

MEETING DETAILS											
Time and Date	2:00 pm, Wednesday, 2 December 2010										
Venue	Board Room, Level 5, Administration Suite, Auckland City Hospital, Grafton										
1	Karakia										
	The Chair declared the meeting open at 11:16am Rob Cooper 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>Harry Burkhardt</td> <td>Susan Buckland</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>Ian Ward</td> </tr> </table> <p>In Attendance</p> <p>Judith Bassett – New Board Member Robyn Northey – New Board Member</p> <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 & Innovation Ngairé Buchanan - General Manager Operations Taima Campbell – Executive Director of Nursing Hilda Fa’asalele – General Manager Pacific Health Paul Green – Manager Materials Management Aroha Haggie – Maori Health Gains Manager Dr Scott Macfarlane (for Dr Richard Aickin) Director Child Health Janice Mueller – Director Allied Health Vivienne Rawlings – General Manager Human Resources Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Seuli Dr Juliet Walker.</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)	Jo Agnew	Harry Burkhardt	Susan Buckland	Dr Chris Chambers	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Rt Hon Bob Tizard	Ian Ward
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Dr Chris Chambers	Rob Cooper										
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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 3 NOVEMBER 2010
	<p><u>Moved Ian Scott; seconded Susan Buckland</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 3 November 2010 with amendments, that Hilda Fa'asalele was in attendance and that Southern Cross did the same level of elective surgery as the public sector, be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
5	ACTION POINTS 3 NOVEMBER 2010
	<p>Refugee and Migrant Advisory Group</p> <p>This was noted for the new Chair and would be advised in a handover briefing by the present Chair.</p> <p>National Health Board</p> <p>ADHB had made its own submissions to the National Health Board but the pricing decisions had been made and it was acknowledged that they would not impact in 2011 - 2012 but in the next financial year 2012 - 2013. The pricing exercise involved a lot of micro analysis but no one took a macro overview i.e., the cost of secondary services growth exceeded that of tertiary cost growth. Implementing the changes would bring ADHB's spend to \$3.2m rather than \$6m. The role definitions related to the degree of tertiarieness. It was suggested that the models will be changing and that there was no perfect model.</p>
7	CHAIRMAN'S REPORT
	<p>The Chair noted that the national terms of settlement which covered 66% of costs had taken negativity out of the system through cooperation and collaboration of the unions with the DHBs. This was built on honour and trust. He requested that the Board champion this process which aligns employees with the goals of the DHB. If there was union distrust that would not be good for DHBs. The northern region covered 40% of the country's labour and the Health Sector Relationship Agreement made Unions visible.</p>
8.1	Chief Executive's Summary
	<p>Radiation therapy 4 week target had been presented to the Hospital Advisory Committee and would be achieved. Elective surgery was being focused on to deliver but there would be a cost. With Better Sooner More Convenient and the HSG model there would be better reporting. The focus of Celebration Week had been on performance improvement, quality improvement and the role of the A+ Trust, Richard Frith and Gill Naden was acknowledged. The feedback on the week was to continue with it as an annual event but to be more professional. New graduates hire needed to be operationalised to get the focus on Maori and Pacific with HR policies now aligned.</p> <p>Garry Smith acknowledged the Chair and outgoing Board for their support and giving freedom to operate and encouragement to the Senior Leadership Team.</p> <p>To achieve elective surgery there would be change with the move to the Greenlane Surgical Unit and implementation of new practices and new ways of working.</p>
8.2	Minister's Six Health Priorities 2009/10
	<p>There was a focus on patient flows in ED which was showing an improvement and the target line forecast has been revised. ADHB was not seeing any admissions that they should not have and the turnaround on the floor had improved. Any impact of GAIHN would take a long time. With rest homes there was a nurse practitioner that helped them manage who was referred. Of the elderly admitted 80% needed to be in the hospital and the 20% still needed a high level of care. Aged Residential Care cost \$100m of which rest homes were \$35m and private hospitals \$60m. Children's acute patient flows were improving and there were a number of sigma activities being</p>

implemented. Elective surgery had been impacted by the strikes. Waiting times for radiation therapy were good and with assistance to smokers there needed to be further engagement with wards with good wards sharing their experiences with those performing less well. The Cardiac waiting list had decreased and there was a risk that there would not be enough patients in the system to meet the target as well as the minimum contract with the private sector to keep it viable. Diabetes Get Checked was not improving although it was noted that the denominator had changed. Cardiovascular risk assessment was on target and for immunisation there were a number of things being undertaken at practice level.

The funding envelope for the next year had been received and there was a 2.7% increase of \$26m with 1.72% for cost pressures and 1.5% for demography although the weighting for PBF was dropping with a younger healthier population. There was an 8% increase in electives and an increase in pharmaceutical expenditure which was all on drugs but no compensation for the increase in dispensing costs. This had been raised with Pharmac. Overall the budget would be very tight.

Moved Pat Snedden; seconded Chris Chambers

That the Chief Executive's summary and Minister's Six Health Priorities reports be noted.

Carried

9.1 Committee Recommendations

Community and Public Health Advisory Committee

Auckland Region DHB Boards Memorandum of Understanding Host and Partner DHBs Managing BSCM Primary Care Alliances and Cross Boundary PHOs.

Moved Brian Fergus; seconded Susan Buckland

That the ADHB Board:

- 1. Notes that approval of the Ministry of Health is required under the Operational Policy Framework*
- 2. Notes that although the Host DHB will be primary contact for the PHO the partner DHBs will retain direct relationships for key contracts if required*
- 3. Notes that the Ministry of Health has approved the Memorandum of Understanding*
- 4. Approves the Memorandum of Understanding*
- 5. Approves that the Chief Executive sign the Memorandum of Understanding.*

Carried

Maori Health Advisory Committee

Maori Mental Health and Addiction Services

Moved Rob Cooper; seconded Harry Burkhardt

That the ADHB Board:

Notes that there is widespread support from all stakeholder groups for an iwi based solution for the delivery of kaupapa Maori mental health and addictions service in the ADHB area

Notes that a successful iwi based solution will necessarily be one that provides clinically and culturally competent kaupapa Maori services within a whanau ora framework

Notes that Tangata Whaiora and whanau expect to be central to planning and decision making in the development and implementation of an iwi based solution

Agrees that Te Runanga o Ngati Whatua as the ADHB Tiriti partner will be requested to assume a governance role in relation to the process of developing an iwi based solution

Agrees that Te Runanga o Ngati Whatua in co-operation with ADHB staff will bring back to the ADHB Board a proposed development pathway to establish a Kaupapa Maori Mental Health and Addictions service for the ADHB area by 31 March 2011.

Carried

Pacific Health Advisory Committee

The Committee had met but did not have a quorum. They had gained an understanding of the

	<p>MOU change in contract management with PHOs and the Committee was keen to be involved at a governance level in the Tamaki Transformation Project.</p> <p>Disability Support Advisory Committee</p> <p>The Committee had received the accessibility audit which was a result of the “Step Up” report.</p> <p><u>Moved Pat Snedden; seconded Rob Cooper</u></p> <p><i>That the reports from the Advisory Committees be noted.</i></p> <p><u>Carried</u></p>
10.1	DAP Projects Report
	<p>Noted were the changes in primary care with Better, Sooner, More Convenient and the IT resilience project. At the orientation day on 9 December 2010 there would be an item on how ADHB did their reporting.</p>
11.1	Finance Committee Recommendations
	<p>Low-Mid Range Surgical Instruments</p> <p>The procurement project had been run by Canterbury.</p> <p><u>Moved Harry Burkhardt; seconded Bob Tizard</u></p> <p><i>That the ADHB Board approves ADHB contracting with BBraun Ltd and Downs Distributors Ltd for the provision of low/mid range (defined by cost and complexity) surgical instrumentation for 3 years from 1 December 2010 to 30 November 2013 with an estimated spend of \$1m per annum.</i></p> <p><u>Carried</u></p> <p>Orthotic Services</p> <p>This was a contract renewal.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the ADHB Board approves the right to renew the current contract (C1284266) with the Orthotic Centre (NZ) Ltd for a further year from 1 June 2011 to 31 May 2012 at an estimated annual value of \$750,000 p.a. with an option to extend the agreement for one last term of one (1) year if exercised before 31 May 2011.</i></p> <p><u>Carried</u></p> <p>National Ostomy/Contenance/Urology Supply</p> <p>This had been a national tender run by healthAlliance and ADHB had selected a number of suppliers. Existing patients could continue with their existing suppliers.</p> <p><u>Moved Harry Burkhardt; seconded Ian Scott</u></p> <p><i>That the ADHB Board approves the take up of mirror national contracts for the Ostomy, Contenance and Urology categories for the suppliers and services from the following suppliers and contracts for the supply and distribution of Ostomy, Contenance and Urology products be approved as specified:</i></p> <p><i>Bard Australia Pty Ltd (Urology products – Community services)</i></p> <p><i>Coloplast Pty Ltd (Ostomy / Urology products – Hospital and Community services)</i></p> <p><i>ConvaTec (Australia) Pty Ltd (Urology products – Community services)</i></p> <p><i>Liberty Medical NZ Ltd (Ostomy / Urology products – Hospital and Community services)</i></p> <p><i>Universal Specialties Ltd (USL) (Contenance products – Hospital and Community services) and (Distribution of Ostomy and Contenance Products to the community patients)</i></p> <p><i>The term of these agreements is three years from 1 November 2010 to 31 October 2013, one 2 (two) year’s right of renewal is available and if executed the agreements would finish on the 31 October 2015.</i></p> <p><u>Carried</u></p>

Sutures and Endosurgical Instruments

This was an exercise of a right of renewal.

Moved Harry Burkhardt; seconded Brian Fergus

That the ADHB Board approves the exercise of the right of renewal for 2 years for the current contract for the provision of Sutures and Endosurgical Instruments.

Carried

ARPHS Building 15 Refurbishment Dispensation to Tender

Moved Harry Burkhardt; seconded Ian Ward

That the ADHB Board approves the business case for the ARPHS Building 15 refurbishment and the dispensation from open tender to a limited tender limited to ADHB's preferred facility contractors.

Carried

The business case payback was 3 years.

Debt Write-offs

Moved Pat Snedden; seconded Jo Agnew

That the ADHB Board approves the write-off of the following debts:

<i>Cardiac</i>	<i>\$325,909.90</i>
<i>General Surgery</i>	<i>\$103,536.23</i>
<i>Neurology</i>	<i>\$193,276.92</i>

Carried

Capital 2010 - 2011

The Finance Committee had received an updated capital forecast and with delays in some expenditure there were opportunities for expenditure to be brought forward in other areas.

Moved Pat Snedden ;seconded Harry Burkhardt

That the ADHB ratifies the decision of the Finance Committee in approving the updated capital forecast and approved changes in areas of spend.

Carried

11.2 Finance Report

There had been a break even result for October and a year to date favourable variance of \$1.9m. Increased revenue and favourable payroll had been offset by unfavourable direct treatment costs.

Moved Pat Snedden; seconded Jo Agnew

That the Finance Report for October 2010 be noted.

Carried

15	PUBLIC EXCLUSION						
	<p><u>Moved Pat Snedden; seconded Rob Cooper</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> <p><i>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:</i></p> <table border="1" data-bbox="204 537 1356 974"> <thead> <tr> <th data-bbox="204 537 582 660"><i>General subject of each matter to be considered:</i></th> <th data-bbox="582 537 981 660"><i>Reason for passing this resolution in relation to each matter:</i></th> <th data-bbox="981 537 1356 660"><i>Ground(s) under clause 34 for the passing of this resolution:</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="204 660 582 974"> 15.1 Auckland Regional Health Technologies Innovation Hub. 15.2 Greenlane Surgical Centre 15.3 Tamaki Transformation: Pathways to Health Careers </td> <td data-bbox="582 660 981 974"> <i>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)</i> </td> <td data-bbox="981 660 1356 974"> <i>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.</i> </td> </tr> </tbody> </table> <hr/> <p><u>Carried</u></p> <p>The items discussed in public exclusion were the Auckland Regional Health Technologies Innovation Hub, Greenlane Surgical Centre and Tamaki Transformation: Pathways to Health Careers.</p> <p><u>Moved Pat Snedden; seconded Bob Tizard</u></p> <p><i>That the meeting resume in public.</i></p> <p><u>Carried</u></p>	<i>General subject of each matter to be considered:</i>	<i>Reason for passing this resolution in relation to each matter:</i>	<i>Ground(s) under clause 34 for the passing of this resolution:</i>	15.1 Auckland Regional Health Technologies Innovation Hub. 15.2 Greenlane Surgical Centre 15.3 Tamaki Transformation: Pathways to Health Careers	<i>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)</i>	<i>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.</i>
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	NEXT MEETING						
	<p>The meeting closed at 1:10 pm</p> <p>The next scheduled meeting is : 2:00pm, Wednesday 2 February 2011 A+ Trust Room, Clinical Education Centre Level 5, Auckland City Hospital, Grafton</p>						
<p>CONFIRMED</p> <p>CHAIR: _____ DATE: _____</p>							