considering proposals to increase theatres to give more services to its population.
- The Tahitian heart contract has been expanded to the Fortuna and Wallis Islands.
- He had regular contact with the DHBNZ Chair.

### 5.2 Regional Report

The Deputy Chair, Ross Keenan advised that the regional meeting would be held on Thursday, 12 October 2006 with items on the agenda being:

- Update on PBFF and the Future Funding Track.
- Regional service development.
- The Chief Executives' work programme update.
- The laboratory services contract status and following presentations to the regional Boards there was a level of increased confidence.
- National pricing issues.
- DSAC regional co-ordination.
- External audit.

### **5.3 Spectrum Care Trust**

Moved Barry de Geest, seconded Wayne Brown

*That the Auckland District Health Board endorses the reappointment of Richard Hanna as Deputy Chair of the Spectrum Care Trust from 1 July 2006 to 30 June 2009.*

Carried

## **6. DISABILITY SUPPORT ADVISORY COMMITTEE**

The Chair of the Committee reported on the meeting held on 21 September 2006 where the < 65 boundary issues were discussed with some resolution being obtained with the MOH. The Committee had noted that disability covers all the sections of ADHB so should be considered in the same way as ethnicity or culture. The Committee had planned a presentation on the Pacific Disability Plan however the representative from the MOH had not attended the meeting. The Committee had also asked, that with patient surveys, that the question be asked as to whether the respondent was a disabled person.

## **7. MAORI HEALTH ADVISORY COMMITTEE**

The planned meeting had been cancelled due to staff movements in He Kamaka Oranga. The Chairman wished to hold meetings in November and December.

## **8. QUALITY COMMITTEE**

The Quality Committee would be meeting later in the month.

## **9. CHIEF EXECUTIVE OFFICER**

Ian Scott had attended a Starship Foundation meeting and the response by the Foundation to the home insulation project, which initially had been resisted, was now being received very positively as being the first community based project that the Foundation had been involved in.

### **9.1 Report**

Garry Smith spoke to his report and acknowledged the loss of Sir Hugh Kawharu. ADHB had won the Local Body award in the Maori language Week and this supreme award would be a feature at Celebration Week.

The resignation of Kris McDonald, GM Maori Health was noted as was the move by Fiona Ritsma, General Manager Clinical Specialty Services to become CEO of the New Zealand Blood Service.

He acknowledged the amount of work done in achieving the ESPI results and the challenges that lay ahead to stay compliant as well as responding to the initiatives under new funding.

He would be attending the DHBNZ CEOs' meeting the following week where national meca and the pricing debate would be discussed. He acknowledged the work of the CFO on the pricing project, tertiary adjuster and Tier II services.

Preparation was being made for the accreditation/certification survey of Mental Health, RehabPlus, Ambulatory and Public Health Services in mid October.

Regional SMO Alignment was following agreed policies and principles however progress in each DHB was varied and the project was taking considerable time and had been hampered by staff resignations.

The Operational Efficiency Project covered three sectors:

1. Surgical Services Review.
2. Capacity Planning Project.
3. After Hours Model of Care.

Progress to date was the Terms of Reference for the three projects have been completed and key activities and timeframes defined. There were four priorities under the Surgical Services Review being ophthalmology, orthopaedics, general surgery and cardiac. There was good representation from surgeons across surgical areas in the surgical project.

## **10. FINANCIAL REPORT – JUNE 2006**

The result for the month was reasonable with revenue understated by \$0.75m however production was behind budget in case weights with complexities down. Risks would be unbudgeted wage increases, industrial action and bed capacity. The orthopaedic initiative was being addressed through approval to increase theatres and to have a separate electives ward established.

Results of the pricing project would be an increase in IDF pricing as the sector's cost structure had increased although ADHB's costs had been restrained. The tertiary adjuster pool had increased from \$75m to \$106m without Auckland costs being included. The analysis was very sensitive and also showed that certain DHB Funders were subsidising their Provider arms. Work was progressing with MOH to recognise that ADHB's costs were now valid.

### **9.3 Communications**

Sally Haysom presented to the Committee on the Communication Strategy this being in the form of a wheel with the centre being the strategic intent followed by target audiences, objectives, key messages, etc. The Board wanted the messages to be balanced in that there were responsibilities from patients and suppliers, etc. in response to what ADHB provided. This included value for money from suppliers and patient responsibility to manage their own health for all sectors of the population not just patients.

### **9.2 Celebration Week 20 - 24 November 2006**

Gill Naden addressed the Committee on the draft programme for the Celebration Week which focussed on achievements of people and recognition of achievements including the Maori Language Week award. Board members were requested to attend activities during the week and to advise through the Board Administrator what particular activities they would be attending.



The Board had joined Healthpoint and examples of the website pages were given. There were public pages as well as pages that required a login. The first year cost of the services was \$55k with following years at \$35k. This provided enhanced quality health information and would be launched to GPs in November. Since the availability of the website a reduction in phone calls had been noted.

**11. AUDIT COMMITTEE**

The Audit Committee had met the previous day. They had considered the Sponsorship Policy and requested an introductory page prefacing the policy to give context to all staff and suppliers. This would be communicated to staff and suppliers including an article in NOVA. Other matters addressed were the orthopaedic initiative and the establishment of an elective only ward which would be brought to the Board the next month. The Phase I Orthopaedic Initiative post audit had been considered and although it was not that satisfactory it did give context to the Phase II initiative which the Committee had approved to be started. Other matters considered were the Code of Good Faith follow-up, Vector response, approval of a limited tender, the CEC post audit and Internal Audit reports.

**12. GENERAL BUSINESS**

There was no item of general business.

**13. NEXT MEETING**

The meeting closed at 4.25 pm.

The next meeting will be held at  
1:30pm, Thursday 2 November 2006  
Marion Davis Library  
Building 43  
Auckland City Hospital  
Grafton

**CONFIRMED**

**CHAIR:** .....

**DATE:** .....