



Auckland District Health Board Board Minutes

MEETING DETAILS													
Time and Date	2:00pm, Wednesday, 3 June 2009												
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton												
1	ATTENDANCE AND APOLOGIES												
	<p>Board Members</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Pat Snedden (Chair)</td> <td style="width: 50%;">Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Harry Burkhardt</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>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr David Sage – Chief Medical Officer Dr Denis Jury – Chief Planning & Funding Officer Brent Wiseman – Chief Financial Officer Taima Campbell – Executive Director Nursing Chris Morgan – Manager Materials Management Vivienne Rawlings – GM HR Operations Ian Bell – Board Administrator</p> <p>Apologies</p> <p>The Chair declared the meeting open at 1:58pm. Rob Cooper opened the meeting with a karakia.</p>	Pat Snedden (Chair)	Jo Agnew	Susan Buckland	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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2	CONFLICTS OF INTEREST												
	There were no notifications of conflicts of interest for any item on the agenda.												
3	CONFIRMATION OF MINUTES 6 MAY 2009												
	<p><u>Moved Susan Buckland; seconded Jo Agnew</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 6 May 2009 with amendment to reference to the Ministerial Committee chaired by Murray Horn, Minister's six priorities and ESBL be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>Confidential Minutes Board</p> <p><u>Moved Chris Chambers; seconded Ian Scott</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held in public exclusion on 6 May 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>												

6	CHAIRMAN'S REPORT
	<p>The Chairman advised the following:</p> <ul style="list-style-type: none"> • The Minister wants progress on cardiac services and wanted the Chair to keep him personally informed so the Chair would be meeting with Cardiac later in the day and communicating back to the Minister. • He had attended the opening of the paediatric oncology ward opened by the Prime Minister and funded by the Starship Foundation. There was a good relationship with the Foundation. • He had attended a seminar at the School of Population Health for year 5 students. • He, together with the Chief Executive, Chief Medical Officer and Executive Director of Nursing had talked to clinicians on the New Zealand economic position outlining the clinicians and nurses responsibility to address the challenges and they were receptive to making contributions and ideas. David Sage advised that he had further meetings with doctors and had received half a dozen emails with ideas and was optimistic that the message had been received quite widely with a shift in the way to approach the issues. Taima Campbell advised that she considered that there was still a gap between the economic picture and the individual's position particularly in understanding the quantum of change required with a tendency to revert to "not being funded correctly". The acute/elective model was not working with a need for separation and a need to look at ways to do things differently. Garry Smith advised that he was delighted with the interest and engagement and including people in change. The economic situation may be an opportunity to focus on a quality agenda and overcome the attitude that it was something others do as well as professional boundary issues that needed to be broken down. The Strategic Plan would be an opportunity to take a population point of view. <p>There was further discussion on palliative care versus medical intervention, RMO issues, after hours care, other DHBs behaviour in not taking patients back or referrals that should be treated in their own hospital, and the need for direct treatment costs to be addressed by clinicians including putting aside personal preferences. People were being encouraged to look at practices and what they could change with a need to divert thinking to look at the right costs, acknowledging that at present there is probably too many RCs with an over complicated accounting and reporting system rather than looking at unit management. Not enough had been done to coach and mentor senior staff to give them the tools to be effective to advance clinical pathways to avoid cost with clinicians managing clinical utilisation. With Cardiac there had been a full audit of waiting list with 13 identified as urgent of which 5 had been addressed with all the others by 20 June 2009.</p> <p>The Deputy Chair raised the question of the organisations propensity to do too much. This was being challenged in the District Annual Plan (DAP) for the new financial year in being economic on what ADHB could do and meant delivery was focused on the DAP priorities and the Minister's six priorities.</p> <p>Kay Hyman and Garry Smith were sponsoring the long term sustainability of Cardiac Services with a step lift to meet the new national money available. The Board asked for the Terms of Reference and summary report on the national project for long term sustainability of Cardiac Services.</p> <p>The Chairman's report was noted.</p>
7	CHIEF EXECUTIVE OFFICER'S SUMMARY
	<p>Points noted by the Chief Executive were:</p> <ul style="list-style-type: none"> • The Home Support contracts were being implemented with this progressing well with the previous Ngati Whatua clients having a choice of provider and those on Waiheke being transferred to the Nursing Service provider. • Oral Health national procurement could now deliver the available vans and these would be supplied through the national procurement programme. • The Emergency Department and winter workload were being addressed with the 6 hour rule and a 28 point plan being implemented. There was PHO engagement on the 6 hour rule project.

	<ul style="list-style-type: none"> • The clinical utilisation project would require clinical leadership. • The Elective Surgical Centre was part of a regional initiative so there needed to be regional cohesion and guidance from the MoH. • Starship theatres/CFU had been updated to the Hospital Advisory Committee. • The control on discretionary expenditure and administration FTEs had not reached the May target but June should be better with good response and strong feedback from unions and clinicians. <p>The Minister's six priorities had been advised and these would be reported on from 1 July 2009 noting that there was no funding attached to the priorities. The District Annual Plan projects were funded to get change with outcome measures but other changes may or may not need extra resources which would require reallocations, an example being, removing the immunisation resource from Starship and using that money with PHOs to get immunisation rate improvement.</p> <p><u>Moved Pat Snedden; seconded Jo Agnew</u></p> <p><i>That the Chief Executive report be noted.</i></p> <p><u>Carried</u></p>
9	PERFORMANCE IMPROVEMENT
9.1	Committee Recommendations
	<p>The Quality, Risk and Audit Committee had requested that the risk register be updated by the management who owns the risk in a timely manner and also that when risks were mitigated they were removed from the register. The Committee had also considered the changes needed to be made for the recession to provide more with less which would require a cultural change based on a quality framework. The paper on vulnerable services had shown some structural weaknesses with resources and demand not matching.</p> <p>The Hospital Advisory Committee had received a presentation from the Cardiac group on changes being made. Pressures in the hospital were being managed. The Chair advised that there would be a further CTA funding round for the second semester with approximately \$100k available and this was being managed by the Executive Director Nursing.</p>
9.2	DAP Projects Report
	The report was noted.
10	LIVE WITHIN OUR MEANS
10.1	Finance Committee Recommendations
	<p>Development, Integration and Report Writing Services</p> <p>This was presently contracted out with no formal contract so had been taken to the market and Datacom selected as they had the best resources. There was savings in cost.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board approves the supply of Development, Integration and Reporting Writing Services from Datacom from 30 May 2009 to 30 May 2012 with two one year rights of renewal.</i></p> <p><u>Carried</u></p> <p>Dual Energy Linear Accelerator</p> <p>This had been approved in principle and then taken to the market with two suppliers short listed with Varian being the most cost effective.</p>

	<p><u>Moved Harry Burkhardt; seconded Brian Fergus</u></p> <p><i>That the Auckland District Health Board approves capital expenditure totalling \$4,234,640 for a Dual Energy Linear Accelerator of which \$3,889,306 is a contract with Varian Medical Systems for the linear accelerator.</i></p> <p><u>Carried</u></p> <p>Extension of Adult and Paediatrics Diabetes Services Space</p> <p>Again this had been approved in principle the previous year.</p> <p><u>Moved Ian Ward; seconded Bob Tizard</u></p> <p><i>That the Auckland District Health Board approves capital expenditure of \$630,982 for the refurbishment of the space on Level 1, Building 4, Greenlane Clinical Centre for the Adult Diabetes and Paediatric Diabetes/Endocrine Services.</i></p> <p><u>Carried</u></p>
10.2	Finance Report April 2009
	<p>Results year to date were tracking close to budget with an unfavourable variance of \$2m to budget.</p> <p><u>Moved Pat Snedden; seconded Ian Ward</u></p> <p><i>That the Financial Report for April 2009 be noted.</i></p> <p><u>Carried</u></p>
	Committee Reports
	<p>Disability Support Advisory Committee</p> <p>The Committee had discussed membership, a meeting with Waitemata and received a presentation from Deidre Mulligan on the ADHB All Age Rehabilitation Strategy.</p> <p><u>Moved Pat Snedden; seconded Harry Burkhardt</u></p> <p><i>That the report from the Disability Support Advisory Committee be noted.</i></p> <p><u>Carried</u></p> <p>Maori Health Advisory Committee</p> <p>Items discussed by the Committee were the CTA funded courses, the need to grow Maori provider capacity and availability of research on why Maori were below in health status and the appointment of a Maori Health Gain Manager had been noted.</p> <p><u>Moved Pat Snedden; seconded Harry Burkhardt</u></p> <p><i>That the report by the Maori Health Advisory Committee be noted.</i></p> <p><u>Carried</u></p> <p>Pacific Health Advisory Committee</p> <p>Items noted from the Pacific Health Advisory Committee meeting were the “summit” as part of the consultation on the District Strategic Plan, the Youth Plan which had had considerable Pacific involvement noting that 50% of Pacific’s population are in the age group, PHO funding including funding for very low income practices, SIA and health promotion funding with PHOs working together and a presentation from Uniservices on the HVAZ evaluation. With the latter they were focusing on five strategic areas. Counties Manukau Pacific Advisory Committee would be invited to the meeting next month.</p> <p><u>Moved Pat Snedden; seconded Susan Buckland</u></p> <p><i>That the report from Pacific Health Advisory Committee be noted.</i></p> <p><u>Carried</u></p>

12	<p>PUBLIC EXCLUSION</p>						
	<p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p style="text-align: center;">RESOLUTION TO EXCLUDE THE PUBLIC FROM A MEETING OF THE BOARD</p> <p style="text-align: center;">Clauses 32 and 33, Schedule 3, New Zealand Public Health and Disability Act 2000 (“ Act”)</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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: left;">General subject of each matter to be considered:</th> <th style="width: 33%; text-align: left;">Reason for passing this resolution in relation to each matter:</th> <th style="width: 33%; text-align: left;">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> 12.1 2008/2009 Year End Forecast 12.2 Community Laboratory Services 12.3 Elective Surgery Unit 12.4 Confidential Minutes 6 May 2009 </td> <td style="vertical-align: top;"> 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 style="vertical-align: top;"> 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> </tbody> </table> <p><u>Carried</u></p> <p>The Board discussed items in public exclusion.</p> <p><u>Moved Pat Snedden; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board resume in the public meeting.</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 2008/2009 Year End Forecast 12.2 Community Laboratory Services 12.3 Elective Surgery Unit 12.4 Confidential Minutes 6 May 2009	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.
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13	<p>GENERAL BUSINESS</p>						
	<p>Queen’s Birthday Honours</p> <p><u>Moved Ian Ward; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board congratulates Dr Kirsten Finucane and Associate Professor John Henley on being honoured in the Queen’s Birthday Honours.</i></p> <p><u>Carried</u></p>						

	NEXT MEETING
	The meeting closed at 4:50pm The next meeting is scheduled for 2:00pm, Wednesday, 1 July 2009 Pohutukawa Room Sorrento in the Park One Tree Hill Domain Royal Oak Auckland
	CONFIRMED CHAIR: DATE: