

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 4 May 2011										
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton										
1	KARAKIA										
	The Chair declared the meeting open at 2:22pm. Naida Glavish led the meeting with the karakia.										
2	ATTENDANCE AND APOLOGIES										
	<p>Board Members</p> <table> <tr> <td>Dr Lester Levy (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Peter Aitken</td> <td>Judith Bassett</td> </tr> <tr> <td>Susan Buckland</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Dr Lee Mathias</td> <td>Robyn Northey</td> </tr> <tr> <td>Gwen Tepania-Palmer</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 and Innovation Taima Campbell – Executive Director Nursing Naida Glavish – Chief Advisor Tikanga, GM Maori Health Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Rob Cooper had been granted leave of absence.</p>	Dr Lester Levy (Chair)	Jo Agnew	Peter Aitken	Judith Bassett	Susan Buckland	Dr Chris Chambers	Dr Lee Mathias	Robyn Northey	Gwen Tepania-Palmer	Ian Ward
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3	CONFLICTS OF INTEREST										
	Ian Ward advised an amendment to his interest register having resigned from Health Vision Limited. Lester Levy had provided a declaration of conflicts of interest dated 3 May 2011 and had a conflict in connection to item 12.5 in public exclusion as Deputy Chair of Health Benefits Limited. There were no other declarations of conflicts of interest for any item on the agenda.										
4	CONFIRMATION OF MINUTES 6 APRIL 2011										
	<p><u>Moved Ian Ward; seconded Gwen Tepania-Palmer</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 6 April 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>										

5	ACTION POINTS 6 APRIL 2011
	<p>All actions were completed with Bernard Te Paa attending the CPHAC meeting and the Annual Plan, as sent to Wellington, being distributed to Board members.</p> <p>Northern Region's Health Plan</p> <p>Feedback on the Plan had only just been received and work on the implementation plan would proceed next week.</p>
6.1	CHAIRMAN'S REPORT
	Feedback on the Northern Region's Health Plan was favourable.
6.2	Chairman's Recommendations
	<p>Starship Foundation</p> <p><u>Moved Ian Ward; seconded Robyn Northey</u></p> <p><i>That the Auckland District Health Board appoints Susan Buckland as the ADHB representative on the Starship Foundation.</i></p> <p><u>Carried</u></p> <p>Susan Buckland did not participate in the discussion or voting.</p> <p>A+ Charitable Trust</p> <p>Lee Mathias assumed the Chair.</p> <p><u>Moved Lee Mathias; seconded Ian Ward</u></p> <p><i>That in terms of the deed of the A+ Trust Charitable Trust, which provides for the Chair of ADHB to be a trustee ex officio, the Chair Lester Levy will be a trustee.</i></p> <p><u>Carried</u></p> <p>Lester Levy did not participate in the discussion or vote on the resolution.</p> <p>Lester Levy resumed the Chair.</p>
7.1	Chief Executive's Summary
	<p>Feedback on the Annual Plan had been received with this being more about presentation and wording as well as alignment with the other DHBs Annual Plans and the regional setting. The 20 May deadline for resubmission would be achieved and it was agreed that the Board would convene in a special meeting following the CPHAC meeting on 18 May 2011 to confirm the Annual Plan.</p> <p>There are to be discussions next week with the National Health Board on the elective surgical base number for 2011 – 2012 (with the extra 600 requested at the beginning of this year having now been put into the base which would mean a 26% increase over 2 years). It was noted that in the Ministry's Operational Policy Framework there was an expectation that the growth of services would not be more than 7% annually.</p> <p>The GAIHN primary care business case is now becoming more focussed and specific, particularly about localities. While there is a focus on the 3 business cases they are not the only primary care initiatives related to clinical services i.e. radiology that Auckland DHB is involved in. This may be about services being more accessible to primary care rather than shifting services to primary care although some, such as follow-up on specialist appointments, could be easily transferred.</p> <p>Work was being undertaken on dementia care capacity for Aged Care. Criteria for assessment</p>

	<p>for Aged Care services were clear.</p> <p>The National Health Board's questions relating to financials in the Annual Plan had been responded to, including FTE numbers. There is frustration from CFOs with the MoH advise that items not approved should not be in the capital plan with the CFOs considering that the Plan is what you intend to get approvals for. This approach was supported by the Board, but is unlikely to change. There was a commitment to have clinical leadership regional training hubs from 1 July in the Northern Region.</p> <p>The growth in Health of Older People care was exactly as planned and was noted as being a priority in the Letter of Expectation from the Minister. The bed blockages for those under 65 were being resolved.</p> <p>ESPI were compliant but there was a focus on those waiting longer than 12 months. Johan Vendrig's appointment as General Manager Information Services for healthAlliance was noted. National employment relations were focused around SMOs and it was important to get that settled. Other negotiations were on track. The Nurses collective agreement is to be negotiated and Service and Food Workers had an interim settlement.</p>
7.2	Minister's Six Health Priorities 2010 - 2011
	<p>Better Help for Smokers to Quit had improved to 75% in April and the Steering Group was being reconvened. Work was being done in high volume areas of ED, Ophthalmology and Women's Assessments as well as looking at what other DHBs do. League tables by speciality were being produced as a competitive incentive but there were still some data capture issues. There was more engagement with Allied Health i.e. Pharmacists working in APU. Coders would also be included in the Steering Group.</p> <p>Immunisation was at 88% in March and 89% in April with an increase for Maori. There was confidence that the target of 91% by year end would be reached noting that the additional numbers were small, for example for Maori, 40 people.</p> <p>Diabetes Control of HbA1c had been flat for 3 years with no significant changes which was a similar issue across the region and country with a focus on self management plans. Compliance was recorded through GP practices. It was suggested that there be random audits of reporting in practices noting the CVD reporting is by GPs and this is good. It was noted that Maori were improving with "Get Checked" but not control. Previous self management programmes had been patchy and with these improving there was an expectation of gains over time. The Board noted that diabetes was a critical area and requested that management totally rethink the approach and present the Board with a new pathway towards this target.</p>
8.1	Lift the Health of People in Auckland City
	There were no recommendations.

