

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 1 September 2010										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
1	KARAKIA										
	The Chair declared the meeting open at 2:04pm. Rob Cooper led 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>Dr Chris Chambers</td> </tr> <tr> <td>Rob Cooper</td> <td>Dr Brian Fergus</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Rt Hon Bob Tizard</td> </tr> <tr> <td>Seiuli Dr Juliet Walker</td> <td>Ian Ward</td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman - Chief Financial Officer Greg Balla – Director Performance & Innovation Ngaire Buchanan – General Manager Operations Hilda Fa’asalele – General Manager Pacific Health Paul Green – Manager Materials Management Janice Mueller – Director Allied Health Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Harry Burkhardt, Naida Glavish, Taima Campbell and Vivienne Rawlings.</p> <p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></p> <p>Paul Green, Manager Materials Management, was introduced replacing Chris Morgan.</p>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	Dr Chris Chambers	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Rt Hon Bob Tizard	Seiuli Dr Juliet Walker	Ian Ward
Pat Snedden (Chair)	Jo Agnew										
Susan Buckland	Dr Chris Chambers										
Rob Cooper	Dr Brian Fergus										
Dr Ian Scott	Rt Hon Bob Tizard										
Seiuli Dr Juliet Walker	Ian Ward										
3	CONFLICTS OF INTEREST										
	There were no notifications of conflicts of interest for any item on the agenda. Juliet Walker advised that she was a facilitator to encourage Pacific to become GPs.										

4	<p>CONFIRMATION OF MINUTES 4 AUGUST 2010</p>
	<p><u>Moved Susan Buckland; seconded Jo Agnew</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 4 August 2010 be confirmed as a true and correct record noting the attendance of Hilda Fa’asalele.</i></p> <p><u>Carried</u></p>
5	<p>ACTION POINTS 4 AUGUST 2010</p>
	<p>Tamaki Transformation Project</p> <p>The opportunity for research has been referred to the Auckland School of Population Health through Alastair Woodward.</p> <p>Maori and Pacific Health Data</p> <p>A population based view of Maori and Pacific health would be coming through the Maori Health Advisory Committee and Pacific Health Advisory Committee and within the Hospital Advisory Committee data of admissions working through service by service showing access etc for Maori and Pacific to give more visibility working with Hilda Fa’asalele, Naida Glavish and Aroha Haggie.</p>
7.1	<p>CHAIRMAN’S REPORT</p>
	<p>The Strategic Planning Day had been very good and expansive initiated with the interesting presentation by Paul Winton and followed by the discussion of the relationship with the University.</p> <p>The Tamaki Transformation Project was expected to go to Cabinet in October and the proposal for 300 graduates had been advised to Health Workforce New Zealand.</p> <p>Pat Snedden apologised for not being at the special Board meeting. He had had minimal conversations with the Minister and while Cardiac had a workout plan this would be impacted by the strike.</p> <p>The Ministry was publishing the last quarter’s targets with ADHBs performance having all the arrows showing improvement.</p> <p>Building 5 had had two proposals but one of the parties had withdrawn. This would need time to progress and a briefing was requested for the November meeting. The new car park had been approved and a contract signed with Mainzeal.</p>
	<p>Health Excellence</p>
	<p>Greg Balla introduced Daniel Hunt, Tim Winstone, Improvement Analysts and Maxine Stead, Communications.</p> <p>The Healthcare Excellence improvement framework was based on the Baldrige quality framework for performance excellence being a quality and safety framework looking at the organisation in a holistic way and getting better alignment with strong engagement of clinicians. While it was a good organisation now, with a very good clinical reputation and skilled staff, there were a range of performance improvement projects underway. Challenges were that the growth in funding would not match growth in costs and services were not well designed for patients, lacked standardisation and integration and there was very little buffer in the results with waste variation and harm.</p> <p>The Baldrige framework was developed in the 1980s and was chosen because it has well established criteria based on research of high performing organisations and was supported in New Zealand by the NZ Business Excellence Foundation. There were a number of Healthcare Excellence categories with points assigned totalling 1,000. The learning dimension was to move from reacting to problems, have general improvement orientation, systematic evaluation and improvement, learning and strategic improvement and organisational analysis and innovation. It was expected that if the organisation was scored now it would be in the 300 – 350 range. The journey would take time starting out with developing confidence, building momentum and then</p>

	<p>building towards excellence. Service excellence was a way to make ADHB better for its patients and its staff and was patient centric. Examples of projects underway were given being owned and directed by the Services.</p> <p>The team were congratulated on the work and progress being made.</p>
8.1	Chief Executive's Summary
	<p><u>Moved Pat Snedden; seconded Brian Fergus</u></p> <p><i>That the Chief Executive's Summary and the presentation on health excellence be noted.</i></p> <p><u>Carried</u></p>
8.2	Minister's Six Health Priorities 2009/2010
	<p>Elective surgery was at risk with the present strike action. The reports were noted.</p>
10.1	Committee Recommendations
	<p>Hospital Advisory Committee</p> <p>The Committee had noted the change in reporting with a concentration on costs and volume, the RMO and SMO workforce balance and AED becoming a bottleneck through increased volumes. The proposed development of paediatric service at Waitemata had been noted.</p> <p>Quality, Risk & Audit Committee</p> <p>The Committee had received a presentation on the National Women's Annual Clinical Report Day and can be proud of the way that it can look at itself. The DAP reporting system was reviewed and management is positive with this tool. There had been a presentation on General Medicine on how best to deliver services in a large area of the organisation and the leadership of change. The Mental Health KPI reporting needed to be put in context involving nine DHBs which was going to be published with the KPIs not to be taken in isolation.</p> <p>The current strikes were impacting on patients, safety and on staff. The Chair had discussed the matter with the DHBNZ lead ER Chair noting that it must be resolved within the financial framework. The Board supported clinicians and management reinforcing the national framework. While services were maintained as best as could be it is not optimal and is harmful to patients and families and, with a accumulative affect, it would take time to restore electives. It was thought that there may be some wrong messages to the Ministry of Health and Minister on how the hospital was managing with a need for direct communication to the Minister. The national team was continuing the negotiations but the Chair would talk to the Minister on the stress in the organisation.</p>
10.2	DAP Projects Report
	<p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the DAP projects report be noted.</i></p> <p><u>Carried</u></p>
11.1	Finance Committee Recommendations
	<p>Outsourcing Agreements Radiation Therapy</p> <p>The outsourcing arrangement had been considered by the Finance Committee who sought investigation of a risk sharing arrangement but asked the Board to improve the contracts to the \$600,000 minimum with no ability to spend above this amount until further discussion concerning risk sharing. It was understood that \$200k had been spent on outsourcing already. The rules in terms of shorter periods had changed and there should be cost sharing of this quality improvement.</p>

Moved Bob Tizard; seconded Brian Fergus

That the ADHB Board endorses contracts with: Auckland Radiation Oncology (ARO) for the provision of Radiation Oncology (RT) services for the period 1 May 2010 to 30 April 2013, including annual review with a guaranteed minimum volume of 50 referrals per annum \$600,000; and St Georges Hospital, Christchurch for the provision of Radiation Oncology (RT) services for the period 1 May 2010 to 30 April 2013, including annual review with no guaranteed volumes but only to the guaranteed minimum \$600,000 with a risk sharing model arrangement to be investigated.

Carried

Motor Vehicles Replacement 2011

Moved Bob Tizard; seconded Ian Scott

That the ADHB Board approves the replacement of 50 vehicles at a cost of \$796k.

Carried

Debt Write-Offs

The Finance Committee had recommended the write-offs but had noted that the debts would be referred to Baycorp and had asked for a review of their performance.

Moved Ian Scott; seconded Bob Tizard

That the ADHB Board writes off \$108,966.05 and \$6,976.93 a total of \$115,942.98 in relation to a baby born at ACH and writes off \$123,786.91 in relation to cardio vascular.

Carried

Asset Value Write Down

Moved Ian Ward; seconded Ian Scott

That the ADHB approves the write down of \$27.739m net in land and building values as valued independently by Telfer Young as at the 30 June 2010.

Carried

The Committee had noted the good financial result for the month, been updated on the Greenlane Surgical Unit and the changes approved and had also approved seed money for developing the regional project for developing the rostering business case.

11.2 Finance Report

The results were a good start to the financial year.

Moved Pat Snedden; seconded Ian Scott

That the Finance Report be noted.

Carried

PUBLIC EXCLUSION

Moved Pat Snedden: seconded Ian Scott

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 15.

*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:
General subject of each matter to be considered:*

- 1 Community Laboratory Services
- 2 Northern Regional Shared Services.

Reason for passing this resolution in relation to each matter:

*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)*

Ground(s) under clause 34 for the passing of this resolution:

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.

Carried

Items were discussed in public exclusion concerning Community Laboratories Services and Northern Regional Shared Services.

Moved Ian Scott: seconded Pat Snedden

That the meeting resume in public.

Carried

NEXT MEETING

The meeting closed at 4:46 pm

The next scheduled meeting is :
2:00pm, Wednesday, 6 October 2010
A+ Trust Room, Clinical Education Centre
Level 5, Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE: