

MEETING DETAILS													
Time and Date	2:00 pm, Wednesday, 2 June 2010												
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton												
	TOUR – CLINICAL RECORDS												
	The Board met at 2:00pm and were then escorted on a tour of Clinical Records. The Board returned at 3:18pm.												
1	KARAKIA												
	Naida Glavish led the meeting with the karakia.												
2	ATTENDANCE AND APOLOGIES												
	<p>Board Members</p> <table> <tr> <td>Harry Burkhardt (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>Pat Snedden (part)</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 Margaret Wilsher – Chief Medical Officer Brent Wiseman - Chief Financial Officer Taima Campbell – Executive Director Nursing Naida Glavish – Chief Advisor Tikanga, General Manager Maori Health Hilda Fa’asalele – General Manager Pacific Health Janice Mueller – Director Allied Health Dr Celia Palmer – Director of Population Health and Primary Care Ian Bell - Board Administrator</p> <p>Apologies</p> <p>Apologies had been received from Denis Jury, Greg Balla and Ngaire Buchanan and Pat Snedden had apologised for lateness.</p>	Harry Burkhardt (Chair)	Jo Agnew	Susan Buckland	Dr Chris Chambers	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Pat Snedden (part)	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 5 MAY 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 5 May 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>												

5	<p>ACTION POINTS 5 MAY 2010</p>
	<p>Strategic Planning Day</p> <p>The Strategic Planning Day is schedule for Wednesday, 18 August 2010.</p> <p>ACH Car Park</p> <p>The Chair had rung the CEO of the National Health Board as there was a 90 day opportunity to accept the tender. It was understood that this was going to the Capital Investment approving authority in the next week.</p> <p>Financial Results</p> <p>The brief financial results had been forwarded to the Chair and Chair of the Audit Committee as soon as available. May's results should be available next week.</p>
7.1	<p>Chief Executive Officer's Summary</p>
	<p>The Primary Care/EOI Process and Radiation Therapy would be updated later in the meeting.</p> <p>The DAP/SOI had both been well handled and had been filed in the appropriate timeframes. The Bowl Cancer Screening pilot was being considered for ADHB to be the lead but it would depend on capacity for endoscopy which was part of the Greenlane Surgical Unit development. While capacity is not adequate for current demand there may be an opportunity to leverage off of the pilot as ADHB did want to be a centre of excellence in Cancer Services. The Board supported ADHB taking a lead noting that it will be researched and a recommendation made. The pilot should be funded.</p> <p>The Organisation Realignment had created good organisational discussion with extended consultation on OR and surgical with the feedback being considered the next day. The generic direction was supported. There was pressure on services in the Bone Marrow Transplant Unit with a need for national support and decision. ADHB can take the lead but this must be resolved within two months. The work of the Disability Support Advisory Committee was acknowledged and this was having an increased focus at the Senior Leadership Team. At the last meeting there had been a presentation by Counties Manukau and Waitemata's Disability Officers to get an understanding of their role. It was understood that 14 of the 21 DHBs had a Disability Officer position.</p> <p>Pat Snedden joined the meeting at 3:44pm.</p> <p>There had been presentations to the CEO by those undertaking green belt training on the improvement projects being undertaken.</p> <p>Cardiac surgery was on target to deliver to the planned 918 patients. Auckland and Counties Manukau were paying for their additional throughput although there had been no response from Waitemata. There had been over purchasing for Northland. The focus was on year end. There had been feedback into the National Cardiac Network about funding with the Minister focused on year end and targets. ADHB measured production in WIES whereas the target was counted in patient numbers which was putting stress on the neighbouring customers this being a relationship issue, with tensions growing. There was a need to deliver on undertakings but the tension was promoting difficult behaviours with Waitemata not signing up to the Regional Cardiac Plan. Within the region the commitment to Cardiac need to be the same in each DHB's DAP. In the next year there will be more proactive management of the relationships.</p> <p>Pat Snedden advised that he understood that the car park business case was with Treasury and it was expected to be approved next week.</p> <p>There was pressure to reach the Forecast 2009/2010 targets.</p> <p>The Regional Cancer Services Radiation Therapy Waiting Times Improvement Plan was in response to the Minister's letter of 10 May 2010. Demand averaged 59 to 63 patients per week with a gap of 15% in capacity to get to 4 weeks waiting times. FSAs are done for patients but only the number that can be treated are put forward so there is a hold between The insurance profile of patients was changing with some insurers paying part payments. To achieve a long term contract with the private sector there needed to be some commitment of patients to them.</p>

	<p>The Regional Strategic Plan had been signed off and with the private sector there needed to be a longer partnership relationship at a better price. Treatment pathways were being developed for particular tumour streams.</p> <p>Work was being undertaken with APEX on pressures in the radiation therapist workforce as the model of leadership has not been working. They required leadership and increase in the number of people being trained to deliver to intervention rates although there was still a question whether the Funder would pay to get to “best” intervention rates. Training was 3 years as an undergraduate and a 2 years post graduate masters.</p> <p>Juliet Walker left the meeting at 4:33pm.</p>
7.2	Minister’s Six Health Priorities 2009/2010
	<p>Within Adult Acute Patient Flows there was a focus on discharges. With Electives the focus was on increasing throughput for next year, and with the Smoking target interacting with the patients earlier, recording and capturing of data. Cardiac Bypass Surgery numbers were being achieved although they were managing to new guidelines which required managing the front door as well as production.</p> <p>There is a fee paid for the annual Diabetes Get Checked and the target may not necessarily be the best diabetes care and was not qualatative. There would be a presentation on diabetes to the CPHAC in July. The numbers were growing each year and there may need to be use of other indicators to manage ADHBs population to get the appropriate outcomes. There was a lack of tools for GPs to view their population to estimate diabetic numbers. GPs are paid for Cardiovascular Risk Assessment if they reach the targets.</p>
8.1	Committee Recommendations
	<p>Community and Public Health Advisory Committee</p> <p>The Palliative Care Steering Group was thanked for their work and the meeting had been held at the Mercy Hospice who are to be congratulated on their fund raising.</p> <p>Palliative Care</p> <p><u>Moved Brian Fergus; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board:</i></p> <ul style="list-style-type: none"> • Approves the release of the ADHB Palliative Care Needs Analysis report; • Supports the thrust of the recommendations from the ADHB Palliative Care Needs Analysis report and related activities; • Thanks the Palliative Care Steering Group for their efforts; and <p><i>Awaits the outcome of further engagement with providers.</i></p> <p><u>Carried</u></p> <p>ARPHS Submission on Tobacco Displays</p> <p><u>Moved Brian Fergus; seconded Ian Scott</u></p> <p><i>That the Auckland District Health Board advise the Ministry of Health that ADHB supports the ARPHS submission on tobacco displays; and requests that research be undertaken by the Ministry of health on the effectiveness of the introduction of these new restrictions on tobacco use and on criminal activity related to tobacco.</i></p> <p><u>Carried</u></p> <p>Maori Health Advisory Committee</p> <p>Efforts were being made to move to regional governance with the aim to provide regional DHBs with good advice.</p> <p>Pacific Health Advisory Committee</p> <p>The Pacific Health Advisory Committee had combined with the Maori Health Advisory Committee which was a valuable opportunity. There was concern at the complexity of needs of some people coming into the hospital with high deprivation. The Ministers’ Leadership Forum had been held at</p>

	<p>ADHB. The General Manager Pacific Health was complimented on linking the community leaders with hospital leaders.</p> <p>Disability Support Advisory Committee</p> <p>The next meeting was in July and the Area Manager for Housing New Zealand would be attending.</p> <p>Hospital Advisory Committee</p> <p>The Committee had been briefed on cardiac surgery, radiation therapy, the Greenlane Surgical Unit and the report on Children's Vulnerable Services.</p>								
9.2	<p>DAP Projects Report</p>								
	<p>The overall consolidated report was noted.</p>								
10.1	<p>Finance Committee Recommendations</p>								
	<p>The Manager Materials Management had managed the national process for heart valves with Christchurch opting out as there were only small savings for them. The Regional Clinical Documents proposal was expanding the existing platform to primary care for access by GPs supporting the health information residing with the patient.</p> <p>Heart Valves and Annuloplasty Rings</p> <p><u>Moved Harry Burkhardt; seconded Brian Fergus</u></p> <p><i>That the Auckland District Health Board approves the proposals for Heart Valves and Annuloplasty Rings from:</i></p> <p><i>Obex Medical Ltd Contract Number 1091-1, REM Systems Ltd Contract Number 1091-2, Edwards Lifesciences Pty Ltd Contract Number 1091-3, Medtronic Australasia Pty Ltd Contract Number 1091-4, Spectrumed Ltd Contract Number 1091-5.</i></p> <p><i>Estimated Annual Value:</i></p> <table data-bbox="204 1167 735 1301"> <tr> <td><i>ADHB: \$1,840,000</i></td> <td><i>Auckland</i></td> </tr> <tr> <td><i>CCDHB: \$1,173,000</i></td> <td><i>Wellington</i></td> </tr> <tr> <td><i>WDHB: \$682,000</i></td> <td><i>Waikato</i></td> </tr> <tr> <td><i>ODHB: \$290,000</i></td> <td><i>Dunedin</i></td> </tr> </table> <p><i>ADHB initial term of contract 2 years, total current estimated ADHB value \$3,680,000 if required – A further Right of Renewal of 1 year plus an additional 1 year, current estimated ADHB value of the ROR if taken up \$3,680,000. Total estimated contract term if initial term and full ROR taken up – (2+1+1), \$7,360,000.</i></p> <p><u>Carried</u></p> <p>Regional Clinical Documents Project</p> <p><u>Moved Harry Burkhardt; seconded Brian Fergus</u></p> <p><i>That the Auckland District Health Board:</i></p> <p><i>Approves the Regional Clinical Document Project regional business case and ADHB's share of the Capital Expenditure of \$227,556 and additional annual support costs of \$7,067.</i></p> <p><i>Notes that \$200k was set aside for the project in the FY09/10 Capital Plan. The capital budget for FY10/11 will be impacted by the fact that the actual cost is \$27k higher than was original estimated and the majority of this expenditure will take place in FY10/11 rather than FY09/10.</i></p> <p><u>Carried</u></p>	<i>ADHB: \$1,840,000</i>	<i>Auckland</i>	<i>CCDHB: \$1,173,000</i>	<i>Wellington</i>	<i>WDHB: \$682,000</i>	<i>Waikato</i>	<i>ODHB: \$290,000</i>	<i>Dunedin</i>
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10.2	Finance Report April 2010
	<p>The results were \$102k favourable to budget for the month with a year to date deficit of \$3.72m which was \$1.3m favourable to budget. The unfavourable variance in direct treatment costs reflected cardiac outsourcing pressures. The aim was to get to the year end break even position with the MRI donation on track and savings in depreciation and capital charge as a result of actions taken last year. The situation was still volatile with pressures in the Funders demand driven services, outsourcing costs and the payroll savings target being higher in the last quarter.</p>
11	GENERAL BUSINESS
	<p>Building 5</p> <p>There had been meetings with two interested parties, one being a developer who would require access to extra land and it would need to be linked to an ADHB activity i.e. rehabilitation centre and the other with the Civic Trust who were looking at Government and Local Body heritage funding to bring the building up to the code standard. If this was achieved it could become possibly a head office, boardroom or lecture and community meeting facilities. The preferred option was the latter with this to be determined within 2 months and then aiming for an implementation plan by 30 June 2011.</p>
	NEXT MEETING
	<p>The meeting closed at 5:30pm</p> <p>The next scheduled meeting is : 2:00pm, Wednesday, 7 July 2010 A+ Trust Room Clinical Education Centre Level 5 Auckland City Hospital Grafton</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	