9.1	DAP Projects Report
	<p>An overview of the progress was given with exceptions being mainly about timing which was getting management's attention. There was confidence that Skin Lesions and Pharmaceuticals would reach target and the palliative care redesign concerned shifting funding. Access to community diabetic eye screening was within clinical guidelines with no addition to the backlog. The Eye Network was expected to be functioning by the end of July following modification of English software, from the UK grading to the different NZ grading. The Pharmaceutical target should be about utilisation rather than dollars and the calculation of dollars was wrong as it did not take into account the Pharmac rebates. Utilisation was a better measure.</p> <p>The Board raised concerns that the comments were casual and did not reach the standard required. Responses need to be far more specific.</p>
10.1	Finance Committee Recommendations
	<p>Fluoroscopy Room Radiology <u>Moved Gwen Tepania-Palmer; seconded Robyn Northey</u></p> <p><i>That the Auckland District Health Board approves the budget based business case for the replacement of fluoroscopy equipment with associated installation costs at a cost of \$1m subject to tender for the equipment.</i></p> <p><u>Carried</u></p> <p>Replacement 2 Angiography/DSA Rooms <u>Moved Robyn Northey; seconded Lee Mathias</u></p> <p><i>That the Auckland District Health Board approves the budget based business case for the replacement of a bi-plane and single plane DSA/Angiography equipment with associated installation costs and approves the purchase of pendants for carrying anaesthetic gases as specified by Anaesthetic clinical staff, subject to tender for the equipment, with the project not to exceed \$3.5m.</i></p> <p><u>Carried</u></p> <p>Clinical Records Scanning Solution <u>Moved Ian Ward; seconded Robyn Northey</u></p> <p><i>That the Auckland District Health Board approves the purchase and implementation of the 3M Health Information Systems (3M) solution for a clinical record scanning system at a capital cost of \$3,348,427 and ongoing annual operating costs of \$180,000 subject to a further budget of \$1.3m being found through reprioritisation of the capital budget and subject to regional and national IT approval processes.</i></p> <p><u>Carried</u></p> <p>It was noted that the scanning volumes had not reduced. The project was a move to voice recognition technology.</p>

10.2	Finance Committee Recommendations											
	<p>The Financial Report had been reviewed in detail at the Finance Committee. The results were slightly favourable for the month and year to date \$4.26m favourable to budget with a surplus of \$2.7m. The focus was on achieving the elective surgery target. The forecast was still to break even but would require tight management to achieve. It was noted that the Car Park Building at ACH was progressing well. IDF inflows as well as outflows were monitored, these being plastic surgery and forensic mental health as well as the Otahuhu natural boundary for people preferring to go to Counties Manukau.</p>											
11	GENERAL BUSINESS											
	<p>There were no items of general business.</p>											
12	PUBLIC EXCLUSION											
	<p><u>Moved Lee Mathias; seconded Robyn Northey</u></p> <p>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 12.</p> <p>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:</p> <table border="1" data-bbox="199 1030 1356 1523"> <thead> <tr> <th data-bbox="199 1030 582 1153">General subject of each matter to be considered:</th> <th data-bbox="582 1030 981 1153">Reason for passing this resolution in relation to each matter:</th> <th data-bbox="981 1030 1356 1153">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td data-bbox="199 1153 582 1232">12.1 Confidential Board Minutes 6 April 2011</td> <td data-bbox="582 1153 981 1523" rowspan="5">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)</td> <td data-bbox="981 1153 1356 1523" rowspan="5">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.</td> </tr> <tr> <td data-bbox="199 1232 582 1310">12.2 Governance Committee Structure and Meeting Cycle</td> </tr> <tr> <td data-bbox="199 1310 582 1388">12.3 Committee Structure Quality, Risk and Audit Committee</td> </tr> <tr> <td data-bbox="199 1388 582 1467">12.4 Appointment to the Audit and Finance Committee</td> </tr> <tr> <td data-bbox="199 1467 582 1523">12.5 Northern Region Shared Services Organisation</td> </tr> </tbody> </table> <p>The items discussed in public exclusion were the Confidential Board minutes 6 April 2011, Governance Committee Structure and Meeting Cycle, Committee Structure Quality Risk and Audit Committee, appointment to the Audit and Finance Committee and Northern Region Shared Services Organisation.</p> <p><u>Moved Robyn Northey; seconded Lee Mathias</u></p> <p><i>That the meeting resume in public.</i></p> <p><u>Carried</u></p>		General subject of each matter to be considered:	Reason for passing this resolution in relation to each matter:	Ground(s) under clause 34 for the passing of this resolution:	12.1 Confidential Board Minutes 6 April 2011	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)	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.	12.2 Governance Committee Structure and Meeting Cycle	12.3 Committee Structure Quality, Risk and Audit Committee	12.4 Appointment to the Audit and Finance Committee	12.5 Northern Region Shared Services Organisation
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	NEXT MEETING
	The meeting closed at 4:46 pm The next scheduled meeting is: 2:00pm, Wednesday, 1 June 2011 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton
CONFIRMED CHAIR: DATE:	