

<b>MEETING DETAILS</b>									
Time and Date	2:00 pm, Wednesday, 6 July, 2011								
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton								
<b>1</b>	<b>KARAKIA</b>								
	The Chair declared the meeting open at 2:10pm. Naida Glavish led the meeting with the karakia and it was noted that it was Maori Language Week.								
<b>2</b>	<b>ATTENDANCE AND APOLOGIES</b>								
	<p><b>Board Members</b></p> <table> <tr> <td>Dr Lester Levy (Chair)</td> <td>Jo Agnew</td> </tr> <tr> <td>Peter Aitken</td> <td>Susan Buckland</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><b>Management in Attendance</b></p> <p>Dr Denis Jury – Acting Chief Executive  Dr Margaret Wilsher – Chief Medical Officer  Brent Wiseman - Chief Financial Officer  Greg Balla – Director Performance and Innovation  Taima Campbell – Executive Director Nursing  Aroha Haggie – Health Gain Manager Maori  Janice Mueller – Director Allied Health  Vivienne Rawlings – General Manager, Human Resources  Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>Apologies had been received from Judith Bassett, Chris Chambers, Rob Cooper and Garry Smith.</p>	Dr Lester Levy (Chair)	Jo Agnew	Peter Aitken	Susan Buckland	Dr Lee Mathias	Robyn Northey	Gwen Tepania-Palmer	Ian Ward
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<b>3</b>	<b>CONFLICTS OF INTEREST</b>								
	There were no declarations of conflicts of interest for any item on the agenda.								
<b>4.1</b>	<b>CONFIRMATION OF MINUTES 1 JUNE 2011</b>								
	<p><u>Moved Robyn Northey; seconded Gwen Tepania-Palmer</u></p> <p><i>That the minutes of the Auckland District Health Board meeting held on 1 June 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>								

<b>6</b>	<b>CHAIRMAN'S REPORT</b>
	<p>It was the start of a new financial year. It was important to have staff engagement and while the financial year had ended it was important to motivate and keep the momentum into the new year.</p> <p>There was a need for visibility at Board level of exercise of delegated authorities. While they allow actions to be undertaken, the Board did need to know what was done for more visibility and transparency.</p> <p>The Board was also keen to get regular snapshots i.e. at the HAC around elective surgery and surgery with a view on volumes, clients and issues. There also needed to be more visibility around SMOs starting with HR on how paid, rate etc so that the Board got a view on what was happening. This was not interference but in the interest of good governance. Two topics would be addressed each month.</p> <p>The new combined committees would commence in August. Work was being done on trying to get operational alignment of Maori Health across ADHB and WDHB as one which was supported by the Chief Executive. Having a combined committee was the first step with then focus on Tikanga and facilitating cooperation.</p> <p>There were some concerns at the progress of regionalisation that needed to be resolved. While Waitemata had approved the Regional Health Plan they had not expected the proposed extra cost around After Hours services so there needed to be a framework for these issues to be resolved.</p>
<b>7.1</b>	<b>Chief Executive's Report</b>
	<p>A number of the Senior Leadership Team had denoted time to serve meals at the Auckland City Mission on 30 June and had seen the new health clinic and adjoining pharmacy and were briefed on other facilities including the detox facility. The Health Quality and Safety Commission supported the northern region's "Do No Harm" with a view to spreading this out to other DHBs.</p> <p>Planning for the Rugby World Cup was going well but there was some concern at the number of people that would be in central Auckland. St Johns were trialling a station in Wellington's Courtney Place with a view to these being established at "party central" on the Auckland waterfront and Victoria Park during the Cup. While Auckland had more visitors at other times the concern was the concentration of visitors. People will present acutely and while this would impose more costs there was no extra funding. There was good work being done by the Incident Management Team in collaboration with Police and St Johns.</p> <p>The Electives Production Plan for 2011 - 2012 was to deliver 11,149 discharges. There was good planning but still work to be done on the mix and putting ESPI into the plan. This was divided to each service determining resources, capacity and throughput planning.</p> <p>The improvement in immunisation was noted and there was a need to analyse what coordinators had done, what had been done differently and where there were successes. Coordinators had assisted improving data with primary care and getting families to enrol with primary care. The coordinators do go around and spread best practice to other practices.</p> <p>The initiatives on new models of care appeared to be system changes rather than step changes. There would be a primary care paper going to the CPHAC with how to align the two DHBs and the way that primary care was wanted to change. With children the focus had been on immunisation and for the new year the higher target may be difficult to achieve. There were conversations between clinical leaders at ADHB and WDHB on how to provide services across both DHBs.</p> <p>There were many processes within hospital services for older people. The InterRIA rollout had been completed to Home Based Support Services and would then be rolled out to residential care. Older people is also a regional project with Waitemata taking a leadership role. There was development of a dementia care pathway which included a process for non residential care.</p>

	ADHB does contract for dementia care but has strict criteria and there had been a number of debates with providers that do not meet those criteria.
<b>5</b>	<b>ACTION POINTS 1 JUNE 2011</b>
	<p><b>Primary Care</b></p> <p>A summary of initiatives in primary care was tabled with some phased over years. From this inventory there is a lot of Better Sooner More Convenient already in place but this gave a sense of what is going on. The Board requested that they be categorised, their status provided and expected completion date.</p> <p><b>Regional After Hours Services</b></p> <p>There was a proposal and this would be discussed with PHOs. It did take an A&amp;M approach and requested funding of \$5m more than present, split between DHBs and PHOs, with the bulk going to lowering co-payments. There was some disagreement across the region which was a learning process. The timeline was 1 September implementation which was considered not possible and while there may be agreement by that date it would not be possible to be implemented with a need for an implementation plan. There was a meeting to get focus and the Deputy Chair is to be kept informed. There was concern at dominance of A&amp;M and their location in relation to the ADHB locality strategy so there needed to be provision for exit from the contract, performance measures and a reserving of the right to alter the model. While open book was proposed there was nothing novel in the proposal and extra money had not been budgeted. The existing White Cross contract expired at the end of June and had been extended for a year with 9 months expiry if necessary, being 6 months and 3 months notice but it could be varied with agreement earlier.</p> <p><b>Smoking</b></p> <p>There had been a meeting with the complainant about smoking on site and he had been provided a copy of the paper presented to the Hospital Advisory Committee. There had been a briefing to Communications and there would be a press release and staff communication.</p> <p><b>Quarterly 2010 - 2011 Performance</b></p> <p>While the report from the Ministry was good the layout of the overview was not very useful.</p>
<b>7.2</b>	<b>Minister's Six Health Priorities</b>
	All these had been reviewed.
<b>8.1</b>	<b>Hospital Advisory Committee Recommendations</b>
	<p><u>Moved Gwen Tepania-Palmer; seconded Peter Aitken</u></p> <p><i>That the Auckland District Health Board instructs management to take every step possible to be a smoke free environment as soon as possible starting with Starship Hospital and precincts and enforcement of non-smoking with staff.</i></p> <p><u>Carried</u></p>
<b>9.1</b>	<b>DAP Projects Report</b>
	The report was noted.

<b>10.1</b>	<b>Finance Committee Recommendations</b>
	<p><b>Electrophysiology Catheters</b></p> <p>The question of reuse had been through the Clinical Board with a preference not to reuse being supported by the Board.</p> <p><u>Moved Ian Ward; seconded Robyn Northey</u></p> <p><i>That ADHB enter into the following contracts with Johnson &amp; Johnson New Zealand Ltd &amp; Medtel New Zealand Ltd for the supply of Electro Physiology Catheters (EP Catheters) and associated consumables at an estimated annual value of \$2.145 million for a period of 4 years:</i></p> <p><i>Johnson &amp; Johnson - \$1.46 million p.a. for an initial 2 year term plus a Right of Renewal of 2 years.</i></p> <p><i>Medtel - \$687,000 p.a. for an initial 3 year term plus a Right of Renewal of 1 year.</i></p> <p><i>This is a proposed total spend of \$8.6 million across 4 years.</i></p> <p><u>Carried</u></p> <p><b>Insurance</b></p> <p>The insurances had all expired and been renewed on 30 June. Previously there had been a proposal to reduce the cover from \$320m to \$100m but the Crown had not wished to absorb additional risk. The brokers had provided good service. The increase in material damage for ADHB was \$700k.</p> <p><u>Moved Robyn Northey; seconded Peter Aitken</u></p> <p><i>That the ADHB Board notes and approves the insurance renewal for 20011 – 2012.</i></p> <p><u>Carried</u></p>
<b>10.2</b>	<b>Finance Report</b>
	<p>There had been a favourable variance for the month with a year to date result of a \$4.2m surplus. The electives result was confirmed and other year end positions were being finalised. The actuarial rate was awaited from Treasury and the expected Pharmac rebate had reduced by \$2m. The indicative result would be available Monday with the final in mid August.</p>
<b>12</b>	<b>GENERAL BUSINESS</b>
	<p><b>Relationships with the Private Sector</b></p> <p>There was discussion on relationships and contracting with the private sector with the need, where they are going to be used for a longer term, to put longevity into the contract to achieve better pricing in such areas as PET scans, heart surgery and maternity. It was important to deliver to the DAP, be neutral about ideology and agnostic around boundaries and budgets. Management were looking at speeding up the move to centres of excellence and to take strategic and long term relationships with the private sector. The approach to contracting was with public and private cooperating together through prudent sound relationships. It was suggested that the maternity model at Waikato be considered.</p>

14	<b>PUBLIC EXCLUSION</b>										
	<p><u>Moved Lee Mathias; seconded Jo Agnew</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 12.</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="204 515 1356 952"> <thead> <tr> <th data-bbox="204 515 614 638">General subject of each matter to be considered:</th> <th data-bbox="614 515 981 638">Reason for passing this resolution in relation to each matter:</th> <th data-bbox="981 515 1356 638">Ground(s) under clause 34 for the passing of this resolution:</th> </tr> </thead> <tbody> <tr> <td data-bbox="204 660 614 716">12.1 Confidential Board Minutes 4 May 2011</td> <td data-bbox="614 660 981 716" 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="981 660 1356 884" 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="204 716 614 772">12.2 Confidential Board Minutes 18 May 2011</td> </tr> <tr> <td data-bbox="204 772 614 828">12.3 Committee Structure Finalisation of Membership</td> </tr> <tr> <td data-bbox="204 828 614 862">12.4 Te Whetu Tawera</td> </tr> <tr> <td data-bbox="204 862 614 952">12.5 Remuneration Strategy</td> </tr> </tbody> </table> <p><u>Carried</u></p> <p>Matters discussed in public exclusion were Confidential Board Minutes 4 May 2011, Confidential Board Minutes 18 May 2011, Committee Structure Finalisation of Membership, Te Whetu Tawera and Remuneration Strategy.</p> <p><u>Moved Robyn Northey; seconded Gwen Tepania-Palmer</u></p> <p><i>That the ADHB Board 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 4 May 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 Confidential Board Minutes 18 May 2011	12.3 Committee Structure Finalisation of Membership	12.4 Te Whetu Tawera	12.5 Remuneration Strategy
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	<b>NEXT MEETING</b>										
	<p>The meeting closed at 4:00 pm</p> <p>The next scheduled meeting is: 2:00pm, Wednesday, 3 August 2011 A+ Trust Room Clinical Education Centre Level 5, Auckland City Hospital Grafton</p>										
	<p><b>CONFIRMED</b></p> <p><b>CHAIR:</b> _____ <b>DATE:</b> _____</p>										