

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 5 May 2010										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
1	KARAKIA										
	The Chair declared the meeting open at 1:55pm and welcomed the AUT students in attendance and Diane Robertson the City Missioner who had made an enormous contribution to Auckland. Rob Cooper led the meeting with the karakia.										
2	ATTENDANCE AND APOLOGIES										
	<p>Board Members</p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Harry Burkhardt</td> </tr> <tr> <td>Jo Agnew</td> <td>Susan Buckland</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 and Funding Officer Brent Wiseman - Chief Financial Officer Ngairie Buchanan – General Manager Operations Hilda Fa’asalele – General Manager Pacific Health Julie Helean – Manager Planning and Service Development Chris Morgan – Manager Materials Management Vivian Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Chris Chambers, Taima Campbell, Naida Glavish, Kay Hyman and Janice Mueller.</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>	Pat Snedden (Chair)	Harry Burkhardt	Jo Agnew	Susan Buckland	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										
	<p>There were no notifications of conflicts of interest for any item on the agenda. Juliet Walker advised that she was a panel member of the Medical Appeal Board of Work and Income.</p> <p><u>Moved Brian Fergus; seconded Susan Buckland</u></p> <p><i>That the amendment to the Interest Register be noted.</i></p> <p><u>Carried</u></p>										

4	<p>CONFIRMATION OF MINUTES 7 APRIL 2010</p>
	<p><u>Moved Jo Agnew; seconded Ian Scott</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 7 April 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
5	<p>ACTION POINTS 7 APRIL 2010</p>
	<p>The action points were noted.</p>
6.1	<p>City Missioner – Diane Robertson</p>
	<p>The Chair acknowledged Diane Robertson the City Missioner as a force of change in Auckland and a voice for the voiceless. ADHB worked with the Mission with the CEO on the Homeless Steering Committee addressing rough sleepers.</p> <p>The Missioner presented to the Board advising that they had 100 employees working with the most marginalised people and once were the only service catering for those with HIV and AIDS. Their budget was \$8m of which 7% was from Government for drug and alcohol programmes and being outside Government they could take a strong advocate position.</p> <p>The current services including crisis and community services were outlined noting that numbers were not decreasing. Homeless services were focused on rough sleepers who were high cost and hard to work with. Statistics were 34,627 drop-ins, 3,600 items of clothing provided, 70 homeless enrolled in the medical centre and locating to housing 171 times. There was a detoxification programme which provided 3,136 nights, 361 clients had gone through the residential detox of which 56% were self referrals. The Calder centre had 6,329 doctors visits, 4,180 consultations, 558 enrolled patients at June 2009 of which 76% were in high deprivation. Distribution services dealt with \$1.8m of food and 6,400 loaves of bread with 3,000 of these contributed by Goodman Fielder.</p> <p>There had been increased demand with the depression. The Mission was supported by large numbers of volunteers who provided 25,000 Christmas presents for kids and 1,500 attendees at the Christmas dinner. Moving forward the Mission wanted to provide a gift in perpetuity and retain the Mission in the city with a project to provide 80 homeless studio apartments, 63 solo parent apartments to assist people to get back into the workforce within 3 years and integrated social services and medical centre as a community in the middle of Auckland.</p> <p>Outreach teams walked the city every night and early morning. Young homeless were better at looking after themselves but prostituted themselves and moved from friends to friends until they were no longer welcome. ADHB was on the Homeless Steering Committee and there were efforts to share information, especially in mental health, but there were issues of rights and privacy. Staff had clear boundaries and this was clearly communicated to clients. The medical centre was part of the Auckland PHO and funded through capitation.</p> <p>The Chair thanked Diane Robertson for her very informative presentation.</p>
7	<p>CHAIRMAN'S REPORT</p>
	<p>The accreditation process of Labtests was expected in the middle of the month and was expected to be positive. The laboratory was operating well but it will still take time to develop relationships at the clinical level but they were better at the population level. They had an 8 year contract and DML had a 4 year contract which was also working well. With Labtests there was two levels being actual delivery which was adequate and relationships where, although communication had improved, there still needed to build trust. One of the positive changes had been with midwives who were now receiving a better service than they had experienced previously.</p> <p>The primary care EOI had three plans sent to the MoH. Pacific went last Friday which was generally supported but there were some funding issues. Maori would be due at the end of May. GAIHN were developing an implementation plan which was due 21 May but they still had to</p>

	<p>address governance and leadership issues and how they would be held accountable creating a project governance structure around 8 projects.</p> <p>Building 5 suggests and contacts had been sent to CEO and meetings were being set up with Manager Materials Management.</p>
8.1	Chief Executive's Summary
	<p>Electives continued to be a focus and while the Minister's targets were being achieved the target for the ADHB population was not and there was a need to get to a higher target next year. A new Surgical Project had been launched as, to get the Greenlane Surgical Unit working, there would need to be change there and at ACH. This was a critical area. Children, Women's and General Surgery would be early movers.</p> <p>There had been feedback on the DAP with some conflicting advice so meetings with the relationship manager had been arranged. There was concern at their lack of understanding of ADHB business and while it was a brief DAP theirs was a demand for detail. The result would probably be the financial results and the main initiatives around the Minister's six priority goals in the graph format. The National Health Board wanted the key things and there appeared to be a layer of disconnect to the MoH who were seeking detail. There would be a primary and regional component in the DAP including the primary eight initiatives, regional shared services and regional service planning which would be agreed to be in all the regional DAPs.</p> <p>Ian Scott left the meeting at 3:07pm.</p> <p>The Walk Around programme was commencing with a briefing before the round and then a debrief. This was a quality improvement initiative with the core CEO/Clinical Partners supported by the Senior Leadership Team and there was recording of the issues raised.</p> <p>The State of the Nation presentation had generally positive feedback.</p> <p>The Auckland City Hospital Car Park had been due to be built 7 years ago and now has the agreed consents and design and had received a tender price better than expected which was valid for 90 days. The Capital Investment Committee's agreement had been obtained earlier but was now being queried with the restructuring in Wellington. The Finance Committee recommended to the Board support for this to be raise at a higher level by the Chair. Briefing notes for the Chair were to be prepared.</p> <p>To achieve the year end target weekly meetings were being held to manage.</p> <p>Non DRG volumes had been discussed at the Quality, Risk and Audit Committee with increased referrals for FSAs.</p> <p>A briefing on the ASPIRE project was included in the papers.</p> <p>This Board meeting was the last meeting for the retiring Chief Medical Officer, David Sage and the CEO expressed his appreciation and acknowledgement of the clinical partnership.</p> <p>The Board Strategic Planning Day was scheduled for 26 May to ensure that David Sage could present and was also after the Budget.</p>
8.2	Minister's Six Health Priorities 2009/2010
	<p>The adult acute patient flow and children's acute patient flow had been discussed earlier as had the improved access to elective surgery. Waits for radiation therapy was down to 3.9 weeks but there would be a bow wave created with the replacement of the linear accelerator in the third quarter. Better help for smokers to quit was, at 25%, below expected however April had improved to 35% with a plan to improve further. There were issues with coding as nicotine replacement data showed an increase. There was a smoke free day in May which would be used as a focus.</p> <p>Cardiac surgery had been referred to earlier with more transplants taking the list up to 98 however there was a recovery plan to bring it back to the 81 target. There had been progress coming from over 200 and a six month wait to the reduced number and a 3 month wait. The aim was to get to a lower waiting lists to handle fluctuations within the target level.</p> <p>The diabetes projects were below target but there are a number of initiatives to get to the target.</p>

	<p><u>Moved Ian Ward; seconded Jo Agnew</u></p> <p><i>That the Chief Executive Summary and Minister's Six Health Priority 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 had discussed B4 School Checks with the proposal to use Well Child providers, PHO certification, the EOI business cases going forward and the Aged Residential Care contract review process which was a national process. The final contract for Home Based Support Services had been signed and will be monitored closely to get to the restorative model of care and managed costs. The Committee had a presentation on the SOI from the Auditors and it would be a challenge to get a draft SOI that was acceptable to the Auditor-General. Hon Pansy Wong would be at the June meeting with a focus on Asian health.</p> <p>Maori Health Advisory Committee</p> <p>The Committee had supported the contract review process and wanted a focus on smoking cessation. The Chair would be working on regional processes and acknowledged the people on the Committee.</p> <p>Pacific Health Advisory Committee</p> <p>The Committee had been advised that Pacific termination rates were three times higher than European which raised more questions than answers and had requested consideration of research into this issue. There had been a presentation on evaluation of the three DHBs' Pacific projects, including HVAZ, which showed the complexities that meant that one size did not fit all and that the programmes were all at different levels and there was a need to match capability and resources with appropriate measures in place. Churches were a good vehicle for change.</p> <p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the Committees' reports be received.</i></p> <p><u>Carried</u></p>
10.2	DAP Projects Report
	<p><u>Moved Pat Snedden; seconded Brian Fergus</u></p> <p><i>That the DAP Projects Report be noted.</i></p> <p><u>Carried</u></p>
11.1	Finance Committee Recommendations
	<p>The neurosurgery microscopes were budgeted for 2009/2010 but had been pushed to the next financial year but brought back again as the existing equipment had deteriorated.</p> <p>The high dose Brachytherapy machine was the first phase to replace a low dose machine and would be located in the existing bunker. Phase 2 would only be undertaken if it was necessary to relocate.</p> <p>ADHB had taken the risk of keeping the National Air Ambulance Service going but this proposal reduced that risk. ADHB had facilitated the national process and the contribution from Starship Foundation of \$1.5m was acknowledged.</p> <p>The replacement accelerator for radiation oncology was critical and a good price had been obtained linked to the previous purchase. This was necessary to get to 4 weeks waiting time by year end.</p> <p>The upgraded nurses call system was phase 2 of six year programme and would complete half the programme.</p>

	<p><u>Moved Ian Ward; seconded Brian Fergus</u></p> <p>2 Neuro Surgery Microscopes</p> <p><i>That the Auckland District Health Board approves the purchase of 2 Pentero microscopes manufactured by Carl Zeiss used for Neurosurgical operating on Level 8 Operating Rooms as a cost of \$850,000 subject to the Manager Materials Management doing due diligence with signoff delegated to the Chief Financial Officer.</i></p> <p>High Dose Rate Brachytherapy Machine</p> <p><i>That the Auckland District Health Board approves the purchase of a High Dose Brachytherapy Machine for \$810,000 subject to Facilities Management confirming that the allowance of \$10,000 was sufficient for the room modifications.</i></p> <p>National Air Ambulance Services</p> <p><i>That the Auckland District Health Board endorses the selection of The Life Flight Trust as the preferred provider for the National Air Ambulance Services noting; the contract will be for a three (3) year period commencing the 1st July 2010 with an optional two (2) year right of renewal with an estimated annual expenditure for National Air Ambulance for PICU and ECMO Services for the 21 DHBs of \$2,267,454. The total estimated annual value over the term of the contract (5 years) is \$11.34 million. Approval of this expenditure is subject to the approval of the Project Recommendation by the CEOs of the 21 DHB.</i></p> <p>Replacement Accelerator for Radiation Oncology</p> <p><i>That the Auckland District Health Board approves the purchase of replacement Linear Accelerator for Radiation Oncology for \$3,592,387.86.</i></p> <p>Upgrade Nurses Call System – ACH Level 6 & 7</p> <p><i>That the Auckland District Health Board approves the capex of \$600,000 to upgrade the nurse call system on Levels 6 & 7 of Auckland City Hospital and that the quote from Opine Patient Communications Ltd to undertake the upgrade be accepted subject to a manufacturers support undertaking in the form of a formal contract.</i></p> <p><u>Carried</u></p>
11.2	<p>Finance Report</p>
	<p>Results were \$1.2m favourable year to date but \$0.8m unfavourable for March with a number of one offs. Various initiatives were being followed to get to breakeven and manage in a variable environment. The Board asked that when results were produced that a one pager be sent to the Board over the next 3 months.</p> <p><u>Moved Pat Snedden; seconded Rob Cooper</u></p> <p><i>That the Finance Report be noted.</i></p> <p><u>Carried</u></p>
12.1	<p>Approval of 2010-2011 SOI</p>
	<p>The Statement of Intent was due to be filed on 14 May 2010 and would still be being updated until then.</p> <p><u>Moved Harry Burkhardt; seconded Juliet Walker</u></p> <p><i>That the Auckland District Health Board approves delegated authority to the Chair and CEO to approve the submission of the final draft of the SOI to the Ministry of Health on 14 May 2010.</i></p> <p><u>Carried</u></p>

13	GENERAL BUSINESS
	<p>Ronald McDonald House Auckland Trust Board</p> <p><u>Moved Susan Buckland; seconded Juliet Walker</u></p> <p><i>That the Auckland District Health Board appoints Dr Liz Segedin to the Ronald McDonald House Auckland Trust Board as trustee representing the ADHB.</i></p> <p><u>Carried</u></p> <p>David Sage CMO</p> <p>The Chair thanked David Sage on behalf of the Board noting that he had fronted the organisation and had shown good application of judgment enhancing the Board by his judgment and professionalism. In response he advised that he had seen a linear improvement of governance at Board level over the 10 years and the organisation was doing well.</p>
	NEXT MEETING
	<p>The meeting closed at 4:03pm</p> <p>The next scheduled meeting is : 2:00pm, Wednesday, 2 June 2010 A+ Trust Room Clinical Education Centre Level 5 Auckland City Hospital Grafton</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	