

MEETING DETAILS											
Time and Date	2:00pm, Wednesday, 7 October 2009										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
1	KARAKIA										
	The Chair declared the meeting open at 2:37pm and lead the meeting with the karakia.										
2	ATTENDANCE AND APOLOGIES										
	<p>Board Members</p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Dr Brian Fergus</td> <td>Dr Ian Scott</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Seiuli Dr Juliet Walker</td> </tr> <tr> <td>Ian Ward</td> <td></td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning and Funding Officer Margaret Wilsher – Acting Chief Medical Officer Brent Wiseman - Chief Financial Officer Greg Balla – Director Performance and Innovation Ngaire Buchanan – General Manager Operations Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Chris Chambers and Rob Cooper. <u>Moved Pat Snedden; seconded Harry Burkhardt</u> <i>That the apologies be sustained.</i> <u>Carried</u></p>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	Harry Burkhardt	Dr Brian Fergus	Dr Ian Scott	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward	
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3	CONFLICTS OF INTEREST										
	There were no notifications of conflicts of interest for any item on the agenda.										
4	CONFIRMATION OF MINUTES										
	2 September 2009										
	<p><u>Moved Brian Fergus; seconded Susan Buckland</u> <i>The minutes of the Auckland District Health Board meeting held on 2 September 2009 be confirmed as a true and correct record.</i> <u>Carried</u></p>										

	<p>16 September 2009</p>
	<p><u>Moved Brian Fergus; seconded Ian Ward</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 16 September 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
<p>7</p>	<p>CHAIRMAN'S REPORT</p>
	<p>The Chair had spent significant time on Community Laboratories which had been updated to the Quality, Risk and Audit Committee with performance improving. He had also been involved with quality at the national level.</p> <p>Harry Burkhardt, Deputy Chair had attended the DHBNZ meeting where there was conversation with Murray Horn with the review group looking at the common DHB view as well as each DHBs view. Murray Horn had operated in a restricted environment as the Government did not want to change the structure but it is important that there is no duplication of bureaucratic systems. The consolidated DHB view was support for the Minister's review group in the global sense although there was still a question of governance at the regional level. What was sought was cultural change and better binding national decision making. It was understood that officials were working on the report with an outcome expected in October/November. A number of DHBs had put in their own submissions. While the report favoured regionalisation this is harder to achieve in practice.</p> <p><u>Moved Pat Snedden; seconded Jo Agnew</u></p> <p><i>That the Chair and Deputy Chairs reports be noted.</i></p> <p><u>Carried</u></p>
<p>8</p>	<p>CHIEF EXECUTIVE OFFICER'S SUMMARY</p>
	<p>A first Oral Health mobile unit was on schedule and there was a recommendation concerning fixed sites. The funding for Eating Disorder Services after year 2 was yet to be resolved. The Quality Committee had been updated on the EOI process for devolving services with 10 PHOs developing a well researched response with input from the DHB. There had only been a short time to develop but what was sought was better coordination between services, minor surgery, better access, cleaner referrals and better services tied to primary care. Changes would be over a 5 year period with the first projects being to address acute rates and immunisation rates. The 3 DHBs had agreed a list of principles that were key to the DHBs. The Pacific PHOs were insisting on putting in an individual EOI, although they had been encouraged to work in the consortium, and this would be supported by the DHB.</p> <p>The Elective Surgery Unit business case had been filed on 30 September with regional support. It included three work streams being workforce, patient journey with a project manager appointed and physical facilities. It was expected to be with the Minister for 4-6 weeks.</p> <p>There had been an address to the Hospital Advisory Committee on the ED project and Cardiac both of which were benefitting from the methodology being applied and involvement of clinical/management teams. The Senior Leadership Team had been involved in the EOI with a focus on relationships and the primary interface.</p> <p>There was national work on the budget process 2010/11 to give guidance to the sector. The Manager, Material Management was working with healthAlliance on regional procurement with a number of contracts coming through on a regional basis.</p> <p>The Pacific Summit had been a significant event and very successful although in a very sad context.</p> <p>With the Minister's six health priorities there was some way to go on the AED and CED projects and these would be reported publicly. The tobacco goal was to take the opportunity while patients were in hospital to talk to them about smoking cessation.</p>

	<p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the Chief Executive Officer's summary be noted.</i></p> <p><u>Carried</u></p>
9	LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY
	<p>The Community and Public Health Advisory Committee had had a presentation from the Improvement Foundation Australia relating to the ADHB Primary Care Collaborative. They had also received the Public Consultation and Engagement policy.</p> <p><u>Moved Brian Fergus; seconded Susan Buckland</u></p> <p><i>That the ADHB adopts the Public Consultation and Engagement policy.</i></p> <p><u>Carried</u></p> <p>The Committee had also received a recommendation from the Maori Health Advisory Committee which they endorsed.</p> <p><u>Moved Brian Fergus; seconded Susan Buckland</u></p> <p><i>That the ADHB supports the Maori Health Advisory Committee recommendation that waiting times and intervention rates for Maori be a focus for improvement projects particularly addressing the interface between primary and the service to achieve an outcome where Maori and non Maori rates are the same with a focus on cardiac, stroke services and child respiratory as an initial start.</i></p> <p><u>Carried</u></p> <p>Maori Health Advisory Committee</p> <p>The Committee had considered Did Not Attend (DNA) project, the Maori Cardiac Rehabilitations options including the indicators relating to Maori Health and received a presentation on the Maori Health Wellness paradigm.</p> <p>Pacific Health Advisory Committee</p> <p>The Committee had received presentation on the leadership programme which was aimed at empowering churches to build and run their own health programmes.</p> <p>The summit had been held on 1 October from 1:30pm to 9:00pm at Ellerslie with a very good turnout from both ADHB and members of the community. While it was held in a sombre mood when asked for input people came forward with input to the strategic plan. There were facilitated groups divided by ethnicity and there were formal speeches. There were also different groups i.e. youth, elderly and the results of the summit will be collated and come through to the Pacific Health Advisory Committee. The Pacific voice was very clear and the community providers and consumers active and constructive engagement was very powerful.</p> <p>Disability Support Advisory Committee</p> <p>This would be meeting on 15 October 2009.</p>
10	PERFORMANCE IMPROVEMENTS
10.1	Committees
	<p>Hospital Advisory Committee</p> <p>The Committee had had a presentation from Cardiac Services which had shown a massive turnaround in waiting lists. There was an impetus from Wellington but it was also an example of nurse leadership and what it can do in a service. With waiting lists now under control focus can be more on the patient journey and this project demonstrated the underlining methodology that was being used across the organisation. Now people wanted to be part of the service and there had been a reduction in outsourcing but this would be retained to address any major variability in demand.</p>

	<p>The Committee submitted the following recommendation.</p> <p><u>Moved Brian Fergus; seconded Susan Buckland</u></p> <p><i>That the Executive Team explore options for developing a policy to prevent the performance of caesarean sections which do not meet recognised medical criteria and which carry significant risk to both mother and child.</i></p> <p><u>Carried</u></p> <p>This was an example of the Board taking responsibility for policy and setting the environment for that policy development.</p> <p>Quality, Risk and Audit Committee</p> <p>The Committee had had an update on Labtests from the QSTAT leader and had been updated on the EOI process which was being endorsed by the three DHBs.</p> <p><u>Moved Ian Scott; seconded Brian Fergus</u></p> <p><i>That the Auckland District Health Board support the Metro Auckland PHO collective EOI submission and that the Community and Public Health Committee maintain monitoring of the EOI and subsequent business case development.</i></p> <p><u>Carried</u></p>
10.2	DAP Projects Report
	<p>Overall progress was being achieved and there was acceptance of the methodology. The report was noted.</p>
11	LIVE WITHIN OUR MEANS
11.1	Finance Committee Recommendations
	<p>The Finance Committee had received the annual accounts and spent time with the auditors without management present. Matters discussed with the auditor were unders and overs. The next audit would be by Audit New Zealand.</p> <p><u>Moved Ian Ward; seconded Harry Burkhardt</u></p> <p><i>That the Board approves the Financial Accounts to 30 June 2009.</i></p> <p><u>Carried</u></p> <p>The audit process was about materiality and judgement where the Board may hold a different view than the auditors. This particularly referred to IAS in relation to IT depreciation which had meant that the result moved from a deficit to a profit and may be considered does not comply with GAAP as the adjustment was not spread over years but taken in one year. This was considered a technical breach but not material.</p> <p><u>Moved Ian Ward; seconded Harry Burkhardt</u></p> <p><i>That the Auckland District health Board delegates signing authority on their behalf:</i></p> <ol style="list-style-type: none"> 1. <i>Letter of Representation to Ernst & Young to the Chair, Chief Executive and Chief Financial Officer;</i> 2. <i>Year end Financial Statements to the Chair and Chair of the Finance Committee.</i> <p><u>Carried</u></p> <p>The ASPIRE project was to improve transcription services and had a good payback.</p> <p><u>Moved Harry Burkhardt; seconded Bob Tizard</u></p> <p><i>That the Auckland District Health Board approves the capital expenditure of \$640,000 for the ASPIRE IT business case.</i></p> <p><u>Carried</u></p>

The proposal on sanitary paper products involved 8 DHBs.

Moved Harry Burkhardt; seconded Jo Agnew

That the Auckland District Health Board approves the proposal for ADHB to enter into a regional contract with SCA Hygiene Australasia Limited for Sanitary Paper Products for a period of 3 years with one right of renewal for 2 years.

Carried

The proposal on Pacemakers and ICD had had the Material Management team working closely with clinicians.

Moved Harry Burkhardt; seconded Ian Scott

That the Auckland District Health Board approves the proposal for ADHB to enter into contracts with Boston Scientific, Medtel, Medtronic and Biotronik for the supply of Pacemakers and ICDs for a period of 2 years with one 1 year right of renewal.

Carried

Moved Harry Burkhardt; seconded Ian Scott

That the Auckland District Health Board approves the entering into supply agreements with two suppliers of endoscopy equipment and technology; Olympus Medical Ltd and Medipak Surgical Ltd and that a further "Standard" Supply Agreement be entered into with Downs Distributors Ltd for a period of 3 years.

Carried

The value of the contract was approximately \$1.6m per annum or \$4.8m over three years.

Moved Harry Burkhardt; seconded Susan Buckland

That the Auckland District Health Board approves the capital expenditure of \$3,518,443, inclusive of \$320,000 previously approved, for building of 5 fixed site dental clinics.

Carried

It was noted that this was part of the business case approved by the Board on 1 April 2009 with a total capex of \$10.416m.

The replacement CD scanner for Starship replaced a 9 year old piece of equipment and could deliver lower dosage radiation.

Moved Harry Burkhardt; seconded Bob Tizard

That the Auckland District Health board approves the capital expenditure of \$1,600,000 for a replacement Multi Slice CT Scanner for Starship Radiology.

Carried

The Greenlane Surgical Centre proposal was based on ADHB's own investment requirements. The funding was yet to be clarified with a financing plan being developed.

Moved Harry Burkhardt; seconded Susan Buckland

That the Auckland District Health Board approves the business case as submitted to the Finance Committee for the Greenlane Surgical Centre for implementation and capital expenditure of \$24m with the source of funding to be clarified.

Carried

The E-Referral IT proposal was approved by the Finance Committee and was within delegated authorities.

Jo Agnew left the meeting at 3:45pm.

11.2 Finance Report

The results were close to budget and included \$1m unrealised gain on interest rate swaps. There would be pressure going forward in labour costs and direct treatment costs although with the

	<p>latter there was some off setting revenue, and in the funder Health of Older People.</p> <p><u>Moved Pat Snedden; seconded Ian Ward</u></p> <p><i>That the Finance Report for August 2009 be noted.</i></p> <p><u>Carried</u></p>						
14	<p>GENERAL BUSINESS</p>						
	<p>Tsunami</p> <p>The Chief Executive advised that the response to the tsunami was health sector staff volunteering which was being organised through Ron Dunningham of Counties Manukau and these being supported by eliminating impediments to respond by providing leave etc. There had been many volunteers and two staff had presently gone to Samoa where the situation had been down graded from a disaster to an emergency. Two patients from Samoa were being treated in Auckland City Hospital. For staff there had been support through Occupational Health and Safety, chaplains and pastoral care.</p>						
13	<p>PUBLIC EXCLUSION</p>						
	<p><u>Moved Harry Burkhardt; seconded Brian Fergus</u></p> <p><i>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 item 13.</i></p> <p><i>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></p> <table border="0" data-bbox="199 1064 1364 1534"> <thead> <tr> <th data-bbox="199 1064 582 1198"><u>General subject of each matter to be considered:</u></th> <th data-bbox="582 1064 981 1198"><u>Reason for passing this resolution in relation to each matter:</u></th> <th data-bbox="981 1064 1364 1198"><u>Ground(s) under clause 34 for the passing of this resolution:</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="199 1198 582 1534"> 13.1 Community Laboratory Services 13.2 Building 5 Greenlane 13.3 Confidential Minutes </td> <td data-bbox="582 1198 981 1534"> <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> </td> <td data-bbox="981 1198 1364 1534"> <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> </td> </tr> </tbody> </table> <p><u>Carried</u></p> <p><u>Moved Brian Fergus; seconded Susan Buckland</u></p> <p><i>That the Auckland District Health Board meeting resume in public meeting.</i></p> <p><u>Carried</u></p>	<u>General subject of each matter to be considered:</u>	<u>Reason for passing this resolution in relation to each matter:</u>	<u>Ground(s) under clause 34 for the passing of this resolution:</u>	13.1 Community Laboratory Services 13.2 Building 5 Greenlane 13.3 Confidential Minutes	<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>
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	NEXT MEETING
	The meeting closed at 4:02pm. The next meeting is scheduled for 2:00pm, Wednesday, 4 November 2009 A+ Trust Room Clinical Education Centre Level 5 Auckland City Hospital Grafton
CONFIRMED	
CHAIR:	DATE: