

AUCKLAND DISTRICT HEALTH BOARD

Minutes of the Auckland District Health Board meeting
held on Wednesday 4 June 2008, in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 1:30 pm

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Board Members

Pat Snedden (Chair)	Jo Agnew
Susan Buckland	Harry Burkhardt
Dr Chris Chambers	Brian Fergus
Dr Ian Scott	Bob Tizard
Ian Ward	

Management in Attendance

Garry Smith – Chief Executive
Dr Denis Jury – Chief Planning and Funding Officer
Dr David Sage – Chief Medical Officer
Greg Balla – Director Performance and Provider Development
Taima Campbell – Executive Director Nursing
Janice Mueller – Director Allied Health
Vivienne Rawlings – General Manager HR Operations
Liam Sheridan – Finance Manager
Ian Bell – Board Administrator

Apologies, Conflicts of Interest

The Chair declared the meeting open at 12:46pm.

Apologies had been received from Rob Cooper and Seiuli Dr Juliet Walker. No conflicts of interest with items on the agenda were declared.

3. CONFIRMATION OF MINUTES – 7 MAY 2008

Moved Jo Agnew, seconded Susan Buckland

That the minutes of the Auckland District Health Board meeting held on 7 May 2008 be confirmed as a true and correct record.

Carried

4. ACTION POINTS – 7 MAY 2008

Members Training

A Health Select Committee question had been received seeking information on training provided to Board members which required a response by 20 June 2008. Members were asked to advise the Chair of their requirements.

Building 5

Further work was being undertaken with Auckland City Council and Auckland Regional Council prior to speaking to the appellant to the Environment Court.

Quality Conference

Garry Smith tabled a report on his attendance at the Institute of Healthcare Improvements (IHI) International Forum on Quality and Safety in Healthcare. He acknowledged the support of the Board and advised that it had been a very rich experience. He detailed six learning/actions:

- Formal leadership walk rounds to visit every area once a year in a prepared formal way by himself and the Senior Management Team.
- Leadership programmes to be introduced for the four levels of management to support people when they are placed in roles.
- An Execution Framework to not try and do too many things and be clear on what are national, regional and local priorities.
- Put Quality Assurance at the top of each agenda.
- Getting people to test what they do.
- Pay for performance principles of performance measures.

Taima Campbell who had also attended the Forum spoke of the concept of a productive ward, transporting care to the bedside and process improvement.

5. CHAIRMAN

5.1 Report

The Chair reported on his activities for the month:

- He had met with the Health and Disability Commissioner to discuss the Save 500 Lives Campaign to see what KPIs the Commissioner wanted to ensure alignment.
- He had visited PHOs who had welcomed the visibility of the Board Chair with him sharing the feedback with Planning and Funding.
- Work was being undertaken for a "One Patient" system for New Zealand sponsored by Hutt Valley.
- Tripartite discussions to change the employer/employment relations in the health sector.
- Tamaki Transformation was a 20 year project in Glen Innes for redevelopment and getting better coordination between health, social agencies, Auckland City Council and Auckland Regional Council.
- Attend function at School of Population Health promoting Population Healthcare as a career path for graduates.

5.2 Committee Appointments

Dr Rhys Tapsell was to be appointed to the Hospital Advisory Committee but may be able to join the Maori Health Advisory Committee and the Chair of the Community and Public Health Advisory Committee, Rob Cooper, was to follow-up on possible appointments to that Committee. The Chair would also follow-up on possible further appointments to the Hospital Advisory Committee. The Term of Office of appointees would be for the term of the Board.

Moved Ian Scott, seconded Brian Fergus

That the following appointments be made to Board Committees:

- *Hospital Advisory Committee – Dr Rhys Tapsell*
- *Disability Support Advisory Committee - Marie Hull-Brown, Nana Tan, Tunumafono Avaula Fa'amoe, Peter Druskovich, Dairne Kirton*
- *Maori Health Advisory Committee – Tepania Kingi, Liz Mitchelson, Tereki Stewart, Puawai Rameka*
- *Pacific Health Advisory Committee – Aufa'amulia Asenati Lole-Taylor, Tafilelea Fa'avae Gagamoe, Bruce McCarthy, Latoatama Halatau, Melino Maka*

Carried

6. COMMITTEE REPORTS

6.1 Audit Committee

The Audit Committee had considered the District Annual Plan's (DAP) break even position and was in a better area of comfort than previously being supportive of Management's actions. Garry Smith advised that the Management team was committed to the DAP acknowledging the pressure points and ongoing challenges with the CFO working with departments to ensure gains to be made to deliver to budget. Elective surgery of \$10m had been included and in addressing the cost of MECA above that budgeted of \$5-6m the CEO had written to the 20 DHBs, with the involvement of the MoH and Deputy Director General, in a principled way for prices to be increased to address the higher settlements. The balance of \$5m at risk in the DAP was less than that at risk in previous years.

Internal Audit led by Peter Jane was very constructive support to the business and assurance.

6.1.2 Expenditure Proposals Facilities

NDCMS and BCBSA Systems

This was an Auckland Regional Public Health Service IT system for tracking disease notifications.

Moved Harry Burkhardt, seconded Ian Scott

That the AHDB approves the purchase and implementation of the Notifiable Disease and Contract Management System (NDCMS) and Business Continuity Planning and Stakeholder Application (BCPSA) from Hewlett Packard NZ for \$315,500 and Telecom NZ and Gen-I for \$228,072 and authorises the capital allocation and expenditure for purchase of hardware, training and project management of \$248,682.

Carried

Age Related Residential Care (ARRC) Contract Review 2008 - 2009

While the recommendation was an even 2.8% as agreed nationally ADHB had looked at differential pricing for dementia care vis a vis rest home care to encourage a change in investment.

Moved Ian Scott, seconded Harry Burkhardt

That the Auckland District Health Board approve a 2.8% increase to Rest Homes, Dementia and Hospital Daily contract rates and notes that the Northern Region DHBs are in agreement on the proposed price increase and contract variations.

Carried

6.2 Disability Support Advisory Committee

The Disability Support Advisory Committee had considered appointments to the Committee. There had been a report on Disability Support Services including the history and the split of funding to DHBs of over 65s and retention by MoH for under 65s which had created a funding barrier. There was a project being undertaken to identify the disabled population of Auckland City. It was noted in the Report Against Objectives 2007/2008 that Disabilities had a higher level of non achievement to objectives.

Disability Support Services funding devolvement was not anticipated and the disabled community did not want this necessarily associated with health.

6.3 Maori Health Advisory Committee

The report on Maori Health provided to the Maori Health Advisory Committee is to be provided to Board members.

6.4 Pacific Health Advisory Committee

The meeting had discussed the question of a Summit and how the Committee could gain legitimacy with their community. There was a need for a mainstream response to Pacific Health, similar to that provided to the Maori Health Advisory Committee, also acknowledging that Pacific were not a homogeneous group. There was respect for the manner in which the Chair of the Committee had controlled and Chaired the meeting.

6.5 Quality Committee

There had been good discussion on the role of Quality. 50% of the agenda needed to be indicators and commentary on what they were advising. There were a number of health system quality initiative projects nationally and regionally. The Quality agenda needed to be aligned with Community and Public Health Advisory Committee's and Hospital Advisory Committee's on how systems were improving.

2. DEPUTATION EATING DISORDER ASSOCIATION OF NZ

Richard Leggatt, Chairman, Eating Disorders Association of New Zealand addressed the Board advising that they were a group of parents formed 6 months previous which, while having a good working relationship with Greenlane, were still concerned with the proposed services. Eating disorders was a mental health disorder where patients do die and were very expensive to treat if not addressed early. He had three areas of concern: (1) MoH future directions clearly showed that Auckland expected to offer an in-patient service. The disorder was on a rise and capacity in Sydney may not be available. 50 %

of patients were aged below 16. It was important that there were inpatient services for all ages not just children;

(2) The Starship proposal. Treatment took 4 - 6 months which included psychiatry as well as medical treatment which required wider environmental settings of school, room, separate dining room etc. The proposal was only a half way interim measure to meet the medical and psychiatric treatment with best practice being a separate facility outside a hospital;

(3) there was no planned day programme and there needed to be a intensive outpatient follow-up.

In summary eating disorders could be lethal and ongoing treatment could be up to 7 years. Starship must only be an interim measure and he sought planning for a separate facility and intensive day programmes.

Peter Jefferies also addressed the Board advising that eating disorders had been left behind compared with other mental health services. He supported the proposals as an interim step but sought the Board's commitment to best practice as an end goal and their involvement in the planning that was required by 30 June 2008.

Adele Wakeham, Rehabilitation and Regional Eating Disorders was in attendance and advised that the service programmes needed to have an appropriate clinical level so there was a need to match resources and work with other DHBs. The Team was working with the Region and the Midland region to get a viable clinical and financial service. There was a need for a facility to be near a Children's Hospital, a challenge being to increase FTEs for early help. For children under 16 the appropriate interim measure was to use Starship. Older adolescents and adults may still need to go to Sydney in the interim to receive the appropriate clinical care. For the longer term, to physically develop a facility and develop the workforce may take two years. She noted that younger people were presenting down to age 11 and these were generally more complex and medically challenging. The longer term objective was to have a best practice model with facilities quite near a Children's Hospital but there may be limitations in attracting workforce.

The Chair thanked the Deputation for their contribution which was well informed. The Board had made a clear commitment to a long term solution to be resourced effectively and would be going through the regional collaborative processes to try and get a common pathway by 30 June 2008. While ADHB was prepared to commit capital it would need support of other DHBs who were referring patients. He gave an undertaking to be open in the process and keep the Eating Disorders Association informed.

7. CHIEF EXECUTIVE OFFICER

7.1 Report – April 2008

Garry Smith spoke to his report advising that there was concern in April and May of the impact of the results on the drive to break even with strikes impacting on production and electives. It was necessary to lower the hospital occupancy moving to the strike days which created a bow effect. Results were being maintained by release of reserves noting that breakeven was to be achieved although there were wage settlements above budget, no property sales or large donations.

The DAP had been submitted with a breakeven for next year and each DHB had been written to concerning the MECA impact as ADHB was an IDF exporter and needed adjustment to prices as there was a year lag before pay increases fed into prices under the existing pricing structure.

A regional workshop, including Northland, had been held on the next IS Regional Plan to determine the top priorities for IS across the region. This Plan would be provided to the Board in a couple of months.

In response to a question related to air ambulance services the Board was advised that most inter hospital transfers of intensive care children were by air ambulance. ADHB ran a specialist PICU service providing transport and an Intensive Care Team. The contract was to be extended to 2009 to allow the national process for reviewing inter hospital transfers to be finalised. Costs included the cost of labour and flying hour cost had increased by 14%. Other points noted were the national QIC project with a project leader appointed and project team established:

- X-Factor was being held on Monday 16 June 2008 and Tuesday 17 June 2008
- MoH had expressed concern at heparin of Chinese origin however there was an alternative supply.
- The agreed lump sum payment to SMOs had been paid before the schedule date as a goodwill gesture.
- The lithotripter was now operating and the investment would be maximised by decanting patients to Greenlane.
- The “overseas nursing recruitment at home” was facilitating employment for nurses that had undertaken the required courses.
- The IMTS team’s assessment of the IT systems resilience and availability risks review had ranked the risks higher.

Moved Pat Snedden, seconded Ian Scott

That the Board notes the Chief Executive’s report for April 2008.

Carried

7.2 Increased Funding for Elective Services

The increased funding supported the \$10m for electives that had been put in the DAP. A new acute theatre would be opened in September/October with planning for another 4 theatres however the theatre resources needed to be matched with staff resources so would be phased.

Moved Jo Agnew, seconded Susan Buckland

That the ADHB notes the letter from the Deputy Director General - Sector Accountability and Funding on increase in funding for elective services.

Carried

Crown Funding Agreement

The paper on extending the Crown Funding Agreement to 30 June 2009 had been tabled.

Moved Pat Snedden, seconded Brian Fergus

That the Auckland District Health Board accepts the offer from the Ministry of Health to vary the term of ADHB's CFA by extending the term to 30 June 2009 and authorised the Chief Executive to sign the extension on its behalf.

Carried

7.3 Report Against Objectives 2007 - 2008

This was a report on the third quarter with services needing to react to those that had negative indicators. This did generate corrective activity. The concerns of Disability Support Services had been noted earlier as had the research with Auckland City Council and the University on the disabled population to support development of a Disability Plan to implement the Disability Strategy.

Moved Ian Ward, seconded Jo Agnew

That the report against objectives 2007/2008 third quarter be noted.

Carried

8. FINANCIAL REPORT – MARCH 2008

The Board noted the managing down of electives and undertake less complex procedures leading up to the strikes. The Board requested that a list of provisions be provided to the Audit Committee.

Moved Pat Snedden, seconded Bob Tizard

That the Financial Report April 2008 be received and noted.

Carried

9. GENERAL BUSINESS

There were no items of General Business



10. NEXT MEETING

The meeting closed at 3:01 pm

The next scheduled meeting is
1:30pm, Wednesday, 2 July 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: