

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 6 October 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 2:03pm.</p> <p>Board Members</p> <table> <tr> <td>Pat Snedden (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Harry Burkhardt</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>Johan Vendrig – Acting Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Brent Wiseman - Chief Financial Officer Ngaire Buchanan – General Manager Operations Taima Campbell – Executive Director of Nursing Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health Paul Green – Manager Materials Management Vivienne Rawlings – General Manager Human Resources Kay Hyman – General Manager Children’s and Women’s Services Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Susan Buckland, Garry Smith, Greg Balla, Margaret Wilsher, Hilda Fa’asalele and Janice Mueller.</p>	Pat Snedden (Chair)	Jo Agnew	Harry Burkhardt	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 1 SEPTEMBER 2010										
	<p><u>Moved Chris Chambers; seconded Brian Fergus</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 1 September 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										
5	ACTION POINTS 1 SEPTEMBER 2010										
	There were no action points										
7	CHAIRMAN’S REPORT										
	The Chair thanked those that had put their names forward for election acknowledging their service to ADHB.										

	<p>The Auditors had addressed the Finance Committee and commented that ADHB would be at the top in their business, transparency and the alignment of staff with the objectives and had clear leadership.</p> <p>An invitation was being issued to the opening of the linear accelerator by the Minister in November.</p> <p>There had been a change in Auditor General, who had a view that people are entitled to know what had gone right and what had not gone right in the organisation and a rethink in how to write the SOI. The Auditors had given ADHB a number of “green lights” which were good and a number of “amber” which were good but they were looking for improvements to do better. They also wanted noted the disruption of the EOI on primary care, Labtests, a matrix of Maori and Pacific health gains and how a patients’ experience reflected in the responses of the organisation. This would be included in the Chair’s Summary.</p>
8.1	Chief Executive’s Summary
	<p>The District Annual Plan for 2010 - 2011 had been signed by the Minister and his letter received. There would be a special NOVA edition on the Annual Report outlining the key achievements.</p> <p>The focus on elective surgery and operating rooms had been considered in the Hospital Advisory Committee and the Telehealth pilot had gained an award and the research was being written up. There had been an application for Health Innovation funding in conjunction with the School of Population Health using technology to manage long term conditions linked to a new model of care. The ASPIRE project was a finalist in the Telehealth Innovation Award.</p> <p>Denis Jury left the meeting at 2:40pm.</p>
8.2	Minister’s Six Health Priorities 2009 - 2010
	<p>Actual achievement in the Adult Acute Patient Flow indicator had reduced due to the seasonal workload with a sustained increase in attendance especially at weekends, and more projects would be put into ED to try and get a step improvement. There had been an audit from the national group and nurse discharges were giving patients a definite time when they can expect to be discharged and this was working well and would be expanded from Orthopaedics to other wards. It was suggested that the report be redesigned to include whether there had been a movement up or down since the last report.</p> <p>Children’s Acute Patient Flow had also decreased from target with exceptionally high volumes in July, August and September which was impacted by finding beds to accommodate children. The winter peak was now dropping off. There was “full hospital” planning. Waitemata had opened paediatrics at Waitakere but this appeared to be only meeting unmet demand.</p> <p>Cardiac surgery had a waiting list of less than 81 although they sought to reduce this to the mid 60s. The change in Help for Smokers to Quit reflected the large numbers coming through AED with only 50% in APU and AED being questioned and given advice.</p> <p><u>Moved Pat Snedden; seconded Bob Tizard</u></p> <p><i>That the report on the Minister’s Six Health Priorities be noted.</i></p> <p><u>Carried</u></p>
8.3	Letter from Minister re Health Targets 2009 – 2010
	<p>The letter was noted as well as was the responses by ADHB.</p> <p><u>Moved Ian Scott; seconded Bob Tizard</u></p> <p><i>That the letter from the Minister on the Health Targets 2009 - 2010 be noted.</i></p> <p><u>Carried</u></p>

8.4	Employment Relations
	<p><u>Moved Ian Scott; seconded Jo Agnew</u> <i>That the report on employment relations be noted.</i> <u>Carried</u></p>
8.5	Quarter 4 2009 – 2010 Performance
	The feedback on the Fourth Quarter 2009 - 2010 Performance was noted.
9.1	LIFT THE HEALTH OF PEOPLE IN AUCKLAND CITY
	<p>Community and Public Health Advisory Committee There had been a good meeting including strong PHO representation.</p> <p>Maori Health Advisory Committee There had been a stunning presentation on terminations with a request for more research and it was felt that the termination rate being three times those of European reflected on the collapse of Maori social cohesion. It was expected that Whanau Ora would provide more support.</p> <p>Pacific Health Advisory Committee They had previously received the presentation on terminations and thought it reflected a changing culture and differences between the younger and older generations.</p> <p>Disability Support Advisory Committee There had been an interim report on accessibility with a recommendation that accessibility be incorporated into the Auckland Carpark at the design stage and there were changes being made to the orientation of staff to include disability as well as development of online teaching Moodle modules. Another issue was visibility of signs.</p> <p><u>Moved Jo Agnew; seconded Ian Ward</u> <i>That the ADHB Board appoints Brian Fergus to the Disability Support Advisory Committee effective from 1 September 2010.</i> <u>Carried</u></p> <p><u>Moved Pat Snedden; seconded Rob Cooper</u> <i>That the reports from the Community and Public Health Advisory Committee, Maori Health Advisory Committee, Pacific Health Advisory Committee and Disability Support Advisory Committee be noted.</i> <u>Carried</u></p>
10	PERFORMANCE IMPROVEMENT
10.1	Committee Recommendations
	<p>Hospital Advisory Committee The Committee had had a presentation on the ORs project and it was pleasing to see staff being inspired. There was discussion on audit and audit activities within the organisation and a delegation had attended but could have been received better.</p> <p>Quality Risk & Audit Advisory Committee There had been an excellent presentation by the Clinical Practice Committee followed by discussion on audit and information to understand what was going on inside the organisation and the cost of doing some things presently could be greater than not doing them. The critical risks related to industrial action, both cost and affect on electives, the rostering gaps in both Mental</p>

	<p>Health services and Paediatric services and the strain this is causing on SMOs.</p> <p><u>Moved Harry Burkhardt; seconded Chris Chambers</u></p> <p><i>That the reports from the Hospital Advisory Committee and Quality Risk and Audit Advisory Committee be noted.</i></p> <p><u>Carried</u></p>
10.2	DAP Projects Report
	<p><u>Moved Jo Agnew; seconded Brian Fergus</u></p> <p><i>That the DAP Projects Report be noted.</i></p> <p><u>Carried</u></p> <p>There would be a need to educate the new Board on the reports and its structure.</p>
11	LIVE WITHIN OUR MEANS
11.1	Finance Committee Recommendations
	<p>The Finance Committee had had good discussions with the Auditors.</p> <p>HDR Brachytherapy</p> <p>The business case had been approved some months ago and this was the procurement. It was a new process in terms of high dose replacing low dose and had clinical recommendation.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board endorses the purchase of an HDR Brachytherapy system from Nucletron for the Radiation Oncology Department at ADHB noting a total of \$810,000 has been budgeted for this project with the price for the HDR of approximately NZ\$620,000 (at A\$0.80); approximately \$120,000 of the remaining budget is required for training, associated test equipment (non-Nucletron) and minor room renovations.</i></p> <p><u>Carried</u></p> <p>Oral Health Business Case</p> <p><u>Moved Harry Burkhardt; seconded Brian Fergus</u></p> <p><i>That the ADHB Board approves a total additional expenditure of \$5.334m with respect to the reconfiguration of ADHB Child and Adolescent Dental Services;</i></p> <p><i>notes that total approval for the project will now be \$10.416m, as per the Business Case, and that this amount is fully funded by the Ministry of Health; and</i></p> <p><i>notes that the final service configuration with respect to fixed site clinics, mobile dental clinics, and transportation mini vans may differ to that envisaged in the original Business Case.</i></p> <p><u>Carried</u></p> <p>Request for Dispensation for Closed Tender – Building Services Greenlane Clinical Centre Elective Services Theatres</p> <p>Dispensation was sought for a closed tender.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board approves a dispensation from open tender to a closed tender limited to Fletchers, Mainzeal and Practec for building services Greenlane Clinical Centre Elective Services Theatres and;</i></p> <p><i>notes the awarding of the tender will be subject to a competitive process and receipt of an acceptable tender and;</i></p> <p><i>delegates authority to the CEO and CFO to approve an acceptable tender subject to receiving Ministers approval for the overall business case and;</i></p>

should Ministerial approval not be received in time that the Chair be authorised to approve the expenditure to ensure minimised disruption to elective production and meet the April 2011 timeline.

Carried

Oncology

The Board had approved a limit of \$600k for Oncology outsourcing which was nearly all expended.

Moved Harry Burkhardt; seconded Ian Ward

That the ADHB Board approves the limit for outsourcing for Radiation Oncology (RT) Services as approved on 1 September 2010 be increased to \$2m with a report on expenditure to provided monthly.

Carried

Annual Report 2009 - 2010

The Chairman's report would be circulated to the Board for comment.

Moved Pat Snedden; seconded Brian Fergus

That the Auckland District Health Board approves the Annual Report to 30 June 2010 subject to receiving a letter of representation from the Chief Executive Officer, Chief Financial Officer and Chief Medical Officer and delegates signing authority on their behalf to;

(1) letter of representation to Audit New Zealand to the Chair, Chair Finance Committee, Chief Executive Officer and Chief Financial Officer; and

(2) year end financial statements to the Chair and Chair of the Finance Committee.

Carried

11.2 Finance Report

Year to date results were \$1.8m favourable with a \$0.5m unfavourable variance for the month. Revenue was greater than budget however there were a number of unfavourable expenditures being direct and indirect treatment costs partially offset by favourable payroll with lower FTEs. Provider was doing lower volumes so was unfavourable which is offset by a favourable variance in Funder which eliminates on consolidation. There were no major balance sheet movements.

Moved Pat Snedden; seconded Bob Tizard

That the Financial Report August 2010 be noted.

Carried

15	PUBLIC EXCLUSION								
<p><u>Moved Brian Fergus; 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>									
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<p><u>Carried</u></p> <p>Items were discussed in public exclusion concerning RMO, Crown Health Finance and Working Capital Facility.</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 4:00 pm</p> <p>The next scheduled meeting is : 2:00pm, Wednesday, 3 November 2010 A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>									
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>									