

MEETING DETAILS													
Time and Date	2:00 pm, Wednesday, 3 November 2010												
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton												
2	ATTENDANCE AND APOLOGIES												
	<p>The Chair declared the meeting open at 2:24pm. Rob Cooper led the meeting with the karakia</p> <p>Board Members</p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Harry Burkhardt</td> <td>Susan Buckland</td> </tr> <tr> <td>Dr Chris Chambers</td> <td>Rob Cooper</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>In Attendance</p> <p>Farida Sultana – Committee Member Lynda Williams – Committee Member Judith Bassett – New Board Member Lee Mathias – New Board Member Robyn Northey – New Board Member</p> <p>Management in Attendance</p> <p>Garry Smith - Chief Executive Dr Margaret Wilsher – Chief Medical Officer Brent Wiseman - Chief Financial Officer Taima Campbell – Executive Director of Nursing Paul Green – Manager Materials Management 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 Greg Balla and Denis Jury.</p>	Pat Snedden (Chair)	Jo Agnew	Harry Burkhardt	Susan Buckland	Dr Chris Chambers	Rob Cooper	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 6 OCTOBER 2010												
	<p><u>Moved Jo Agnew; seconded Chris Chambers</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 6 October 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>												

5	ACTION POINTS 6 OCTOBER 2010
	<p>Building 5</p> <p>The Chair outlined that Building 5, Greenlane was subject to a protection designation and that Susan Buckland had taken a role in trying to generate interest in uses for the building. The Manager Materials Management advised that there was no viable interest in refurbishment with the estimated cost being \$6.7m, including \$2.9m internal renovation, compared with the cost of a new building of \$3.2m.</p> <p>The options were adaptive use in conjunction with the Costley Block, looking for funding and challenging the designation however this was not advised at present as the Council would expect this only if there was a specific use for that space. In terms of raising funds, this had been delayed until the new Auckland Council came into being with now the proposal to write to the Mayor and Prime Minister seeking local and central Government support. The Board was committed to the Costley Block and the better proposition may be to have this as a 2 building precinct The site coverage plan developed a number of years ago had been developed to maximise use of the site and was not designed around particular health services.</p>
7	CHAIRMAN'S REPORT
7.1	Report
	<p>The Chair advised that the Minister had asked the three Chairs to be engaged in Board appointments whose announcements were expected in the last week of November. There was a good standard of person put forward.</p> <p>Strategic conversations had been held with Southern Cross concerning common alignment for a long term relationship. DHBs with the emphasis on elective surgery were eroding the private sector and insurance cover was dropping which would reduce total funding in the system. Southern Cross did the same level of elective surgery as ADHB and were happy to share information to inform on intervention rates and to work together.</p>
7.2	Migrant & Refugee Advisory Committee Proposal
	<p>Farida Sultana had produced a paper and suggestions to have an Asian and migrant group to advise as ADHB has for Maori and Pacific. There were two proposed models, either an advisory group or a wider regional group. Research on young people Asian and migrant schooled here showed that they were not accessing the health system as they didn't see their parents accessing the system.</p> <p>There was a proposal for an on-line panel at the service improvement level with the project team discussing how a consumer council would work at its next meeting. There was still debate as to a need for a council and whether it is the right place for a relationship particularly with the locality approach being taken and wanting to work with the new Auckland Council Boards to find a better way to connect to communities. There was support for the group proposal as there was a need for advocacy and support for a sizeable community of Auckland's population with specific health needs and a need to link with other agencies adopting a Whanau Ora approach to have culturally competent delivery of health services.</p> <p>It was suggested that the structure needed to be right and what was happening regionally needed to be considered. The CEO with Farida Sultana and a small group would look at the governance options to put to the new Board in the new year noting the underlying support.</p> <p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the ADHB Board notes the paper on the Community Advisory Group: New Migrant and Refugee Representation and asks the CEO to work with a representative group to develop a recommendation to the new Board.</i></p> <p><u>Carried</u></p>

8.1	<p>Chief Executive's Summary</p>
	<p>Funding for the Tamaki Workforce Initiative was not forthcoming so there would be a paper in December on how to get more Maori and Pacific into the workforce which would require to be creative and innovative and looking at how Counties Manukau have achieved this. Industrial action was affecting electives with concerns at meeting ESPI compliance and the commitment to higher volumes. The impact of strikes was creating a clinical risk and a bow wave to catch up and was requiring outsourcing to manage the situation and how volumes would be recovered. It was understood that there were queries on what the union was doing with some staff changing to other unions or individual employment agreements and there was substantial work being done in the background noting that 95% of the workforce had agreed to similar terms and conditions.</p> <p>While there was tension in PHOs to achieve Better Sooner More Convenient the governance was settled down and there will be more detailed reporting both regionally and locally. The Regional Services Plan had been lodged and feedback was expected before Christmas with a further iteration due in March. The Plan had identified the early movers being Better Sooner More Convenient, Cancer, Cardiac, Diabetes and Health of Older People with the intention to cluster Planning and Funding across the region and develop regional and clinical governance. It was important in the tighter economic environment to get clinicians engaged trying to reduce variations within the region. Consultation on Phase I of the Regional Shared Services was complete and the decision would be advised to the staff the next day. This was good progress and there were a number of opportunities.</p> <p>The CEO's Vital Signs briefings were being done at present and this includes showing the way forward under the Healthcare Excellence programme. Briefings were being prepared for the new Board and also the new Auckland Council Boards. National Pricing work had issued a paper which required a response with the potential of \$6m reduction in revenue from the tertiary adjuster to pay for the increased costs being experienced in secondary DHBs. It was noted that this was an odd signal to subsidise the more inefficient. It was suggested that Auckland being an example of efficiency and quality makes its own presentations based on evidence to the National Health Board. IDF reporting was now well established with the one risk being Waitemata. Whanau Ora providers had been identified for Tamaki Makaurau and reporting on this new initiative will be included in the CEO's summary.</p>
8.2	<p>Minister's Six Health Priorities 2009/10</p>
	<p>The goals had been amended for the new year plan and further reporting against initiatives. Adult Acute Patient Flow had been through a tough winter and were now looking at processes within ED. There had been an audit by MoH who had approved the manner in which ADHB was addressing the issues. Children Acute Patient Flows seasonal changes will assist correction. Elective surgery reporting will be expanded and with Radiation Therapy the new linear accelerator was commissioned on time and on budget. Another six interventions had been developed for Better Help for Smokers to lift performance noting that the target was now 90%. The waiting list for Cardiac Bypass Surgery was manageable with some changes to the volumes and processes so the waiting time may not be the most appropriate measure. Diabetes and Cardiovascular Risk Assessment remained as priority areas and the target for Immunisation had been lifted noting that the Social Services Sector Group had adopted immunisation as one of their goals.</p> <p><u>Moved Pat Snedden; seconded Jo Agnew</u></p> <p><i>That the Chief Executive Summary and Minister's Six Health Priorities reports be noted.</i></p> <p><u>Carried</u></p>

9.1	Committee Recommendations
	<p>Community and Public Health Advisory Committee</p> <p>The Committee put forward a recommendation concerning payments to GAIHN and have noted the extension to the Birthcare contract.</p> <p><u>Moved Brian Fergus; seconded Ian Scott</u></p> <p><i>That the ADHB Board endorses the GAIHN Implementation Plan and approves payment of establishment funding to GAIHN of 61c per enrolled ADHB patient for the 2010-2011 financial year</i></p> <p><u>Carried</u></p> <p>Maori Health Advisory Committee</p> <p>There had been no meeting.</p> <p>Pacific Health Advisory Committee</p> <p>The Committee had expressed concern at the shift of the HVAZ contracts to be managed by Counties Manukau and had requested to see the MOU between Counties Manukau and ADHB being host DHB and partner DHB. HVAZ was a gem for ADHB. The Committee had also considered its role in the Tamaki Transformation Project being keen to work at the governance level. Data on ethnicity was important noting that 25% of CED attendance was Pacific children. This would be provided on all key indicators as noted in the Hospital Advisory Committee.</p> <p>Jo Agnew left the meeting at 3:50pm.</p> <p>Disability Support Advisory Committee</p> <p>The Committee would be meeting in November.</p> <p><u>Moved Pat Snedden; seconded Harry Burkhardt</u></p> <p><i>That the reports from the Advisory Committees be noted.</i></p> <p><u>Carried</u></p>
10	PERFORMANCE IMPROVEMENT
10.1	DAP Projects Report
	<p><u>Moved Pat Snedden; seconded Rob Cooper</u></p> <p><i>That the DAP project summary report be noted.</i></p> <p><u>Carried</u></p>
11	LIVE WITHIN OUR MEANS
11.1	Finance Committee Recommendations
	<p>Debt Write-Off</p> <p>This would be written off and advised to the collection agency.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the ADHB Board approves debt write-off Cardio Vascular of \$104,251.11.</i></p> <p><u>Carried</u></p>

	<p>Replacement Ultrasound Machines Cardiology and Radiology Radiology Multi-slice CT Scanner</p> <p>The ultrasounds were part of a fleet replacement programme with joint procurement with the CT scanner. The old CT scanner would go to LabPlus mortuary for forensic work. The Finance Committee had asked for fleet replacement plans.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the ADHB Board approves the purchase of a maximum number of Ultrasound machines to \$1m (inclusive of the 1 already purchased this financial year for \$179,000) for Cardiology and Radiology: and</i></p> <p><i>That the ADHB Board approves the replacement of the Siemens 2 Slice CT Scanner with a 64 slice CT Scanner at Level 4 and to complete the purchase of the Siemens 2 slice CT Scanner for Forensic Departments, LabPlus mortuary totalling \$1.4m.</i></p> <p><u>Carried</u></p> <p>Home Based Support Services Contracts</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the ADHB Board approves the increase in the Home Based Support Services contracts from \$18.8m to \$18.961m, an increase of \$161,000.</i></p> <p><u>Carried</u></p>
11.2	Finance Report
	<p>The result for the month of September was break even and year to date a \$1.8m favourable variance. Revenue and payroll favourable variances were off-set by increased direct treatment costs and indirect treatment costs. The movement in the balance sheet was between current liabilities and term liabilities with the repayment of the bonds financed by Crown Health Financing Agency. The variance between the Finance Report and the Treasury Report provided to the Finance Committee related to payroll timing and IDF revenue wash-up.</p> <p><u>Moved Pat Snedden; seconded Chris Chambers</u></p> <p><i>That the Finance Report for September 2010 be noted.</i></p> <p><u>Carried</u></p>
13	GENERAL BUSINESS
	<p>Next Meeting</p> <p>The MoH would be holding orientation for member of the new Board on 1 December 2010 so it was decided to hold the Board meeting on the next day, Thursday, 2 December 2010.</p>

15	PUBLIC EXCLUSION								
<p><u>Moved Pat Snedden; seconded Ian Scott</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 15.</i></p>									
<table border="1"> <tr> <td data-bbox="212 351 740 586"> <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> </td> <td data-bbox="740 351 1086 586"> <p><i>Reason for passing this resolution in relation to each matter:</i></p> </td> <td data-bbox="1086 351 1505 586"> <p><i>Ground(s) under clause 34 for the passing of this resolution:</i></p> </td> </tr> <tr> <td data-bbox="212 586 740 786"> <p><i>13.1 Manufacturing Unit</i></p> </td> <td data-bbox="740 586 1086 786"> <p><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></p> </td> <td data-bbox="1086 586 1505 786"> <p><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></p> </td> </tr> </table>				<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>	<p><i>Reason for passing this resolution in relation to each matter:</i></p>	<p><i>Ground(s) under clause 34 for the passing of this resolution:</i></p>	<p><i>13.1 Manufacturing Unit</i></p>	<p><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></p>	<p><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></p>
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<p><u>Carried</u></p> <p>The item discussed in public exclusion concerned a manufacturing unit.</p> <p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the meeting resume in public.</i></p> <p><u>Carried</u></p>									
NEXT MEETING									
<p>The meeting closed at 4:25 pm</p> <p>The next scheduled meeting is : 2:00pm, Thursday, 2 December 2010 Marion Davis Library, Building 43 Auckland City Hospital, Grafton</p>									
<p>CONFIRMED</p> <p>CHAIR: _____ DATE: _____</p>									