

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 7 April 2010										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
1	KARAKIA										
	The Chair declared the meeting open at 2:15pm and Naida Glavish 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 and Funding Officer Brent Wiseman - Chief Financial Officer Greg Balla – Director Performance Improvement & Innovation Ngairie Buchanan – General Manager Operations Taima Campbell – Executive Director Nursing Naida Glavish – Chief Advisor Tikanga, GM Maori Health 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 Harry Burkhardt, David Sage and Kay Hyman.</p> <p><u>Moved Juliet Walker; seconded Susan Buckland</u></p> <p><i>That the apologies be sustained.</i></p> <p><u>Carried</u></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.										
4	CONFIRMATION OF MINUTES 3 MARCH 2010										
	<p><u>Moved Bob Tizard; seconded Rob Cooper</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 3 March 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

5	ACTION POINTS 3 MARCH 2010
	<p>Two letters from the Minister had been circulated to the Board concerning radiotherapy waiting times and cardiac waiting lists.</p> <p>Regional governance had 2 work streams on business services and clinical services set by the CEOs for report back in May.</p> <p>“Get Checked” was being referred to the Primary Care Clinical Advisory Group.</p> <p><u>Moved Pat Snedden; seconded Chris Chambers</u></p> <p><i>That the action points 3 March 2010 be noted.</i></p> <p><u>Carried</u></p>
7	CHAIRMAN'S REPORT
	<p>The National Terms of Settlement covering 75% of the workforce had been agreed for an 18 month period at a sustainable level with this arising out of the Health Sector Relationship Agreement process showing a mutual sense of responsibility. It was expected this would have a flow on affect to other settlements with discussions with the APEX group unions which was relatively positive and a number of professional groups. RMOs and SMO were separate. The maturing of the relationship reflected working in non monetary ways such as engagement with the workforce and improvement activities. There had been a meeting with the new Auditor General who outlined an expectation for an improved level of service level reporting for DHBs of which ADHB would be a pilot. This new form of reporting would become mandatory in two years time as the present view was that health reporting did not give the public a clear view of what was going on. The aim was to have clarity from a lay point of view which would be challenging.</p> <p>Community Laboratories were weekly publishing KPIs with both parties delivering to those KPIs. The IANZ audit had been undertaken and the assessment work was expected to be completed shortly. When it had gone through the IANZ processes a summary of the report would be available for distribution to the Board but at present there were no signals of concern. A survey of the GP sentinel practices was also being undertaken and while Labtests had had a poor start last year they were actively improving relationships with the focus on clinical relationships. The governance arrangements were still the three CEOs, Chairs and CMOs and day to day management was provided by NDSA. Savings on the contract were \$10m per annum and the quality team that had operated had been paid for by Labtests. To assist the GAIHN EOI proposal with the MoH there had been a meeting of Chairs and Chief Planning and Funding Officers. GAIHN covered over one million people and had a month to provide more specificity and focus on 4 - 5 keys things. The Chair and CEO of Counties Manukau were taking a lead role for the region with a group of three people from each DHB with for ADHB, Denis Jury, Celia Palmer and Andrew Coe. Focuses were on access to diagnostics, minor surgery, expanding POAC, after hours care and clinical pathways i.e., FSAs and follow-ups could be handled better. The aim was to have one regional plan. There should be no financial implications on the District Annual Plan but there may be a move of funding with POAC costing \$300k. GAIHN was being encouraged to think about governance and any signoff would be by the Chair, CEO and Chief Planning and Funding Manager. There had been positive feedback on the Pacific proposal.</p> <p>There was consultation on the new quality and safety agency with interviews of people for that Board of 4 - 7 people. The focus of the agency would be consistent with the quality focus of ADHB.</p>

8.1	Chief Executive's Summary
	<p>Garry Smith acknowledged the Pasifika Week with positive feedback to encourage this being an annual event.</p> <p>The contract review process was reaching the end of the process.</p> <p>The Senior Leadership Team had met with the need for the District Annual Plan 2010 – 2011 to ensure it met the Minister's targets with an endeavour to have some buffers around those targets. Other targets in the DAP were being reviewed to ensure that there was not an over promise on what could be delivered and to ensure that there is linkage back to the key priority targets.</p> <p>The two regional work streams would be reporting back by the end of April.</p> <p>"Health Care Excellence" was a way of branding the quality excellence initiatives to get consistent messages to the organisation.</p> <p>The team meeting weekly to deliver on the required financial results was acknowledged noting that at the start of the year there had been a \$32m savings target. There was work on the start point 1 July 2010 and embedding this year's savings into next year's budgets.</p> <p>Electives were at risk with the industrial action so this was being monitored closely. It was hoped that the talks being undertaken would see the industrial action lifted.</p>
8.2	Minister's Six Health Priorities 2009/2010
	<p>The change to the presentation was work in progress. The target was shown as well as what interventions would be needed to get to the target and the risks. The processes were being embedded in the organisation. The project for better diabetes and cardiovascular services needed to change the way work was being done. There were operational management disciplines being put within the organisation to get the results, an example being the 15 minute Rapid Round.</p> <p>The Hospital Advisory Committee had had a presentation on the Acute Patient Flow project with the comment made that a number of people died as a result of delays in ED. It was difficult to get agreement on pathways with commitments required from the different groups which required leadership and cultural shifts in relationships between professionals. There was also a focus on General Medicine.</p> <p>While the previous focus of ADHB had been on breaking even, the focus was now on quality, engaging clinicians and training leaders which would be a five year journey.</p> <p><u>Moved Ian Ward; seconded Rob Cooper</u></p> <p><i>That the Chief Executive Summary and the Minister's Six Health Priorities 2009/2010 be noted.</i></p> <p><u>Carried</u></p>
8.3	Alexandra Trust
	<p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the Auckland District Health Board directs the A+ Charitable Trust to disburse all funds held in respect to the Alexandra Trust to the Ronald McDonald Trust for acquisition of accommodation for families from within the ADHB district, subject to completion of a Deed between the ADHB and RMT as proposed by Tim McAvoy of Kensington Swan, disbursement of those terms being consistent with both the objectives of the Alexandra Trust and a practical approach to conserve the use of the trust funds for those objectives into the future. The Alexandra Trust to then be wound up.</i></p> <p><u>Carried</u></p>

9.1	Committee Recommendations
	<p>The Community and Public Health Advisory Committee</p> <p>The Committee had had a presentation on dementia and how it affected a wide spectrum of people. Information on Maori affected had been requested. There had been a presentation on population with the conclusion that increased demand for health services was 75% due to population growth and 25% due to the aging of the population.</p> <p>Hospital Advisory Committee</p> <p>The Committee had received information on cardiac and radiation therapy and there is was clear discussion of the evidence based need for allocation of resources to meet the demand. There were presentations on DNAs and the AED project. Maori Health Advisory Committee</p> <p>The Committee had received the presentation on DNA and Gwen Tepania-Palmer, a Waitemata District Health Board member, had been in attendance and was keen to have more regional collaboration. There had been a presentation from Tihi Ora Mapo on changes to that organisation.</p> <p>Pacific Health Advisory Committee</p> <p>The Pasifika week had been a focus at the hospital to support Pacific Best Practice and Pacific workforces.</p> <p><u>Moved Juliet Walker; seconded Ian Scott</u></p> <p><i>That the Board recommends that the Pasifika week be an annual event.</i></p> <p><u>Carried</u></p> <p>There would be more time for planning of the Pasifika event. The Committee had also received the evaluation of the 3 DHBs Pacific initiatives with endorsement that using churches for change was positive. There had been an update on HVAZ which was going from strength to strength.</p> <p>Disability Support Advisory Committee</p> <p>The GM, Human Resources had been in attendance and the Committee encouraged that disability be included in orientation for new staff. Counties Manukau and Waitemata had disability coordinators and they had been asked to attend the meeting to be held 13 May 2010 to which all members were invited to attend. It was hoped to establish quarterly regional meetings of the Disability Support Advisory Committees to foster regional collaboration. The monitoring of rest homes was moving from the DHB to MoH spot audits however DHBs would still continue to do issue based audits.</p> <p>Quality Risk and Audit Committee</p> <p>The Committee had endorsed the consumer input structure which has three levels. They had also had a paper on harassment in the workplace.</p> <p><u>Moved Pat Snedden; seconded Rob Cooper</u></p> <p><i>That the reports from the Committees be noted.</i></p> <p><u>Carried</u></p>
10.2	DAP Projects Report
	<p><u>Moved Pat Snedden; seconded Chris Chambers</u></p> <p><i>That the DAP projects report summary be noted.</i></p> <p><u>Carried</u></p>

Provision of Pharmaceutical and Non Pharmaceutical ProductsMoved Ian Ward; seconded Bob Tizard

That the Auckland District Health Board approves the renewal and variation of the Product Supply agreements between the Auckland Northern Region District Health Boards (ANRDHB) and Health Support Limited (HSL) for the provision of Pharmaceutical and Non-Pharmaceutical Products on behalf of Auckland District Health Board. For the purposes of this proposal Auckland Northern Regional District Health Boards (ARNDHB) comprises of:

*Auckland District Health Board (ADHB)
 Counties Manukau District Health Board (CMDHB)
 Northland District Health Board (NDHB)
 Waitemata District Health Board (WDHB)*

Contract renewal for a period of 5 years; total estimated value for the 5 year term:

<u>DHB</u>	<u>Est Value (5 Year)</u>
<i>Auckland DHB</i>	<i>\$184,500,000</i>
<i>Counties Manukau DHB</i>	<i>\$ 51,000,000</i>
<i>Northland DHB</i>	<i>\$ 17,500,000</i>
<i>Waitemata DHB</i>	<i>\$ 57,000,000</i>

Subject to wording to be checked in relation to "legislative" change.

Carried**Residential Treatment Odyssey House Trust****Residential Treatment Salvation Army New Zealand Trust**

Both suppliers were regarded highly and the Finance Committee had discussed extending the period of contracts but as they are regional it is subject to the IDF process.

Moved Brian Fergus; seconded Bob Tizard

That the Auckland District Health Board approves the Chief Planning and Funding Officer to sign a 2 year contract with Odyssey House Trust committing the DHB to up to \$8,505,494.12 (GST excl) based on full occupancy, noting that this is a Metro Auckland Regional contract providing services to all Metro Auckland DHBs.

That the Auckland District Health Board approves the Chief Planning and Funding Officer to sign a 2 year contract with Salvation Army New Zealand Trust committing the DHB to up to \$6,315,039 (GST excl) based on full occupancy, noting that this is a Northern Regional contract providing services to all Northern Region DHBs.

Carried**Supply of Pain Pumps and Consumables**

This proposed reduced the number of pain pumps from 5 down to 1.

Moved Pat Snedden; seconded Ian Ward

That the Auckland District Health Board approves:

- 1. That a Direct Supply Agreement is entered into between ADHB and Smiths Medical Australasia Pty Ltd for the Supply of CADD Solis Pumps and accessories.*
- 2. That a Tripartite Supply agreement between ADHB, Smiths Medical Australasia Pty Ltd and Health Support Limited is entered into for the distribution of the associated consumables.*
- 3. Term of the contract is for 5 years (60 months) with an option to exercise a Right of Renewal for 2 years (24 months).*
- 4. The estimated value of the Contract(s) based on current fleet replacements over 7 years is:*
 - Capital: \$653,800*
 - Consumables \$891,238*
- 5. The Supplier has agreed to include the National Privity option which will enable other DHB's to*

	<p><i>access the Contract Pricing Schedule.</i></p> <p><i>Subject to appraising the Shared Services Establishment Board.</i></p> <p><u>Carried</u></p>
11.2	Finance Report
	<p>The results were on target for the month and year to date. The next 4 months would be difficult with March being the highest challenge although in that month payroll was close to budget. Volumes for March were yet to be finalised.</p> <p><u>Moved Pat Snedden; seconded Brian Fergus</u></p> <p><i>That the Financial Report for February 2010 be noted.</i></p> <p><u>Carried</u></p>
13	GENERAL BUSINESS
	<p>Building 5</p> <p>Susan Buckland advised of a couple of proposals for use of Building 5 one being possible client accommodation of a higher standard for older people and some suggestions from the President of the Auckland Civic Trust. It was noted that while ADHB's responsibility was to provide healthcare to its population any ideas were to be put to Management through the Manager Materials Management.</p> <p>CEO Continuing Education</p> <p>Garry Smith thanked the Board for their support for the Kaizen Lean Tour continuing education. He outlined his three objectives and five strategies that emulated from his learning's being to (1) change the Board Goal 2 from Performance Improvement to Improve Performance, (2) use visual management, (3) pursue customer satisfaction through continuous quality improvement and eliminating waste, (4) recognition of staff for ideas, innovation and improvement and, (5) having senior management going to the workplace.</p> <p>It had been a great learning experience and confirmed the journey that ADHB was taking.</p>
	NEXT MEETING
	<p>The meeting closed at 4:00pm</p> <p>The next scheduled meeting is : 2:00pm, Wednesday, 5 May 2010 A+ Trust Room Clinical Education Centre Level 5 Auckland City Hospital Grafton</p>
CONFIRMED	
CHAIR:	DATE: